

Primary Care Medical Training in Health Care for the Homeless

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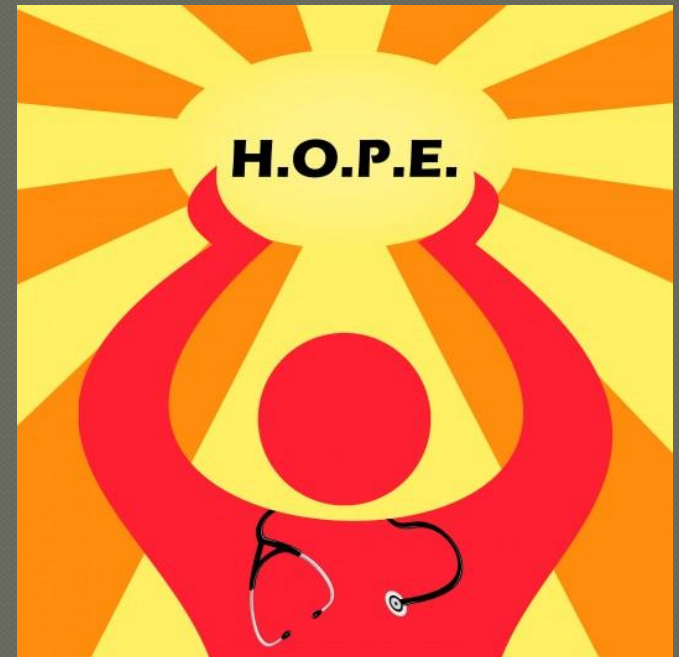
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Project HOPE

- 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; responds to a workforce shortage area.



The Case for Primary Care Training

- ◉ An aging HCH workforce; high burnout.
- ◉ 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.

Project Goals

- ◎ Provide a primary care curriculum for medical students that focuses on the homeless, ensuring patient safety and minimizing medical error.
- ◎ Improve the attitudes and knowledge that students have with regard to people who experience homelessness.

Curricular Overview

YEAR ONE

- **Humanism and Health:** (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.



the **Real**
Housewives
OF MIAMI



October 4, 2012:

Miami Beach police say they have enough evidence to arrest the son of a Real Housewives of Miami star after he filmed himself punching a 62- year old homeless man in the groin and then posted the video on his Facebook page.





KOURTNEY & KIM
TAKE MIAMI





- Two months after he was viciously attacked on the MacArthur Causeway by a man who chewed part of his face off, Ronald Poppo succinctly summed up the events that captured the country's attention:
- Poppo denied doing anything to provoke Eugene – the assailant.
- "What can provoke an attack of that type?" Poppo asked matter-of-factly.



