Welcome

Addressing Key Preventive Health Measures in Homeless Health Care Settings

October 27, 2011

We will begin promptly at 12:30pm EDT

Event Host
Molly Meinbresse, MPH
National Health Care for the Homeless Council, Inc.

This presentation is supported through a Cooperative Agreement with the Health Resources and Services Administration.
Addressing Key Preventive Health Measures in Homeless Health Care Settings

October 27, 2011
Presenters

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Overview

- Introduction: The difficult task of implementing preventive services in the homeless clinical setting.
- How the preventive medicine guidelines were developed
- Discussion of a few key preventive measures common to HCH clinical setting
- Case perspective
- Q & A
Levels of Preventive Care

- Primary: preventing the disease
- Secondary: preventing complications from a disease that has already developed
- Tertiary: preventing progression of a disease that has already developed with complications
United States Preventive Services Task Force (USPSTF)

- Composed of experts in the field of prevention and primary care
- Provides recommendations for improved outcomes for children, adolescents, adults, & pregnant women
- The problem - One size does not fit all!
Barriers to Preventive Care: Patient Perspective

- Lack of transportation
- Mental health issues
- Different set of priorities
- Competing appointments
- Substance abuse
- Employment (i.e. labor services)
- Access to healthy food
Barriers to Preventive Care: Clinician Perspective

- Insufficient time
- Lack of staff
- Insufficient time
- Lack of resources
- Insufficient time

It would take a clinician 7.4 hours/day to follow every guideline in the USPSTF recommendations*

MULTIPLE COMPLEX Co-MORBIDITIES

DIFFERENT PRIORITIES

TRANSPORTATION

LACK OF HOUSING

MENTAL HEALTH ISSUES

I DIDN’T EAT LUNCH

NO TIME!
Importance of Prevention

Many manageable health conditions are poorly controlled in individuals who are homeless. Clinicians often encounter patients who are homeless at the secondary or tertiary level.

- Leading to development of complex co-morbidities
- Resulting in frequent hospitalizations
- Ending in a life expectancy roughly half that of the general population
What We Know

- Health disparities exist in the population of those who are homeless or unstably housed.

- Low socioeconomic status and living conditions have a direct influence on health:
  - Contributing to infectious and chronic disease, injury, and negative impact on child development.

- Much research documents the health needs of the homeless, but few resources provide guidance on prioritizing preventive care services.
Guidance for HCH Clinicians

- In 2008, the HCH Clinicians’ Network identified integrating preventive medicine and primary care as a high priority
- Goal: develop guidance to help HCH clinicians prioritize preventive health measures to address during typical clinic visits
STOP!!

These recommendations by the task force in no way obviate the obligation of clinicians to perform any screening available and recommended by the USPSTF.
Methodology

- Literature review conducted exploring the relationship between homelessness and health, i.e. key morbidities and mortalities
- Created Preventive Medicine Task Force (PMTF) consisting of clinicians from HCH projects across the county, along with vital support from National HCH Council staff and an intern
- Reviewed the literature review to identify and prioritize preventive practices in HCH setting
Results of Literature Review

- Homeless individuals at greater risk for health related issues
- Approximately 50% of homeless with significant mental health issues
- Approximately 25% with serious conditions such as depression, bipolar, and schizophrenia
Results of Literature Review (continued)

- Housing status impacts social relationships and access to care
- Conflict of dealing with competing needs
- Systemic structural barriers within the healthcare setting
Developing the Recommendations

- PMTF conducted an evaluation of the USPSTF recommendation (2010) for general and special needs populations.

- Each recommendation scrutinized and rated using the following criteria:
  - Impact of care
  - Resources available
  - Potential barriers
Developing the Recommendations (continued)

- The HCH PMTF also identified preventive measures not present in the USPSTF recommendations based on
  - High prevalence and health outcomes in people who are homeless
  - Funding stream requirements
Prioritizing Preventive Health Measures

- Developed detailed description of 14 preventive health measures identified as high priority
- Provided side-by-side comparison of USPSTF and HCH PMTF recommendations
Prioritizing Preventive Health Measures (continued)

- Cardiovascular disease risk factors
  - Blood pressure screening
  - Hyperlipidemia screening
  - Diabetes screening

- Depression screening

- Intimate partner violence screening
Prioritizing Preventive Health Measures (continued)

- Infectious diseases
  - Hepatitis C
  - HIV
  - TB
  - Chlamydia and gonorrhea

- Immunization delivery

- Substance abuse
  - Alcohol misuse and illicit drug use screening
  - Tobacco counseling and intervention
Highlighting Prevalent Clinical Issues Seen in HCH Settings
Depression

- 2003 HCH User Survey reported 42% of respondents (>13 years) experienced at least one symptom of depression in the previous month.

- 20% had unmet mental health needs.

- Only 7% of HCH patients have depression as a primary diagnosis.

- Likely due to inability to perform consistent screenings.
Depression (continued)

- Homelessness is a significant stressor on physical and emotional health.

- The HCH PMTF agrees that depression screening should be part of preventive care.

- Barriers are usually related to lack of resources, cultural beliefs, lacking integration of care.

- Peak Vista Homeless Health Center intake survey:
  - 1250 patients in 2005
  - 426 checked mental illness (34%)
  - 302 checked substance abuse (24%)
  - 226 checked both (18%)
Depression (continued)

- Depression transcends all HCH projects
- Proper screening and control of depression can have a profound effect on early diagnosis and control of other chronic illnesses
- Staff assisted depression care supports should be prioritized to enhance accurate diagnosis, treatment, and follow-up care
Case Presentation

- 51 year old male with history of schizophrenia and asthma seen in shelter clinic for symptoms of upper respiratory infection
- Clinic nurse documents elevated blood pressure, BMI, and blood sugar (300)
Diabetes Screening

Recommendations are based on combination of USPSTF and American Diabetes Association recommendations

- First degree relatives with type 2 Diabetes Mellitus
- African American, Hispanic, Asian, Pacific Islander or Native American
- Overweight
- Cardiovascular disease, including hypertension
Diabetes Screening (continued)

Some groups with increased risk:

- History of impaired glucose tolerance
- Age >45 years
- Family history of diabetes
- Elevated BMI
- Sedentary lifestyle
- Certain racial and ethnic groups
- Elevated BP, elevated TG or low HDL
Case Example

- 28 year old female comes to clinic to be “medically cleared” for an admission to a detox facility for injection heroin use.

- She is offered several screening tests including STI blood screens, Pap smear, hepatitis C and HIV test.

- All tests come back negative except a HCV test which is positive.
Hepatitis C

- Studies show that rate of hepatitis C in individuals who are homeless is 17-45%

- USPSTF recommends against routine screening of HCV in asymptomatic adults in the general population who are not at increased risk (prevalence 1.6%)

- We recommend offering HCV screening to all youth and adults due to the high prevalence
Hepatitis C

Benefits of early screening:

- Early referral for treatment
  - Only 30% go to specialist
  - Less than 4% complete antiviral treatment

- Ability to vaccinate against Hep A and Hep B

- Counseling on hepatotoxic agents to avoid (e.g. tylenol, alcohol)

- Monitor for cirrhosis and hepatocellular cancer as indicated
Screening for Alcohol, Tobacco and Drug Use
Substance Use: Alcohol

- Alcohol use in individuals who are homeless ranges from 58-84%

- USPSTF and our recommendation concur with recommendation for brief screening intervention for all adults, including pregnant women in primary care settings
### Risk Factors - Substance Abuse

#### Tobacco Use
- **Current every day smoker:**
  - Yes
  - No
- **Counseled to quit/cut down today?**
  - Yes
  - No
- **Referred to tobacco cessation counseling:**
  - Yes
  - No

#### Alcohol Use
- **Current**
- **Previous**
- **Never**

#### Drug Use
- **Current**
- **Previous**
- **Never**

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#### Current Alcohol Use

**How often did you have a drink containing alcohol in the past year?**

- **Never (0)**
- **Monthly or less (1)**
- **2 - 4 times/month (2)**
- **2 - 3 times/week (3)**
- **4 or more times/week (4)**

**How many drinks did you have on a typical day when you were drinking in the past year?**

- **1 or 2 (0)**
- **3 or 4 (1)**
- **5 or 6 (2)**
- **7 to 9 (3)**
- **10 or more (4)**

**How often did you have six or more drinks on one occasion in the past year?**

- **Never (0)**
- **Less than monthly (1)**
- **Monthly (2)**
- **Weekly (3)**
- **Daily or almost daily (4)**

**Total Audit C Score:**

*A score of 6 or more in men, and 4 or more in women is considered positive for identifying hazardous drinking or active alcohol use disorders.*

**Success/problems with past attempts to quit:**

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**Add Alcohol Abuse to Problem List**

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**Go Back to HI!**
Substance Use: Tobacco

- Tobacco use in individuals who are homeless is over 70%
- Studies show that individuals do have desire to quit
- HRSA recommendation to screen for tobacco use
- Recommend screen all adults
Substance Use: Tobacco

Current every day smoker: 

Counseled to quit/cutdown today? yes no

Referred to tobacco cessation counseling: yes no

Alcohol Use

- current
- previous
- never

Drug Use

- current
- previous
- never

Current Tobacco Use

Year started: 
Pack-years: 

- Smokes cigarettes: Amt: 1 packs/day
- Smokes cigars: Amt: 1 per week
- Smokeless/chewing: Amt: 1 per day

Success/problems with past attempts to quit:

Add Tobacco Abuse to Problem List
Case

42 year old female admitted to medical respite for broken ankle after falling. During her respite admission she was offered routine screening per USPSTF, including Pap smear and mammogram. She had no palpable lesions on exam and no symptoms. Her mammogram was abnormal, she was diagnosed with breast cancer and successfully underwent curative treatment.
Reminder

- These recommendations are a method to assist in prioritizing screenings based on available resources and patient disease prevalence.

- They are not meant to REPLACE existing highest standards of clinical care and we strongly support following the USPSTF recommendations and community evidence based standards of care.
### Health Maintenance

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Completed</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholesterol</td>
<td>Current: HDL 03/09/2009</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>TB</td>
<td>May have had past positive PPD</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Hep C Status</td>
<td>Consider Hep C testing. Last test: no data</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>Current: 10/14/2011</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Tobacco Counseling</td>
<td>Consider counseling. Last: 12/10/2008</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Weight Mgmt Plan</td>
<td>No Weight Mgmt Plan recorded</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Depression Screen</td>
<td>Consider screening. Last: 07/21/2006</td>
<td>✗</td>
<td></td>
</tr>
</tbody>
</table>

### Age-appropriate screenings

<table>
<thead>
<tr>
<th>Screening</th>
<th>Completion Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pap smear</td>
<td>No pap data on record.</td>
</tr>
<tr>
<td>Mammogram</td>
<td>No mammogram data on record.</td>
</tr>
<tr>
<td>Oral cancer</td>
<td>No oral cancer data on record.</td>
</tr>
</tbody>
</table>

### Immunizations

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seasonal Flu Vax</td>
<td>Consider flu vax. Last vax: 10/01/2009</td>
</tr>
<tr>
<td>TD Booster</td>
<td>No TD data on record.</td>
</tr>
<tr>
<td>Pneumovax</td>
<td>No pneumovax data on record.</td>
</tr>
<tr>
<td>Hep A Vax #1</td>
<td>Consider Hep A Vax #1</td>
</tr>
<tr>
<td>Hep A Vax #2</td>
<td>Hep A Vax #1 not yet administered</td>
</tr>
<tr>
<td>Hep B Vax #1</td>
<td>Consider Hep B Vax #1</td>
</tr>
<tr>
<td>Hep B Vax #2</td>
<td>Hep B Vax #1 not yet administered</td>
</tr>
<tr>
<td>Varicella #1</td>
<td>Consider Varicella Vax #1</td>
</tr>
<tr>
<td>Varicella #2</td>
<td>Varicella Vax #1 not yet administered</td>
</tr>
</tbody>
</table>

### Diabetes: This patient is diabetic

**Consider referral to Diabetic Nurse Educator**

- **BP**: Within Range: 120/82 (02/04/2010)
- **Self-Mgmt**: Consider reviewing goal. Last: 04/21/2009
- **Dental Exam**: Consider dental exam. Last: 10/30/2008
- **Dilated Eye Exam**: No Dilated Eye Exam data on record
- **LDL**: Consider LDL test. Last value: 111 (03/09/20)
- **Ace Inhibitors**: Patient not taking ACE Inhibitors
- **HgBA1C**: Consider reviewing HgBA1C history
- **HgBA1C Frequency**: Consider reviewing HgBA1C History

### Reference

- Immunization Schedule on the CDC website
- Preventive Health Guidelines

### Button Description

- ✗ = View latest value
- ✗ = Go to form to update value
- ✗ = Go to Orders Module
- ✗ = Print Patient Handout

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**Close**
Questions & Answers

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Resources

To access the full report of *Health Care Delivery Strategies: Addressing Key Preventive Health Measures in Homeless Health Care Settings*, visit the National HCH Council’s website at:

http://www.nhchc.org/clinicalresources/KeyPrevHealthMeas_FINAL.pdf

For more information on other clinical practice adaptations, please visit the Council’s clinical resources page for a full list:

http://www.nhchc.org/clinicalresources/practiceadaptations.html
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