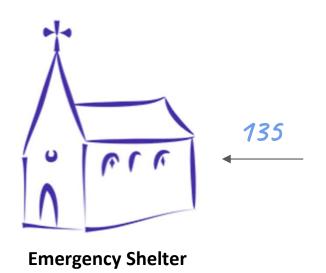
A Medical Student-Run Inpatient Homeless Consult Service

UVA Health Disparities Conference 2.8.22 Jacqueline Carson, MD/MPH Candidate '22

Homelessness in Charlottesville



163

Individuals homeless in Cville in Jan 2021



Rough Sleeping





Overnight Shelters:





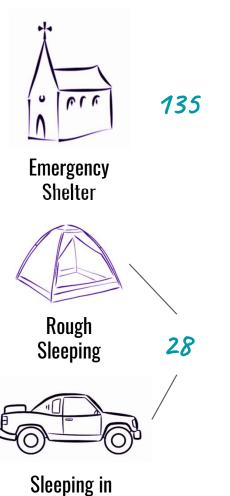
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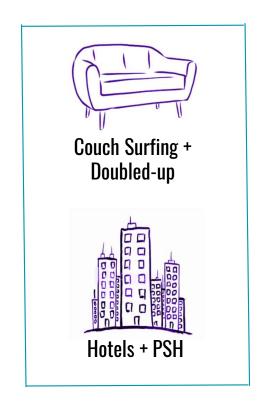
Require Referral

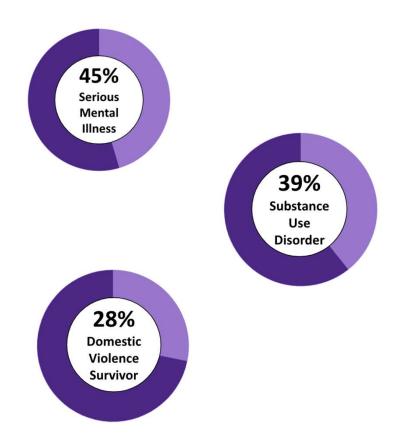
Homelessness in Charlottesville

PIT 2020 Total: 163 individuals 60 (37%) are chronically homeless

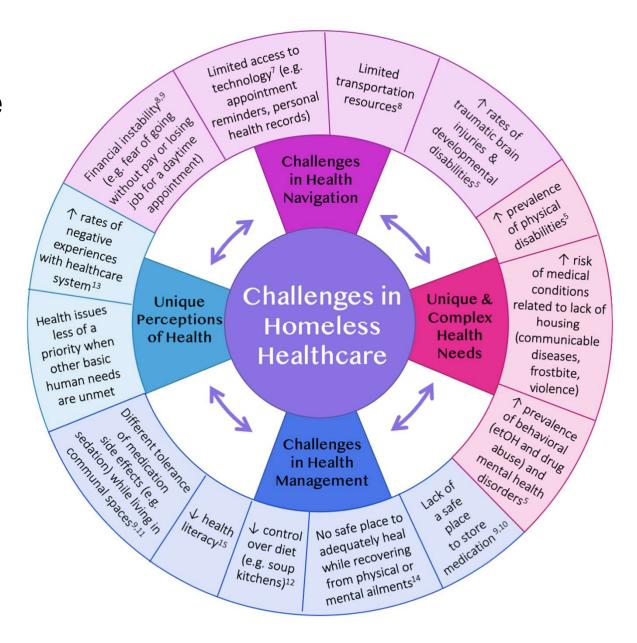


Vehicle





Insurmountable Barriers To Navigating Healthcare



Homeless Healthcare in Charlottesville, 2022



UVA Community Outreach Clinic at the Haven

Health Navigation Nights

Barrier reduction @ shelter sites

Inpatient Homelessness Consult Service

Discharge planning & resource connection @ hospital

Street Outreach

Delivery supplies, connect to clinic @ streets, Rt 29

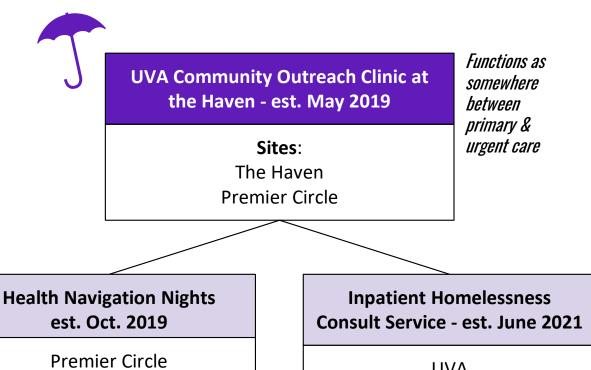
Street Sheet

Community resource brochure

Vaccines & Tests

With Health Dept @ shelter sites

Homeless Healthcare in Charlottesville



Street & Shelter Medicine Interest Group Outreach

Downtown & Rt 29

"Street Sheet" Community **Resource Guide**

STD & COVID Testing Flu & COVID Vaccines

> Haven **Premier Circle PACEM** Salvation Army

Medicaid apps, med delivery, triage of acute concerns, appt scheduling, transport

PACEM Congregate

UVA

Origin Story

- My background
- Street Medicine Institute 10/2019
- 3rd-year Medicine Rotation patient
- First consult on 6/23/21













Partnerships

- Medical Students 54 Students trained!
- Hospitalists
- General Medicine/Family Medicine/General Surgery
- Social Workers/Case Managers
- HOME team program
- Complex Care Physicians Group
- UVA Health CEO
- Population Health Interactive Home Monitoring Teams
- Haven
- Premier Circle
- Salvation Army
- SHE Shelter
- All Blessings Flow











Interactive Home Monitoring Program (IHM)



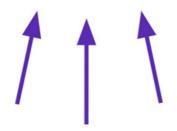
How It Works

- Started as a pilot program on 3rd floor Medicine and Family Medicine Teams
 - Now hospital wide

Identify Patient is Experiencing Homelessness

Can be done by any team member - attending, resident, medical student, nurse, nursing student, social worker, case manager, etc. Page 1078 (Mon-Fri, 8am-5pm)

The earlier in the stay, the better!



