

Weaving Primary Healthcare into Onsite Services: Janian

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center for urban
community services



Rebuilding lives together

This talk

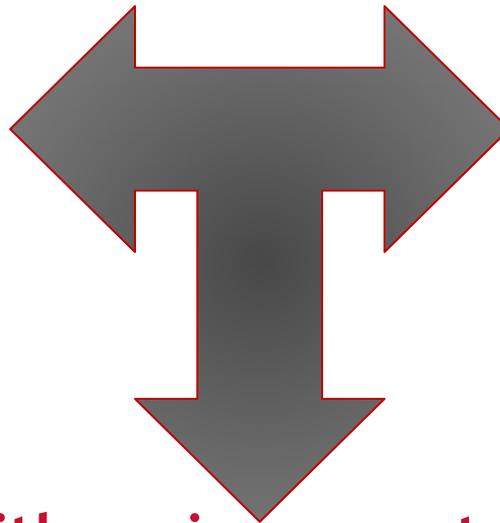
Van—Be careful what you wish for. Some background and the setting of the opportunity.

Eve—Outsider to insider. The view from the social service teams.

Margo—Dream to reality. The risks and benefits of doing primary care in housing.

A population in need of better medical care

People living with serious mental illness also suffer from comorbid medical illnesses.



People living with serious mental illness face many obstacles to utilizing traditional healthcare.

Americans living with serious mental illness have a life expectancy as much as 25 years less than Americans who do not live with serious mental illness.

Where we started

Project for Psychiatric Outreach to the Homeless founded in 1986



PPOH acquired by CUCS in 2006



Janian Medical Care formed in 2011

Be careful what you wish for

PPOH

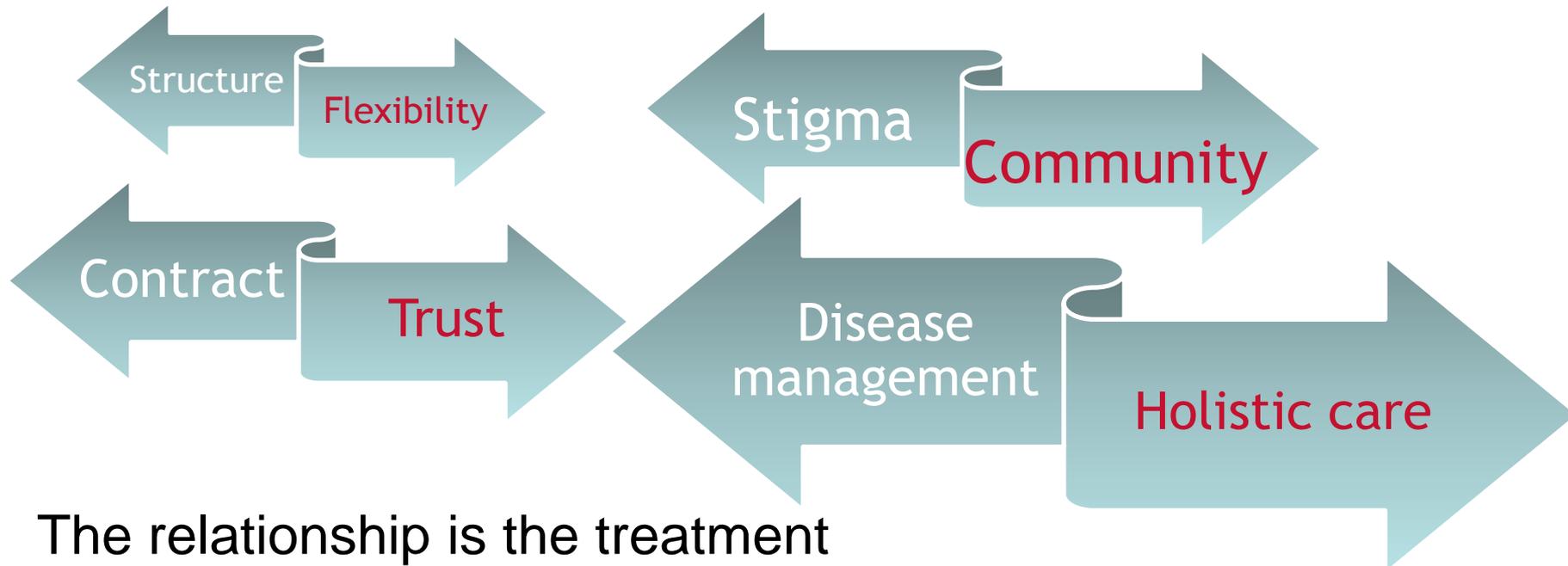
- was only able to practice psychiatry
- was completely funded by contracts and grants—no 3rd party

