



Street Medicine and Hospital Relationships

Brett Feldman, MSPAS, PA-C
Jehni Robinson, MD, FAAFP



1



Conflict of Interest Disclosure

Brett Feldman, MSPAS, PA-C reported no relevant financial relationships or relationships he has with ineligible companies of any amount during the past 24 months.



2



Conflict of Interest Disclosure

Jehni Robinson, MD, FAAFP reported no relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.



3



Presenter

Brett Feldman, MSPAS, PA-C
Director
USC Division of Street Medicine

Brett J. Feldman, MSPAS, PA-C, is the Director of Street Medicine at the Keck School of Medicine of USC and serves as the Vice Chair of the Street Medicine Institute. He has practiced homeless medicine for 11 years and founded three programs including the DeSales University Free Clinic, Lehigh Valley Health Network (LVHN) Street Medicine in Allentown, PA, and recently at the USC Keck School of Medicine.



4



Presenter

Jehni Robinson, MD, FAAFP
Chair and Professor of Family Medicine
Keck School Medicine

Dr. Jehni Robinson is a Professor and Chair of the Department of Family Medicine at the Keck School of Medicine at USC. She also serves as Associate Dean for Primary Care. Dr. Robinson is president elect for USC Care Medical Group, a multispecialty group representing over 800 faculty clinicians practicing at Keck Medicine of USC.



5



Street Medicine and Hospital Relationships

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Director, Division of Street Medicine
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Past- Vice Chair Street Medicine
Institute

Jehni Robinson, MD, FAAFP
Chair, Department of Family Me
Associate Dean for Primary Care
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President, USC Care Medical Gro

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Street Medicine



6

Objectives

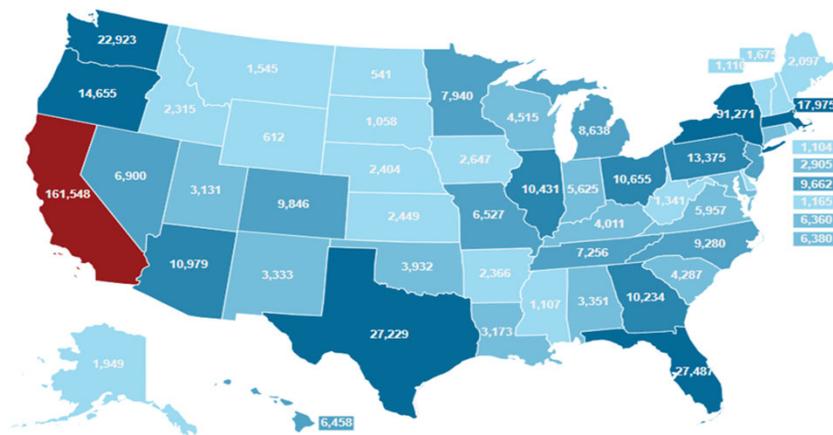
- Discuss why street medicine is a critical service at this moment
- Define street medicine practice and philosophy and scope of practice in California
- Discuss three benefits a street medicine consult service brings to hospitals and patients
- Share practical steps to get started with a street medicine program

7

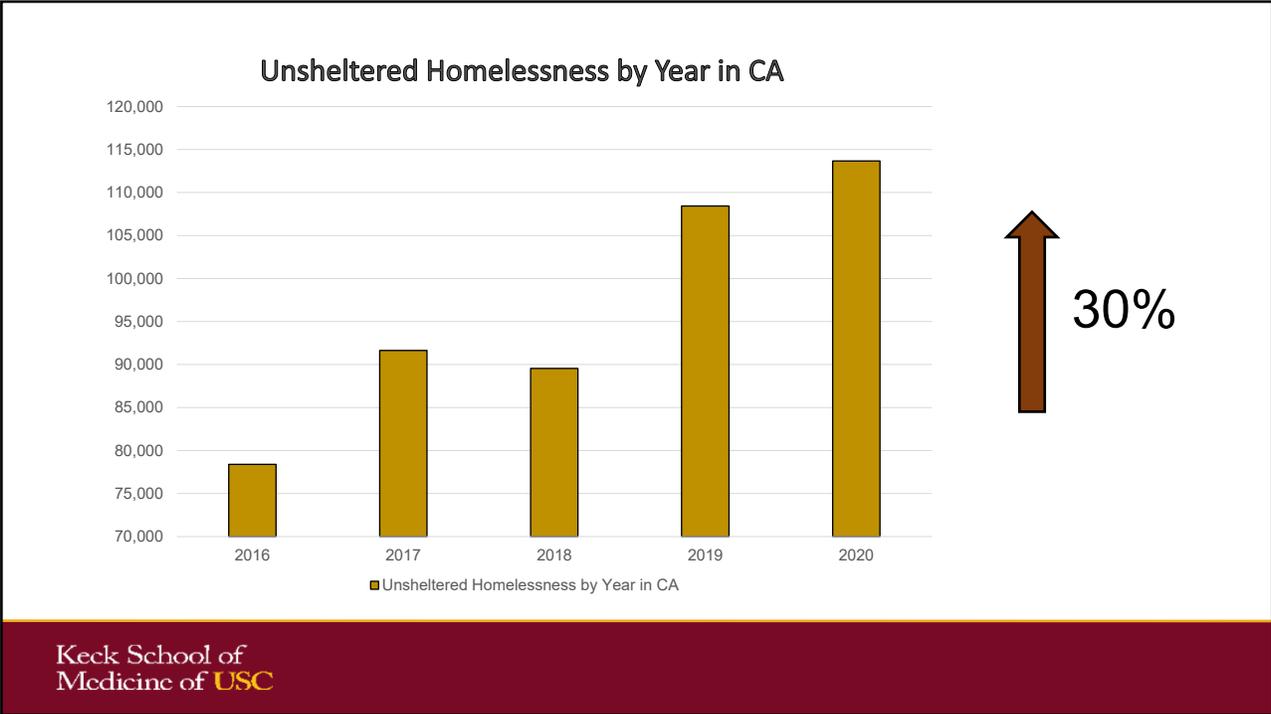
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Homelessness in California

