Forget About the Patient Centered Medical Home: I Need a Damn Medical Neighborhood!

Andrew Desruisseau, MD
Ako Jacintho, MD
Harun Evcimen, MD

Outline

- **Epi Update**
- **HealthRIGHT 360 Organizational Structure**
- **Addiction Medicine in Primary Care**
- **Psychiatric/Primary Care Integrative Models**
- **Model/Case Studies**
- **Discussion**

HOMELESS POPULATION AND SUBPOPULATIONS, 2014

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Homeless Stats, As of 2014

- The **median age** of a homeless person in the United States approaches **50 years**
- Almost one-fourth of homeless people are children .
- About **37 percent** of sheltered homeless people are **female**
- Homeless families represent 37 percent of the United States homeless population
- Minority racial groups, particularly **African Americans**, are disproportionately represented among homeless people in the United States

US Department of Housing and Urban Development. The 2014 Annual Homeless Assessment Report (AHAR)

HIGHEST AND LOWEST UNSHELTERED RATES BY STATE, 2014

Highest Rates

CALIFORNIA

62.7%

113,952 Homeless
71,437 Unsheltered

NEVADA

54.6%

10,556 Homeless
5,759 Unsheltered

FLORIDA

52.2%

41,542 Homeless
21,691 Unsheltered

GEORGIA

50.3%

16,521 Homeless
8,307 Unsheltered

OREGON

49.8%

12,164 Homeless
6,063 Unsheltered

Lowest Rates

RHODE ISLAND

1.7%

1,190 Homeless
20 Unsheltered

MAINE

3.4%

2,726 Homeless
93 Unsheltered

MASSACHUSETTS

3.6%

21,237 Homeless
759 Unsheltered

NEBRASKA

3.6%

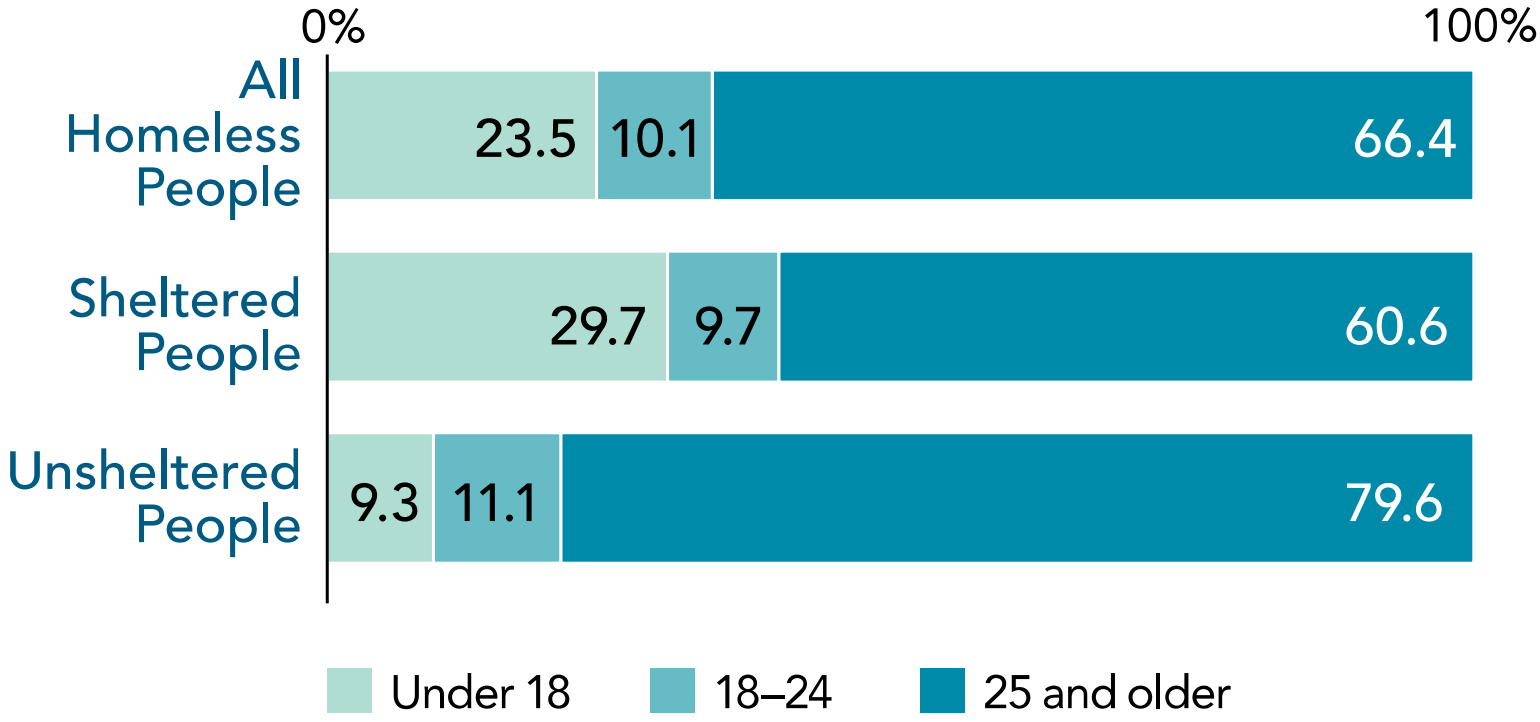
3,026 Homeless
109 Unsheltered

DELAWARE

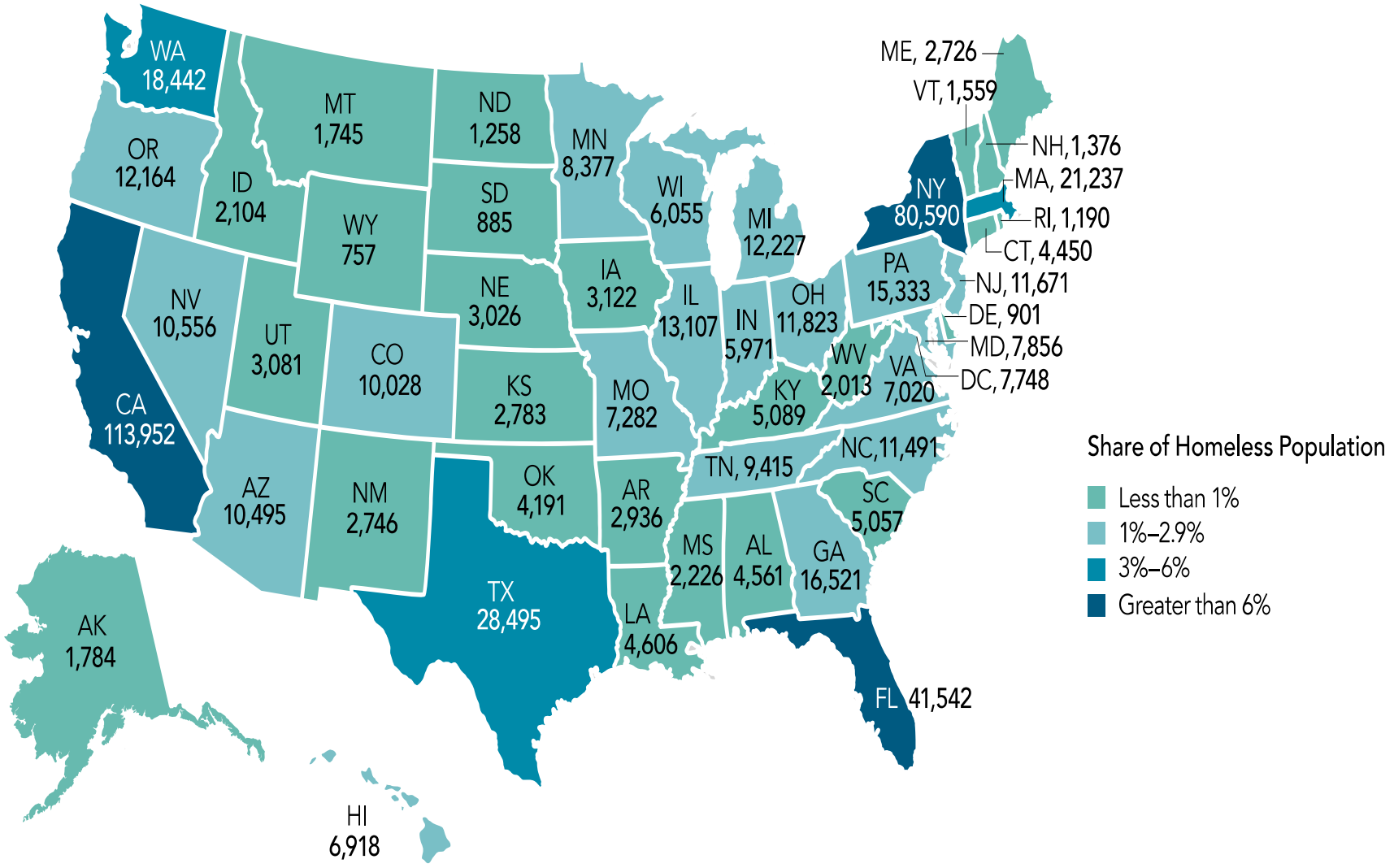
4.1%

901 Homeless
37 Unsheltered

PERCENT OF HOMELESS PEOPLE BY AGE BY SHELTERED STATUS 2014



HOMELESS ESTIMATES, TOTAL, BY STATE



- In the United States, the 2014 two-bedroom Housing Wage is $18.92.
- This national average is more than two-and-a-half times the federal minimum wage, and 52% higher than it was in 2000.
- ***In no state can a full-time minimum wage worker afford a one-bedroom or a two-bedroom rental unit at Fair Market Rent.***

National Low Income Housing Coalition
Out of Reach 2014 http://nlihc.org/oor/2014

Poor Health Causes Homelessness

- **Illness, injury leads to health/work problems**
- **Losing employment often means loss of health insurance**
- **Of the 1 million personal bankruptcies in 2007, 62% were caused by medical debt**
- **No income, no health, no resources….no home**

