

# Mending the Holes in Your Safety Net

## Screening for Homelessness in the Emergency Department

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# Why the Holes?

## ■ Difficulty with.....

- **Defining Homelessness**
- **Identifying the Homeless**
- ED Implementation of Screening
- Developing Efficacious Response







# WHY DO WE CARE IF THERE ARE HOLES?

# Homelessness and Poor Health

- Life expectancy
  - Homeless- 42 and 52 years
  - Housed- 78 years <sup>(4)</sup>
- 38% have 2 or more of the following:
  - HTN, COPD, CAD, CVA, HIV/AIDS, liver condition, CKD or cancer <sup>(5)</sup>
- 25% w/ severe mental illness <sup>(5)</sup>
- 30% w/ drug use disorder <sup>(6)</sup>

# Homelessness and High Utilization

- 740% greater hospitalization days <sup>(1)</sup>
- 170% greater cost per hospital day <sup>(2)</sup>
- Stayed 4.1 days longer per admission <sup>(2)</sup>
- 30-day readmission rate 50.8% <sup>(3)</sup>

# Difficulty Identifying the Homeless

- **Obscurity over definition**
- **Lack of awareness in ED**
  - Misunderstanding of homeless population
  - Perception of small prevalence
  - Feeling of impotence in ability to affect change
- **Patients' desire to NOT be identified**



# Defining Homelessness

- Department of Health and Human Services (HHS)
  - individual who may live on the **streets**; stay in a **shelter**, mission, single room occupancy facilities, **abandoned** building or vehicle
  - **“doubled up,”** a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members.
  - **released from a prison or a hospital** may be considered homeless if they **do not have a stable housing situation** to which they can return.

(HRSA/Bureau of Primary Health Care, Program Assistance Letter 99-12, Health Care for the Homeless Principles of Practice)

# Defining Homelessness

- U.S. Department of Housing and Urban Development (HUD)
  - lacks a fixed, regular, and adequate nighttime residence, which includes a primary nighttime residence (**shelter**, **street**)
  - Individual or family is being **evicted within 14 days** from their primary nighttime residence
  - Has **moved two or more times in the 60 days** immediately prior to applying for assistance
    - also includes other markers of chronic housing instability

([https://www.hudexchange.info/resources/documents/HEARTH\\_HomelessDefinition\\_FinalRule.pdf](https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf))

# Defining Homelessness

- U.S. Department of Housing and Urban Development (HUD)
  - Does NOT include:
    - Living with relatives or friends
    - Being discharged from an institution which is required to provide or arrange housing upon release

# Veterans Administration Screening

## At least one of the following:

- 2 or more moves due to economic reasons during the past 60 days
- Living in the home of another due to economic reasons
- Has been notified in writing that right to occupy current housing or living situation will be terminated within 21 days
- Lives in a hotel/motel
- Is exiting an institution without a stable housing plan

([www.va.gov](http://www.va.gov))



# LVHN ED Screening Tool

In the last 60 days have you:

1. Been concerned about losing your housing?
2. Changed residences more than twice?
3. Lived with a friend or family member you do not normally reside with due to financial hardship?
4. Faced eviction or have been evicted from your current living situation?
5. Slept outside, in an abandoned building, your car, in an emergency shelter or a motel due to financial hardship?

# What is the Denominator?

Identifying ALL the homeless

# Studies Identifying the Homeless

- Kushel, M.B., Perry, S., Bangsberg, D., Clark, R., Moss, A.R. Emergency department use among the homeless and marginally housed: results from a community-based study. *Am J Public Health.* 2002;92:778–784.
  - Individuals in homeless shelters, Day-time free meal programs (soup kitchens), and low rent apartments
  - ED usage was self reported
  
- Ku, B.S., Scott, K.C., Kertesz, S.G., Pitts, S.R. Factors associated with use of urban emergency departments by the U.S. homeless population. *Public Health Rep.* 2010;125:398–405.
  - Used National Hospital Ambulatory Care Surveys (NHAMCS-ED)
  - “Patient Residence” item contained a check box for “homeless”
    - Of surveys, only 0.6% qualified
    - Other available check boxes were “Other Institution,” and “Other Residence”

# Studies Identifying the Homeless

- Oates, G., Tadros, A., Davis, S.M. **A comparison of national emergency department use by homeless versus non-homeless people in the United States.** *J Health Care Poor Underserved*. 2009;20:840–845.
  - Also used NHAMCS-ED from a different year
  - 0.4% ED visits by homeless
  
- D'Amore, J., Hung, O., Chiang, W., Goldfrank, L. **The epidemiology of the homeless population and its impact on an urban emergency department.** *Acad Emerg Med*. 2001;8:1051–1055.
  - Homelessness was defined as any person **not residing at a private address, group home, or drug treatment program.**
  - Estimated 20-30% of all ED visits in institution by homeless



# Studies Identifying the Homeless

- Sadowski, L.S., Kee, R.A., VanderWeele, T.J., Buchanan, D. Effect of a housing and case management program on emergency department visits and hospitalizations among chronically ill homeless adults: a randomized trial. *J Am Med Assoc.* 2009;301:1771–1778.
  - Included **only inpatients**
  - Homeless defined as those “**without stable housing** (housing for which a person has adequate resources and for which there are no time limits) during the 30 days prior to hospitalization”
- Bon S. Ku, Fields, J.M., Santana, A., Wasserman, D., Borman, L., and Scott, K.C. The urban homeless: Super utilizers of the Emergency Department. *Pop Health Management*, 2014.
  - Homeless **self- identified**, **local shelter address**, or **ED staff identified** known pt
  - Only 15% of homeless self-identified

# Prospective validation of a predictive model that identifies homeless people at risk of re-presentation to the emergency department.

*Australas Emerg Nurs J.* 2012 Feb;15(1):2-13. doi: 10.1016/j.aenj.2011.12.004.  
Epub 2012 Jan 31.

- Homelessness defined as:
  - Living on the streets
  - In crisis accommodation
  - Boarding houses
  - Unstable housing

# Study Findings Related to Screening

- 2,888 individuals screened
  - 7% total patients were identified as homeless
    - 10% of all ED visits
  - 43% re-presented to ED within 28 days
  - Who Identified the Homeless?
    - Clerical staff 18%
    - ALERT 8.1%
    - Researchers 73.9%

\*ALERT: Admission, Liaison, Early Referral Team provides care coordination to people with complex care needs, such as homeless individuals.

# Implementing a Screening Tool for Homelessness at LVHN: A Pilot Project

## ■ GOALS:

- Estimate prevalence in the ED
- Projection of Utilization Patterns
- Projection of Cost
- Ultimately justify/ inform needed resources



# Study Hypothesis

1. Prevalence will be different between the Summer and Winter months (to be studied this winter).
2. Prevalence will be different for men and women.
3. Prevalence will be different at our ED sites. (Cedar Crest, Muhlenberg and 17<sup>th</sup> Street)
4. Prevalence will be different by the time of day and the day of the week.

# Population and Sample Studied

- All adult patients who present to the EDs during scheduled survey times
- Inclusion Criteria
  - 18 years or older
  - Must speak English
  - Have capacity to answer survey questions
  - Not critically ill
  - Willing to participate
  - Did not take survey previously

# Population and Sample Studies

## ■ Exclusion Criteria

- Less than 18 years old
- Do not speak English
- Do not have capacity to answer survey questions
- Critically ill
- Are unwilling to participate
- Has taken survey previously

# Study Procedures

- 5 question survey given to all assigned pts in pod who meet criteria
- Equal rotations through all sites and pods
- Data de-identified
- If screened positive, attending made aware of possible Street Medicine Consult



