Advancing Primary Care Training in Health Care for the Homeless

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College of Osteopathic Medicine

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Project HOPE

- In 2010, Nova Southeastern University's College of Osteopathic Medicine was awarded a five-year Pre-doctoral Primary Care Training grant from the Health Resources Administration (HRSA) of the U.S. Department of Health and Human Services.
- Project HOPE – Homelessness in Pre-doctoral Osteopathic Education - responds to a curricular deficit in the education of medical students toward the health care needs of those experiencing homelessness.

Project HOPE

- This project educates healthcare professionals to better define, track and provide appropriate care to vulnerable populations with whom they work.
- Students, faculty, staff…
- The definition of homelessness is often misunderstood.

Homelessness is AN EXPERIENCE, NOT A CONDITION.

Definition of Homelessness

- A homeless individual is defined in section 330(h)(4)(A) as "an individual who **lacks housing** (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." A homeless person is an individual **without permanent housing** who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other **unstable or non-permanent situation**. [Section 330 of the Public Health Service Act (42 U.S.C., 254b)]

The Case for Primary Care Training

- An aging HCH workforce
- Fewer young physicians entering primary care
- Indications that adverse attitudes of medical providers contribute to reduced quality and access to care for those experiencing homelessness.
- These counterproductive traits most likely stem from training that did not adequately prepare students and physicians to sensitivities in working with this population.

- Negative attitudes perceived by patients increase their sense of alienation, stigmatization, and despair.
- The result is a decrease in the effectiveness of counseling, treatment recommendations, and spirit —the core tenets of osteopathic principles.

The Hidden Homeless: An Apparent Challenge

- Many who are transient in their housing and are not "on the streets" do not self-identify as homeless.
- Due to issues at intake, funding policy and procedure - many clinics do not track patients experiencing homelessness.
- Language is important in assessment of housing and in its related continuum of care.
- Thus, a need to broaden perspective.

The Economy as a Patient

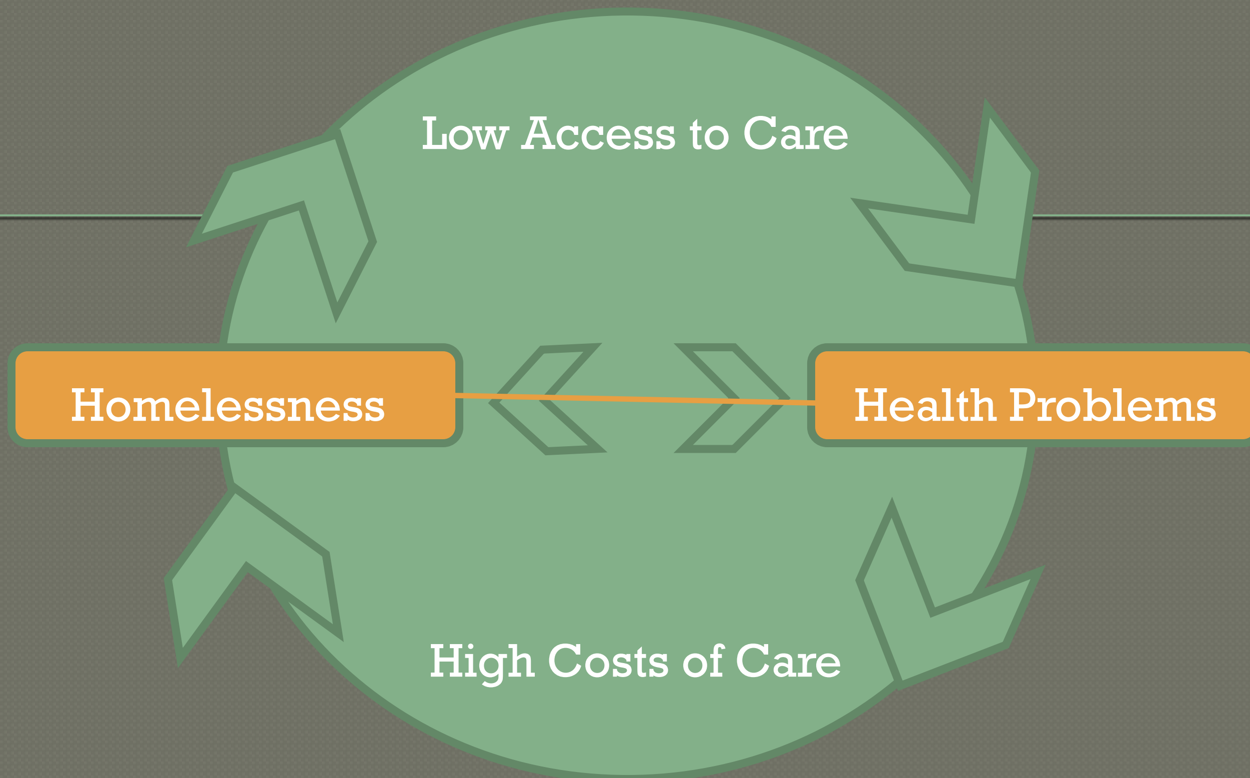
- When a patient gets sick, the whole body is engaged. A severe abscess only in a hand will cause a rise in body temperature, heartbeat, etc…
- The world economy behaves in exactly the same way.
- In a patient or in a world economy, everything is interconnected, and all parts display some evidence of what is happening anywhere in the patient or on the globe.

