

Medical Respite Literature Review: An Update on the Evidence for Medical Respite Care Executive Summary

2022

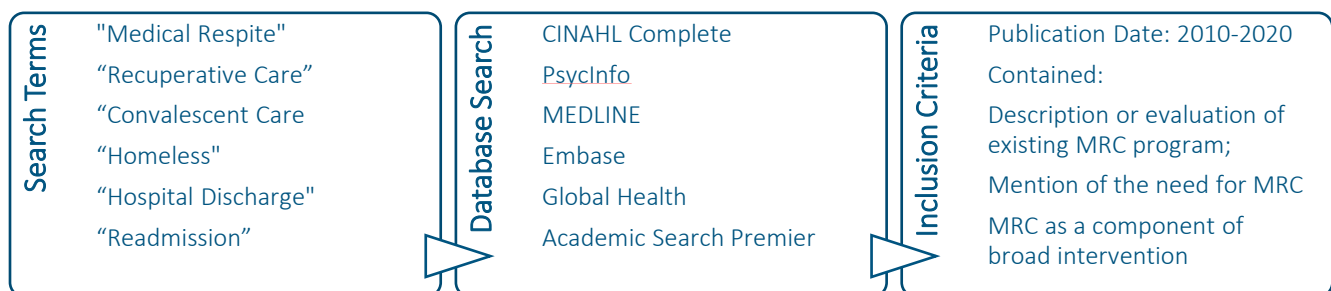
Introduction

Medical respite care programs are essential for people experiencing homelessness (consumers) to recover and prioritize health while providing basic needs. The National Institute for Medical Respite Care [NIMRC] defines medical respite¹ as “acute and 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 the hospital” (NIMRC, 2019). Programs vary in structure and size in response to their communities but are anchored in the [Standards for Medical Respite Care Programs](#) to provide quality care (NIMRC, 2021). The number of medical respite programs has grown substantially in the United States over the past several years, as has the number of research studies and publications exploring this health care service (NIMRC, 2020; Doran et al., 2013). In response to this expansion and subsequent research, a literature review was conducted to: 1) provide an updated and comprehensive overview of existing medical respite programs; 2) identify the need for medical respite programs; and 3) identify the outcomes of medical respite programs and interventions. [The Medical Respite Literature Review: An Update on the Evidence for Medical Respite Care](#), published in 2020, provides a comprehensive synopsis of the literature on medical respite care [MRC]. This executive summary provides a brief overview of the findings, as well as recommendations for practice and advocacy.

Method

The reviewers conducted a search of the literature using the process depicted in Figure 1 and found 45 relevant, unduplicated articles and publications. Staff then analyzed the articles for emergent themes based on study type, data collection, assessment of need, program description, implications, and outcomes described. Throughout the process, members of the Respite Care Providers’ Network (RCPN) Steering Committee provided recommendations, confirmed quality control, and ensured the document was useful to the field.

Figure 1: Literature search process



¹ The terms “medical respite care” and “recuperative care” are used interchangeably to describe the same service.

Overview of Findings

Overarching themes from the articles reviewed are summarized in the table below, which references the [full literature review](#) and associated page numbers.

Theme	Summary Findings
Need for Medical Respite (p. 5-6)	<ul style="list-style-type: none"> Without MRC, people experiencing homelessness have longer hospitalizations, are more likely to spend their first night post-hospitalization on the streets or in shelters, and have sub-optimal outcomes due to a lack of appropriate discharge options.
Partnerships for Medical Respite (Table 1 p. 11)	<ul style="list-style-type: none"> Establishing partnerships for MRC can occur through identifying community needs, generating “buy-in,” and engaging with health systems and community programs.
Medical Profiles of Persons Served by Medical Respite (p. 7-9)	<ul style="list-style-type: none"> The most common medical needs leading to a MRC referral and/or addressed during a MRC stay are cardiovascular disease; diabetes; HIV; post-operative care; acute psychiatric disorders; acute respiratory tract infections; skin conditions; substance use disorders; traumatic brain injury [TBI]; and wound care.
Outcomes of Medical Respite (Table 3 p. 20)	<ul style="list-style-type: none"> MRC admissions decreased time spent in the hospital, ED use, and re-admission rates, resulting in cost savings for hospitals. MRC can improve health-related quality of life and health management for consumers. MRC can reduce gaps in services and increase connection and use of benefits and outpatient primary and mental health care.
Consumer Perspectives on Medical Respite (p. 9-10)	<ul style="list-style-type: none"> MRC is needed for stability and opportunity to address basic needs and to support recovery and health management. Without MRC, procedures and care are delayed due to lack of discharge options with limited ability to connect to other needed services. Consumers overall report positive experiences in MRC with an opportunity to address health and recovery and build connections and relationships.
Medical Respite Interventions (Table 4 p. 23)	<ul style="list-style-type: none"> Health interventions specific to medical respite care (including Outpatient Parental Antimicrobial Therapy [OPAT] and colorectal cancer screenings) can increase treatment completion and result in positive health outcomes. Interventions that address the specific needs of persons experiencing homelessness (including substance use disorder strategies, accommodation for TBI, and social support interventions) can build trust in the healthcare system, address social needs, and improve health outcomes.

Recommendations

Based on the findings of this literature review, the following elements are recommended for programs, providers, and researchers of established and new medical respite programs:

- A needs assessment for medical respite care can be completed within communities through engaging with key stakeholders, evaluating available data, and evidence reviews.
- Medical respite programs should develop relationships with relevant community partners including hospital systems and community programs.
- New and existing medical respite providers can survey published literature and program directories to understand the different structural and programmatic approaches of fully operative programs. Consulting examples from the field can be helpful in various stages of medical respite program planning, assessment, and growth.
- Medical respite programs should identify the conditions most commonly experienced by their client population. Such an evaluation can be used to inform and improve approaches to screening, prevention, and disease management.
- Medical respite programs can evaluate for several outcomes including costs/cost savings, hospital usage, continuity of care, use of community-based care, and consumer recovery.
- Collaborating with consumers is critical to understanding the need for medical respite, recognizing barriers to engaging in care, and identifying program outcomes.
- Existing medical respite programs can improve services by adopting specific medical interventions, strategies focused on substance use disorders, policies around service accessibility and accommodations, and strategies for improving long-term social supports.

The gaps in the existing medical respite literature indicate the need for continued research and publication on medical respite care, including:

- Clinical, health, and housing outcomes for consumers.
- Effectiveness of medical respite care and the specific interventions implemented within medical respite programs.
- Consumer experience and incorporation of consumers into the research process.

Conclusion: A Call to Action

The [Medical Respite Literature Review](#) indicates medical respite care leads to positive health and social outcomes for consumers. The future of MRC will depend on expanded opportunities to participate in and produce research findings. This can occur through:

- Increased funding for medical respite care and research;
- Partnerships with health care systems and managed care organizations;
- Partnerships with research networks and academic institutions to optimize data collection and evaluation of existing program data.

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