Welcome

Joining Forces: Improving Care for Veterans through HCH-VA Collaborations

November 13, 2012

We will begin promptly at 1:00 PM EDT

Event Host:

Sarah Knopf, MA-R
Research Assistant

National Health Care for the Homeless Council, Inc.

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NATIONAL HEALTH CARE for the HOMELESS COUNCIL

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Health Care & Housing Are Human Rights

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Presenters

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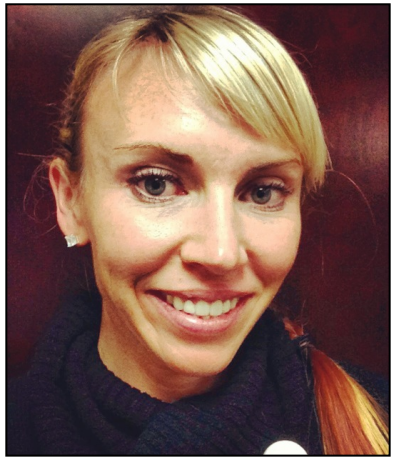

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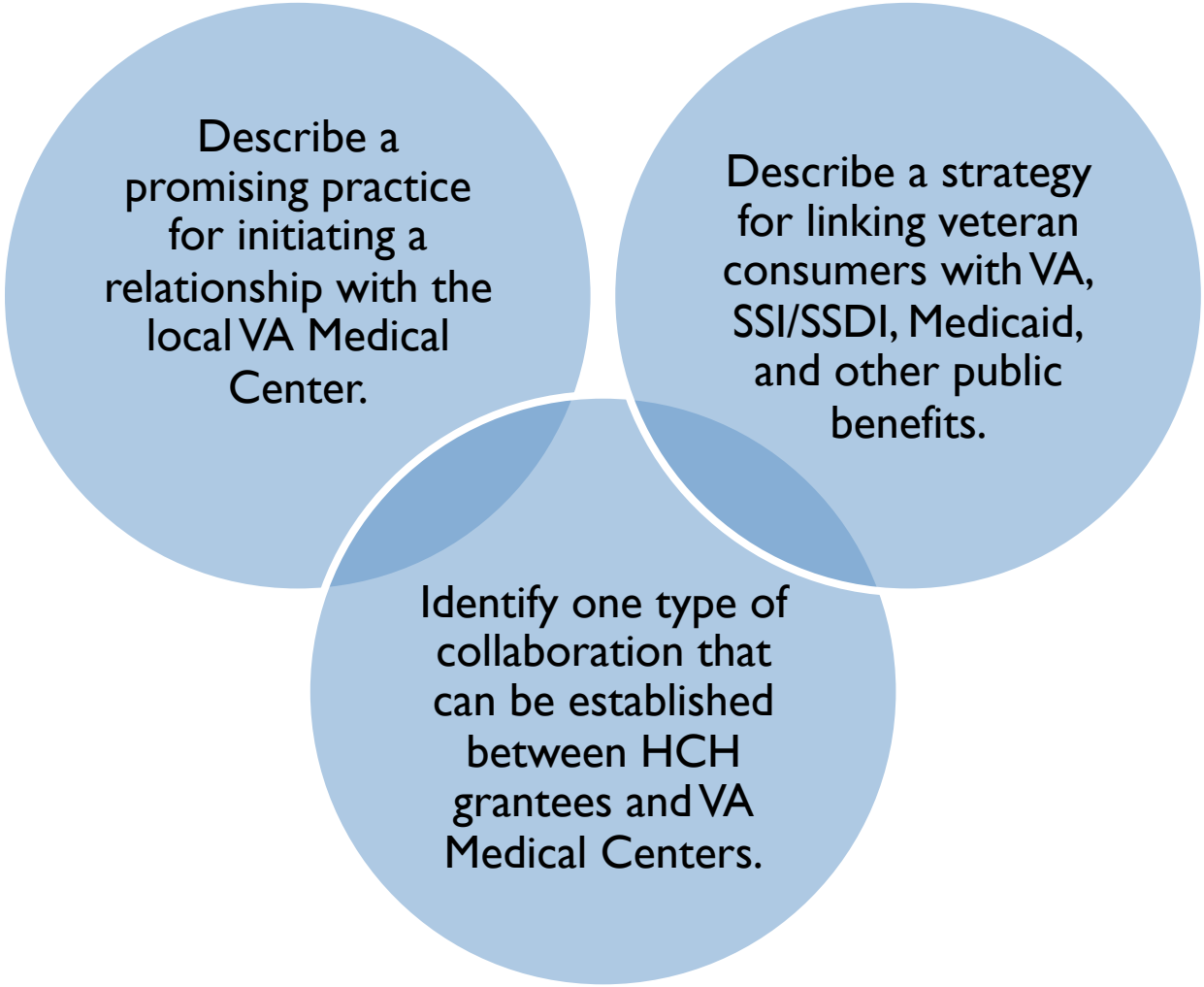
Learning Objectives