- http://www.youtube.com/watch?feature=endscreen&v=QfBZnyJg0Bw&NR=1

The Sunshine State

- Unemployed Floridians: max $275 per week - among the lowest of any state in the country. It is virtually impossible to be independently housed and comfortably self sufficient on $275 per week.

- California, Florida and Nevada have been disproportionately impacted by the recent housing crisis – with high rates of homelessness due to high levels of unemployment, foreclosure, doubling up, housing cost burden, lack of health insurance – all are risk factors for increased homelessness.



- Homelessness may arise from physical or mental disability that brings on poverty, but once someone becomes homeless, poverty and deprivation reinforce each other in a vicious circle.

Project Goals

- Provide a primary health care service curriculum that focuses on the homeless insuring patient safety and minimizing the amount of medical error.
- Improve the attitudes and knowledge that students have with regard to people who are homeless.
- These goals are enmeshed.

Curricular Overview

YEAR ONE

- Medicine, Health and Society I: (3 hours)
- Foundations and Applications of Clinical Reasoning I: (2 hours)
  Case presentation focused upon homelessness and health.
- Community Service-Learning (4 hours)
  4 hours of direct/indirect community service that is specific to individuals experiencing homelessness

YEAR TWO

- Principles of Clinical Medicine II: (2 hours)
  Homeless-specific specialized patient exam

YEAR THREE

- Internal Medicine I: (8 hours)
  Web-based module, incorporated into 3 month Internal Medicine Rotation

YEAR FOUR

- Medical Informatics: (8 hours)
  Online health information technology focused on homelessness.
- Rural / Underserved 2 month core placement and 1 month selective placement:
  Students will conduct intake in concert with preceptor / facility to determine housing status by federal definition of homelessness. Rural / Underserved log includes data on number of homeless-specific encounters per month and will complete post test to determine correlational data on experience, affect, and knowledge.

- *27 total hours to date; expansion is ongoing*

2011: Inaugural Class

- Curricular integration launched on October 4th, 2011with inaugural presentation in OMS1: *Medicine, Health & Society.*
- ~230 students
- 90 minute didactic presentation facilitated by HOPE team and a PsyD to integrate the importance of behavioral health.
- 60 minute facilitated breakout sessions with individuals experiencing homelessness.

Specialized Patient Exam

- Ms. Williams is an 85-year-old Caucasian female living in a homeless shelter in Broward County. She finished schooling through the eleventh grade. Afterwards she married her husband and they remained married for 60 years until his death 7 years ago. She never worked outside of the home and her family is very important to her. She was a homemaker and reared four children, three girls and one boy. She had lived in a small home with her daughter and son-in-law, but they moved out of state and she refused you go with them. Ms. Williams tried to rent a home, but was evicted when the landlord was foreclosed on and she was forced to move out. She was evicted from the home and is now residing in the homeless shelter. Her daughter bought her a bird several months ago - "Franklin", named after her husband. She had to give up Franklin when she moved into the homeless shelter. She used to feed him nuts and fruit by hand and was teaching Franklin to give her "kisses" by placing pieces of fruit in her mouth. Franklin was very gentle with her and losing him hurts more than being isolated from her family.

  Mrs. Williams has been suffering from a variety of chronic diseases including asthmatic bronchitis, restless leg syndrome, and numerous forms of arthritis and chronic pain. Her health began to decline approximately five years ago following a total knee replacement. She is very aware of current illness and care needed to treat illness. She is an active member of the health care team. Evelyn is morbidly obese due to lack of mobility.

Clinical Considerations

- Chronic diseases: difficult to manage in vulnerable populations whose access to care is limited.
- Patients often present with acute needs that require immediate attention and displace focus from chronic disease and prevention.
- Trauma from the experience of homelessness complicates rehabilitation and there is sometimes limited expertise with trauma-informed care on the part of clinicians.

Mental Health

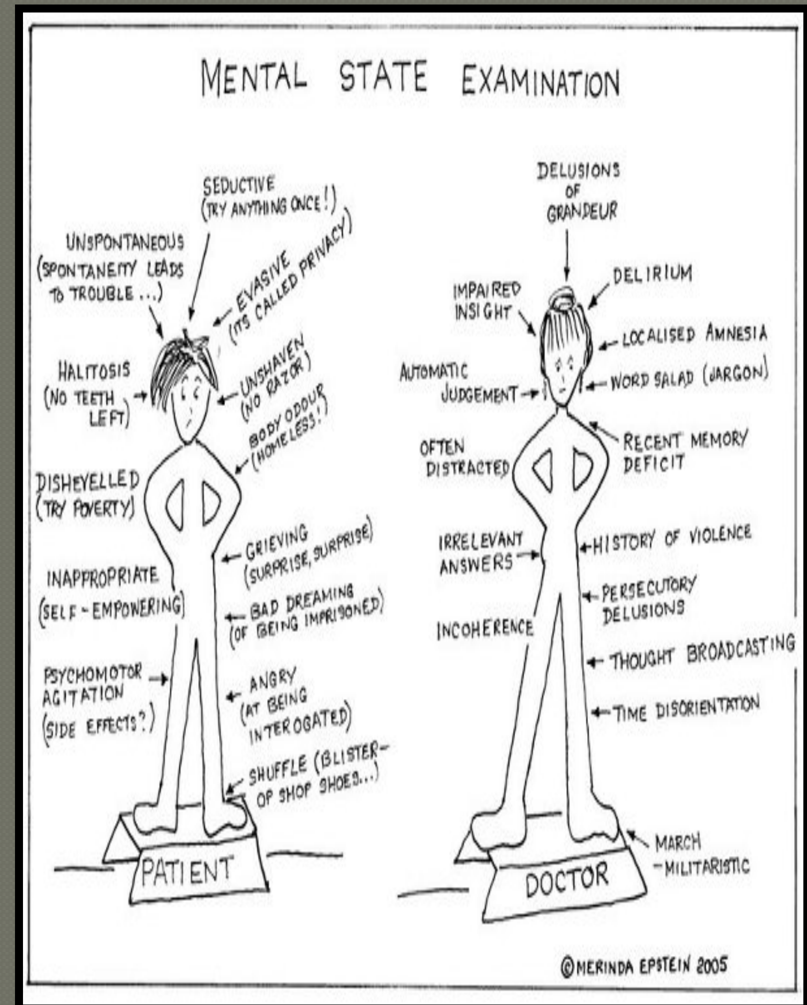
- According to the Substance Abuse and Mental Health Services Administration, 20 to 25% of the homeless population in the United States suffers from some form of severe mental illness.
- In comparison, only 6% of Americans are severely mentally ill (National Institute of Mental Health, 2009).
- Motivational interviewing
- Self valuation…

Physical Health Emotional Health

The Mental Status Exam

Behavioral Aspects:

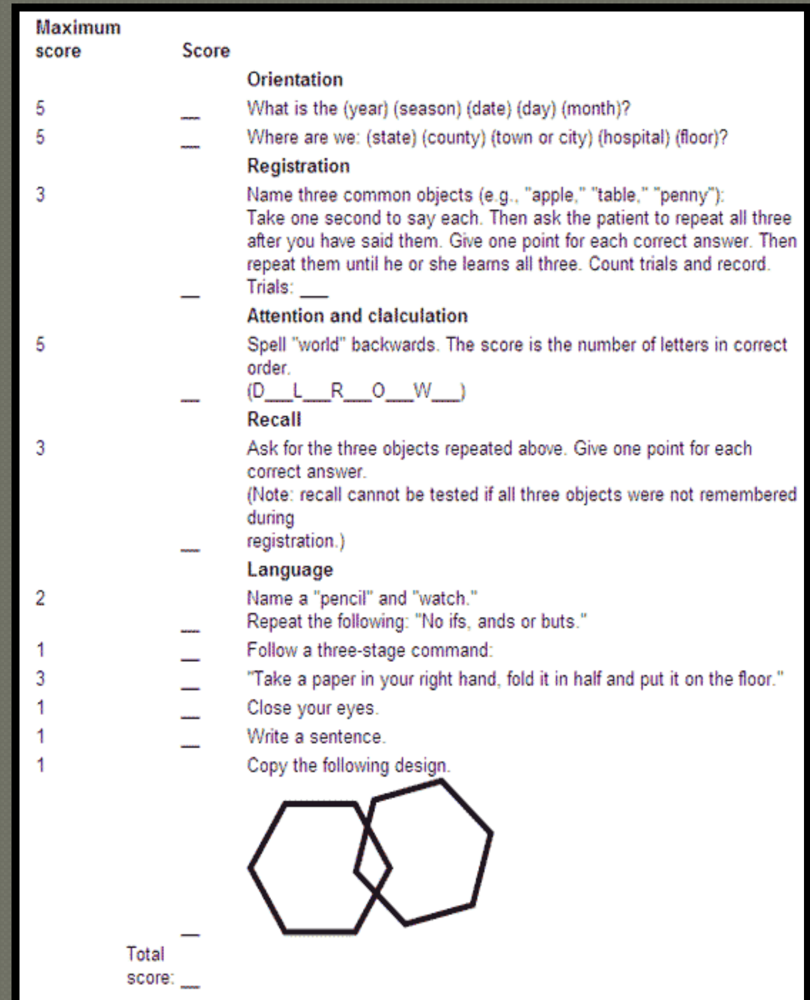
- Physical Characteristics
- Alertness
- Clothing and Hygiene
- Motor Activity
- Facial Expression
- Voice & Speech
- Attitude toward Interview
- Affect
- Mood
- Flow of thought



The Mental Status Exam

Cognitive Aspects:

- Content of thought
- Delusions
- Thought Process
- Perception-hallucinations
- Memory recall
- Attention
- Language
- Insight and judgment
- Orientation-person, place, time



Maximum score	Score	
		Orientation
5	__	What is the (year) (season) (date) (day) (month)?
5	__	Where are we: (state) (county) (town or city) (hospital) (floor)?
		Registration
3	__	Name three common objects (e.g., "apple," "table," "penny"): Take one second to say each. Then ask the patient to repeat all three after you have said them. Give one point for each correct answer. Then repeat them until he or she learns all three. Count trials and record. Trials: ___
		Attention and clalculation
5	__	Spell "world" backwards. The score is the number of letters in correct order. (D___L___R___O___W___)
		Recall
3	__	Ask for the three objects repeated above. Give one point for each correct answer. (Note: recall cannot be tested if all three objects were not remembered during registration.)
		Language
2	__	Name a "pencil" and "watch." Repeat the following: "No ifs, ands or buts."
1	__	Follow a three-stage command:
3	__	"Take a paper in your right hand, fold it in half and put it on the floor."
1	__	Close your eyes.
1	__	Write a sentence.
1	__	Copy the following design.
Total score:	__	

Trauma-Informed Care

What are Trauma-Specific Interventions?

Trauma-specific interventions are designed specifically to address the consequences of trauma in the individual and to facilitate healing. Treatment programs generally recognize the following:

The survivor's need to be respected, informed, connected, and hopeful regarding their own recovery.

The interrelation between trauma and symptoms of trauma (e.g., substance abuse, depression, and anxiety.)

