

Social Determinant of Health: Clinical Care Implications

NCHV Annual Meeting

June, 2016

Veteran Homelessness

Unemployment/Economics

Poverty

Lack of Affordable Housing

**Medical/Mental Health
Issues**

Substance Use

Domestic Violence

**Unsuccessful Transition
from Military**

**Prior history of
homelessness**

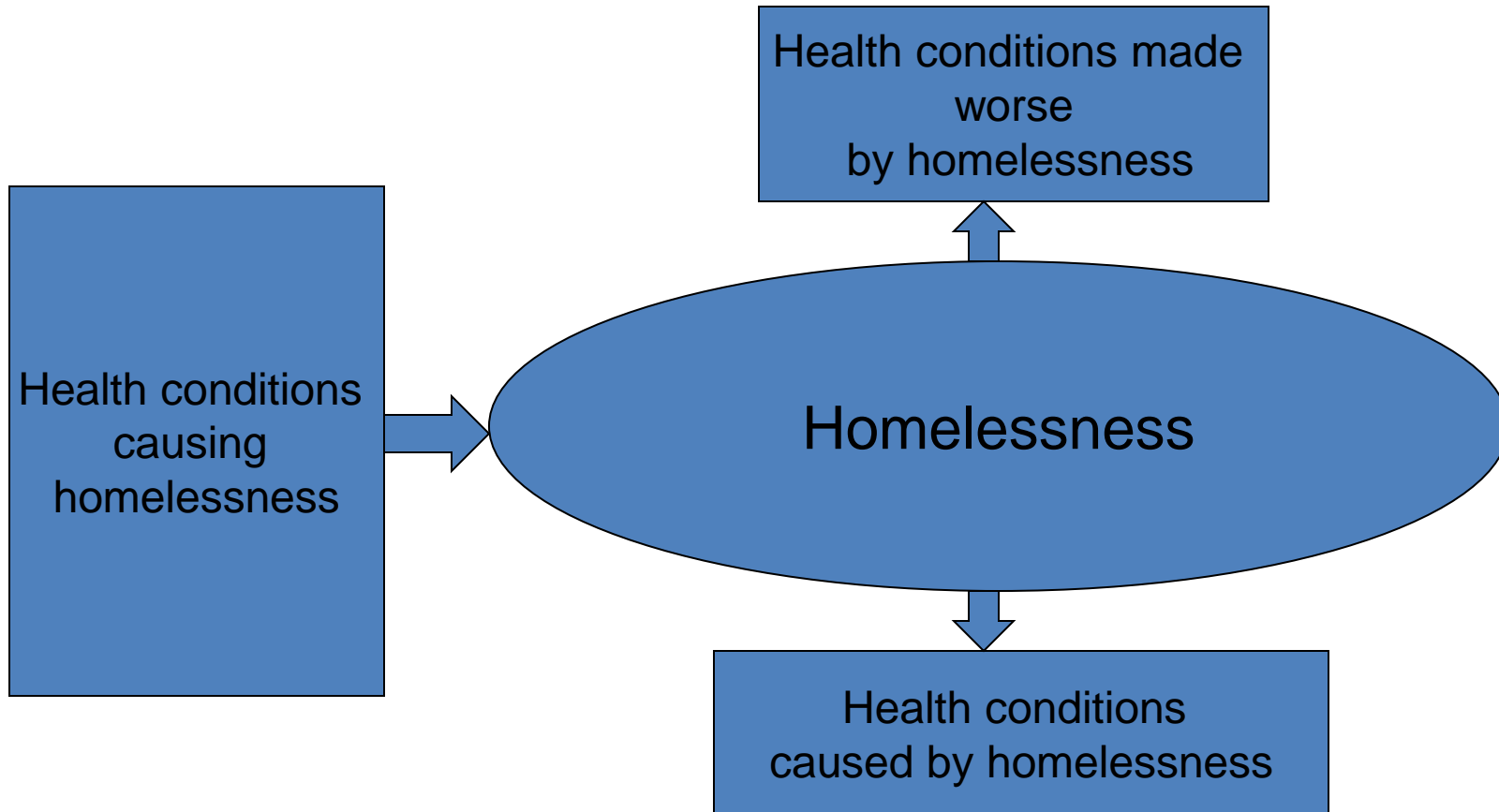
Family Decompensation

Homeless Veterans Medical and Mental Health Conditions