Webinar Outline

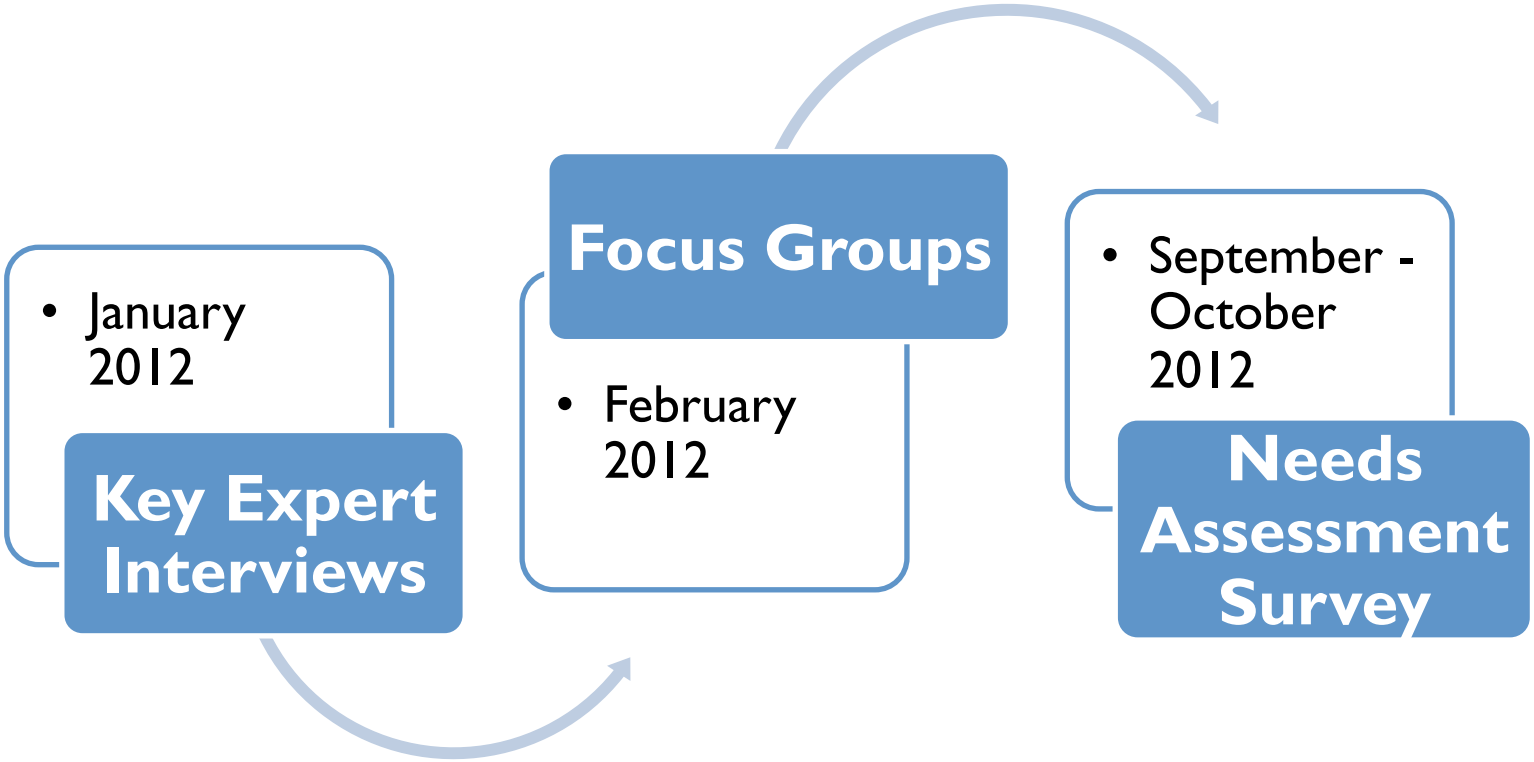
- Overview of National HCH Council's Veterans Study
- Administrative Perspective on VA Collaboration: Bethany Gadzinski
- Frontline Perspective on VA Collaboration: Brooks Ann McKinney
- Q & A Session

