

Street Medicine: Go to the People

Brett J. Feldman, MSPAS, PA-C
Director of USC Street Medicine
Associate Professor of Family Medicine
Past-Vice Chair Street Medicine Institute

Joseph Becerra

Community Health Worker

USC Street Medicine

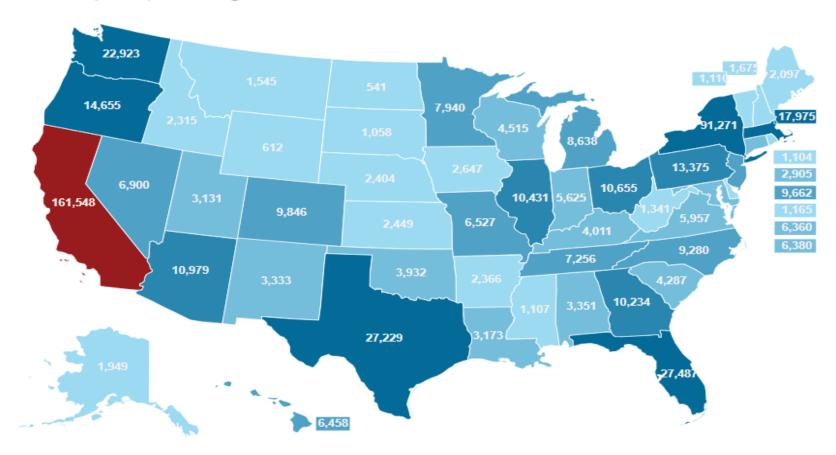
Certified Addiction Treatment Counselor

2023 | DHCS and BHTF Lunch and Learn



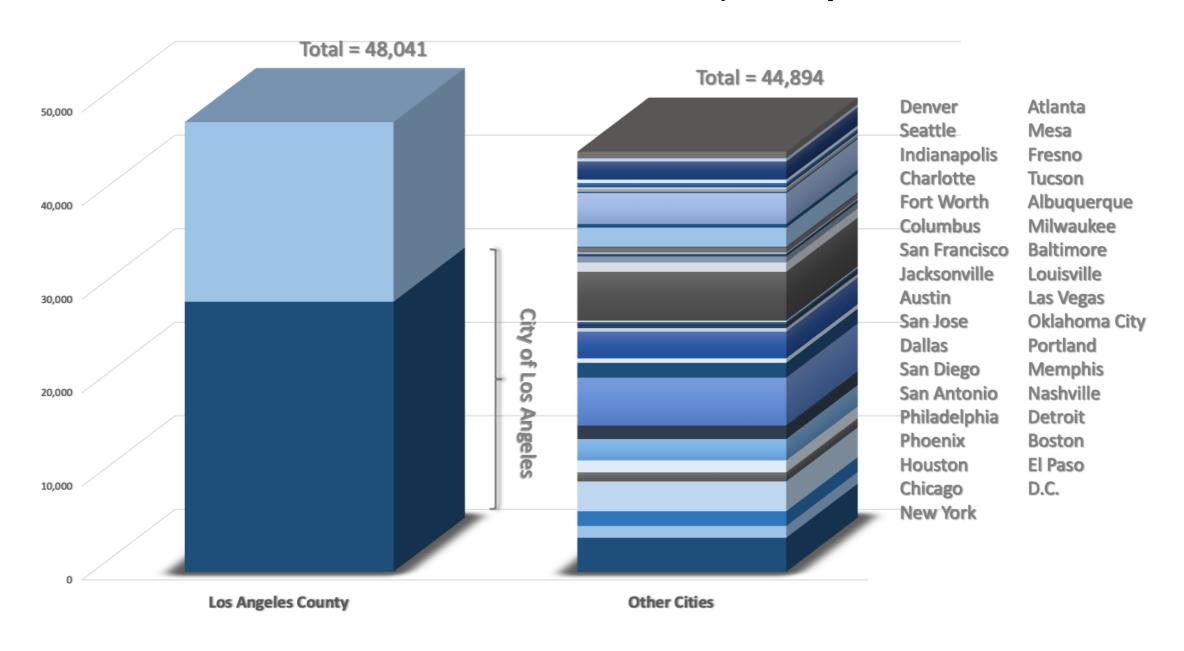
Homelessness in CA

Total People Experiencing Homelessness





Unsheltered Homeless in US, 2019/2020



Defining Street Medicine

- Direct delivery of healthcare to the rough sleeping population (unsheltered homeless)
- Care performed on the street