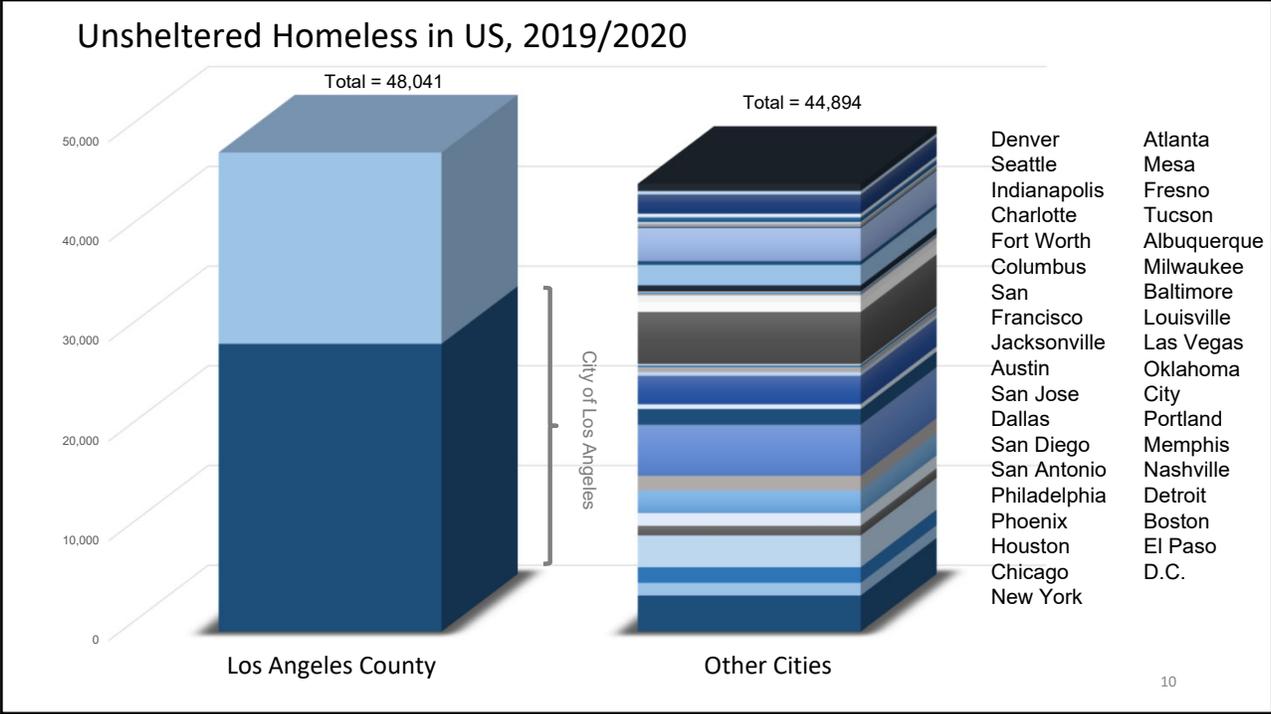
Total People Experiencing Homelessness



8

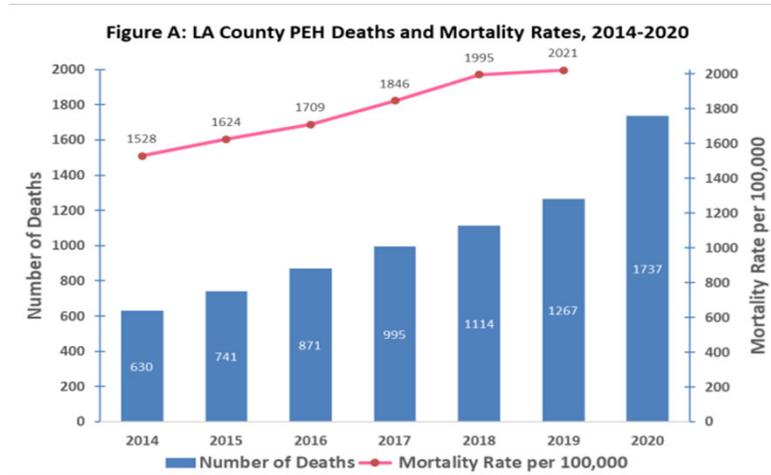


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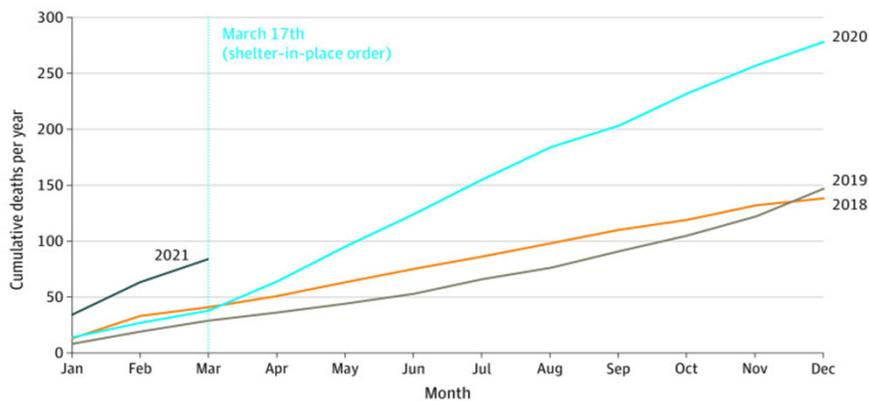
Homeless Deaths in LA County



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Homeless Deaths in San Francisco



Cawley C, Kanzaria HK, Zevin B, Doran KM, Kushel M, Raven MC. Mortality Among People Experiencing Homelessness in San Francisco During the COVID-19 Pandemic. JAMA Netw Open. 2022 Mar 1;5(3):e221870. doi: 10.1001/jamanetworkopen.2022.1870. PMID: 35267030; PMCID: PMC8914573.

Cumulative Annual Deaths Among People Experiencing Homelessness in San Francisco From January 1, 2018, to March 16, 2021

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Cause of Death: Pre and Post Pandemic, Los Angeles

Characteristic	Pre-Pandemic Numbers 4/01/19-3/31/20	Post-Pandemic Numbers 4/1/20-3/31/21	Absolute Increase	% Increase
All deaths	1271	1988	717	56%
Cause of Death				
Drug Overdose	402	715	313	78%
Coronary Heart Disease	239	309	70	29%
COVID-19	0	179	179	NA
Traffic Injury	113	150	37	33%
Homicide	70	104	34	49%
Suicide	55	64	9	16%
Other Unintentional Injuries	54	57	3	6%

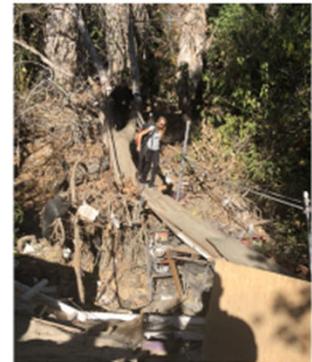
http://publichealth.lacounty.gov/chie/reports/Homeless_Mortality_Report_2022.pdf

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WHAT IS STREET MEDICINE?