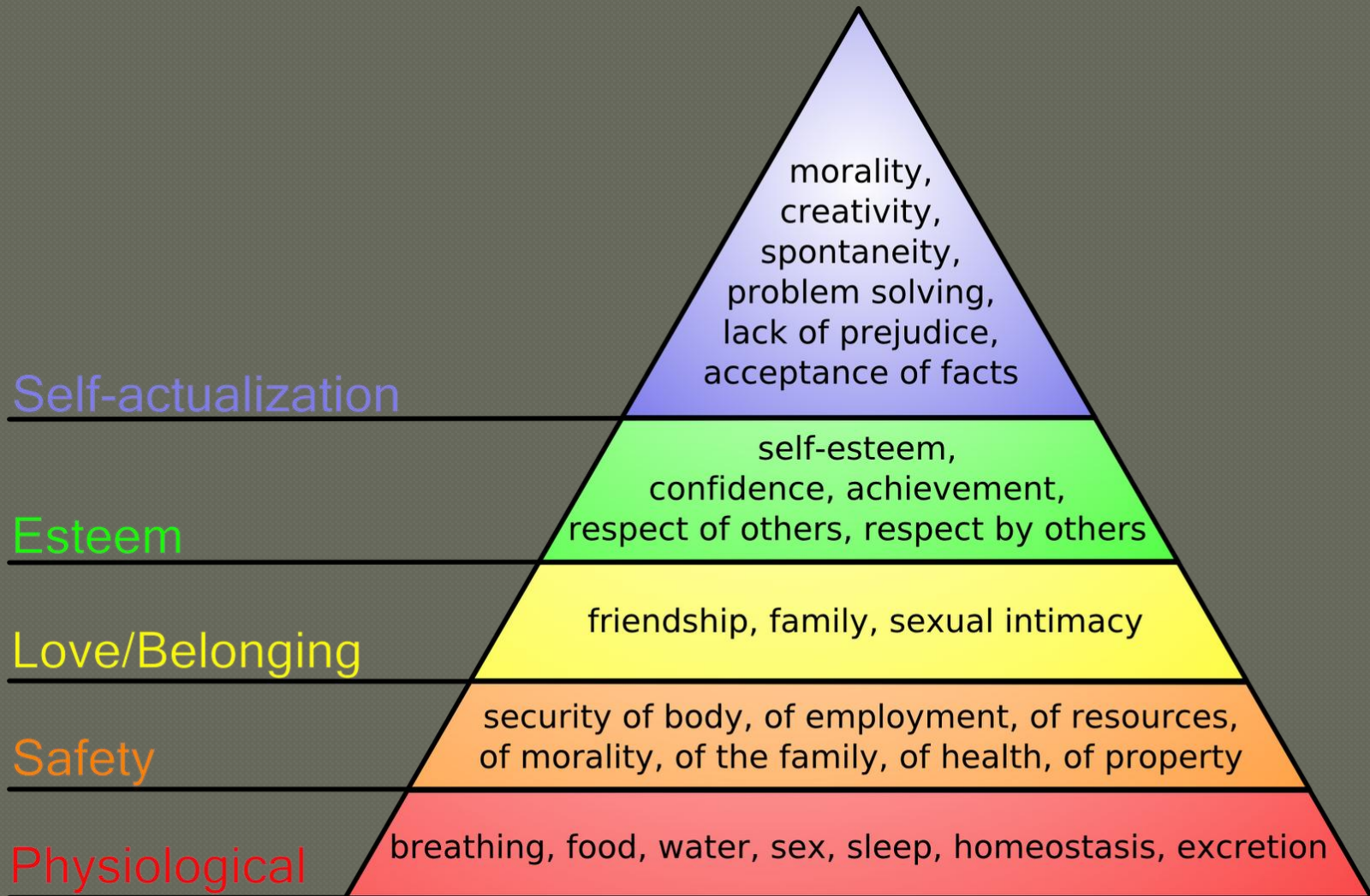
This combo made with undated photos made available by the Miami-Dade Police Dept. shows Rudy Eugene, 31, left, who police shot and killed as he ate the face of Ronald Poppo, 65, right, during a horrific attack in the shadow of the Miami Herald's headquarters.



⦿ <http://www.youtube.com/watch?v=2VT72l9I-5E>



Maslow's Hierarchy of Needs





Self-actualization

morality,
creativity,
spontaneity,
problem solving,
lack of prejudice,
acceptance of facts

