The power of integration:

What happens when General Practice + a hospital + community services really do work together?

Dr Andrew Davies
Dr Amanda Stafford
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PATHWAYS FROM HOMELESSNESS
2020: A DECADE FOR INCLUSION

Homeless HEALTHCARE

Royal Perth Hospital

THE UNIVERSITY OF WESTERN AUSTRALIA


Arctic Ocean
Iceland
Sweden
Russia
Denmark
Belarus
London Luton Airport
London
Ukraine
Kazakhstan
Mongolia
France
Romania
Italy
Spain
Portugal
Greece
Turkey
Kyrgyzstan
Turkmenistan
Sea of Japan
China
Japan
Tunisia
Morocco
Iraq
Iran
Afghanistan
Pakistan
East China Sea
Algeria
Libya
Egypt
Nepal
Western Sahara
India
Myanmar (Burma)
Philippine Sea
16 h 35 min
from £587
Mali
Niger
Chad
Sudan
Thailand
Bay of Bengal
Vietnam
Guinea
Gulf of Aden
Arabian Sea
Nigeria
Ghana
South Sudan
Ethiopia
Laccadive Sea
Malaysia
Gulf of Guinea
Somalia
Kenya
Indonesia
Gabon
DRC
Banda Sea
Arafura Sea
Tanzania
Angola
Zambia
Mozambique
NT
Namibia
Zimbabwe
Indian Ocean
Australia
WA
SA
Botswana
Madagascar
South Atlantic Ocean
Perth
South Africa
ANTARCTICA


Sea of Okhotsk
Mongolia
South Korea
Japan
China
East China Sea
Philippine Sea
North Pacific Ocean
Nepal
Thailand
Philippines
India
Gulf of Thailand
Bay of Bengal
Malaysia
Indonesia
Banda Sea
Laccadive Sea
Arafura Sea
Papua New Guinea
HI
NT
Coral Sea
QLD
Australia
WA
SA
NSW
Indian Ocean
Great Australian Bight
VIC
TAS
Tasman Sea
Madagascar
New Zealand
South Pacific Ocean
Southern Ocean
ANTARCTICA

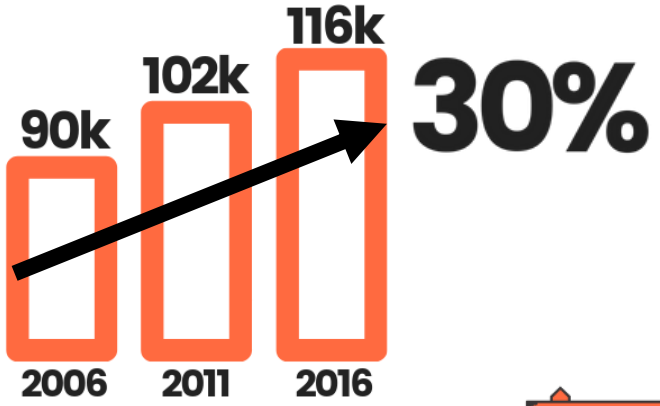

Joondalup
Perth
Fremantle
Rottnest Island
Mundaring
State Forest
85
95
50
120
94
56
4
55
5
8
41
3
4
40
12
2
30
21
20
Google
Map data ©2020

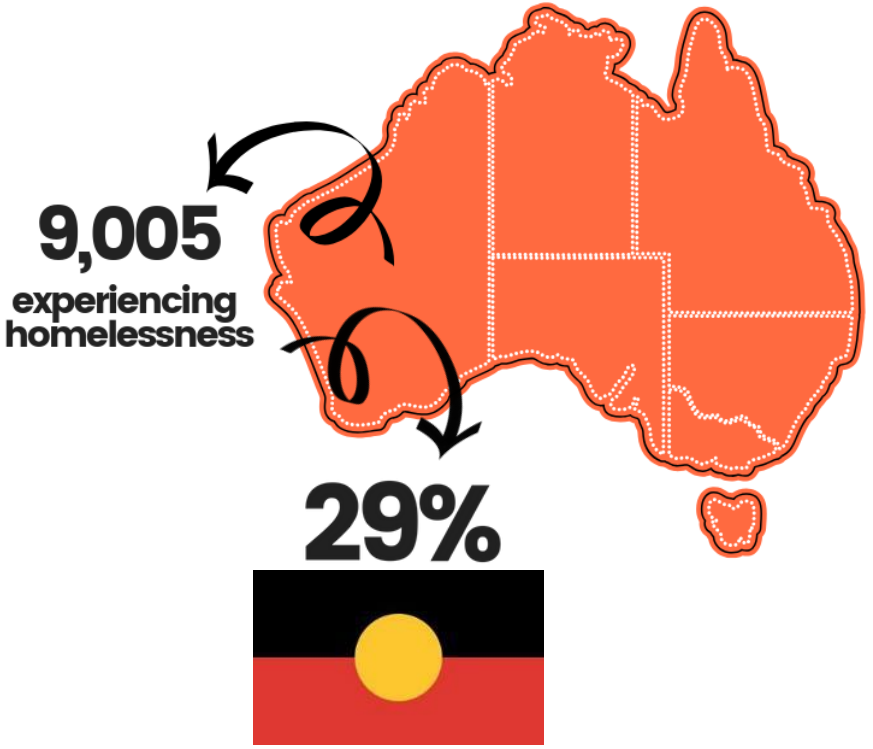

West Leederville
Hyde Park
Peninsula Rd
Northbridge
West Perth
Perth
Subiaco
Hay St
Perth
Swan River
Elizabeth Quay
The Perth Mint
Kings Park and Botanic Garden
Crown Perth
East Perth
Burswood
Blue Boat House
Lathlain
Perth Zoo
Victoria Park
Mill Point Rd
Google
Map data ©2020

