

COMMUNITY HEALTH SUMMER RESEARCH

UR Well: a safety net for Rochester's underserved

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According to the U.S. Census Bureau, the medically uninsured rate for the six counties comprising the Rochester metropolitan area is 10.2%. UR Well's mission is to provide high-quality healthcare to those individuals who are uninsured and underinsured in the community of Rochester. The UR Well clinic at Asbury First United Methodist Church provides acute care and physical examinations, whereas St. Joseph's Neighborhood Center provides longitudinal primary care to its clients. Not only do these clinics provide access to those who otherwise lack care options, but they also exposes medical students at the University of Rochester to urban healthcare and issues of social justice. Additionally, this service is believed to reduce inappropriate use of emergency medical services within the University of Rochester Medical Center.

Every summer, three dedicated student administrators complete an internship at Asbury and St. Joseph's to ensure the successful operation of the two clinics while many students are away from Rochester. The students also develop research projects that further the goals outlined in the clinic mission statement. The projects this past summer (a) recruited additional patients to UR Well, (b) referred those patients without primary care physicians from UR Well at Asbury to UR Well at St. Joseph's, and (c) assessed satisfaction among preexisting clients.

The first project focused on recruiting additional patients to UR Well at St. Joseph's. St. Joseph's actively participated in facilitating patient's enrollment in both medicaid and marketplace plans of the Patient Protection and Affordable Care Act (PPACA), and helped newly insured patients transition to new providers. As a result of their concerted effort to capitalize on the new law, St. Joseph's found that its patient census decreased nearly 20% in a few months. Given that providers at St. Joseph's now had ample room on their schedules, an outreach project was developed that focused on establishing interpersonal connections with other institutions that service the indigent or underserved members of the community. A new brochure was designed and printed in both English and Spanish, and a member of the UR Well summer internship team personally contacted food pantries, soup kitchens, university student health offices, social service agencies, and religious centers around Monroe County. He then traveled to all of these locations to build a reciprocal relationship in which patients at St. Joseph's would be referred to other social services when appropriate, and each organization would refer potential patients to the clinic. In the second arm of the outreach project, a relationship was established between the University of Rochester Medical Center Emergency Department and St. Joseph's to further reduce inappropriate emergency care services by those lacking a primary care physician.

The second project focused on establishing a referral process from Asbury to St. Joseph's. Until this year Asbury and St. Joseph's existed as separate entities. To remedy this shortcoming, a referral system was established to offer better follow-up care to those seeking

care at Asbury. Those clients who lack insurance and are seeking a primary care physician are connected directly to the Healthcare Access Team at St. Joseph's. This team arranges a meeting with every potential patient to review their finances and can then direct them toward the best option for receiving healthcare services. This ensures that patients will be connected to an additional support system after they leave the acute care clinic and can help St. Joseph's build-up their patient population.

The third project focused on assessing patient experiences at UR Well at Asbury. Previously, there had been no studies assessing patient satisfaction within the UR Well network. The acquisition of patient feedback in this setting would enable UR Well to continue to offer high-quality care to those most in need by recognizing areas of strength and improving on areas of weakness. To this end, a unique post-visit survey was developed using pre-existing surveys developed by the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys of the United States Department of Health and Human Services as a framework. Survey administration is ongoing and it is anticipated that the survey will be completed by 80 patients over the 4 month study period.