Esteem

self-esteem,
confidence, achievement,
respect of others, respect by others

Love/Belonging

friendship, family, sexual intimacy

Safety

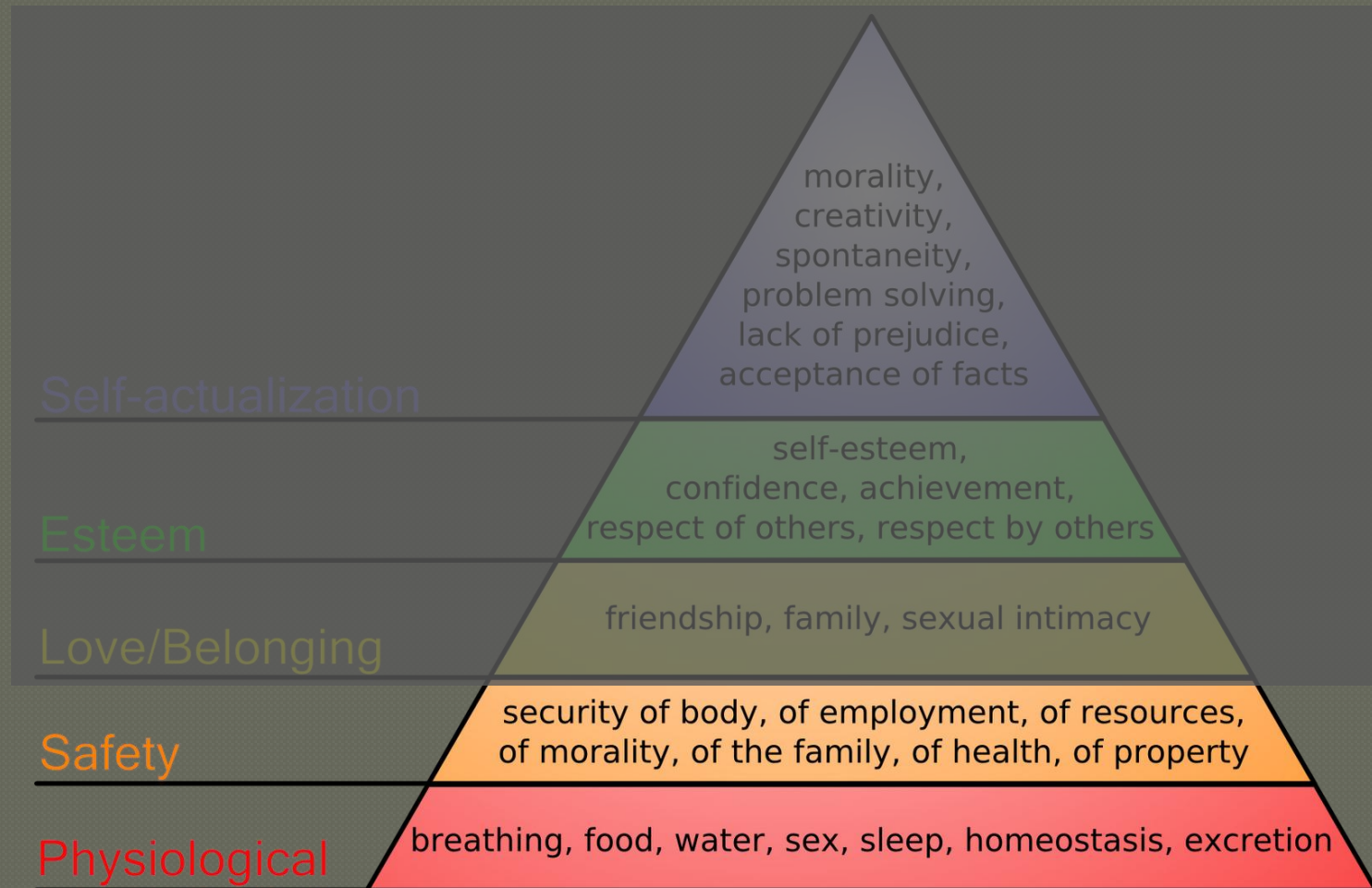
security of body, of employment, of resources,
of morality, of the family, of health, of property

Physiological

breathing, food, water, sex, sleep, homeostasis, excretion



What Happens If...