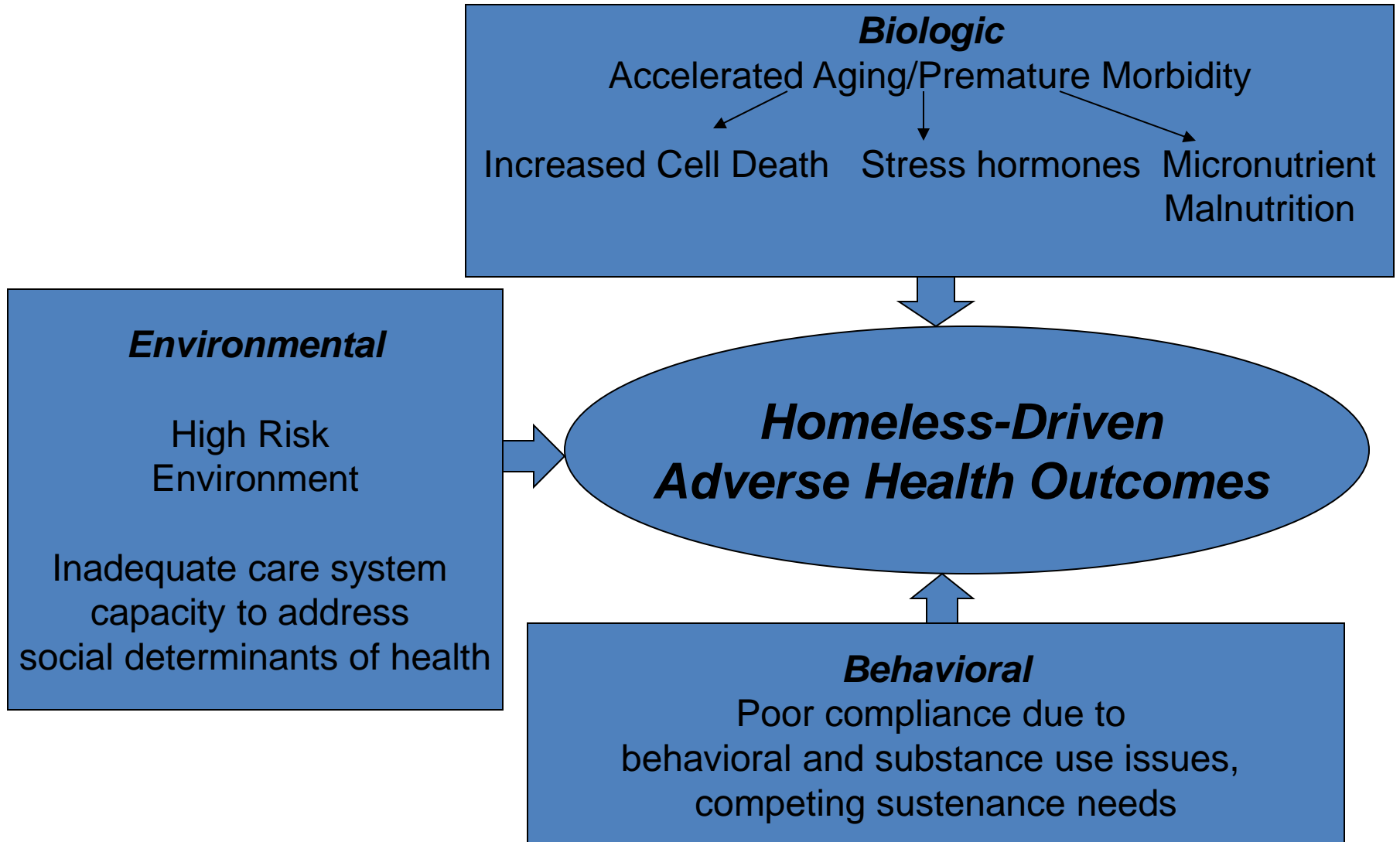
Depressive Disorder	67.4%
Arthritis/joint pain	53.3%
Alcohol dependence	52.5%
Drug abuse	41.9%
Hypertension	up to 45.2%
Anxiety	36.9%
Hepatitis	up to 28.0%
COPD/Emphysema	up to 17.3%
Diabetes	up to 9.3%
Heart disease	7.1%

Health and Homelessness

Institute of Medicine, 1988



Health and Homelessness



[Am J Public Health](#). 1997 Feb;87(2):217-20.

