

# COVID-19

## COFFEE CHATS

# Building the Plane While Flying It Part 2



September 29, 2020 | 1- 2 p.m.  
Central

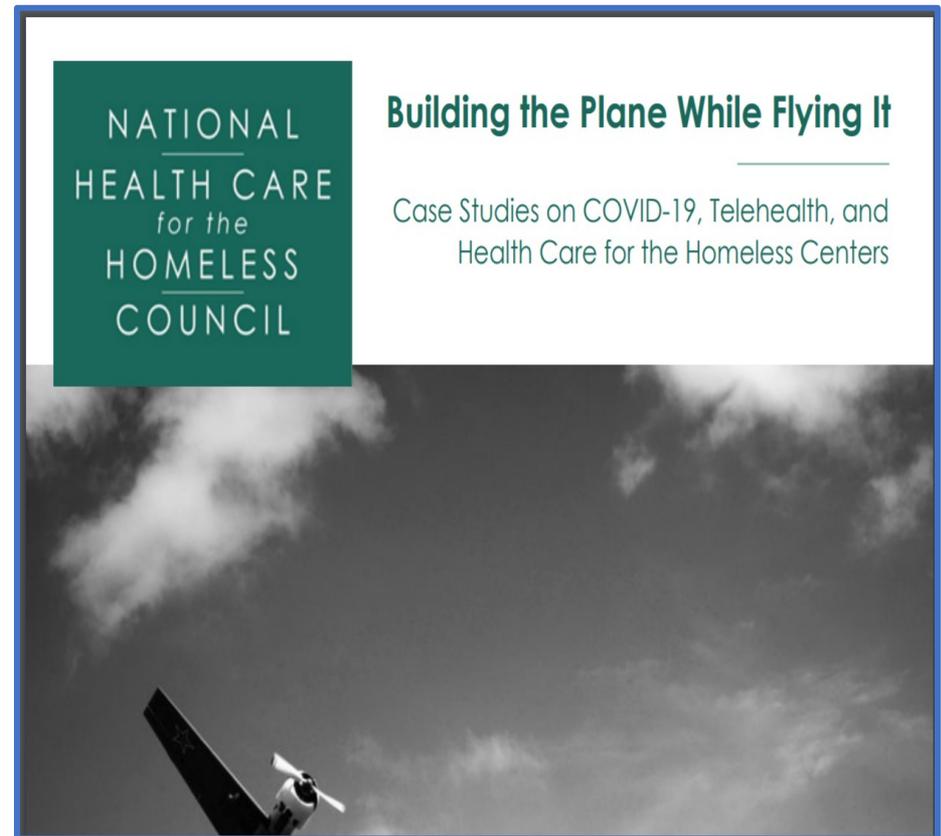
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HEALTH CARE  
*for the*  
HOMELESS  
COUNCIL

# HRSA Acknowledgement

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# Case Studies

- Conducted interviewed 17 health center representatives, individuals with the lived experience of homelessness
- Geographically diverse
- Goals
  - Share stories
  - Successes
  - Challenges
  - Lessons learned
  - Future strategies



## Presenters

- **Kasey Harding**, Director of the Center for Key Populations, Community Health Center, Inc., Middletown, CT
- **Amber Price**, Health Advocate, Partnership Community Health Center at COTS, Appleton, WI
- **Patricia Sarvela**, Development Director, Partnership Community Health Center, Appleton, WI
- **Yasmeen Quadri**, Medical Director, Health Care for the Homeless Program, Harris Health System, Houston, TX

# The Pathway Forward



**Health Care is a Right,  
Not a Privilege.**



# Aggregate Preliminary Data



**Survey administered in person to individuals at Covid testing event for Meriden/Wallingford Shelter.**

**CHC and Non-CHC patients**

**Survey administered on iPad or by having it read by nurse and answers marked by patient.**

**55 Respondents over 1-day event (not including focus groups)**

**Appropriate questions were used for aggregate data compared to Flu Clinic survey from fall 2019 at same sites.**

**2 focus groups conducted at 2 shelters with total of 28 people.**

# Data Results

## Flu - vs - Covid



Question	Yes	No
If a flu shot were offered today free of charge would you want to get it?	94%	6%
If a Covid vaccine were available today free of charge would you want to get it?	16%	84%
On a scale of 1-5 with 5 being Extremely easy – how easy was it for you to get a COVID test?	76% Extremely Easy/Easy	11% I did not one a test

# Focus Group Results

## Covid Test



Community  
Health Center, Inc.

I need so many other things more than a Covid test.

I don't want to get sent to the hospital to die.

They just put you on a respirator to die if you are positive – even against your will.

Save it for someone who needs it.

I had no symptoms. I don't need the trouble.

You can't make me do that – I don't need it and they will track me wherever I go.

My family is against it.

I am afraid of how I will be treated here at shelter.