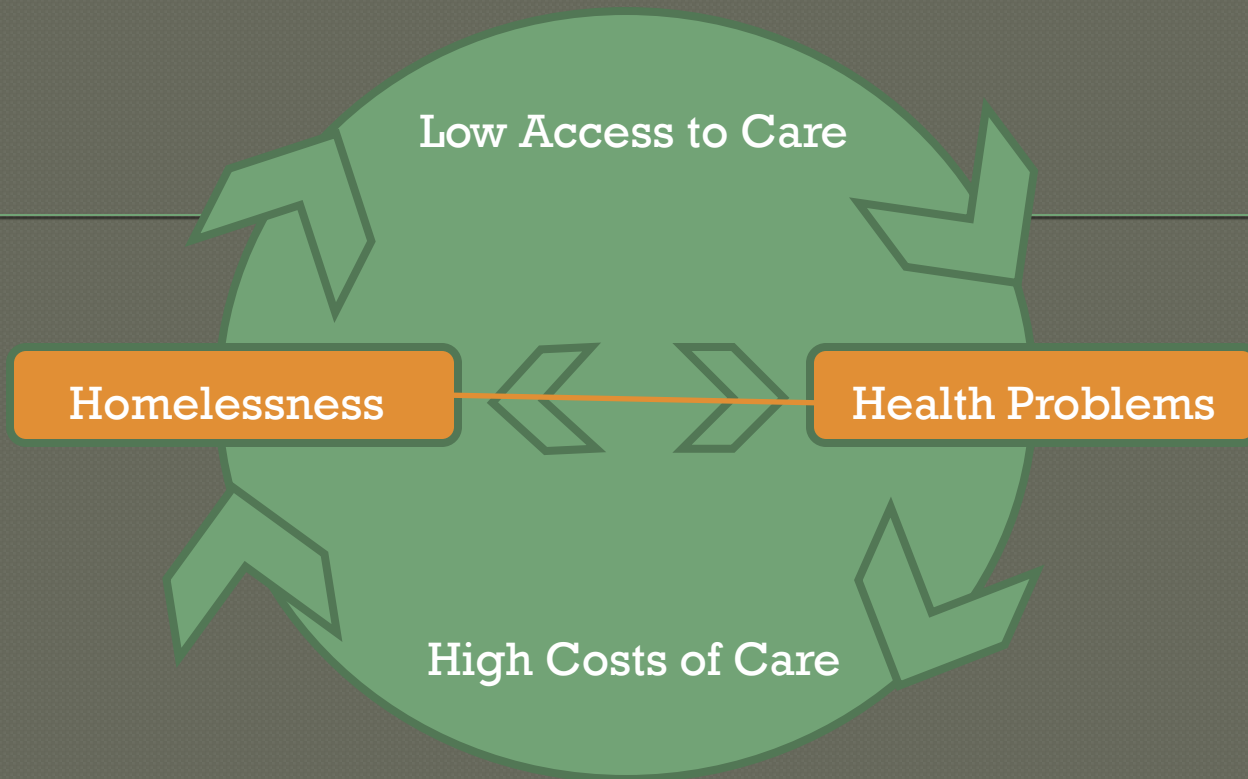






UNINSURED
OVER-ACTIVE
THYROID
PLEASE DONATE





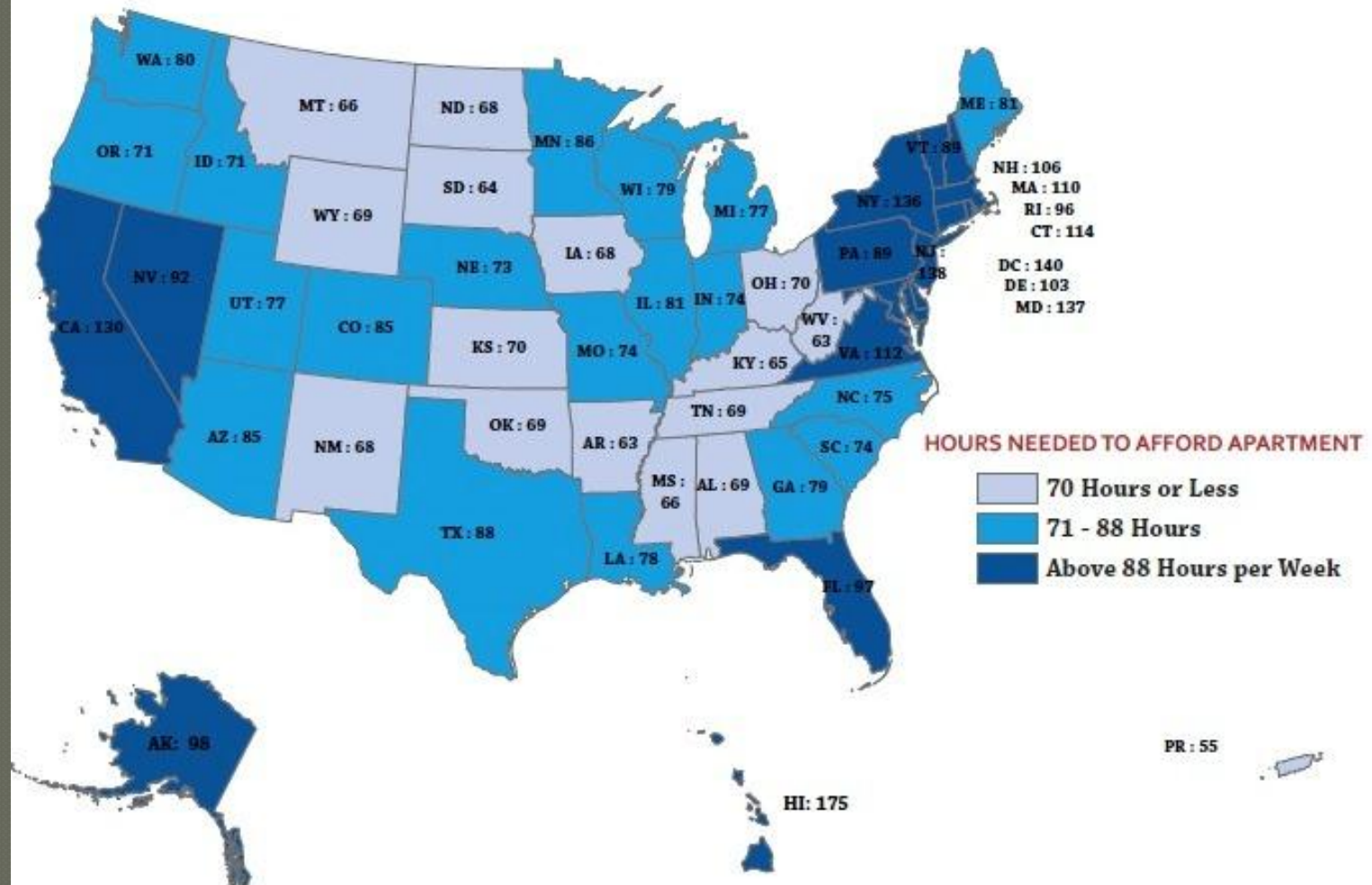
- Homelessness **may arise** from physical or mental disability that brings on poverty, but once someone becomes homeless, poverty and deprivation **reinforce** each other in a **vicious circle**.

Demographics

- **636,017** individuals experienced homelessness in 2011.
- The average income of the working poor was **\$9,400** in 2010. There was not a single county in the nation where a family with an average annual income of \$9,400 could afford fair market rent for a one-bedroom unit.
- The “**doubled up**” population (people who live with friends, family or other nonrelatives for economic reasons) was **6.8 million** in 2010. The doubled up population increased by more than 50 percent from 2005 to 2010.
- Those who are “**doubled up**” 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 patient care plan.**

HOURS AT MINIMUM WAGE NEEDED TO AFFORD RENT

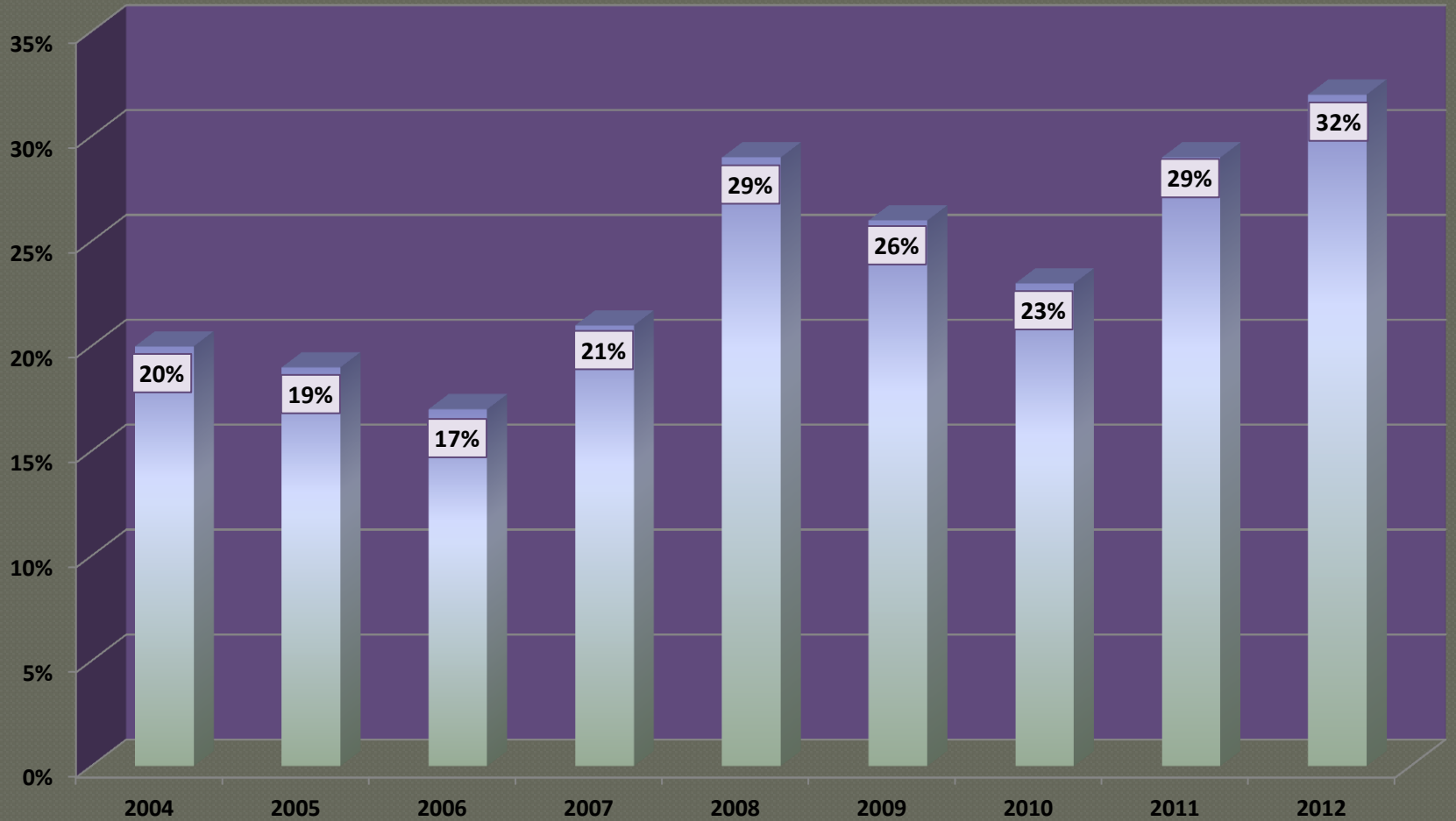
In no state can a minimum wage worker afford a two-bedroom unit at Fair Market Rent, working a standard 40-hour work week.