National HCH Council's Veterans Study

- **Background:**
  - Lack of veterans research in HCH setting
  - ***22,486 veterans*** received care in HCH setting in 2011 (Uniform Data System, 2011)
  - Began study in December 2011
- **Research Questions:**
  - What characteristics does this veteran population have?
    - Demographics, health status, unmet needs, etc.
  - How are HCH projects serving veterans?
    - Veteran-specific services, referrals/collaboration with VA

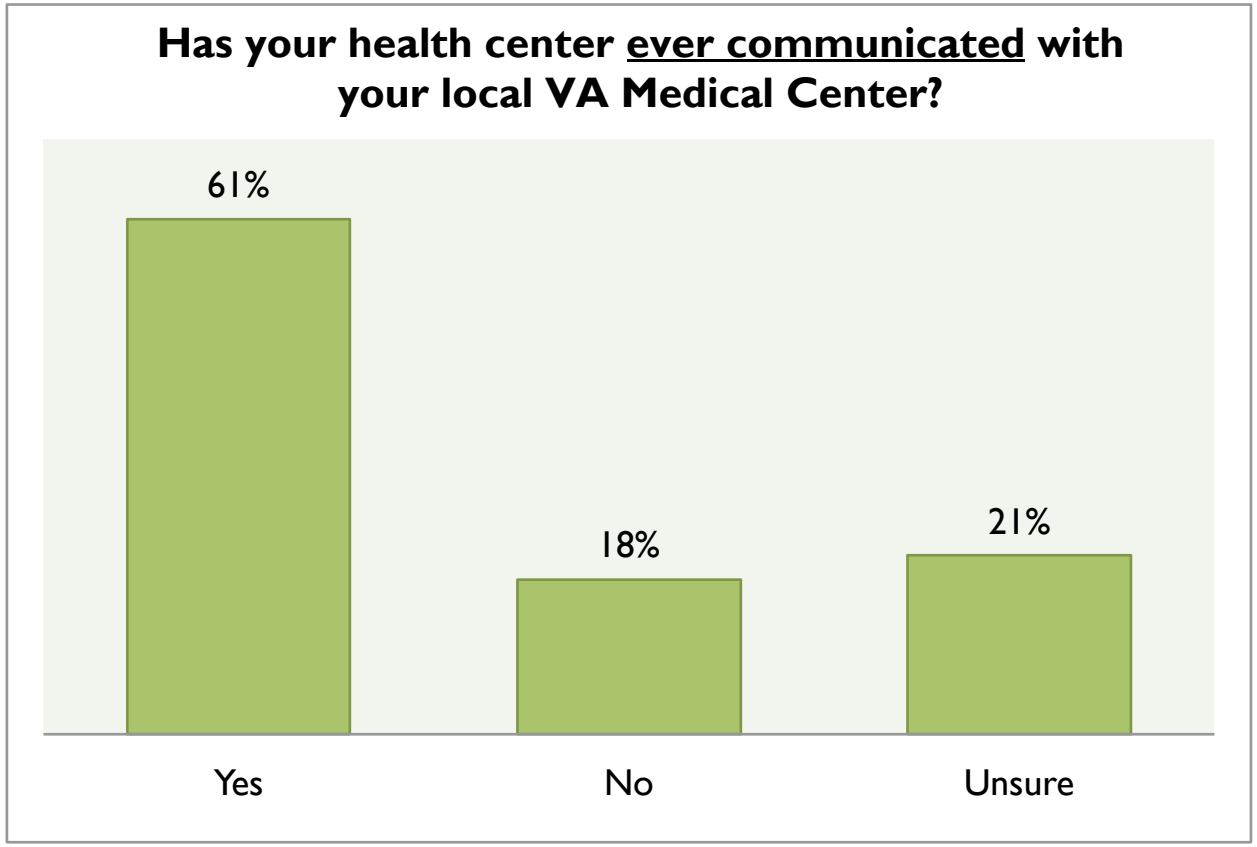
National HCH Council's Veterans Study

Methods:



National HCH Council's Veterans Study

Survey Findings: HCH-VA Collaborations



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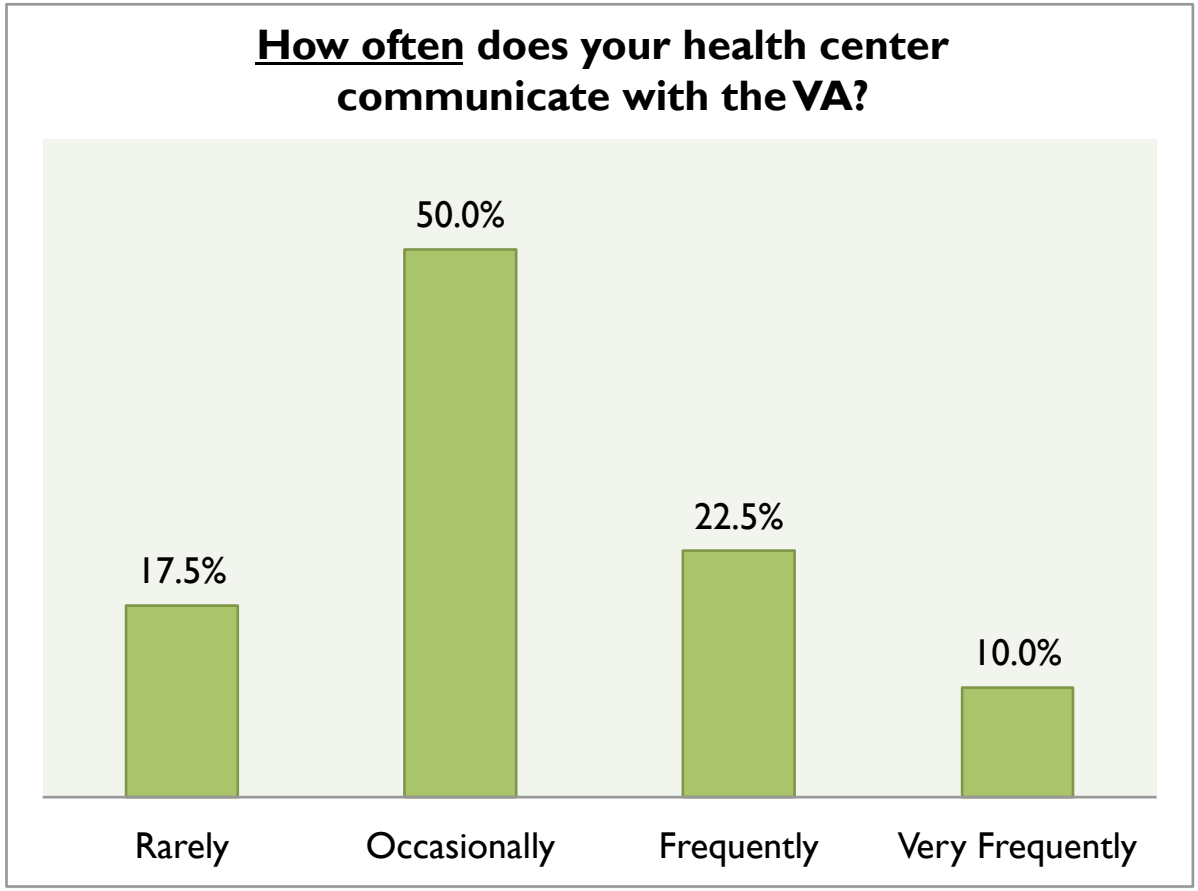
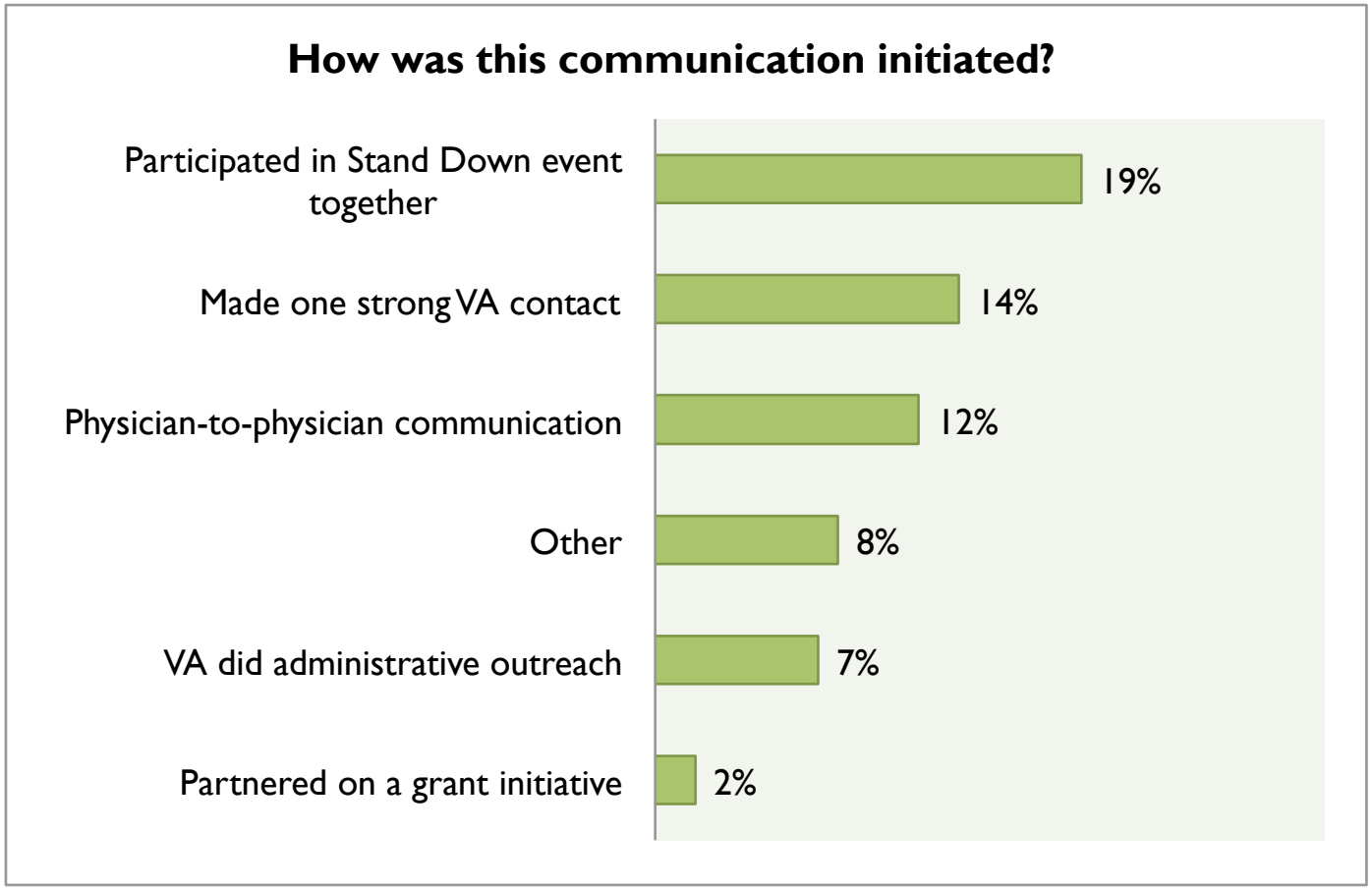


