Homelessness and Poor Health: Housing as Treatment

MassHealth PCC Plan / MBHP Webinar Series
June 16, 2016

Jessie M. Gaeta, MD
BHCHP


JOHNSON GROUP, INC. (NEDC)
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Link Between Homelessness and Poor Health

"The medical problems of homeless persons are rarely exotic but rather common illnesses magnified by prolonged neglect during the daily struggle for survival."

- Jim O' Connell, MD

Homelessness

is a marker for

sickness.

Increased Mortality

- Seven large scale mortality studies in USA
  - Drug overdose has replaced HIV as the emerging epidemic
  - Cancer, heart disease next most common
- Mortality rates 4.5 – 9.0 times that of the general public
- Average age at death in Boston = 51
- Death from complications of substance use and undertreated medical illness

ORIGINAL INVESTIGATION

Mortality Among Homeless Adults in Boston

Shifts in Causes of Death Over a 15-Year Period

Travis P. Baggett, MD, MPH; Stephen W. Hwang, MD, MPH; James J. O'Connell, MD; Bianca C. Porneala, MS; Erin J. Stringfellow, MSW; E. John Orav, PhD; Daniel E. Singer, MD; Nancy A. Rigotti, MD

- Cohort of 28,033 adults seen at BHCHP in 2003-2008
- Drug overdose was the leading cause of death
- Opioids implicated in 81% of overdose deaths

Baggett TP, et al. Mortality among homeless adults in Boston: shifts in causes of death over a 15-year period. JAMA Internal Medicine 2013; 173(3): 189-195.

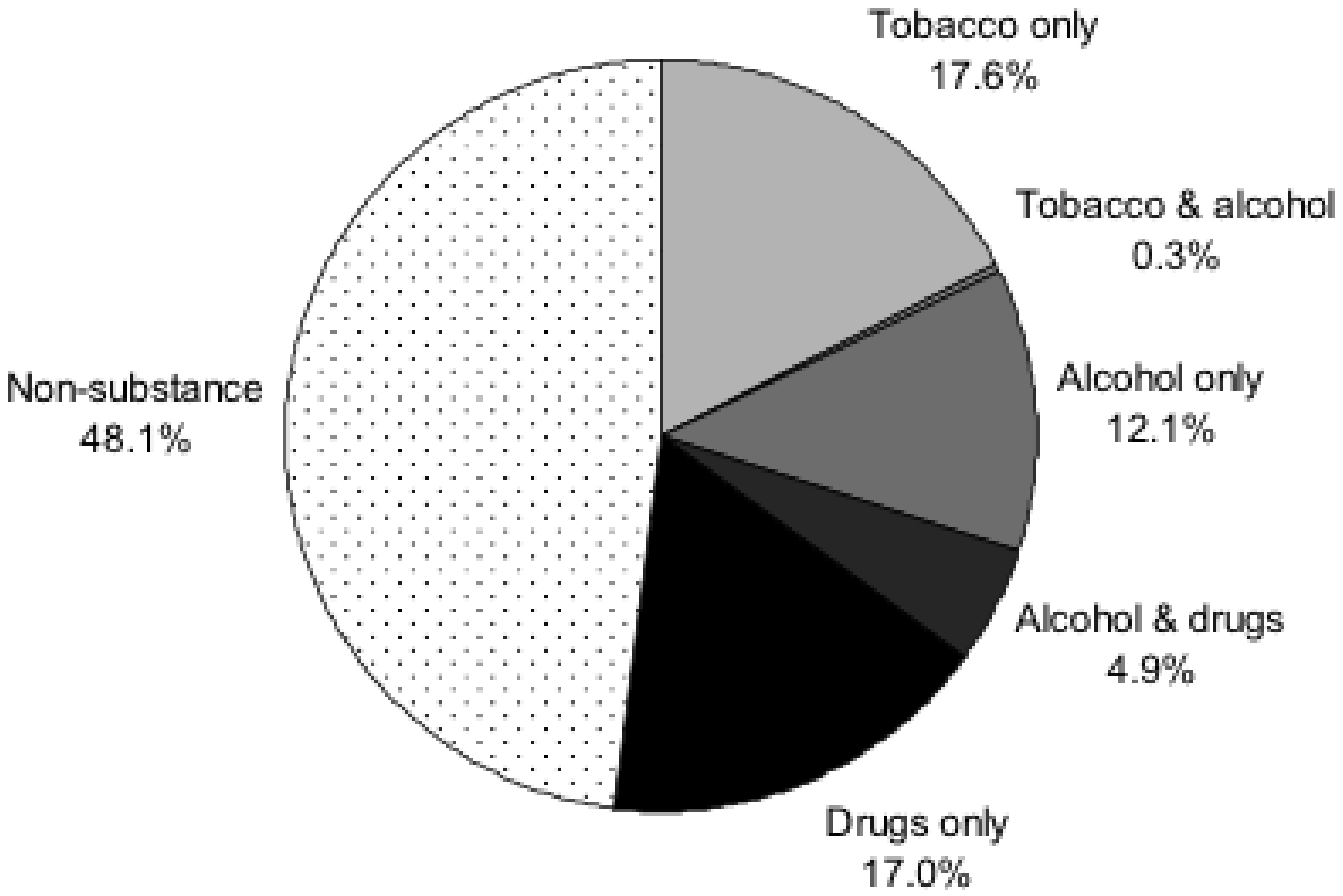
Tobacco-, Alcohol-, and Drug-Attributable Deaths and Their Contribution to Mortality Disparities in a Cohort of Homeless Adults in Boston

