



Recommendations for the Care of Homeless Patients



DIAGNOSIS & EVALUATION

History

- **Living conditions** Ask where patient is staying. Explore access to food, water, restrooms, place to store medications; exposure to toxins, allergens, infection; threats to health/safety. Be alert to possible homelessness.
- **How to ask if client is homeless** "Where do you live/sleep/ spend time during day? Who lives there with you? How long have you lived there?" If living on the street, in shelter, vehicle, or other unstable living situation, ask if this is first time without a home.
- **History of homelessness** what precipitated it; whether first time, episodic, chronic; history of foster care ("Has your child ever had to live away from you?")
- **Acute/chronic illness** Ask about individual/familial history of asthma, chronic otitis media, anemia, diabetes, CVD, TB, HIV/other STIs, hospitalizations, medications.
- **Prior providers** what worked well, does patient have regular source of primary care
- **Mental illness/cognitive deficit** problems with stress, anxiety, appetite, sleep, concentration, mood, speech, memory, thought process and content, suicidal/homicidal ideation, judgment, impulse control, social interactions
- **Developmental/behavioral problems** adaptive/maladaptive, underlying pathology
- **Alcohol/nicotine/other drug use** Ask about use (amount, frequency, duration); look for signs of substance abuse/dependence.
- **Health insurance/prescription drug coverage** entitlement assistance (Medicaid/SCHIP, SSI/SSDI)

DIAGNOSIS & EVALUATION *continued*

History, *continued*

- **Sexual** gender identity, sexual orientation, behaviors, partners, pregnancies, hepatitis, HIV, other STIs
- **History & current risk of abuse** emotional, physical, sexual abuse; knowledge of crisis resources, patient safety
- **Legal/history of violence** legal problems, violence against persons or property, domestic/interpersonal violence, history of arrest/incarceration, treatment while incarcerated
- **Regular/strenuous activities** consistent routines (treatment feasibility); level of strenuous activity
- **Work history** longest time held a job, occupational injuries; vocational skills and interests
- **Literacy** If "trouble reading," offer help with intake form; assess ability to read English.
- **Nutrition/hydration** diet, food resources, preparation skills, liquid intake
- **Cultural heritage/affiliations/supports** involvement with family, friends, faith community, other sources of support
- **Strengths** coping skills, resourcefulness, abilities, interests

Physical examination

- **Comprehensive exam** at first encounter if possible, following standard clinical guidelines
- **Serial, focused exams** for patients uncomfortable with full-body, unclothed exam at first visit
- **Dental assessment** age appropriate teeth, obvious caries, dental/ referred pain, diabetes patients
- **Special populations** Victims of abuse, sexual minorities



Recommendations for the Care of Homeless Patients



DIAGNOSIS & EVALUATION *continued*

Diagnostic tests

- **Interpersonal violence** Posttraumatic Diagnostic Scale for Use with Extremely Low-income Women
- **Mental health screenings** Patient Health Questionnaire (PHQ-9, PHQ-2), MHS-III
- **Substance abuse screening** SSI-AOD
- **Cognitive assessment** Mini-Mental Status Examination
- **STI screening** for chlamydia, gonorrhea, syphilis, HIV, HBV, trichomonas, bacterial vaginosis, monilia
- **Baseline labs** including liver function tests
- **PPD** for patients living in shelters and others at risk for tuberculosis
- **Health care maintenance** cancer screening for adults, EPSDT for children
- **Developmental assessment** Denver II or other standard screening tool
- **Forensic evaluation** if strong evidence of child abuse

Plan of care

- **Basic needs** Food, clothing, housing may be higher priorities than health care.
- **Patient goals & priorities** immediate/long-term health needs, what patient wants to address first
- **Action plan** simple language, portable pocket card
- **After hours** extended clinic hours, how to contact medical provider when clinic is closed

PLAN & MANAGEMENT

Plan of care, *continued*

- **Safety plan** if interpersonal violence/ sexual abuse suspected; mandatory reporting requirements
- **Emergency plan** contacting PCP before going to ER, location of emergency facilities
- **Adherence plan** clarification of care plan/patient feedback; use of interpreter, lay educator if limited English proficiency

Education, self-management

- **Patient/parent instruction** simple language/illustrations, confirm comprehension; pocket card listing immunizations, chronic illnesses, medications
- **Prevention/risk reduction** protection from communicable diseases
- **Behavioral change** individual/small group/community interventions, motivational interviewing
- **Nutrition counseling** diet, dietary supplements, food choices, powdered formula for infants, food assistance/WIC
- **Peer support** support groups, consumer advocates
- **Education of service providers (shelter/clinical staff)** about the special problems/needs of homeless people



