# Lessons Learned:
# Transitions of Care for People Experiencing Homelessness in the Hospital Setting

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

CommonSpirit

USC Street Medicine

# Introduction

# Land Acknowledgment

Our conversation today includes all of us, who are located across many communities.

**Most of our communities reside on unceded ancestral lands or acquired by unhonored treaties.** We acknowledge the people of these lands, past and present and **honor with gratitude the land itself,** and **its people.**

We also honor the brilliance and humanity of all immigrant labor, including voluntary, involuntary, trafficked, forced, and undocumented peoples, **whose labor,** remains hidden in the shadows **but still contributes to the wellbeing of our collective community.**



Source: Native Land

# Reflection

*"May you replace ease with effort, may you find joy in always scaling new mountains, may you never rest from pursuit of knowledge, may you desire to always be a little better than yesterday and a little bit less than tomorrow"*

-Benjamin Blech

# CommonSpirit Health

*A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity*

- CommonSpirit was created by the alignment of Catholic Health Initiatives and Dignity Health as a single ministry in early 2019.

- CommonSpirit Health™ is committed to building healthier communities, advocating for those who are poor and vulnerable, and innovating how and where healing can happen—both inside our hospitals and out in the community
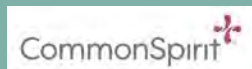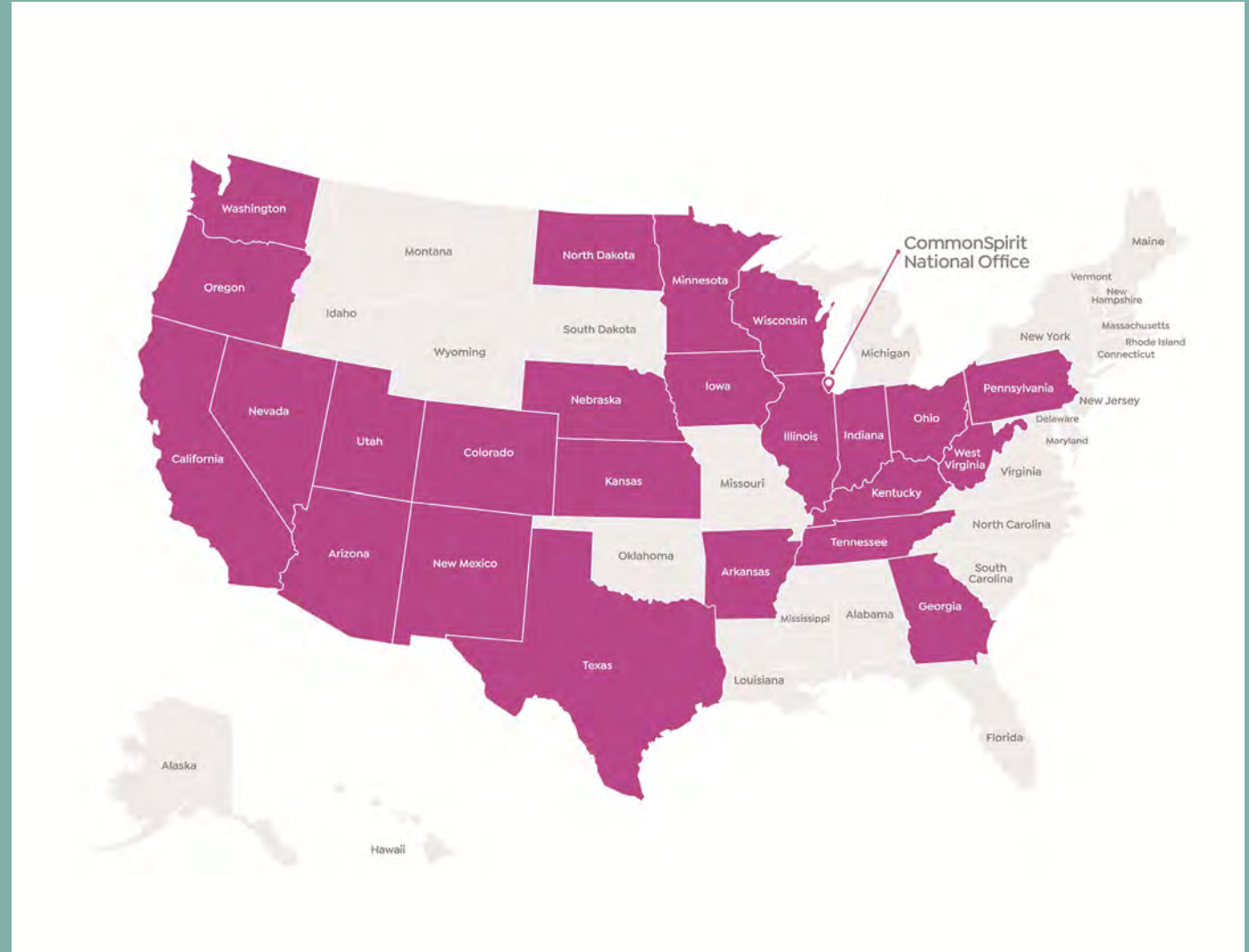
# Agenda

- Overview of Who is here (Mentimeter)

- Introduction to Street Medicine

- Strategies for Supporting unhoused individuals during hospitalizations

- Introduction to Hospital Discharge Toolkit

- Q&A

- Housekeeping (CEUs, etc.)

CommonSpirit

USC Street Medicine

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

# Presenters

**Corinne T. Feldman, MMS, PA-C**
Director, USC Street Medicine

**Brett J. Feldman, MSPAS, PA-C**
Director, USC Street Medicine

**Caitlin Synovec, OTD, OTR/L, BCMH**
Assistant Director of Medical Respite, NHCHC

**Katie League, LCSW-C**
Behavioral Health Manager, NHCHC

# Accessing CEUs

## ACCME, ANCC, ASWB, NYSW, & PT –

- Go to nhchc.cmecertificateonline.com
- Click on the **Lessons Learned: Transitions of Care for People Experiencing Homelessness in the Hospital Setting**
- Evaluate the meeting.
- Print, download, or save your certificate for your records.
- If you lose your certificate, or need help, go to help.cmecertificateonline.com

## AOTA CEU–

- Go to https://nhchc.talentlms.com/plus/catalog/courses/230
- Log-in to your account or create an account
- Click on the course "AOTA CEU - Lessons Learned: Transitions of Care for PEH"
- Complete the Assessment of Learning.
- Print, download, or save your certificate for your records.
- If you lose your certificate, or need help, contact CSynovec@nhchc.org

