Building the Plane While Flying It
Part 2

September 29, 2020 | 1-2 p.m. Central
This coffee chat is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,967,147 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.
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

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

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.
Innovative Solutions to encourage testing

Fear
- On-site testing through community events in safe places
- In person results when appropriate

Knowledge
- Nurse visits for education
- Phone/video/in person
- Provider presence for education and consultation
- Pre/post test

Confidence
- Simple messaging of importance and impact
- Lead by Example
- Staff testing
<table>
<thead>
<tr>
<th>Question</th>
<th>Response 1</th>
<th>Response 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had a video or phone visit in the last 4 months?</td>
<td>Yes 79%</td>
<td>No 21%</td>
</tr>
<tr>
<td>How easy was it to schedule your visit with CHC?</td>
<td>81% very easy</td>
<td>10% Easy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5% Difficult</td>
</tr>
<tr>
<td>How comfortable were you having a visit over the phone or video?</td>
<td>91% Very Comfortable/Comfortable</td>
<td>1% Not comfortable at all</td>
</tr>
<tr>
<td>How easy was it for you to use technology for your visit?</td>
<td>76% Very Comfortable</td>
<td>8% not as comfortable as I would like</td>
</tr>
<tr>
<td>How likely are you to schedule another video/phone visit or refer a friend for visits?</td>
<td>87% very Likely</td>
<td>1% Not likely at all</td>
</tr>
</tbody>
</table>
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 it’s 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 – it’s 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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QUESTIONS AND CHAT
Please type your questions and comments in the chat box.
OR
Raise your hand and we will unmute you
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: ___________________________

<table>
<thead>
<tr>
<th>I NEED help with my medical bills</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>I HAVE questions about health insurance</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>I CURRENTLY NEED medication refills</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>I CURRENTLY HAVE a doctor who prescribes my meds</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>I HAVE urgent concerns about my teeth, such as pain, swelling or bleeding</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>I HAVE concerns about my mental health, such as stress, anxiety or depression</td>
<td>YES</td>
<td>NO</td>
</tr>
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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
Outreach Strategy: Texting patients via CareMessage platform

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
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.

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**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.

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**Convenient**
iPad available at Pillars Resource Center.
No travel to the clinic needed!

**Same great care**
Primary Care/Medical Behavioral Health
FREE health insurance assistance
COVID-19
COFFEE CHATS

Contact Information

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HEALTH CARE for the HOMELESS COFFEE CHATS

HARRIS HEALTH SYSTEM

Health Care for the Homeless
Yasmeen Quadri
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QUESTIONS AND CHAT

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Questions and Chat

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OR

Raise your hand and we will unmute you so you may 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/
THANK YOU!

For more information about the Council: