

Integrated Healthcare for Individuals who are Homeless: A Biopsychosocial Model That Works!

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Our Vision:
Healthcare is a Right,
not a Privilege

- Who says US students don't learn enough geography?

Location,

Location,

Location!

Co-Located Integrated Care



- A Door makes all the Difference!

Access to Care

Co-Location eases issues of:

- Barriers
- Collaboration
- Information-sharing
- Support

Two Important Axioms

- The Kevin Costner Law

If you build it, They will come!

- Sutton's Law

Because that's where the patients are!

Health Problems of the Homeless

- Alcohol
- Other drug use
- Mental Health Issues
- Combined Mental Health/Substance Abuse issues

Burt, M.R., Aron, L.Y., Douglas, T., Valente, J., Lee, E., Iwen, B. (1999)
Homelessness: Programs and the People They Serve. Washington, DC:
Interagency Council on the Homeless.

Health Problems of the Homeless

- HIV/AIDS

- Acute health problems

- Chronic health conditions

Burt, M.R., Aron, L.Y., Douglas, T., Valente, J., Lee, E., Iwen, B. (1999) Homelessness: Programs and the People They Serve. Washington, DC: Interagency Council on the Homeless

Mental Illness

- 4% of population in U.S. population with serious mental illness
- five to six times as many people who are homeless (20-25%) have serious mental illnesses

¹Rosenheck, R., Barruk, E., Salomon, A. (1999) Special populations of homeless Americans. In Fosburg, L. Dennis, D. (eds), Practical Lessons. Washington, D.C.: HHS & HUD. Koegel, P., Burnam, M.A., Baumohl, J. (1996) The causes of homelessness. In Baumohl, J. (ed), Homelessness in America. Phoenix, AZ: Oryx Press, 24-33. Cordray, D., Lehman, A., (1993) Prevalence of alcohol, drug, and mental disorders among the homeless. Contemporary Drug Problems 20: 355-384.

Mental Illness

- Directly related to chronicity of homelessness
- Active and untreated sx's
- Poverty

Culhane, D. & Kuhn, R. A typology of homelessness by pattern of public shelter utilization. Personal communication, March 1996. Culhane, D., Chang-Moo, L., Wachter, S. (1996) Where the homeless come from: A study of the prior address distribution of families admitted to public shelters in New York City and Philadelphia. Housing Policy Debate, 7-2: 327-365.

Public Health Embarrassment

■ Mortality Rates

■ NYC

Barrow SM, Herman DB, Cordova P, Struening EL. Mortality among homeless shelter residents in New York City. *Am J Public Health*. 1999 Apr;89(4):529-34.

■ Philadelphia

Hibbs JR, Benner L, Klugman L, Spencer R, Macchia I, Mellinger A, Fife DK. Mortality in a cohort of homeless adults in Philadelphia. *N Engl J Med*. 1994 Aug 4;331(5):304-9.

■ Potential Lives Lost

Colton CW, Manderscheid RW. Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. *Prev Chronic Dis* [serial online] 2006 Apr [date cited]. Available from: URL: http://www.cdc.gov/pcd/issues/2006/apr/05_0180.htm.

A Possible Solution

Psychiatry Integrated Primary Care (PIPC)

From humble beginnings...

To

Strange *(em)*bed-ded fellows...

Psychiatry Integrated Primary Care (PIPC)

- De-fragments
- Normalizes
- Improves care
- De-stigmatizes

Psychiatry Integrated Primary Care (PIPC)

Illness is Illness

Medicine is Medicine

Summer Street Community Clinic

- Funding
 - RWJF Local Initiatives Funding Program
 - The Bingham Program
 - The Maine Health Access Foundation
 - The Stephen and Tabitha King Foundation
 - The Betterment Fund

Personal Medical Home

- Patient Perception/Perspective
 - “It’s easier to get care when I need it”
 - “I know folks understand me and care about me”
 - “If you reach out at the *right* time, in the *right* place, in the *right* way and with the *right* feeling many who have previously not trusted healthcare providers will accept services...”

Personal Medical Home

- Nonjudgmental Compassion
- Holistic
- Open to Alternative Approaches
- Evidence-Based Practices
- Patients at the Center of Care
- All services surround Primary Care

Patient-Centered Care Whole Person Orientation

- Whose Life *is* This, Anyway!!!!
 - Our work is to:
 - Meet people where they are
 - Listen and Answer
 - Provide Consistent Guidelines
 - Help set Individual Goals

Patient-Centered Care Whole Person Orientation

- Step One – Patient Liaison
- Sites
 - Shelters
 - Jail
 - Hospitals
 - Other

Patient-Centered Care Whole Person Orientation

- Comfortable setting
- De-stigmatized environment
- Shared information
- Patient's perspective
- ***No Wrong Door!***

Patient-Centered Care

Whole Person Orientation

- Acute Primary Care
- Chronic Primary Care
- Preventive Primary Care
- Psychotherapists
- General Psychiatrist
- Psychiatric Nurse Practitioner
- Patient Liaison

Patient-Centered Care Whole Person Orientation

FQHC-Based Services

- Medical Specialists
- Nutritionist
- Pharmacy
- Dental
- PT/OT
- Nurse Educators

Patient-Centered Care

Whole Person Orientation

Community Resources

- Case Management
 - General
 - Vocational
- General Assistance
- Housing
- Employment Counseling
- Other HealthCare Providers
- Local Law Enforcement

Whole-Person Orientation: Patient Perspective

“Because they all get to know all aspects of your life. They all know what meds you are on and can ask and tell what is wrong, even when you don’t know what you might forget to ask”

"I've learned that people will forget what you said,
people will forget what you did,
but people will never forget how you made them feel."

Maya Angelou

Team Approach

- Clinical Coordinator
- Medical Assistant
- Patient Liaison
- Family Practitioner
- Psychotherapist/Substance Abuse Counselor
- Psychiatric Nurse Practitioner
- Family Nurse Practitioner : Co-Director
- General Psychiatrist : Co-Director

Team Approach

- Offices arranged side by side
- Patient flow

- Medical exam room → group psychotherapy

psychiatric medication management
to lab/procedure

to individual substance abuse counseling
to PT/OT

to nutritional therapy

to employment counseling

to Smoking Cessation Program without ever leaving our building

Team Approach

- Communication
 - Formal
 - Informal
- Benefits
 - Cross-education is rich, stimulating and rewarding
 - Collegiality

Team Approach

- In the moment, in the visit, provider to provider communication can happen in a manner that is
 - Convenient
 - Efficient
 - **EFFECTIVE!**

Team Approach

- Team Meetings
 - Shared Decision-Making
 - Shared Mission and Values
 - *Synergy!!!!*

Team Approach

Grease the wheel!

- Community Collaboration
 - Develops relationships
 - Decreases barriers
- Patient Liaison
 - Ad hoc Case Management
 - *No Wrong Door!*

Team Approach

- Collaborations – Win/Win!
 - Space – the Final Frontier!!!
 - Resources
 - Patients

Team Approach

Teamwork – *n. or v. (!)*

a group in which each member shares a similar core value...

- to help those not previously served
- in a way that breaks down barriers of stigmatization and fragmentation
- while seeking to erode false perceptions
- that fuel the neglect of society



Team Approach – Patient Perspective

“ For me, the best part of this is that we rarely need just psych or just medical services. Often – as in my case – we have interconnected medical issues. ‘Physical’ health issues that effect psychiatric health or vice versa”

It does not matter how
slowly you go so long as
you do not stop

Confucius

Team Approach – Patient Perspective

“ By having both services together and connected, it is far easier on the patient to get coordinated services which helps to get to the root of the problems, and more quickly!”

Any day, You can make
the Decision that your Choices
are based in the ability to become
more Living,
more Humane,
and *more Involved in Life...*

Thomas Merton

Team Approach – Patient Perspective

“ I knew that my PCOS/hormone issues were affecting my depression, but in the past I was forced to be the point person between two doctors who had absolutely nothing to do with each other. Very difficult. This process has become a breeze now and takes the burden off of me, which lets me concentrate on getting better.”

Energy and Persistence
conquer all things...

Benjamin Franklin

Elimination of Barriers to Access

- Open Access Scheduling Model
- Evening Hours
- ***“NO WRONG DOOR”***
- Convenient Location

Electronic Information Systems

- Components
 - Demographics
 - Problem List
 - Medication List
 - "Flags"
 - Orders and referrals
 - Screening questionnaires
 - Schedules
 - Patient appointment info

Workspace Design

- Functional
- Multiple services side by side
- Group Room
- Comfortable exam rooms and offices
- Computers in every room
- Atmosphere – positive!
- Protects confidentiality
- Concealed panic buttons

Focus on Quality and Safety

Quality Assurance Committee

- Executive Medical Director
- Local Law Enforcement
- Community Advisory Board
- Patient Advisory Board ~ PEEPS

Enhanced Practice Finance

- Patient Liaison
- Advocacy
- Groups
 - Open Groups at Homeless Shelter
 - Psychoeducation groups at Homeless Shelter
 - Cognitive Behavioral Therapy Groups
 - Substance Abuse Groups
 - Dialectical Behavioral Therapy Groups
 - Motivational Enhancement Therapy

Enhanced Practice Finance

- Integrated Med/Psych Groups
 - Family Practitioner
 - Psychiatrist/Psychotherapist
- Benefits
 - Biopsychosocial
 - Provider Partnership
 - Symbolizes Commitment

All Beings Deserve to be
Treated with Dignity and Respect