Janian

- can practice any kind of medicine
- will have to bill MCOs (Managed Care Organizations)

What's at stake: Person-centered care

What is **person-centered care** for formerly homeless people with co-morbid behavioral health and physical health conditions?

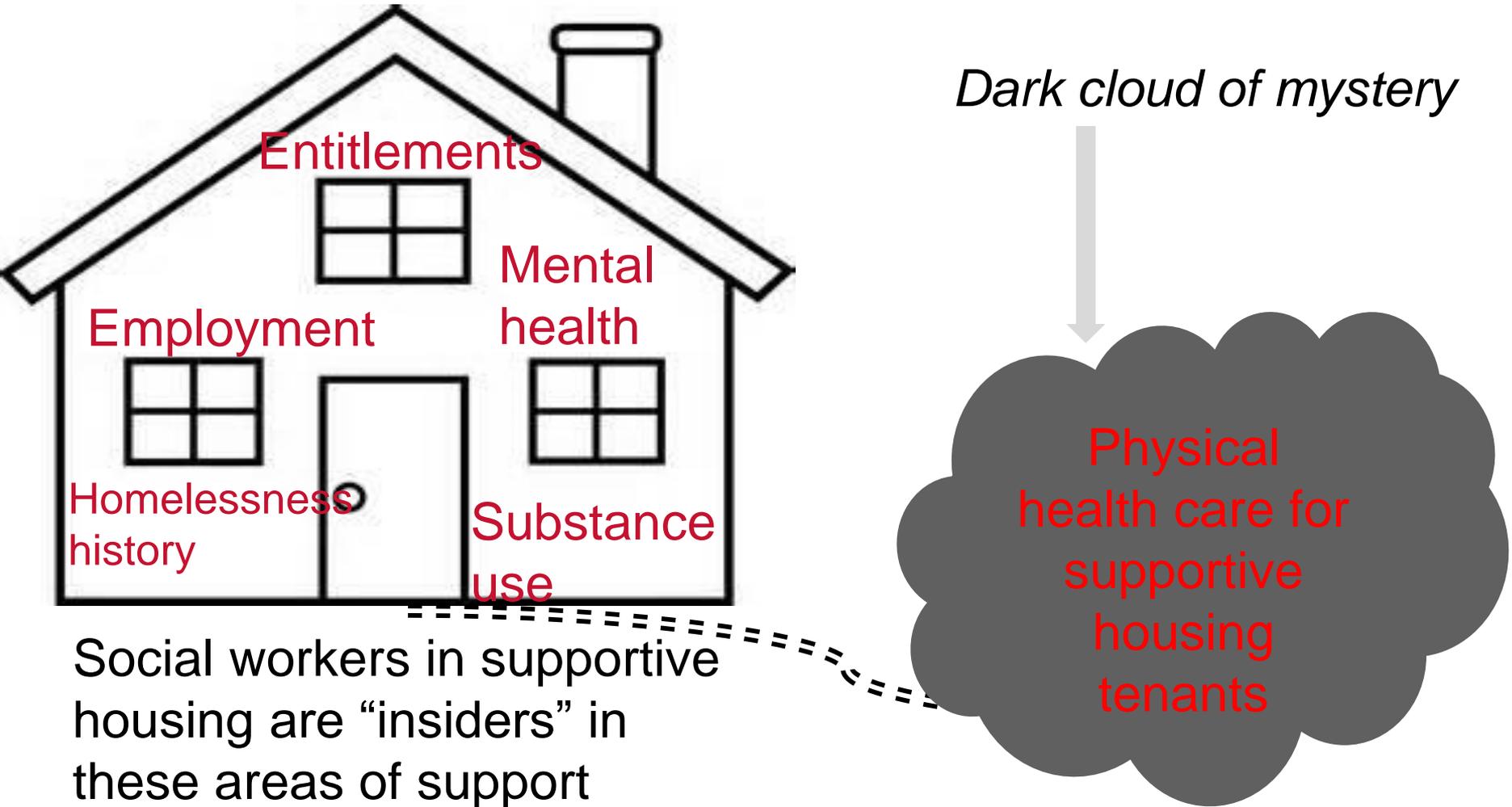


The relationship is the treatment

Care is provided by a community—integration or nothing

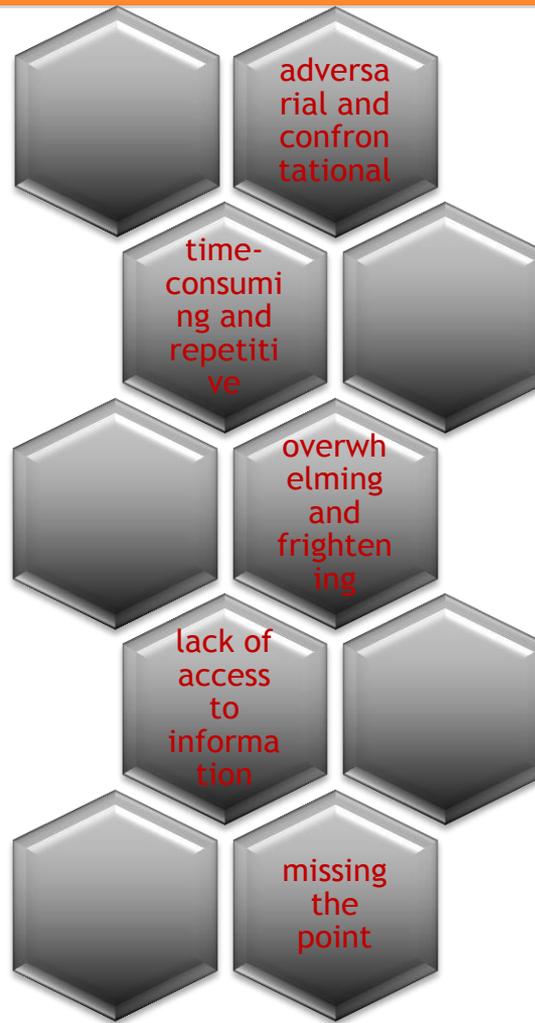
It doesn't require fancy equipment, but it takes time

Outsider to Insider: From where we were



Characteristics of outsider advocacy for medical care

Outside medical providers are often not knowledgeable about mental health and substance related factors



Housing social service workers are often not knowledgeable about physical health

Poof! Primary care under our roof

Once a week a **primary care provider with medical assistant** works on-site in the offices with housing staff.

Workers and managers collaborate with PCP team to:

- Assist tenants to come to primary care appointments, where they
 - have questions answered about their medical health
 - get lab work done
 - receive vaccines and physical exams
 - are prescribed medications as needed
- Assist tenants to follow up outside of appointments by
 - making changes in their lives to improve health
 - taking medications as needed
 - receiving imaging and diagnostic tests offsite (x-rays, MRIs)
 - attending specialist appointments offsite

