Transcript

R: Hello and welcome to UltraSounds, a podcast by OBGYN delivered. I'm Rachel.

A: And I'm Asavari. We're so excited to have Dr. Anna McEvoy joining us again to discuss her work with adolescents and young adults at the Corner Health Clinic. Today is our second episode of a two-part series on adolescent reproductive health focusing on the Corner Health Clinic. For those of you who missed it, Doctor McEvoy is an Assistant Professor in the Department of Family Medicine at Michigan Medicine. She received her MD from Georgetown University School of Medicine in 2014, followed by residency at the University of Michigan in 2017, and then she also completed a fellowship in academic medicine through the Department of Family Medicine at the University of Michigan in 2018. She is currently an attending physician at various outpatient locations throughout the University of Michigan Health System, and she also works at the Corner Health Clinic. The Corner Health Clinic is a clinic in Ypsilanti, Michigan, and it provides primary care including sexual, prenatal and LGBTQ+ healthcare, mental health support and other types of care and wrap around services for 12 to 25 year old individuals. Dr. McEvoy, thank you so much for joining us again. We're so excited to learn more about your work at the Corner Clinic.

M: Thanks for having me.

R: So to start off, can you just tell us a little bit more about the Corner Health Clinic? What services you all provide, and the population that it serves.

M: Sure. So the Corner Health Center is a clinic that provides care to patients 12 to 25 years old as well as their children. We see patients regardless of their insurance status or ability to pay. It's not a free clinic, but we provide sliding scale services, which is very affordable for people who don't have insurance and we also help people sign up for insurance if that's something that they need. We are primarily a primary care clinic, but we also have subspecialty care. We have very robust mental healthcare including psychiatry and on-site therapy. And then we have a lot of non you know specifically healthcare resources. We have a food pantry, we have a store that patients can get various items at and then we have a lot of support groups and classes.

A: That's really great. It seems like this clinic has so many services for its patients. What are this clinic's goals in improving adolescent healthcare and care access?

M: So our goal is for our patients to live healthy lives by providing affordable judgment-free healthcare. We want our patients to take responsibility for their health and understand the implications that their behaviors have on their health. We specifically meet adolescents where they are, so if they come in late, we still see them. If they just walk in the front door needing an appointment, we try to see them that day. Our patients can access our nurses via texting, which I think is just very unique. I haven't seen that in any other clinic that I've worked in and it's just most accessible to this age group. Teens, if they have a medical question, they want to text someone they don't want to have to call and talk to someone on the phone. So just trying to kind of meet patients where they're at.

R: That's really wonderful and I can definitely see how texting would go over really well with adolescence and really anyone kind of in this day and age with our use of technology. Specifically, can

you talk a little bit more about how reproductive,prenatal, and postpartum care are integrated into the clinic?

M: We provide contraception care including LARC placement. We offer STI testing and treatment, as well as prevention. Patients can get prenatal and postpartum care here, and then they can bring in their baby for primary care, so allowing them to have their whole family be seen at the clinic. This just allows patients to get pregnancy related care in a familiar environment where they know the staff and already feel comfortable, and then they can deliver. They have an option to either deliver at our academic health center at the University of Michigan or at a local community hospital, which is St Joe's Trinity. So they kind of the choice and where they want to deliver, but they can get all of their care at the Corner Health Center.

A: That's awesome. And I love that patients' children can also get care at Corner Clinic, in a place that they already have so much trust in. Something else that you had mentioned from one of our earlier questions was all the support services offered by the Corner Clinic. You mentioned the food pantry and some other support groups. Can you talk more about those and what resources are specifically offered to adolescents who are pregnant like labor classes, safe baby classes, things like that?

M: Yeah. So I would say first and foremost, we have a very robust MIHP program. So MIHP stands for maternal infant health program, which is a state program in Michigan that involves nursing and social work teams that support Medicaid eligible families during their pregnancy and then actually continue to follow them for the first 12 months of the baby's life. And those folks see patients in clinic and also do home visits both during pregnancy and after pregnancy, which is just a really great service that allows the patient to kind of get to know someone really well who can kind of support them both with tangible needs and also mental healthcare during their pregnancy. We have a lot of classes as you mentioned, classes on parenting, safe sleep, how to properly use a car seat, how to breastfeed. We have support groups for fathers. Our nurses, in addition to classes, will actually help patients in getting the resources that they need so you know the nurse will actually order a breast pump, get it delivered to the clinic, give it to the patient and show them how to use it. So we're not just like handing them a printed prescription and saying go get a breast pump, which is like the approach that we use in my other clinic and probably most places it's kind of on the patient to navigate figuring out how to use a medical supply company and getting their own breast pump. So it just again shows how we're just trying to be as you know, patient focused as possible and kind of helping them with all of those things in a way kind of going above and beyond what we would typically do. We also have a food pantry and a store and so if we call it a store, but everything there is free but the patients can shop for items. And this is like an incentive for coming in for their appointment. So when they come in for their appointment, they can also shop for baby clothes or get diapers or pick up toys or books for their baby.

