

# **UCLA**

## **Proceedings of the UCLA Department of Medicine**

### **Title**

OPCC: An Attending's Perspective

### **Permalink**

<https://escholarship.org/uc/item/41b4777g>

### **Journal**

Proceedings of the UCLA Department of Medicine, 18(1)

### **Author**

Greenberg, Jerome

### **Publication Date**

2013-11-03

## CLINICAL COMMENTARY

---

### OPCC: An Attending's Perspective

---

Jerome Greenberg, M.D.

The homeless and socioeconomically disadvantaged populations have unique health care and social needs. UCLA has contributed to caring for this population through collaboration with venues such as the Venice Family Clinic and Simms-Mann Clinic. These clinics attempt to provide as much continuity as possible to a cadre of patients who might otherwise utilize emergency rooms for their non-emergency needs, if seeking medical attention at all.

One other model of care providing for the needs of these populations has been the OPCC in Santa Monica and the Mobile Clinic in West Hollywood. As someone who has volunteered sporadically at the OPCC, I would like to share my perspective as a physician and I also hope this can serve as a means of recruiting other internists or family practitioners to volunteer as well.

The OPCC (a 501 (c) non-profit formerly called the Ocean Park Community Center) is according to their website, "a network of shelters and services for low-income and homeless youth, adults and families, battered women and their children and people living with mental illness." During the week the OPCC is serviced through the Venice Family Clinic, but on the first and third Saturdays of each month, it is staffed by the UCLA Mobile Clinic Project.

The Mobile Clinic Project is quite unique in that it serves not only as a valuable service to an underserved population, but it also incorporates UCLA undergraduates and medical, law and public health students into a teaching environment. UCLA undergraduates serve as "case workers" after receiving training via Community Health Sciences courses and all serve on committees with various roles.

The medical students are first and second years who sign up for yearly commitments and there are two medical student coordinators who

oversee the workings of the medical students. The majority of the clients who show up at the OPCC on these Saturday mornings actually come for food, provided by an organization called Hand to Hand, which itself receives donations from various outreach groups. On an average Saturday morning, about 200 people show up (more on holidays) and partake in eating lunch on a rotating basis. The undergraduates and medical students meanwhile scout out those in line asking if anyone has a medical problem or concern they wish to address. There are usually ten to fifteen people who are seen as patients by five to seven medical students on a given day. The undergraduate students take detailed social and medical histories, vital signs are taken and medical students take further histories and examinations.

The range of problems and acuties runs the gamut. Many chronic problems one might expect to encounter are evident, including chronic alcohol and tobacco use, diabetes, hypertension, and chronic hepatitis, though the OPCC is really intended to deal with such chronic conditions. These patients are frequently referred to the Venice Family Clinic, although some patients are followed by clinics in outlying areas. Social histories reveal a myriad of problems, from sleeping on the streets to psychiatric problems such as post-traumatic stress disorder. Skin problems are common, including scabies, dermatitis and tinea and many have foot issues related to improper shoe ware or none at all. Some patients present with acute problems such as asthma exacerbations and chest pain that require an urgent or emergent evaluation and may be sent for emergency department care.

The clinic has a limited list of medications able to be dispensed, most provided through grants. There are antihypertensives from various classes (one learns that amlodipine is the drug of choice based on not needing to monitor labs), diabetes drugs, non-narcotic analgesics, topical anti-

infectives and steroids, H2 blockers, various antibiotics and antihistamines.

The medical students present their patients to the supervising physician, and they are eager to gather some clinical pearls (both history and exam), but mostly to get feedback on their presentations and write-ups and help in formulating differentials. It is widely held that the students who spend time here appear to stand out among their peers in their clinical clerkships. I have found this to be true as well.

At the conclusion of the morning, the coordinators gather everyone (medical students and non-medical students) in a circle down the street. Students new to the OPCC introduce themselves and, as an initiation rite, are asked to go to the center of the circle and do something like a dance movement or acting out their favorite animal. The supervising physicians are asked to share any teaching points that may have come about that day and all leave with the knowledge that something good, however small, was accomplished that morning.

The supervising physicians for this clinic are typically Family Medicine doctors trained in community medicine and there are at various times Community Health fellows and third year medical residents from Kaiser-Permanente. The clinic has a need for back-up attendings for times when the regular attendings can't make it. It is an experience that is a little daunting at first, but in the end, humbling and gratifying and allows one to take care of a population in many cases far different from that one would see in a usual academic or community-based practice. If your interest has been piqued, feel free to contact me and I will provide you with details so your name can be added to the list of volunteer attendings.

*Submitted on November 3, 2013*