Broward Co. TaskForce Data 2011

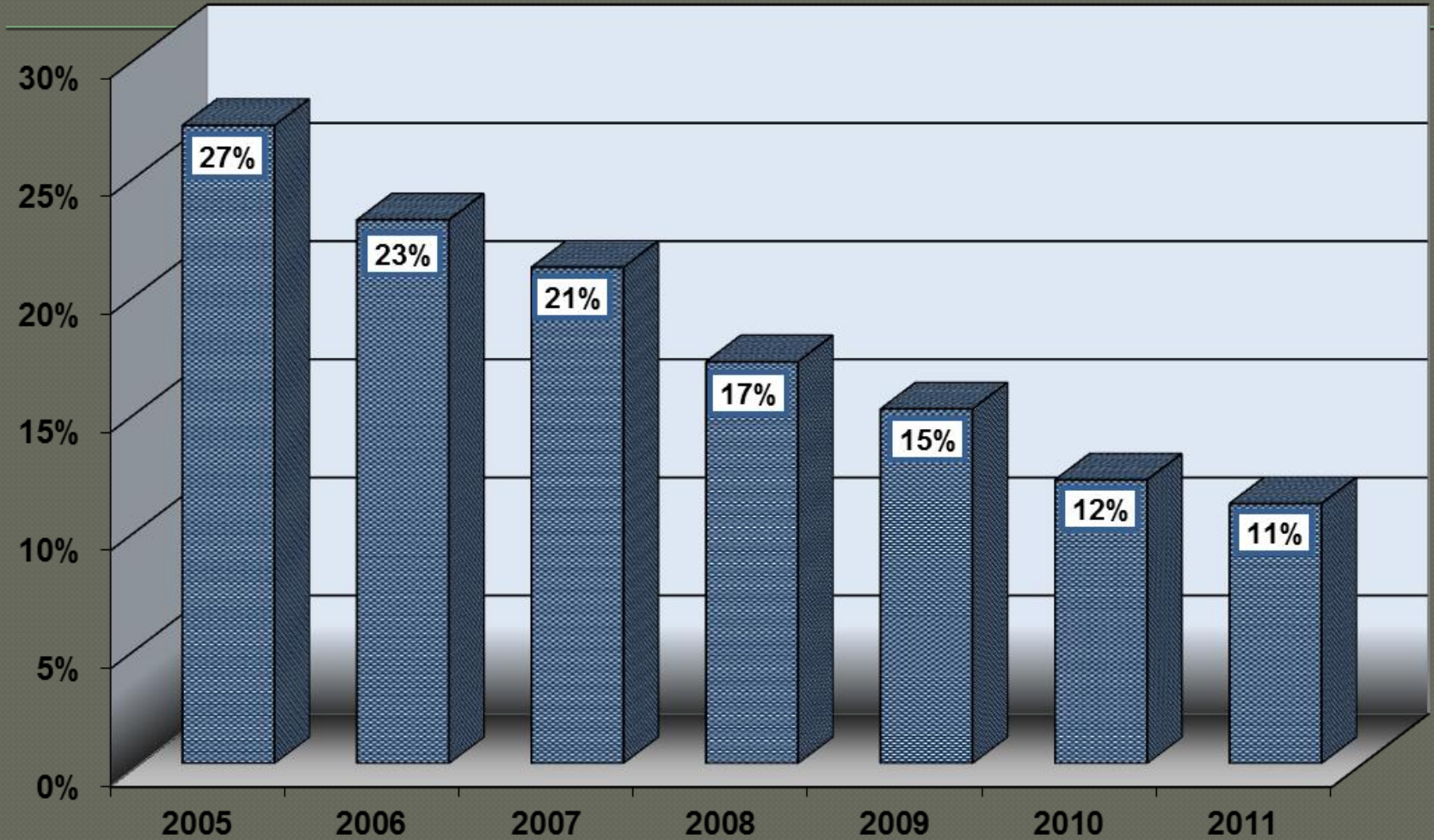
- **10,671** Broward County citizens who became or continued to be **homeless**.
- **125 to 150** Broward County **homeless families with children** on any given day in 2011 who were trying to get into shelter or housing.
- **51 average daily number of contacts in 2011** that the TaskForce Outreach Team had with Broward County citizens living on the street. **In 2007**, before the economic downturn, the Outreach Team had an average of **22 contacts per day**.
- **DOZENS** of Broward County **unemployed male citizens broke down and cried** at the window of the TaskForce Outreach van (they stopped counting.)

