A System-Wide Improvement of Healthcare Utilization by People Experiencing Homelessness to Ensure a Useful Emergency Department Visit and to Reduce Repeated Emergency Department Visits for Non-Urgent Health Conditions

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Abstract

Background: Homelessness is an important social determinant of health. The inappropriate use of health care resources by homeless patients is common due to their frequent visits to emergency departments for both urgent and non-urgent health care services. Some studies indicated that homeless people are often reluctant to visit primary health care centers as they face tremendous barriers to access regular services. Besides, the lack of continuity of care at the primary health care center can lead to chronic complex health conditions and prolonged hospitalization for people who are chronically homeless. Homeless people often lose their right to healthcare due to the gap in the healthcare service system that is not tailored to detect the health care needs of homeless people and to provide continuous care.

Method: A small-scale literature review was conducted to study the various health care service designs or models focused on the health care needs of homeless people. The purpose was to determine the effective attributes and unique designs of health care delivery system that can increase the acceptability and accessibility of health care services by diverse people who experience homelessness. Finally, to reduce inappropriate utilization of the critical emergency services.

Result: The review observed some crucial factors that can be suggested for future planning and restructuring of the current healthcare system to decrease repeated emergency visits by homeless people. These factors are an integration of various health care services to reduce the barriers to the easy access of health care services by homeless people. Proactively reaching homeless people to assess their health care needs and increasing support for the emergency physician at the emergency department.

Keywords: Integration of Service; Health Care Service; Homelessness; Accessibility; Emergency Health Care Service; Social Worker; Outreach

Introduction

Homelessness is one of the risk factors in the efficient utilization of Emergency (ER) visits at hospitals [1-7]. The high rate of overall health care visits is justified as homelessness is positively associated with poor health, illness and shorter lifespan [5,8]. The stigma and discrimination associated with homelessness results in homeless people receiving inadequate primary health care services [9]. Three critical conditions suffered by homeless people is the lack of a permanent home, difficulty meeting the health care needs and difficulty in social integration-all three function as barriers to maintaining health and well-being.

A systematic approach is required to improve the conditions of homeless people in our community. Similarly, a systematic approach is necessary for the health care sectors to increase the accessibility of services [10,11]. Various small and large-scale health care services need to be integrated to establish a system-wide combined homeless health care service that is acceptable and sufficient to ensure the health care rights of homeless people [1,6,12-14].

Studies have revealed that a patient who is homeless is a frequent visitor to the Emergency Department (ED) in comparison to the patient without homelessness issues [1-7]. Several homeless individuals frequently visit the ED because they do not have a family doctor, do not possess a valid health care insurance, have a complex nature of illnesses due to the lack of continued care [5]. Less frequent visits to the ER is also a cause of concern because it indicates towards a poor utilization of overall health care by the homeless group [5].

Why do homeless people avoid primary health care systems?

Homeless people face chronic deprivation. They often remain uncertain about their own health care needs. It is difficult for them to segregate health care from other basic deprivations such as food, shelter, education and social network. The predisposing factors associ-

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ated with homelessness can also influence the capacity for effective health care plans [7]. Some studies show that even in countries with universal health care systems such as Canada, the ER visits by homeless people is higher than visits by the general public [15]. However, the question that is raised is whether their health care needs are effectively met by visiting health care services. Are they getting the required service at the right place and on time or are they crowding the emergency department for services that should be provided at primary health care facilities? Some criteria of emergency departments such as 24 hours accessibility, no requirement of appointments and immediate investigation and treatment of the health conditions make hospital emergency departments more attractive to homeless people [1,5,7]. Evidence shows that homeless people are often chronic sufferers of discrimination from the mainstream society. Homeless people often face discrimination in the healthcare system as a health care system is not planned and designed to meet the health care needs of a person suffering homelessness [9]. Health care providers are often not equipped to meet their health care needs as the organization itself is not prepared to deal with the issue [9,13,16].

On the other hand, people often face grave difficulties to seek help or avoid visiting health care services due to chronic deprivation of basic needs before and after being homeless [9]. Homeless people don't possess the means to overcome the complex nature of the health care system that mandate compliance with certain conditions and standards [10]. For example, being patient with the waiting time, maintaining schedules, following prescriptions, retaining lifestyle-related advice and most importantly, following through the referral systems from one health care provider to another and from one location to another seem extremely challenging [9,10].