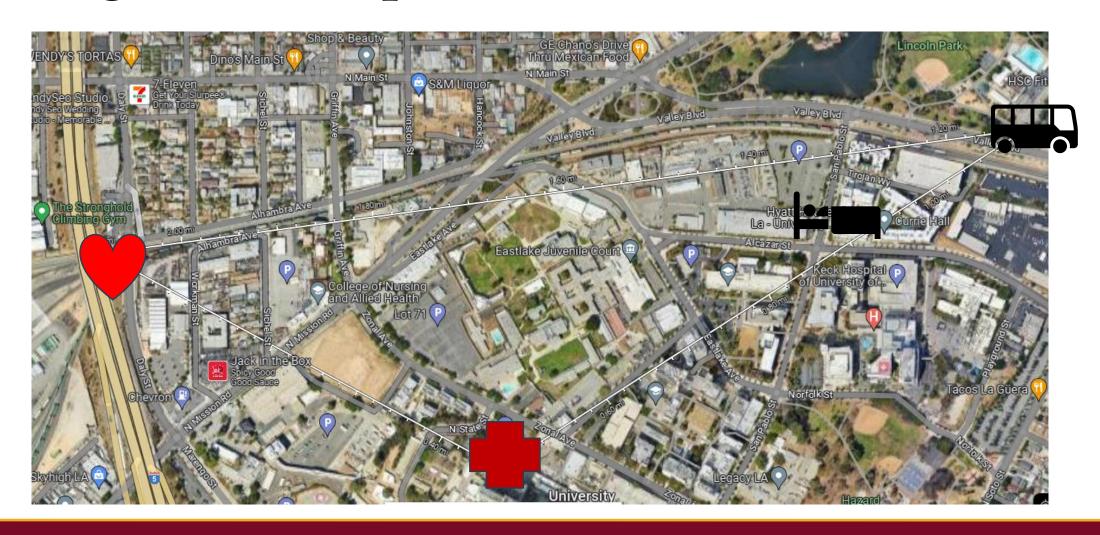


Continuum of Medical Outreach

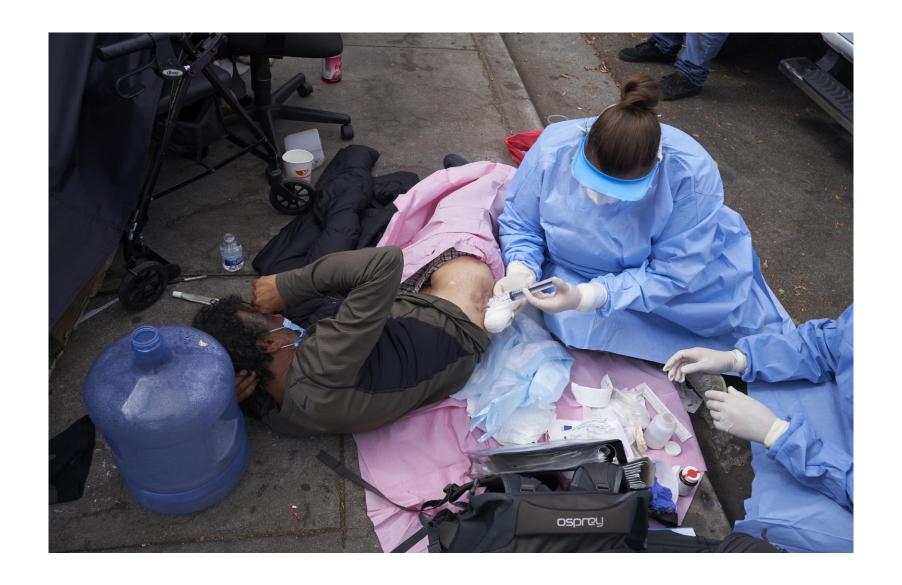


Image from Street Medicine or Mobile Medical Unit? Considerations for Expanding Medical Outreach National Health Care for the Homeless Council (nhchc.org)

Going to the People RADICALLY









Defining Street Medicine

- Direct delivery of healthcare to the rough sleeping population (unsheltered homeless)
- Care performed on the street
- Done through walking rounds (motor cycles, horseback, kayak)
- "Go to the People"

