

# **COVID-19: Caring for Vulnerable Populations in Durham**

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# Lincoln is Durham's FQHC, providing Primary Care (routine and urgent care) from 10 sites

- \* “Lincoln CHC- Main Site”- 1301 Fayetteville Street, est. 1971
- \* Medical Care- Peds, Family Med and Adult Med  
15-17 medical providers (8A-5P) Mon-Fri and  
1-6 providers nights (5-8P) and  
3 providers Saturdays (8A-12P).
- \* Behavioral Health- 2+ *Psychiatrists, multiple case managers, LCSWs, Licensed Substance abuse counselors*
- \* Dental Care- 4 Dentists, 1 Hygeinist
- \* Also Pharmacy, Laboratory, Xrays, WIC

# LCHC's 9 other sites

1. LiveWell Clinic- 3 providers
2. Primary Care Clinic at Durham Co. Health Dept- 2 providers
3. Healthcare for the Homeless- PMs only- 1 MD
4. Durham Recovery & Response Center- AMs only- 1 NP/MD
5. Hillside High School-- 1 PA or MD
6. Early Intervention (HIV) clinic at DCHD- 5 half days-1 MD
7. Lyon Park Clinic- 1 PA/NP, staffed by Duke
8. Walltown Clinic- 1 PA/NP, staffed by Duke
9. Holton Clinic-- 1 PA/NP, staffed by Duke

# Who does LCHC serve? (2019 data)

- \* More than 127,000 medical visits for **36,000+ individuals.**
- \* Diverse population: more than 90% minority
- \* Better served in language other than English: 51%
- \* Many uninsured BEFORE COVID (64% of adults and 35% of children)
- \* Low income: 50% of our patients are known to make  $\leq 100\%$  FPL. 30%, or 11,000+ have not turned in financial information. Not turning in financial info means they are not eligible for sliding scale discounts at our clinic and pharmacy.
- \* **LINCOLN IS NOT A FREE CLINIC.** Sliding scale down to \$20
- \* *More detail online <https://bphc.hrsa.gov/uds/datacenter.aspx?q=d>*



# Steps we took in Phase 1:

1. Proper protection – Masks for all patients (donated cloth) & staff; full PPE (partially donated) for those doing resp. assess or COVID testing; Sneeze Shields for Front desk
2. Screeners (with Interpreters) out front- URI symptoms or elevated temperature keeps you out of the building
3. Trained providers to do Video visits while doing phone visits



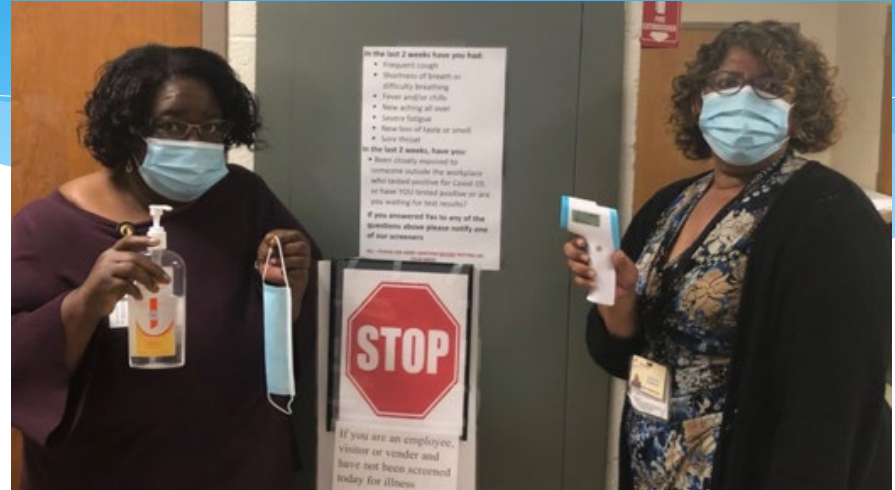
# Steps we took in Phase 1:

4. Social distancing for patients (take phone #s and send to car to wait if there is a car, waiting room chairs 6ft apart, marks on floor for queueing)
5. Social distancing for staff (Zoom meetings, Lunch apart, screeners 6 ft apart)
6. Interpreters call into exam room



