Medical Students as Patient Navigators Bridging the Gaps to Care among New Orleans Communities with Housing Insecurity

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Background: Individuals with housing insecurity are burdened by healthcare disparities, particularly related to accessing comprehensive care. Here in New Orleans health disparities are particularly stark. In 2022, New Orleans received an income inequality score of –20, compared to the national average of 3.3 (from a scale of -/+ 100). To help address these disparities, LSUHSC students established Student Run Community Clinics (SRCC) to aid our unhoused community. Despite these efforts, significant social drivers of health (SDOH) in our health system create additional barriers to care for this vulnerable population. Recognizing this need, a group of medical students from LSUHSC started the Patient Navigation Collective (PNC), a community-based, patient-centered, low-barrier support system that meets patients where they are, at their own pace, and prioritizes their goals. We aim to present the development of PNC as an exploration of medical students' effect as patient navigators to support community health in New Orleans.

Methods: Our project entailed three phases. Phase 1 focused on establishing a board of directors, defining organizational structure and scope of practice, and exploring communication methods in collaboration with the LSUHSC Compliance Office. Phase 2 involved a pilot launch to develop workflow protocols. A team of approximately 20 medical students was divided into three groups, each supervised by a resident and faculty advisor. The advisor assigned students with tasks to complete for SRCC patients, including scheduling, securing financial aid, obtaining medications and equipment, and providing in-person advocacy. Students also completed a Community Health Partner training led by a School of Public Health faculty member. Phase 3 involved finalizing intake forms and communication methods, providing longitudinal patient support, and attending biweekly virtual meetings with residents and faculty to address coordination, logistics, and organization regarding patient tasks and new volunteer onboarding.

Discussion: There were several challenges medical students faced during the implementation of this project. One of the biggest challenges faced in care coordination with our patient population is reliable communication. Yet, the flexibility of students' schedules has allowed us to meet patient needs in innovative ways and allows for individual accompaniment that improves care coordination and continuity. Despite limitations as students, we have found PNC to be a mutually beneficial experience for students and patients alike. Several stories of patients we've assisted highlight these benefits regarding building patient-provider trust, increasing health literacy and knowledge of the health system, and improving overall health by addressing patients' SDOH. Key insights from this process include clarification of our patient population's needs, scope of practice refinement and student role clarification.

Next Steps: We aim to expand the robustness of student navigation training and advisory support as well as scale up assistance to patients. We will quantitatively examine PNC's effect on our patients' emergency department utilization, hospitalizations, and engagement with primary care physicians (PCPs) and compare our work to the patient navigation system that exists at our local hospital. This data will help elucidate the impact of PNC as we seek to build partnerships with key health organizations in New Orleans with the goal of providing care to our community's unhoused neighbors burdened by healthcare disparities.