Street Medicine Defined: APL 22-023

- BACKGROUND AND DEFINITION:
 - Street medicine refers to a set of health and social services developed specifically to
- ✓ Provided to an unsheltered individual in their LIVED ENVIRONMENT
- ✓ Services provided at shelters, mobile units, RV or other sites with a fixed, specified location DOES NOT qualify as street medicine
- ✓ If the mobile unit/RV goes **TO** the encampment and parks to see an individual, this is street medicine

CMS.gov

Centers for Medicare & Medicaid Services

27

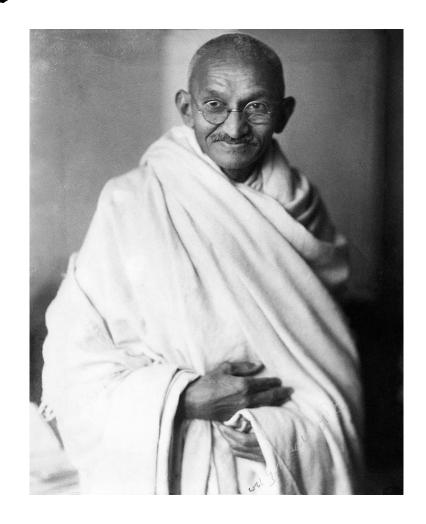
Outreach
Site/ Street

A non-permanent location on the street or found environment, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment services to unsheltered homeless individuals.

(Effective October 1, 2023)

https://urldefense.com/v3/ https://www.cms.gov/medicare/coding/place-of-service-codes/place of service code set ;!!JkGBRS3n8cDS!hzIQQRPIEPD9 K-gD-UzUm6Md9BfjMgwfnsc4PLrDMjkccnoYTE7M6OHgPCAQZB2Sem-Gei58F7iaLmdTHEKfB1zvjqKVVVjRxs\$

Quote from Mahatma Gandhi

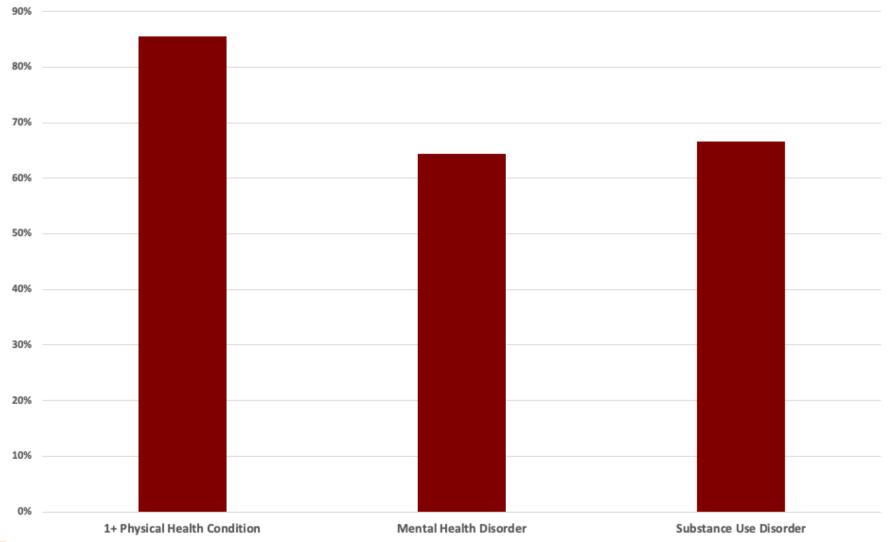


"When in doubt call to mind the face of the poorest or weakest person you've ever seen. Ask yourself if that policy will be of any use to him."