-2011, SAMHSA

Those experiencing homelessness lack basic safety and security needs, often facing traumas that need to be recognized when providing appropriate primary and tertiary care.

Clinical Considerations…

- Medications to manage health conditions are often stolen, lost or compromised due to rain, heat, or other factors.
- In addition, disease can spread rapidly when streets, shelters and doubling-up due to crowding.
- Swallowing pills – no running water.
- Brushing teeth – no running water.
- Climate can degrade medication…
- Injectables are mistaken for drug use…

Evaluation of Attitudes

- Adapted HPATHI: Health Professionals' Attitudes Toward the Homeless (Buck et al., 2005)
- Expanded to HPAETHI to include experience
- Preliminary results: 2011-12 NSU-COM M1 class: 83% of students agreed that homeless people have the right to basic health care and 87% agreed to feeling comfortable being part of a team when providing care to the homeless. Female students agreed to homeless patients having the right to basic health care at a 94% rate compared to their male counterparts at 78%. As a curriculum that is focused on both primary care and care of the underserved is received by both male and female students, it is hypothesized that this discrepancy will become insignificant by the end of the four years of medical school.

Project Goals

- Expand student experiences in primary health care to the homeless in a required rural/urban underserved primary care clerkship.

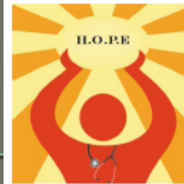
Clinical Placements

- Initially: ½ of 4th year medical student cohort (~120 students) to spend 20% of a core rotation in a homeless-specific setting.

- Challenges:

- Too few clinical setting for supervision of medical training
- 1 preceptor to 2 students ratio
- Negotiation with full time placement site for release time.
- Individuals experiencing homelessness present at an array of clinical sites.

- Shift of focus to track housing status to observed health symptoms in an array of service settings.
- Correlate health and housing, exposure, experience and attitude.



Federal definition of homelessness (below):

*A homeless individual is defined in section 330(h)(4)(A) as "an individual who **lacks housing** (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is resident in transitional housing." A homeless person is an individual **without permanent housing** who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other **unstable or non-permanent situation**. [Section 330 of the Public Health Service act 942 U.S.C., 254b)]*

Based on the federal definition of homelessness, please utilize the questions below to assess your patient's housing status:

- Have you lived in the same place for the past 30 days?
- Have you lived in the same place for the past 90 days?

If you are unsure of your patients housing status after asking the questions above, please feel free to utilize any of the complementary questions below to gain further information and insight:

- Do you have a permanent home?
- Do you get all of your personal mail sent to your current residence?
- If you are living in a non-permanent residence, where and with whom having you been living?
- Do you pay money towards expenses where you are living?
- Do you know where you will be living in the next six months?

Nova Southeastern University
College of Osteopathic Medicine
RURAL MEDICINE LOG
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Student's Name:________________________

Preceptor Name:______________________________

Institution & City/State: ________________________

Medical Service: ______________________________

Dates of Rotation: _____________________________

Instructions: The purpose of this log is to document your clinical rotation experience by recording the number and types of clinical cases in which you have participated. Please use black ink only. Do not use checkmarks or X's. Completely fill in a response bubble for each type case below. Signatures for the DME and the supervising physician are required on page 3. Please also write any comments on page 3 regarding your clinical rotation experience. Thank you.

	More Than 30	21-30	11-20	5-10	Less Than 5	None	Unknown
1. Cardiovascular							
1. Chest Pain, Angina	O	O	O	O	O	O	O
2. Hyperlipidemia	O	O	O	O	O	O	O
3. Peripheral Vascular Disease	O	O	O	O	O	O	O
4. Hypertension	O	O	O	O	O	O	O
2. Dermatology							
1. Skin Lesions	O	O	O	O	O	O	O
2. Skin Cancer	O	O	O	O	O	O	O
3. Lice	O	O	O	O	O	O	O
4. Scabies	O	O	O	O	O	O	O
3. Endocrinology							
1. Thyroid Disorders	O	O	O	O	O	O	O
2. Diabetes Mellitus	O	O	O	O	O	O	O
3. Iron Deficiency	O	O	O	O	O	O	O
4. ENT/Eyes							
1. Rhinitis/ Sinusitis	O	O	O	O	O	O	O
2. Otitis – Media/Externa	O	O	O	O	O	O	O
5. Gen Med (FM/IM)							
1. Infectious Disease	O	O	O	O	O	O	O
2. Headaches	O	O	O	O	O	O	O
3. Chronic Pain	O	O	O	O	O	O	O
4. Allergies	O	O	O	O	O	O	O
5. Obesity	O	O	O	O	O	O	O
6. Gastroenterology							
1. GERD	O	O	O	O	O	O	O
2. Ulcer Disease	O	O	O	O	O	O	O
3. Gastroenteritis	O	O	O	O	O	O	O
4. Inflammatory Bowel Disease	O	O	O	O	O	O	O