# Prevalence by Site

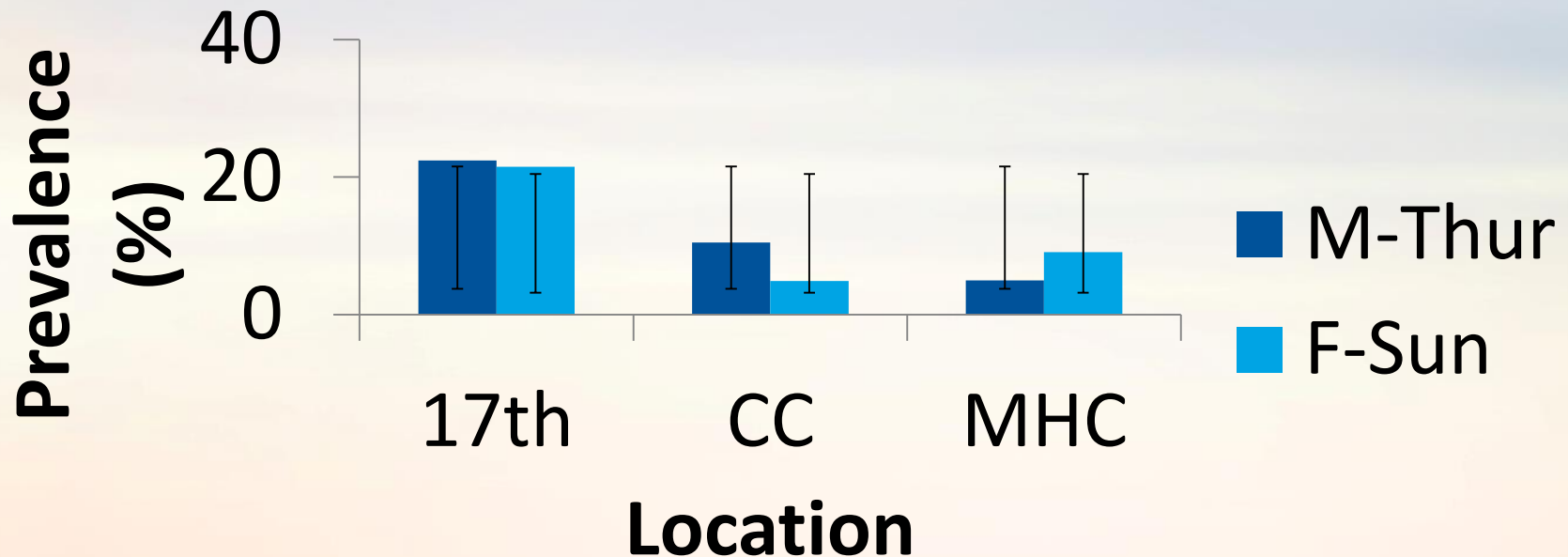
<b>SITE</b>	<b>At Risk %</b>	<b>Homeless %</b>	<b>Total %</b>
<b>17<sup>th</sup></b>	<b>4%</b>	<b>14%</b>	<b>18%</b>
<b>CC</b>	<b>3%</b>	<b>5%</b>	<b>8%</b>
<b>MHC</b>	<b>3%</b>	<b>6%</b>	<b>9%</b>