CommonSpirit
USC Street Medicine

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

# Question and Answer

Please use the Q&A Feature to submit questions to our presenters

# Mentimeter Instructions

Go to

www.menti.com

Enter the code

9963 0337

# Street Medicine

# Transitions of Care for People Experiencing Homelessness in the Hospital Setting

**Brett J. Feldman, MSPAS, PA-C**

Director of USC Street Medicine

Associate Professor of Family Medicine

Board of Directors, Street Medicine Institute

**Corinne Feldman, MMS, PA-C**

Director of USC Street Medicine Workforce Development and Education

Assistant Professor of Family Medicine

**2024 |NHCHC**

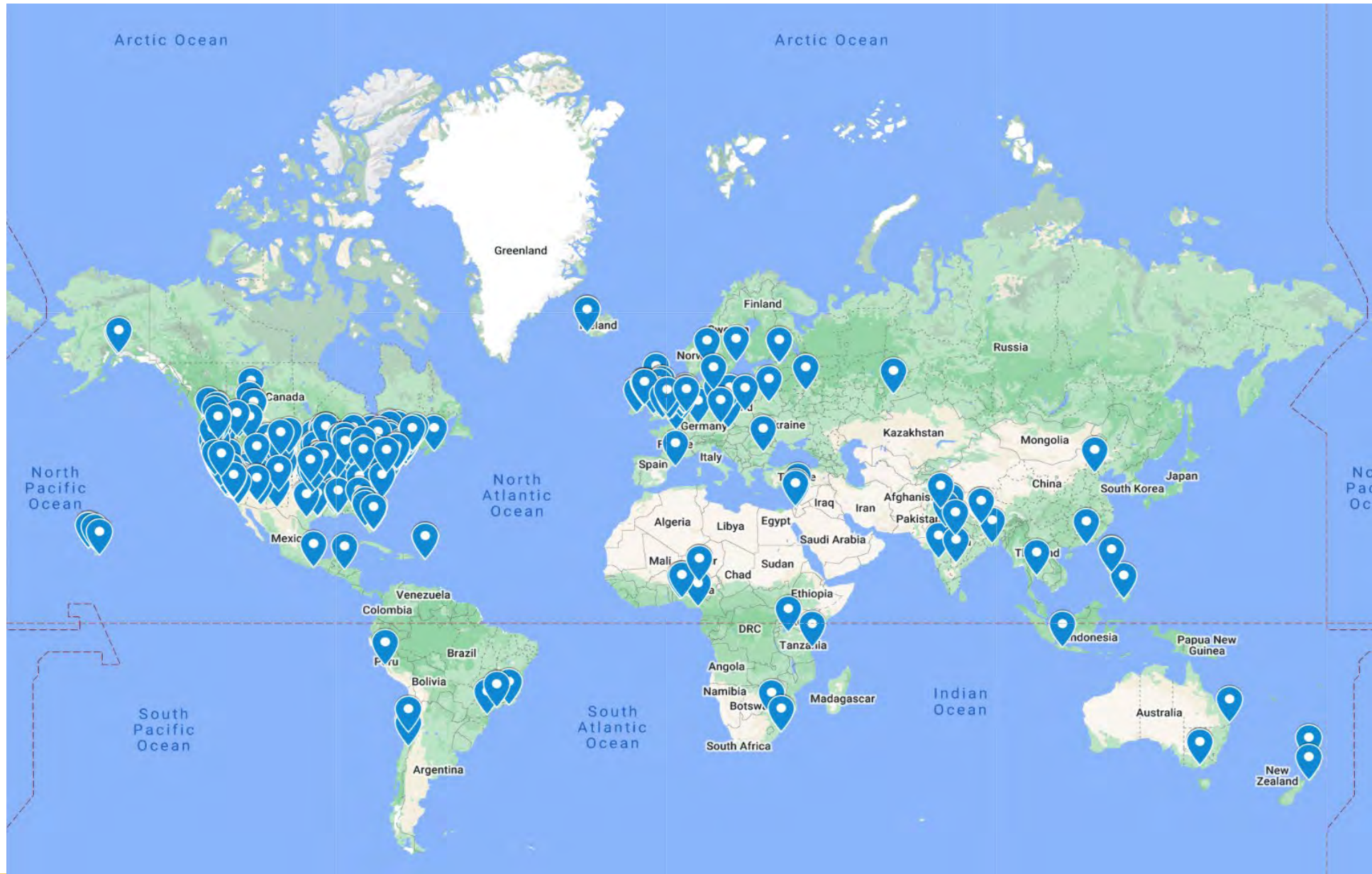Keck School of Medicine of USC
**Street Medicine**

# DeSales Free Clinic at the Allentown Rescue Mission

# Defining Street Medicine

Street Medicine includes health and social services developed specifically to address the unique needs and circumstances of the <u>unsheltered homeless delivered directly to them in their own environment.</u>

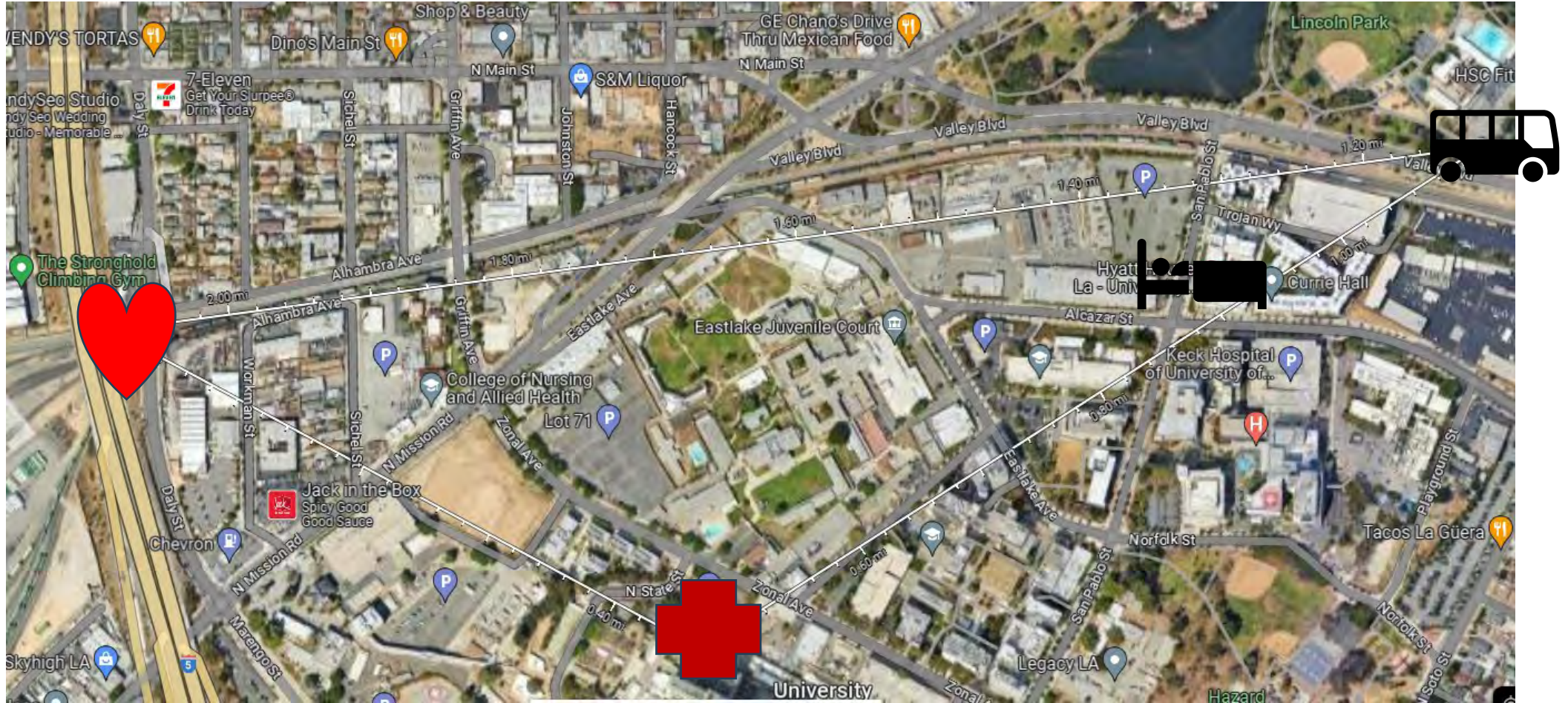| 27 | Outreach Site/ Street | A non-permanent **location on the street or found environment,** not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment **services to unsheltered homeless individuals**.<br><br>(Effective October 1, 2023) |
|---|---|---|

https://urldefense.com/v3/__https://www.cms.gov/medicare/coding/place-of-service-codes/place_of_service_code_set__;!!JkGBRS3n8cDS!hzIQQRPlEPD9_K-gD-UzUm6Md9BfjMgwfnsc4PLrDMjkccnoYTE7M6OHgPCAQZB2Sem-Gei58F7iaLmdTHEKfB1zvjqKVVVjRxs$

Keck School of
Medicine of USC

# Continuum of Medical Outreach

**Street Medicine**
Care provided on foot or separate from vehicle

**Mobile Units**
Medical care inseparable from vehicle

Image from Street Medicine or Mobile Medical Unit? Considerations for Expanding Medical Outreach
National Health Care for the Homeless Council (nhchc.org)

Keck School of
Medicine of USC

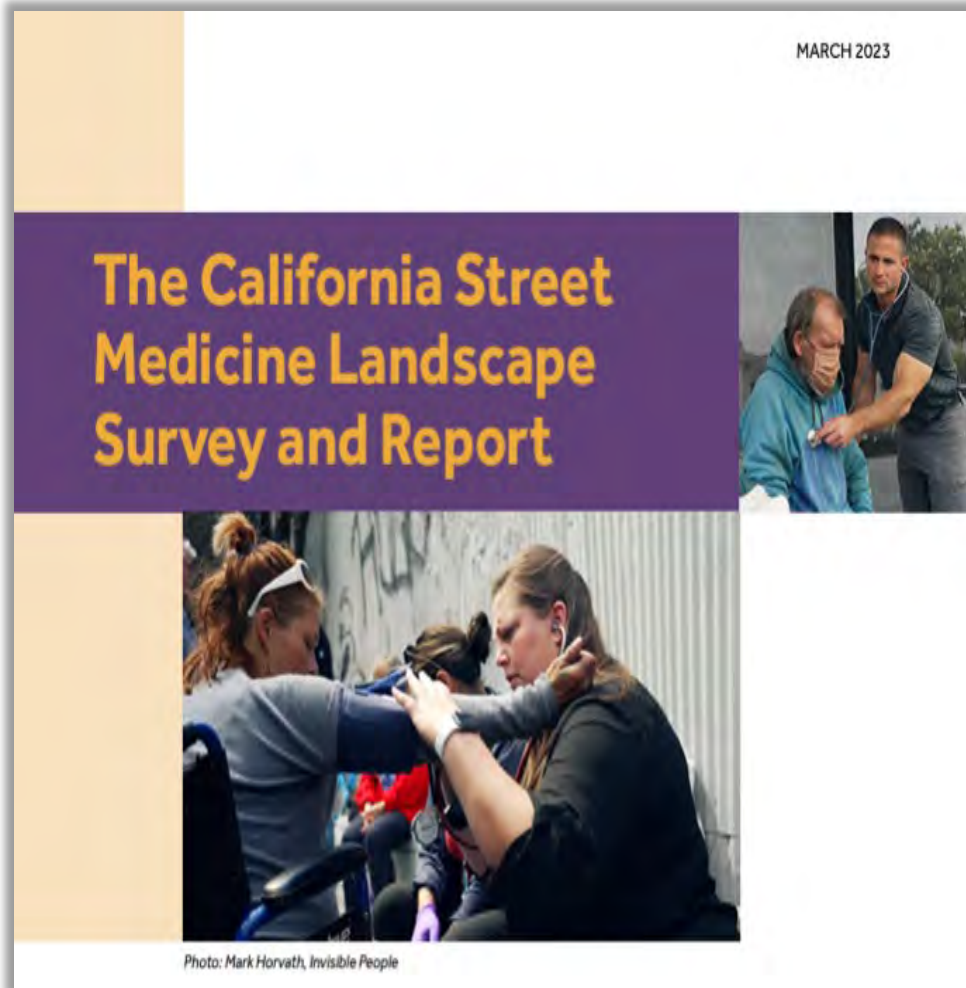# Going to the People RADICALLY

# Primary Care+ on the Street

**MARCH 2023**

**The California Street Medicine Landscape Survey and Report**

Photo: Mark Horvath, Invisible People

> 70%

80%

50%

plus

DONATION

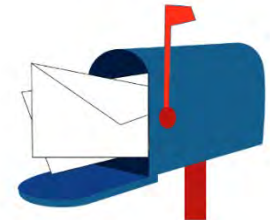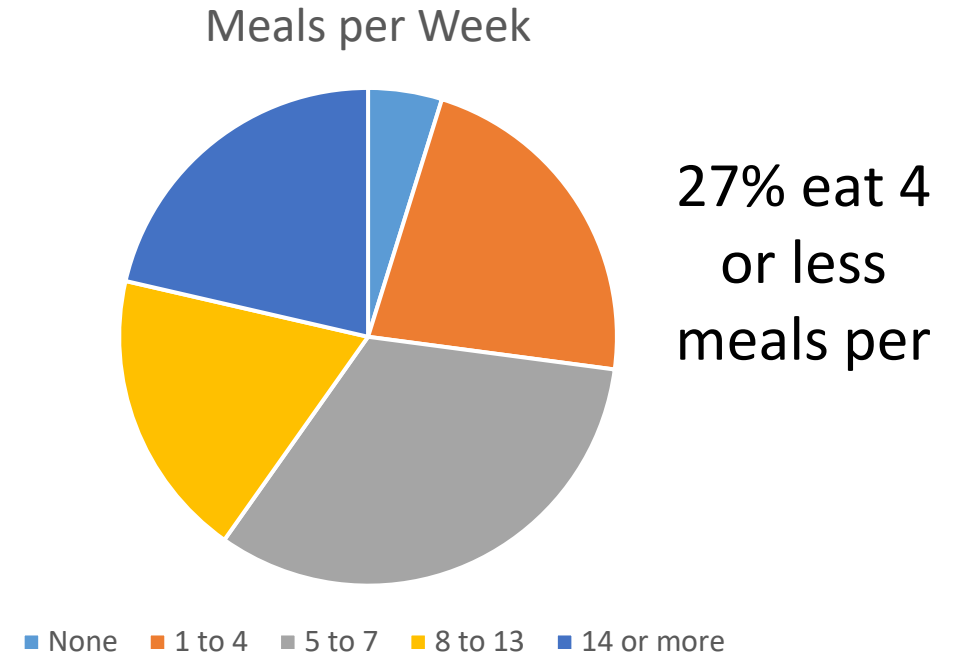# Why care is hard for hospitals

- Chaos of the streets

- Lack of community supports
  - Lack friend/ family support system
  - Brick-and-mortar PCPs not accessible to people experiencing homelessness
  - Shelters and homeless service providers not equipped to deal with the sick
  - Medical Respite is temporary

- → Hospitals penalized

- Lack of empathy is really:
  - Lack of imagination
  - Self-protective

# What is the "Experience" of Homelessness?

**Received Outreach in the Last 2 Weeks**

| Region | Percentage |
|--------|-----------|
| Eastside | 21.1% |
| Southside | 17.9% |
| Hollywood | 36.7% |
| CD1 | 14.3% |

**Meals per Week**

27% eat 4 or less meals per

Legend: None, 1 to 4, 5 to 7, 8 to 13, 14 or more

Keck School of
Medicine of USC
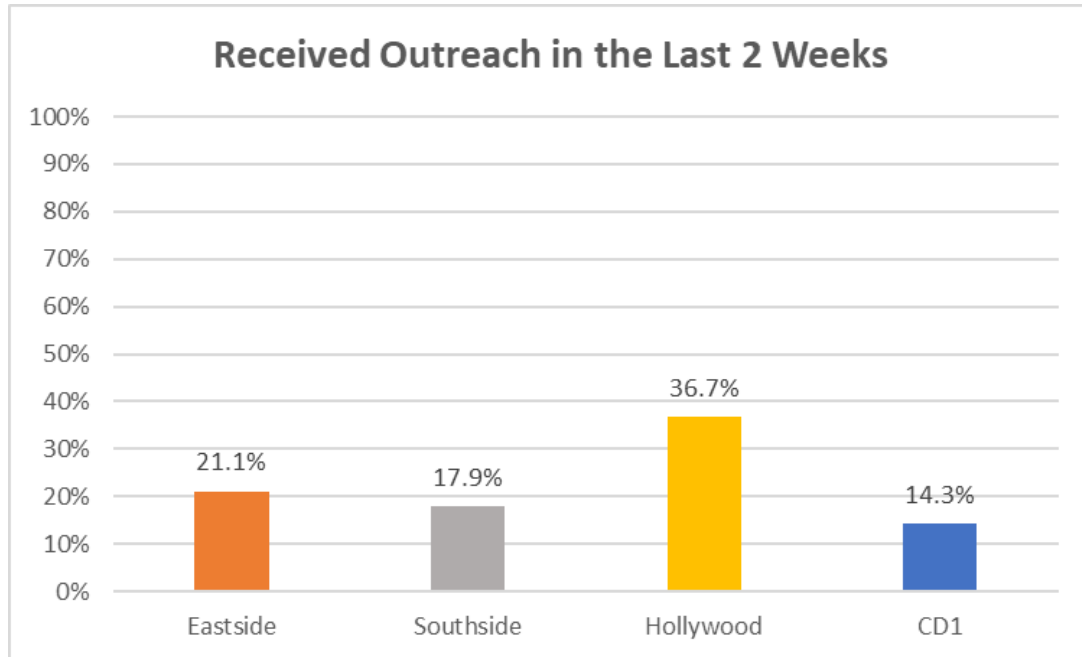
# Highest Morbidity and Mortality

- Relative Risk Ratio at least 5.93 [1]

- Mortality 3x higher than sheltered and 10x higher than housed

- 50% with tri-morbidity

1. Ash AS, Mick EO, Ellis RP, Kiefe CI, Allison JJ, Clark MA. Social Determinants of Health in Managed Care Payment Formulas. JAMA Intern Med. 2017 Oct 1;177(10):1424-1430. doi: 10.1001/jamainternmed.2017.3317. PMID: 28783811; PMCID: PMC5710209.

# Objective reality of the Street: Illusion of Access?



Access to Primary Care in City of LA (n=665)
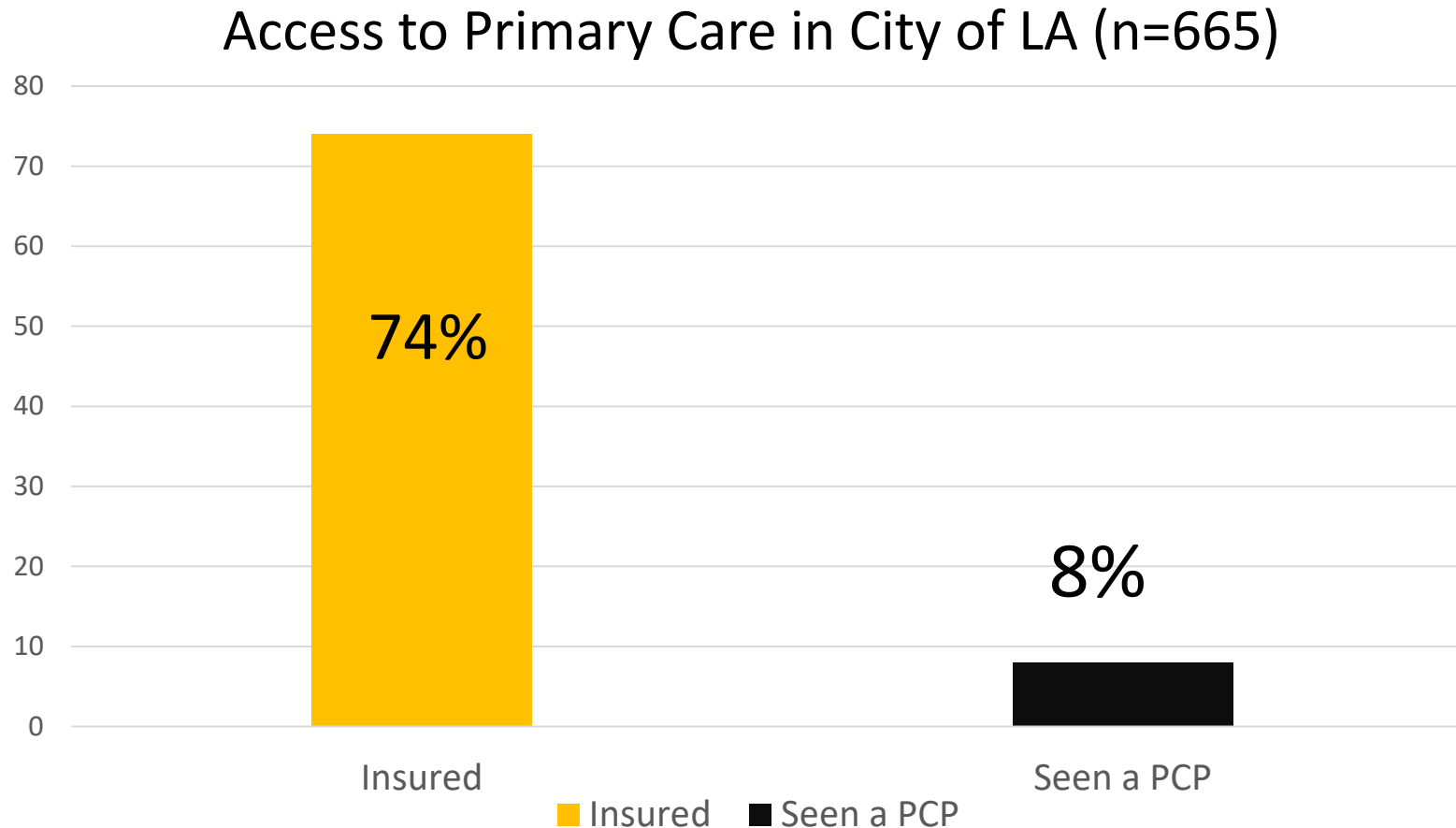
# Discrimination in the Healthcare Setting

- **<u>Distrust in physicians</u>** and/or feel unwelcome in a healthcare setting
  - treated poorly or **<u>discriminated against</u>** in the past (1,2)

- "**Significant disparities** in in-hospital care and mortality between homeless and non-homeless adults with cardiovascular conditions." (3)

1. Wen CK, Hudak PL, Hwang SW. Homeless people's perceptions of welcomeness and unwelcomeness in healthcare encounters. J Gen Intern Med. 2007 Jul;22(7):1011-7
2. Martins DC. Experiences of homeless people in the health care delivery system: a descriptive phenomenological study. Public Health Nurs. 2008 Sep-Oct;25(5):420-30
3. Wadhera RK, Khatana SAM, Choi E, et al. Disparities in Care and Mortality Among Homeless Adults Hospitalized for Cardiovascular Conditions. JAMA Intern Med. 2020;180(3):357–366. doi:10.1001/jamainternmed.2019.6010

Keck School of
Medicine of **USC**

# Hospital Transitions are a Continuum for People Experiencing Homelessness

Acute Inpatient Setting

Transitioning to the Outpatient Setting

Outpatient Support

Keck School of
Medicine of USC

# Acute Inpatient Setting

# Discovering the Denominator

- Who are you responsible for?
    - When does that responsibility end?


- Screening for Homelessness
    - Not systematically screening misses 50%-75%
    - Where you screen impacts the hospital stay and D/C plan
        - Recommend screening in the ED

Keck School of
Medicine of USC

# Study Findings Related to Screening

- 2,888 individuals screened
  - 7% total patients were identified as homeless
    - 10% of all ED visits
  - 43% re-presented to ED within 28 days
  - Who Identified the Homeless?
    - Clerical staff 18%
    - ALERT 8.1%
    - Researchers 73.9% (these were missed without systematic screening)

\*ALERT: Admission, Liaison, Early Referral Team provides care coordination to people with complex care needs, such as homeless individuals.

Keck School of
Medicine of USC

# Implementing a Screening Tool for Homelessness at LVHN

| SITE | At Risk % | Homeless % | Total % |
|------|-----------|------------|---------|
| 17th | 4% | 14% | 18% |
| CC | 3% | 5% | 8% |
| MHC | 3% | 6% | 9% |

Keck School of Medicine of USC

# SDOH Short Screener for Hospitals

- What is your living situation today?
    - ☐ I have a steady place to live
    - ☐ I have a place to live today, but I am worried about losing it in the future
    - ☐ <mark>I do not have a steady place to live (I am temporarily staying with others, in a hotel, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)</mark>
    - ☐ Decline to answer

# Features of Hospitalized Patients

| | |
|---|---|
| **Insurance status** | |
| Medi-Cal | 172 (83.5) |
| MediCare | 21 (10.2) |
| Uninsured | 9 (4.4) |
| Not reported | 4 (1.9) |
| **Top admitting diagnosis** | |
| Acute decompensated heart failure | 40 (19.4) |
| Cellulitis requiring intravenous antibiotics | 16 (6.8) |
| Pregnancy-related | 11 (5.3) |
| Alcohol withdrawal | 10 (4.9) |
| **History of reported substance use** | 176 (85.4) |
| **History of diagnosed mental health disorder** | 61 (29.6) |
| **>3 medical co-morbidities** | 122 (59.2) |
| **Length of time being unsheltered homeless** | |
| <1 year | 32 (15.5) |
| 1-3 years | 37 (18) |
| 3-5 years | 14 (6.8) |
| 5-10 years | 28 (13.6) |
| >10 years | 51 (24.8) |
| Not reported | 44 (21.4) |

Feldman BJ, Kim JS, Mosqueda L,et al. From the hospital to the streets: Bringing care to the unsheltered homeless in Los Angeles. Healthc (Amst). 2021 May 27;9(3):100557. doi: 10.1016/j.hjdsi.2021.100557. Epub ahead of print. PMID: 34052622.

# Transitioning to Outpatient Setting

# Challenges Facing Hospitals

- Given responsibility for "safe discharge" to housing
  - Lack available options

- Coordinated Entry System (CES) limits patient navigation
  - Can't self refer to shelters

- "Follow-up with PCP" not a viable option
  - unless PCP is Street Medicine

# Reality of the Street: Movement

- 3 stays in interim housing
- 2 medical respite
- 1 nursing home
- 9 inpatient hospital stays
  - 2 hospitals
- 15 return trips to the street
- **30 different location moves**
- **15 different providers/ case managers**

- Lesson: Continuity lies with Street Medicine

# Creating a Reality-based D/C Plan
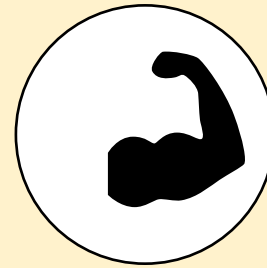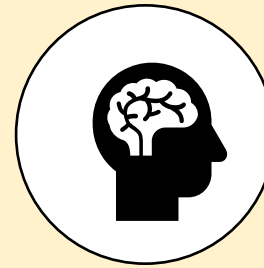
# USC Street Medicine



