Compassionate Care on the Corner

Students Establish Clinic Within Needle-Exchange Project

By Gina Shaw

From left: Liz Robinson'14, Susan DeWolf'14, Lauren Brown'14, Carmen Dominguez-Rafer, M.D., David Rosenthal, Ph.D., Devon Callahan'12, Sarah Adkins'12, Nicholas Juul'12, Elizabeth Murphy'12, and Catherine Kelso'14.

A few blocks away from the George Washington Bridge bus terminal, around the corner from Broadway and 176th Street, sits the Washington Heights CORNER Project. The waiting area looks like many other community centers, with an array of magazines stacked on tables and racks displaying educational flyers about AIDS prevention and domestic violence.

But this is no ordinary community center. The CORNER Project – Community Outreach & Resources, Needle Exchange & Harm Reduction – serves injection drug users and people with HIV/AIDS in Washington Heights and provides syringe exchange services, safer injection supplies, and safer sex supplies. It also connects individuals with a variety of other community services. The program is based on the principle of harm reduction – minimizing the damage done by drug use by acknowledging that if you cannot stop it, you can at least make it safer.

As the only city-licensed harm reduction program north of 125th Street in Manhattan, the CORNER Project serves a large population with a wide array of medical needs. That is what drew Devon Callahan'12 and Sarah Adkins'12 to volunteer there as outreach workers during their first year as medical students and, ultimately, to found the Columbia University Harm Reduction Outreach Network – CUHRON, a pioneering primary care clinic within the auspices of the CORNER Project.

"From the statistics I've seen, about half the people who use or are addicted to heroin in the U.S. are in New York City," says Mr. Callahan. "Washington Heights has historically been one of the busier spots for drug use in the city. We felt like there wasn't a need for another general free clinic for underserved people in this area, but we thought we could be much more useful if we could provide care on-site to the participants of the CORNER Project."

As medical students, though, they couldn't just start seeing patients without supervision. "It was a catch-22: We couldn't start the clinic without a physician committed to supervising it, but it was hard to get a physician to commit without a program," says Mr. Callahan. So he and Ms. Adkins approached James Spears, M.D., and David Rosenthal, Ph.D., both of whom play key roles in Columbia's Center for Family and Community Medicine. They recommended Carmen Dominguez-Rafer, M.D., assistant clinical professor of medicine, as CUHRON's medical director.

"Once she agreed, it was a fairly quick process," says Mr. Callahan. "We held our first official clinic during the first week in August 2010." Staffed entirely by medical students under Dr. Dominguez-Rafer's supervision, CUHRON now sees walk-in patients every first and third Tuesday evening of the month. A clinical student is paired with a preclinical student for the initial patient history and exam;

after they discuss the patient's needs, they present their findings to Dr. Dominguez-Rafer, who then meets with the patient.

NOT YOUR TYPICAL PRIMARY CARE CLINIC

So far, each clinic has averaged eight or nine patients. "We see a lot of musculoskeletal complaints, abscesses, wound care, and people concerned about ongoing chronic conditions like hypertension, testing for hepatitis C, and so on," Mr. Callahan says. "There are some people with a history of endocarditis from drug use who are concerned about numbness in an arm or palpitations. We do a lot of bread and butter primary care as well as issues specific to drug use."

CUHRON is not a typical primary care clinic, where patients come in, wait to get a history, physical exam, a clinical assessment, and treatment plan as directed primarily by their physician. "Some people coming in to be seen aren't amenable to doing a full hour or two-hour visit," says Mr. Callahan. "They might have only wanted to come in for 20 minutes because they had this wound in their arm, and they wanted to be sure it's not infected."

The students discovered this difference during their first clinic session, when half the patients who showed up to be seen left without finishing the loop of care. After that, students began establishing a "contract" with each participant, asking them up front how long they were willing to stay, then doing their best to deliver care within these parameters.

"This is not your typical patient panel or approach to patients," says Dr. Dominguez-Rafer. "You can't be here with an agenda of forcing them to do what you think they should do. They won't stay long, so you have to ask them, 'What's most important to you today?'"

The experience at CUHRON exposes medical students to the core principles of family medicine – providing competent and compassionate medical care to a patient while identifying and working to address the psychosocial and/or economic determinants that play a major role in the patient's response to health care. "Here the medical student truly understands the meaning of patient-centered care, i.e., going to where their patients feel 'safe' in a community-based setting, understanding the life issues complicating the patient's medical concerns and being sensitive to and respectful of that, and attending to the patient's needs and agenda – and not only that of the health care provider – together with the invaluable assistance of the social workers on site," says Dr. Dominguez-Rafer.

The unique setting builds skills that the students might not develop in their more traditional practice situations. "We've had to triage patients and assess what they're coming in for, not what we think they should be coming in for," says Mr. Callahan. "We're doing a lot of creative thinking about providing the best care in non-traditional settings, which is difficult. It hones our interviewing skills."

Follow-up with these patients is also not what most medical students have come to expect. Patients who need additional care, such as blood work or imaging, are referred to Dr. Dominguez-Rafer, who has set aside the fourth Tuesday evening of every month to meet with CORNER Project patients at the Farrell Family Health Center.

"If they show up at Farrell, it's a big win," says Dr. Dominguez-Rafer. "One woman came in for a skin condition and it was all I could do to keep her there for 30 minutes, but she thanked me profusely. I've had another patient come back two times, and he's allowed us to do shots and take blood. I'm hoping to see him at my next follow-up session to go over his results. It's really the tip of the medical glacier. You have to work your way in to get them to trust you enough to help them."

A LONG-TERM COMMITMENT

That need to build trust through consistency makes CUHRON a serious commitment for any medical student. "We ask that people pledge to work with the clinic for the entire time that they're in medical school," says Mr. Callahan, who notes that the program currently has about 10 to 15 student volunteers. "We think it's important, considering the population we're working with and the difficulties they've encountered historically in dealing with the medical system, to establish rapport and continuity of care by having the same people there every time the clinic's open."

CORNER Project Program Director Taeko Frost understands the importance of that commitment. "We have one participant who came in for the first clinic and he saw Devon, who'd been volunteering here for three years," she says. "He said, 'Oh, I wanna see that doctor. I know him. I'd trust him with my life.'"

Ms. Frost acknowledges the difficulty that medical professionals face in working within a harm reduction program. "It's counterintuitive to the Western medicine perspective. Someone is doing something that is clearly harmful to their health, and you have to be able to try to help them while talking candidly about their drug use and not saying 'You have to stop.' The principle of harm reduction is meeting people where they're at.

"Before Devon and Sarah started volunteering, there had been a huge barrier to receiving health care services for our participants," Ms. Frost says. "They may not be able to make it to appointments at another location. They may not have ID to get insurance. The whole concept of bringing the services to the CORNER Project takes away the barriers of insurance and making and remembering appointments."

The kind of care CUHRON provides is not glamorous, says Dr. Dominguez-Rafer. "It can be frustrating, and it's an enormous commitment. So it's great to see medical students so interested in trying to help people who are marginalized and have few resources. I want to help fuel the fire of that commitment if I can."

The program does more than serve the participants of the CORNER Project and further the education of a small, committed cadre of medical students. It also advances the mission of Columbia as a whole. "A lot of the headlines about Columbia are about research discoveries, and those are very important," says the Center for Family and Community Medicine's Dr. Rosenthal. "But work like this shows that Columbia can be a positive community presence for people who get overlooked."