I have been told I will not be allowed in shelter and hotels are closing now.

I do not want to deal with 211.

I do not want to go to hospital and die. I do not want to leave my family to go die in a hospital because the government makes me test.

I know I don't have it.

I am afraid to go the hospital – even if I have it it can make me worse and I don't trust the people to know how to take care of me.

Who will take care of my family – better to be sick here then away from the family.



# Telehealth/Telephone Data



## Telehealth/Televideo Data Results

Have you had a video or phone visit in the last 4 months?	Yes 79%	No 21%
How easy was it to schedule your visit with CHC?	81% very easy 10% Easy	5% Difficult
How comfortable were you having a visit over the phone or video?	91% Very Comfortable/Comfortable	1% Not comfortable at all
How easy was it for you to use technology for your visit?	76% Very Comfortable 11% comfortable	8% not as comfortable as I would like
How likely are you to schedule another video/phone visit or refer a friend for visits?	87% very Likely	1% Not likely at all

# Barriers to Care Unsheltered/Shelter Patients



Not comfortable with going to the doctor in person

Don't know how to contact the right person for appointments

Don't like going to doctor – even when its not Covid

What are they going to do if it is on the phone – not worth my time.

What if they record the visit and I don't know it.

Don't have phone

Don't want to use my phone for this

Waste of minutes

No place to do visit where there aren't people listening

Way too much other stuff to do right now.

I didn't have a need so why call.

# Barriers to Care Non – Shelter Patients



I don't live in shelter and don't want my family to hear my business

I don't know how to connect

I can't get appointments

Technology is not my thing, neither is social media.

I don't want a telephone visit – its weird.

I don't have a ride to get there to in person visit.

I have trouble getting into visits.

Tried it and hate it.

This is bonkers – I don't like phone visits – I want to see people.

I don't understand how phone visits are good – it went fine but when will be seeing face to face again.

I don't have a problem with technology I have a problem with this whole situation.

# Innovations and Updates to Care



- ⌘ Hybrid model to transition back to partial in person care
- ⌘ Setting up telehubs at shelters for patients to access video/phone care
- ⌘ Technology Education by care coordinators
- ⌘ Phones/Minutes for clients along with education
- ⌘ Increased nursing visits
- ⌘ NP Residents in person – mentor provider on video – model adjustment
- ⌘ Close monitoring of HCH patient charts
- ⌘ Central Phone contact for all appointments

# Physical Mental Health Needs Increase



**Patients surveyed self report an increase in difficulties around physical and mental health needs by 24-34% post COVID/post shelter in place order.**

“ I am really struggling. I can get appointments and its good but its not what I need – no offense- but everything feels different now and I wake up and I don’t ever feel good. My neighbors and I talk about how to cope with this stuff but there is no hope. I feel sad even when I go for walks and see my doctor. I see a therapist on the phone and its like is this even you because I don’t see you. I start medication and I now have to figure how to get it. I get food at places, but you can’t go in and I don’t want to stand in line for hours like my neighbor did. I got asked not to go somewhere because my child did not have a mask. This is the worst thing I experienced in my life.”

Interviewer: You mentioned that your physical health has declined – how so?

“I don’t feel good. I have pain I never had but no one is going to be able to help me now. I feel my mental health is affecting me in a physical way because I can’t manage some days. I did not send my kids to camp two days because I just want to sleep and make the pain in my body go away. I never had that before.”

NLW (42) New Britain

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Contact Information  
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## QUESTIONS AND CHAT

Please type your questions and  
comments in the chat box.

OR

Raise your hand and we will unmute you



Partnership  
Community Health Center

# Innovation Leads to Change: “*Bringing Healthcare Home*”



- Based on the findings from the RUSH study, Partnership Community Health Center (PCHC) began coordinating services with COTS, a transitional shelter, to **address barriers to care as a primary root cause of poverty.**
- On **May 5, 2016**, PCHC opened a **full-service clinic at the COTS men’s campus** in Appleton, WI.

# Health Needs Assessment



Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I NEED help with my medical bills	YES	NO
I HAVE questions about health insurance	YES	NO
I CURRENTLY NEED medication refills	YES	NO
I CURRENTLY HAVE a doctor who prescribes my meds	YES	NO
I HAVE urgent concerns about my teeth, such as pain, swelling or bleeding	YES	NO
I HAVE concerns about my mental health, such as stress, anxiety or depression	YES	NO

I WOULD LIKE a Partnership Community Health Center appointment for *(circle all that apply)*

Health insurance/medical bills      Primary care/med refills      Dental care      Mental health

Notes (office use only) \_\_\_\_\_



## Outreach Strategy: Health assessment table at local Salvation Army

Message #1: "PCHC is here for you while COTS Clinic is closed. Need meds or have other health concerns? Reply YES to receive a call to schedule a phone or video appointment."