Competing priorities as a barrier to medical care among homeless adults in Los Angeles.

[Gelberg L](#)¹, [Gallagher TC](#), [Andersen RM](#), [Koegel P](#).

Frequent subsistence difficulty appears to be an important nonfinancial barrier to the utilization of health services perceived as discretionary among homeless adults

[J Health Care Poor Underserved](#). 2015 Aug;26(3):1019-31. doi: 10.1353/hpu.2015.0077.

Needing Primary Care But Not Getting It: The Role of Trust, Stigma and Organizational Obstacles reported by Homeless Veterans.

[O'Toole TP](#), [Johnson EE](#), [Redihan S](#), [Borgia M](#), [Rose J](#)

Reasons for delaying care fell into three domains: 1) trust; 2) stigma; and 3) care processes. Our findings support the importance of considering health access within an expanded framework that includes perceived stigma, inflexible care systems and trust issues

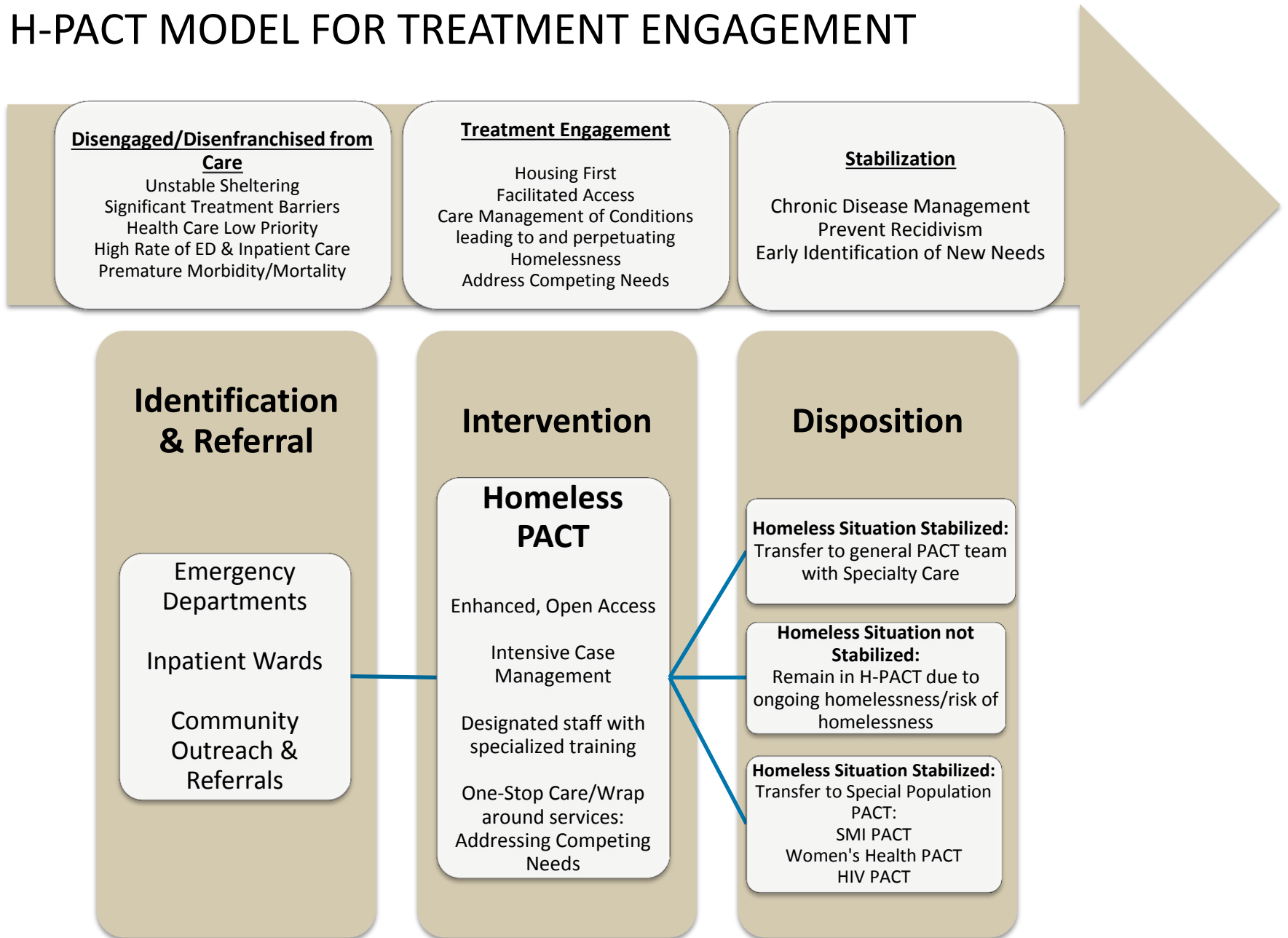
Study Goals and Design

- Describe characteristics of health care delivery that are associated with high rates of treatment engagement and improved clinic outcomes among homeless Veterans
- Observational study of 33 VHA “Homeless Medical Homes” (HPACTs) evaluating care use by 3,543 Veterans in 2013.

H-PACT Mission

- *The mission of the HPACT is to identify and engage in care the highest-risk, highest-need homeless veterans who are not able to get the care they need through traditional channels and provide high-intensity, wrap-around, integrated team care that stabilizes them clinically, incorporates social determinants of health into their care delivery, and expedites their placement in housing.*
- **Four tenets of the H-PACT model:**
 - Open-access care that does not rely on scheduling processes that are not amenable to a homeless persons' circumstances.
 - Wrap-around services/incorporation of social determinants of health/ housing into the care model/treatment plan.