Travis P. Baggett, MD, MPH, Yuchiao Chang, PhD, Daniel E. Singer, MD, Bianca C. Porneala, MS, Jessie M. Gaeta, MD, James J. O'Connell, MD, and Nancy A. Rigotti, MD

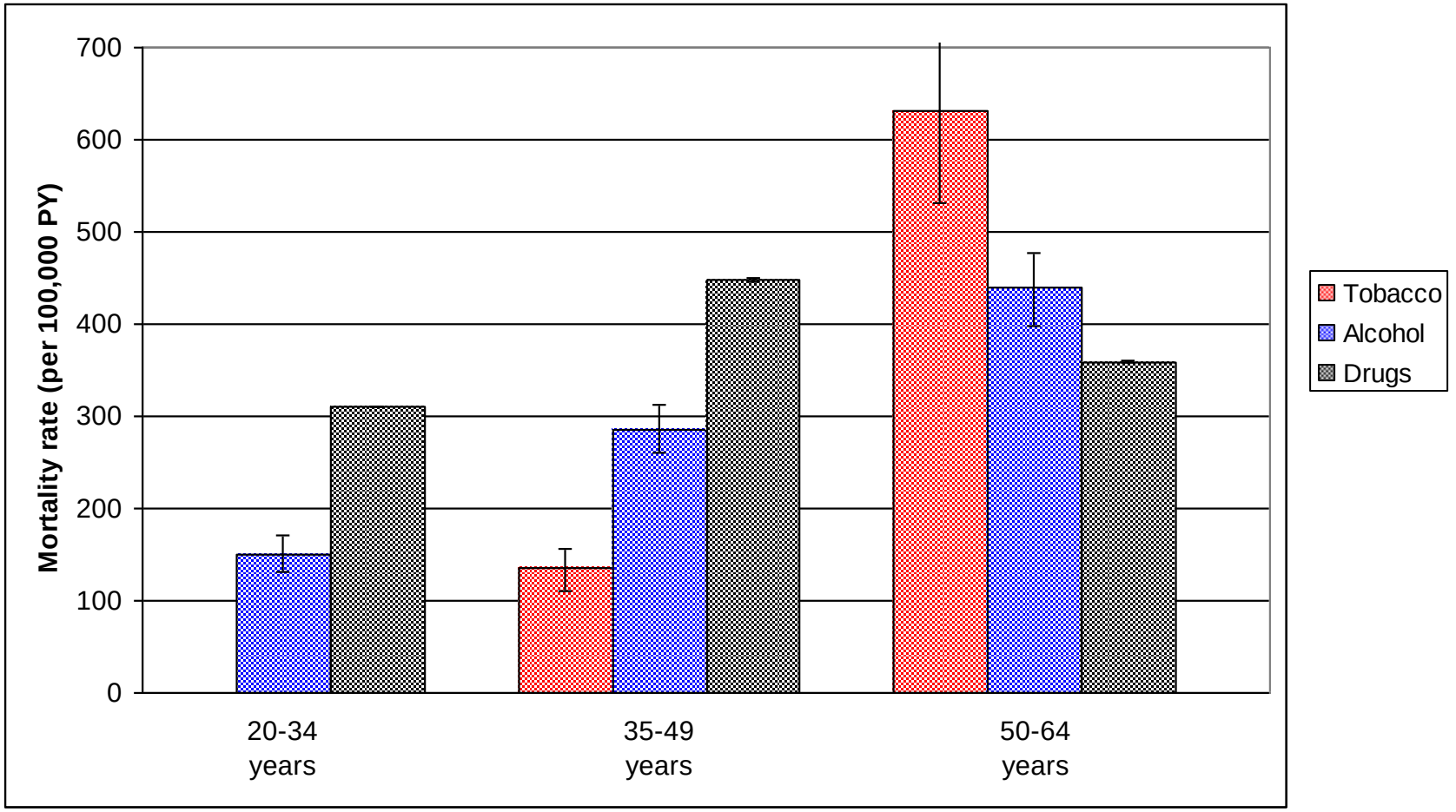
- Follow up study using same cohort
- Estimated proportion of deaths attributed to substances using population-attributable fractions
- Over half of all deaths attributable to substances