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College of Osteopathic Medicine
RURAL MEDICINE LOG

Instructions:

In an effort to better understand the demographics of patients with whom you will interact with during your rotation, please read and respond to the following intake protocol with the approval and guidance of your preceptor.

The definition of homelessness is often misunderstood. In preparation for you to complete your Rotation Log as accurately as possible, please read the Federal definition of homelessness (below):

> *A homeless individual is defined in section 330(h)(4)(A) as "an individual who **lacks housing** (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is resident in transitional housing." A homeless person is an individual **without permanent housing** who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other **unstable or non-permanent situation**. [Section 330 of the Public Health Service act 942 U.S.C., 254b)]*

Based on the federal definition of homelessness, please utilize the questions below to assess your patient's housing status:

1) Where did you spend last night?
   If respondent answers any of the following…A mission, homeless shelter or transitional shelter; hotel (paid for by voucher); the street or other outdoor public place; abandoned building; a vehicle; a rehab facility. Follow-up with questions below.
2) Have you lived in the same place for the past 30 days?
3) Have you lived in the same place for the past 60 days?

If you are unsure of your patients housing status after asking the questions above, please feel free to utilize any of the complementary questions below to gain further information and insight:

a) If you are living in a non-permanent residence, where and with whom having you been living?
b) Do you have a permanent home (a place of your own, your own house, apartment or room?
c) Do you get all of your personal mail sent to your current residence?
d) Do you pay money towards expenses where you are living?
e) Do you know where you will be living in the next six months?

Keep a log of your patient's response(s) in order to complete the Rotation Log, including patient demographics on the next page. Doing so consistently will provide for more accurate reporting.

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EMERGENCY MEDICINE LOG
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Name: Deepu Daniel

Date(s) of Rotation: 04/01/12 - 04/19/12

Rotation Site Information

Clinic/Facility Name: Memorial Regional Hospital

Address: ____________________

City ____________________ State ________ Zip ________

Preceptor Name: Michael Perlman M.D.

Title: ____________________

Contact Phone: ____________________

Population Served: Please indicate a percentage which best describes the population you served during the duration of your rotation.

Race/Ethnicity of Population Served

American Indian or Alaskan Native: 5 %

Native Hawaiian or Other Pacific Islander: 5 %

Asian: 10 %

White: 45 %

Black or African American: 20 %

More Than One Race: 6 %

Hispanic/Latino: 15 %

Health Insurance Coverage of Population Served

Medicaid: 60 %

Uninsured: 20 %

Medicare: 20 %

Veteran Status of Population Served

5 %

Housing Status of Population Served

I have seen approximately 80 patients experiencing homelessness or instability of housing out of a total of 200 patients seen during my rotation.

40 % of individuals that demonstrate homelessness or instability of housing.