- Provides healthcare to people experiencing homelessness where they are
- Care performed on the street/ under bridges/parks
- Connected to the health system
- Done through walking rounds/backpack medicine
- Not a mobile clinic



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Continuum of Medical Outreach



Image from Street Medicine or Mobile Medical Unit? Considerations for Expanding Medical Outreach
National Health Care for the Homeless Council (nhchc.org)

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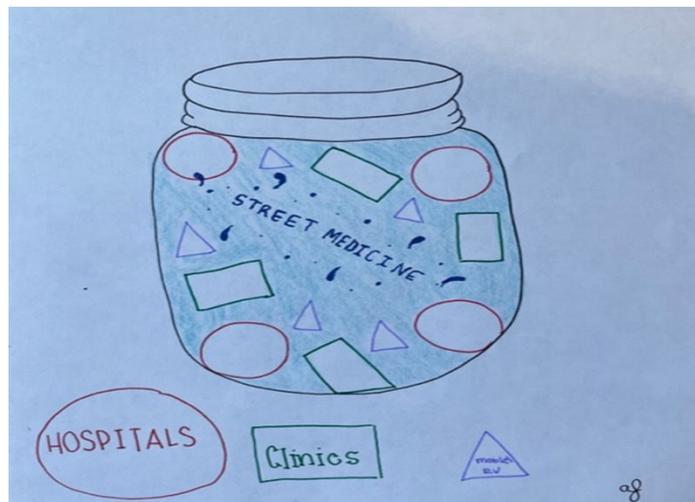
System Perspective



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Street Perspective



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Primary Care- A Missing Link

8%

Identified as having a PCP in NYC

1. D'Amore J, Hung O, Chiang W, Goldfrank L. The epidemiology of the urban population and its impact on an urban emergency department. *Acad Emerg Med.* 2001;8(11):1051-1055.

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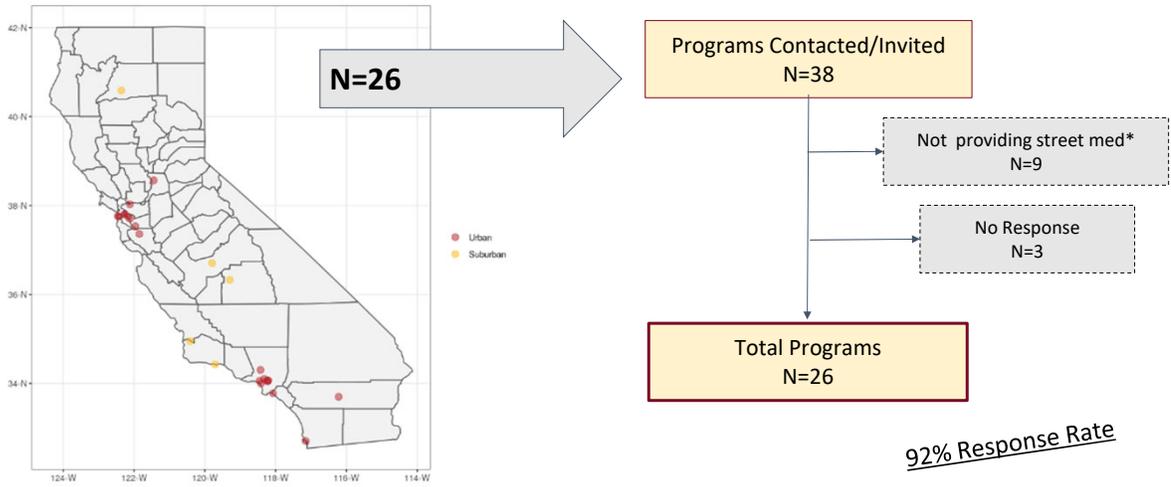
14%

Identified as having a PCP in LA

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Street Medicine Programs Geographically



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**Not providing street medicine at time of contact*

23



Redding- Shasta Community Clinic

LA- Martin Luther
King Community
Healthcare

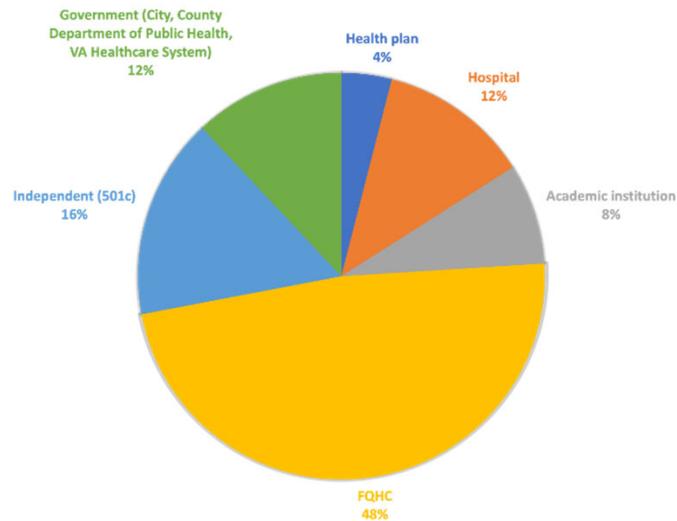


LA- Healthcare in Action

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Programs by Organization Type



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Why Don't They Come in for Care?