CHRONIC HOMELESS
Percentage of Unduplicated Outreach Consumers
TaskForce Fore Ending Homelessness, Inc.
Broward County Florida



TaskForce Fore Ending Homelessness, Inc., January 2013
Data Source: ServicePoint, 211 Palm Beach / Treasure Coast

Seven Days or Less in Broward - Unduplicated Outreach Clients
TaskForce Fore Ending Homelessness, Inc.



TaskForce Fore Ending Homelessness, Inc., January 2013
Data Source: ServicePoint, 211 Palm Beach / Treasure Coast

Disease

- **Chronic diseases:** hypertension, diabetes, and asthma, are quite **prevalent** in our society at large and are more **difficult to manage in vulnerable populations** whose access to care is limited.
- **Homeless patients** tend to **present with acute needs** that require immediate attention and displace focus from chronic disease.
- Acute problems such as infectious disease and injury are difficult to heal when there is no place to rest and recuperate.
- On average, homeless adults have **8 to 9 concurrent medical illnesses**.

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.

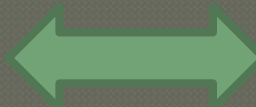
Mental Health

- 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**.
- By comparison, **only 6%** of Americans are **severely mentally ill**.

(National Institute of Mental Health, 2009).



Physical Health



Emotional Health

Clinical Considerations

- Medications to manage health conditions are often stolen, lost or compromised due to rain, heat, or other factors.
- 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...
- Eyeglasses are needed to see...
- Teeth are important too...

NATL. HEALTH CARE FOR THE HOMELESS CONFERENCE & POLICY SYMPOSIUM
RALLY FOR HUMAN RIGHTS

HOUSING
+
HEALTH
=
HUMAN RIGHTS

HOUSING IS HEALTHCARE
WASHINGTON SQUARE PARK
5:00PM • MAY 17, 2012

MEET IN THE LOBBY AT 4:45PM & WALK TOGETHER
Make a placard or poster during lunch Wednesday & Thursday in the NCAB Hospitality Suite, Fremont Room.
Speakers will include Executive Director John Lozier of the National Health Care for the Homeless Council, Joseph Benson of the National Consumer Advisory Board, Vickie Riddle from Homeless Services of Greater Kansas City and More! Open Mic from 5:40-6PM.

Is this man employable?



Is this man employable?



An Integrative Approach

- Curricular integration begins early; didactic within first year Humanism & Health course.
- 90 minute didactic presentation facilitated by HOPE team and a PsyD to integrate the importance of behavioral health.
- 90 minute facilitated breakout sessions with individuals experiencing homelessness.



An Integrative Approach

- Homeless community service requirement of 4 hours for first & second year medical students.
- Ongoing donation drives on-campus and with local cities / towns / chambers of commerce.



With Mayor Frank Ortis, City of Pembroke Pines, FL

An Integrative Approach

- Focus groups with students, faculty, homeless consumers toward ongoing curricular and project quality improvement.
- Advisory board meetings include homeless consumers, clinical partners, university faculty, staff and students.
- Project support of student society activities across the health professions to benefit the community.
- Project membership in NCHCH education committee.
- Project membership in local HUD affordable senior housing board.
- Project attendance of local CAB meetings.

