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TITLE

Improving Referrals Tracking through After Visit Summaries at the Cardinal Free Clinics

ABSTRACT

Introduction: Free clinics provide transitional healthcare to underserved populations and rely on referrals to primary care providers (PCPs), specialty clinics, and insurance counseling as crucial avenues for helping patients access long-term care options. Stanford's Cardinal Free Clinics (CFCs) are two student-run free clinics that have recently overhauled their referrals tracking systems during telehealth.

Methods: Pre-pandemic referrals data was logged from May-September 2019. After both clinics closed in March 2020 due to COVID-19, volunteers were re-trained to draft a summary of the referrals they made in a document called the After Visit Summary (AVS). Using the AVSs from May-September 2021, we compared these referrals data to the pre-pandemic data.

Results: AVS documents and referral data were collected for all patients (n=96) seen during telehealth. In contrast, only 32 out of 398 pre-pandemic patients (8.0%) had referrals data for PCP, specialty care, insurance counseling, and medications. In addition, large increases were observed in the percentage of patients receiving PCP referrals (12.1% to 65.6%), specialty care referrals (8.3% to 67.7%), medications (8.0% to 40.6%) and insurance counseling (0.8% to 8.3%).

Conclusions: The percentage of patients receiving referrals for PCP, specialty care, insurance counseling, and medications all increased by at least five-fold. There were likely other factors at play, but it is clear that implementing AVSs is associated with more referrals for patients in need. In analyzing the implementation of AVSs, we hope to provide an example strategy for addressing patient needs and improving referrals tracking within the student-run free clinic setting and beyond.

COMMUNITY PARTNER

Cardinal Free Clinics

CATEGORY

Improving Health Equity, Healthcare Access, Service, and Quality