- Financial
- Environmental and social barriers
- Competing priorities of basic survival needs
- Wait times exceed planning horizon

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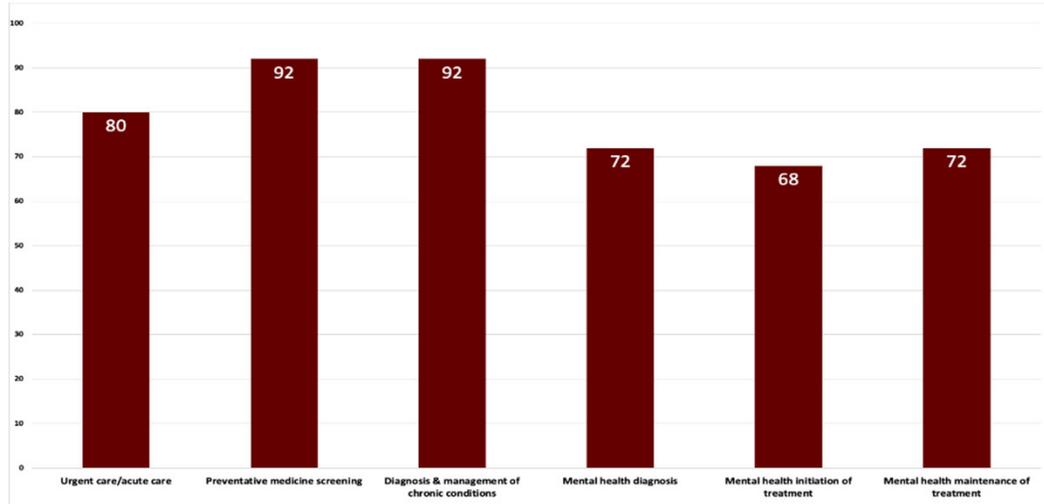
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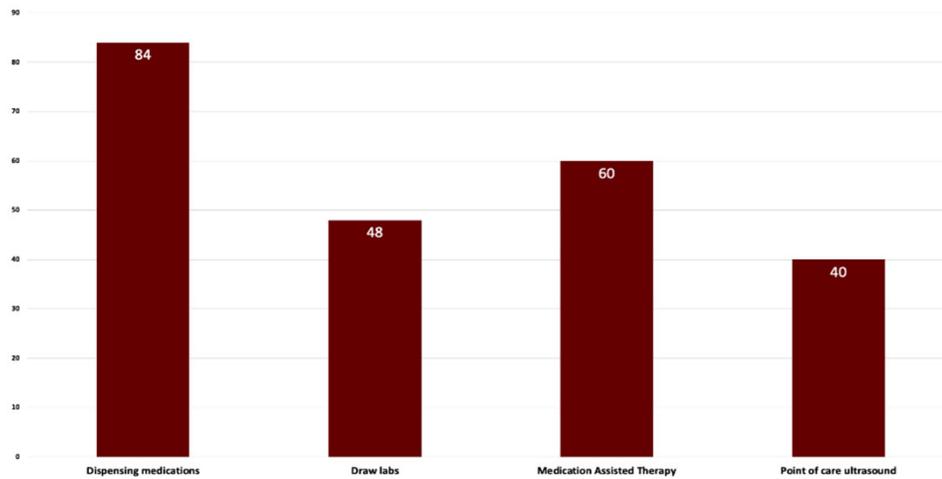
Wide Scope of Practice



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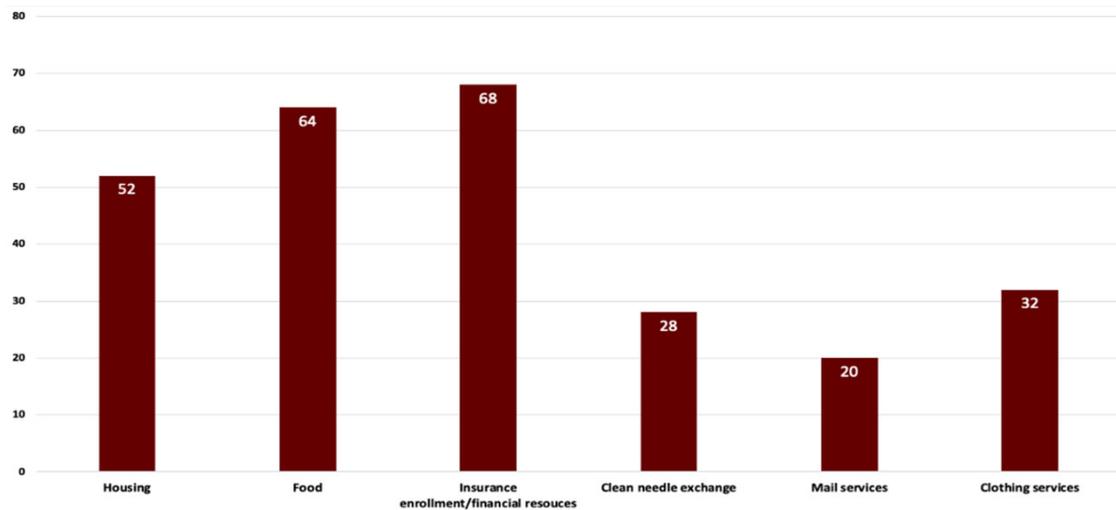
Robust Ancillary Services