**Results: 5/196 (3%) deliverable texts responded YES**

Message #2: "Hi from Amber at COTS Clinic. We are renovating and will reopen once set up for social distancing. Text YES if you have health concerns or need an appointment."

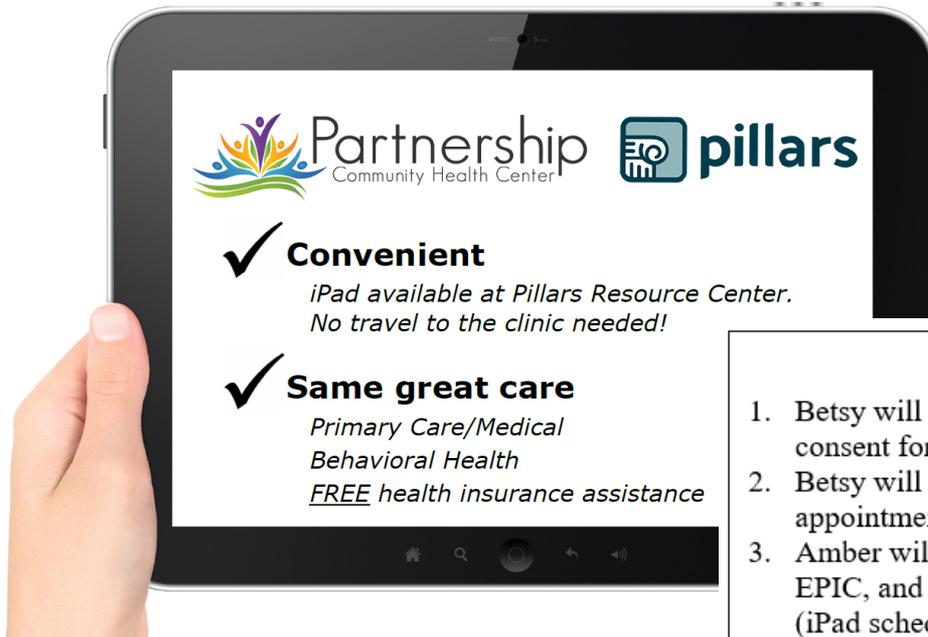
**Results: 17/196 (9%) deliverable texts responded YES**

## **Outreach Strategy: Texting patients via CareMessage platform**



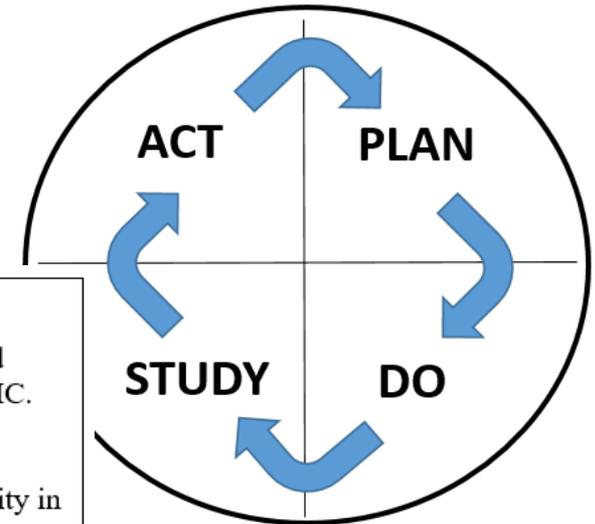
# Maximizing Access to Virtual Care for Shelter Patients

**PDSA Cycle Objective:** Successfully schedule initial medical patient on Resource Center iPad using a collaborative approach between Pillars and PCHC staff.



## Plan:

1. Betsy will ask client to sign ROI and consent form and fax to Amber/PCHC.
2. Betsy will call Amber to schedule appointment for client.
3. Amber will check provider availability in EPIC, and Betsy will use Google Sheet (iPad schedule) to block off booked appointment time.
4. Betsy will give appointment reminder to client using template supplied by Amber.
5. Amber will email Zoom ID to Betsy.
6. Betsy will enter Zoom ID into Google Sheet and find a secure location to store the patient's name and appointment time.



## Contact Information

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# HARRISHEALTH SYSTEM

Health Care for the Homeless

## Contact Information

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ask your question to the presenter.

## UPCOMING LEARNING COLLABORATIVES

\*Screening Methods and Using Outreach and Enabling Services to Address Social Determinants of Health

\*Body Mass Index Screening and Optimizing Telehealth for Diabetes Prevention

\*Transforming Clinical Care: Implementing the Adapted Clinical Guidelines for People Experiencing Homelessness with Type 2 Diabetes

\*Consumer Leadership Learning Collaborative

\*Medical Respite New Start Initiative

\*\*Support Inclusive Recovery: Addressing the Intersection of Gender, Behavioral Health Services, and Homelessness

**For more information:**

<https://nhchc.org/research/learning-collaboratives/council-launches-new-learning-collaboratives/>

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