Baggett TP, et al. Tobacco-, alcohol-, and drug-attributable deaths and their contribution to mortality disparities in a cohort of homeless adults in Boston. AJPH 2015.

Proportion of Deaths Attributable to Substances



Age-Stratified Substance Attributable Rates



Baggett T, et al. AJPH 2015

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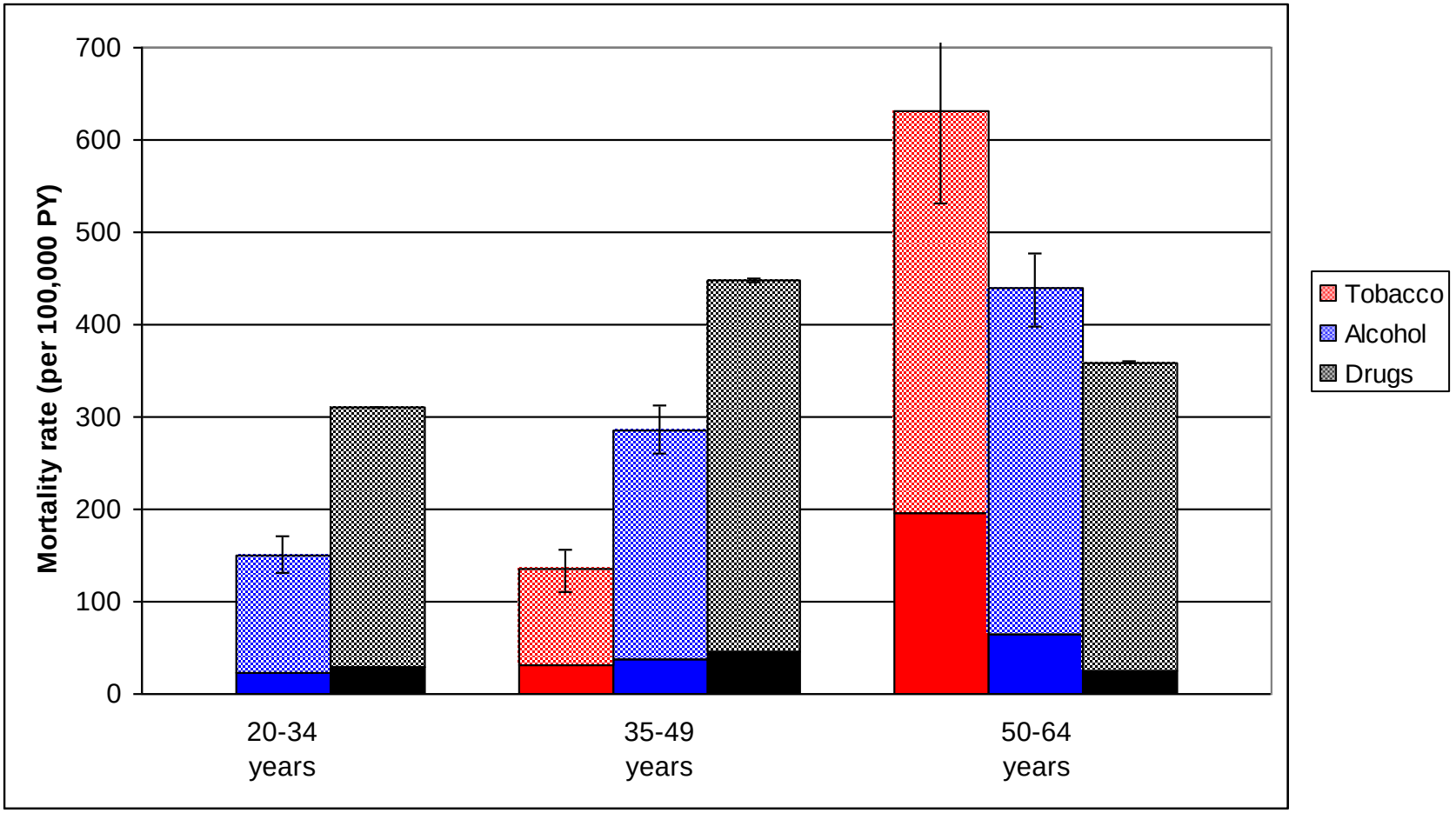


Baggett T, et al. AJPH 2015

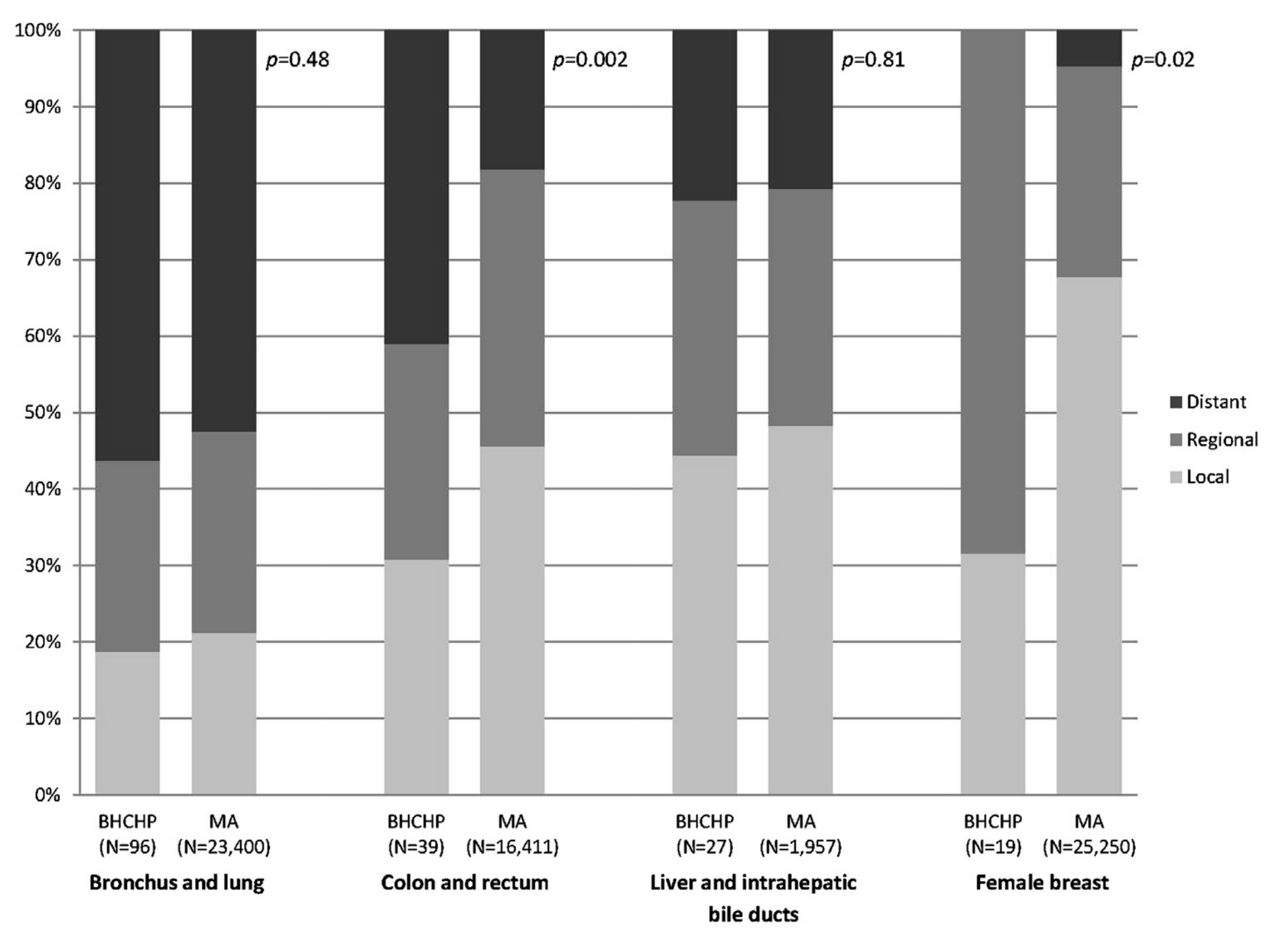
Health Implications

- Increased mortality
- Severity of illness
  - Layered addiction-related, psychiatric, medical illness
- Exposure
- Violence and victimization
- Competing priorities
- Chronic stress
- Medication difficulties
- Stigmatization by health care providers

BHCHP Cohort 2010: Mental Health and Substance Use

	All (N=6,494)
Mental Illness	4,384 (68%)
Schizophrenia	1264 (19%)
Bipolar Disorders	1889 (30%)
Depression	3068 (47%)
Anxiety	2627 (40%)
Substance use disorders	3890 (60%)
Alcohol use disorder	2628 (40%)
Drug use disorder	3118 (48%)
Co-occurring mental illness and substance use	3135(48%)

M.Bharel et al *AJPH Dec 2013*


100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
p=0.48
p=0.002
p=0.81
p=0.02
Distant
Regional
Local
BHCHP (N=96)
MA (N=23,400)
Bronchus and lung
BHCHP (N=39)
MA (N=16,411)
Colon and rectum
BHCHP (N=27)
MA (N=1,957)
Liver and intrahepatic bile ducts
BHCHP (N=19)
MA (N=25,250)
Female breast

Health Implications

- Increased mortality
- Severity of illness
  - Layered addiction-related, psychiatric, medical illness
- Exposure
- Violence and victimization
- Competing priorities
- Chronic stress
- Medication difficulties
- Stigmatization by health care providers