Difficulties of coming inside

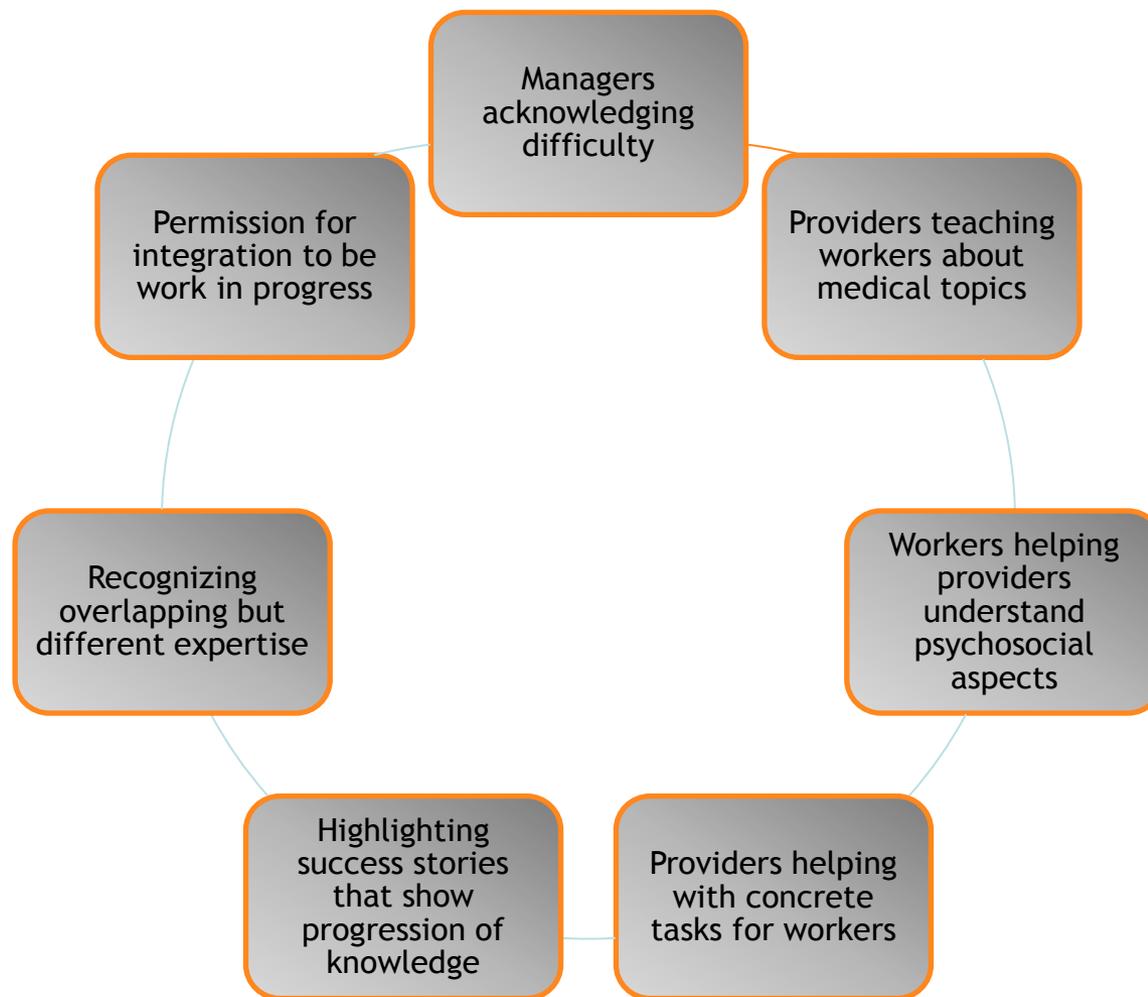
“What does this note even mean? I just need to know if he can still get the lab work done after breakfast, not these details and weird doctor abbreviations. What is ‘NPO’ supposed to mean, anyway?”

“How am I supposed to explain to Jerome that she won’t give him the same meds his old doctor did? I told him the care here would be better. Would it really kill him to get the Benadryl? He says he needs it to sleep and I believe him.”

“As soon as she started seeing the provider here, all of sudden there’s all this stuff she has to do. If Liza were someone who went to doctor appointments and checked her blood sugar and took meds, she wouldn’t need care here in the first place.”

“If I’m going to be a partner with the PCP, like you keep saying, why isn’t she listening to me? There’s no way Jim is going to take that many pills, no matter what his blood pressure is. His pressure has been high for years and he’s fine.”

Dealing with difficulties: ongoing project



Coming inside: the good (it's very good)

“Estella” moved into supportive housing in 2013. Serious health conditions: diabetes, hypertension, HIV/AIDS, seizure disorder, bipolar disorder, trauma history, and opiate dependence. She is terrified of dying alone in a nursing home and says she would rather kill herself than go to a nursing home. From 2013 to 2014, she had shingles once, pneumonia twice, a broken collarbone after a seizure, and gone to 28-day drug rehabs twice but left early each time.

Talking about everything EXCEPT health
Urging her to take HIV meds....
But then stopping that because we thought that might be worse
She left rehab after 3 days because they wouldn't let her put sugar in her oatmeal
Spending 90 min each way to escort to MD, with no result
Refusing referrals
Referrals refusing her



Teaching sessions about blood sugar monitor
Reducing # of blood pressure meds
Explaining lab results and numbers
Provider going to her apartment
Providing refills when she lost her meds
Setting up transport
Beginning conversation about sexual safety
Trauma-sensitive GYN care
Switching to insulin pens (needles are a trigger)

What is Primary Care?

Includes:

- Health promotion
- Disease prevention and early detection
- Health maintenance
- Counseling
- Patient education and empowerment
- Diagnosis, treatment, management and follow-up of acute and chronic illness
- Engagement in therapeutic process and alliance
- Access to care for a wide array of conditions
- A hub from which patients are guided through the healthcare system
- Participatory decision-making by tenants

Primary Care in Supportive Housing

Tenants

- Significant obstacles to high quality, integrated care
- At-risk for serious health conditions and grave outcomes

High co-morbidity

- *Mental Illness*
- *Addiction*
- *Psychosocial struggles*
- *Chronic and acute illness*

Excessive hospitalizations and ER visits, largely preventable

High utilizers of inpatient care, 2014

Case #	# of Days
1	336
2	317
3	292
4	245
5	233
6	215
7	211
8	207
9	183
10	176
11	163
12	137
13	132
14	126
15	125
16	122
17	120
18	115
19	114
20	111
21	107
22	104
23	95
24	91
25	90

Primary Care in Supportive Housing

Tenants

- Significant obstacles to high quality, integrated care
- At-risk for serious health conditions and grave outcomes
- Poorly managed health

Preventable (and costly) illness and hospitalizations

Decreased quality of life

Usual community care models have failed our tenants

Janian-developed, resource-intensive, on-site services

- Target most complex clients, who have been unsuccessful engaging in usual community-based care

From Triple Aim to Triple I (I³)

Janian person-centered collaborative care is:

Intensive, Individualized, Integrated care

- Benefits are exponential
- Some key features

Collaboration and coordination

Long-term, person-centered, medical treatment planning

Therapeutic alliance

Time, patience, and more time

Integration

“Integrated” Care

Historically

Janian Medical Care/PPOH, CUCS, and Common Ground

- Primary care
- Behavioral/mental health care
- Social Services, includes
 - Socio-occupational rehabilitation*
 - Finances management support*
 - Care collaboration*
 - Assisted self-administration of medication*
- Housing

