Improving Health Care for People Experiencing Homelessness

November 17, 2021
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Sachin Jain, M.D., MBA, FACP
President & Chief Executive Officer
SCAN Group and SCAN Health Plan
Participating in the Webinar

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Panelists

Barbara DiPietro, Ph.D.
Senior Director of Policy, National Health Care for the Homeless Council
@BarbaraDiPietro | @NatlHCHCouncil

Jim O’Connell, M.D., MTh
President & Founder, Boston Health Care for the Homelessness Program; Assistant Professor, Medicine at Harvard Medical School
@BHCHP

David Peery, J.D.
Co-Chair, National Consumer Advisory Board, National Health Care for the Homeless Council
@DVPeery

Ellen Lawton, J.D.
Senior Fellow, HealthBegins
@Ellawton | @HealthBegins
Improving Health Care for People Experiencing Homelessness

Barbara DiPietro, Ph.D.
Senior Director of Policy
Wednesday, November 17, 2021
On a single night in January 2021, **580,466** people were counted as homeless.
(This is considered a vast undercount)

Sources: NAEH, State of Homelessness, 2021; HUD 2020 Annual Homeless Assessment Report to Congress
Health Implications of Homelessness

*The primary issue is the lack of affordable housing.*

1. Poor health causes homelessness.
2. Homelessness exacerbates existing conditions, and creates new ones.
3. The experience of homelessness is traumatic, and makes it difficult to engage in care.
Consumer Perspectives on Homelessness

• Failure to expand Medicaid is a moral failure

• Broader issue of lack of access to primary care, behavioral health & support services

• Problem of hospitals discharging people to streets

• Lack of effective outreach to “reach people where they are”

• Need for peer supports/community health workers, trauma-informed care approaches that use a harm reduction philosophy

• Encampment sweeps are common and have significant health care implications (trauma, dislocation, loss of medications/documentation and trust, etc.)
BHCHP Basic Goals 1984

• Establish a health services care delivery model to provide continuity of care from shelter and street to hospital;
• Provide care through multidisciplinary outreach teams;
• Establish the capacity to meet the needs of homeless individuals for home-type respite care
Causes of Death
N = 59

# of deaths

BHCHP: O’Connell/Roncarati/Swain
After a decade of widespread concerns about the problem of homelessness, more cities are taking steps to deal with the issue. This year marked the beginning of a new era in homelessness policy.
1. Lack of access to comprehensive insurance → lack of access to services & ongoing poor health
2. Even with insurance, “churn,” stigma, limited networks/willing providers & paperwork undermine value of benefit
3. **Policy need:** Close “coverage gap,” enact 12-month continuous eligibility, increase reimbursements, add optional services

Sources: HRSA, Uniform Data System, 2020
Need for Medical Respite Care

→ Acute/post-acute medical care for people experiencing homelessness who are too ill or frail to recover from a physical illness or injury on the streets, but who are not ill enough to be in a hospital

• **Venues:** shelters, motel rooms, stand-alone programs
• **Services:** medical care, intensive case management, connections to broader care, development of care plan, housing assessments/benefits
• **Staffing:** physicians, nurses, therapists, case managers, CHWs
• **Funding:** hospital, Medicaid, private, state/local funds
• **Benefits:** shorter LOS, fewer re-admits, better outcomes, lower cost

**Policy need:** recognize need, add services to state Medicaid programs

For more information, visit the National Institute for Medical Respite Care
What is “harm reduction”: Interventions aimed at reducing the negative outcomes of health behaviors without necessarily stopping the problematic health behaviors completely

- Rooted in client/patient goals
- Often used in reference to substance use, but has broader applications
- Can refer to either specific policies, or philosophy/approach of care

Examples:

- **Practice approaches**: trauma-informed care, outreach & street medicine, more flexible care
- **Public health approaches**: syringe services programs, fentanyl test strips, Narcan distribution, etc. & move toward Safe Consumption Spaces

**Policy need**: Improve systems of care & staff training; expand public health policy approaches
Resources

• Insurance Coverage at HCH Programs, 2020
• National Institute for Medical Respite Care (NIMRC)
• Defining Characteristics of Medical Respite Care
• Medicaid & MCOs: Financing Approaches to Medical Respite Care
• COVID-19 & the HCH Community: Medical Respite Care & Alternate Care Sites
• COVID-19 and the HCH Community: Interim Lessons Learned from the Pandemic
• National Harm Reduction Coalition: Homelessness & Harm Reduction
Follow us on social media!

National Health Care for the Homeless Council

National Institute for Medical Respite Care

Barbara DiPietro, PhD
Senior Director of Policy
bdipietro@nhchc.org

@BarbaraDiPietro
@NatlHCHCouncil
We value your input!

Please fill out the evaluation survey you will receive immediately after this presentation, or via email this afternoon!

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Upcoming Events

**NOV 18**
Voices From the Frontlines
2 pm – 4:30 pm ET

**NOV 29**
Introduction to Environmental Health & Policy
12 pm – 1 pm ET

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