Meaningful Care for the Marginalized Patient - An Overview of Care for the Homeless

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Objectives

At the end of this presentation attendees will be able to:

1. Identify the most common physical and mental health issues affecting the homeless of Arizona

2. Recognize the barriers that block the homeless from achieving effective treatment of acute and chronic conditions.

3. List the available resources throughout Arizona to assist the homeless in accessing meaningful healthcare.
Background

- United States: ~3 million persons are homeless
  - 1% of the population
  - Per night: >610,000 persons were homeless
    - 36% were families
    - 35% were unsheltered
- Increase in poverty
- Decrease in affordable housing
  - 46.2 million Americans at risk of homelessness
Economic and Social Risk Factors

- Unstable employment
- Low wages
- Declining public assistance
- Being a veteran
- Lack of inexpensive housing
- Low education level
- Lack of affordable health care
- Substance use disorders
- Domestic violence
- Mental and physical illness
- Victim of abuse and neglect
- Deinstitutionalization of persons with mental illness
Morbidity and Mortality

- Chronic illness in combination with substance use or mental health issue
  - 3-6x more likely to become ill
  - 4x higher hospitalization rate
  - 3-4x more likely to die at a younger age
  - Higher rates of disability
    - 37% homeless
    - 25% of those living in poverty
    - 15.3% of the general population
Morbidity and Mortality

- Infants born into homelessness
  - Low birth weights
  - 9x more likely to die within the first 12 months of life
- Homeless children
  - 4x more likely to become ill
  - Increased incidence:
    - Asthma, iron deficiency, lead poisoning, respiratory infections, ear infections, gastrointestinal problems, and emotional and behavioral problems
Morbidity and Mortality

- Homeless children
  - 4x higher delayed development
  - 6x more likely to have stunted growth
  - 2x the rate of learning disabilities
  - More likely to experience hunger, poor nutrition, abuse, neglect, and separation from family
Unmet Needs of the Homeless

73% reported at least one unmet health need
- 32% inability to obtain needed medical or surgical care
- 36% prescription medications
- 21% mental health care
- 41% eyeglasses
- 41% dental care
- 20% foot disorders
Case #1

- A 32-year-old Type II diabetic patient presents with blood sugar of 560. Blood pressure is 148/102 and she suffers from generalized anxiety disorder for which she self-medicates with alcohol. She has been homeless for the past 3 years. On exam you note peripheral neuropathy and she complains of vision changes. She states her medications were recently stolen from her and AHCCCS won’t refill them until the first of the month.

- What is the best approach to treatment for this patient?
Prescription Medication Barriers

- No prescription medication coverage
  - Can utilize Public Health Pharmacy
  - Can take up to 24 - 72 hours depending on the day
  - Prescriptions can be sent directly to Circle of the City
- Loss or theft of medication
  - Acute medications can be provided at some free clinics or EDs
- Medication storage
  - Insulin requires refrigeration
  - Difficult in Arizona summers
- Alcohol, substance use, and mental health issues
  - Impacts adherence to medication and follow up labs
- Use of medications in the Arizona summer
  - Diuretics - exacerbate dehydration
  - Anticholinergics - hyperpyrexia risk
  - Mood stabilizers - risk of toxicity
Mental Health Care

- 20 - 30% of homeless persons have a mental illness
  - Major depression
  - Generalized anxiety disorder
  - Schizophrenia
  - Bipolar disorder
- Free behavioral health clinics:
  - Community Bridges
  - Valle del Sol
  - MIHS: McDowell Family Health Center
  - Urgent Psychiatric Care (Upc)
  - Terros Health
  - Crossroads 360 for SUD with SMI
  - SHOW
30 - 50% of homeless patients have substance use disorder or dual diagnoses

Increased risk of Hepatitis B and C, HIV with IVDU

Increased risk of STIs if trading sex for drugs

Be wary of requests for certain prescription medications:

- Albuterol - enhances effects of crack cocaine
- Clonidine - prolongs the effects of heroin and opioids
- Bupropion - can be crushed and snorted for a high
- Pseudoephedrine - used to make methamphetamine
- Seroquel - enhances the effects of heroin
Substance Use Treatment

- Referral to facility for withdrawal control
  - Community bridges
  - The Urgent Psychiatric center → St. Joseph’s Hospital or Desert Vista Behavior Health Center

- Referral to rehabilitation facility
  - Crossroads

- Referral to facility for STI, HIV, Hepatitis testing
  - Terros
    - Also provide behavioral health services
    - Mobile crisis
Medication Assisted Treatment Waiver Training

- Providers can utilize the free MAT waiver training (24 hours CME)
- [https://pcssnow.org/medication-assisted-treatment/waiver-training-for-pas/](https://pcssnow.org/medication-assisted-treatment/waiver-training-for-pas/)
- Or in person trainings
- Until, March 31st, Medicaid will reimburse providers $3000, if:
  - Complete MAT waiver training
  - Obtain a DEA license
  - Apply for reimbursement [PCMHProgram@azblue.com](mailto:PCMHProgram@azblue.com)
Case #2

- A 56-year old male is admitted to Crossroads for alcohol use disorder. The program is a 12-step focused program with homework required everyday. He states his eyesight has deteriorated and he cannot see the pages well enough to complete his homework.

