Healthy choices

A project to give underserved patients better health resources offers medical students a chance to contribute to the community.

On a hot summer night at Johns Hopkins Bayview Medical Center, Ben Nacev picks up potential clients from the rows of sick patients who are quieting children, talking on cell phones or gazing stone-faced at a television game show. Although many of these patients have minor illnesses, they often spend hours in the emergency department waiting for treatment because they have no alternative.

Nacev is trying to change that. The 28-year-old Hopkins medical student spends two nights a month here working for Project HEALTH, a national organization that involves students in obtaining health insurance and other resources for low-income patients and their families. This community service program, one of many that welcomes Hopkins volunteers, is set up to find better options for patients who use the ED for primary care.

As he sifts through the evening’s admissions file, Nacev looks for minor-care patients described as “self-pay.” Next, he approaches them to determine if they would like help finding insurance or a “regular” doctor. If they agree, he leads them to a Project HEALTH desk to take down information about their income, education, job status, and other lifestyle and medical factors. Patients’ spirituality as in their religious practices. Missionaries are assigned critical care units and share family issues that will indicate what kind of health insurance and low-cost care they qualify for.

“Although there are some good social services for people with very low incomes, it’s tough to find resources for folks who are making $15,000 to $18,000 a year,” he says. “That’s too much to qualify for government programs and it’s not enough to afford most insurance.”

Volunteer interest is strong

Often he directs such patients to clinics like the East Baltimore Medical Center, a low-cost primary care facility that uses a sliding-scale fee based on income. This Hopkins-run clinic also links uninsured patients from certain Zip codes with specialty care at Hopkins through a program called The Access Partnership (TAP). Like TAP, Project HEALTH at Bayview is part of Hopkins’ Community Health Initiative.

“When we want to help patients find their own primary care doctor in the community, we’re also trying to reduce the number of non-critical care patients in the ED,” says Barbara Cook, medical director of TAP. “A lot goes into taking care of patients who could be seen in another venue. If we can move them there, it frees up our resources for more ED appropriate care.” Since Project HEALTH began in March, roughly 80 graduate students from Hopkins’ schools of nursing, medicine, and public health have helped Bayview patients. Administrators anticipate more will sign up this fall.

“At the medical school, the interest in volunteering is always extremely strong,” says Mindi Levin, director of Hopkins’ Student Outreach Resource Center (SOURCE). Created in 2005, the community service and service-learning center works with nearly 100 organizations, primarily in East Baltimore. She says volunteerism provides a chance for professional as well as personal development.

“We have to think of ways of showing our students that caring for patients is not always as simple as diagnosing an illness and knowing the treatment. It’s also figuring out how someone will be adequately treated and followed up,” says Michael Barone, assistant dean for student affairs at the school of medicine.

Patients find the system difficult

Ben Nacev is already tackling such complexities. On a recent shift, he helped a 39-year-old patient fulfill his identification when his wallet was stolen. Laid off, with no steady income, the East Baltimore man qualified for medical assistance, but first needed to prove his identity with a birth certificate, or a driver’s license, or a social security card. Recovering any of those credentials, he told Nacev, appeared to require showing at least one of the others.

To find a solution, the sixth year M.D./Ph.D. student mounted an internet search of city, state, and federal agencies, patiently scrolling through reams of mind-numbing material. By the time the patient left Bayview, however, Nacev had given him a plan for obtaining new ID cards, instructions on how to apply for state insurance, and a list of the buses needed to reach those goals.

“If the process is this complicated for someone like me who has all the information about social programs and internet access to figure it out, then how does somebody who may not know how to navigate social services and government agencies, or even have access to a computer, ever do it?” Nacev wonders. As always, he plans to follow up with the patient to offer encouragement or additional help.

So far, the program has helped 30 patients either gain access to new primary care providers and/or medical assistance. Nacev appreciates working directly with patients like the uninsured immigrant he recently directed to a primary care clinic in Highlandtown.

“Something satisfying is offering people assistance that they won’t likely get from any other context,” he says.

—Linell Smith

Department of Pastoral Care, is a Disciples of Christ minister who grew up in Germany and also serves as a CPE supervisor. He says his chaplains are as interested in patients’ spirituality as in their religious practices.

Faith comes in many forms

“My primary purpose is to establish a genuine, empathic, and mutual relationship with a patient,” explains William Bell, a second-year CPE resident. “We try to see where someone is, and engage them there. For some, faith is very important, while others may look more to where someone is, and engage them there. For some, faith is very important, while others may look more to

Learning to have faith in themselves

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