Homelessness and Health:

The Western Australian Context

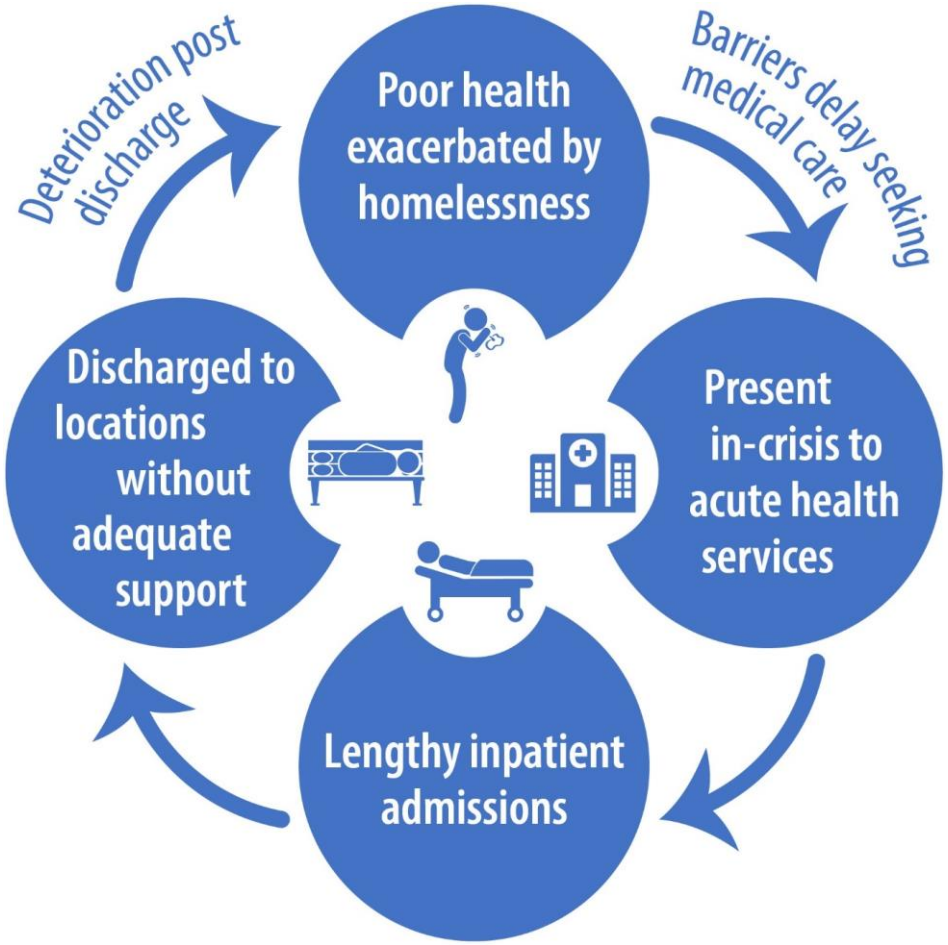
Homelessness in Western Australia





Australian Bureau of Statistics. 2049.0 Census of Population and Housing: Estimating homelessness 2016. Canberra; 2018.