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

Homelessness Causes Poor Health

- Exposure to elements, communicable disease, violence, parasites
- Poor nutrition
- Poor sleep/rest
  - Criminalization of homelessness
- Exacerbation of existing conditions
- Self-medication & depression

NATIONAL HEALTH CARE *for the* HOMELESS COUNCIL

Homelessness Negatively Impacts Treatment

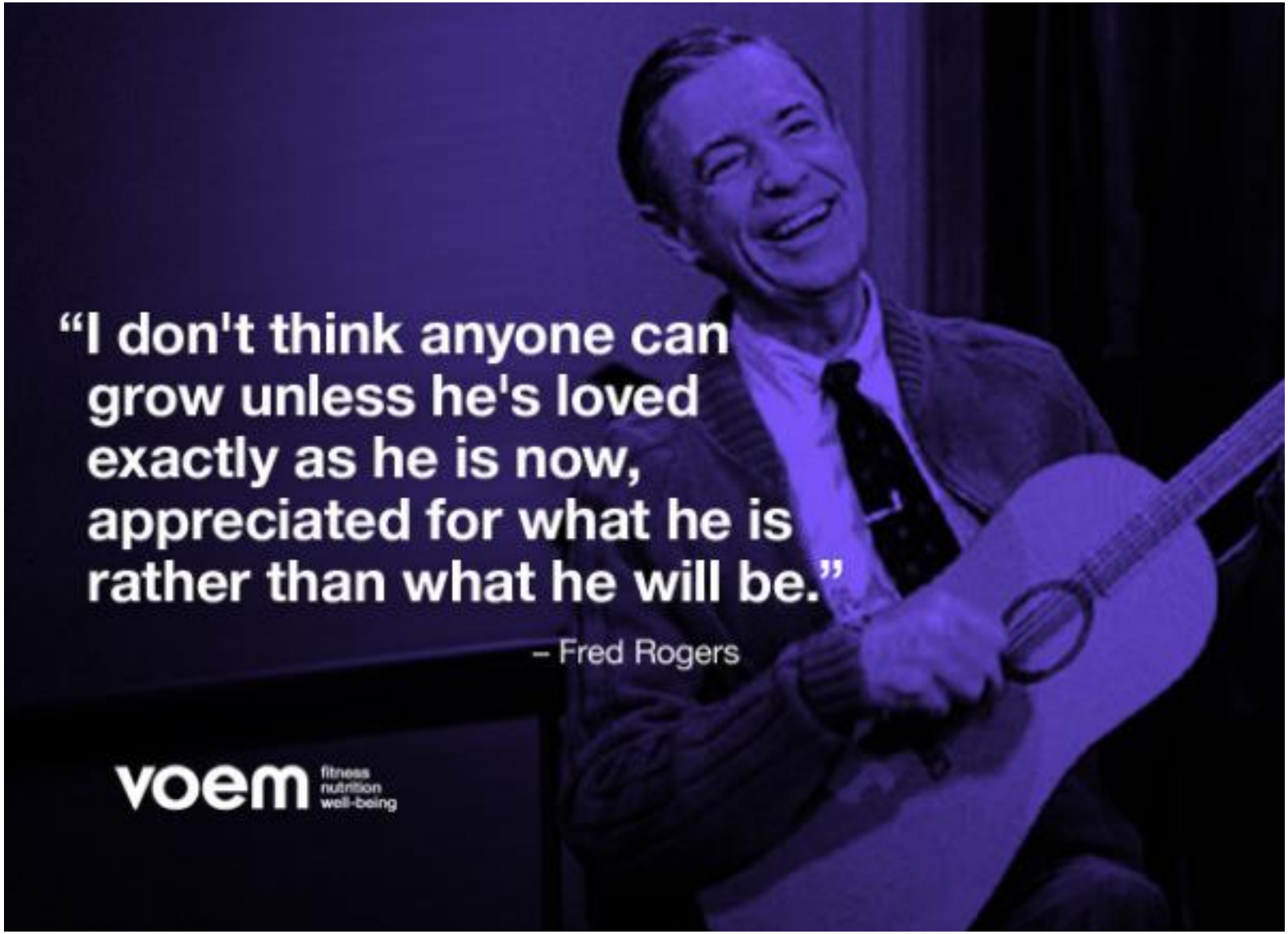
- Competing priorities
- Adherence difficulties
- Transportation
- Uninsurance

Institute of Medicine, Homelessness, Health, and Human Needs. Washington: National Academy Press, 1988.

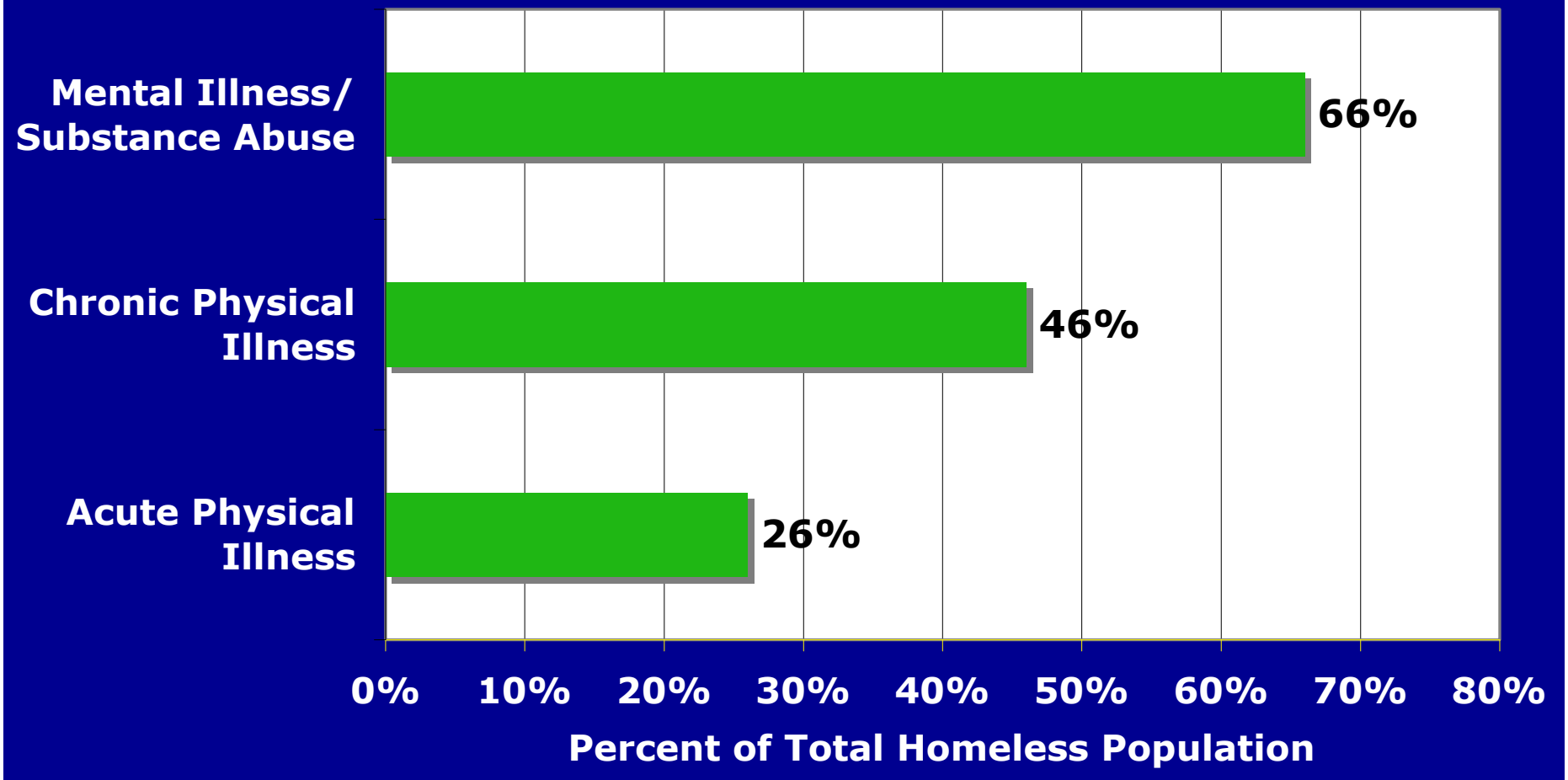
NATIONAL HEALTH CARE for the HOMELESS COUNCIL

CONSEQUENCES

- **Pervasive homelessness**
- **High rates of illnesses (3-6 times)**
- **Multiple complex morbidities**
- **Premature mortality (30 years)**
- **Deferred care/high costs**
- **Inappropriate ER utilization**
- **Discharge difficulties**

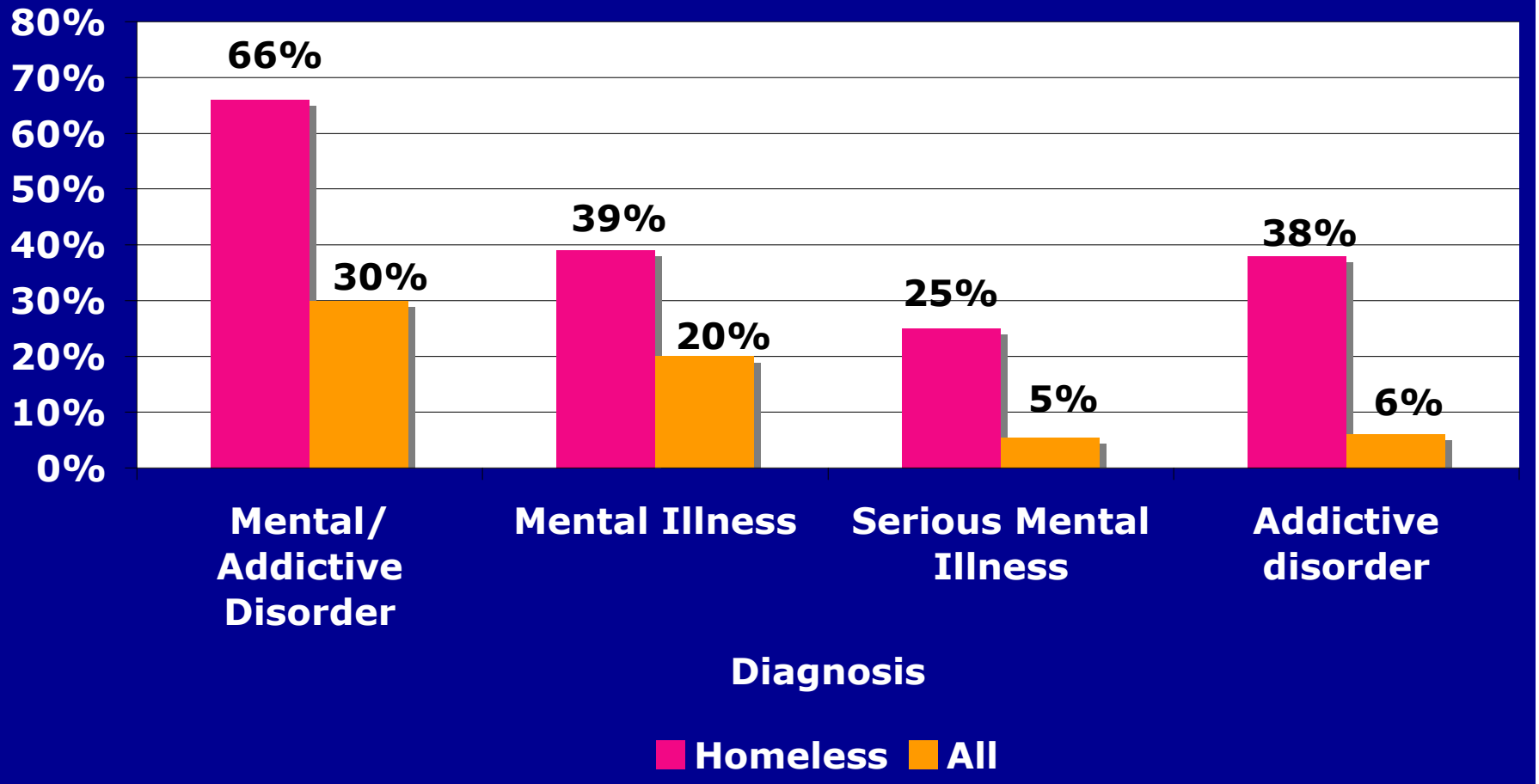

"I don't think anyone can grow unless he's loved exactly as he is now, appreciated for what he is rather than what he will be."
– Fred Rogers
voem
fitness
nutrition
well-being

Health Problems in the Homeless Population*



*Substance and Mental Health Services Administration

Prevalence of Mental Illness Among the Homeless and Total US Populations*‡

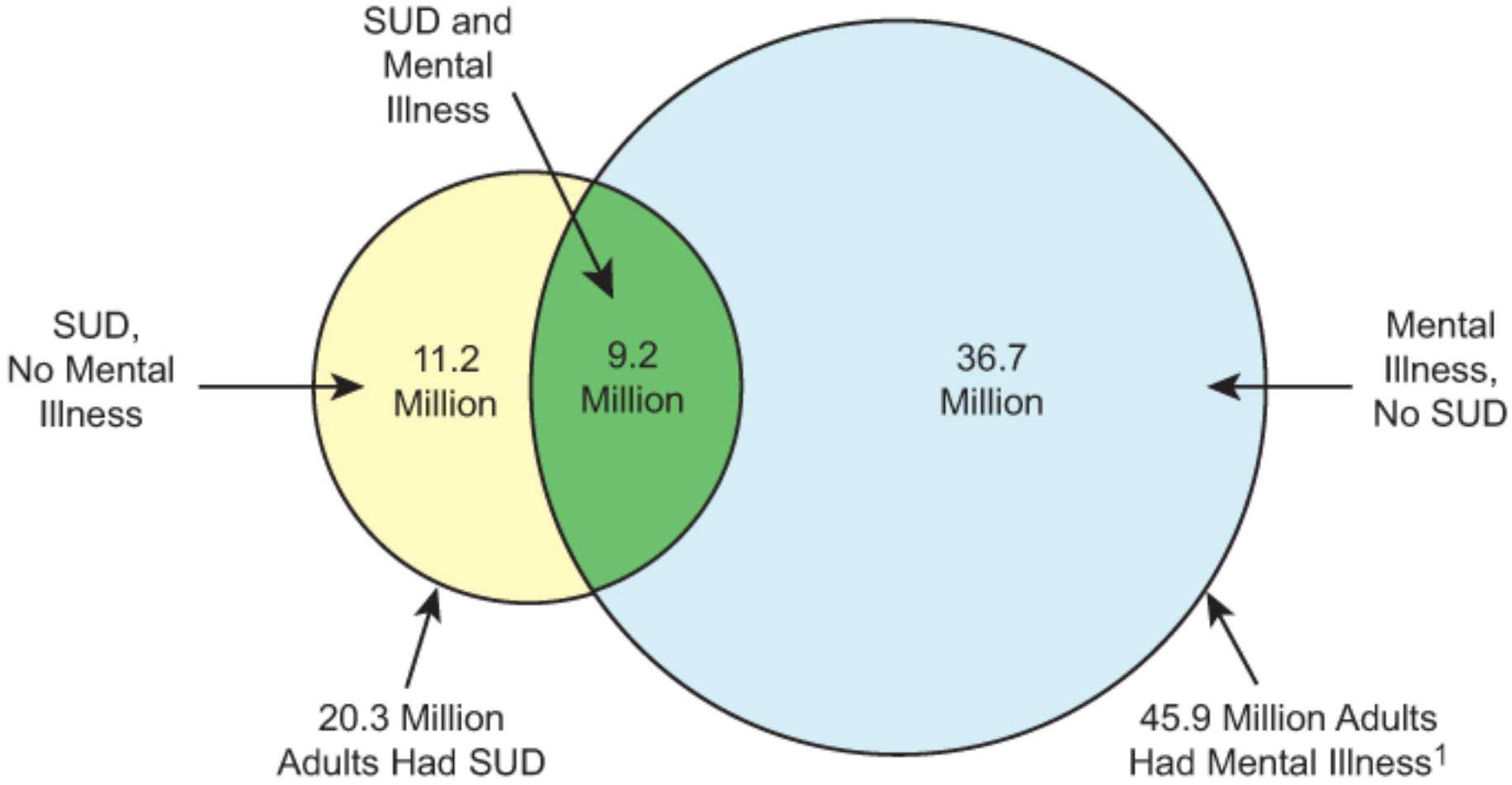


*Substance and Mental Health Services Administration ‡National Coalition for the Homeless

PREVALENCE OF NEUROPSYCHIATRIC DISORDERS IN HOMELESS PEOPLE

	Prevalence range in the homeless	Prevalence in the general population
Traumatic brain injury[60]	8–53%	1%
Psychosis[89]	3–42%	1%
Depression[89]	0–49%	2–7%
Personality disorder[89]	2–71%	5–10%
Alcohol dependence[89]	8–58%	4–16%
Drug dependence[89]	5–54%	2–6%
Dual diagnosis[90]	58–65%	<1%
Post-traumatic stress disorder[90]	38–53%	2–3%

Substance Use and Mental Illness



Prevalence of Infectious Diseases in Homeless People

	Prevalence range in homeless people	General population prevalence
Tuberculosis[56]	0–8%	0·005–0·032%
Hepatitis C[56]	4–36%	0·5–2·0%
HIV[56]	0–21%	0·1–0·6%
Hepatitis B[68]	17–30%	<1%
Scabies[68]	4–56%	<1%
Body louse[68]	7–22%	<1%
Bartonella quintana[68]	2–30%	<1%

Mortality

- In a study of homeless people in Philadelphia, the age-adjusted mortality rate was 3.5-fold higher than in the general population of the city *N Engl J Med. 1994;331(5):304.*
- In a 1991 to 2001 nationwide study of people residing in shelters, rooming houses, and hotels in Canada, the all-cause mortality rate exceeded that in the nation's lowest income quintile, suggesting that homelessness may confer health risks beyond those associated with poverty alone *BMJ. 2009;339:b4036*.

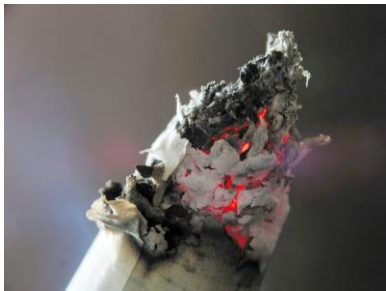
Youth Mortality

- Homeless youth and young adults have mortality rates are about 8 to 11 fold higher than in comparably-aged non-homeless people *JAMA Intern Med. 2013;173(3):189*. *JAMA. 2004 Aug;292(5):569-74.*
- A Danish study found that the life expectancy of 15 to 24 year old homeless men was 22 years less than for men in the general population *Lancet. 2011 Jun;377(9784):2205-14*

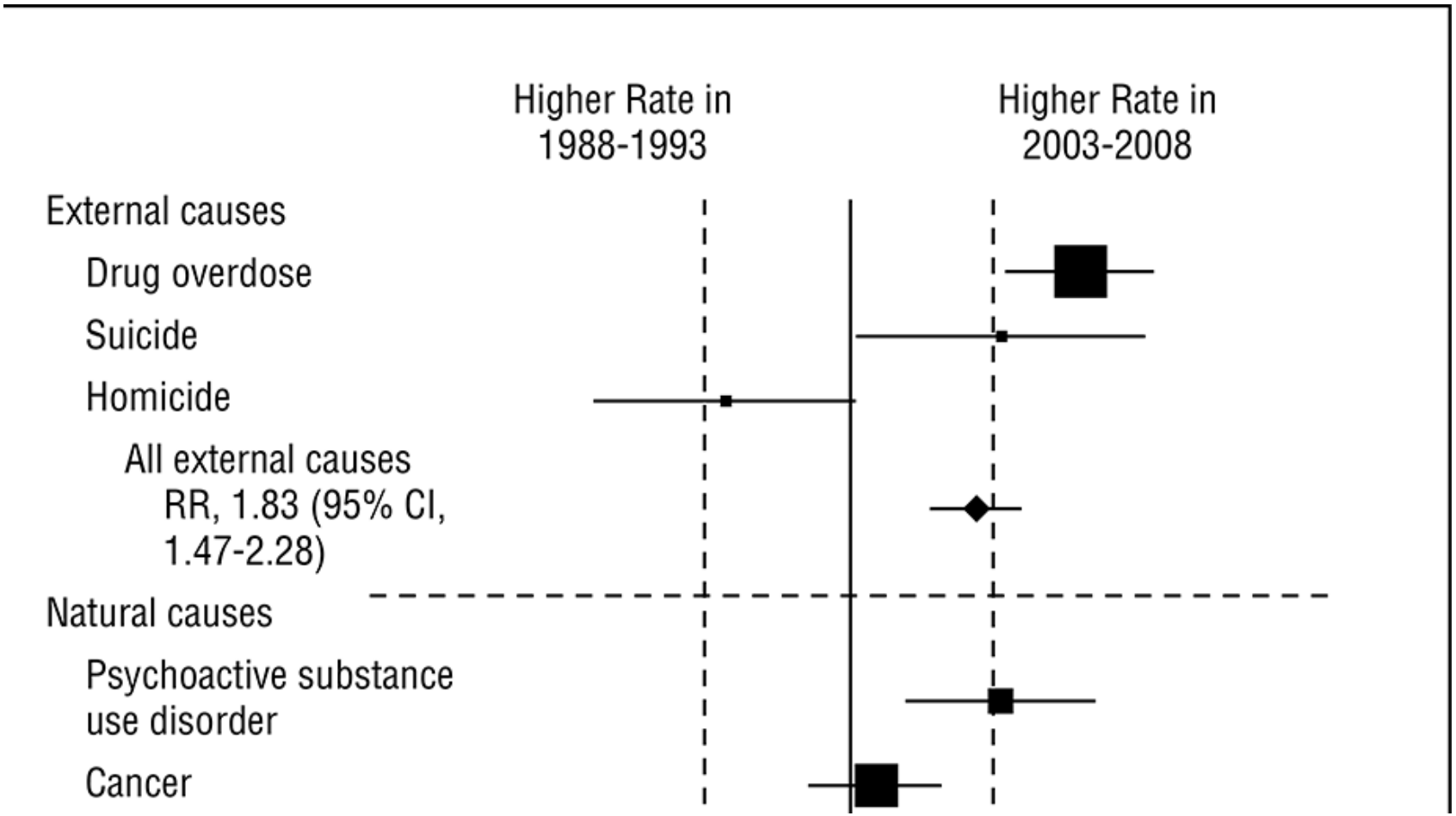
Overall Cause….Addiction

- Overall, more than one-half of all deaths among homeless people are attributable to tobacco, alcohol, or drug use, and drug-attributable mortality rates exceed those in the general population 8- to 17-fold
- **Drug overdose is the leading cause of death overall** and accounts for one in three deaths among those under the age of 45 years
- Cancer and heart disease remain the predominant causes of death among older homeless individuals

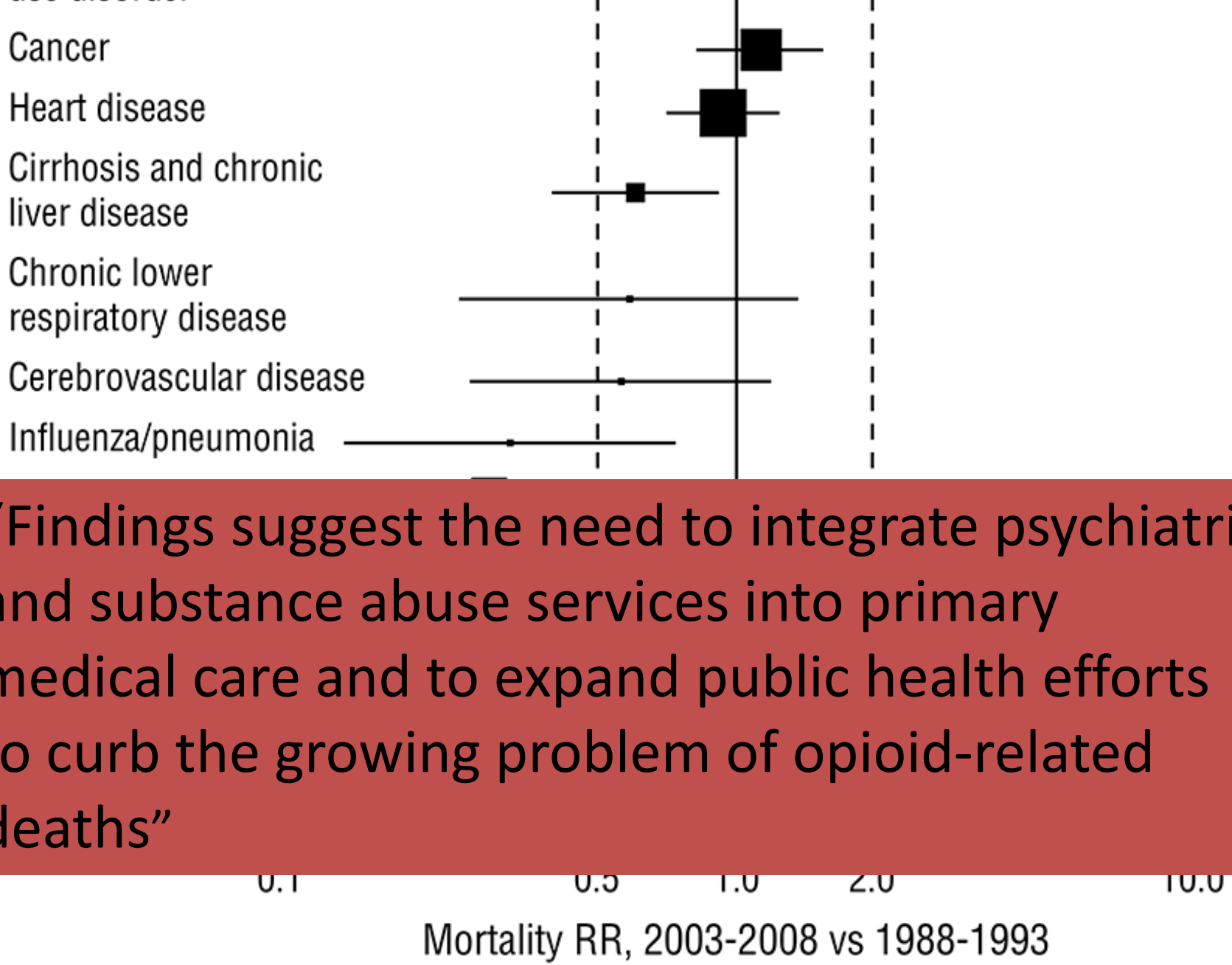
JAMA INT MED Feb 11, 2013



Mortality Among Homeless Adults in Boston *Shifts in Causes of Death Over a 15-Year Period*



JAMA Feb 11, 2013



"Findings suggest the need to integrate psychiatric and substance abuse services into primary medical care and to expand public health efforts to curb the growing problem of opioid-related deaths"

