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Title

Evaluating a Physician-led Outreach Intervention to Improve Patient Outcomes in a Permanent Supportive Housing Population

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context

There is limited evidence on interventions health systems should adopt to address the health needs of vulnerable patients in permanent supportive housing (PSH). One approach is an 'on-site' care model that brings primary care to the patient.

Objective

To improve engagement in primary care and assess feasibility and acceptability of an on-site medical intervention for PSH residents.

Setting/Intervention/Population

This was a pilot evaluation of a weekly on-site primary care team of physician (0.1 FTE), part-time nursing, pharmacy, and phlebotomy services integrated with existing case management programs at one PSH site in Southwest Washington. The team began operations in November 2020. Procedures included on-site routine and acute care services, door to door outreach, and follow-up care coordination between housing case management and medical staff huddles.

Study Design and Outcome Measures

We conducted a pre-post chart review to assess primary care engagement (e.g., number of PCP visits, number of touches by team members), ED visits, and hospitalizations. We used the preceding 180 day period as the pre-evaluation period and included a 2-month wash-out period, followed by a 180 day

post-evaluation period. We conducted t-tests and chi-square analyses. We documented qualitative feedback from monthly meetings with housing, clinical, and research teams for formative feedback.

Results

There were 31 residents during the evaluation period; 27 participated and had their EHR records analyzed. The average age was 52.4 years (SD 10.2), 56% were men, and 82% were non-Hispanic white. Only 48% had an existing PCP relationship prior to the intervention. In the post-period, 81% (n=22) had at least 1 intervention visit. Compared to the pre-period, residents experienced significant increases in PCP visits (0.6 [SD 1.4] vs 4.0 [SD 3.2], $P < .05$). Residents experienced decreases in ED visits and hospitalizations that were not significant in the post-observation period (ED visits: 1.4 vs 1.2, $P=NS$; Hospitalizations: 0.3 vs 0.0, $P=NS$). There were 100 documented touches by the team, and 78% of residents had regularly contact with the intervention. PSH staff noted continuum of care greatly improved, patients reported decreased stigma, and providers felt chronic diseases were better managed.

Conclusions

An on-site primary care delivery model is feasible and led to increases in primary care engagement for high risk residents in permanent supportive housing.