Curricular Considerations

- Women
- Veterans
- Children
- LGBT
- TBI
- PTSD
- Men
- Mental Health
- Trauma Informed Care



Curricular Overview

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 / or 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*

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.

Project Goals

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



- To date, 48 students across 2 academic year cohorts have contacted Project HOPE with interest in a HCH placement; 18 students have been placed with a total of 20 months of rotations.

Clinical Placements

- Goal of placing 60 fourth year medical students in clerkships per year within HCH settings; this represents $\frac{1}{4}$ of the annual medical student cohort at Nova Southeastern University's College of Medicine (NSU-COM).
- Medical students in their 4th year require preceptor supervision by a physician, with a typical ratio of no more than 1 preceptor to 2 students.
- As a rule, medical students in their 3rd and 4th years of medical school must be supervised by upper level residents, physicians, or by a care team that is physician-lead.
- There is only 1 HCH project within proximity to NSU-COM able to supervise medical students under these stipulations.

Clinical Placements

- Tracking of housing status, irrespective of service point provides a service to the student, preceptor, and even to the clinic.
- Along with the need to broaden perspective, we have broadened approach to include all 240 medical students.
- The model that has been developed asks students to track the housing of patients with whom they interact.
- The concept is easy to replicate, and can be tailored for any minority or vulnerable population group.



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 have 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?

- 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.
- Logs went live in March, 2012 within Rural / Underserved rotations and across all rotations – July 2012.

Nova Southeastern University
College of Osteopathic Medicine
RURAL MEDICINE LOG
(Page 4 of 5)

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 have 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.

Nova Southeastern University
College of Osteopathic Medicine
EMERGENCY MEDICINE LOG
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Name: Depeu, 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 30 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.

- A convenience sample of 256 completed logs revealed a self-reported encounter rate of 6.8% of patients experiencing instability of housing (rotations included family medicine, pediatrics, ambulatory pediatrics, emergency medicine, rural / underserved, surgery)

The role of the preceptor as it
pertains to diagnosis and
evaluation of the patient...



Patient History

- Determine pt living conditions-access to food, water, med storage, safety, exposures
- Entitlement to assistance
- Acute/chronic disease history
- Location of primary care and behavioral health care services accessed in the past
- Substance use
- Sexual history
- Literacy/cultural heritage

Physical Assessment/Diagnostics

- Conduct focused exam first visit particularly if pt uncomfortable
- Dental/Visual assessment
- Baseline labs, PPD, STI screening, mental health, substance abuse screening
- Health Maintenance: mammogram, PSA, FOBT, bone densitometry, PAP

Plan of Care/Education

- Assess pt needs-food, clothing, housing
- Assess pt perceived priorities
- Use simple language when describing treatment plan
- Enhance adherence with clarification of plan, pt feedback, use of interpreter if necessary
- Incorporate peer support/consumer advocates

Medication/Follow-up

- Consider simple regimens, acknowledge storage issues
- Initiate contract with analgesics
- Discuss side effects/ storage issues
- Obtain contact information for follow-up
- Anticipate/be receptive to unscheduled visits
- Collaborate with outreach staff and other agencies avoiding fragmentation and duplication of services

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.



Evaluation of Attitudes

- Adapted HPATHI: Health Professionals' Attitudes Toward the Homeless (Buck et al., 2005)
- Expanded to HPAETHI to include experience
- 2011-2012: 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%.
- 2012-13: NSU-COM M1 class: **84% of students agreed that homeless people have the right to basic health care and 84% 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 87% rate compared to their male counterparts at 82%.
- 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.
- Only 46% (n=60) responded that they agree with the statement: "Healthcare dollars should be directed toward serving the poor and homeless" (44% of males and 49% of female).
- 66% of students responded that they agree with the statement "I am interested in working with the underserved." (61% males and 73% females).
- Post-tests are currently being distributed to graduating M4 students.

Dissemination

- Presentations at national conferences is ongoing (NHCHC, American Association of Colleges of Osteopathic Medicine, American Public Health Association, American Medical Student Association, etc.)
- Project HOPE is now poised to begin publishing project findings.
- Expansion into other health professions.
- Publish curricular model.

Interprofessionalism in the 21st Century: a coordinated team approach to homeless health care



Questions?

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- km1320@nova.edu
- pvalvassori@yahoo.com



Homelessness in Osteopathic Pre-doctoral Education