Poor Health and Homelessness Entwined



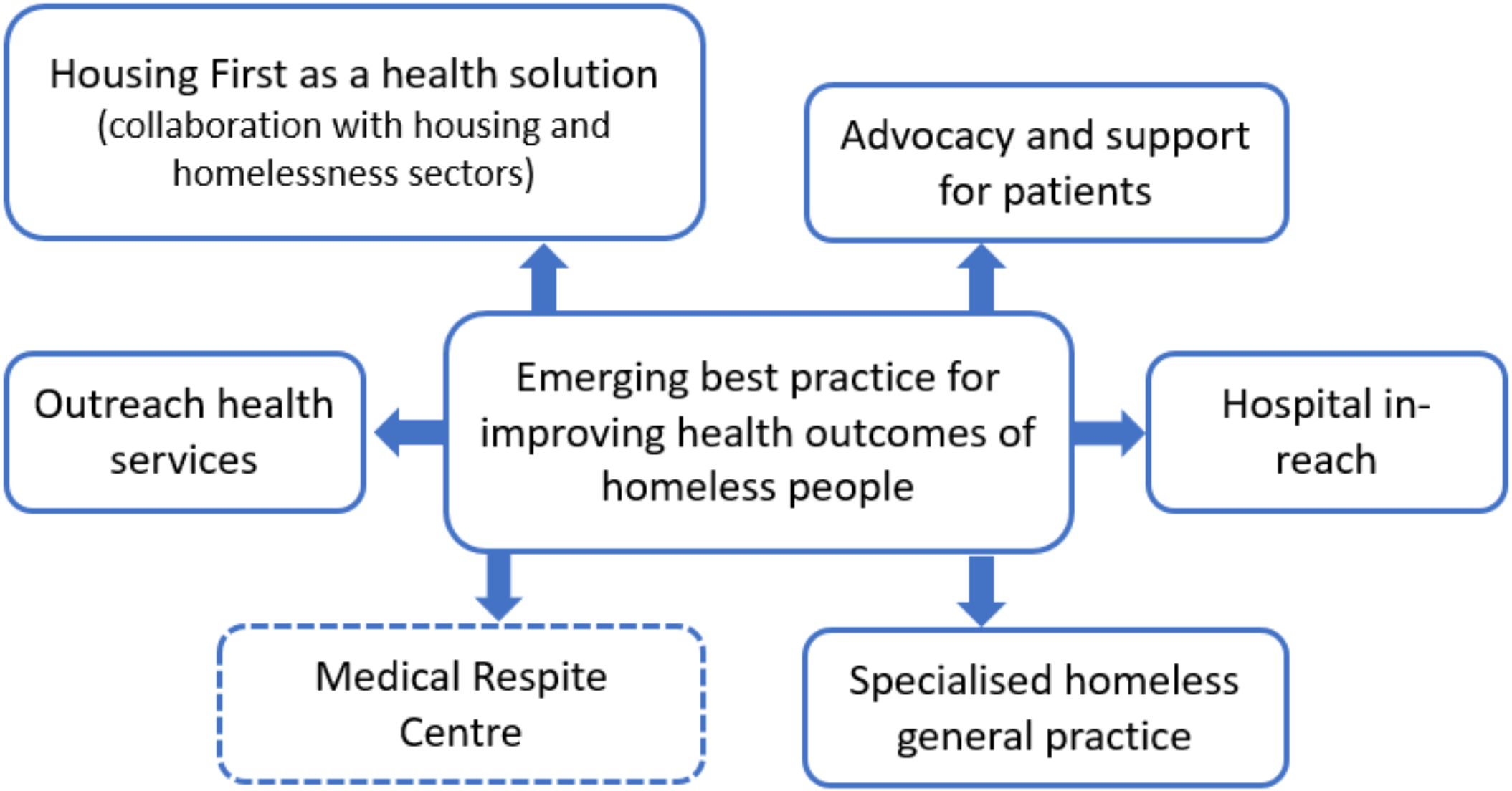
Average age of death for a cohort of 134 HHC patients who died was 46.8 years

- compared to an average age of death of 82.5 years in the general Australian population