Personal and Environmental Factors

Co-morbidity

Prevalence of Morbidity



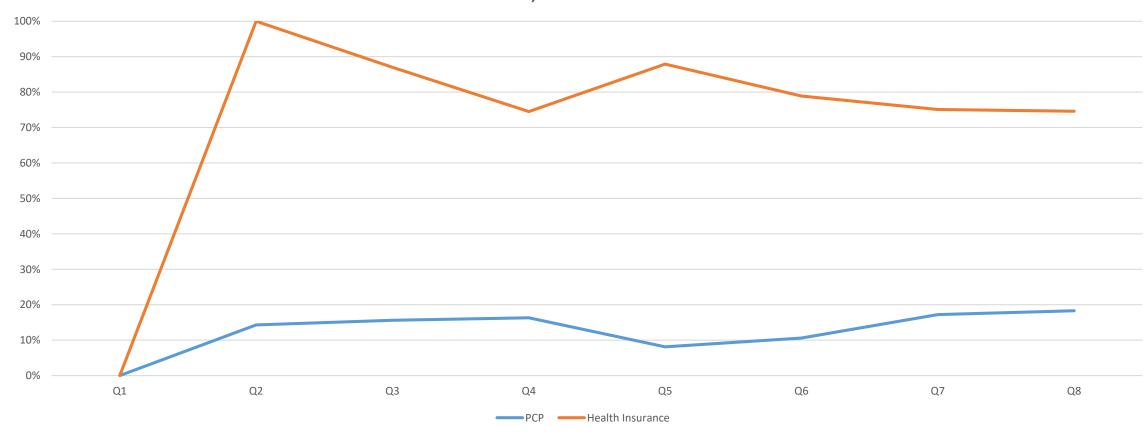
Personal and Environmental Factors

Comorbidity

Financial

Insurance Access

Percentage of Patients Who Have: a PCP, Health Insurance



Personal and Environmental Factors

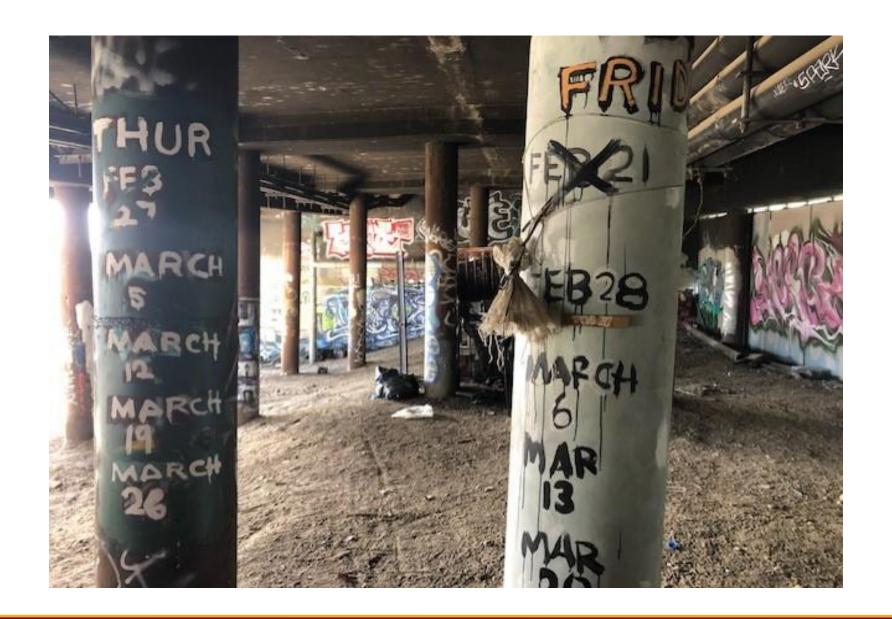
- Co-morbidity
- Financial
- Environmental and social barriers

Discrimination in the Healthcare Setting

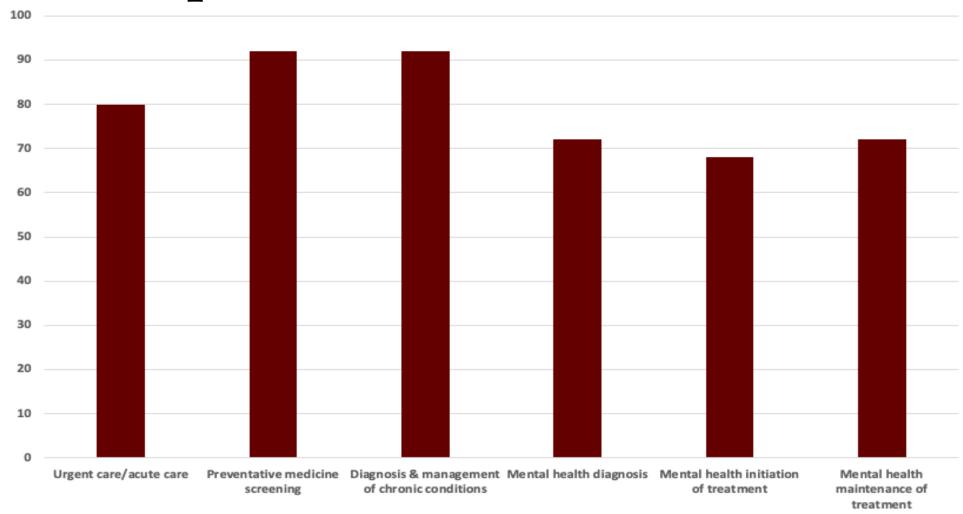
- <u>Distrust in physicians</u> and/or feel unwelcome in a healthcare setting
 - treated poorly or <u>discriminated against</u> in the past (1,2)
- "Significant disparities in in-hospital care and mortality between homeless and non-homeless adults with cardiovascular conditions." (3)
- 1. Wen CK, Hudak PL, Hwang SW. Homeless people's perceptions of welcomeness and unwelcomeness in healthcare encounters. J Gen Intern Med. 2007 Jul;22(7):1011-7
- 2. Martins DC. Experiences of homeless people in the health care delivery system: a descriptive phenomenological study. Public Health Nurs. 2008 Sep-Oct;25(5):420-30
- 3. Wadhera RK, Khatana SAM, Choi E, et al. Disparities in Care and Mortality Among Homeless Adults Hospitalized for Cardiovascular Conditions. JAMA Intern Med. 2020;180(3):357-366. doi:10.1001/jamainternmed.2019.6010