**Hospital-based consult service**

**Street-based care**

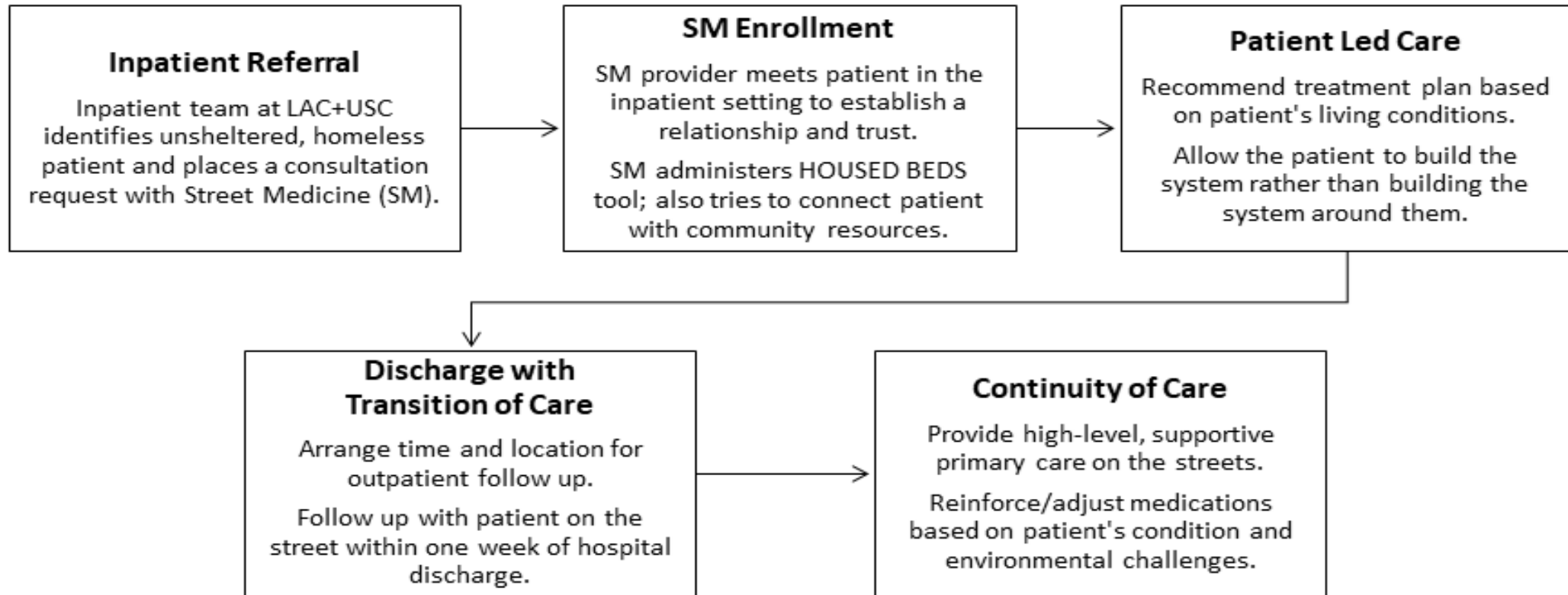**Workforce development Education**

**Research**

**Policy Advocacy**

# Goals of Hospital Consult Service

- Identify those most in need of limited resource

# Street Medicine Consult Process



**Inpatient Referral**

Inpatient team at LAC+USC identifies unsheltered, homeless patient and places a consultation request with Street Medicine (SM).

**SM Enrollment**

SM provider meets patient in the inpatient setting to establish a relationship and trust.

SM administers HOUSED BEDS tool; also tries to connect patient with community resources.

**Patient Led Care**

Recommend treatment plan based on patient's living conditions.

Allow the patient to build the system rather than building the system around them.

**Discharge with Transition of Care**

Arrange time and location for outpatient follow up.

Follow up with patient on the street within one week of hospital discharge.

**Continuity of Care**

Provide high-level, supportive primary care on the streets.

Reinforce/adjust medications based on patient's condition and environmental challenges.

# Goals of Hospital Consult Service

- Identify those most in need of limited resource

- Work with in-patient team to form reality-based plan inform by street knowledge

HOUSED BEDS
Taking a history on a person experiencing unsheltered homelessness

**H** - Homelessness history
**O** - Outreach engagement
**U** - Utilization
**S** - Salary/income
**E** - Eat
**D** - Drink
**B** - Bathroom
**E** - Encampment
**D** - Daily routine
**S** - Substance use

HOUSED BEDS: A Clinical Tool for Taking a History on an Unsheltered Homeless Patient

Make Private | Public | ⚑ 0 | ...

Contributors: Corinne T. Feldman MMS, PA-C, Brett J. Feldman, MSPAS, PA-C, Joel J. Hunt, MPAS, PA-C
Affiliated Institutions: University of Southern California
Date created: 2019-07-08 07:49 AM | Last Updated: 2019-07-11 12:29 PM
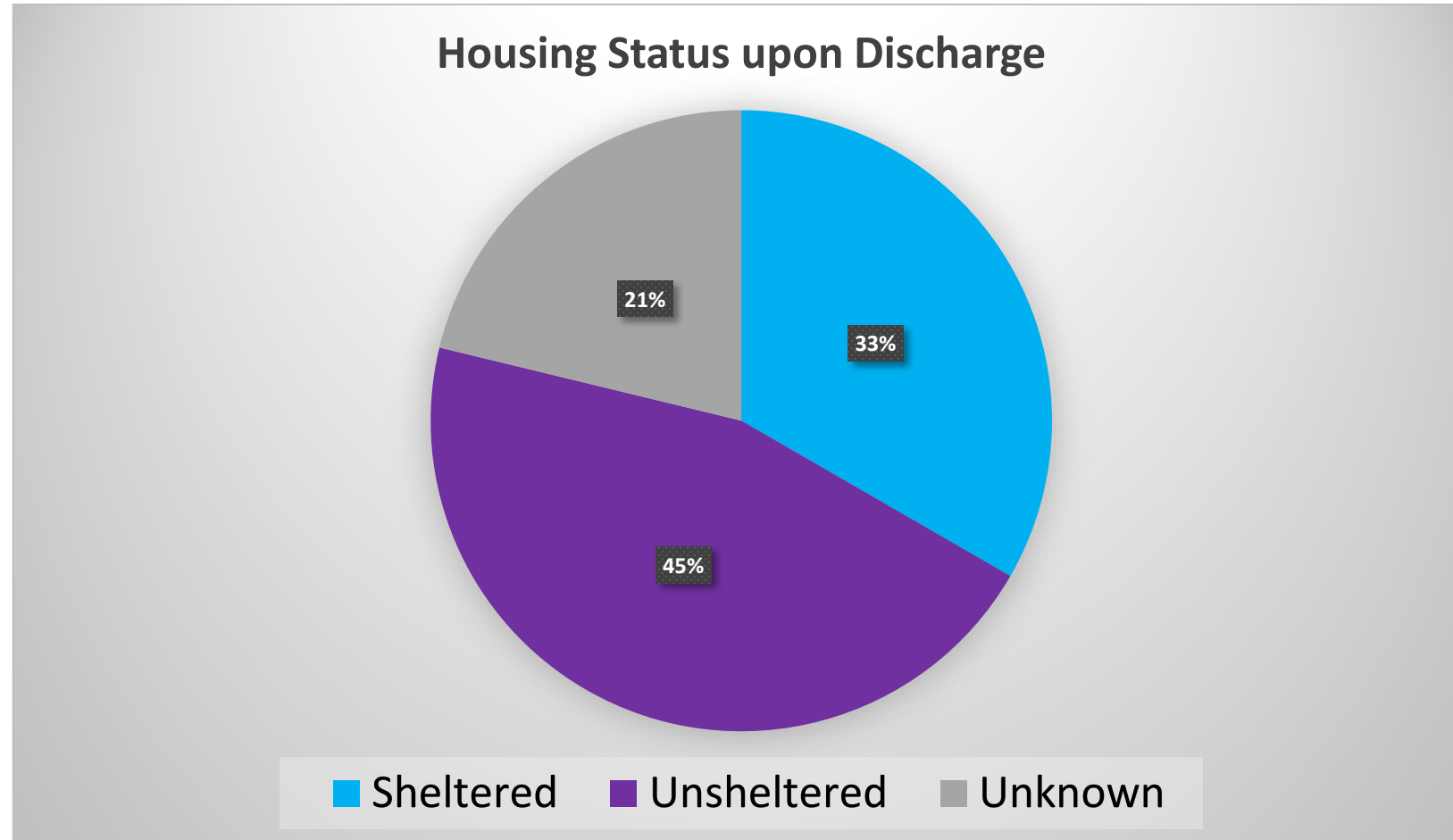Identifier: DOI 10.17605/OSF.IO/UCVE9
Category: 📦 Project
Description:
The unsheltered homeless population requires a specific set of history questions to better understand their reality and how any treatment plan will fit into the context of their lives. In order to reach a higher level of understanding, population-specific history questions are necessary to accurately assess their history, access to resources, and priorities. A specific set of history questions to address this need in a concise manner has not been published. An acronym, HOUSED BEDS, is proposed to assist any clinical provider or clinical student in taking a history of an unsheltered patient. This acronym is designed to ask high yield questions that will help all members of the patient's health care team adapt treatment plans, from housing applications to medication prescriptions, for patients who are currently unsheltered.