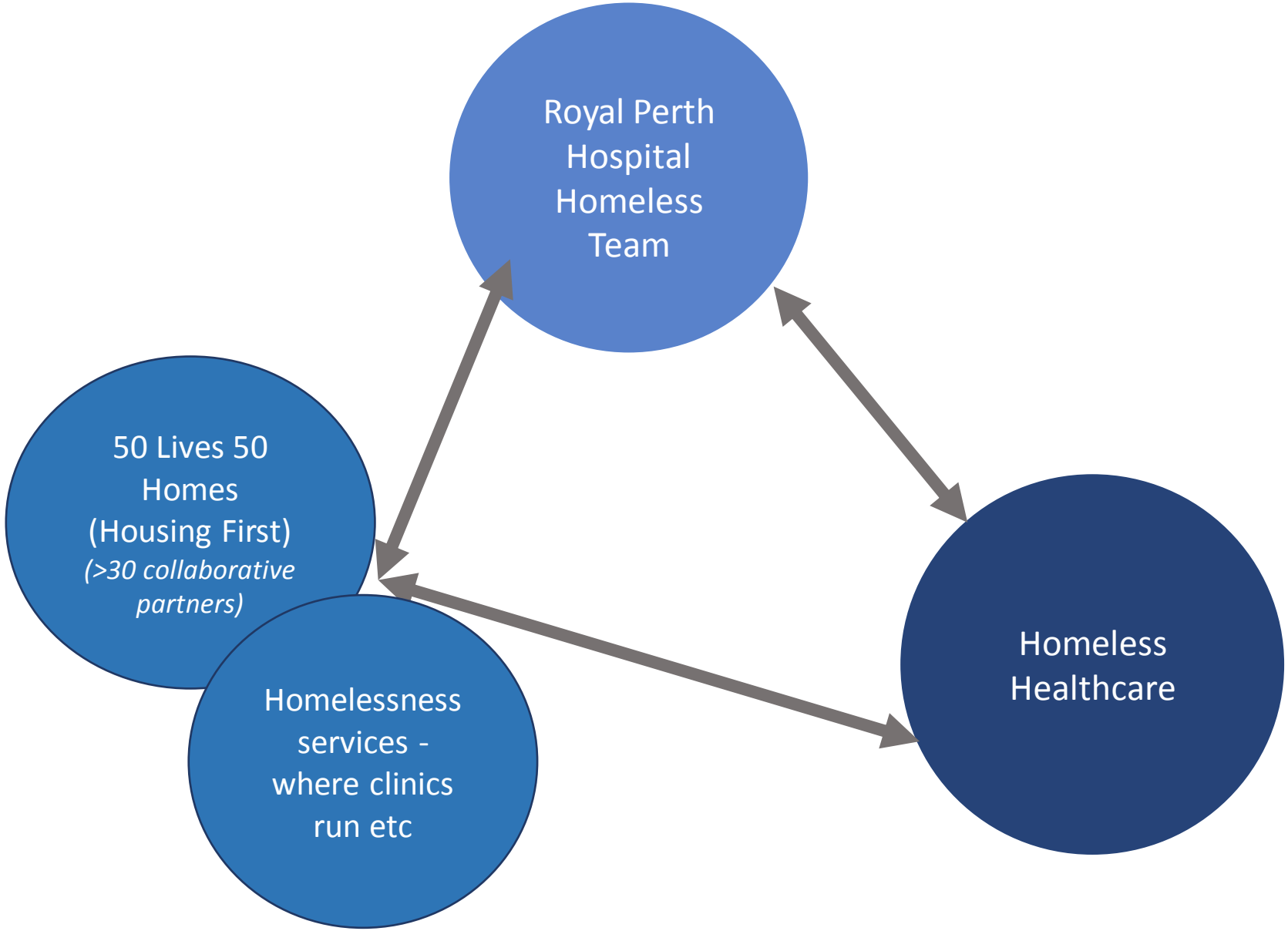

RYOBI

Integration, collaboration and continuity of care:

What does this look like in Western Australia?


Housing First as a health solution
(collaboration with housing and homelessness sectors)
Advocacy and support for patients
Outreach health services
Emerging best practice for improving health outcomes of homeless people
Hospital in-reach
Medical Respite Centre
Specialised homeless general practice