Nutri-Grain
BLUEBERRY

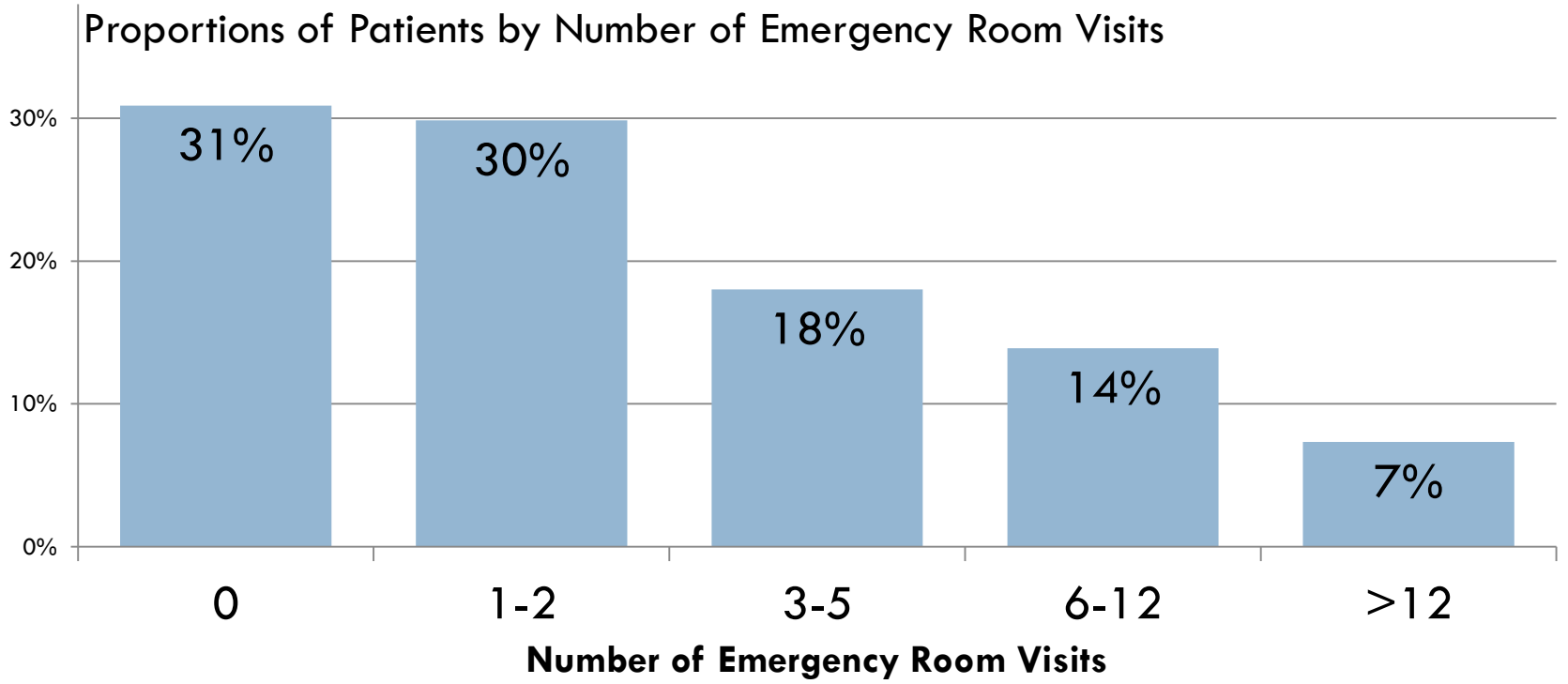
Health Implications

- Behavioral health issues
- Developmental discrepancies
- Risk of communicable diseases
- Barriers to disability assistance
- Lack of transportation
- Lack of social supports
- Criminalization
- Limited access to nutritious food and water
- High health care costs

Medical Implications

- Behavioral health issues
- Developmental discrepancies
- Risk of communicable diseases
- Barriers to disability assistance
- Lack of transportation
- Lack of social supports
- Criminalization
- Limited access to nutritious food and water
- High health care costs

BHCHP Cohort 2010: ED Use



N	2,006	1,938	1,170	902	477

The average number of ER visits for all patients was 4.0.

M.Bharel et al *AJPH* Dec 2013

BHCHP PCC versus Other Medicaid PCC Patients

Diagnostic and Other Characteristics	Statewide	BHCHP Patients*
Number	426,768	3,998
DxCG (Risk) Score	1.5	3.4
Both Mental Health & Substance Use	10%	51%
Asthma or COPD	6%	24%
Diabetes	6%	15%
Hospital Discharges Per 1,000	129	859
ED Visits Per Person	1.1	4.2
Average Annual Cost	$6,679	$20,925

*Medicaid-only BHCHP patients enrolled in the PCC plan.