Personal and Environmental Factors

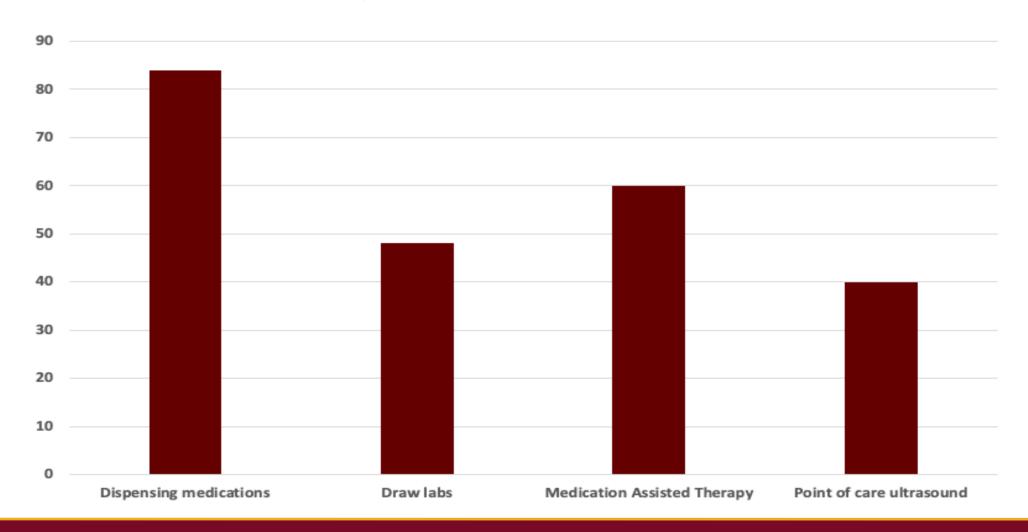
- Co-morbidity
- Financial
- Environmental and social barriers
- Competing priorities of basic survival needs
- Wait times exceed planning horizon