R: That's really wonderful. Just one quick follow-up question. How are these like food pantries or the store stocked or where do you all get those items from?

M: So a lot of the items we rely on donations from the community. And so we have different groups who donate or will like work within organizations to kind of see what items are needed and do fundraising or kind of throw a shower like within the organization to kind of pull those resources together. We also rely heavily heavily on grant funding. And so we have a pretty robust development department, people who are writing grants and seeking kind of resources from the community so we can purchase things that we need as well.

R: Very cool. That's really amazing. Yeah, I can definitely confirm from my experience so far in OBGYN clinics that the normal breast pump, you know, system is, yeah, you just hand them a piece of paper and assume that the patient knows and can figure out what to do with that to get a breast pump. So I think that's so wonderful that you all you know take them farther than that with extra support.

M: Yeah, I think that, you know, if you, especially if you're a patient who is kind of feeling ambivalent to whether they wanna breastfeed to begin with, like any barrier is gonna be like eh t's too hard. And so you mean not everyone's goals breastfeed but if it is, we don't want the reason they don't be to be because they couldn't figure out their insurance to get a pump.

R: Yeah, absolutely. And yeah, as we know, those systems are really, really hard to navigate. You've talked a lot about how the nursing staff are really integral to the clinic. Are there any other multidisciplinary staff that help serve this population and provide the services we've talked about so far?

M: Yes, there is a huge team that is kind of working to take care of the patients and you know any given time. So in a typical visit, patients are going to see either a physician, a nurse practitioner, or a nurse midwife as their provider. And then in addition, very frequently, they're also seeing a nurse and social worker. Currently we're actually starting a doula program and several of the MA's in clinic are training to be doulas, which is great because they already know the patients really well. I would say, you know, social workers are integral to the clinic providing therapy and support and then also kind of access to community resources. Our nurses each kind of have an area of expertise, so whether that's prenatal care or, you know, gender affirming care, and that allows them to do really tailored education as part of the visit. So if you have a patient who's starting on testosterone, the nurse will come in and do injection teaching to show them how to actually administer that medication. Or if the patient’s pregnant, the our OB nurse will come in and drop off the breast pump and talk about how to use it and how to breastfeed. We also, like at the beginning of each clinic session, the whole team will like huddle to talk about that day's patients and like potential needs or insights that anyone on the team has. Most of the physicians at the clinic like myself are only there one day a week, and so the other team members really know our patients and their families in a way that is really at a depth that we do not, and so it's really critical to kind of get any like insight that the other team members have. And so really it's just like I I would say it's probably the best model I've ever worked with in terms of the whole team kind of working together to take care of patients.

A: That's really great and it's great to hear that so many of the other team members are also involved in helping kind of establish like the longitudinal relationship with that patient and help gain trust that way as well. Another question we had was it's obvious how passionate you are about this work and it's really been amazing hearing about it. What were some prior experiences in your life or in your career that led you to pursue this part of the field and your work at Corner Health Clinic?

M: So this question is kind of fun to think about because I think that there are a lot of experiences that led me here, and I think that looking back I don't know that I could have like dreamed up a better job or environment to work. I don't that I knew this job actually existed when I was starting medical school. But I did AmeriCorps between undergrad and medical school, which is, you know, national volunteer service program. And I worked as a health educator, and I was working at a school based clinic in a high school on the West side of Chicago. And then I also taught sex ed in the Chicago public schools, and that was incredibly fun and rewarding. And I think I learned as much as I taught in that experience and I was already applying to Med school at that point but I think it definitely solidified for me that I wanted to

work in medicine. And I think probably set me down a path of going into primary care because I realized how much I liked working on prevention of disease and health promotion. And also really made me need realize how much I enjoyed working with adolescents and doing like Women's Health care.

R: That's so awesome. Thank you for sharing that. I think it's just really fun as we're kind of early, very early in our careers to just hear the paths that, you know, our role models that we look up took to get to where they are. But with that, so me and Asavari and I'm sure a lot of our listeners are planning on becoming OBGYN's and from your perspective as a family medicine physician, how can OBGYNs better collaborate and work with their primary care colleagues to help improve intergenerational health and just work together?