To provide care at the primary care center to a patient suffering homelessness requires more time than a patient without homeless issues. This is disadvantageous for the primary care providers [4,9]. Similarly, discharge plans of homeless people require additional efforts on behalf of the hospital authorities[4].

Study Objectives

1) To conduct a literature review to study the suggested health care service models that focus on the coordinated health care services to improve accessibility for homeless people.
2) To reduce the burden on the emergency health service at the hospital by improving the service available at the primary health care system for the homeless people who often visit the emergency department for non-urgent medical conditions.
3) To enhance effective emergency service delivery for homeless people by improving support at the emergency department.

Methods

Literature Search: For this small-scale literature review, articles were retrieved from PubMed and Google Scholar. This article is the result of a small-scale review of the available research on the suggested models for improving healthcare access for people who are homeless. The purpose is to determine the effective attributes and unique ideas related to health care delivery system that can improve the acceptability and accessibility of health care services by diverse people who experience homelessness and therefore to reduce the inappropriate use of emergency services.

Scope: This article does not focus on the various health care service needs of the diverse people who suffer from homelessness. For example, mental health service needs or drug addiction and alcohol treatment service or perinatal care for pregnant women. This article aims to highlight some of the pathways or models to eliminate accessibility-related gaps in the healthcare system for people experiencing homelessness.

Limitation: Most of these models apply to developed countries where universal health care ensures the accessibility of health care for the general public. This article is a descriptive analysis of the findings and aims to enhance the thought and knowledge translation rather than functioning as a systematic quantitative review. Each model has its pros and cons concerning implementation challenges such as effectiveness, feasibility, funding and policy gaps. This article does not include a discussion of these pros and cons.

Strength: Previous study results show that intervention at the primary health care settings can decrease the rate of emergency hospital visits and further reduce prolonged hospitalization among the general population [17]. Evidence also shows a positive association between homelessness and an increased rate of emergency department and hospital visits by homeless people. This article argues that identification and elimination of the health care system-related gaps are essential to decrease emergency visits by homeless people for non-urgent medical care needs.

Results

A brief description of the findings from the literature review

This article includes various health care service models and concepts from a small-scale literature review. The primary focus of these service models is to improve the health care service's accessibility for homeless people. There is no design available for a health care service model that can accommodate all the people experiencing homelessness. As homeless people are diverse, some homeless people could better adapt to one system than to another system. These suggested models are as follows:

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i) Incorporation of health care service within any community or social services that are often utilized by people with homeless ness,

ii) Outreach service where health care workers will reach homeless people's doors to offer services and build a relationship to break down the stigma,

iii) Integrated electronic medical records and homelessness surveillance system,

iv) Enhanced supportive systems in the emergency department at the hospital by ensuring the presence of social workers,

v) Integration of homelessness tailored medical clinics with emergency service at acute care hospitals to divert non-urgent home less patients to the clinic,

vi) Palliative services for homeless people who require this service,

vii) Permanent supportive housing where other essential services such as health care services come as a package with permanent housing.

Inter-professional teams at nonmedical centers: Homeless people spend a significant amount of time in various social and community services to seek information regarding health service, housing, food, employment and shelter. Homeless shelters, dropping centers, community centers and public libraries are examples of such places. The inter-professional health service model [12] in these community or social service settings is an excellent means to assist homeless people to receive primary medical assessment and to gather direction and information on various health care services. For example, an inter-professional service model consists of a nurse trained with the homeless issue, a trained social service worker and a librarian. This team will provide services to the homeless clients who visit libraries to spend a significant amount of time accessing the internet, using computers and other library resources and seek help from librarians to access various information including information on health care centers [12]. The nurse will try to conduct an initial health assessment. Furthermore, they will refer the client to an external primary health care provider if required and will continue to follow up with the provision of health care facilities to ensure that the client received the service. Social workers are usually trained to work with homeless people and have a good understanding of the client's needs. Furthermore, they are also prepared to deal with a homeless client with a mental health issue and connect them with the available external services. Thus, the client will feel more comfortable as an external facility located near the area will be notified by a nurse or social worker. Therefore, it will increase accessibility and acceptability and will reduce some of the barriers as the homeless client will be connected with the available service as per their needs and will be followed up to ensure that they received the required service resources [12]. Other locations such as community centers, food banks and shelters by the inter-professional teams could help homeless people to connect with primary health care or other services. This networking in non-medical settings will reduce emergency department visits by homeless people for non-urgent health care needs.