M.Bharel et al *AJPH* Dec 2013

Adapt Care

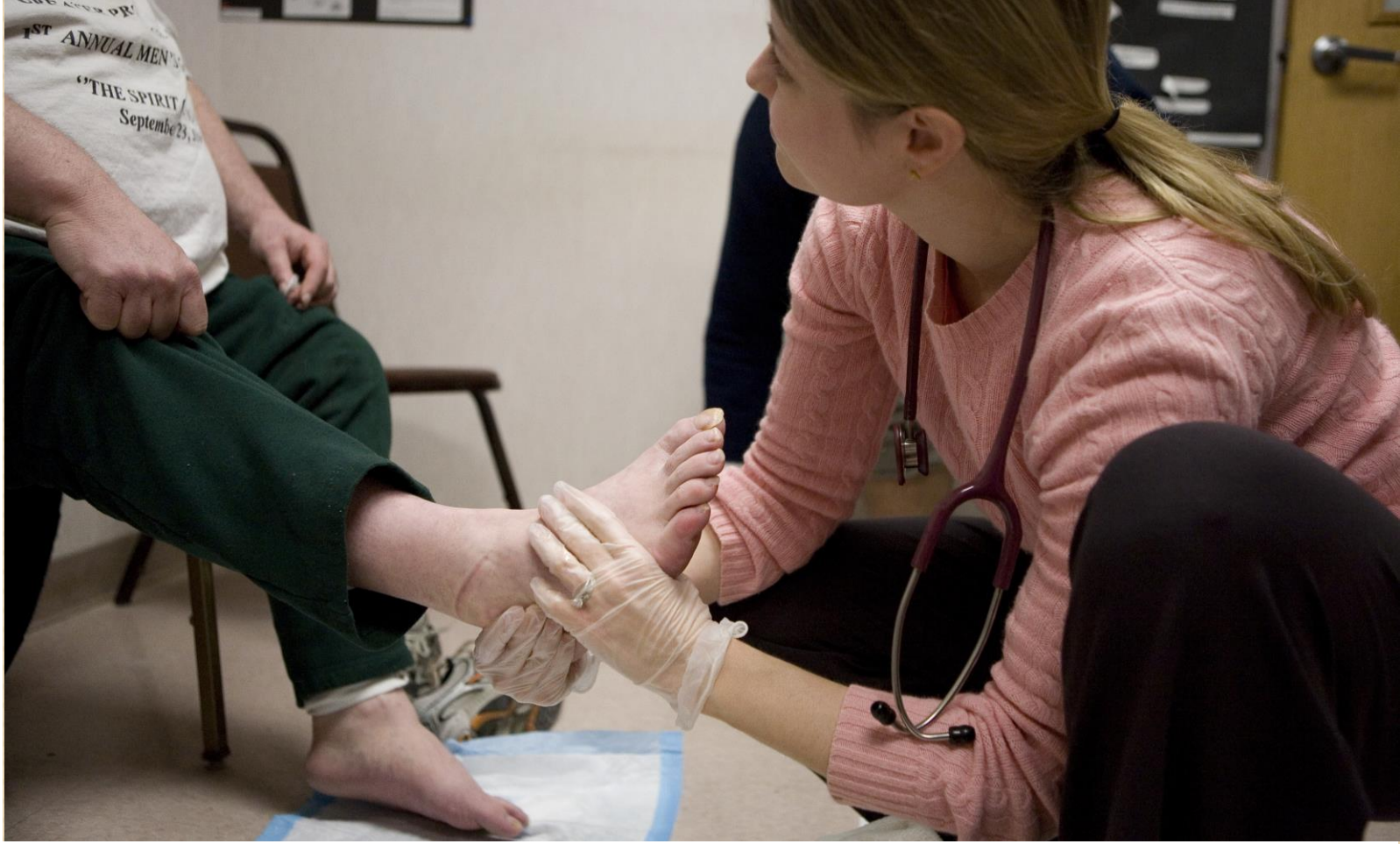
QUICK TIP

HOW CAN I SCREEN FOR HOMELESS-NESS?

- Rather than, “Are you homeless?”
- Instead ask, “Where do you stay?”

Key Aspects of a Care Model

- Engagement
- Outreach
- Framework of prioritization
- Patient-centered goal setting
- Connection to housing opportunities



Engagement

Engagement

- Respectful, non-judgmental approach
- Avoid re-traumatization
- Resist stigmatization
- Offer token gestures that address basic needs
- Recognize link between social issues and poor health

Outreach

Framework of Prioritization

- Set realistic care plans (consider limitations of environment)
- Modify treatment to account for extreme circumstances
- Explore barriers to compliance
- Encourage ANY positive change
- Care planning with community-based organizations

QUICK TIP

HOW CAN INSULIN BE MANAGED WITHOUT A FRIDGE?

- If insulin can't be refrigerated, it works about 70% as well as usual.
- Prescribers should titrate dose accordingly.
- Patients should keep insulin in the outer pocket of a bag, out of sunlight, and off the body.
- Can be stored at room temperature up to one month.

Opioid Considerations

- Given high risk of OD, use caution
