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Editorial

Student-run clinics, the model for community based care in the United States

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ABBREVIATIONS

COVID-19: Coronavirus Disease 2019; SRCC: Student-run Community Clinic

EDITORIAL

Inequality is a staple of American society, from access to grocery stores to stable internet connection. Unsurprisingly, access to healthcare is no different; one does not need to leave their own county to find areas with less access to medical care than in the developing world's [1]. This is not only due to a lack of resources, but also to an incongruence in allocation of the resources we have. The national debate on how to help remedy this problem focuses on providing insurance or subsidized healthcare to communities that are generally lacking in these areas. By many measures this will decrease the cost of healthcare over the long term, will help with long term outcomes for patients, and will allow for a more equal distribution of medical resources to our overall population [2,3]. Yet, just as Perseus required the boots of Hermes and a reflective shield to defeat the gorgon Medusa, our dilemma cannot simply be tackled from one direction. Even with adequate insurance coverage, our healthcare system is designed in such a way that many Americans would still struggle to access care. Individuals must be able to take time off from their workday, transport themselves out of their communities, and adapt to cultural norms that may not align with their own. Moreover, the care that is delivered assumes a basic understanding of and access to resources that is often unrealistic [4]. The current COVID-19 pandemic has brought all of these inequalities to the forefront, shedding light on our society's inability to protect our most vulnerable citizens [5]. A solution to this problem might find inspiration in an unlikely place: student-run free clinics. Student-run Community Clinics (SRCCs) are organizations set up by most medical schools around the country in an effort to integrate students into their surrounding community early-on in their medical education. The structure of each free clinic differs, but they generally tend to be in areas that are healthcare deserts with the goal of serving patients of a specific community that would not otherwise have access to institutional healthcare (due to lack of insurance, transportation, or simply discomfort with the delivery model of Western medicine). They are open in the evenings, often allowing patients to come without missing work and appointments are not required. SRCCs are run by medical, dental, nursing, podiatry and social work student volunteers and supervised by residents and attendings who donate their time. One example is at the Perelman School of Medicine at the University of Pennsylvania, where an SRCC runs on Monday nights out of the basement of a church that functions as a community center in West Philadelphia. This clinic provides services including routine check-ups, chronic illness management, blood draws for routine labs, basic health screening (often a requirement for starting a new job), education on freely available mental health and specialty health resources, assistance with applying for insurance, completion of work physicals, dental screenings, and podiatry consults. Students and faculty at the clinic have become acutely aware of the unique needs of this community and are thus able to deliver care accordingly. To many in this community, even this bare-bones health care framework is not only the most they have ever had access to, but it is more tailored to their needs than our typical healthcare model. This model is not without its faults. There is no denying that our patients deserve more; these clinics should be staffed with a higher licensed professional to student ratio and they should have standard-of-care resources. Yet these are issues with our staffing and funding and not with the clinic structure itself-the one-stop-shop access and the convenient location a local community center is getting at exactly what our healthcare system is missing. The solution is to incentivize healthcare workers to be involved in community based healthcare and to fund these clinics so that the care provided there can encompass all that our healthcare system has to offer. Often those working at SRCCs are advocating for changes allowing these clinics to become full-fledged parts of their health systems. This would ultimately the "student" out of SRCC, but keep in the "community" aspect, putting themselves out of a proverbial "job", but further benefiting their patients. The silver lining being the development of this community model that does not exist in our traditional health care system. As we start to think about providing insurance for all, access and integration of healthcare will be just as important; this community-based interdisciplinary model of healthcare delivery can serve as a

blueprint for meeting patients where they live. Quite frankly, the time has come to serve our patients as they need to be served, and not as the system wants to serve them.

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