Integrated medical services in one health center: Visiting a medical center to receive treatment can be an accessibility barrier for a homeless person, which is easily understandable in their social and economic context. A medical center with integrated health services for homeless people can remove significant barriers [13]. Homeless people often suffer from the co-occurrence of medical conditions that require simultaneous treatment. For example, they often suffer from mental health conditions and substance abuse if the treatment needs of the low-income homeless patients can be integrated into the same health care center as opposed to referring to other facilities that often increase the care recipient and health care providers' barriers due to fragmented services [13]. It is essential to reduce health care accessibility barriers at the primary health care levels to reduce emergency department visits by homeless people for non-urgent health conditions and prolonged hospitalization for complex health conditions resulting from continued avoidance of routine check-ups and treatment on a regular basis as well as preventive health care.

Electronic information systems to improve communication challenges: Homeless people often don't employ the services of a family physician, and they visit different health care facilities to access health care. It often creates a problem for a healthcare provider to know their health status and relevant psychosocial and socio-demographic factors. Besides, they often visit during the crisis time. This prevents them from being good historians. Electronic medical records (EMRs) designed to capture and integrate the healthcare data of homeless people can help to maintain the history of the various services they received from multiple points of care [18]. Homeless people live in isolation and are often brought to the emergency department. Design EMRs [18] and surveillance systems could help reduce patient-physician interaction time and often ease the treatment decision as information pertaining to the health conditions are available from EMRs. It will also reduce the unnecessary repetition of investigation and referral to the emergency department for diagnostic uncertainty.

Fixed and mobile outreach health care services for homeless people: Homeless people are often poor help seekers [9]. They are often distrustful towards authority based on their previous experiences and the stigma resulting from homelessness and poverty [9]. They are in a disadvantageous situation and often suffer physical and mental health issues; they have inadequate information on how to access appropriate health care providers and facilities where they don't have to suffer discrimination. Therefore, health care must be brought to the area where homeless people can be found [10,11]. Outreach services can be of two types-fixed and mobile services [11]. Fixed outreach services are usually provided frequently out of community drop-in centers or homeless shelters. Mobile outreach services

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are traditionally delivered from a vehicle in an area convenient to homeless people such as a shelter or could reach vulnerable homeless people living on the streets [11]. These kind of services are essential to serve homeless people who often avoid health care facilities unless symptoms or illness become intolerable [11].

Support of social workers at the emergency department: Homeless people often visit the ED as they do not have a regular family doctor and they consider ED visits as the only way to access health care during crisis and even for non-emergency medical conditions. ED doctors often manage homeless patients by referring them to non-emergency peripheral services such as shelters and alcohol and drug treatment centers when appropriate. ED physicians are often not trained to provide non-medical services to homeless people [1]. Due to these demands for non-emergency services on ED departments, the quality of care, patient flow and follow up services can be affected negatively [1]. In this context, social workers experience working with vulnerable people who require other services outside of the service provided by the ED. For example, social workers are trained to assess these low socioeconomic class or homeless patients' social or non-urgent medical needs and know how to connect them with the available services [1]. Social workers are also prepared to deal with homeless people who also have a history of abuse, mental health issues and alcohol and substance abuse problems. Social services must be integrated into the ED [1] so that the ED doctors receive enough support from social service workers to deal with homeless people. The effectiveness of the ED visits by homeless people requires integration between the social worker's service and the ED service. It will also reduce the frequency of the ED visits for nonurgent health care needs [1].

Homeless-Tailored Primary Care clinic located in close proximity of an emergency department: In this model, the hospital premises will have a homeless-tailored primary clinic in the proximity of the ED. The purpose behind this is to reduce the burden on the emergency department by directing the non-acute homeless patient to the clinic. Homeless people face a tremendous barrier to receive care at the primary health care; they utilize ED for treatment requirements [6].