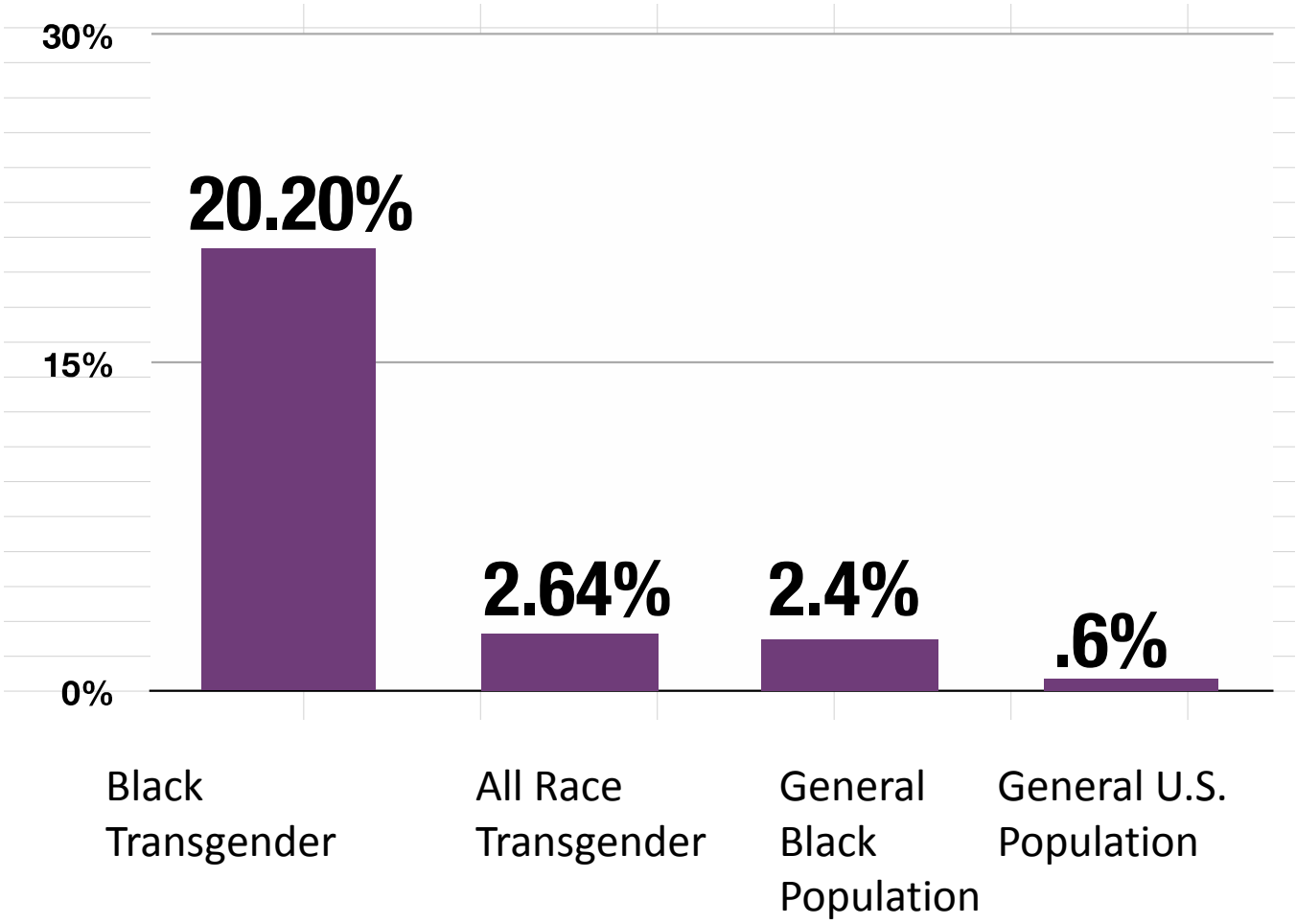
Transgendered and Homeless

- Recent studies estimate that 3.5% of the US population identifies as LGBT (lesbian, gay, bisexual, or transgender), with 0.3% identifying as transgender.
- Among the transgender population, it is estimated that ***one in five have unstable housing or are in need of shelter services***.
- A disproportionately large percentage (20-40%) of homeless youth identify as LGBT

HIV Risk in Transgendered Homeless People

- HIV rates among transgender individuals are more than four times higher than the general population (2.6% v. 0.6%).
- Further, 7% of those who have experienced homelessness are HIV positive, versus 2% of those who have no history of homelessness.

Sexual Minorities: The AA Transgendered



United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO), "2007 AIDS Epidemic Update" (2007)

HIV Prevalence Higher in Homeless Population

- Seroprevalence of HIV in homeless/marginally housed populations is estimated to be 5-10X higher than among housed populations, or approximately 3-10% of the homeless population

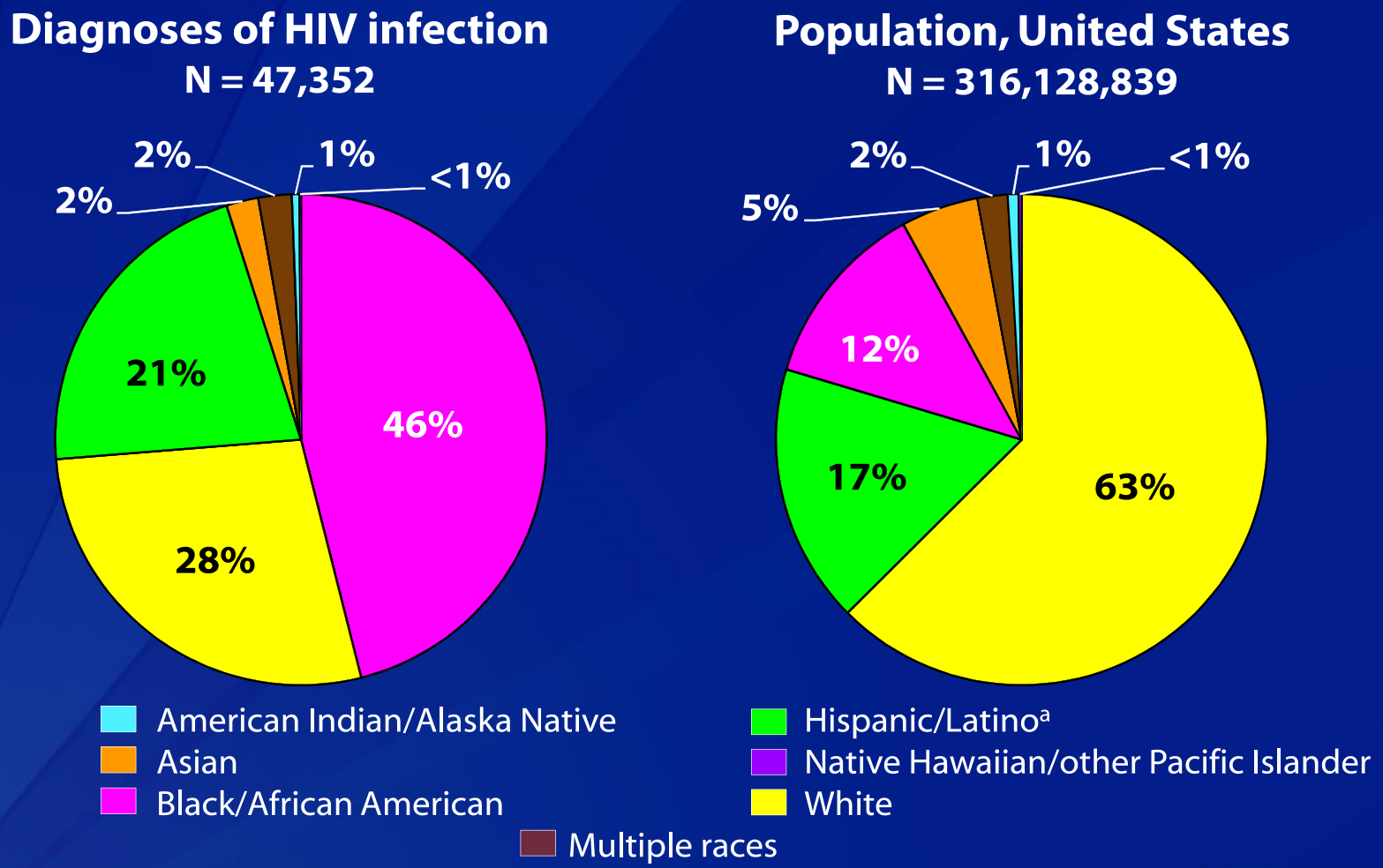
Robertson et al AM J Public Health 2004

Blacks Overrepresented in Homeless Population

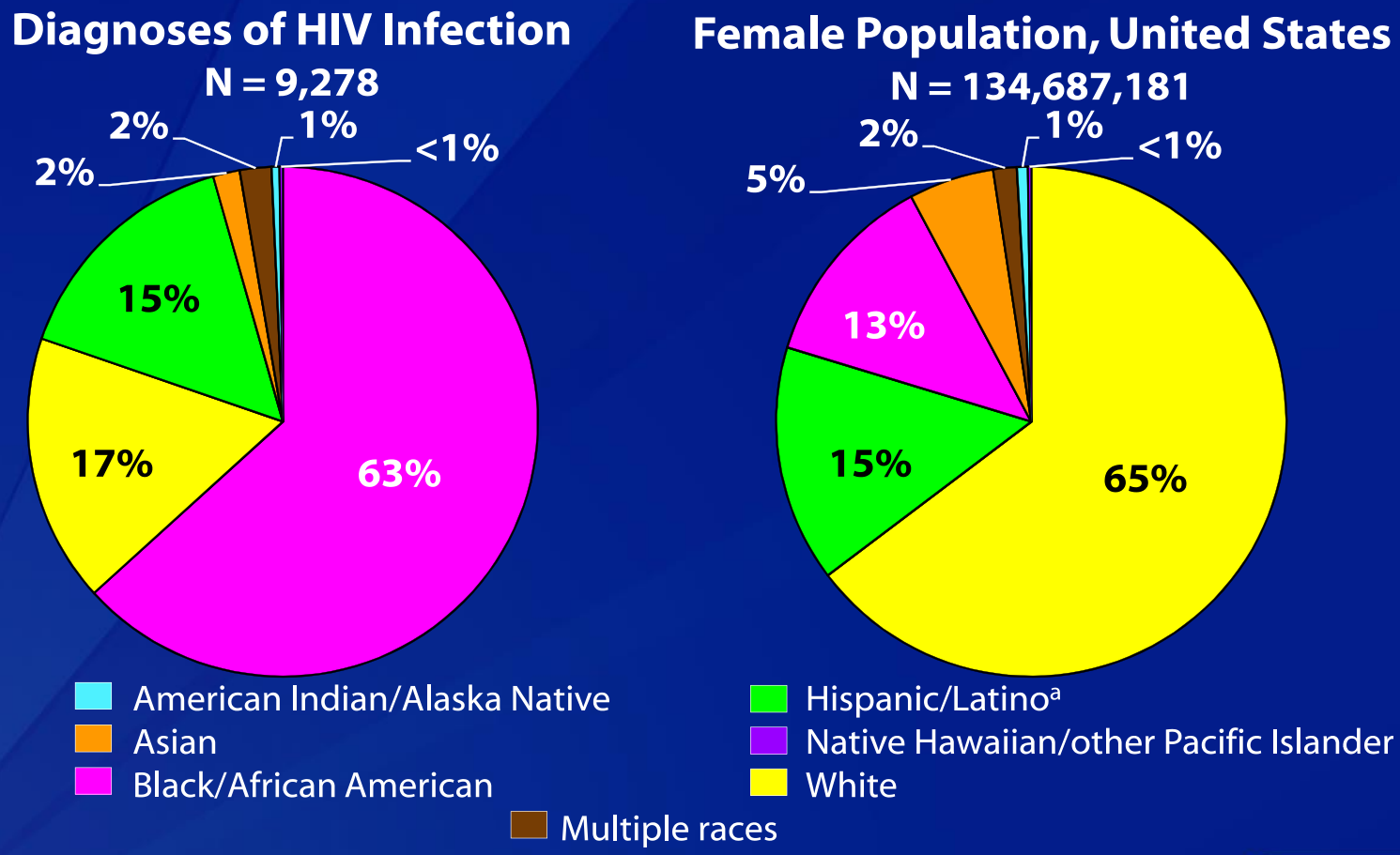
- In 2010, nearly one-quarter (23.3 percent) of black families lived in poverty, three times the rate of white families (7.1 percent)..
- Black persons in families make up 12.1 percent of the U.S. family population, but represented 38.8 percent of sheltered persons in families in 2010.

"Intergenerational Disparities Experienced by Homeless Black Families," 2012

Diagnoses of HIV Infection and Population by Race/Ethnicity, 2013—United States



Diagnoses of HIV Infection and Population among Adult and Adolescent Females, by Race/Ethnicity 2013—United States

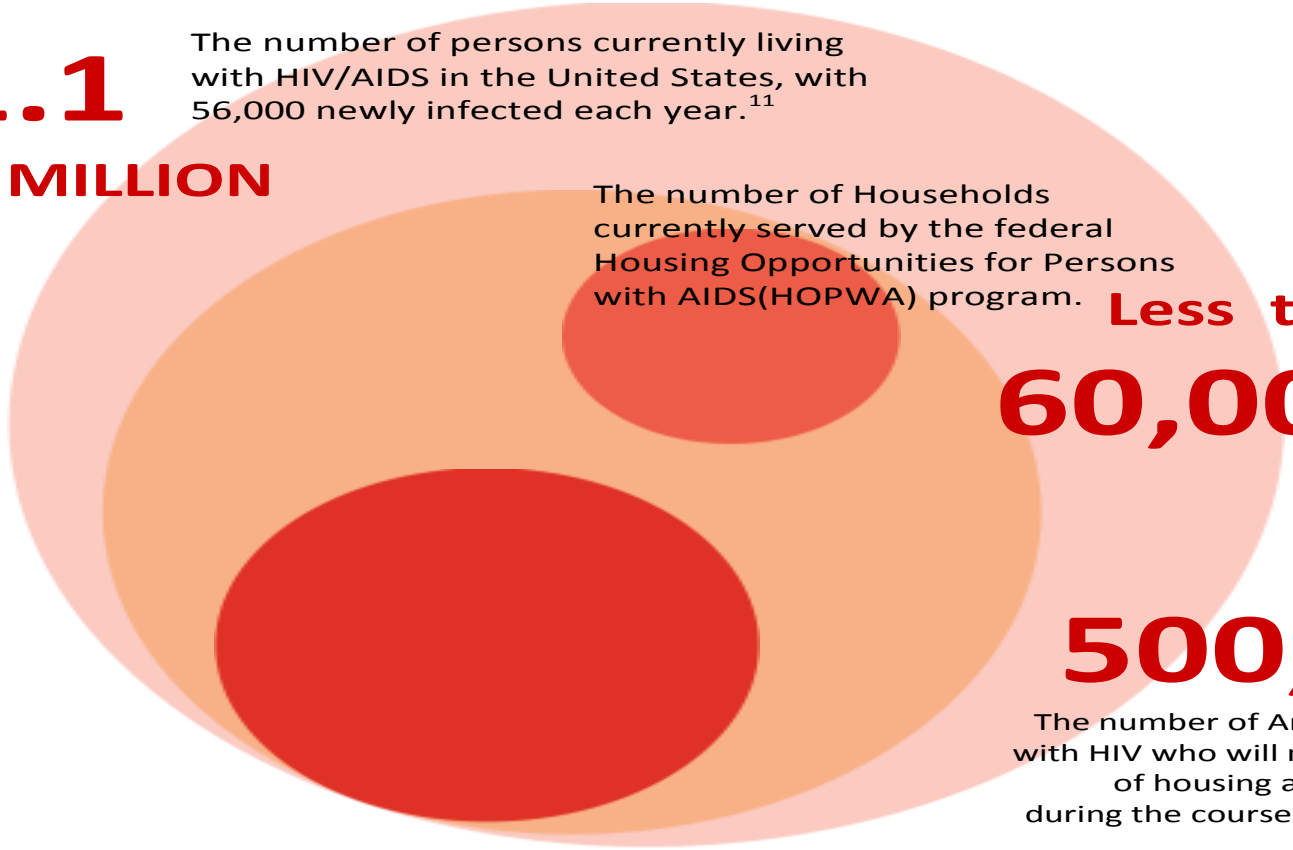


Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.

[a] Hispanics/Latinos can be of any race.

HOUSING IS THE GREATEST UNMET NEED OF AMERICANS LIVING WITH HIV/AIDS

"The available research makes it readily apparent that access to adequate housing profoundly affects the health of Americans who are at-risk for or living with HIV." [10]



1.1 MILLION

The number of persons currently living with HIV/AIDS in the United States, with 56,000 newly infected each year.[11]

The number of Households currently served by the federal Housing Opportunities for Persons with AIDS(HOPWA) program.

Less than 60,000

500,000

The number of Americans living with HIV who will need some form of housing assistance during the course of their illness.

More than 140,000

The number of households with HIV in the U.S. that currently lack stable housing and have an unmet need for housing assistance.[12]

Epidemiology Summary: Health of Our Homeless

- More mental illness
- More substance abuse
- More (non) communicable diseases
- Continued disparities
- More need for integrated
  or hybrid models


SPEEDY
DELIVERY

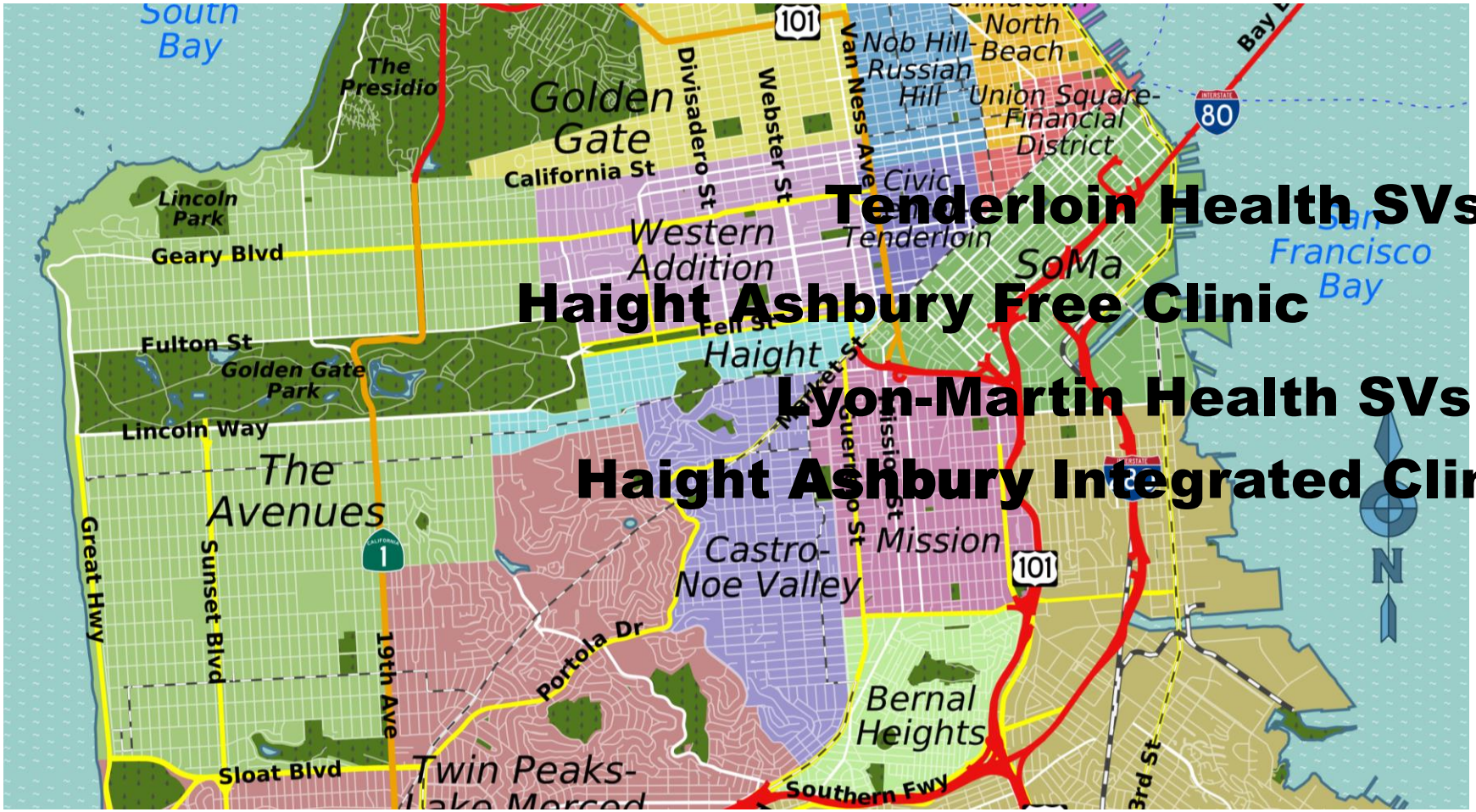
"Working with Fred Rogers was like receiving a master's degree in child development. Fred taught by example, and he was subtle—but suddenly you'd realize that, after working side by side with him, your knowledge base had expanded almost beyond description."

HealthRIGHT360

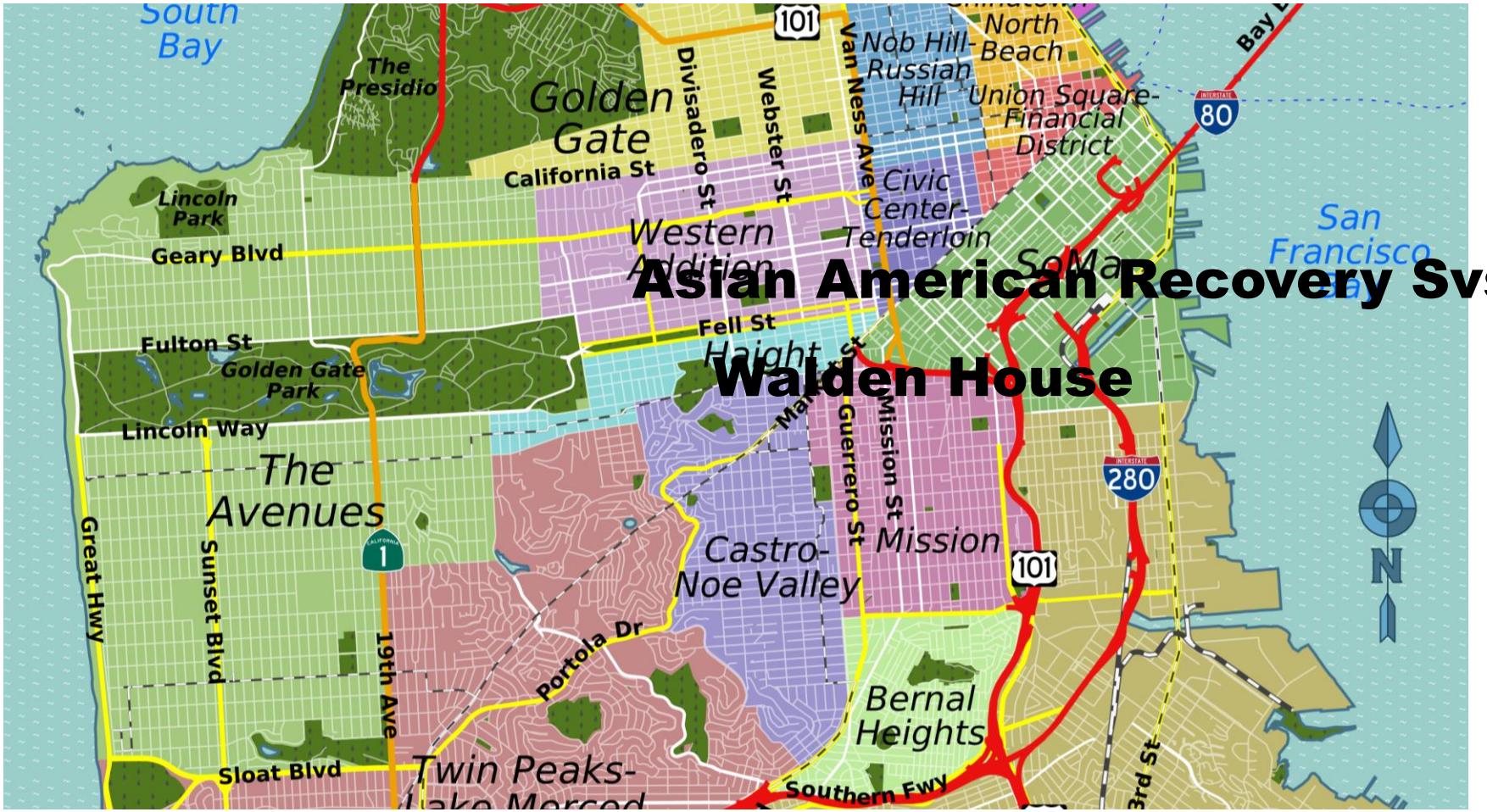
Get better. Do Better. Be Better

A family of medical clinics and behavioral-based drug treatment programs in San Francisco

Our Federal Qualified Health Clinics

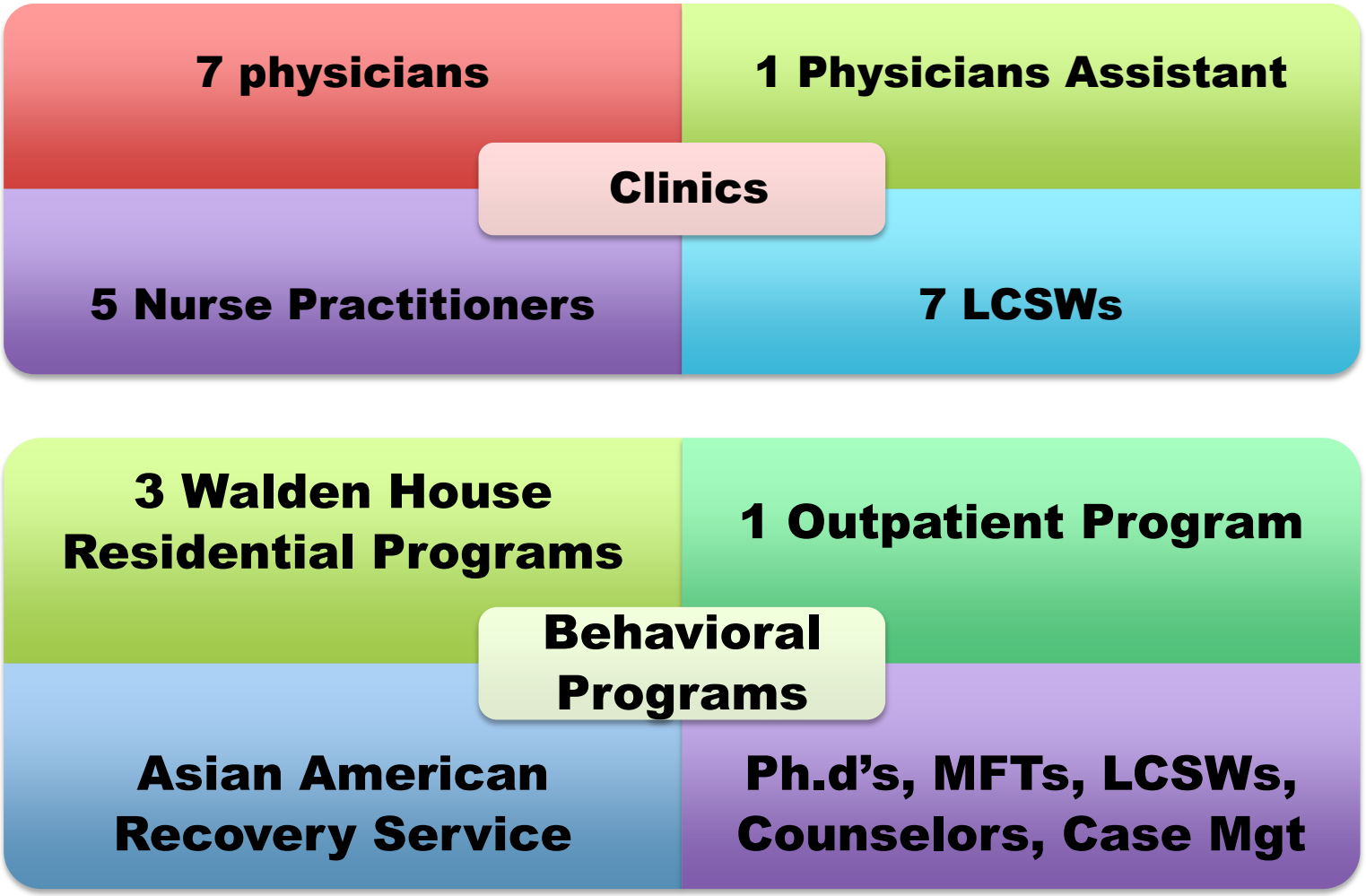


Behavioral Based Drug Treatment Programs



Who do we treat at HealthRIGHT 360?

Integrating & Leveraging



Expertise

Substance Abuse Disorder treatment

Acupuncture, Chiropractor

Primary care

Infectious Disease

LGBTQ Care

Psychiatric Care

Psychologists, LCSWS, MFTs

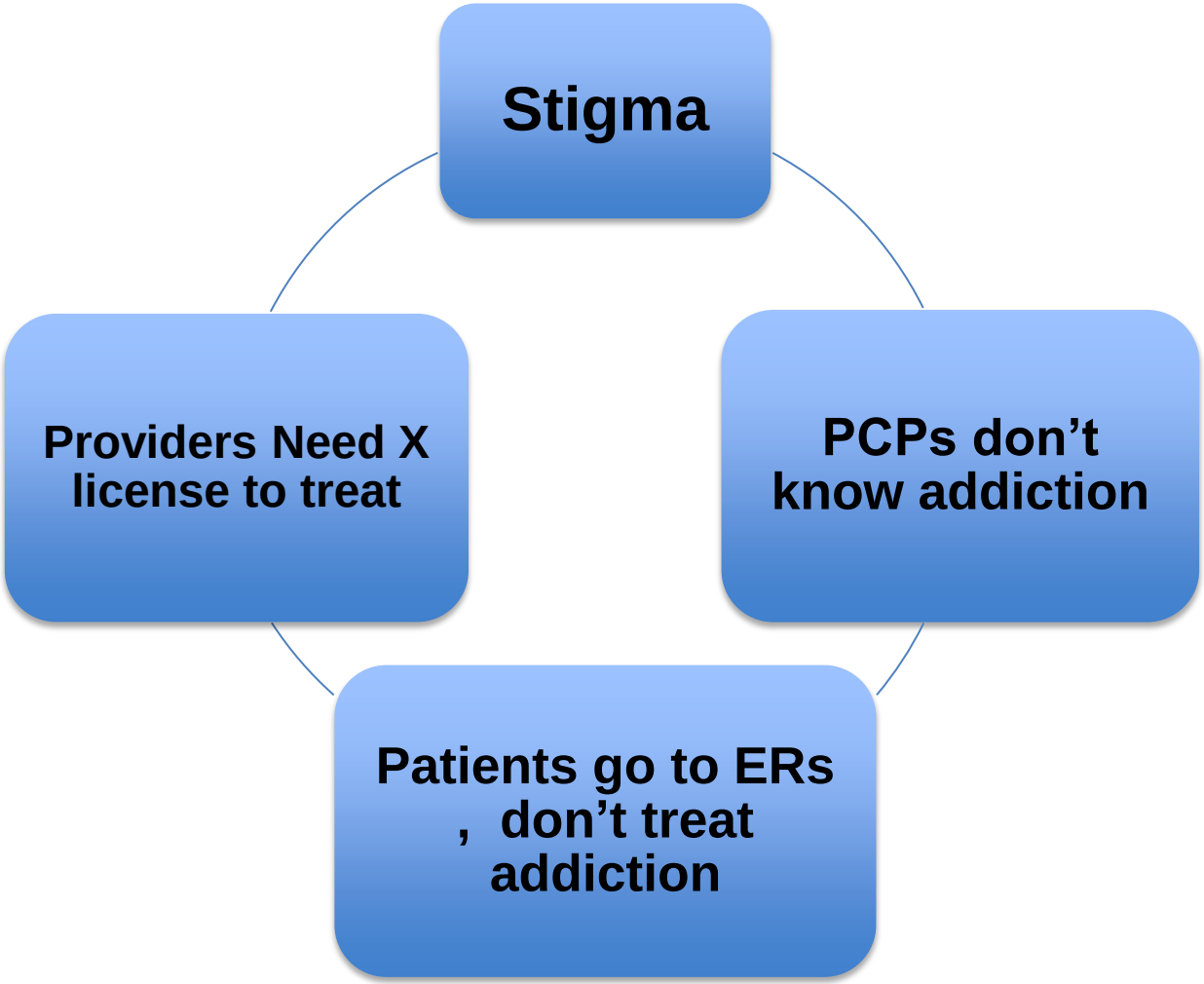
How do we provide Integrated Care?

- **Health Care Leadership Team**
- **Behavioral Health-Medical Integration Team**

- **Sharing of clinician expertise**
- **Shared EMR/structured**

- **Co-location of Clinicians**

Challenges of Treating Substance Abuse in Primary Care



Integrating Treatment of Addiction into Primary Care

- **All Providers have Data 2000 Waivers**
- **Clinicians are supported by strong behavioral health and outpatient drug treatment programs to treat addiction**
- **Panel Manager, Shared EMR templates to track data**
- **Collaboration**

Let's Review Psychiatric Care Models today

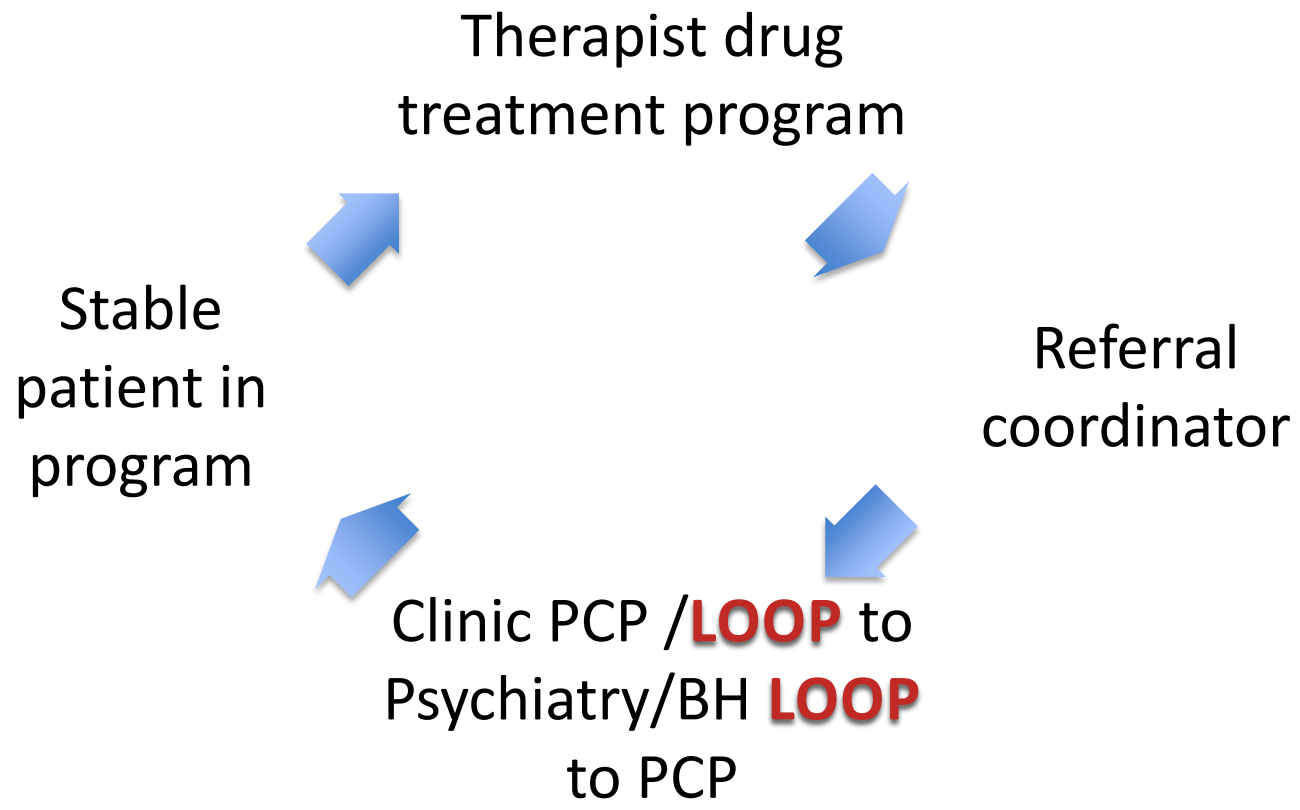
What does my neighborhood need??

Flexibility to approach each individual in her/his neighborhood

Individual, cultural differences, resources, reimbursements…etc.


asics

Integration Program Process

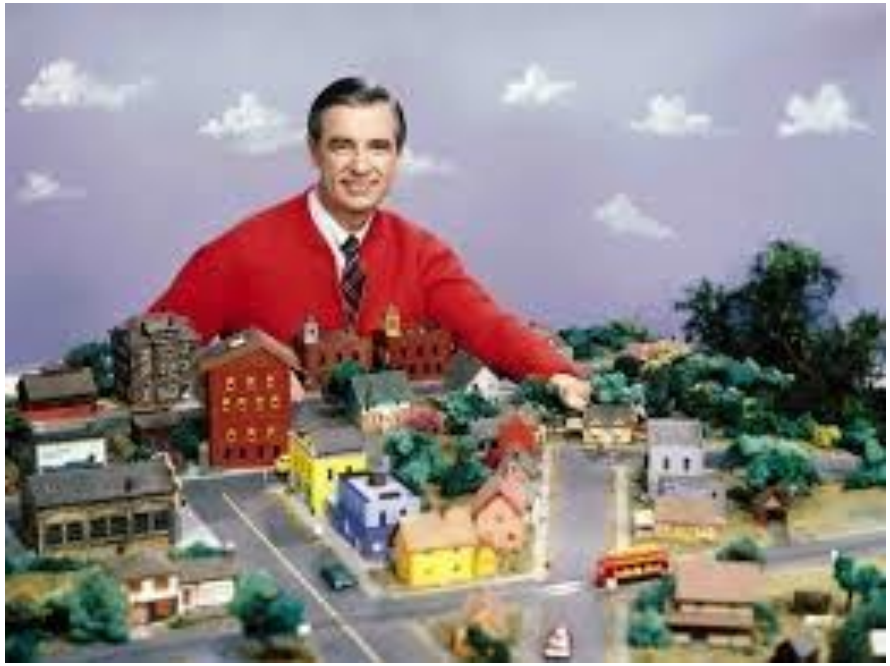


TRADITIONAL PSYCHIATRIC CARE

CO-LOCATED PSYCHIATRIC CARE

- Medical services and psychiatric care services located in the same facility

- More effective referral process for medical cases to be seen by psychiatric clinicians



- Enhanced informal communication between the primary care provider and the psychiatric care clinician

- Increased & efficient consultations between the primary care provider and the psychiatric care clinician

- Improved quality of psychiatric care provided to the patients in primary care setting

- Significant reduction of “no-shows” for psychiatric treatment

Integrated Psychiatric & Primary Care

Medical services and psychiatric care services located either in the same facility or in separate locations

One treatment plan with psychiatric care and medical issues

Typically, a team working together to deliver care, using a prearranged protocol

Treatment composed of a physician and one or more of the following: NP, PA, CM, Family Advocate, LCSW, Psychologist

Use of a database to track the care of patients who are screened into psychiatric care services

Benefits of Integrative Psychiatric & Primary Care

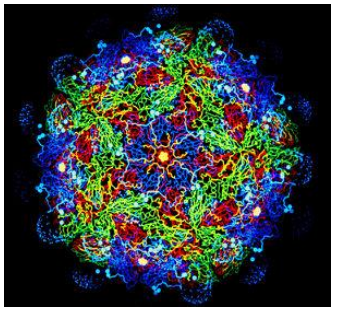
- **lessen the stigma**
- **improved use of physician time & appointment**
- **better coordination of medical and psychiatric care (Liaison addition)**
- **successful psychiatric care referrals to clinicians whom primary care providers actually know**
- **gain quick access to psychiatric care services**
- **help with psychosocial complex and chronic cases**
- **implement on-site "curbside" consultations to help clinicians treat ordinary psychiatric conditions**

*Peek (2005)

Which model is right for you?

- Integrated care initiatives must be designed around particular community-level and statewide considerations.
- No single type of approach for all communities
- Each community differs in its needs, resources, and practice patterns, and these variables will influence the model that is the best fit

Infectious Diseases Core



- Provide support to mid-levels and primary care providers
- Plan to expand ID treatments in PrEP, HIV, Hep C to all of our clinics with protocol-driven care
- Working to expand universal opt-out rapid HIV testing for all residential intakes
- Will start monthly case-based learning sessions with mid-levels and PCP's

Case 1: “Jewel”

- 46 year old MTF presents to clinic after being released from jail to our women’s residential unit
- HIV + on antiretroviral therapy with Stribild recently restarted in jail
- Decompensating Bipolar Disorder, previously on Saphris, Trileptal, and Citalopram but off for months
- IVDU with heroin and methamphetamine

Case 2: Thomas

- 34 y/o MSM with history of Hepatitis C GT 1A, F3 on Fibrosure
- IVDU with heroin, clean x 4 months in residential treatment program
- Schizophrenia with tardive dyskinesia, dry eyes on current regimen of Haldol started at outside mental health crisis clinic (not responding to treatment)


"There are three ways
to ultimate success:
The first way is to be kind.
The second way is to be kind.
The third way is to be kind."
– Fred Rogers