The model…



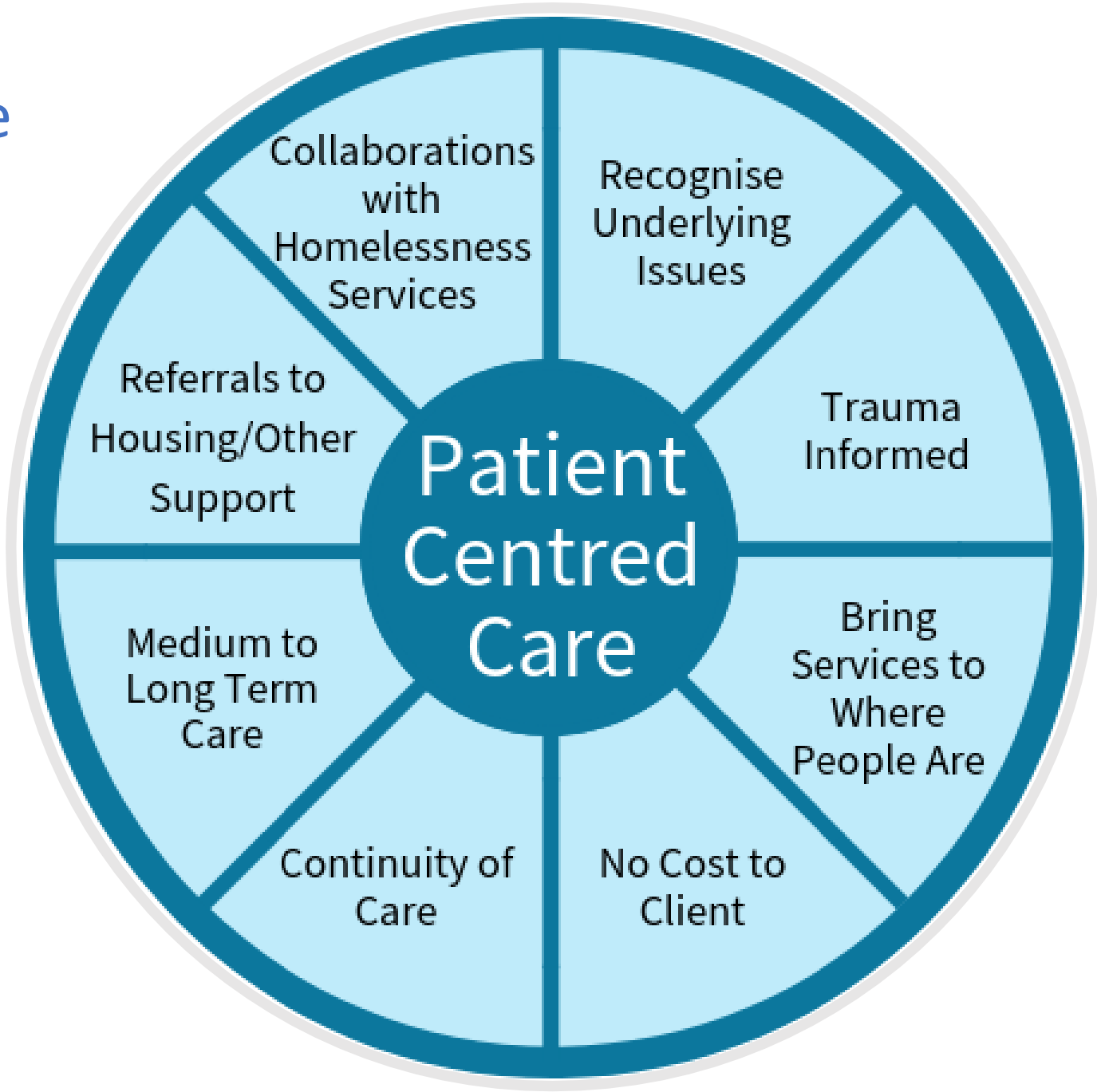
The collaborations…

HOMELESS HEALTHCARE

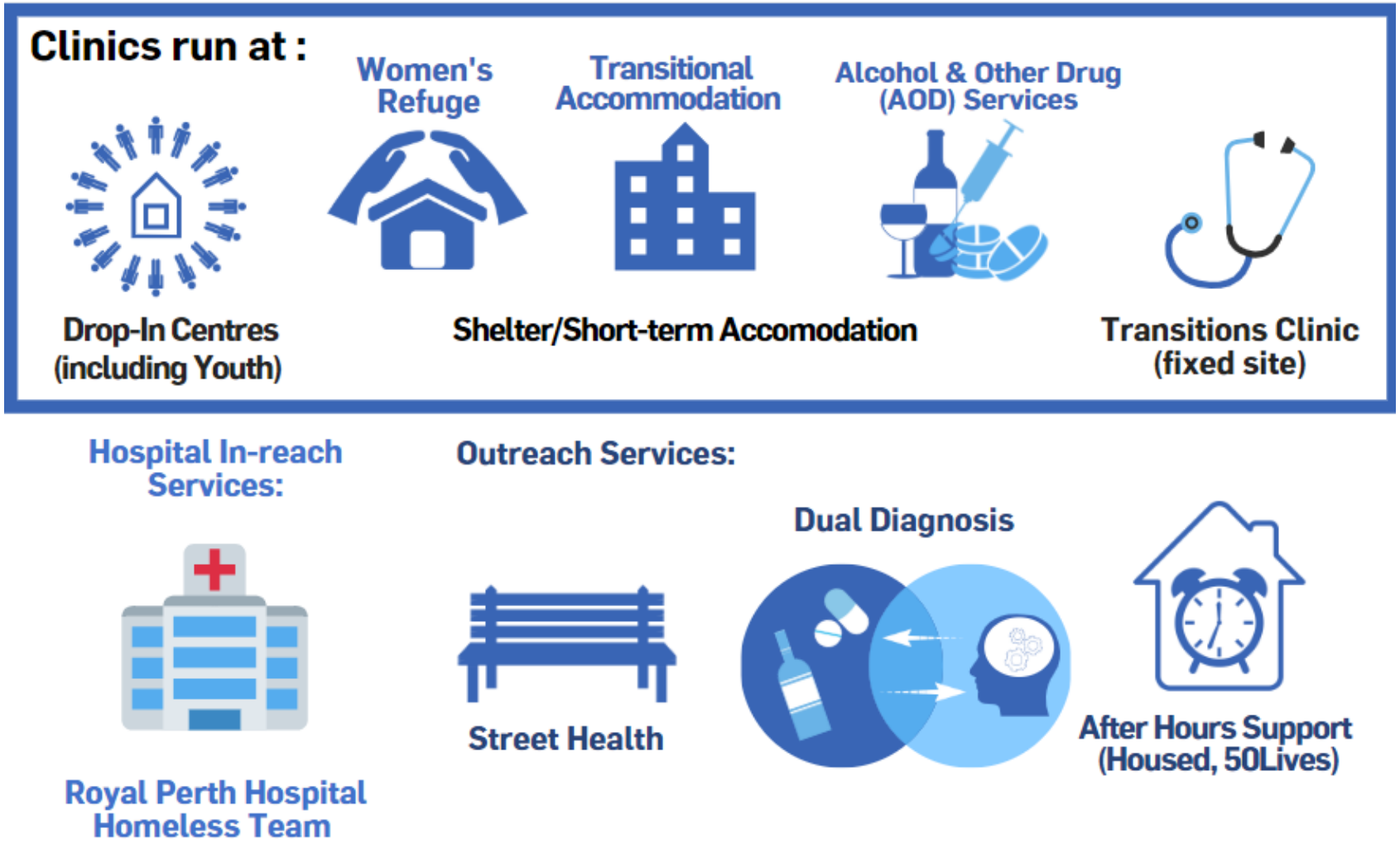
General Practice

and more!