Team will see patient within 24 hours

Team = M4 + M1/2

Formal interview

Coordination with CM, SW, Patient Advocate

Team will drop Consult note

Written by M4, signed by IM resident Matt Allen

Patient Interview

Goal of interview is to elicit:

- Shelter eligibility
- Resources
- Circumstances
 that may impact
 ability to follow
 care plan
 effectively at
 discharge

HOUSED BEDS, from Keck USC School of Medicine, used as interview framework

- Homelessness History
- Outreach Engagement
- Utilization
- S Salary or Income
- E Eat
- D Drink

- B Bathroom
- E Encampment
- Daily Routine
- S Substance use
 - Medications,
 perceived health
 priorities,
 utilization chart
 review

Sample Interview Ouestions:

- Where do you sleep?
- How long have you been experiencing homelessness?
- Do you utilize the Haven?

Summarize:

- Impression
- Identified barriers to discharge
- Recommendations
- Navigation of shelter entry system

What We Help With



Outpatient Follow up

Haven/ Premier Circle Clinic, UMA, PCC



Medicaid Apps



Rough Sleeping Supplies Coats, backpacks, sleeping bags



Discharge Planning

Recommendations & Referrals to Shelters



UVA Financial Screening



Cell Phone Applications



Medication Management

DME, insulin storage plan, recs re med schedules & sedatives



Transportation Plan

For follow-up appointments

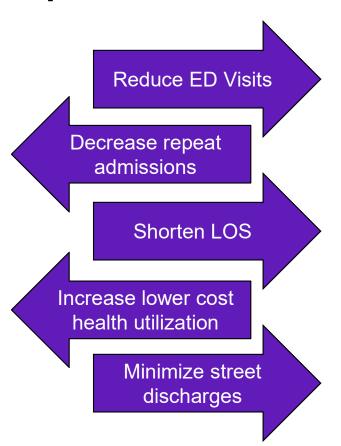


Durable Medical Equipment

Partnership with All Blessings Flow

Establish a relationship with patients experiencing homelessness care for existing Continuity of **Patients** Centered Centered Contextualized inpatient team

Population-level Goals

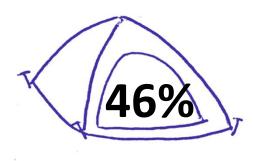


BONUS! Hands-on experience with SDOH for students

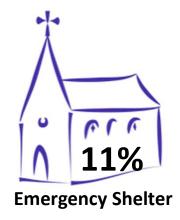
So Far...

107

86 Consults Individuals



Rough Sleeping





31% Team knew

25 % Not local

Discharges		
Premier Circle	7 (6.5%)	
Emergency Shelter	23 (21%)	
SNF	14 (13%)	
Hotel	9 (8%)	
Rehab/Longer term stay facility	10 (9%)	
Street	23 (22%)	

Tasks Completed		
Care Coordination with Community	41	
Referral to Shelter Placed	37	
Cell phone application	9	
UVA financial Screening	10	
Encouraged/Made Haven Clinic Appt.	29	
Supplies Given	7	

Average: 12 days

Length of stay:

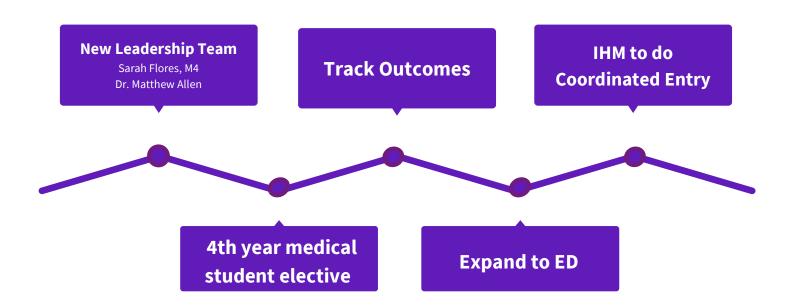
Median: 7 days

39 (36.6%) Readmissions within 30 days

Limitations

- Small sample size
- COVID
- Does not include information from hospitals outside of Care Everywhere
- No ED coverage
- Student volunteers
 - o 8AM -5PM on weekdays

Future/Sustainability Plans



Impressions 6 months out

Gratitude

Shelter access is limited for many

WE MUST ADVOCATE FOR:

Affordable Housing

Respite Care

COVID Hotel-ing

Better data / Homelessness in EHR

Homeless Patient?

Want to get involved?

Page 1078

The earlier the better!!

Email me or Sarah Flores! jec2cb@hscmail.mcc.virginia.edu sef2zn@hscmail.mcc.virginia.edu

THANK YOU!



Info Sheet:







Email Jacqueline Carson at jec2ch@virginia.edu if you have any questions or are interested in getting involved!

References

- 1. 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
- 2. Thomas Jefferson Area Coalition for the Homeless (TJACH), 2021 Point-in-time count [unpublished data]