Rebuilding Lives Together

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Some early outcomes data

Initial cohort of 154 people

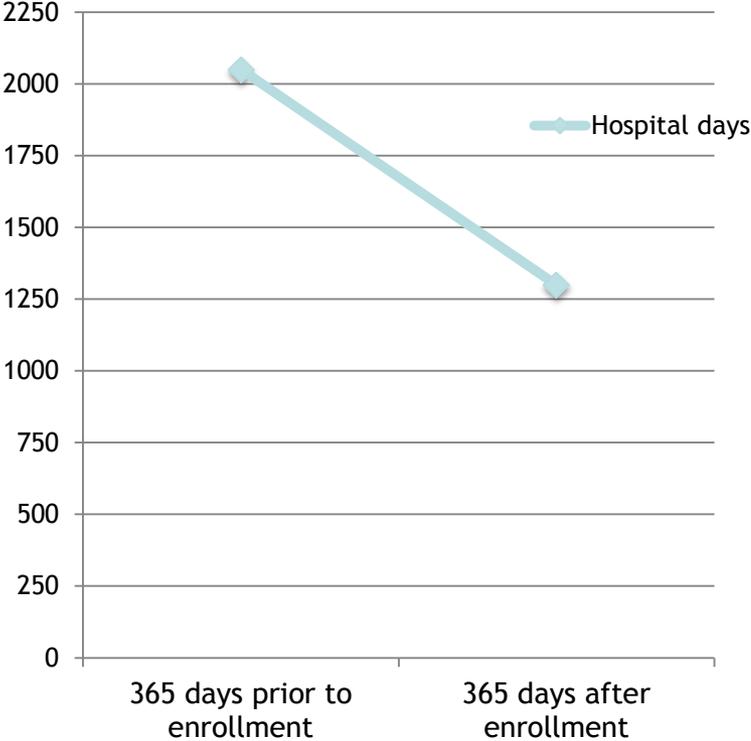
Total hospital days decreased by 751 (24%)

Total hospital visits decreased by 55 (37%)

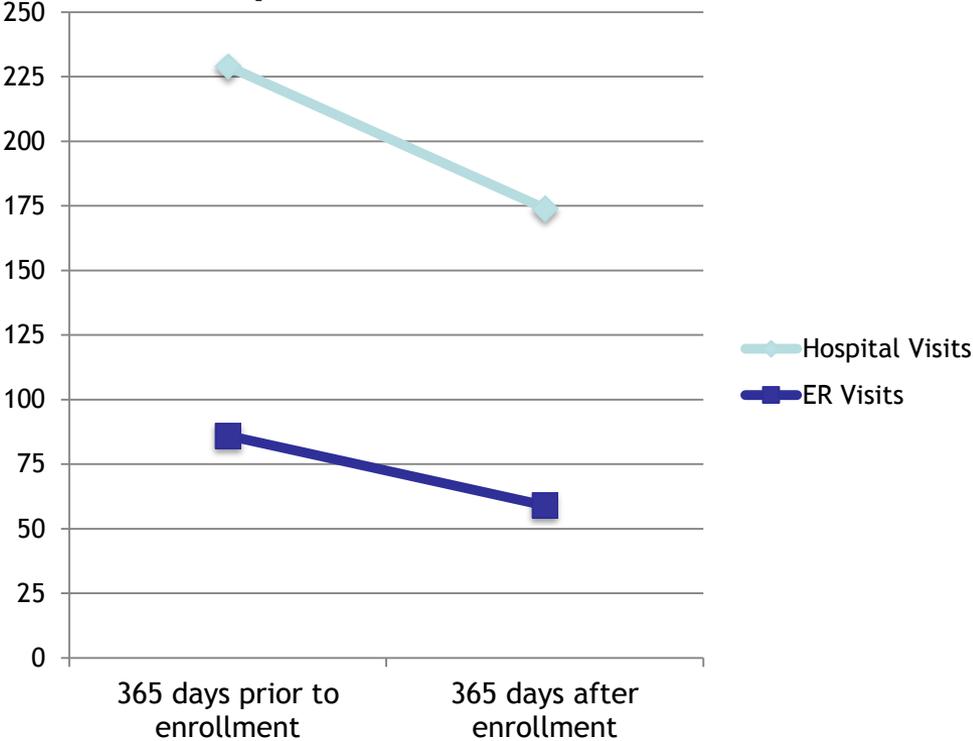
Total ER visits decreased by 27 (31%)

		365 days prior to enrollment	365 days after enrollment
Hospital days	Aggregate	2050	1299
	Mean	13.31	8.44
Hospital visits	Aggregate	229	174
	Mean	1.49	1.13
ER visits	Aggregate	86	59
	Mean	0.56	0.38

