



Behind the scenes at the Richmond Clinic tent

By Amber Hollingsworth

When COVID-19 hit, health care providers changed how they delivered care practically overnight. But not everyone saw the immense amount of work that went into the *process* side of the change. Workflows were reimagined and rewritten, systems were updated, and clinics were reorganized to protect patients and employees alike.

That's what the Medical Assistants at Family Medicine's Richmond Clinic have been doing since March – managing the flow of care so providers can focus on the patient. Two MAs who have taken the lead on this work are Madi Gardner and Rachel Morse.

"It started with swabbing patients from their car under a canopy, and now we're doing x-rays, labs, EKGs, and more from our tent," Madi says. "We're adapting the services people expect from a traditional clinic to our outdoor world." This setup increases access to health care while adhering to pandemic safety guidelines.

Not just a swab and a goodbye

The Richmond team knew that many of the people coming in for testing actually needed primary care. The clinic serves a population that typically experiences a number of barriers to care: lack of insurance and transportation, no primary care provider – they're not coming in for annual visits and flu shots.


"We offer to get them set up with that," Madi says. "We even have a phone in the tent so we can work with Interpreter Services to overcome language barriers."

"We've set up our tent to provide that extra level of care that our patients need," Rachel adds.

Stark realities

Madi and Rachel felt it essential to point out the huge racial and class disparity in people testing positive for COVID-19 – the rates are much higher (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>) for Black people, Hispanic/Latinx people, Native Americans, and people living in lower income areas.

“It's very real,” Rachel says. “People have a hard time grasping it until you see it. There are people who are more susceptible and at a greater risk, and we need to do our best to take care of them.”

OHSU (<https://news.ohsu.edu/2020/06/05/taking-action-to-address-institutional-racism>) and [Family Medicine](#)  are taking action to address structural racism in health care. Much of this work happens at the personal level, which is why Rachel and Madi and the rest of the Richmond team are so dedicated to making this new form of care work for the community.

What “doing our best” looks like

“This has been a huge team effort since the beginning,” Rachel says. “And that all-hands-on-deck approach has only continued.”

Shifting to outdoor care isn't easy: “We're there when it's 90 degrees out, when there's a torrential downpour – rain or shine, we're out there,” Madi adds.

“This experience has just solidified the need to be adaptable,” Rachel says. “If something needs to change, we need to change it.”

From Madi: “We get people thanking us every day, but this is just our job. It's why I joined health care. It's what we signed up for: We're dedicated to our patients and the community, and doing whatever it takes to assist them.”



Madi (left) and Rachel (right) at the Richmond Clinic tent

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