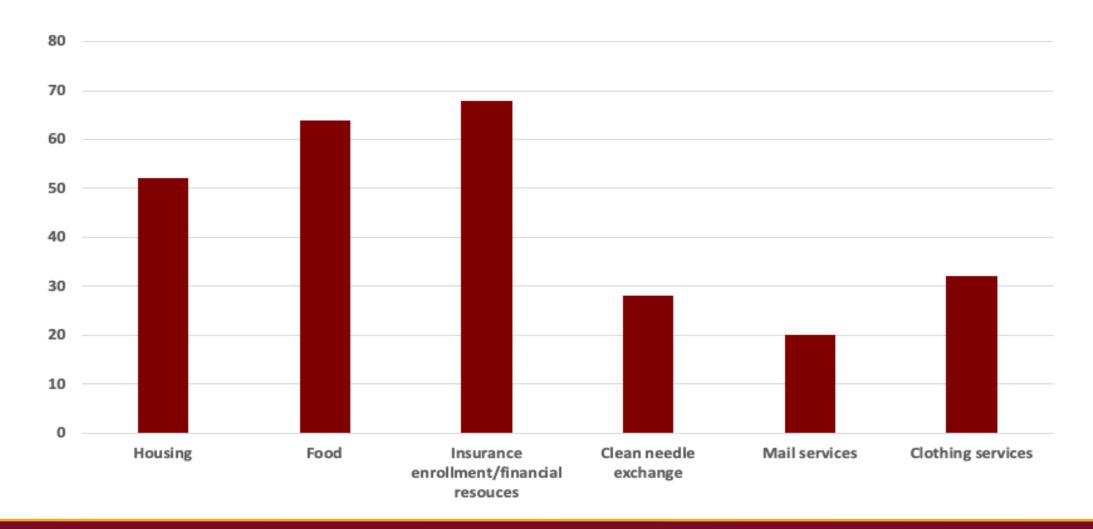
Wide Scope of Practice



Robust Ancillary Services



Holistic View of Health

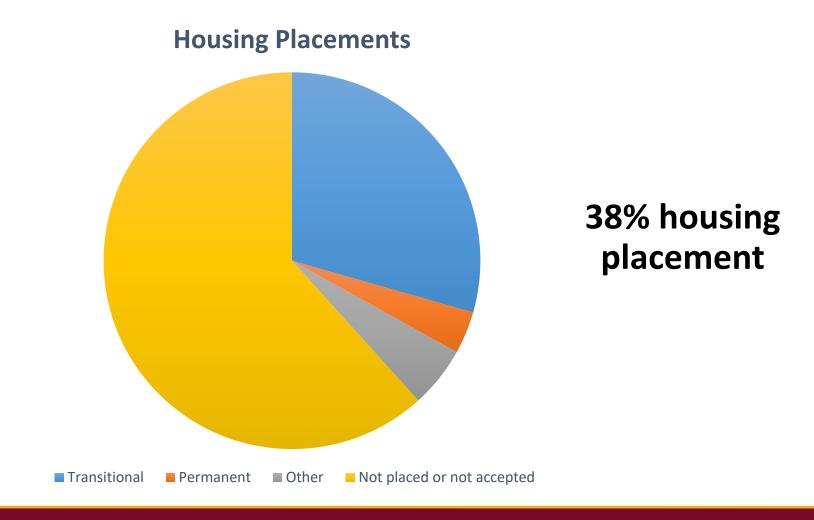


USC Street Medicine





Catalyst for housing



Role in Crisis Management

 Current crisis response limited to crisis: no true continuum

- Street Medicine's role
 - Crisis prevention
 - Post-crisis management
- How is this funded?



Role in CARE Courts

- Accurate assessment relies on participation
 - Prove trust-worthy, may take repeated visits
 - Care should begin before enrollment in CARE Court
 - Referrals from street medicine

- Goal is care in the community
 - For unsheltered, this means street medicine
- Go to the people.... Then go where they go

Opportunities for 2024– Direct Access

- Direct Access
 - Allows Street Medicine to access Medi-Cal benefits for patients
 - Receive reimbursement regardless of PCP assignment

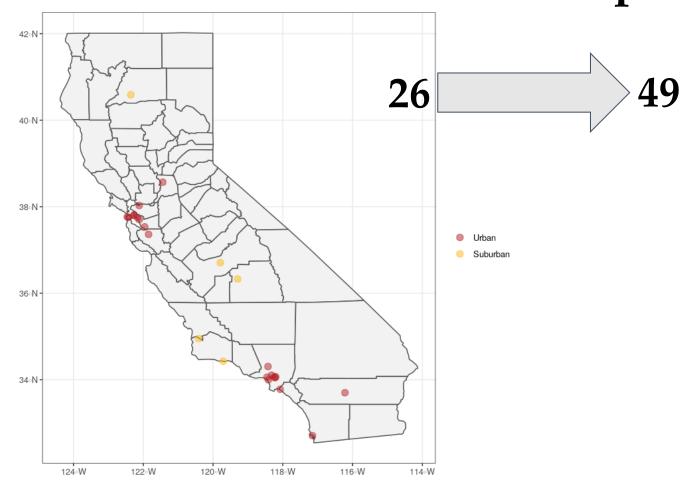


Opportunities for 2024– Equitable reimbursement

- High physical complexity + high social complexity
 - Unfavorable Relative Risk Score 5.93+ for 100% of patient1
- 100% are being actively treated
- Inherent system-centric inefficiency
 - Need to search for patients
- Cost shifting from health plans to street medicine providers

1. Ash AS, Mick EO, Ellis RP, Kiefe CI, Allison JJ, Clark MA. Social Determinants of Health in Managed Care Payment Formulas. JAMA Intern Med. 2017 Oct 1;177(10):1424-1430. doi: 10.1001/jamainternmed.2017.3317. PMID: 28783811; PMCID: PMC5710209.

Growth of Street Medicine in California = Need for Workforce Development







Life on the street





Lived Experience

- Lived expertise >formal education/ certificate > "look-out" model
- Discern real vs perceived threats
- Right reaction vs over-reaction
 - Presence of drugs, guns or other activity
 - Role of law enforcement?

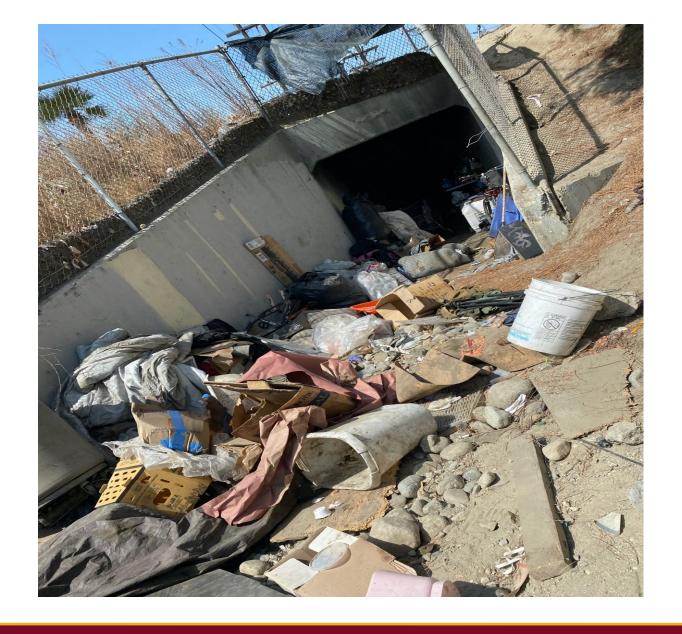
Life of Service



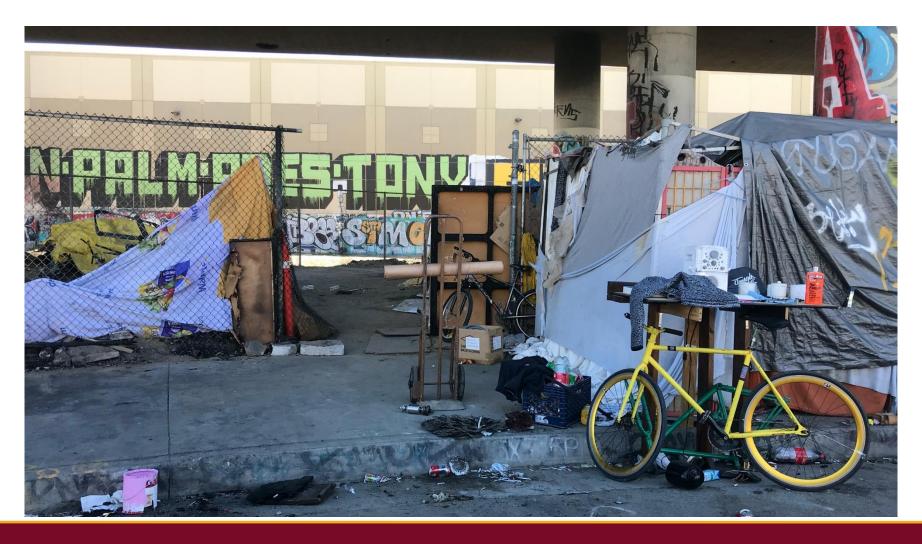
Link Between Psychological and Physical Safety







Role in Violence Prevention



Role in Violence Prevention



CHW Workforce Development



Scaling Statewide

- Transition to certificate program
 - Honoring lived experience, not just classroom
 - Accessibility of street medicine-specific training
 - Ex: trauma informed care looks different on the street than in an oncology clinic
- Recruitment- people with lived experience don't know of the opportunity
- CHWs are included in ECM, can't bill for both
 - Limiting inclusivity of CHW role on the street



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Brett.Feldman@med.usc.edu