The Agency:
Cambridge Health Alliance Healthcare for the Homeless program provides medical care, case management, and advocacy for homeless residents of Cambridge and Somerville, Massachusetts. Physicians, Nurse Practitioners, Nurses, and Social Workers provide care for patients in clinics, shelters, soup kitchens, and on the streets.

There are 3 outreach clinic sites: Salvation Army in Cambridge, CASPAR Emergency Service Center in Cambridge, and St. Patrick’s Women’s Shelter in Somerville.

Dental screenings are offered twice monthly at the Salvation Army site with same day appointments available at the Windsor Dental Clinic.

CHA Healthcare for the Homeless staff also visit hospitalized homeless patients and coordinate treatment and discharge plans.

What Can Be Done:

CHA is initiating a study to determine the characteristics of homeless individuals who frequently visit the Emergency Department.

Frequent utilization is defined variably among studies, but will be defined as those who utilize the ED 10 or more times in a 6 month period, in accordance with BHCHP’s definition.

Concurrently, a qualitative study is being undertaken at CHA under Dr. Yamini Saravanan, to learn the stories of these patients in their own words.

Once this population and their reasons for presenting to the ED are understood, interventions may be developed to help reduce ED visit frequency and improve patient outcomes.

Studies have shown the “Housing First” model reduce frequency of ED visits and improve patient health.

In partnership with local Boston hospitals, Medicaid and Medicare, the Boston Commission for Public Health, and others, Boston Healthcare for the Homeless has been able to reduce ED visits by homeless high-utilizers by 56%, inpatient stays 33%, and EMS transport by 86%.

CHA is considering a similar intervention for their patients but is interested first in identifying their high-utilizer population.

References:

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The Issue:

The majority of the highest utilizers of emergency departments are homeless. Increased frequency of visits is not correlated with better outcomes. Increased frequency of visits is associated with increased costs.

The emergency department may not be the appropriate setting for these individuals to receive optimal care for their presenting conditions.

Studies have shown that intensive case management through the “Housing First” model reduce frequency of ED visits and improve patient health.

Boston Healthcare for the Homeless (BHCHP), of which CHA’s program is a sub-grantee, has initiated an intervention for this target population, the HUES to Home program. (HUES = High Utilizers of Emergency Services)

In partnership with local Boston hospitals, Medicaid and Medicare, the Boston Commission for Public Health, and others, Boston Healthcare for the Homeless has been able to reduce ED visits by homeless high-utilizers by 56%, inpatient stays 33%, and EMS transport by 86%.

CHA is considering a similar intervention for their patients but is interested first in identifying their high-utilizer population.

How To Get Involved:

For UMass Medical Students: Homeless Outreach and Advocacy Project, Worcester MA Population Health Clerkship, 3rd and 4th Year Electives

For Medical Students, Nursing Students, and Individuals: Boston Healthcare for the Homeless
See opportunities at http://www.bhchp.org/volunteeropportunities.htm