Availability of Transportation and Follow-Up Rates at Higher Care from a Student-Run Tuberculosis Testing Program
Alexandra Woodbridge, Sophia Foroushani, Andrew Crawford, Dan Frechtling, Megan Daniele, Katherine Carsky, Kellen Na, Cecile Dinh, Kyle Leonard, Kathryn Black, Ross Klingsberg, MD, Juzar Ali, MD

Introduction
- Student-Run Tuberculosis (TB) Screening Program provides tuberculosis screening and tuberculin skin testing (TST) for residents of homeless shelters and rehabilitation facilities in New Orleans, Louisiana.
- For individuals with a positive TST or other indication for higher care, referrals are provided to the Wetmore TB Clinic, a state-funded facility with which the program has a robust relationship.
- Of the six facilities in which the program operates, two provide transportation directly to these appointments, one provides bus tokens, and three do not provide any source of transportation.
- To date, there has been no evaluation of the role of transportation availability in follow-up rates to Wetmore Clinic appointments.

Results
- Of 3,730 total patients seen, 144 (3.86%) had a past medical history indicating a referral without TST placement.
- Of 3,730 total patients seen, 168 (4.50%) patients received temporary 30-day clearance without TST placement, due to low risk stratification, and 5 patients (0.13%) received a 2-day clearance due to known inability to return for TST reading.
- Of 3,413 TSTs placed, 114 (3.34%) were positive, 2,216 (64.93%) were negative, and 1,083 (31.73%) did not attend their TST reading appointment.
- Preliminary data shows that over the twenty-four month period analyzed, 258 patients were referred to Wetmore Clinic, of which 55 (21.32%) attended their initial appointment.
- Of those who attended their initial appointment, 32 (58.18%) were referred from a clinic that provides some form of transportation (bus tokens, 15, direct transportation, 17), whereas 23 (41.82%) were referred from a clinic that does not provide transportation.
- Patients who were provided any form of transportation were 4.17 times more likely to attend their initial appointment at Wetmore compared to those who did not have transportation (RR= 4.17, p= 0.047, 95% CI = 1.01 - 17.13).

Discussion
- As a student-run clinic with limited resources, allocation of funding to improvement efforts must be carefully planned to maximize patient benefit.
- One of the program’s aims is to provide connections to higher care when indicated.
- Increasing transportation availability within the program with the aim of the increasing overall follow-up rates should be the focus of future initiatives.
- Functionality of transportation must be considered for each clinical setting to maximize effectiveness.

Future Directions
- Future funding and quality improvement initiatives should be directed toward increasing transportation availability within the program with the aim of improving follow-rates with the program.
- This could include increasing the annual grant request through the Wetmore Foundation, through additional independent grants, or Tulane-based support.
- At the clinics where there is currently no transportation, bus token programs, medical shuttle chartering, or programs like Uber-Health could offer potential solutions to getting to and from follow-up appointments.