NATIONAL COALITION *for* HOMELESS VETERANS

"Tailoring Care to Vulnerable Populations by Incorporating Social Determinants of Health: the Veterans Health Administration's Homeless Patient Aligned Care Team Program" Thomas P. O'Toole, Erin E. Johnson; Riccardo Aiello, Vincent Kane, and Lisa Pape

Quick Takeaways:

- Coordinating healthcare with social services that address broad determinants of health may improve outcomes for homeless veterans.
- Homeless veterans that received healthcare through the VA's H-PACT care model saw significant decreases in emergency room visits and hospitalizations.

Study:

This study analyzed data from 33 Veterans Health Administration (VHA) facilities implementing the "homeless medical home" initiative from October 2013 through March 2014. Data was collected for 3,543 homeless veterans receiving ambulatory or acute healthcare services. The Homeless Patient Aligned Care Team (H-PACT) integrates and coordinates social services with health services to serve the highest need veterans with the goal of stabilizing them clinically and socially. H-PACT includes five elements: 1) low threshold access to care with open access, community outreach, and flexible scheduling; 2) integrated services for mental health, nutrition, clothing, and transportation; 3) intensive healthcare management; 4) ongoing staff training and development of homeless care skills; and 5) data-driven accountability.

Findings:

Researchers found significant reductions in hospitalizations and emergency department use, 34.7 and 19 percent, respectively, for enrolled patients. Patients enrolled in H-PACT averaged 3.4 annual visits with their primary care provider (compared to 1.8 visits for those in general VHA clinics), 5.9 visits with other members of the H-PACT team (social workers, nurse practitioners, health technicians), and 1.5 visits to a specialty clinic. Overall, 96 percent of patients enrolled in the H-PACT program were concurrently receiving VA homeless program services such as case management, transitional housing, or vocational support.

Outreach and community agency integration, higher staffing ratios, and integration of social supports into clinical care led to significantly higher site performance. Higher performing sites were more likely than mid or low performing sites to record housing status in the clinic notes.

Conclusion:

The reduction in acute care usage by patients enrolled in the H-PACT program suggests that simultaneously addressing social determinants of health within clinical care may improve outcomes for homeless veterans with complex needs and high barriers to care. An integrated approach that provides access to an array of traditional health services and social supports requires both commitment and resources. However, the potential long-term benefits of improved health, stability, and reduced dependence on acute care, justify this investment.

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