M: Yeah. So I think that there's so much natural overlap between OBGYN and primary care. And I think that one important factor is to try to make your office as adolescent friendly as possible. So, you know, teens are not always on time to visits and they don't make decisions in like a linear fashion and so just being, you know, if you are seeing teens in your OBGYN practice just being as available to them as possible. So if you, you know, counsel, a patient on contraception and they decide, they want an IUD, put it in that day, don't make them come back. And that's hard in a lot of clinics because we don't always get like, the time that we should have to kind of fully counsel patients and do a procedure in the same visit but for certain patients, you just like really have to make the effort to do that even if it puts you behind because you know, teens need care when they want it. And that's how you kind of give them good access to care. I also think that just being like very available to consult with primary care colleagues can be very helpful in both my general clinic and in the adolescent clinic I work at, there are OBGYNs who are there like one day a week and it's very helpful because I can, you know, refer patients who have like a more complex IUD removal, or if I have like a question about a higher risk pregnancy and I want to discuss transferring care, it's great to just have that kind of resource on site. And I think that in a lot of practices, you know it's very common for primary care doctors like most pediatricians, many family doctors don't necessarily have the ability to like place like Larc in their clinic so that they can like counsel patient on this option but you know, just having processes in place to kind of smoothly transfer patients from primary care to a gynecologist. You know, a patient, you know, if you have a 16 year old patient who wants an IUD. So try to kind of have those kind of relationships in place to kind of get patients in easeily. And I think in the same way you know for OBs like, you know, don't hesitate to ask patients about things that affect your care, but maybe you don't manage as often, like mental health and then referring patients back trying to get patients back into their PCP for some of that care as well. I think that both primary care, specifically family medicine, which I'm familiar with and OBGYN and like there's some things that we can do that are the same, you know, like we both prescribe OCP's. We can both put an IUD in. But each, you know, training path is kind of like their own unique skill set, and I think we should not be afraid to, you know, refer to each other and kind of ask for help and work together because ultimately we are collaborators who just have the same goal, which is to kind of improve our patients health.

A: Yeah, that's awesome. And I just wanted to highlight a couple of the things that you said. First with having some special considerations in place for adolescent patients and really meeting them where they're at and being really patient with them as you work with them. The second part was being able to refer out to providers and kind of rely on each others' expertise as you approach patient care more holistically. Another question that we had for you was what has been the most rewarding aspect of

working with adolescents and then working at the Corner Health Clinic. And then on the flip side, what have been some of the more challenging aspects of working with this population?

M: So, you know, I would say that you know one of the things that's most fun and rewarding about caring for adolescents is that you just have an opportunity to make such a positive impact on the patients' life with this age group specifically. You know, if you take care of kids. The kids are not really in control of their decisions, their parents are making decisions about like what they eat, when they go to bed- all of that. And when you're working with adults, adults are like, often pretty stuck in their own ways. It can obviously be great to, like, help an adult and inact like positive change, but it can be much more challenging to do that. And with teens, they're really on the cusp of making their own choices, but they're not yet set in like what that decision will be. And so I think if you can kind of connect with an adolescent in the right way, you can help them make a decision that's going to like positively impact the rest of their life which is just really rewarding. Yeah, plus they're also just fun. You know, like adolescents have like the best stories. They're not self-conscious in the way that adults are. And so it's really just like a joy to work with that group of patients.

R: That's awesome. Thank you for sharing. And as we kind of wrap up here, what are one or two things you would want our listeners to take away from this podcast on how to approach caring for adolescents' reproductive health.

M: I would say just go into each encounter open minded and judgment free. Let the patient do most of the talking. You're there to kind of help them define and refine their health goals. And while it's very important to give them advice and provide them with factual information, we also have to respect that they can make their own decisions about their health and then when they make those decisions, you just have to be available for them as they're kind of navigating the consequences of that, whatever it is. And then also just to be available when and where they need it.

A: That's really awesome. All right, so that's it for today's episode featuring the Corner Health Clinic. Thank you so much for sharing some of the incredible work that you're a part of, Doctor McEvoy. And to our audience, thank you for tuning in. Subscribe to UltraSounds wherever you get your podcasts. For more high yield topic reviews and recent news, you can also follow us on Instagram or Twitter, at OBGYN_Delivered or find more topic review outlines and free question banks at our website www.obgyndelivered.com. And always remember we put the labor so you can deliver.