# Staff have pitched in new ways:

- \* Assigned staff screen LCHC staff every AM.
- \* Behavioral health team got on phones immediately to find help for patients w/food insecurity.
- \* Behavioral Health staff calling high risk patients
- \* CMO collaborating w/Residents from Duke Family Medicine to set up our COVID Testing tent
- \* Interpreters helping train providers on Video visits



# New jobs/duties created by COVID:

- \* Screeners
- \* Bouncers
- \* Clean Docs/Dirty Docs
- \* Swabbers
- \* PPE Tracker
- \* Symptom follow-up-ers
- \* Video Visit Tech support
- \* Curbside Pharmacy staff
- \* Schedule Reviewers (determine visit type)





# Steps we are taking in Phase 2:

	Pat	Pref	Language	Loc	Prir	Notes	Type
<input checked="" type="radio"/>			Bengali	C..	H..	Telephone, cannot do video	TELEPHONE VISIT...
<input checked="" type="radio"/>			Amharic	S...		Call back	FOLLOW UP
<input checked="" type="radio"/>	R..		English	R..	M..	Needs in-person visit	WALK IN
<input type="radio"/>			English	C..	M..	Son will help w/Video visit	VIDEO VISIT RETU...
<input checked="" type="radio"/>			English	C..	M..	Asking for in-person visit	FOLLOW UP
<input checked="" type="radio"/>			Spanish	C..		COVID Concerns	TELEPHONE VISIT...

1. Providers review charts 1 week ahead to mark who should have Video/Telephone/In-person visits
2. Video visits for those who can and don't need in-person visits.
3. Hybrid visits- providers encouraged to call into the room for part of the in-person visit.



# Steps we are taking in Phase 2:

- \* Parents of well children and babies DID NOT WANT TO COME IN for well child checks and vaccines. So...



- \* Starting May 30<sup>th</sup>, on Saturdays LCHC will be closed to all but WELL CHILDREN to keep Durham from having a cohort of unvaccinated kiddos.



# Testing for COVID-19 at LCHC

- \* Since early April, 180 tests ordered, 150 completed
- \* 44 of 150 Positive, (29% positive)
- \* 35 of the 44 Positives (80%) were Latinx patients
- \* Extremely high prevalence of Diabetes, Hypertension, Obesity, COPD and other high risk conditions in our population

## CHALLENGES

- \* Identifying & training “swabber” provider- CMA teams
- \* Rescheduling patients for “swabber” docs to open test slots
- \* Finding those slots in Epic once they are created
- \* Making the testing tent tolerable (climate-wise in PPE)
- \* State test not orderable in Epic and would not feed into Results section in Epic
- \* Cost of testing \$50-56 per test



# Surprises:

- \* We often do not have capability to collect payment over the phone. (Many of our patients do not have credit.)
- \* A sizeable portion of our working patients are CNAs, janitorial staff, fast food employees, people who work in food service in institutions, childcare, grocery stores....**our COVID positive rate is 29%.**
- \* Lack of materials/testing info in Spanish or other languages (Walgreens, I'm talking to YOU.)
- \* Dr. Feigal was able to collaborate with Urban Ministries, Durham officials and business owners to get Homeless shelter residents hotel rooms for now



# Challenges....

- \* As it heats up it will no longer be ok to ask pts to wait in cars
- \* Where will those without a car wait for their appt?
- \* Our van cannot safely serve as many as before and will not transport patients with symptoms of COVID
- \* As more lose jobs/insurance, our finances will worsen along w/our patients’.
- \* Pts will need to update registration info w/job changes, Re-provide “proof of income” paperwork (slowing clinic flow).
- \* Changing landscape for food/resources for needy
- \* Finding non-English, non-Spanish speakers, up-to-date patient education is tough.
- \* Messaging around who to test, how to best protect both our patients and ourselves changes almost daily.



# COVID Collaboration/Support

Community Health Watch study- email: [CovidWatch@duke.edu](mailto:CovidWatch@duke.edu)  
919-694-797, <https://pandemicresponsetnetwork.org/>

Duke Regional Hospital  
Duke Family Medicine and Community Health  
(Shout out to Andrew Flynn- PGY1)

## **Urban Ministries**

Feed the Fight Durham  
Community Health Coalition  
MasksForDocs.org

**To Support our efforts, donate via LCHC Foundation Website**  
<http://lincolinchcf.org/>



**It is an honor to serve  
Durham with you.**

**Questions?**

