

## Vulnerable in the Valley: Assessing Homelessness Prevalence in the LVHN Patient Population

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# Vulnerable in the Valley: Assessing Homelessness Prevalence in the LVHN Patient Population

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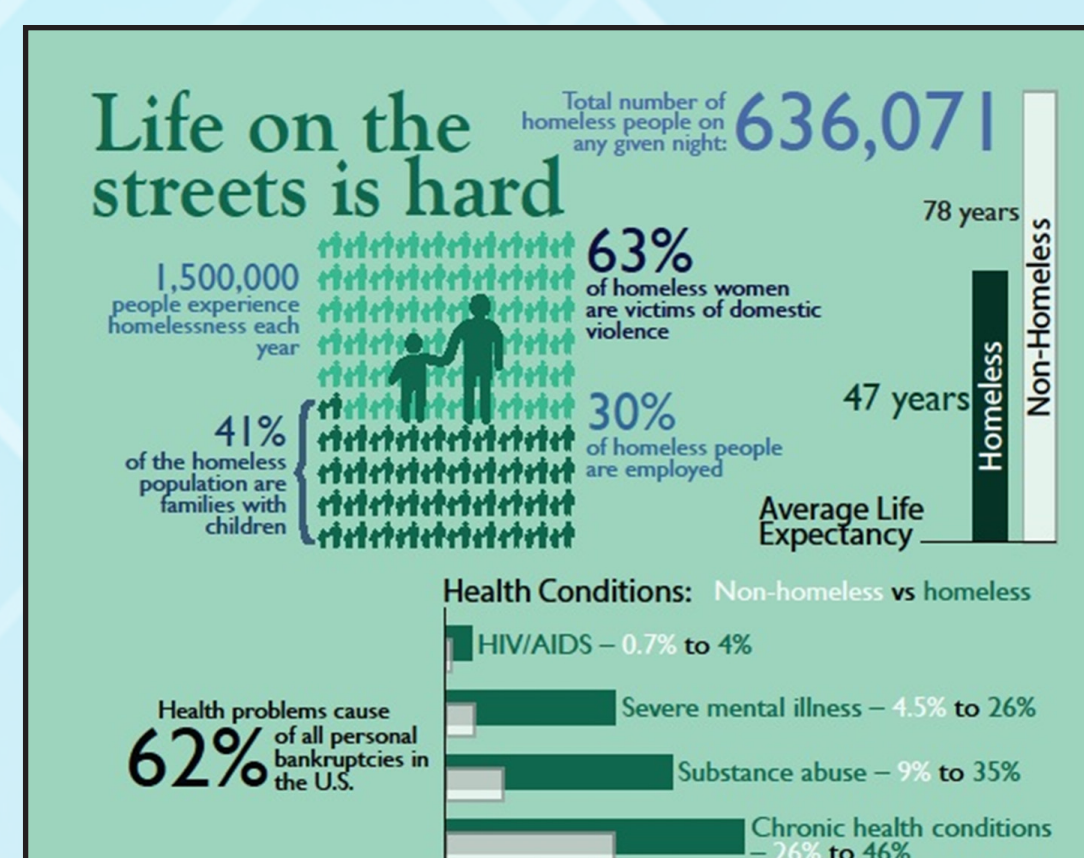
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## Background

### A National Problem, A Local Problem

- Social determinants of health recognized as highly influential on health outcomes – few more so than housing



National data, NHCHC

- Traditional models of care delivery have proven ineffective for this population:
  - Emergency Department utilized heavily for care – a documented trend
  - Estimated 80% of such ED visits could be prevented by adequate primary care
  - Avg. LOS 4 days > than housed population; 30-day readmission rate 10x higher
- Estimated 10,500 homeless individuals in Lehigh Valley
- Unreimbursed care at LVHN: Minimum of \$150 per ED visit, avg. of \$20,000 per admission

### Seeking a Solution

- LVHN Street Medicine Team & Consult Service – filling a longstanding void



- Still, LVHN unable to report actual utilization rates or cost of care for homeless individuals
  - Majority of care settings do not have standardized approach to screening for (and responding to) homelessness
- Prevalence estimates would provide invaluable springboard for Street Medicine Team and community

## Project Design

### Piloting a Screening Tool

- In an attempt to address dearth of data related to homelessness, a screening questionnaire was devised

**HOUSING STABILITY SCREENING QUESTIONS**

In the **last 60 days** have you:

1. Changed residences more than twice?  
Yes  No
2. Been concerned about losing your housing?  
Yes  No
3. Lived with a friend or family member you do not normally reside with due to financial hardship?  
Yes  No
4. Been evicted or served an eviction notice?  
Yes  No
5. Slept outside, in an abandoned building, your car, in an emergency shelter, or in a motel due to financial hardship?  
Yes  No

If the patient answers **YES** to any of these questions (with the exception of Question 2), they are considered "homeless"; affirmative responses to Question 2 will confer a status of "at risk for homelessness."

- Multidisciplinary volunteer force for survey administration:
  - Medical Students (USF Health MCOM)
  - Physician Assistant Students (DeSales University)
  - Medical Residents (Family, Emergency, and Internal Medicine)
- Multi-phase screening process:
  - Initial round to occur within three LVHN ED's (Cedar Crest, 17th Street, Muhlenberg) for specified period of time
    - Results may suggest need to repeat screening to offset variables such as seasonal variations in ED visits
  - Subsequent screening to include various identified high-volume outpatient primary care practices
  - Target outcome of ongoing Network-wide screening initiative
- Quality Improvement vs "Human Research"



## Results

- Initial round of screening awaiting final departmental approval
- Upon completion of Phase 1, mechanisms of data collection and reporting will be closely analyzed, and optimized as needed
- Results from preliminary round(s) will dictate the need for further screening efforts

## Conclusions

### Next Steps

- Directing screening teams, coordination with host sites
- Integration of screening tool into Epic (as well as outpatient and inpatient care processes)
- "Change is the Only Constant"
  - Effecting institutional change via engagement with the "SELECT competencies":
    - Health Systems
    - Leadership
    - Values-Based Patient-Centered Care
  - Establishing the "burning platform," and expanding LVHN Street Medicine
  - "Excellence is a process – not an accident"

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