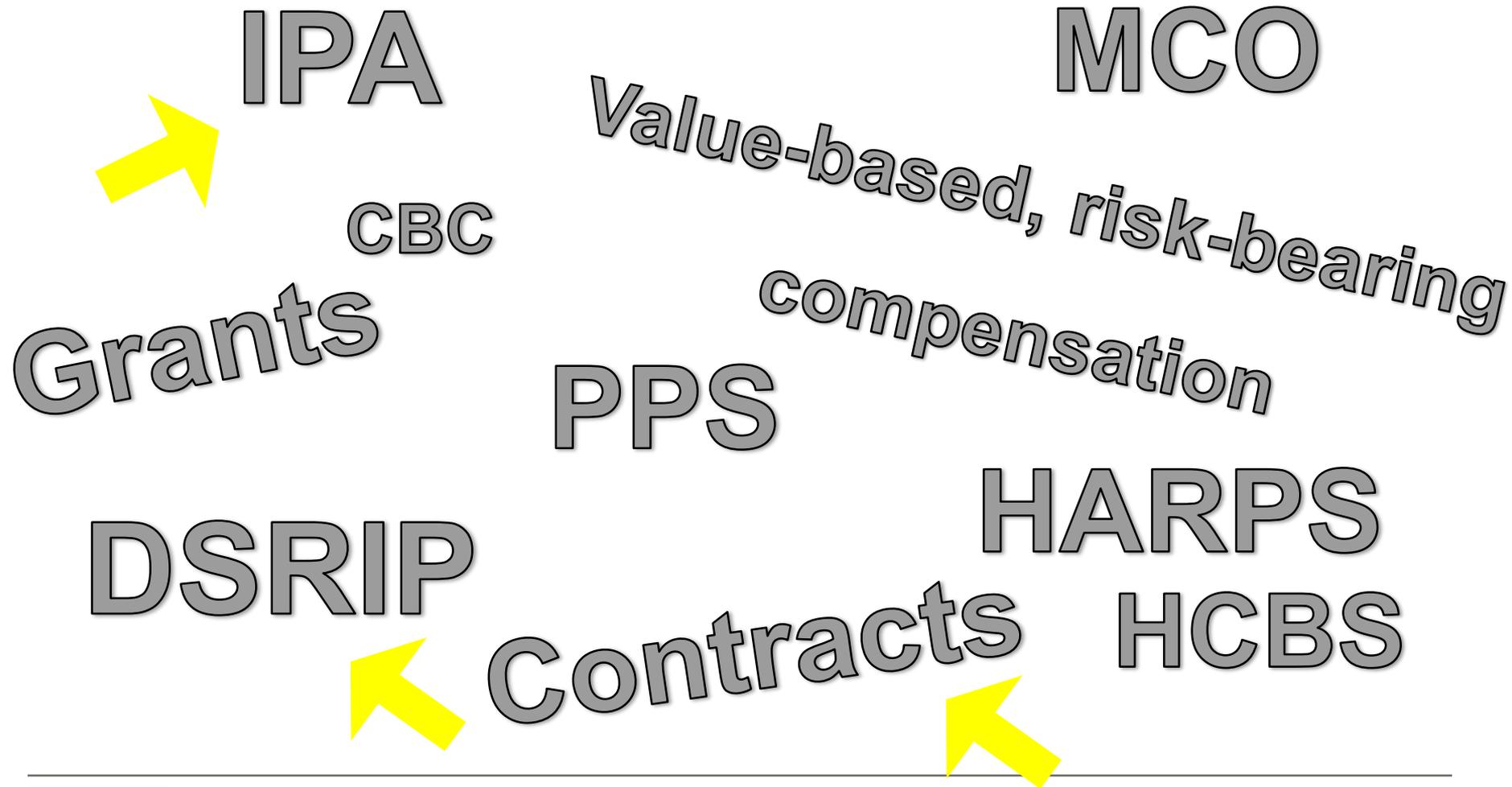
Total Days in Hospital



Hospital and ER Visits



Sustainability Challenges



Needed

3 Works

Resource-intensive investment

Resource-conserving returns