Incorporating Community Health Paramedics into Your Homeless Healthcare Program

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“Here’s the story of an Austin clinic. . . .” and the development of an unusual partnership
Objectives

To tell our story to . . .

• Illustrate the potential that exists for collaboration with EMS personnel in the work of homeless healthcare
• Encourage those in other communities to build relationships with and explore greater engagement with EMS
• Receive constructive feedback from others doing this work in other areas
Homelessness in Austin

PIT Count 2018:
- 1,014 Unsheltered
- 1,133 Sheltered (up 5% from 2017)

Housing:
- 2 Shelters with 472 beds, various transitional housing settings

ECHO: Current Needs and Gap Report Sept 1, 2017
Homeless Healthcare in Austin

Mission Statement: To provide access to high quality, integrated healthcare and social services that focuses on meeting the needs of vulnerable, marginalized, and mobility-limited individuals by eliminating societal and logistical barriers.
Shelter Clinic @ ARCH (2004)

- Clinic open Monday-Friday 7 am – 4 pm
- Offer medical appointments and walk-ins
- Mental Health services, lab, TB testing
- Case Management
- Clinic is part of a larger FQHC
Mobile Team (2013)

Our mobile team goes to fixed sites in the community and sets up a mini clinic.
They meet acute and chronic medical needs and preventative goals.
Street Medicine (2014)

Street Medicine team goes out in their van seeking individuals outside offering medical care (acute, chronic, preventative).

Blood draws/testing
Prescriptions/refills
Referrals to specialists
MAP enrollment
Other Homeless Services in Austin

- Integral Care--MH services (street outreach--PATH, eMCOT, MCOT)
- Austin/Travis County EMS Community Health Paramedics
- Recuperative care- 12 beds at a SNF
- ECHO--housing system coordinator
- Medical Assistance Program (MAP)
- CD Doyle Clinic (Sun only, med student-run)
- Sunrise Community Church ("weirdest little church in Texas")
CommUnityCare’s journey to street medicine...and collaboration with the CHPs

- CUC is large FQHC in central TX with 19+ clinics
- 92000 individuals served last year
- 60% of funding comes from Central Health
- Homeless healthcare clinic started 2004
- 2013 CUC was asked to take on DSRIP mobile health project
- Oct 2014– street medicine was launched under the mobile program
Challenges Encountered

- Transportation issues
- Barriers to emergency behavioral health eval/assistance
- CUC policies made street team flexibility difficult
- Lots we didn’t know—like how and when to consider ED, community resources, etc.
“The right resource to the right place at the right time”

Assistant Chief Andy Hofmeister, Paramedic, Austin Travis County EMS
The Big Five (Seven, in context of Homelessness)

- PCP
- Medical Funding
- Mental Health Services
- Transportation
- Access to medications
- **PLUS...**
- Food
- Shelter
CHPs help ensure appropriate treatment at ER when patients need to be sent to the hospital.
Current Collaboration

- 1-2 full days of collaboration each week (CHP, provider, MA)
- 1-2 days additional days each week of CHP follow up
- Dedicated EMS Sprinter
A Day in the Life of the CHP-Mobile Street Med Team

730 am: CHP picks up ambulance (sprinter) at EMS HQ

830 am: Team meets at SEHWC, huddles to plan day, load up
A Day in the Life. . .

830-3 pm: Visit patients on street, in camps (lunch on the run often)

3-5 pm: Return to SEHWC to chart, fax, process labs, restock, return ambulance to EMS HQ

Next Day: CHP coordinates follow up (meds pick-up, diagnostics, appts, etc.)
A Day in the Life...
"Ray Ray"

CHP-mobile street med team can reduce ER visits, provide more comprehensive health care.
Alfred “Tim”

Persistence by CHP in building relationship with a client unwilling/unable to engage in plan of care developed by provider pays off.
What Does Each Partner Bring?

CHP
Mission: To reduce ER utilization and hospital readmissions

- Mobility and flexibility
- Medical training
- Specialized skill set
- Familiar with city layout
- Well connected in community
What Does Each Partner Bring?

CUC mobile

Mission: To meet healthcare needs of vulnerable, marginalized, and mobility-limited individuals by eliminating societal and logistical barriers.

- Credentialed medical provider
- Access to large clinic network and associated resources
- Access to specialties
Organizational Synergy!

- Different missions, different scopes of practice, overlapping patient populations
- Both organizations bring unique resources and skills
- Members of each organization work to the top of their licensure
- Clear line of communications, understanding of roles & responsibilities is key.

"You can do what I cannot do. I can do what you cannot do. Together we can do great things."

– Mother Teresa
Data: Austin Transition Center

3154 TX-71, Del Valle, TX 78617

Freq: 1x/ week
Team sets up in the Recreation Room
What is Success?

CUC Mobile Team Begins Service

Average Reduction of 47.6%

Estimated System Savings of 120K – 200K per Quarter

*1 Month Disruption of Services

Trend Illustration of the Reduction of EMS calls at ATC After CUC Mobile Intervention - *specific data removed at request of CHP. Please do not redistribute.
Challenges

• Electronic information flow/access to each other’s EMRs
• Managing patient follow up effectively, QA
• Financial sustainability
What’s Next?

- QA/efficiencies
- Data collection
- Confirm effort in line with strategic goals of partners
- Reimbursement strategies
- Expand?
  - More days on street?
  - Suboxone treatment
  - HIV PReP?
  - Hep C?
Questions/Discussion
References