- What resources can you think of to help this individual?
Vision Services

- Mission of Mercy
  - Visual screening
- Arizona Foundation for Eye Health
- Arizona Helping Hands
  - Children only
- Medicaid covers children’s eye exams
- Volunteer donations of reading glasses
- Crossroads 360 will provide screening for free
A 28-year old male with methamphetamine and heroin use. He presents on admit with loose and missing teeth along with tooth pain. In addition, he points out a couple abscesses on his arm from IVDU.

What issues should you consider in this individual and what resources should you provide?
Dental Services

- *Mission of Mercy*
  - Annually does a large program at the Phoenix Convention Center in Dec
- *MIHS: McDowell Family Health Center*
- *CASS/Brighterway Dental Center*
- *Mountain Park Health Center*
- *ATSU - Dental School*
  - Sliding scale clinic in Apache Junction
- *MWU - Dental School*
- United healthcare for AHCCCS has a dental allotment

Loose and missing teeth can set patients up for nutritional deficiencies
Acute Medical Care

- Free clinics
  - Freeclinics.com
- ED
- Urgent care referral
- Crossroads 360 for SUD with SMI
- SHOW at Crossroads 360
- SHOW street medicine and Hotspotting
Crossroads 360

- Walk in clinic for established patients at crossroads with SUD and SMI
- Integrated care services-primary care, women’s health, and behavioral health services
- Inter-professional practice teaching facility
- SHOW (Student Health Outreach for Wellness) will provide health care services to the underserved and function as a separate entity than Crossroads 360
Case #4

- A 64-year-old male homeless patient with long-standing schizophrenia who refuses treatment presents with cellulitis on his lower extremities. You take off his shoes and socks and note marked tinea pedis and onychomycosis. He states he has had the same pair of shoes for 3 years and they are duct-taped together.

- What is your approach to treatment for this gentleman?
Foot Disorders

- Foot disorders of homeless individuals
  - Alteration in gait
  - Change in loading stresses
  - Foot ulceration
  - Risk of lower extremity amputation

- Self-reported foot problems in the homeless:
  - 27% had previous foot injuries
    - < 1/3 see a health professional for the foot disorder
  - 56% had foot pain (12% pain all the time)
  - 30% had onychomycosis
  - 24% tinea pedis
  - 26% calluses
  - 16% had numbness
  - 21% had tingling
Foot Hygiene

- Foot hygiene practices:
  - Only 61% changed their socks daily
  - 30% changed their socks weekly
  - 72% were able to wash their feet daily
  - 23% were only able to wash weekly
  - 73% were able to change their shoes every six months
  - 18% yearly
  - 2% stated they never changed shoes
Foot Services

- Referral to free clinic for treatment of tinea pedis and cellulitis
- Provide a new pair of shoes and 2-3 pairs of socks
  - Usually available in store room at free clinics
  - Donations for foot care clinics
- Provide diaper wipes for daily cleaning feet
- Discuss foot hygiene
- PT clinic at Crossroads
Issues Impacting Adherence

• Daily Activities:
  • Theft of medication
  • Medications that cause somnolence
    • Pose a danger if cannot stay alert to danger
      • ie., Neuroleptics for schizophrenia
  • Maintaining sobriety on the street
    • 25 to 40% suffer from serious alcohol or drug use problems
Issues Impacting Adherence

• **Disaffiliation:**
  • Lack support networks outside a family
    • Self-imposed isolation
    • Incapable of maintaining long-term relationships
  • Paranoid ideation
  • “Burned bridges”

• **Distrust:**
  • Distrust of authority
    • Past bad experiences
    • Want to stay “off the grid”
Ways of Improving Adherence

• Communication:
  • People and agencies interact regularly and frequently with clients
  • Empathetic to client’s circumstances

• Case Management and Care Coordination:
  • Link clients into a wide range of existing services through a centralized service
    • i.e., health and mental health care, housing, social services, entitlements, etc.
    • By providers, rather than client seeking services without assistance
    • Aim to break the cycle of homelessness
    • Provide case manager to ensure follow through with treatment plans

• Targeted Approach:
  • Actively seek the homeless
  • Street medicine

• Holistic Approach:
  • Recognize the interaction between illness and the homeless state
    • Sleeping in the streets or in a shelter, where they get food, etc
Ways of Improving Adherence

• Multidisciplinary Approach:
  • Teams across a range of disciplines
    • Physicians
    • PAs
    • Nurses
    • APNs
    • Social workers
    • PT/OT
  • Proper supervision of student volunteers

• Continuity:
  • Often distrustful of people in general
  • Continuity of faculty/staff helps to build trust
  • Changes in personnel or disruptions in schedules increase distrust

• Internal and External Resources:
  • Internal resources:
    • Reasonable funding and paid employees
    • Utilization of volunteers and donated goods and facilities
  • External resources:
    • Network of essential services and the ability to access that network
SHOW Summary

- In the first year of operation, SHOW diverted:
  - 28 emergency department visits
  - 27 urgent care visits

- SHOW operations served over 270 individuals through clinical activities & 1083 individuals through outreach activities
Questions
References


