Integrating Health Care Across Multiple Sites: Development of the Tulane student clinic TB screening program
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Since their inception, student-run clinics at Tulane University School of Medicine (TUSOM) have functioned under a common goal to provide basic health care services to some of the most underserved communities in New Orleans. One service with significant demand is consistent and affordable screening for Mycobacterium tuberculosis (TB) infection, which has been mandated by the CDC and the New Orleans Health Department as a best practice operation for all residents of homeless shelters and live-in substance abuse rehabilitation centers. The long-standing TUSOM student-run clinic partnership with such facilities presented a viable solution to meet the need for TB screening, however, creation of such a program presented significant challenges due to required funding, supplies, student volunteer support, and independent operations at four different proposed sites.

**Initial TB Screening Sites**
- New Orleans Mission
  - Low-barrier homeless shelter
  - Average TB screenings per month: 69.6
- Ozanam Inn
  - Low-barrier homeless shelter
  - Average TB screenings per month: 15.1
- Bridge House
  - Substance abuse rehabilitation facility
  - Average TB screenings per month: 4
- Bethel Colony South
  - Substance abuse rehabilitation facility
  - Average TB screenings per month: 8.5

**Early Obstacles**
The original TB screening clinics initially developed independently, as partnerships between small groups of medical students and their respective community organizations. Initial fragmentation of leadership and poor standardization and coordination of screening practices led to a program that was not adequately equipped to meet the large demand for sustainable TB screening at the community level.

**Program Creation**
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**Leadership Structure**

**TB Program Coordinators**
The main goals behind the creation of the coordinator positions was initially to improve standardization and communication across screening sites. In addition to coordination across screening sites, responsibilities of this group have included: 1) supply acquisition for all screening sites via partnerships with charitable organizations to ensure sustainable funding; 2) program research and quality improvement to ensure screening practices are standardized, efficient, safe, cost-effective, and of utmost benefit to the patients we serve, and 3) program expansion to improve access to screening and ameliorate the high start-up costs that would burden such facilities looking to start their own independent programs.

**Leadership Roles**
- Supply Acquisition
- Program Standardization
- Research and Quality Improvement
- Program Expansion

**Leadership**

**SCC Executive Leadership**

**TB Screening Program**

**Student Clinic Leadership**

**Operations Team**

**HIV/HCV Program**

**Leadership Roles**
- Supply Acquisition
- Program Standardization
- Research and Quality Improvement
- Program Expansion

**Benefits of greater integration have included a more efficient acquisition and distribution of testing supplies, so that testing sites share this burden as a group rather than each site individually. Additionally, quality improvement efforts have led to more responsible data tracking with future projects aimed at improving the follow-up rate for screened patients requiring further testing. Furthermore, the formation of a well-organized, unified, and sustainable testing program has allowed our program to begin expansion to additional screening sites, with future projects including a new partnership with the Salvation Army of Greater New Orleans homeless shelter. The integration of these various sites has thus not only increased the efficiency of health care delivery, but also greatly enhanced the potential for increased quality improvement of operations and program expansion.**

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