Feldman CT, Feldman BJ, Hunt JJ.
HOUSED BEDS: A Clinical Tool for Taking a History on an Unsheltered Homeless Patient. Doi: 10.17605/OSF.IO/UCVE9
https://osf.io/ucve9

Keck School of Medicine of USC

Centered in Care Powered by Pride

# Goals of Hospital Consult Service

- Identify those most in need of limited resource

- Work with in-patient team to form reality-based plan inform by street knowledge

- Avoid discharge to the street

# Avoiding Discharge to Street



Housing Status upon Discharge

- 33% Sheltered
- 45% Unsheltered
- 21% Unknown

Keck School of
Medicine of USC

# Goals of Hospital Consult Service
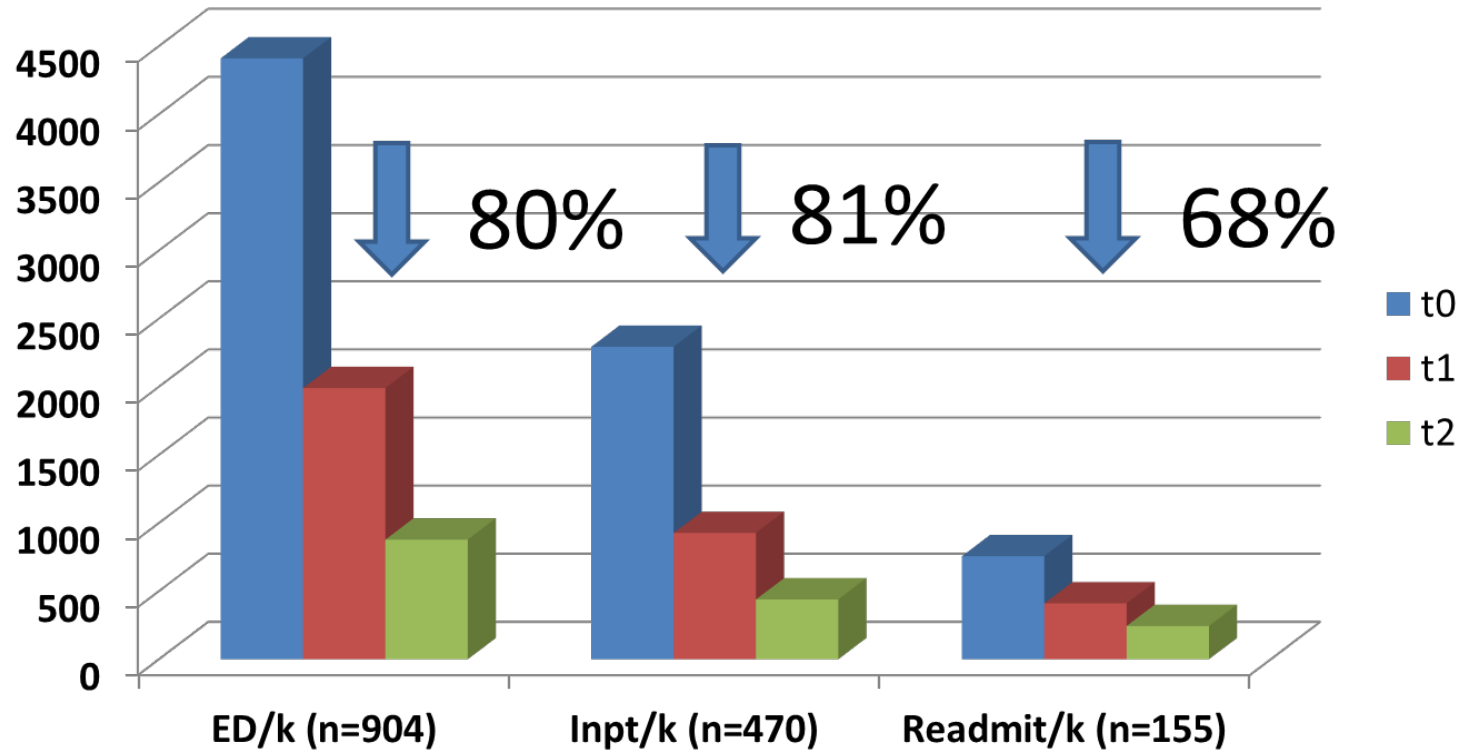
- Identify those most in need of limited resource

- Work with in-patient team to form reality-based plan inform by street knowledge

- Avoid discharge to the street

- Follow-up and provide street-based primary care
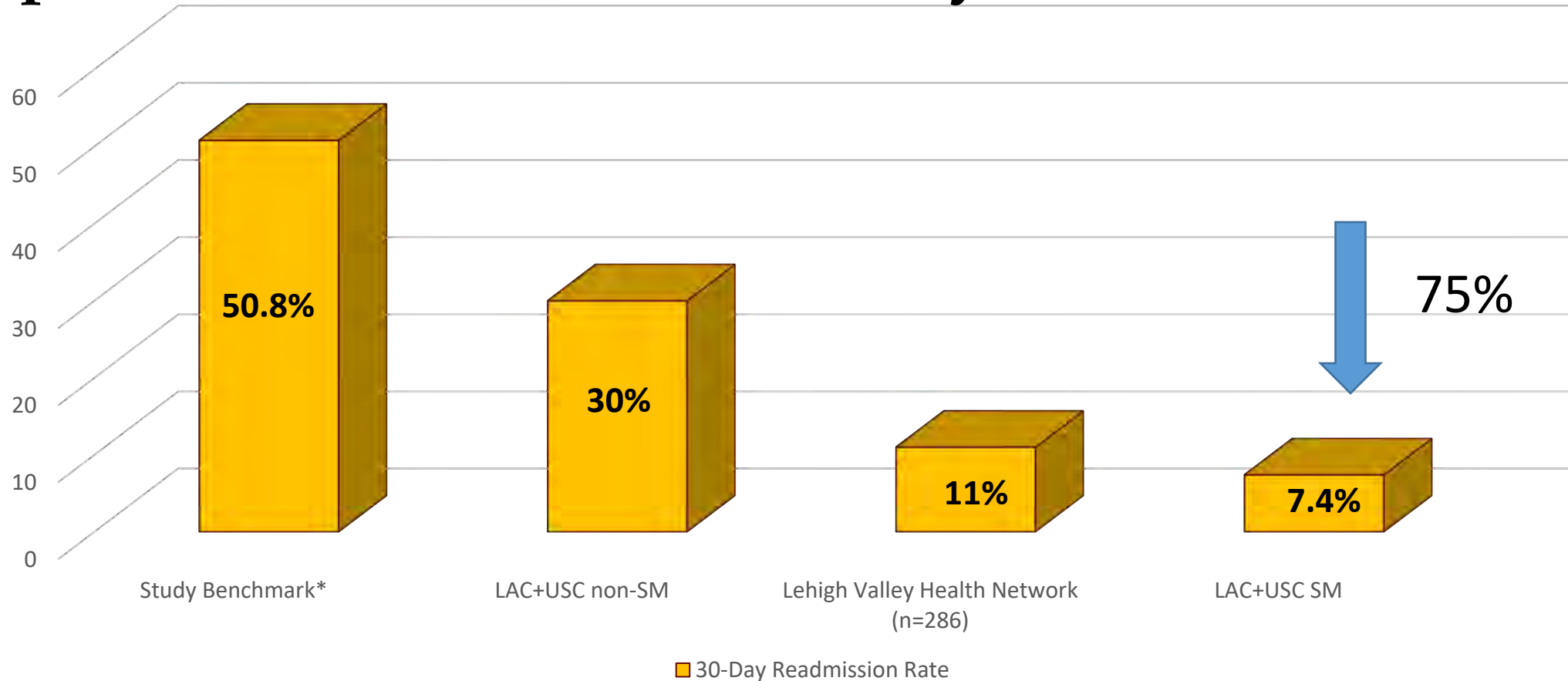
# 27% Traditional
# vs
# 73% Street Medicine

## Post-hospital PCP Follow-up

Feldman BJ, Kim JS, Mosqueda L,et al. From the hospital to the streets: Bringing care to the unsheltered homeless in Los Angeles. Healthc (Amst). 2021 May 27;9(3):100557. doi: 10.1016/j.hjdsi.2021.100557. Epub ahead of print. PMID: 34052622.

