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TRANSITION OF CARE FOR NEWLY HOMED INDIVIDUALS

KAYLA STURTEVANT

FAMILY MEDICINE ROTATION

SEPTEMBER 2020

MENTORS:

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KERRY GOULETTE, PA, LEIGHTON JOHNSON, SW,
ANNA LISA REYNOLDS, RN



THE CHALLENGE

- Homeless individuals often do not receive the appropriate level of health care to manage multiple otherwise controllable medical conditions.
- Continuity of care is often a challenge.
- Individuals may temporarily establish care with a provider but become lost to follow up when they move away or establish permanent housing.
- They can become lost to follow up for other reasons as well, including relapse, an inflexible work schedule, mental illness and many others.
- This issue has been identified by the individuals at Safe Harbor, Burlington, VT.

PUBLIC HEALTH COST AND UNIQUE COST CONSIDERATIONS

ONCE LOST TO FOLLOW UP, CONDITIONS ONCE WELL MANAGED LIKE DIABETES AND HYPERTENSION BECOME POORLY MANAGED AND LEAD TO ADVERSE HEALTH OUTCOMES FOR THE INDIVIDUAL AND INCREASED COST TO THE COMMUNITY.

CONSEQUENCES:

INCREASED EMERGENCY DEPARTMENT VISITS AND COSTS

- The mean cost of ED service use in disadvantaged individuals was about five times higher than the young and healthy class (\$9,794) in the state of Massachusetts.⁵
 - These are for services and complications of disease that could have been otherwise managed with regular medical care.
 - These additional costs are shouldered by other departments, leading to an increase in the cost of non-ED services⁵
- When controlling for age, sex, race, and ethnicity, those living with homelessness were 7.65 times more likely to return to the ED within 30 days of their previous visit, 9.97 times more likely to return within 6 months, 10.63 times more likely to return within one year, and 11 times more likely to return within 2 years.⁴

INCREASED LIKLIHOOD OF RETURNING TO HOMELESSNESS

INCREASED SUBSTANCE USE DISORDER RELAPSE AND MENTAL HEALTH CRISES

COMMUNITY PERSPECTIVE

Safe Harbor provides medical care to homeless members of the Burlington, VT community and surrounding area.

They can support patients in acquiring medicine, getting necessary screenings and vaccinations, and other core health services.

However, many individuals fail to establish new and permanent health care when they leave Safe Harbor, ultimately becoming lost to follow up.

MICHELLE DORWART, MD.

“Why do people leave Safe Harbor at all?”

Safe Harbor provides excellent, holistic care for patients, but they are limited by who they can serve and for how long.

Once a person attains stable housing, they can only continue care at Safe Harbor for one year before losing eligibility.

Establishing long-term care is essential to maintain an individual’s overall health as well as reducing their risk of becoming homeless again.

- KERRY GOULETTE, PA

INTERVENTION AND METHODOLOGY

A TWO STEP PROCESS

LEARNING WHAT A PATIENT VALUES IN A CARE PROVIDER:

METHOD

- **Worked with Safe Harbor physicians, social worker, PAs and nurses to create a questionnaire assessing patient values and preferences regarding a new care facility.**
- **Discussed creating a pamphlet for the care provider to give to patients explaining their new care facility and other key resources to access once they leave Safe Harbor.**

PROVIDING RECOMMENDATIONS AND RESOURCES BEFORE THE TRANSITION:

RESULT

- **Created a questionnaire for the Safe Harbor provider to fill out with the patient.**
- **Based on patient answers, the current provider will recommend a provider and site within the Community Health Center Network with the patient in the room.**
- **Developed a pamphlet with key information for the patient including but not limited to:**
 - **New site location**
 - **Contact information for new site and provider**
 - **Date of appointment**
 - **Important community resources**
 - **A list of members of the care team**

RESULTS

- Image 1 was created with Safe Harbor providers to assess patient preferences in key areas so care providers can make an appropriate recommendation for a new site and provider.
- Images 2 and 3 are front and back of the pamphlet.
- This is to be filled out with the patient in the Safe Harbor office before leaving. The provider will circle the new office location, write in the new provider and appointment date and then work with the patient to fill in the other areas.
- Key community resources are also listed, should a patient need support in other areas.

Questions for a Safe Harbor Provider to discuss with a patient when deciding the most appropriate new care facility:

- Is it important for you to have consistent front desk staff?
 - Yes No No Preference
- Is it important for you to have consistent medical staff?
 - Yes No No Preference
- Is it important for you transition to a facility with in-house counseling?
 - Yes No No Preference
 - (if yes) What type(s) of counseling are you looking for? (ie mental health, substance use)
 - _____
- Do you have a preference for being at a big site or small site?
 - Yes No No Preference
 - _____
- Do you have a preference for a male or female provider? Is there a certain age of provider you're most comfortable working with?
 - Yes No No Preference
 - _____
- Is the noise level of the environment important to you?
 - Yes No No Preference
- What are your options for transportation? Do you need a facility you can access by bus? Walking distance from your residence?

Please print a copy to be uploaded to the EHR.

Based on the above information, please make a recommendation for a new care facility and fill in pamphlet information.

Image 1

Image 2

Image 3

PROPOSED EVALUATION OF EFFECTIVENESS AND LIMITATIONS

EVALUATION

- Compare number of emergency room admissions for homeless patients one year before implementation of Safe Harbor Transition of Care measures and one year after implementation.
- Compare numbers of individuals who returned to homelessness before and after implementation of Safe Harbor Transition of Care measures by reviewing individuals who returned to Safe Harbor.
- Send a mail-in questionnaire to individuals now in permanent housing to ask if they found these interventions helpful or not helpful, and to assess if they still receive regular medical care.

LIMITATIONS

- A mail-in questionnaire is subjective and individual variability in reporting may not accurately represent outcomes.
- A mail-in questionnaire requires the individual to send it back, which may not happen.
- Not all individuals with bad health outcomes will seek care at the emergency department, and numbers of emergency room visits may be falsely low.
- People may move away from the Burlington area making it difficult to attain data.

RECOMMENDATIONS FOR FUTURE INTERVENTIONS/PROJECTS

- Many individuals who experience homelessness and have difficulty establishing regular health care suffer from mental illness.
 - A future project could focus on establishing regular follow up with counseling services to help these individuals gain the skills to make and keep appointments and better advocate for their health.
- Transportation is also a challenge for many individuals, especially in winter.
 - Working to establish home health could decrease the number of individuals lost to follow up.

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