

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**



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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

Outside In—Mobile Clinic Program



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



Early Clinic Locations

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

Outside In—Mobile Clinic Program



Current Clinic Sites



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

Outside In—Mobile Clinic Program



Mobile Clinic Operations & Setup

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



Outside In—Mobile Clinic Program



Patient Population

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

Outside In—Mobile Clinic Program



Services Offered

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

Outside In—Mobile Clinic Program



Challenges to Operating Mobile Clinics

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

Outside In—Mobile Clinic Program



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**

CCC/Old Town Clinic's Bud Clark Clinic



- Began as a one-year, 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.

CCC/Old Town Clinic's Bud Clark Clinic

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



CCC/Old Town Clinic's Bud Clark Clinic

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



CCC/Old Town Clinic's Bud Clark Clinic

THE APARTMENTS

- Two afternoons/wk
- 4-8 patients/half day
- 90% of patients have a PCP
- 82% on Medicaid
- Patients seen an average of 6 times over 10 months
- Highest # of visits in summer



Old Town Clinic's Bud Clark Clinic

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?

Old Town Clinic's Bud Clark Clinic

SUCSESSES

- 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.

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