

Evaluating a Primary Care Telehealth Program for Individuals Experiencing Homelessness

Adams CS, Perkins S, Roach C, Berini CR, Diaz VA, Fay J, Player MS
Department of Family Medicine, Medical University of South Carolina

North American Primary Care Research Group Annual Meeting
November 2020



Background

- More than 2 million people in the US experience homelessness each year
- Nearly 4,000 South Carolinians go without a home on any given night
- Individuals experiencing homelessness (**IEH**) are:
 - **3 to 6 times** more likely to experience illness
 - **4 times** more likely to be hospitalized
 - **3 to 4 times** more likely to die prematurely
- IEH encounter barriers to healthcare access and challenges in all domains of the social determinants of health
- Telehealth is a promising approach to improve access for this population



Objectives

- To compare care delivered in person versus via telehealth for non-emergent primary care, using questions adapted from the previously validated Service User Technology Acceptability Questionnaire (SUTAQ)
- Main outcome measures:
 1. Demographics and health needs of local IEH
 2. Telehealth acceptability for patients and providers
 3. Impact of telehealth on healthcare access
 4. Telehealth feasibility for patients and providers



Setting

- The CARES 529 Meeting Street Clinic is a collaboration between the Medical University of South Carolina (MUSC) Department of Family Medicine and Military Community Connections Navigation Center
- The Navigation Center provides a variety of resources for IEH
- Family medicine physicians see patients at the CARES 529 Meeting Clinic on-site in-person or via telehealth to the site



Methods

- **Paper needs assessment survey** for Navigator Center clients assessing demographics, health information, technology access
 - Descriptive statistics for all questions
 - Chi-square analysis
 - by race (Black vs. Non-Black)
 - By age (<50 yo vs ≥ 50 yo)



Methods

- **Electronic surveys** for patients and providers after in-person and telehealth visits to characterize care experience and visit outcomes
 - Descriptive statistics for all questions
 - Chi-square by visit type (telehealth vs in-person) for all visit experience related questions
 - Questions regarding the patient and not the visit itself, only first visit considered



Results: Needs Assessment Survey

Client Demographics

<u>Race</u>	Percent	<u>Gender</u>	Percent
Black	55.6%	Male	50.8%
White	22.2%	Female	44.4%
Other (Native American, Multiracial, Hispanic)	18.0%	Non-Conforming	3.2%
Declined to Answer	3.2%	Declined to Answer	1.6%

