Achieving the NHAS Goals for Homeless Americans: The Importance of Care Coordination

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- Data from National HIV Behavioral Surveillance System, 2006-2007
- 24 U.S. Cities
- 14,837 heterosexuals, 18-50 years old, interviewed and tested
- Overall HIV prevalence was 2.0%
- HIV prevalence higher among persons with lower SES
  - Homeless....................... 3.1% versus 1.7%
  - At/Below Poverty............2.3% versus 1.0%

(MMWR. 2011; 60(31): 1045-1049)
Disparities in Engagement in Care and Viral Suppression among Persons with HIV

• 862 San Francisco residents diagnosed with HIV between 2009-2010

• Using surveillance data:
  – 87% (750) entered care within 6 mos of dx
  – 72% (540) had a 2nd visit in the next 3-6 mos
  – 50% (431) of total population had suppressed VL in 12 mos
  – 76% of those retained for 3 visits had suppressed VL

“Two markers of social marginalization and decreased resources—health insurance and housing status—emerged as factors associated with poor utilization of care and not achieving viral suppression.”

(Muthulingam et al. JAIDS 2013; 63: 112—119)
Social, Structural and Behavioral Determinants of Health Status in Homeless and Unstably Housed HIV (+) Men from San Francisco

- Longitudinal data from a cohort of 288 homeless or unstably housed men from San Francisco, 2002-2008
- 60% non-Caucasian; median age 41 years; 67% recent drug use
- Only 18% reported ART at baseline
- Modeling used to estimate population effect of behavioral/social/structural factors
- 3 factors with the strongest negative effect on physical health:
  - Unmet subsistence needs
  - No reported source of instrumental support
  - Caucasian race (unexplained)

“The inability to meet food, hygiene, and housing needs was the most powerful predictor of poor physical and mental health...” 

(Riley et al. PLoS ONE 2012; vol 7 (4) e35207)
Food Insecurity among HIV-Infected Homeless/Marginally Housed Persons in San Francisco

- 347 HIV infected homeless persons followed for 2 yrs (median)
- 56% “food insecure” at enrollment*
- Compared to “food secure,” those with food insecurity:
  - 2X greater risk for hospitalization
  - Nearly 2X greater risk for emergency room visits
- Addressing food insecurity may reduce acute care utilization

* Measured on the validated Household Food Insecurity Access Scale

Intimate Partner Violence and Housing Instability

• Data from 2003 California Women’s Health Survey

• Population-based, random-digit-dial, annual probability survey of adult CA women (n=3619)

• 8.2% reported housing instability* in the last 12 months

• Adjusting covariates, women who reported IPV in the last year reported housing instability at an increased frequency (AOR = 3.98)

* Difficulty paying rent/mortgage/utility bills, frequent moves, overcrowded living conditions

National HIV/AIDS Strategy for the United States

- Reduce New HIV Infections
- Improve Health Outcomes for People Living with HIV
- Reduce HIV-Related Health Disparities

*Stable housing supports all 3 of these fundamental goals*
Systematic Review of Effects of Housing Status on HIV-Related Outcomes

• Review of literature through November 2005

• 17 of 29 identified studies received “good” or “fair” quality rating

• Significant positive association between increased housing stability and better health outcomes:
  – medication adherence (9)
  – utilization of health/social services (5)
  – health status (2)
  – reduced risk behavior (1)

“housing stability for people living with HIV/AIDS is vital”

(Leaver et al. AIDS Behav 2007; 11: S85-S100)
Housing First Models: Prioritizing Housing Over All Treatment Goals

• 95 homeless persons with alcohol problems enrolled in “housing first”: significant improvements in alcohol use outcomes over 2 years (1)

• 31 mentally ill, homeless MMT clients enrolled in “housing first”: compared to 30 comparison clients, they had nearly double the retention rate in MMT programs (2)

• 27 homeless persons with HIV/AIDS, substance use/mental health problems, enrolled in a “housing first” program: 69% achieved undetectable VL compared to 27% at baseline, June ’06—December ‘09 (3)

(1) Collins et al. AJPH 2012; 102(3): 511-519
(2) Appel et al. J Addict Dis 2012; 31: 270-277
(3) Hawk & Davis AIDS Care 2012; 24: 577-582
National Research Agenda: Priorities for Advancing our Understanding of Homelessness

- Agenda meant to “guide...choices about future investments in research”

- One of 8 Key Domains: Improving Health, Well Being and Stability
  - More research needed on how homeless persons can access care

- Sample research questions:
  - “How can homeless service providers and health care providers better collaborate to ensure clients receive needed services?”
  - “What forms of primary care and behavioral health service delivery link best with housing assistance programs?”
  - What policies can be aligned within health programs to most effectively work with housing assistance programs?”

Potential Benefits of Care Coordination

• Improve access to needed services
• Increase quality of care
• Increase client satisfaction
• Improve health outcomes
• For HIV, improved care translates into better health and reduced transmission
Common Features of Interventions to Support Care Coordination Activities

- **Information Systems**
  - Standardized, integrated electronic medical record
  - Continuity of care record

- **Tools**
  - Standard protocols
  - Self-management programs/client education

- **Techniques to Mitigate Interface Issues**
  - Case manager, patient navigators
  - Medical Home model

- **System Re-Design**
  - Reimburse for care coordination
  - Address lack of insurance/underinsurance

Using “Information Systems” to Improve Homeless Care

• Surveillance and case tracking data can improve population and client health

• Boston Health Care for the Homeless Program (BHCHP) collaborated with health departments and homeless shelters to respond to MDR-TB outbreak

• Nearly 100 cases of MDR-TB identified (mid-1980s)

• Response was aggressive outreach and delivery of 18 month course of TB treatment

(Am J Public Health 2010; 100(8): 1400-1408)
Using “Tools” to Improve Homeless Care

• Standardize discharge planning/education to maximize health outcomes and minimize re-admissions for homeless persons (“effective care transitions”)

• Elements of a standardized discharge plan:
  – Make follow-up medical appointments
  – Organize post-discharge outpatient services
  – Develop a plan for patient to obtain medicines and take them
  – Teach a written discharge plan the patient can understand
  – Educate patient about his/her diagnosis
  – Review with the patient what to do if a problem arises

(See “Improving Care Transitions for People Experiencing Homelessness,” December 2012, National Health Care for the Homeless Council)
Using “Interface Mitigation” to Improve Homeless Care

• “Women of Means” program serves homeless women in Boston
• Paid nurses provide case management services (other clinical staff are volunteer)
• Connect women to available medical and social services, including housing
• Follow-up monitoring on a quarterly basis which continues after women access stable housing

(See: AHRQ Health Care Innovations Exchange www.innovations.ahrq.gov )
Using “System Re-Design” to Improve Homeless Care

• Chicago’s “Broadway Youth Center” (Howard Brown Health Center) offers wide array of social/medical services to homeless & underserved youth (esp. LGBT)
• “one-stop shop” removes barriers: free services; no appointment; no identification needed
• Basic necessities: laundry, showers, computers & lockers
• Routine medical care, HIV testing, mental health services & case mgmt.
• Career counseling, resource advocacy (e.g., housing) & self-discovery workshops

(See: AHRQ Health Care Innovations Exchange www.innovations.ahrq.gov)
Hepatitis C Infection among Homeless Adults in Los Angeles

- Community based probability sample: 534 homeless adults from 41 shelters/meal programs
- 4% tested positive for HIV
- 26.7% tested positive for HCV
- 46.1% of HCV-infected adults were unaware of their infection
- Only one-quarter of sample reported past education/counseling about HCV
- Urgent need for interventions to screen/treat HCV among homeless

(Gelberg et al., Public Health Rep 2012; 127: 407-421)
“Integration of care across traditional ‘silos’ of care delivery is constantly hampered by disparate regulations, eligibility rules and payment methods...To improve the health of homeless persons we must develop comprehensive public health systems that offer a continuum of care and prevention.”