 - Intensive case and care management with pre-emptive/predictive care modeling.
 - Dedicated staff with specific skill sets, cultural competency.

H-PACT MODEL FOR TREATMENT ENGAGEMENT



Results (2013)

	High-Performing teams (N=17) >30% reduction in ER use (or) >20% reduction in hospitalizations	Mid-performing teams (N=9)* 0-30% reduction in ER use (or) 0-20% reduction in hospitalizations	Low-Performing teams (N=7)* Increase in ER visits/ hospitalizations
Access			
Availability > 20 hours/week	76.5% (13)	62.5% (5)	50.0% (3)
After-hours care/consult capacity	76.5% (13)	62.5% (5)	50.0% (3)
<14 days to access MH	76.5% (13)	62.5% (5)	66.7% (4)
Multiple ways to access care	94.1% (16)	75.0% (6)	83.3% (5)

Results – cont'd

Homeless-specific care modeling	High-Performing site	Mid-performing site	Low -performing site
Clinical protocols:			
Post ED /hosp. admission	58.8% (10)	75.0% (6)	50.0% (3)
Disease-specific care	52.9% (9)	50.0% (4)	33.3% (2)
Housing integrated into care:			
Part of H&P	94.1% (16)	100% (8)	83.3% (5)
Housing status tracking	82.4% (14)	75.0% (6)	50.0% (3) P=0.05
On-site social supports			
Transportation	94.1% (16)	87.5% (7)	33.3% (2) P<0.01
Food	64.7% (11)	25.0% (2)	16.7% (1) P=0.03
Clothes	76.5% (13)	37.5% (3)	33.3% (2) P=0.03
Community Integration			
Clinical outreach	94.1% (16)	62.5% (5)	66.7% (4) P=0.03
Scheduled meetings	64.7% (11)	37.5% (3)	33.3% (2)
Community events	82.4% (14)	87.5% (7)	33.3% (2) P=0.01

Conclusions – Rethinking health care delivery beyond the medical model

Value-added elements:

- Incorporating on-site social services such as food, clothing, and hygiene care, is associated with better health care for homeless Veterans
- Community partnering – shared care management, community outreach and co-hosting community events improves health outcomes for homeless Veterans

Acknowledgements

Project Team

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