Crossing the Abyss

What are the barriers to care for your patients?



Crossing the Abyss

Engaging people experiencing homelessness in health care through innovative service delivery models



Bryan Swisshelm, MPH

Clinic Systems and Partnerships Supervisor
Outside In

Mary Tegger, PA-C, AAHIVS, MPH

Physician Assistant Multnomah County Health Department

Eowyn Rieke, MD MPH

Associate Medical Director Old Town Clinic, Central City Concern

Agenda

- Brainstorm barriers to care
- Review selected research on impact of health care outreach
- Learn about two innovative service delivery models
 - Outside In's mobile medical van
 - Old Town Clinic's day-center based clinic
- Question, discuss, reflect and review

ABYSS

- a deep or seemingly bottomless chasm
- a wide or profound difference between people; a gulf



Crossing the Abyss

What are the barriers to care for your patients?



Innovative Service Delivery Systems

Models

- Shelter and day program services
- Mobile medical vans
- Street outreach teams
- Student run clinics
- Free clinics

Providers

- Peer specialists and outreach workers
- Medical providers
- Nurses
- Dentists
- Behavioral health clinicians
- Health professions students with supervision

Services

- Primary care, including acute and chronic care
- Acute/urgent medical care
- Condition related services: asthma, syringe exchange, wound care, prenatal care
- Preventive health services: mammogram
- Chronic disease management
- Behavioral Health

Research on Impact

Earlier engagement in medical care

- Prenatal care van in Miami-Dade county demonstrated earlier initiation of care.
 (O'Connell, E 2010)
- Patients found to be HIV positive on mobile clinic had higher CD4 counts when detected, indicating earlier diagnosis and option for earlier treatment

Improvement in health status

- Shelter-based nurse clinic showed patient reported improvement mental health, substance use, satisfaction with availability and quality of health care after 2 months. (Savage, 2008)
- Patients at Boston's Family Van show improved blood pressure contributing to estimated 32% reduction in risk of heart attack and 45% reduction for stroke. (Song, 2013)

Research on Cost Savings

Reduced EMS/ED use

- Baltimore's Breathmobile, improved children's asthma control to generate savings of \$3500 per child due to reduced ED visits and hospitalizations. (Bollinger 2011)
- A review of 10 larger more comprehensive mobile clinics estimated cost savings of \$6.8 million from avoidable ED visits over a 1-year period. (US DHHS 2013)

Reduced overall cost to the health care system

Different estimates of return on investment on mobile medical vans show \$14 - 36:1
return on investment when quality of life, preventive health and reduced emergency
room visits are considered. For description of algorithm see Oriol 2009



History of Mobile Clinic Services at Outside In

- Tale of Two Mobile Clinics
 - 1St Mobile Clinic 2006
 - 2nd Mobile Clinic 2012





Outside In—Mobile Clinic Program Outside In



Early Clinic Locations

- Transitional Housing Campground
- Day Labor Site
- High School(s)
- Work Release Corrections



Current Clinic Sites

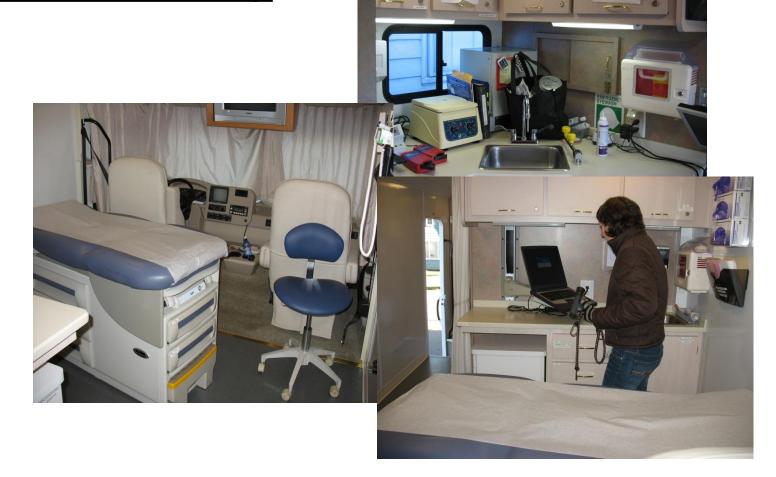


- High School—New School-Based Health Center
- Cascadia Behavioral Health Integration Project
- Homeless Services Org. -Clackamas Service Center



Mobile Clinic Operations & Setup

- Exam Room(s)
- Laboratory
- EHR
- Charting Area
- Behavioral Health



Outside In—Mobile Clinic Program Outside In



Patient Population

- High School Students
- Patients Suffering from SMI
- Homeless/Marginalized Populations
- Adults With Chronic Disease Conditions



Services Offered

- Primary Care
- OHP Enrollment
- Medications/ Rx
- Specialty Referrals



Challenges to Operating Mobile Clinics

- Staffing
- Financial
- EHR Connectivity
- General Operations
 - Parking
 - Servicing
 - Qualified Drivers



Successes

- Establishment of Permanent School-Based Health Center
- Reduced Barriers to Care for Thousands of Individuals
 - Linked Patients to Medicaid
 - Built Trust With the Patients we Serve
- Possible Development of Other Permanent Sites in the Future



- Pagan as a one-vear. CDC-funded pilot project targeted to treat skin and soft tissue infections in people experiencing homelessness and substance abuse (injection drug use).
- A collaboration between multiple agencies (county health dept, community-based clinic organizations, public housing agency, representatives of health care systems and Medicaid program)
- > Located in the Old Town area, where other resources are available
- At the end of the grant. the project was adopted by Central City Concern which runs the largest primary health care clinic in the area caring for homeless and low-income clients.



