

Creating access and building trust for both patients and providers

UpToDate donations program supports Minnesota clinic in its mission to offer vulnerable populations better access to care



When we think of providing the best care everywhere, we primarily think of better outcomes: lowering mortality rates, reducing readmissions, more effective medication management. But another important aspect to consider is health equity and how to address systemic barriers that limit access to care stemming from racism, sexism, poverty, or other social determinants of health.

For Dr. Jonathan James, Ph.D., epidemiologist and Chief Strategy Officer (CSO) of Axis Medical Center in Minneapolis, Minnesota, focusing on health equity and building trust with an underserved patient population is a top priority.



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Chief Strategy Officer (CSO), Axis Medical Center

To help the diverse clinical team at Axis serve their patients, more than 50% of whom live below the poverty line and more than 80% of whom are best served by a language other than English, James's clinic applied for and received a complimentary subscription to UpToDate® evidence-based clinical decision support. The UpToDate donations program supports medical providers and students serving vulnerable populations. "We're not tied into a big hospital. So, we look for ways where we can ground our treatment protocols, our actions, our medications, our prescriptions, even our references," Dr. James explains. "UpToDate is one of those."

Little touches and big changes that build trust and equity

Sometimes, it's the little touches that can connect patients to their providers, Dr. James observes, and that trust can be the first step

in improving health equity. "One of the things we do in our clinic is to make Somali tea every day," he says. "Some clinics will have a coffee pot. We have Somali tea. The smell of the tea is familiar, and we know how that taps into your use of memories of where you were. So, it's welcoming."

Creating that culture of accessibility and welcomeness may begin with tea, but a key aspect of the clinic's success is assembling a diverse healthcare team to whom Axis patients can relate, Dr. James explains. "We have international medical graduates that have come from other lands and speak the language and help us to connect with the patients we serve, largely people who are also immigrants or who are isolated by virtue of their religious [identity] or ethnicity," he says.

Eighty-three percent of the patient population is best served by a language other than English – the most common of those being Somali, Swahili, Amharic, and Tigrinya. Having clinicians who can communicate in those languages and approach patients with familiarity and sensitivity to their cultural norms and traditions helps eliminate some barriers to care.

"Some of the people are isolated by not having transportation, even if they are here in Minnesota where everyone should have transportation," Dr. James notes. "So, we really try to build from the ground up, because that way, by raising health literacy, we have people who are living healthier lives."

Patients who have migrated from regions that have experienced famine, civil war, or other crisis-level events frequently suffer from post-traumatic stress disorder or struggle with anxiety due to family members unable to leave those difficult situations, Dr. James adds. That compounds health concerns and are conditions that need to be understood and considered by the care team.

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Ramifications of social determinants of health

For Dr. James and his colleagues, an important factor to consider when evaluating patient risk is social determinants of health, defined by the U.S. Department of Health and Human Services as the conditions in the environments where people are born, live, and spend their time that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Many of his patients exhibit behaviors driven by their ethnicity or the culture of their country of origin. Others experience limited access to resources due to lack of transportation or language barriers.

Any and all of these factors can impact a patient’s health and wellness. “Can you imagine going to a country and not speaking any of the language?” Dr. James asks. “How would you do? Just finding housing would be a challenge, and we know that [housing insecurity] undermines good healthcare.”

In an effort to fill those gaps, the clinic attempts to meet patients where they are with programs like a mammogram truck that was able to quickly process 43 patients through routine preventive mammograms in one day. One woman who came for an exam after years of skipping her preventive care was found to have advanced breast cancer, Dr. James recalls, and his team had her immediately referred to a specialist and booked for surgery the next day.

However, because that patient came from a culture in which women did not discuss women’s health issues openly with their families, no one came to support her through the experience, Dr. James says. One of the clinic’s international trainees was of a similar background, and she immediately recognized and understood the patient’s situation and was able to offer her much needed support.

Culture and COVID-19

COVID-19 was a particular challenge for Dr. James and his staff, as language barriers and the spread of misinformation made it difficult to communicate important facts about virus prevention and vaccines to patients who were already isolated or having difficulty accessing the care they needed. “We couldn’t get anybody to accept the COVID vaccine,” he says. “So, I finally went over to the mosque, and I sought out the imam and I said, ‘You got to come over and have a vaccine.’ I told him why. I told them the data, and he said, ‘Okay, I’ll do that for you.’”

The imam made a big show of getting vaccinated in front of a crowd of patients in the waiting room, before declaring, “Thank you, I’ll be back in a month for the second dose.”

“Everybody else lined up immediately and said, ‘Me, too,’” Dr. James says. “That is what you have to do to bridge culture and ethnicity: You have to understand, who is in a position of authority? Who is in a position of respect? Who’s in a position to lend that authority and respect to improve healthcare in the community? And that’s what we try to do. It’s not pandering. It’s just simply giving information to the right people and then having those people help to advocate for better healthcare.”

Arming clinicians with the tools to ‘serve’

Without the clinic’s complimentary subscription to UpToDate, “many of the providers here would feel on their own, because not only is the patient kind of isolated and without a support structure, but so are the providers in the clinic,” Dr. James says, noting that many of his international staff feel the same isolation of language, culture, and access to resources that the patients feel.

“The clinical teams trust UpToDate. It gives them the confidence to make care decisions because they trust the information, because it’s evidence-based,” he says. “It’s interesting how you have these parallel themes of trust: Patients trusting the clinical teams; clinical teams trusting UpToDate, to make sure that they’re getting the right information to make those care decisions for the patients they care about.”

UpToDate lends a “credibility factor,” he says. An international medical graduate going into their residency at Axis Medical Center will reference UpToDate on average five to seven times a day to confirm treatment plans and better understand conditions on their way to

becoming a certified medical doctor in the United States. “For [the training clinician], it’s part of learning, and it’s part of his practice as he tries to complete boards, for example, and his certifications.”

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Dr. James says Axis has tried to thoroughly integrate its donated UpToDate subscription “as an instrument of learning and teaching,” so it gets referenced by training clinicians and information gets shared and discussed with colleagues perhaps more often than in other institutions. While UpToDate helps bolster individual clinicians’ confidence in their decisions and connect them to knowledge resources and continuing education, Dr. James also appreciates that it unites his team and spurs discussions. “Oftentimes, we’ll be sitting in a provider meeting, and somebody will pull up UpToDate and say, ‘Well, on UpToDate, it says this.’ And suddenly, Dr. Semakula’s saying

something, and Dr. Hassan is saying something, or Dr. Lewis is saying something. But what started that conversation was a reference on UpToDate, or a reference of how to treat this particular patient. That happens every single provider meeting.”

Dr. James says he thinks other community health centers like his, especially rural health centers, could benefit from applying for UpToDate donated subscriptions because “they are searching at all times for a way to continue to be educated, to stay current, because medicine is always evolving and changing.

“I think we all continue to learn from each other every day. We learn from the patients about what’s happening and what the struggles are in the community,” Dr. James continues. “And I never let anybody that works for us say, ‘We’re going to *treat* a patient.’ I always say, ‘We’re going to *serve* a patient.’ Because it’s a completely different thing. And if we are in service to others, it taps into our most basic human needs as human beings to be of value and service to others. We don’t ‘treat and street’ people. We serve people. And we help people.”

Axis Medical Center

Axis Medical Center community health center in Minnesota has been providing culturally and linguistically appropriate services to a community that endures unique barriers to health and wellness, including recent immigration and low levels of insurance, employment, education, and English proficiency. The center’s team, board of directors, and partner organizations all belong to the family and communities it serves.
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