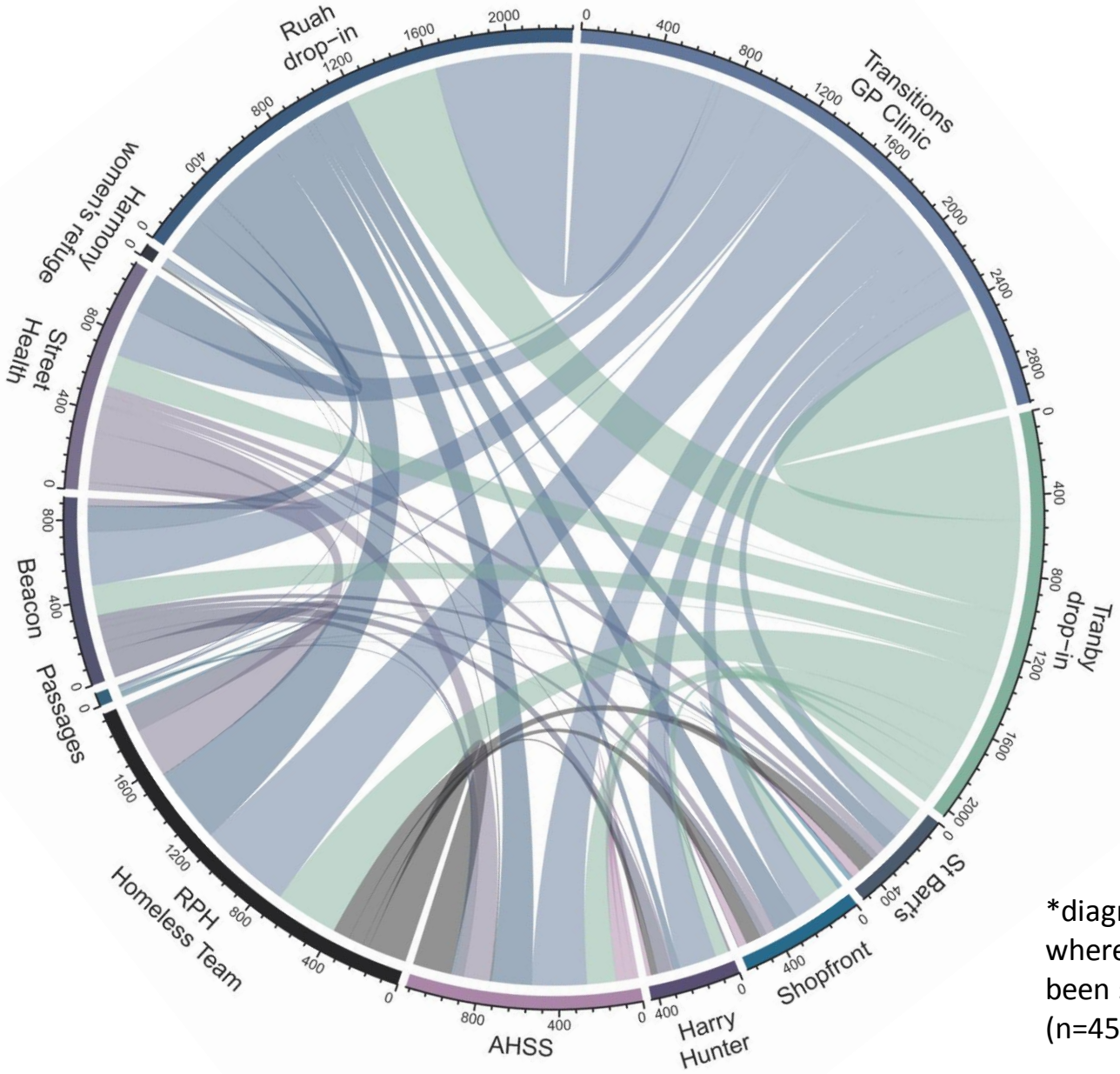
Homeless Healthcare model of care



Taking primary care to where people are is central to ethos… .



Taking primary care to where people are…

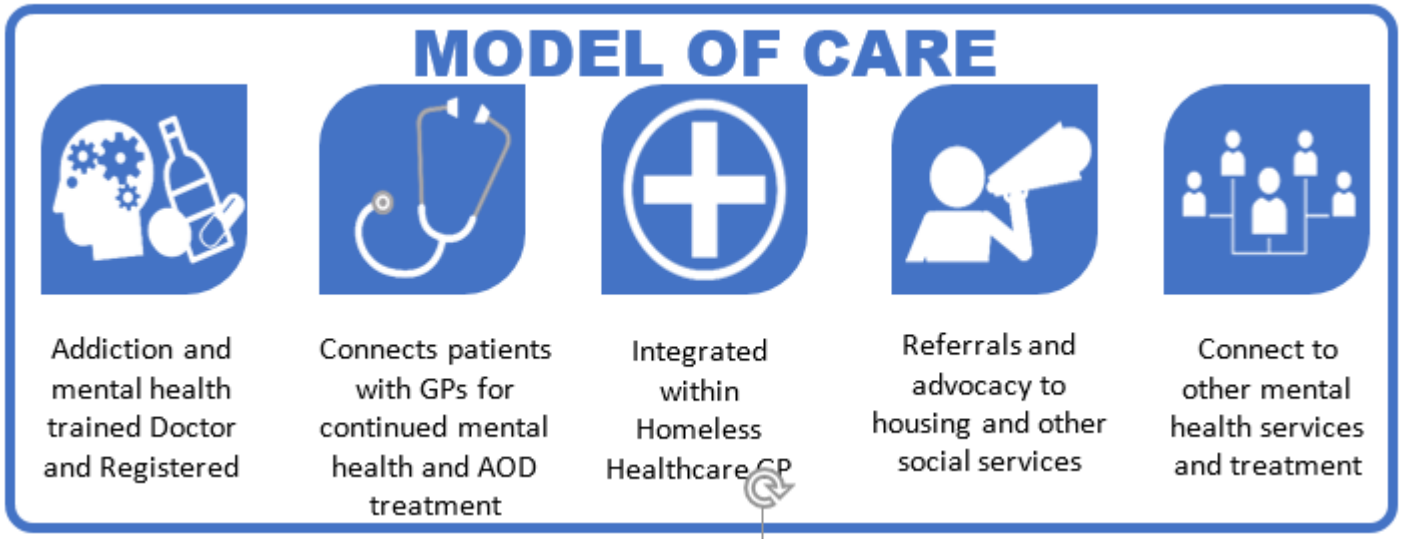


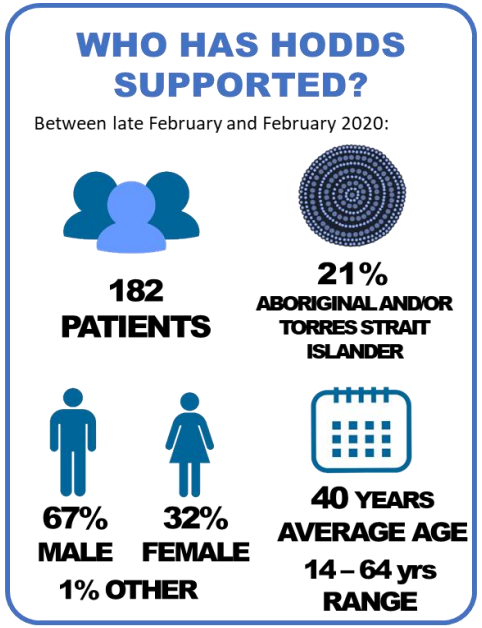
- Some patients seen in multiple settings (continuity of nurses & GPs across these)
- For others, a drop-in clinic or street outreach or the hospital is the only point of primary care engagement