CLINIC OPERATIONS

2 locations: The Day Center of Transition Projects and the Bud Clark

apartments

One provider, medical assistant (full-time) and community health worker (part-time).

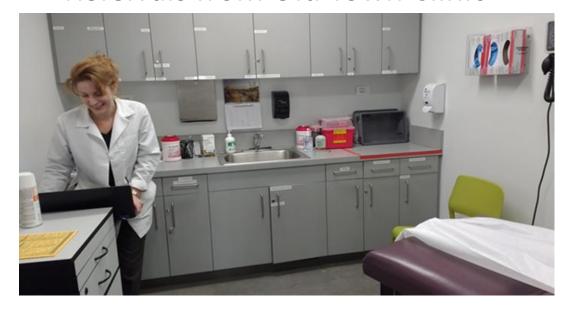
- > 3 ½ days/week
- Approximately 180 visits/month





THE DAY CENTER

- > Sign up sheet available in the morning
- Walk-ins, referrals from case managers
- Referrals from Old Town Clinic



- 35 % uninsured
- Highest # of visits in winter

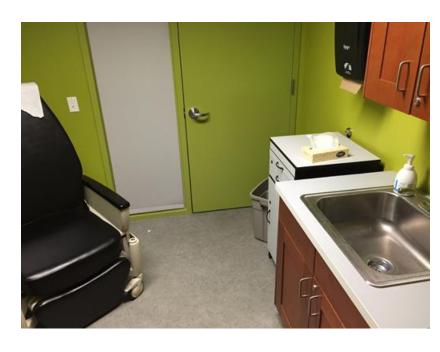








- >4-8 patients/half day
- > 90% of patients have a PCP
- 82% on Medicaid
- Patients seen an average of 6 times over10 months
- Highest # of visits in summer







CHALLENGES

- Logistical: working in borrowed space
- Access to medications and supplies
- Patients with multiple unmet needs affecting health
- Change of system: new EMR, initiation of billing
- Need for sustainability
- How to define success- For patients? For staff?
 For administrators and funders?



SUCCESSES

- On-site insurance enrollment
- Patient access to care on-site with other needed services (the day center) and at residence (the apartments)
- Close collaboration with case managers
- Connecting patients to primary care clinics
- Establishing relationships with patients with multiple challenges to receiving care
- > Filling (or addressing) gaps in care

Question, discuss, reflect and review



Opportunities for Innovative Service Delivery Models

- Patient-centered, relationship-based care
- Reduced barriers to care
- Improved coordination of care
- Helps to co-locate with other services, partner with other agencies
- Not always financially sustainable based on billing, but with great return on investment when
 quality of life, preventive health and reduced emergency room visits are considered.

Contact information

Bryan Swisshelm bryans@outsidein.org

Mary Tegger mary.tegger@multco.us

Eowyn Rieke eowyn.rieke@ccconcern.org

Selected references

- O'Toole TP, et al, Tailoring Outreach Efforts to Increase Primary Care Use Among Homeless Veterans: Results of a Randomized Controlled Trial *J Gen Intern Med* 2015 Jul;30(7):886-98. doi: 10.1007/s11606-015-3193-x. Epub 2015 Feb 12. accessed 2016 12 May
- Bradford, DW et al, Can shelter-based interventions improve treatment engagement in homeless individuals with psychiatric and/or substance misuse disorders?: a randomized controlled trial. *Med Care* 2005 Aug;43(8):763-8.
- O'Connell E. Zhang G. Leguen F Prince J. Impact of a mobile ban on prental care utilization and birth outcomes in Miami-Dade County. *Matern Child Health J.* 2010 Jul; 14(4): 526-34.
- Savage, CL et al, Improving health status of homeless patients at a nurse-managed clinic in the Midwest USA. Health Soc Care Community 2008 Sep;16(5):469-75. doi: 10.1111/j.1365-2524.2007.00758.x. Epub 2008 Feb 4. Accessed 2016 12 May
- Oriel, N et al Calculating the return on investment of mobile healthcare, BMC Med 2009 Jun 2;7:27. doi: 10.1186/1741-7015-7-27.
- US Department of Health and Human Services, Office of Minority Health. Mobile health clinics in the United States: reducing disparities: improving care, improving health, controlling costs. http://www.mobile healthmap.org/documents/Mobile_Health_Clinics_in_the_United_States_March 2013.pdf. Published March 2013. Accessed May 12, 2016
- Campos M, Olmstead-Rose L. Mobile health clinics: increasing access to care in central and eastern Contra Costa County: final report. http://www.johnmuirhealth.com/content/dam/jmh/Documents/Community/ Mobile_Health_Clinics-Increasing_Access_to_Care.pdf. Published April 2012, Accessed May 8, 2016
- Hill C, Zurakowski D, Bennet J, et al. Knowledgeable Neighbors: a mobile clinics model for disease prevention and screening in underserved communities. *Am J Public Health*. 2012;102(3):406-410.
- Kahn RH, Moseley KE, Thilges JN, Johnson G, Farley TA. Community- based screening and treatment for STDs: results from a mobile clinics initiative. Sex Transm Dis. 2003;30(8):654-658
- Nuttbrock L, McQuistion H, Rosenblum A, Magura S. Broadening perspectives on mobile medical outreach to homeless people. *J Health Care Poor Underserved*. 2003;14(1):