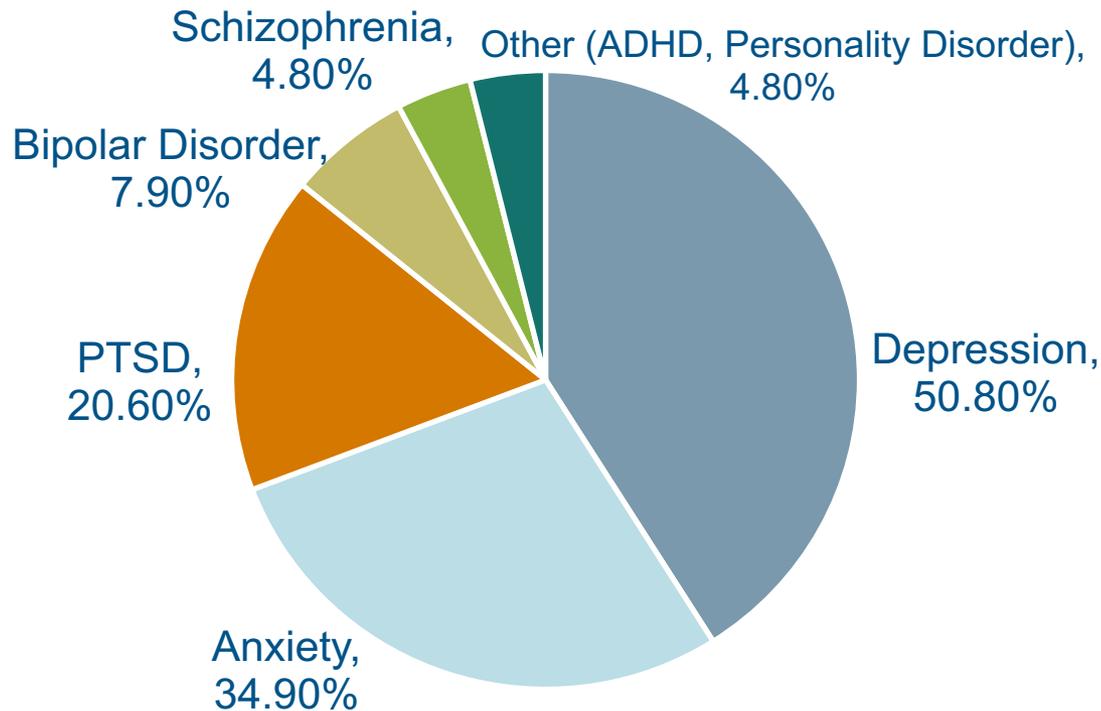
n=63



Results: Needs Assessment Survey

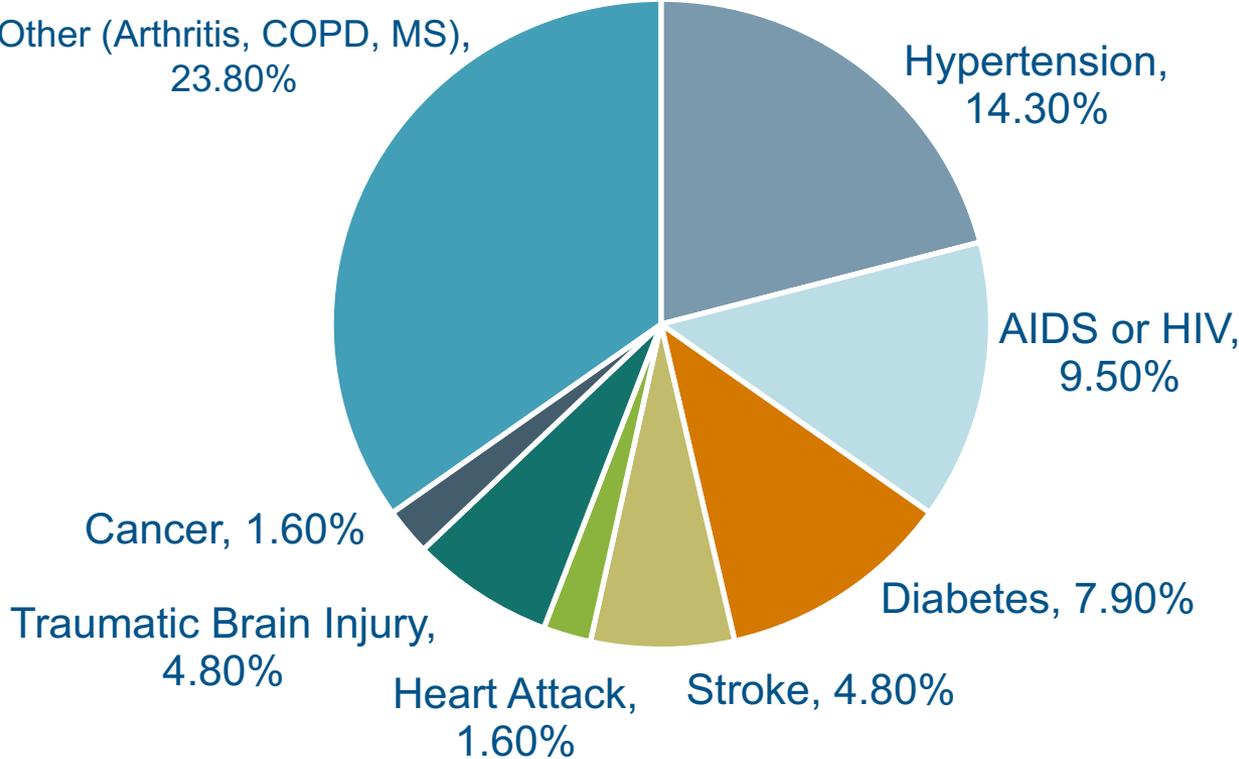
- 58.7% of Clients Reported a Mental Health Challenge (n=63)