- However, homelessness shouldn't be thought of as "contraindication"
- Consider street value of "potentiators"
  - Clonidine = $1 per 0.1 mg
  - Gabapentin = $2 per 300 mg
  - Clonazepam = $2 per 1 mg
- Opioid agonist therapies for OUD can be successful and life-saving
  - Similar outcomes to non-homeless individuals (Alford 2007)

Conclusions

- People who experience homelessness experience extremely poor health.
- Adapting care to this population is essential.
- The relationship with the patient is everything.
  - Listening to the story enables me to feel compassionate again.
- Treatment planning must be led by the patient and often requires creativity.

Tune In for Next Webinars

- **Wednesday, June 22, 2016: The Trauma of Homelessness**
  - *Presented by*: **Ellen L. Bassuk**, MD, Founder, Center for Social Innovation; President, The Bassuk Center on Homeless and Vulnerable Children and Youth and **Jeff Olivet**, CEO, Center for Social Innovation
- **Wednesday, June 29, 2016: Keys Cure Homelessness: Housing and Your MassHealth PCC Plan Members**
  - *Presented by*: **Tom Lorello**, LICSW, MSW, Executive Director, Heading Home, Inc. and **Erin Donohue**, MSW, Assistant Vice President, Communications and Special Projects, Massachusetts Behavioral Health Partnership