**N=4,499 total pts meeting inclusion criteria**

# Screening Tool Outcomes by Question

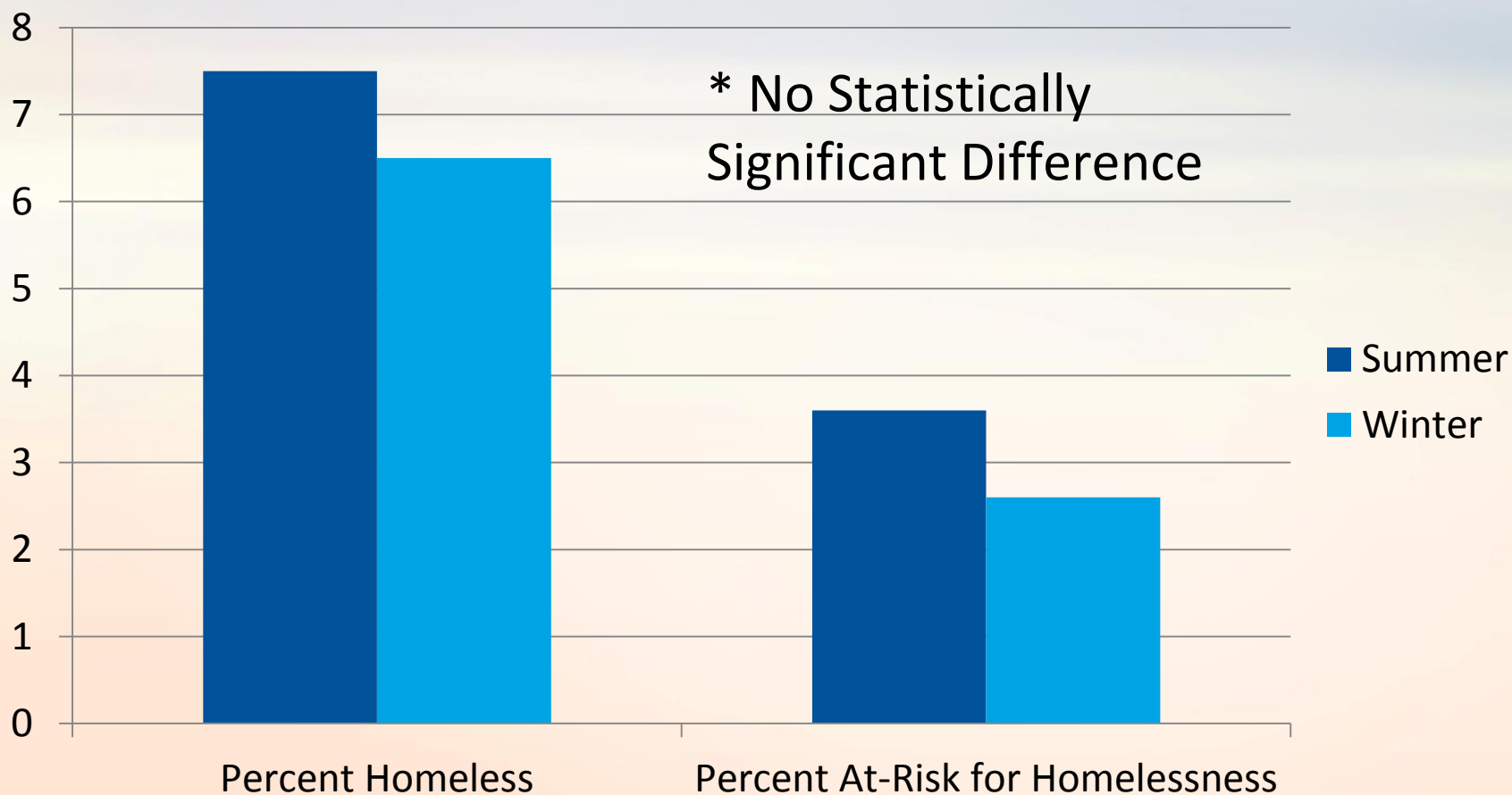
- Been concerned about losing your housing?
  - Total Answered YES: 57%
- Changed residences more than twice?
  - Total Answered YES: 24%
- Lived with a friend or family member you do not normally reside with due to financial hardship?
  - Total Answered YES: 72%
- Been evicted or served an eviction notice?
  - Total Answered YES: 21%
- Slept outside, in an abandoned building, your car, in an emergency shelter, or in a motel due to financial hardship?
  - Total Answered YES: 26%

# Prevalence by Day of Week



\*No statistically significant difference between presentation of weekday or weekend