*diagram shows where patients have been seen by HHC (n=4500)

Instigating new services to address gaps

Homeless Outreach Dual Diagnosis Service (HODDS)






adidas
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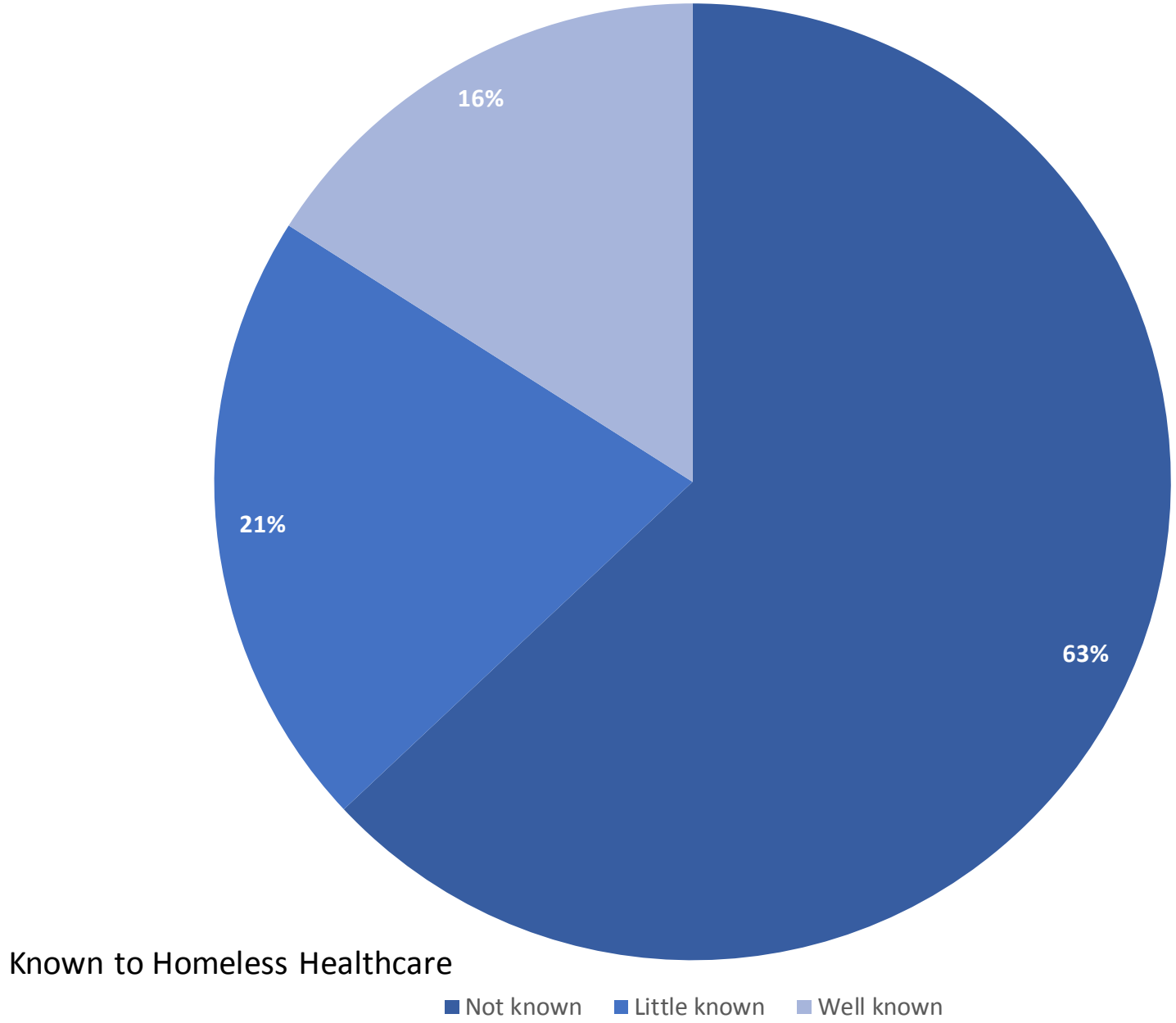
bergfreunde

Royal Perth Hospital

SERVIO

RPH Homeless Team

1428 Patients identified as homeless and seen by team in its first 3.5 years



Despite Homeless Healthcare outreach work across Perth, we continue to see people presenting to ED and hospital who have fallen through cracks of homelessness services and not known to Homeless Healthcare

(and who have no GP at all)

Housing First in WA

50 Lives 50 Homes

Collaborative Housing First program with > 30 partner organisations across multiple sectors:

- Social Housing Providers
- Health Service Providers
- Mainstream Homeless Services
- Specialist Youth Services
- Crisis/Transitional Accommodation
- Police

To date:

Housed 249 people who were sleeping rough as at end of Feb 2020

> 80% have had contact with Homeless Healthcare, either via GP or nurse led clinics, or the after hours service for people once housed (where a HHC nurse accompanies a community case worker to undertake home visits)

AFTER HOURS SUPPORT SERVICE (AHSS)

50 LIVES 50 HOMES
A campaign to house and support Perth's most vulnerable homeless people

For people housed through 50 Lives

INTEGRATION, COLLABORATION AND CONTINUITY OF CARE IN ACTION

…

Same HHC team, different rotational rosters, different places, different days

Benefits of this familiarity and overlap hard to capture in data, but makes an enormous difference to patient outcomes and to continuity of care!






