



The Impact of Student-Run Free Clinics

An Interview with Dr. Marc Altshuler

Director of the Jefferson Center for Refugee Health

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Marc Altshuler, M.D. is an Associate Professor of Family and Community Medicine at Jefferson Medical College. He also serves as an Attending Physician and the Associate Resident Director for the Department of Family and Community Medicine at Thomas Jefferson University Hospital. A lifelong advocate of the underserved, Dr. Altshuler's volunteer work began in the late 1990's with his involvement in Jeff HOPE, Jefferson Medical College's free student-run clinic serving the homeless community of Philadelphia.

Throughout the years, Dr. Altshuler's passion for aiding the medically underserved has expanded far beyond the homeless population in Philadelphia. In 2007, Dr. Altshuler started and is now serving as the Director of the Jefferson Center for Refugee Health (CRH), the largest medical provider of refugee health-care in Philadelphia. At CRH, refugee clients receive comprehensive care in a medical home model. This model has been recognized both locally and nationally and replicated throughout Philadelphia as well as several other U.S. cities.

In 2010, Dr. Altshuler worked closely with the Nationalities Service Center, a local refugee resettlement center, to form the Philadelphia Refugee Health Collaborative—a coalition of local refugee resettlement agencies and eight area medical clinics, focusing on comprehensive refugee health care. Throughout his career, Dr. Altshuler has been recognized for his work, both locally and nationally. Dedicated to engaging others in his work, he has routinely presented at national conferences, as well as published articles in several peer-reviewed medical journals.

In this interview, Dr. Altshuler shares his unique perspective on student-run free clinics. He discusses the positive impact that Refugee Health Partners has made the refugee population in Philadelphia, and outlines the importance of student involvement in free clinics during preclinical years. He ruminates on how the role of student-run clinics will change, and explains how students can adapt these clinics in order to continue to provide care for patients.

Q: What is some of your work with student-run free clinics and the refugee population here in Philadelphia?

As a Jefferson medical student, I was very active in JeffHOPE, the medical student-run clinic that works at several homeless shelters throughout the city. During my fourth year, I was one of the overall program directors for JeffHOPE. I also served as the finance director, and I started one of the shelters called the Eliza Shirley Shelter. I have remained a preceptor for JeffHOPE since graduating residency. I will go out every couple of months to work at JeffHOPE. But more recently, I have worked with Refugee Health Partners, which has two monthly health clinics that I will volunteer at.

Q: What is your view on the role of student-run free clinics in general?

I think they are a fantastic model and provide numerous opportunities. On one level, they provide a unique learning opportunity for medical students to gain exposure. As a medical student, even though you will have some clinical exposure during your first two years, it does not really occur until your third and fourth year of medical school. I think the earlier the exposure, the better. These clinics give you a unique opportunity to take care of vulnerable populations, learn how to take histories, practice physical exams, learn how to present to physicians, learn about some of the pharmacology and some of the disease processes. I think it is a great learning perspective for students. And then for the patients, for many of them, they are unable to get to the physician. They may not have access to insurance, or they may work very arduous jobs which do not allow them to go to the physician during regular business hours. Sometimes when things pop up, it is very easy for them to walk over to the clinic where they can see a friendly face and be briefly assessed to make sure they are okay.

Q: You have mentioned Refugee Health Partners. What are some of the demographics that Refugee Health Partners works with here in Philadelphia?

The larger refugee populations that are in Philadelphia are primarily Burmese, Bhutanese, and Iraqis. Those are the three largest groups. We have had some larger waves of Congolese recently, and this year we are seeing large numbers of Syrians. The main groups that Refugee Health Partners works with are the Burmese and Bhutanese population in South Philadelphia.

Q: What specific healthcare challenges are these various refugee populations confronted with?

That is a good question. When refugees came to the United States 15 to 20 years ago, the concern was that they were coming here with infectious diseases. That is not the case. In actuality, there is a higher incidence of chronic health conditions that they are either coming here with or that we are diagnosing here. Conditions such as high blood pressure, diabetes, heart disease, obesity, smoking, and substance abuse are things that we are seeing on a much more regular basis. Some of these issues can be addressed by the primary care doctor, but this is also a place where health clinics can step in and make a difference.

Q: What specific gaps in health care does this student-run free clinic help to cover for the refugee population in Philadelphia?

All refugees get medical assistance for the first eight months, and now with the Affordable Care Act, they are able to get some kind of continued insurance. Many of them are not getting insurance through their jobs. For a number of them, navigating the healthcare system is not easy, and if their insurance has lapsed, or they were unable to sign up for Obamacare for a variety of reasons, they really do not have access to care. So when they get sick, they usually will either go to a health center or go to an emergency room. A lot of these conditions can be managed by a primary care physician. Our goal is to really keep them out of the hospital and, as providers in these clinics, assess whether this is someone who needs to be seen on an urgent basis in a hospital. We strive to set refugees up with a primary care doctor. Oftentimes, they may just need some assistance in getting signed up for insurance so that they can get connected to a primary care doctor.

Q: Has this student-run free clinic made a positive impact on the health of the refugee population?

I think it has definitely made a positive impact. These clinics have been an extension of what we do here at our Center for Refugee Health in Jefferson. These clinics are seen as an extension of Jefferson in the community, which I think is a wonderful thing. I believe there are a lot of useful services that the students provide. They help refugees set up dental care, sign up for insurance, and navigate the system. Acting as patient navigators is very important. Speaking with these populations, they are very appreciative of the care that they get both in my office but also at these clinics. For some of them, it is the peace of mind knowing that they are seeing the doctor and knowing that they will be okay, or that a loved one will be okay.

Q: What are some of the challenges that student-run free clinics face in working specifically with the refugee population?

Translation is a big one. We need to make sure that we are using translators to make sure that everything we discuss is being interpreted appropriately. The other challenge at these clinics for some of these patients is that we cannot provide the type of treatment that they truly need. When they come with acute symptoms we can put out the fires of their acute illness. They may have a rash or a sore throat that we can treat. But many people who come to these clinics really need to get connected to a primary care provider, and these clinics are not set up to provide longitudinal primary care. They are really there to provide acute care on an intermittent basis. I think some of the struggles that students face are that they are seeing patients come back over and over again, when really those patients should be going to a primary care provider. Patients who have hypertension or diabetic, for example, should not be treated at these clinics. They can be assessed to ensure that they are getting care, but I do not believe that the clinic should be the acting primary care provider.

Q: After the passage of the Affordable Care Act, how has the role of Refugee Health Partners had to change?

Continuing to be a voice and advocate for these patients is really crucial. It is great that we have the Affordable Care Act, but you need to be somewhat savvy in order to sign up. I believe Refugee Health Partners has done a very nice job in identifying individuals who do not have access to insurance but may be eligible for the Affordable Care Act, and then walking these people through the process to get signed up.

Q: How do you anticipate the role of student-run free clinics in general will change over the upcoming years?

I think part of it depends on the election, but my hope is that they continue to provide an educational outlet for our students, as well as an outlet for our clients in the community to get access to urgent care, get access to social services, and act as an extension of the care that we are trying to provide in the healthcare system. I hope that the roles played by the students will continue because we live in a city where there are large numbers of refugees and other groups of immigrants coming in, and I think we need to be able to provide these services in a culturally competent manner. I believe that the students do a great job.