Access to palliative care for homeless people: Homeless people often fail to receive palliative care [16]. Due to the lack of continuity of care, the physician is often unable to recognize the need for palliative care for the homeless patient on time. The mainstream health care sectors such as nursing homes, shelters and hospice facilities must incorporate palliative care services for homeless people by training staff on how to manage homeless people who could face difficulty fitting in with the organization's set culture or other requirements as their physical ailments often coexist with untreated addiction or mental health issues [16]. Unfortunately, these facilities do not proactively reach out to homeless people who need palliative care. Instead, they demand that homeless people meet eligibility requirements to fit into their system. If trained, outreach workers and primary care physicians can assess the homeless people and refer them to palliative care facilities on time and thus reduce repetitive emergency visits [16].

Permanent supportive housing (PSH): PSH is an intervention to serve homeless people, especially those suffering from chronic homelessness in the USA. One of the unique features of PSH is the promotion of retention of homeless people in their houses by ensuring the provision of other essential services such as health care services to homeless people with disabilities and for those who are also suffering from poor health conditions [14]. Homeless people live in social isolation and face barriers to access health care and other community services. One of the purposes of PSH is to promote housing retention and to facilitate the integration of homeless people into the community. Housing is as an essential determinant of health care service continuity for people with disabilities and complex health conditions. The policymakers and researchers must study the process of aligning health care service and housing needs. Elimination of policy and funding gaps to secure reliable funding streams to implement and sustain PSH models for homeless people is also vital [14].

Discussions

After reviewing the suggested models, it is appropriate to argue that the implementation of interventions in the health care sector is essential to provide healthcare to homeless people effectively. Evidence suggests that intervention at the primary health care settings can decrease emergency hospital visits and reduce prolonged hospitalization by the population regardless of the homeless status [17]. Ensuring primary care service for people experiencing homelessness is essential. For people who are reluctant to seek medical care, outreach services must be in place to provide early detection of health care needs to reduce morbidity and mortality. For example, homeless people suffering from complex health issues require palliative care. Homelessness-focused intervention at the emergency department is also required to provide adequate support to homeless people who need additional psychosocial help. Social service workers and homelessness-focusing clinics adjacent to the emergency department are some examples. Once homeless people with complex health issues are provided with permanent housing, there is a risk of poor retention unless the housing service is bundled up with other essential services such as health care, transportation and food. Intervention to reduce emergency visits by strengthening the connection of social and community services with primary health care and and therefore homelessness-focused tailoring of both urgent and non-urgent acute health services are essential steps to improve the health care needs of homeless people.