**Clients could select more than one Mental Health Challenge*



Results: Needs Assessment Survey

- 52.4% reported physical health challenges



Results: Needs Assessment Survey

- 52.4% did not have insurance
 - 54.3% without insurance for more than one year
- 38.1% used the ED for their healthcare
 - 75.9% had been to the ED in the past year
 - 17.5% reported not getting healthcare
- Nearly one third (35.2%) had been hospitalized in the past year
 - 32.9% of those hospitalized spent more than a week in the hospital



Results: Needs Assessment Survey

- 71.4% interested in at least one primary care health service
 - Smoking cessation, chronic medical problem management, cancer screening, nutrition counseling
- 77.8% had access to the internet
 - 50.8% had access to a mobile phone
 - 71.4% had access to a computer
- No significant difference by race or age with Chi Square



Results: Patient Survey

Patient Survey Results by Visit Type

<u>Patient response</u>	<u>Telehealth Visit</u> (n=55)	<u>In-Person Visit</u> (n=71)	<u>P-value</u>
Would Recommend	96.4%	98.6%	0.582
Made Easier to Contact a Doctor	96.4%	97.1%	1.0
Can Be Used For Regular Health Care	90.9%	94.3%	0.505
Improved Health	90.9%	85.7%	0.420



Results: Patient Survey

Source of care without access to CARES 529 Meeting Street Clinic

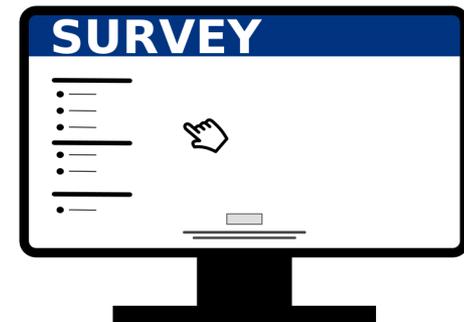
	<u>In-Person</u>	<u>Telehealth</u>
Would Not Have Gotten Care	36.6%	38.2%
Emergency Department	40.8%	27.3%
Doctor's Office	14.1%	18.2%
Urgent Care	4.2%	10.9%
Other	2.8%	5.5%

p=0.158



Results: Patient Survey

- 77.2% would be comfortable contacting a doctor via e-visit
 - 40.4% via a video visit from their phone
 - 24.6% in-person
- 49.1% would feel comfortable receiving information about their health via text messaging
 - 43.9% mailed letter
 - 7.0 % in-person



Results: Provider Surveys

<u>Providers</u>	<u>Telehealth Visit</u> (n=64)	<u>In-Person Visit</u> (n=29)	<u>P-value</u>
Agree/Strongly Agree: Able to Communicate Adequately with Patients	98.4%	93.1%	0.230
Agree/Strongly Agree: Made a Positive Impact on Patients Health	92.2%	69.0%	0.009



Results: Provider Surveys

- 76.6% telehealth visits providers disagreed that visits would have been better if done in person
- Only 2.2% of patients were referred to the hospital or ED



Discussion: Needs Assessment

- High incidence of physical and mental health problems
- Lack of health insurance
- Suboptimal access to and utilization of medical care
- ED utilization, hospital admissions, not getting care,
- High rates of technology access
- Desire for primary care services



Discussion: Patient & Provider Surveys

- Telehealth and in-person visits rated similarly in their ability to provide needed care regardless of chief complaint
- E-visits and text messaging noted as preferred communication options



Discussion: Limitations

- Generalizability
- Inability to link surveys
 - Capture experience of each visit and maximally protect anonymity
- Providers with different experience levels



Discussion: Future Directions

- Explore use of e-visits
- Explore use of cellular phones for communications
- Incorporation of telehealth education



Conclusion

- Telehealth is a healthcare delivery method that is feasible, is accepted by patients and providers, and increases access to healthcare for the IEH population
- Using telehealth to increase access to care has the potential to reduce disparity in health outcomes for this vulnerable population and modify high cost and high risk healthcare utilization patterns



Acknowledgements

- Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of the National Telehealth Center of Excellence Award (U66 RH31458) *and PCTE training and Enhancement (T0BHP30003)*
- South Carolina Clinical & Translational Research Institute