Clinical Placements

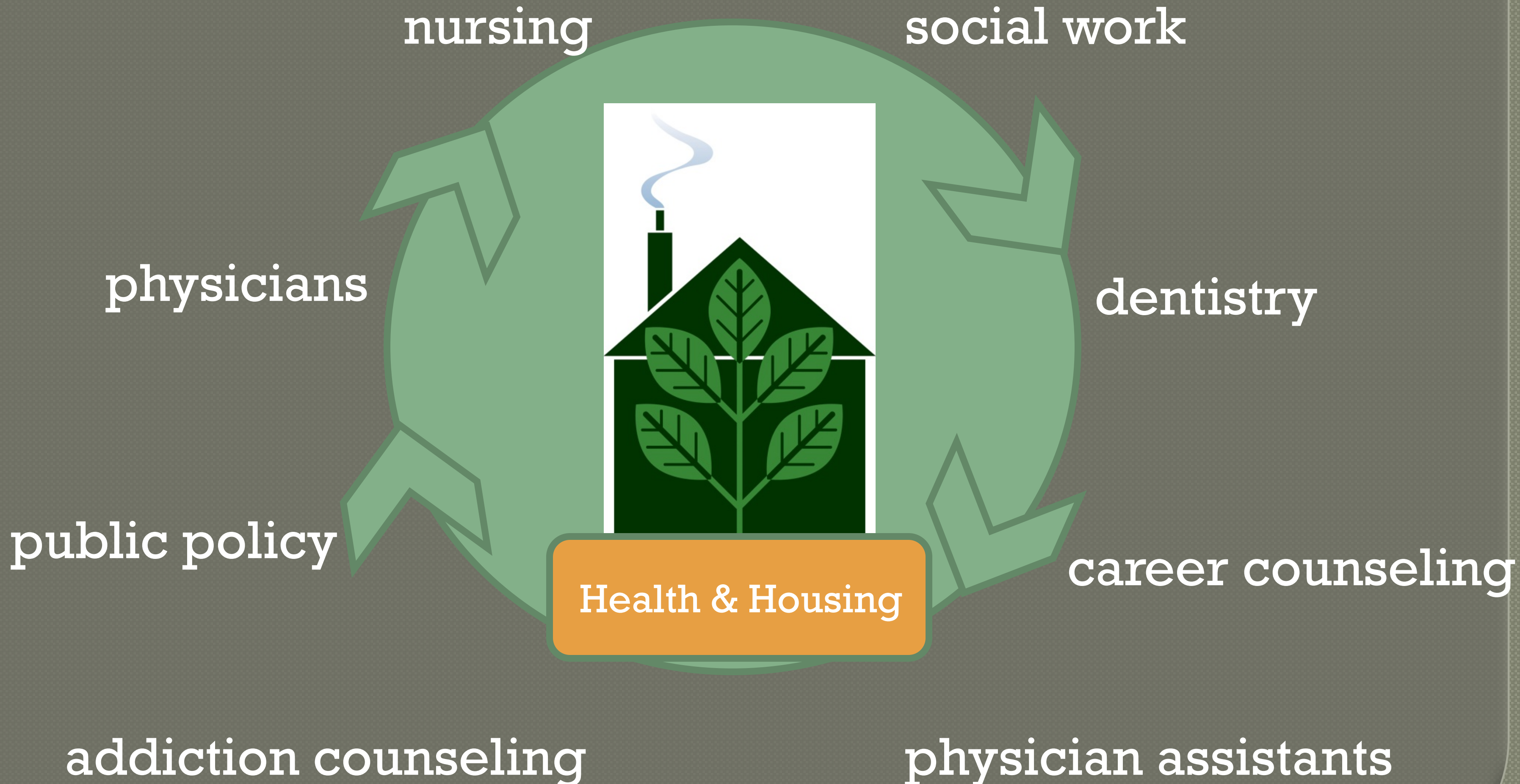
- Updated logs became part of the rotation protocol in January, 2012.
- Project HOPE has facilitated homeless-specific placements in concert with support from NHCHC beginning in January, 2012.
- 25 students accessed placement assistance; 9 students placed through April, 2012 in Florida and as far as Los Angeles.
- Recruitment of placement sites is ongoing; MOUs executed with Camillus Health Concern, Miami, FL and Orange Blossom Health Care for the Homeless, Orlando, FL.

Project Insights & Resolutions

- Challenge in adapting curricula
- Challenge in changing rotation protcol
- Challenge in identifying 'hidden homeless'
- Challenge in identifying enough clinical partners for to oversee clerkships

Interprofessionalism in the 21st Century:

a coordinated team approach to homeless health care



Project Goals

- Provide a template for a curriculum that can be used by both osteopathic and allopathic medical schools that can be used to plan, develop, implement, and evaluate primary care health services for homeless populations.

- This is an ongoing effort… through presentation, publication, and ultimately the compilation of all curricular materials.

Questions?

- http://medicine.nova.edu/epr/project-hope.html
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