Keck School of
Medicine of USC

# Health Outcomes: Improved Healthcare Utilization (Consult Service) Longitudinal Analysis

Keck School of
Medicine of USC

# Impact of Street Medicine Primary Care on readmissions



30-Day Readmission Rate

| | |
|---|---|
| Study Benchmark* | 50.8% |
| LAC+USC non-SM | 30% |
| Lehigh Valley Health Network (n=286) | 11% |
| LAC+USC SM | 7.4% |

75%

■ 30-Day Readmission Rate

*Medical Care. 51(9):767–773, SEP 2013

Keck School of Medicine of USC

# Decreasing Length of Stay



Bar chart showing LAC+USC Admission LOS: Homeless LOS 12.5 days vs Street Medicine LOS 7.9 days, a 37% decrease.
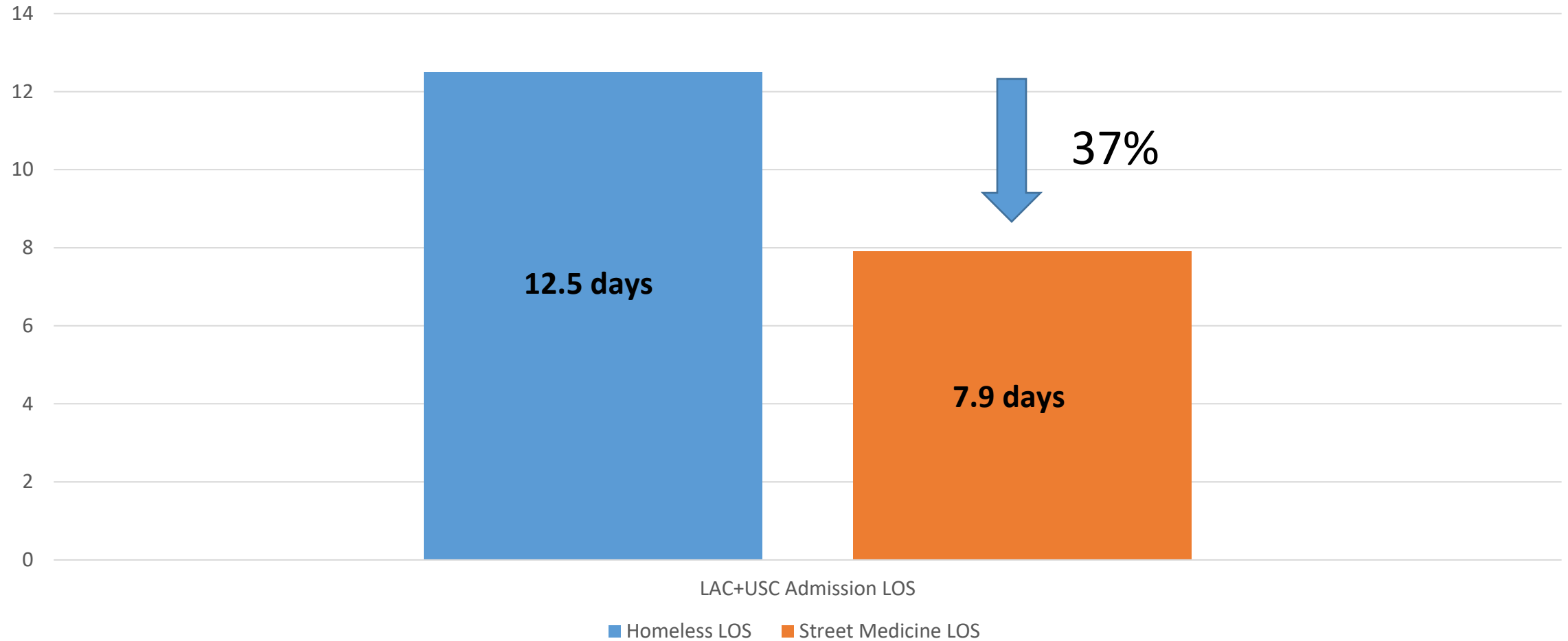
# Call to Action

- What can I do today?
  - Screen for homelessness
  - Operationalize HOUSED BEDS
  - Connect with homeless service providers
    - Role of ED navigator
  - Connect with street medicine providers in your area
  - Read materials presented in this webinar

- What the BEST thing I can do?

**STREET MEDICINE INPATEINT CONSULT SERVICE**

Keck School of
Medicine of USC

Brett J. Feldman, MSPAS, PA-C

Brett.Feldman@med.usc.edu
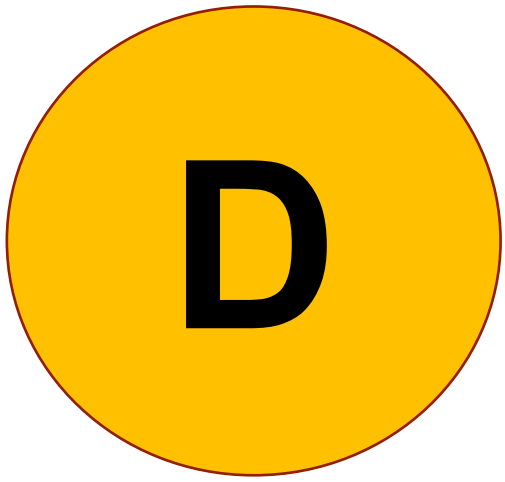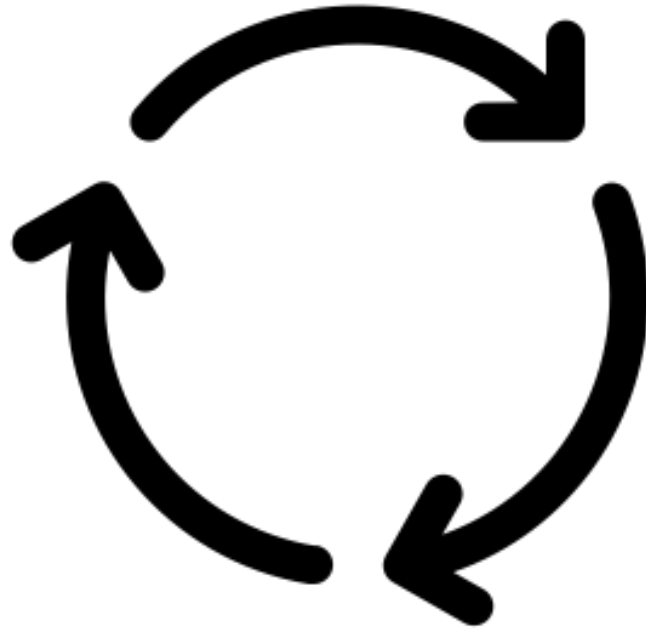
# S   SUBSTANCE USE

- Current use (frequency, type, amount, route)
- Daily or weekly cost
- w/d symptoms, hx of OD?
- Prior use/rehab
- Interest in quitting
- Motivators for use **and** for quitting
- Harm reduction opportunities

Brett J. Feldman, MSPAS, PA-C

Brett.Feldman@med.usc.edu


Corinne T. Feldman, MMS, PA-C

Corinne.Feldman@med.usc.edu

Keck School of
Medicine of USC

# Creating Care and Discharge Plans for People Experiencing Homelessness who are Hospitalized Toolkit

CommonSpirit

USC Street Medicine

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

# Process for Toolkit Development

Listening Sessions

Drafting Resources

Webinar + Toolkit

Review of Literature & Resources

Review and Feedback
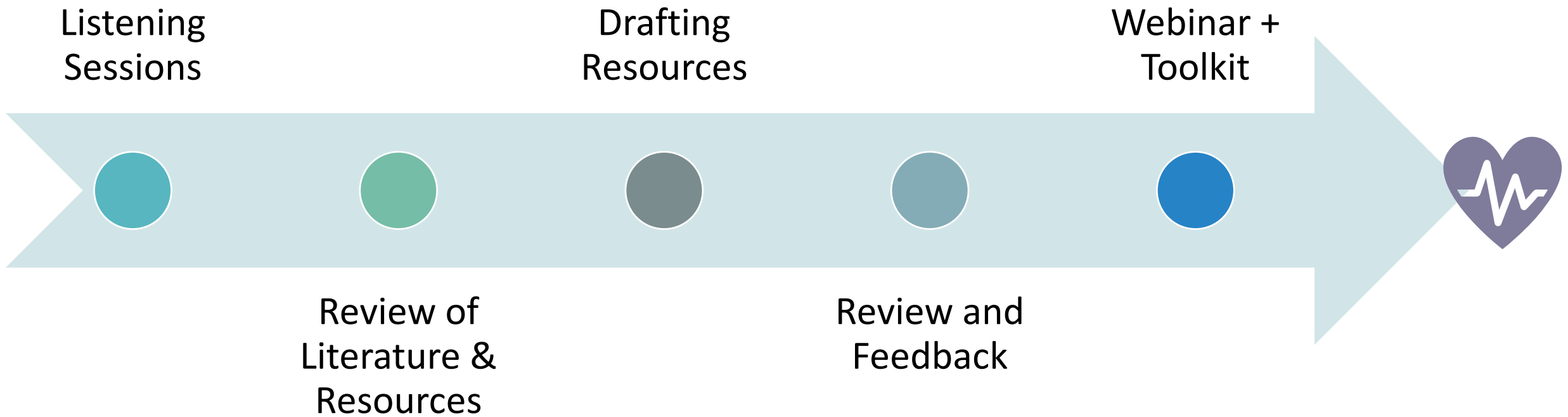
# Need for the Toolkit