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Holistic View of Health



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Street Medicine Social Teaching

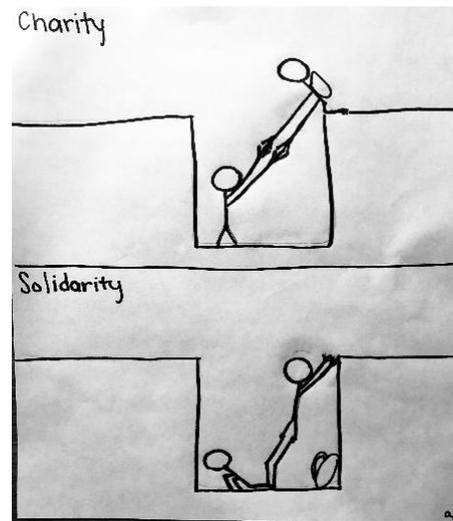
- Values manifest in action with practical application
- Foundational Values
 - ✓ Love with Grit
 - ✓ Authentic Solidarity
- Antidote to reducing medicine to a science
- Antidote to allowing our patients to be reduced to disease, a metric, or a possession

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Authentic Solidarity

- Sharing in suffering with love with grit
- Liberation not opposition

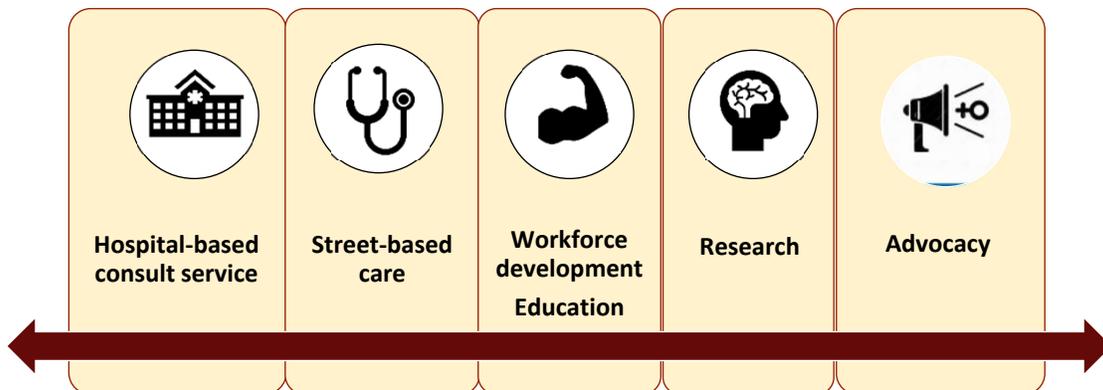


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Keck School of Medicine (KSOM) Street Medicine

Vision: all unsheltered people in LA have access to basic healthcare



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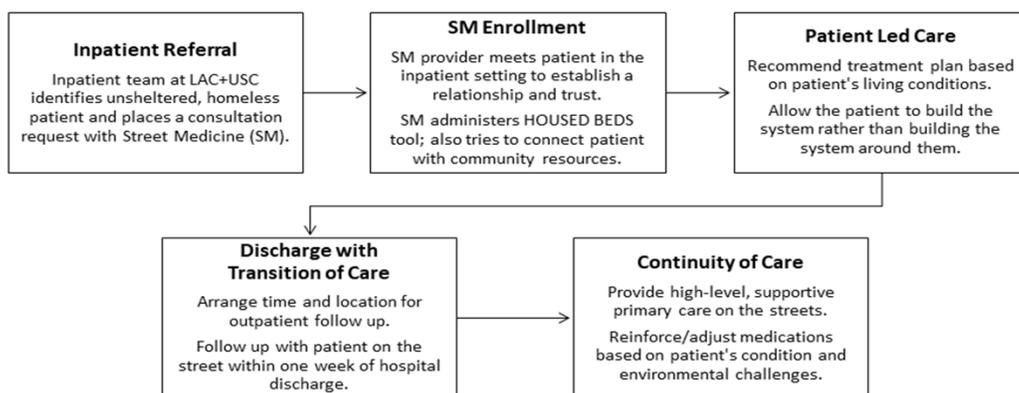
34

Goals of Hospital Consult Service

- Identify those most in need of limited resource

35

Street Medicine Consult Process



36

Goals of Hospital Consult Service

- Identify those most in need of limited resource
- Work with in-patient team to form reality-based plan informed by street knowledge

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HOUSED BEDS
Taking a history on a person experiencing unsheltered homelessness

H Homelessness history
O Outreach engagement
U Utilization
S Salary/income
E Eat
D Drink
B Bathroom
E Encampment
D Daily routine
S Substance use



HOUSED BEDS: A Clinical Tool for Taking a History on an Unsheltered Homeless Patient

Make Private Public P 0 ...

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[Affiliated Institutions:](#) University of Southern California

Date created: 2019-07-08 07:49 AM | Last Updated: 2019-07-11 12:29 PM

Identifier: DOI 10.17605/OSF.IO/UCVE9

Category: Project

Description:

The unsheltered homeless population requires a specific set of history questions to better understand their reality and how any treatment plan will fit into the context of their lives. In order to reach a higher level of understanding, population-specific history questions are necessary to accurately assess their history, access to resources, and priorities. A specific set of history questions to address this need in a concise manner has not been published. An acronym, HOUSED BEDS, is proposed to assist any clinical provider or clinical student in taking a history of an unsheltered patient. This acronym is designed to ask high yield questions that will help all members of the patient's health care team adapt treatment plans, from housing applications to medication prescriptions, for patients who are currently unsheltered.

Feldman CT, Feldman BJ, Hunt JJ.
HOUSED BEDS: A Clinical Tool for Taking
a History on an Unsheltered Homeless
Patient. Doi: 10.17605/OSF.IO/UCVE9
<https://osf.io/ucve9>

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Insurance status	
Medi-Cal	172 (83.5)
MediCare	21 (10.2)
Uninsured	9 (4.4)
Not reported	4 (1.9)
Top admitting diagnosis	
Acute decompensated heart failure	40 (19.4)
Cellulitis requiring intravenous antibiotics	16 (6.8)
Pregnancy-related	11 (5.3)
Alcohol withdrawal	10 (4.9)
History of reported substance use	176 (85.4)
History of diagnosed mental health disorder	61 (29.6)
>3 medical co-morbidities	122 (59.2)
Length of time being unsheltered homeless	
<1 year	32 (15.5)
1-3 years	37 (18)
3-5 years	14 (6.8)
5-10 years	28 (13.6)
>10 years	51 (24.8)
Not reported	44 (21.4)

Feldman BJ, Kim JS, Mosqueda L, et al. From the hospital to the streets: Bringing care to the unsheltered homeless in Los Angeles. *Healthc (Amst)*. 2021 May 27;9(3):100557. doi: 10.1016/j.hjdsi.2021.100557. Epub ahead of print. PMID: 34052622.

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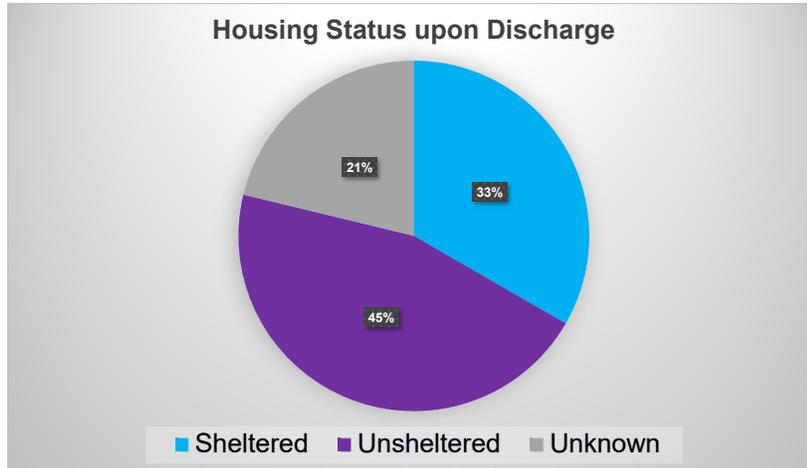
Goals of Hospital Consult Service

- Identify those most in need of limited resource
- Work with in-patient team to form reality-based plan inform by street knowledge
- Avoid discharge to the street

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Avoid Discharge to Street



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Goals of Hospital Consult Service

- Identify those most in need of limited resource
- Work with in-patient team to form reality-based plan informed by street knowledge
- Avoid discharge to the street
- Follow-up and provide street-based primary care

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27% Traditional vs 73% Street Medicine

Post-hospital PCP Follow-up

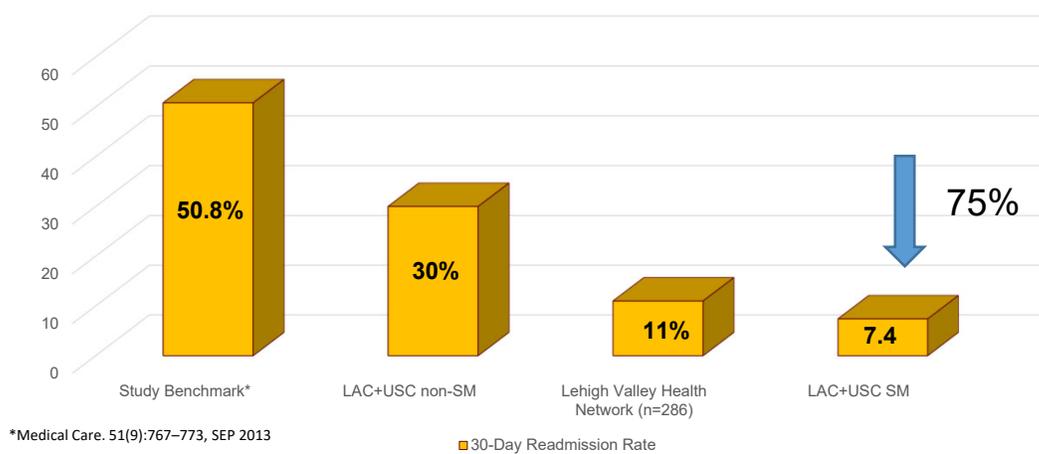
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Impact of Street Medicine Primary Care on Readmissions

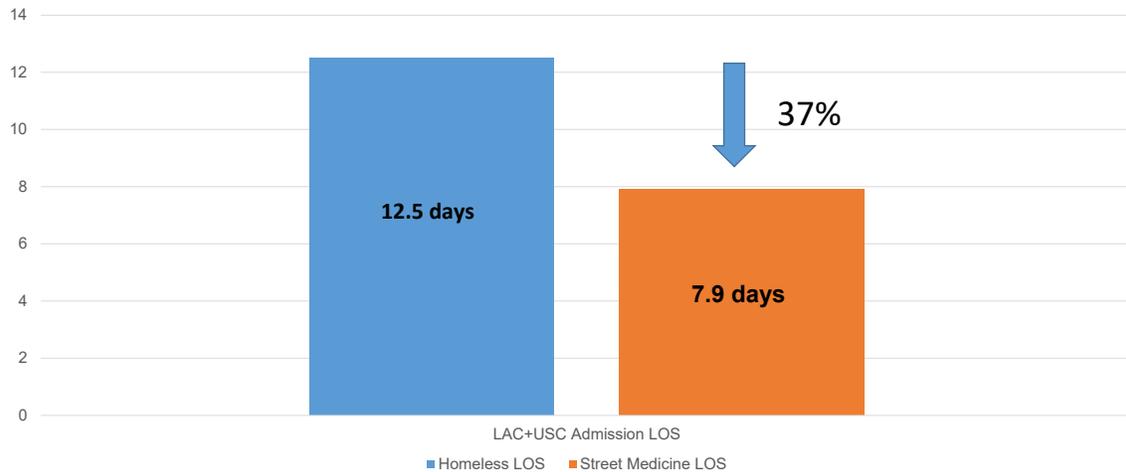
30-Day Readmission Rate



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Decreasing Length of Stay



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Building a Sustainable System

Already in Development

- Solidarity with those who are suffering
- DHCS Clarification on point of service codes....Street Medicine Billing: December 2021
- Hospital Presumptive Eligibility to the street
- CalAim and CalAim-PATH
- Street Medicine APL 22-xxxxx
- Housing and Homelessness Incentive Program (HHIP)

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Building Reality-Based Care Models

Additional investment to scale

- Growing new teams
 - ✓ Dedicated support for program development
 - ✓ Training, T/A
- Defining and tracking health outcomes
 - ✓ Who are we responsible for?
 - ✓ Developing best practices
- Imagination
 - ✓ Care delivery
 - ✓ Payment models

Fight Retreat from the Street

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What's Needed to Start?

- A willing and able street medicine team
- A hospital that cares for ALL in their community
- Funding
- Friends



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49

2022 HQI Annual Conference



restore. inspire. lead.

Questions



50



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