National HCH Council's Veterans Study

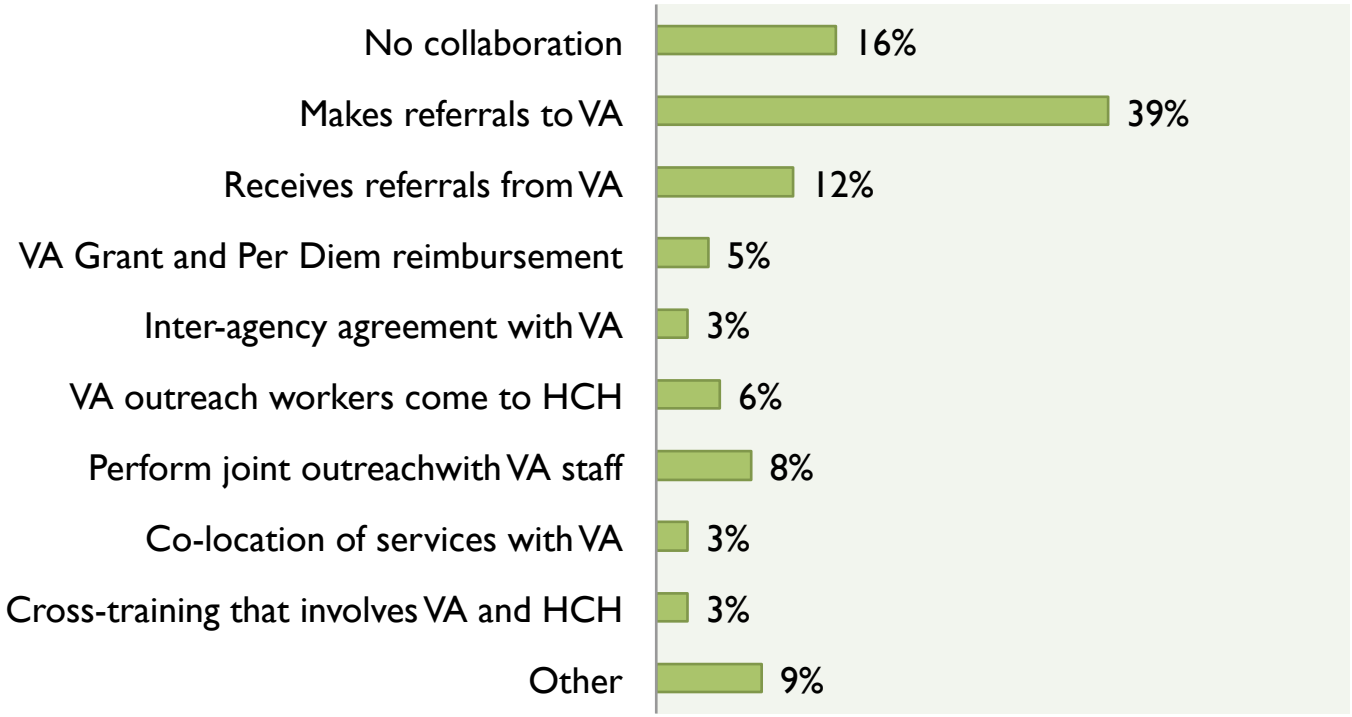
Survey Findings: HCH-VA Collaborations



National HCH Council's Veterans Study

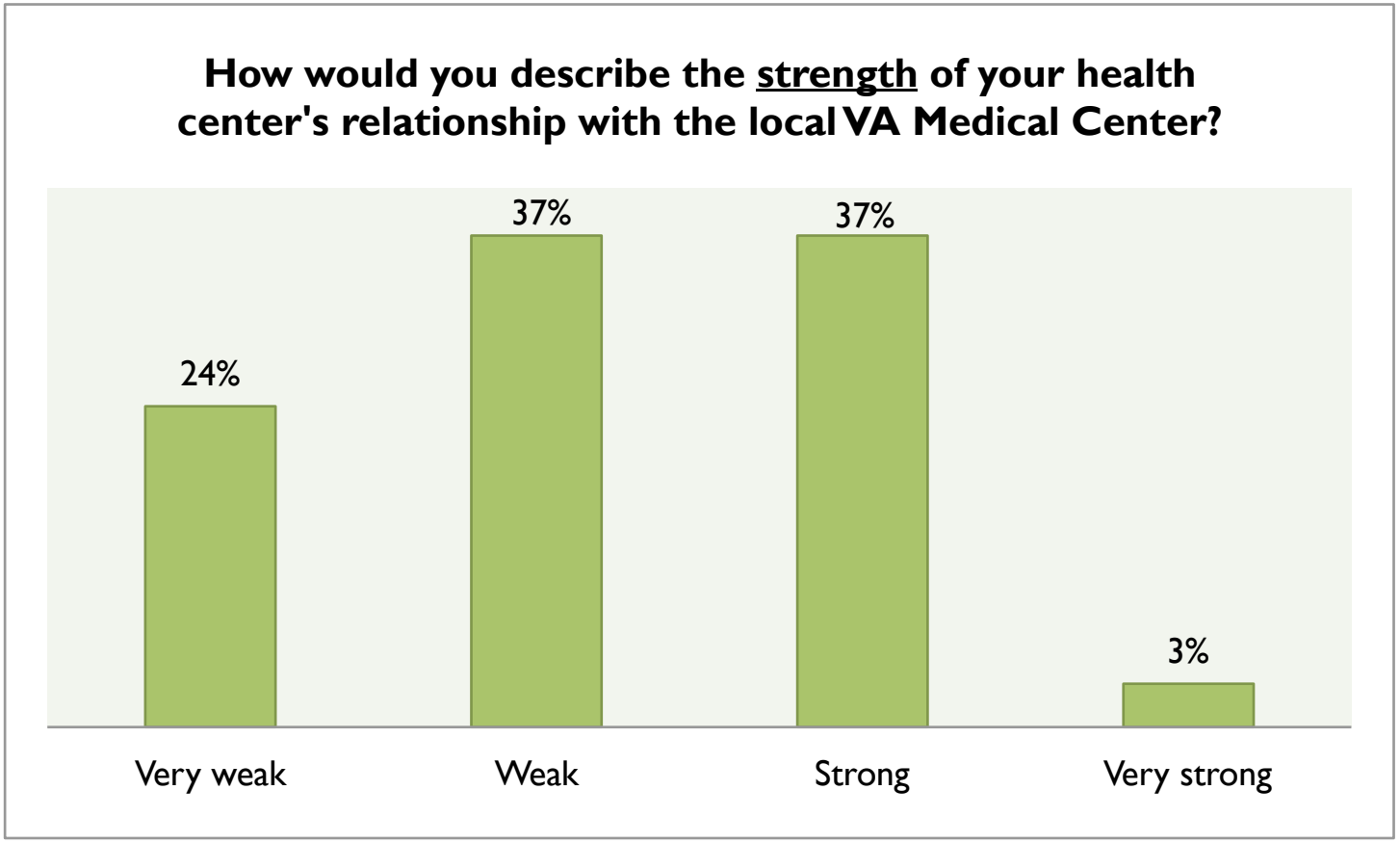
Survey Findings: HCH-VA Collaborations

In what way does your health center collaborate with the local VA Medical Center?



National HCH Council's Veterans Study

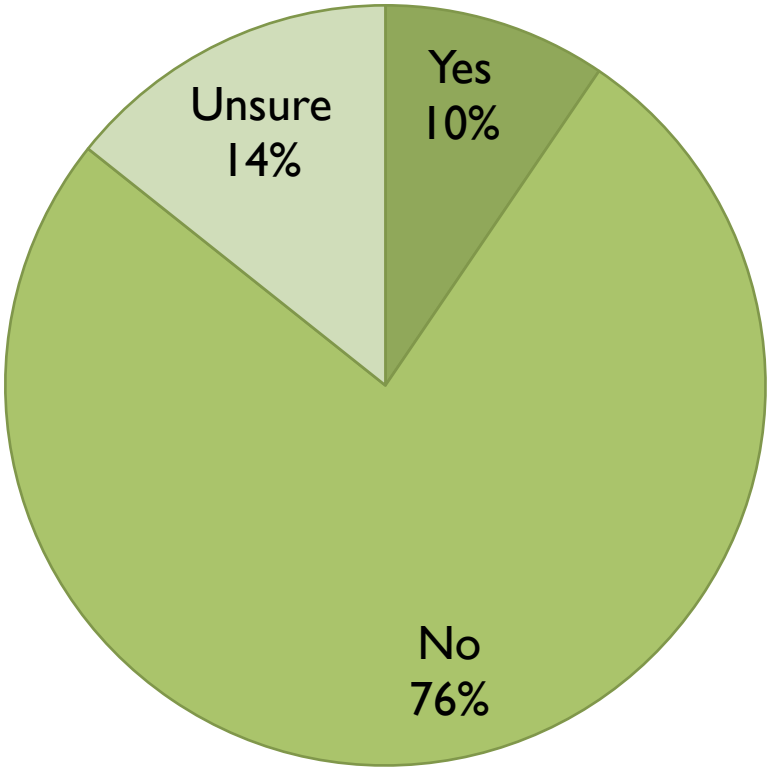
Survey Findings: HCH-VA Collaborations



National HCH Council's Veterans Study

Survey Findings: HCH-VA Collaborations

Do you get any reimbursement for the costs of providing services to veterans experiencing homelessness from the VA?



HCH-VA Collaborations: *Administrative Perspective*

Bethany Gadzinski

Program Manager, Homeless Services and
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The Terry Reilly Experience

11/13/2012

Terry Reilly Overview

- 41 year history in Southwest Idaho
- 7 Primary Care Clinics
  - 3 "Urban"
  - 4 Rural
- 5 Dental Offices
- Behavioral Health Services co-located in all 7 Clinics
- 1.64 support staff per clinician

Patient Demographics 2011/2012

- 28,408 users
- 85,224 encounters (3.0 encounters per patient)
- 56% male, 44% female
- 3% identify as veterans
- 65% uninsured
- 64% at or below 100% poverty

+ Project Background

- Project discussions began 3 years ago
- The VA had been looking to create opportunities to:
  - Provide Residents a community based education opportunity serving an underserved population and,
  - They have wanted to help Terry Reilly address the profound health care needs within the valley.
- Terry Reilly is participating because:
  - The clinic will provide affordable access to internal medicine for our patients.
  - The project will help raise awareness with future physicians about the work we do within the community
  - Our largest funder, the Bureau of Primary Health, is pushing for Community Health Centers to expand partnerships

TERRY REILLY

Who is providing the patient care

- Members of the VA residency's faculty supervise each clinic.
- The clinic is staffed by internal medicine physicians, internal medicine residents and University of Washington medical students.

What Services are Provided

- Patients are provided an Internal Medicine Consult
- The visit is similar to what we expect when we send patients out to a provider in the community, however they will document the visit within our EMR
- The patient remains with their assigned PCP
- The Faculty Members that are supervising the clinic are internal medicine physicians

The Cost to Terry Reilly

- The residents and medical students are not receiving any compensation from Terry Reilly
- The faculty members offered their participation as volunteers; however they would not have Professional Liability if they were volunteers. So, they have agreed to become Terry Reilly employees and will be making minimum wage
- Patient fees cover the cost of their salary and the limited nursing support they receive
- So the cost to Terry Reilly is nothing

TERRY REILLY

Patient Overview

- 55 patients seen in the last 6 months with 6% being Veterans
- Varied diagnosis
  - Behavioral Health
  - Hypertension
  - Pain
  - Diabetes
  - Arthritis

TERRY REILLY

Moving Forward

- The clinic currently operates every week in which there is not a Federal Holiday. The clinic is held on Tuesday nights starting at 5:30PM and ending at 8PM.
- We are currently in discussions with the VA to increase the time and add another evening.
- We are also in discussion around adding other sub-specialties to the clinical mix.

TERRY REILLY

Gary's Story

- First patient seen in the project
  - Multiple chronic illnesses
  - Homeless veteran
- Gary then and now
  - "I don't think I would have survived without Terry Reilly and the night clinic."

HCH-VA Collaborations: *Frontline Perspective*

Brooks Ann McKinney

Director of Medical Respite and
Safety Net Provider Relations

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Asheville, NC

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Stories from the Field *Struggles Encountered*

- **VA eligibility issues:**
  - Discharge status
  - Active duty
  - Length of service

- A person who **served in the active military, naval, or air service** and who was **discharged or released under conditions other than dishonorable** may qualify for VA health care benefits. Reservists and National Guard members may also qualify for VA health care benefits if they were called to active duty (other than for training only) by a Federal order and completed the full period for which they were called or ordered to active duty.

- Minimum Duty Requirements: veterans who enlisted after Sept. 7, 1980, or who entered active duty after Oct. 16, 1981, **must have served 24 continuous months or the full period for which they were called to active duty in order to be eligible.** This minimum duty requirement may not apply to veterans discharged for hardship, early out or a disability incurred or aggravated in the line of duty.

Stories from the Field *Struggles Encountered*

- **Barriers to VA Health Care:**
  - Paranoia
  - Mistrust
  - Ineligible

Stories from the Field *Struggles Encountered*

- **Choice of service provider: VA vs. HCH settings**
  - Paranoia/mistrust of VA
  - Difficulty acquiring benefits
  - Transportation barriers to VA
  - Less financial barriers to HCH services
  - Positive connection with HCH provider

Stories from the Field *Struggles Encountered*

- **Complex health status**
  - Case study

Stories from the Field *Promising Solutions*

- **Integrate SOAR into HCH Setting:**
  - SAMHSA's SSI/SSDI Outreach, Access, and Recovery
  - Increases access to SSI/SSDI disability income benefits, Medicaid and/or Medicare through assistance with application process
  - Integrate SOAR-trained staff/case managers/ representatives into HCH setting
  - Especially important for veterans who are ineligible for VA benefits
- **Medical Respite Care**

Stories from the Field *Promising Solutions*

- **Success initiating VA relationship:**
  - Attending Stand Down events with SOAR Rep.
  - Advocating for patients at VA

Stories from the Field *Promising Solutions*

- **HUD-VASH referrals:**
  - Integrates housing and health care

Q & A

Sarah Knopf, MA-R

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Resources

- "Health and Homelessness among Women Veterans: Research Update (August 2012)"
  - http://www.nhchc.org/wp-content/uploads/2012/07/Research-Update-Aug-2012-Women-Veterans.pdf
- "Homeless Veterans and Health Care: A Resource Guide for Providers"
  - http://www.nhchc.org/wp-content/uploads/2011/10/HomelessVetsHealthCare.pdf

Thank you for your participation.

- For more information on veterans experiencing homelessness, be sure to check the Council website at https://www.nhchc.org/resources/clinical/tools-and-support/veterans/.
- Also, look for more information soon on the National Health Care for the Homeless Conference March 14-16, 2013, in Washington, D.C.