Moral injury of providers who lack solutions such as housing

Instances of "hospital dumping" and quick returns to ED/readmission

Typical plans of care don't account for unstable housing or lack of resources

Bias and stigma experienced in medical settings by those who are unhoused

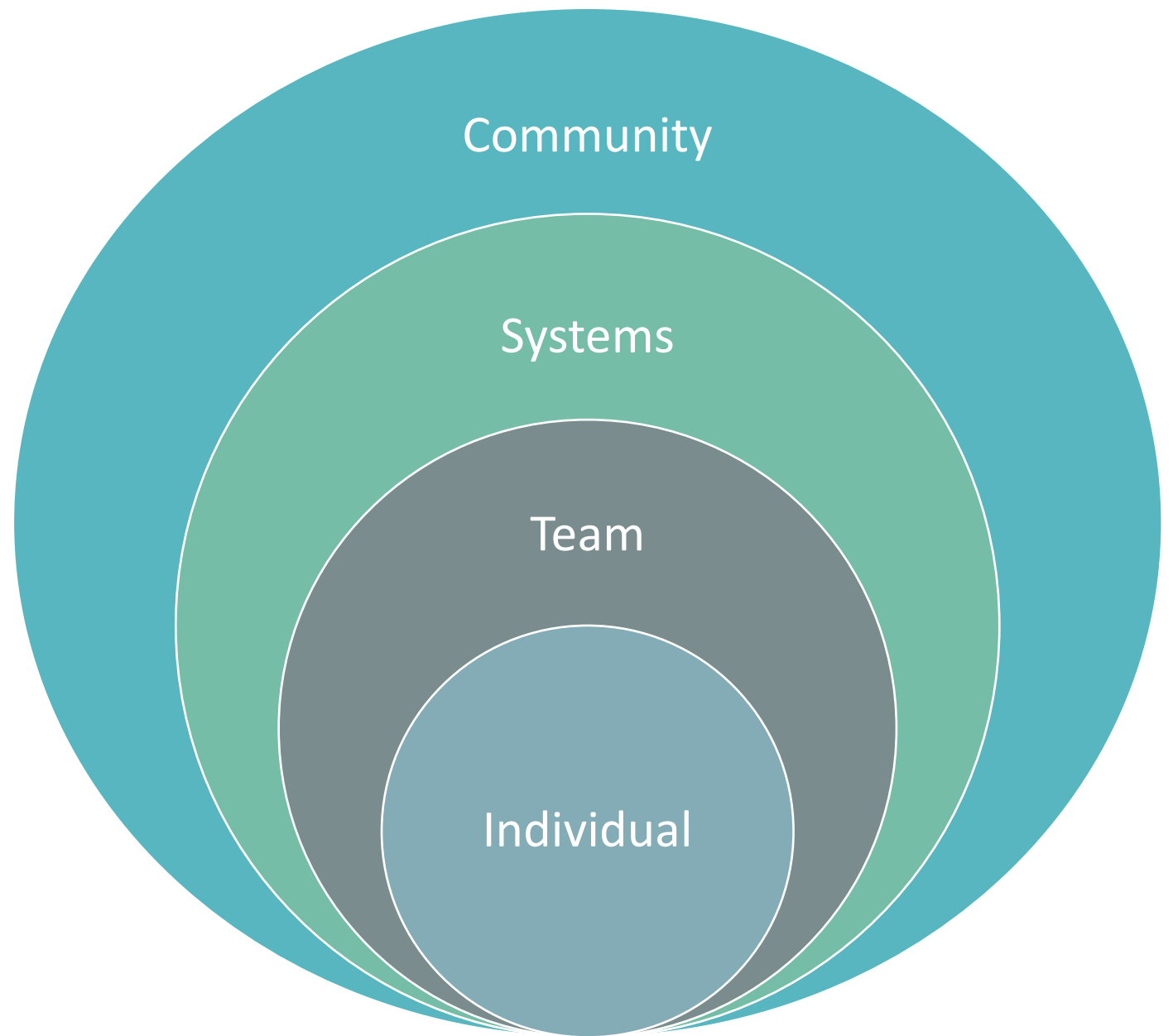Continued lack of investment in affordable and accessible housing necessitates an approach to supporting people who are unhoused and need medical care

CommonSpirit
USC Street Medicine

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

# Application of the Toolkit

Community

Systems

Team

Individual

# What the Toolkit includes

Findings Document

Introduction Videos

Discipline-Specific Checklists

Additional Resources

# Toolkit Snapshot

**Findings**

**Checklists**

**Videos**

**Resources**

## Course Overview

Welcome to the National Health Care for the Homeless Council and CommonSpirit Health's online course: *Creating Care and Discharge Plans for People Experiencing Homelessness who are Hospitalized Toolkit.*

This course is divided into 8 sections:

1. Findings Document
2. Intro Videos
3. Provider Resources
4. Nursing Resources
5. Social Work Resources
6. Occupational Therapy Resources
7. Physical Therapy Resources
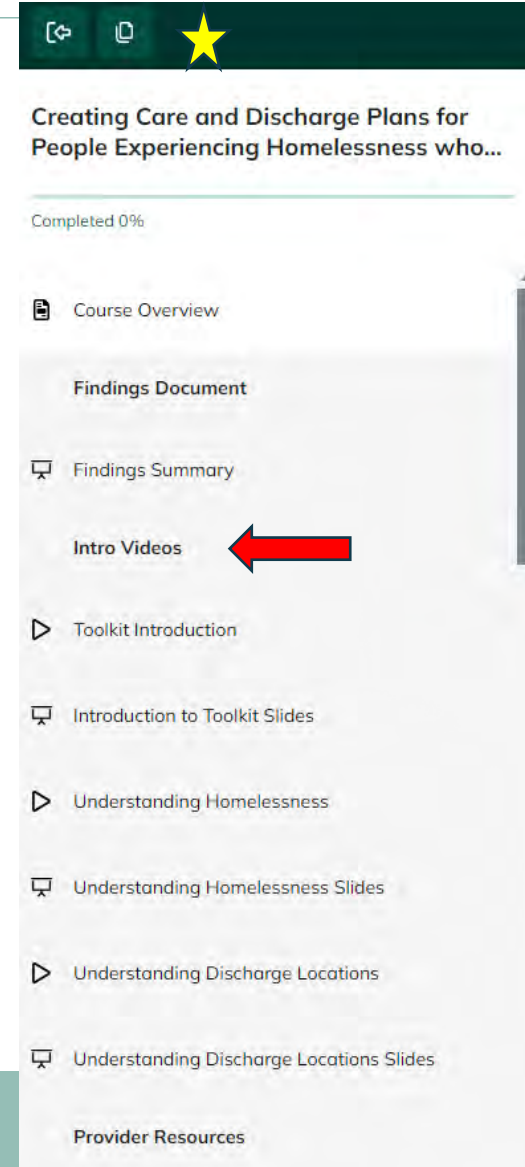8. Additional Learning and Resources

(Please note: All components of this course are optional and can be explored in any order.)

CommonSpirit

**USC** Street Medicine

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

# Navigating the Toolkit



Creating Care and Discharge Plans for People Experiencing Homelessness who are Hospitalized Toolkit

Creating Care and Discharge Plans for People Experiencing Homelessness who are...

1. Select the Course

2. Navigating the components



Creating Care and Discharge Plans for People Experiencing Homelessness who...

Completed 0%

- Course Overview
- **Findings Document**
- Findings Summary
- **Intro Videos**
- Toolkit Introduction
- Introduction to Toolkit Slides
- Understanding Homelessness
- Understanding Homelessness Slides
- Understanding Discharge Locations
- Understanding Discharge Locations Slides
- **Provider Resources**

# Question and Answer

Please use the Q&A Feature to submit questions to our presenters



CommonSpirit

**USC** Street Medicine

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

# Accessing CEUs

## ACCME, ANCC, ASWB, NYSW, & PT –

- Go to nhchc.cmecertificateonline.com
- Click on the **Lessons Learned: Transitions of Care for People Experiencing Homelessness in the Hospital Setting**
- Evaluate the meeting.
- Print, download, or save your certificate for your records.
- If you lose your certificate, or need help, go to help.cmecertificateonline.com

## AOTA CEU–

- Go to https://nhchc.talentlms.com/plus/catalog/courses/230
- Log-in to your account or create an account
- Click on the course "AOTA CEU - Lessons Learned: Transitions of Care for PEH"
- Complete the Assessment of Learning.
- Print, download, or save your certificate for your records.
- If you lose your certificate, or need help, contact CSynovec@nhchc.org

CommonSpirit
USC Street Medicine

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL