Re-Imagining Healthcare for People Deprived of Housing

H. M. M. E Health Outreach Mobile Engagement

Brandi Tapp, NP, she/her

Len Hughes, Integrated Health Manager



The Health Outreach Mobile Engagement (H.O.M.E) Program

The H.O.M.E Program provides a multi-disciplinary, multi-sectoral mobile response to improve the health outcomes and health equity of highly marginalized individuals in London.

Partnership









Canadian Mental Health Association Thames Valley **Addiction and Mental Health Services**



InterCommunity Health Centre

WHY HOME? WHY NOW?

The H.O.M.E Program aims to engage individuals who face barriers to accessing traditional models of care and develop service provider capacity to overcome systemic barriers in providing harm reduction, stabilizing health care, and comprehensive care services.

The pandemic exacerbated the opioid crisis and hit the community in ways no one could have ever imagined as restrictions caused further marginalization, isolation, and barriers.

Current realities are that homelessness is increasing, the health care system is under immense pressure and those living on the streets are without access to basic supports.





What if, instead of talking about hard to reach patients, we flip that around and talk about hard to reach doctors? Or hard to reach services? Or a system with oppressive attitudes?





- People who use Drugs are the Experts
- Harm Reduction
- No (Low) Barrier Care
- Participant Centered Care Delivery
- Non-punitive





- Medical care (triage and assessment, episodic care and prescribing, wound care, flu shots, treatment for infections)
- Harm reduction support (equipment, supplies, services, and information)
- Relationship-building and engagement
- Infectious disease testing (HIV/AIDS + Hepatitis C)
- Healthcare system navigation and linkage (e.g., mental health care, support accessing services for which clients must attend appointments, support accessing hospitalization if needed)

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- assistance with forms (e.g., housing, income)
- Housing support
- Provision of basic needs (as available, e.g., food, water, clothing, hygiene products)
- Referrals in real time, as needed and possible, to our agencies and community partner services and care
- Peer support and referrals to Recovery Community
 Centre



H. M. E

Health Outreach Mobile Engagement

Two days a week, services are offered from a Middlesex-London Paramedic Service Special Operations Bus that has been outfitted to deliver multiple health services. Three days a week, an emergency support SUV will be deployed to assist the H.O.M.E team in providing care to clients.

The H.O.M.E Program is a mobile service. Locations and hours of operation are based on site availability and community-identified need.

The H.O.M.E Program was designed to reach – and engage with – folks who are unhoused and have limited to no access to health care.

By having an opportunity to provide care to this community, we have also been given the ability to provide Safer Supply to folks who live rough, are unable to access the larger system, and would otherwise not attend a brick-and-mortar clinic.





Via H.O.M.E, our Safer Supply participants are distinct from our clinic participants – many of these differences are directly related to lack of access to meaningful health care

- The majority have minimal (or no) community-level supports (i.e., outreach workers, primary care services, mental health supports)
- Significantly more untreated and/or undiagnosed physical and mental health conditions
- Increased illness/injury related to malnutrition, exposure, assault, lack of access to clean water
- Decreased access to safe/clean gear
- Minimal previous interactions with safe health care providers and pharmacies



Our approach to providing Safer Supply via H.O.M.E remains very similar to our approach in clinic;

- Weekly to twice-weekly appointments
- Patients are not given concrete appointment times; rather, they are welcome at any point during our 6 hour clinic
- Our bus is a fully-stocked medical clinic that lets us provide full primary care services (i.e., lab work including urine toxicology, minor procedures, preventative care, referrals)
- Our medical outreach team (providing street-level care Mon/Wed/Fri) connect with patients requiring additional support
- We offer wraparound care via H.O.M.E



H.O.M.E provides Safer Supply through a client-centered, team-based, and comprehensive approach – we follow the same principles, guidelines, and protocols as our clinic-based program.

We see the same positive patient health outcomes and psychosocial impacts; reduced risk of overdose, poisoning, infectious disease transmission, incarceration, and death.

"I can't believe you drove this thing here to look after us....it almost makes me feel like I might be worth something after all"

"I feel good knowing that you're here if I need you...I just need to walk over and knock on this bus....no questions asked, no strings attached, and no bullshit about who I am and what I do"





Between January 11, 2021 and January 10, 2022, through the H.O.M.E Program...

- <u>1,059</u> unique clients accessed medical and wraparound care services
- 71% of clients accessed care 1 time and 29% accessed care 2+ times
- 1,175 non-essential emergency room visits were potentially prevented
- 780 chronic illness care visits were conducted
- 498 visits were focused on mental health care



- 182 visits were conducted to provide infectious disease care
- 84 individuals without a care provider were rostered to primary care
- 64 prenatal care visits were provided
- 18 emergency medical interventions were given
- 12 overdose responses were conducted





For the same time period, client feedback survey respondents reported:

- 100% find it easier to access care because of the H.O.M.E Program
- 100% feel comfortable accessing the H.O.M.E Program
- 95% are using harm reduction strategies more often
- 92% would recommend the H.O.M.E Program to others
- 72% have experienced improved well-being because of the H.O.M.E Program





https://lihc.on.ca/programs/safer -opioid-supply-program/

www.homeprogram.ca