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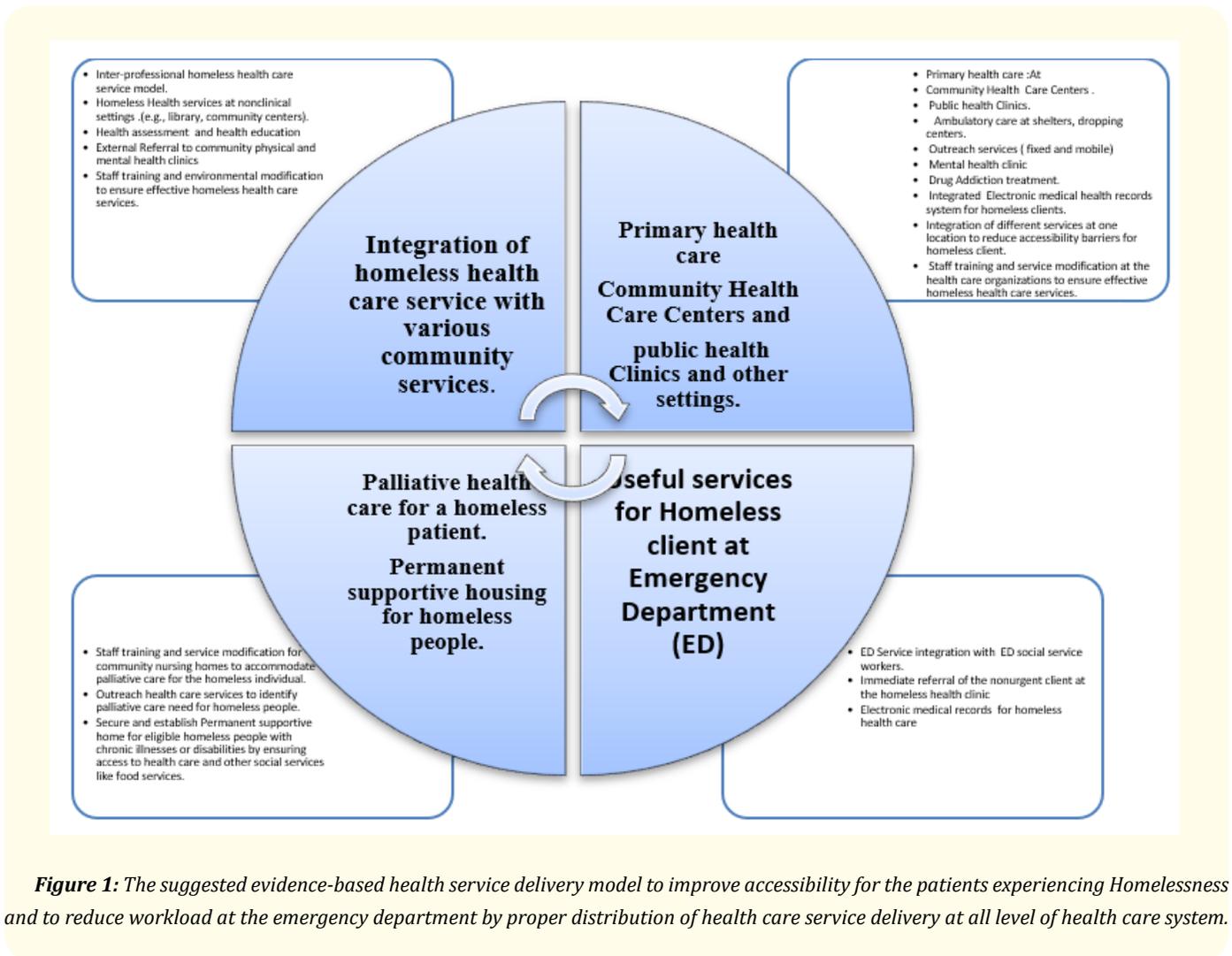
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Figure 1: The suggested evidence-based health service delivery model to improve accessibility for the patients experiencing Homelessness and to reduce workload at the emergency department by proper distribution of health care service delivery at all level of health care system.

Lessons Learned

1) Homelessness is a significant public health issue. Acknowledging this fact should be followed by the adoption of a systematic approach to incorporate homeless patients into the health care system. Health care systems should be tailored to reduce the gaps in the system by the integration of various health care services.

2) Heterogeneity exists among homeless people with respect to their age, gender, level of education, vulnerability, comorbidities, the degree of traumatic life event and duration of homelessness. Health care program planning should consider these heterogeneous factors. Stereotyping of homeless people has a detrimental effect on their well-being and mental health. Health care workers require specialized training to work with homeless people. For example, specific standards and established rules may not apply well when dealing with a patient who is homeless [10,16]. Several of them require extra time to open up to a new health care provider [9]. A little extra care and sensitivity will increase acceptability and reduce any sort of discrimination on the part of the health care providers. Otherwise, homeless patients may feel unwelcome for such visits. On the other hand, health care providers also require a support system to manage homeless patients well [1]. It is important to understand that psychosocial needs are frequently more important than their physical health needs.

3) Repeated emergency department (ED) visits and prolonged hospitalization are the outcomes of a service gap in the health care sectors. Homeless people often visit EDs during a crisis and at the onset of painful symptoms. They also visit EDs the for non-urgent medical needs. Emergency physicians need support from other non-urgent service areas to ensure comprehensive case management. Therefore, service integration is essential. Holistic homeless health care service requires building a system-wise support system through the integration of social services and health care services [10-13].

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Conclusions

Homelessness is a significant social determinant. It is essential to eliminate homelessness by ensuring that homeless people don't suffer poor health. This is instrumental in assisting their integration into mainstream society. Furthermore, homelessness is associated with an increased rate of morbidity and mortality [5,8]. It is important to adopt early health care intervention for homeless people to reduce a long-standing homelessness situation. Health care providers and health care organizations can play a significant role to empower homeless people by ensuring that the fundamental human right of health care is available to them. Careful planning and review of the existing healthcare system and tailoring those services for homeless people are essential steps to reduce overcrowding in the emergency department, and it's also a cost-effective strategy in the long run [2].

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