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Primary Care and The Housing Insecure in Central Vermont

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Primary Care and the Housing Insecure

Hunter Goldsmith

Central Vermont Hospitals (Montpelier, Berlin)

March 2021-March 2022

Mentors:

Dr. Jeremiah Eckhaus, Barbara Jenne (Good Sam)

Project continued from: Kristina Valentine MS4

Problem Identification/Background

Previous research indicates that individuals that face housing insecurity are less likely to have access to primary and preventative care¹

People that struggle with housing insecurity are four times more likely to use emergency rooms than the population as a whole. The level of housing insecurity (marginally housed vs homeless) also has a direct correlation to Emergency room use²

Public Health Cost:

An ounce of prevention vs a pound of cure

It stands to logic that greater access to primary care would be associated with better health outcomes.

1. Treatment for hypertension vs management of congestive heart failure
2. Dietary + exercise counseling for prediabetes vs treating complications of advanced diabetes
3. Cervical and breast cancer screening vs treatment of advanced malignancy

Public Health Cost Continued: An ounce of prevention vs a pound of cure

The literature offers that access to primary care is correlated with better health outcomes including less all cause mortality and fewer hospital admissions for preventable conditions.³

Additionally access to primary care is associated with fewer Emergency Department visits and other more expensive forms of healthcare.⁴

Individuals living with homelessness are 7.65 times more likely to return to the ED within 30 days after discharge than individuals with stable housing, and 9.97 times more likely to return within 6 months of discharge.⁶

Community Perspective

One of the difficulties in getting housing insecure individuals connected to a primary care home is that this clientele can often be very distrustful of the system at large.

However if they build a connection to a PCP they often will attach to them and will continue to seek care. - Barbara Jenne, Housing Manager Good Samaritan Haven.

Clients often have complex health needs and often struggle with issues such as transportation. I have often heard from people that ask why can't a doctor come up here?
- Carolyn Bower, Good Samaritan Haven

Methodology

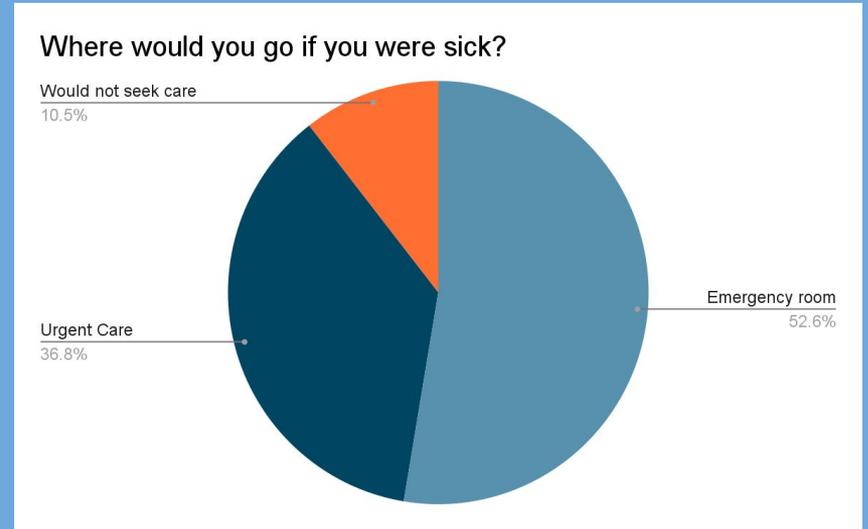
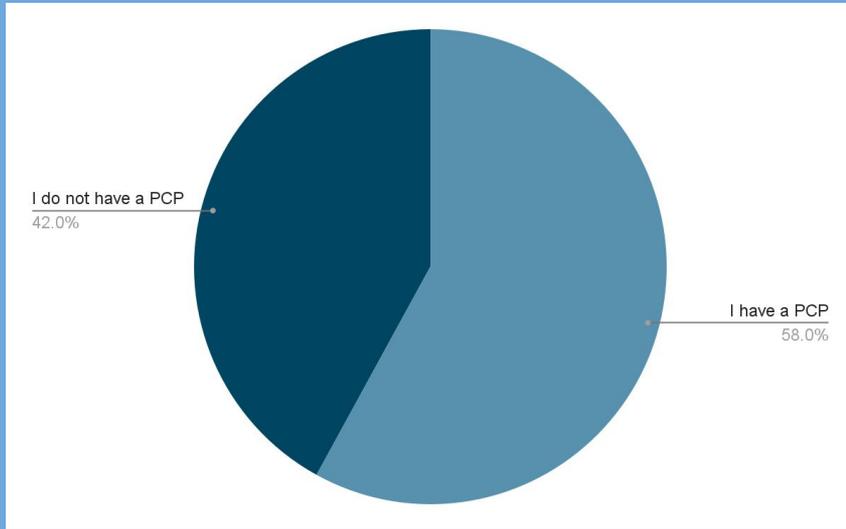
45 individuals who suffer from housing insecurity were surveyed at various hotels in Central Vermont. Residents are there as part of the Vermont Emergency Housing Waiver Program.

Goal of the project is to determine what the biggest challenges individuals have with regards to accessing medical care, and to try and overcome any challenges to connect individuals with local physicians.

Methodology: Survey Questions

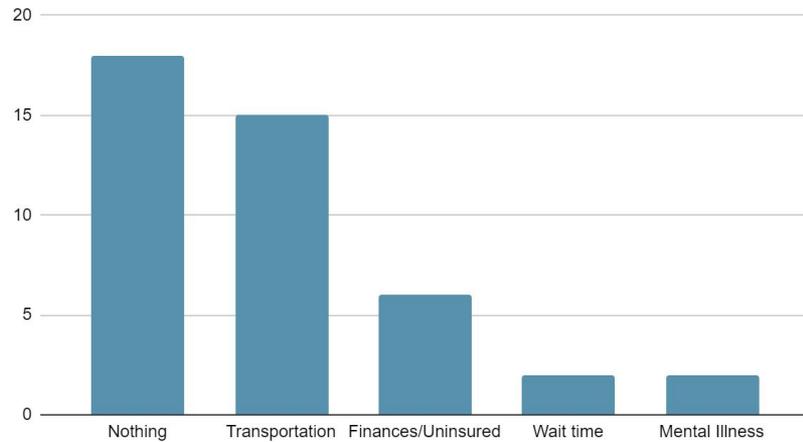
1. Do you have a doctor you see regularly? Yes/No
2. If not, where do you go when you are sick?
3. If you do not have a doctor what has stopped you from seeing a doctor?
4. Do you have a dentist? If not, where do you go when you need dental care?
5. Do you have a smart phone/tablet to use when you need to see your doctor? Yes/No
6. What else would help you to see a primary care doctor or dentist?
7. Do you have health insurance? Yes/No
8. Are you currently working with any community agencies? Example: WCMC, FCWC, CIS, CVHHH, SASH, other
9. Have you ever participated in a telemedicine visit? Yes/No
10. What type of device(laptop, phone) do you usually use to access the internet?

Data

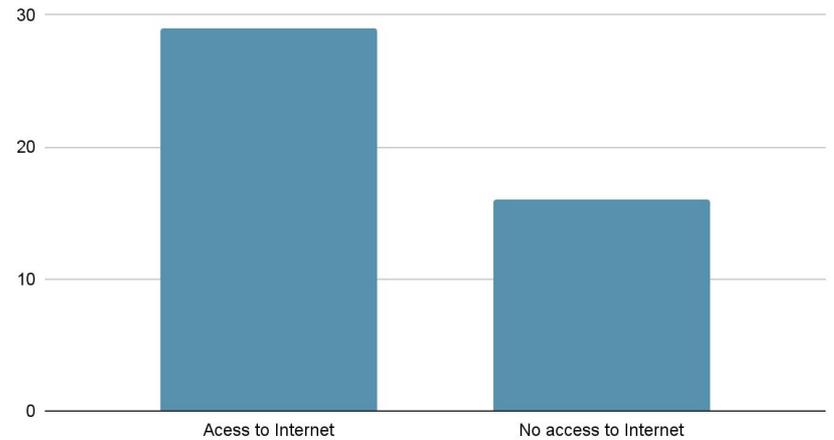


Data continued.

Has anything in the past stopped you from seeing a doctor?



Access to Internet for Telemedicine Visit



Connecting Individuals to Primary Care

Of individuals who reported not having a PCP 9, individuals out of 19 reported being interested in getting connected with a local PCP.

I subsequently contacted each of them.

I was able to get into contact with 7 individuals

2 declined getting connected

3 elected set an appointment at the time I called and appointments were scheduled

2 Individuals I am still working with to get scheduled.

Evaluation of Effectiveness

There are a number of challenges with regards to getting this population access to care.

Transportation and financial insecurity weigh heavy on the minds of individuals.

Additionally thinking about preventative care may be hard for some individuals who have more immediate and pressing concerns.

Many of the individuals I have met come from other places and don't know long they will be in Central Vermont.

Discussion and Limitations

- One of the biggest challenges I had was getting providers to participate in taking on these patients.
- Some providers mentioned over email they were concerned about participating in the program due to fears that these patients would end up no-showing and felt this wasn't fair to other patients.
- Another difficulty I had was getting into contact again with individuals after I had met with them.

Recommendations Going Forward

- Cut as much bureaucracy from the process as possible.
- Streamline the ability for these patients to make appointments.
- Pair individuals with a healthcare navigator to help them with things such as new patient paperwork.
- Point of care interventions (e.g. provider or healthcare navigator coming to shelter)
- Address transportation concerns and allow for use of televideo when preferred by patient and when clinically appropriate.
- Reach out to more providers (broaden to Advanced Practice Providers)

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