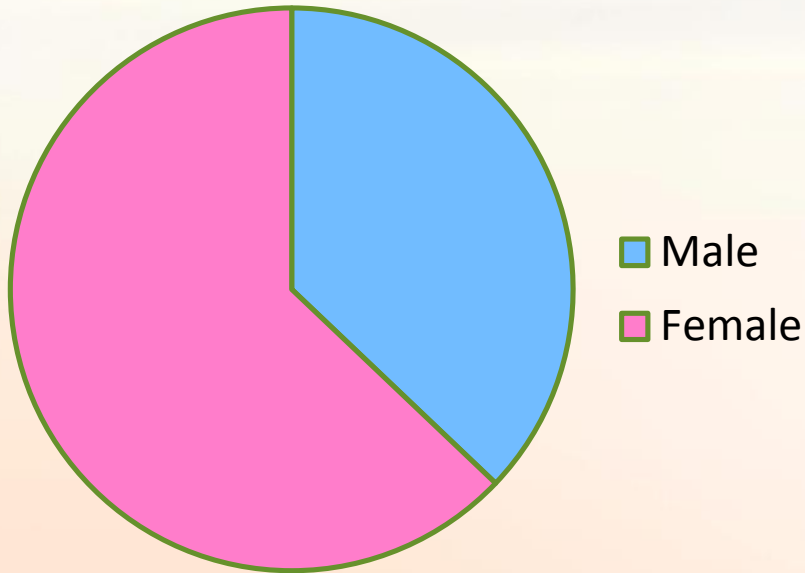
# Seasonal Differences



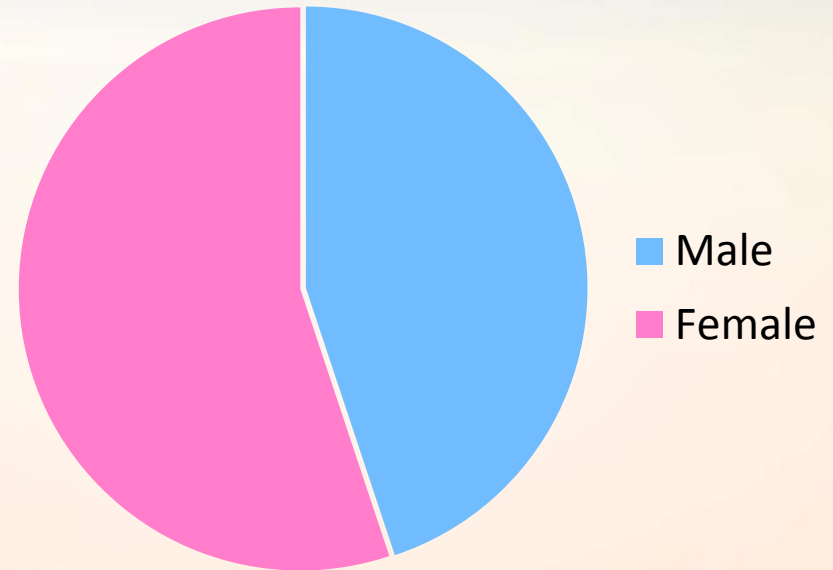
# Gender Differences

**\*No Significant Differences between Gender and Homelessness**

## Total Population



## Homeless Population





# Homeless Impact on the ED Cost

- Total ED Visits to LVHN FY2014: [REDACTED]
- Cost per ED Visit: [REDACTED]
- Total Yearly Cost of Homeless in ED:  
[REDACTED]
- Total Potential Cost Savings [REDACTED]

# Collateral Benefits

- ED providers have changed treatment plan based on housing status
- Overall greater awareness of social determinants of health
- Presence of researchers caused awareness, facilitating Street Medicine Consults
- **Avg. consult decrease from Hospital Day #5 to Day #0!!**

# Street Medicine Action Plan

- Widespread screening in urban location and in community clinics
- Homeless Hotline
- Nurse Triage of consults and care coordination
- Increased Street Medicine resources including staff to meet volume

# Unanswered Questions

- Who “owns” definition of homelessness?
- How do we study this population to include in homeless research?
- How does this “new” homeless population access/ utilize healthcare?
- What aspects of street medicine still apply?







# References

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# Questions?

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