Health at the table – Rough Sleepers Working Group (Housing First)

Brings together agencies beyond the usual housing/homelessness sector including (but not limited to):

- RPH Homeless Team
- Homeless Healthcare
- Mental health services
- Police
- Centrelink
- Domestic violence services
- Youth services
- Aboriginal organisations

50 LIVES 50 HOMES

A campaign to house and support Perth's most vulnerable homeless people

Client Centred Collaboration at the Coalface

- You can have formal partnership agreements, and sit on collaborative committees and so on, but what gets traction is:
    - the informal networks
    - the knowing who does what
    - having people you can ‘just pick up the phone to’ about a client in need
    - knowing who/what service will pick up the baton and get things done
    - sheer tenacity and persistence

Taking primary care and support to people re-housed

"we have been engaging with him to get some formal diagnoses, supports for daily living and encouraging him to take his seizure meds. We have been able to build trust and unpack things with him that you couldn't do in a hospital setting - AHSS nurse

…she said she was anxious about a health issue and so we let her GP know. As we see her weekly we can check on how her health is going, and encourage her to go to one of the HHC clinics. We can check to see if there any notes about health concerns that have been made by a GP or HHC nurse, and can then follow up about this during the home visit. – AHSS nurse

Connecting People

“They come out here, the outreach. They come here and see if I’m okay, even if it’s for a chat sometimes because I’d get very anxious”

harnessing the window of opportunity hospital presents to connect people to primary care and housing …

"Jace (the HT caseworker) has resources and contacts that we don't have. HHC can follow patients up in the community and patients can get GP care outside of the hospital. Without the Homeless Team patients would be discharged and go back to the streets and their health would just keep getting worse." -Social Worker, RPH

Integration Benefits

“So I was very lucky…having the three services, after hours, the Ruah day centre and Homeless Healthcare GP… [they] are all not judgmental, helpful. You know they are really there to help you. So it's massive and they're all connected so they know what's going on without going against your privacy, so you don’t get a pop quiz all the time.

50 Lives participant, now housed 2.5 years

Joint efforts to support people when disengaged

"He was initially only seen by Street Health and it was the building of the relationship with their nurses that then meant he was receptive to engaging with the Homeless Healthcare GPs in RPH ED

- this led to him being housed through 50 Lives, and this, coupled with ongoing management of his mental health issues through his HHC GP and the After Hours Support Service, led to a massive reduction in hospital presentations"

- Dr Amanda Stafford

Relationships with health care providers can bridge periods of relapse into homelessness

"Even when he lost his housing, his mental health was much more stable because he kept seeing us to get his meds- amazingly, he hasn't been back to ED even while back on the street" -HHC nurse

50 Lives and the AHHS team worked hard at keeping him engaged, and he is now re-housed


UNOCCUPIED
Mobile GP
Celebrate your birthday with your GP
See your GP for a check-up every year.

Collaboration in action – the case of the missing client!

A man in his late sixties had been homeless for over 40 years, most of which has been spent rough sleeping.

Wary of health and other services.

Is it making a difference?

Is it making a difference?

In the 50 Lives Housing First project, 80% of the clients housed are active patients of HHC:

FOR A SUBSET HOUSED FOR 6 MONTHS OR MORE… (N= 68):

24% fewer patients presenting to ED

39% fewer ED presentations

59% fewer inpatient days

Greatest Health improvement seen when people are housed

*NEW HOSPITAL DATA NOW BEING ANALYSED FOR > 100 PEOPLE HOUSED 1 YEAR +, >50 HOUSED 2 YEARS PLUS

Is it making a difference?

Changes after contact with the RPH Homeless Team

Year Prior

3,201
ED Presentations

5.1
ED Presentations
per person – year before

6,163
Inpatient Days

2.1
Inpatient Admissions
per person – year before

$30,476
per person – year before

Year Post

3,267
ED Presentations

5.2
ED Presentations
per person – year after

4,452
Inpatient Days

1.9
Inpatient Admissions
per person – year after

$23,174
per person – year after

When comparing one year prior to one year post first contact:

$4.6 million
aggregate cost saving

$7,302
cost saving – per person

Is it making a difference?

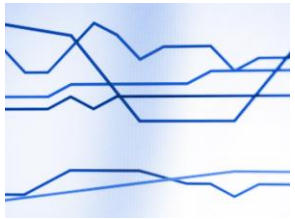
Homeless HEALTHCARE

> 5000 patients provided with primary care support in last 3 years

Decreasing % of frequent ED presenters who are homeless are HHC patients

> 100 case studies demonstrating improved health outcomes, reduced hospital use, & social determinants being addressed

+



In process of linking hospital data to GP data for 5000 patients to look at trends in hospital use and health outcomes longitudinally over 6 year period