Recommendations for the Care of Homeless Patients



PLAN & MANAGEMENT *continued*

Medications

- **Simple regimen** low pill count, once-daily dosing where possible; capsules/tablets for child > 5 yrs
- **Dispensing** on site; small amounts at a time to promote follow-up, decrease risk of loss, theft, misuse; avoid written prescriptions when possible.
- **Storage/access** in clinic/shelters – don't prescribe medications that require refrigeration if no access to it.
- **Patient assistance** entitlement assistance, free/low-cost drugs if readily available for continued use
- **Aids to adherence** harm reduction, outreach/case management, directly observed therapy
- **Potential for misuse** inhalants, bronchodilators/spacers, pain medications, clonidine, needles
- **Side effects** primary reason for nonadherence (diarrhea, frequent urination, nausea, disorientation)
- **Analgesia/symptomatic treatment** patient contract, single provider for refills of pain medications
- **Immunizations** per standard clinical guidelines; influenza, pneumococcus, HAV, HBV, Td for adults
- **Antibiotics** standard liquid measurements, importance of completing regimen, RSV prophylaxis
- **Dietary supplements** multivitamins with minerals, nutritional supplements with lower resale value
- **Managed care** Prescribe medications that don't require pre-authorization, assistance getting prescriptions filled.

PLAN & MANAGEMENT *continued*

Associated problems, complications

- **No place to heal** efficacy of medical respite/recuperative care, supportive housing
- **Masked symptoms/misdiagnosis** e.g., weight loss, dementia, edema, lactic acidosis
- **Developmental discrepancies** focus on immediate concerns, not possible future consequences
- **Functional impairments** documentation of disabilities, assistance with SSI applications
- **Dual diagnoses** integrated treatment for concurrent mental illness/substance use disorders
- **Loss of child custody** support for parent of child abused by others and for abused parent

Follow-up

- **Contact information** phone numbers, e-mail addresses for patient, friend, family, case manager
- **Medical home** to coordinate/promote continuity of health care
- **Frequency** more frequent follow-up, incentives, nonjudgmental care regardless of adherence
- **Drop-in system** anticipate/accommodate unscheduled clinic visits
- **Transportation assistance** provide carfare/tokens, help with Medicaid transportation services
- **Outreach, case management** Connect with community outreach programs, HCH providers.



Recommendations for the Care of Homeless Patients



PLAN & MANAGEMENT *continued*

Follow-up, *continued*

- **Monitor school attendance** Address health/developmental problems with family/school.
- **Peer support** client advocate to accompany patient to clinical appointments/ambulatory surgery
- **Referrals** linkage with specialists, pro bono care, providers sensitive to underserved populations

MODEL OF CARE

Service delivery design

- **Multiple points of service** clinics, drop-in centers, outreach sites; electronic medical records, if feasible
- **Integrated, interdisciplinary** coordinated medical and psychosocial services
- **Flexible service system** walk-ins permitted, help with resolving systems barriers
- **Access to mainstream health system** ready access to secondary/tertiary care

Outreach & engagement

- **Outreach sites** streets, soup kitchens, shelters, other homeless service sites
- **Clinical team** use of outreach workers/case managers and medical providers to promote engagement
- **Therapeutic relationship** based on trust, nonjudgmental care, frequent encounters
- **Incentives** to promote engagement: food, drink, vouchers, hygiene products, carfare/tokens

MODEL OF CARE *continued*

Standard of care

- **Evidence-based medicine** Make elimination of health disparities a clinical goal re: special problems/needs of homeless people.

For more details, see *Adapting Your Practice: General Recommendations for the Care of Homeless Patients*, Health Care for the Homeless Clinicians' Network, 2004

WHAT IS HOMELESSNESS?

A homeless person is ...

an individual without permanent housing who may live on the streets; stay in a shelter; mission, single room occupancy facility, abandoned building or vehicle; or in any other unstable or non-permanent situation. An individual may be considered to be homeless if that person is 'doubled up,' a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. Recognition of the instability of an individual's living arrangement is critical to the definition of homelessness.

Principles of Practice: A Clinical Resource Guide for Health Care for the Homeless Programs, Bureau of Primary Health Care/HRSA/HHS, March 1999; PAL 99-12.

These and other recommended clinical practice adaptations specific to homeless individuals are available at www.nhchc.org.