



Webinar Series

Telehealth-based Solutions To Improve Health Equity for People Experiencing Homelessness

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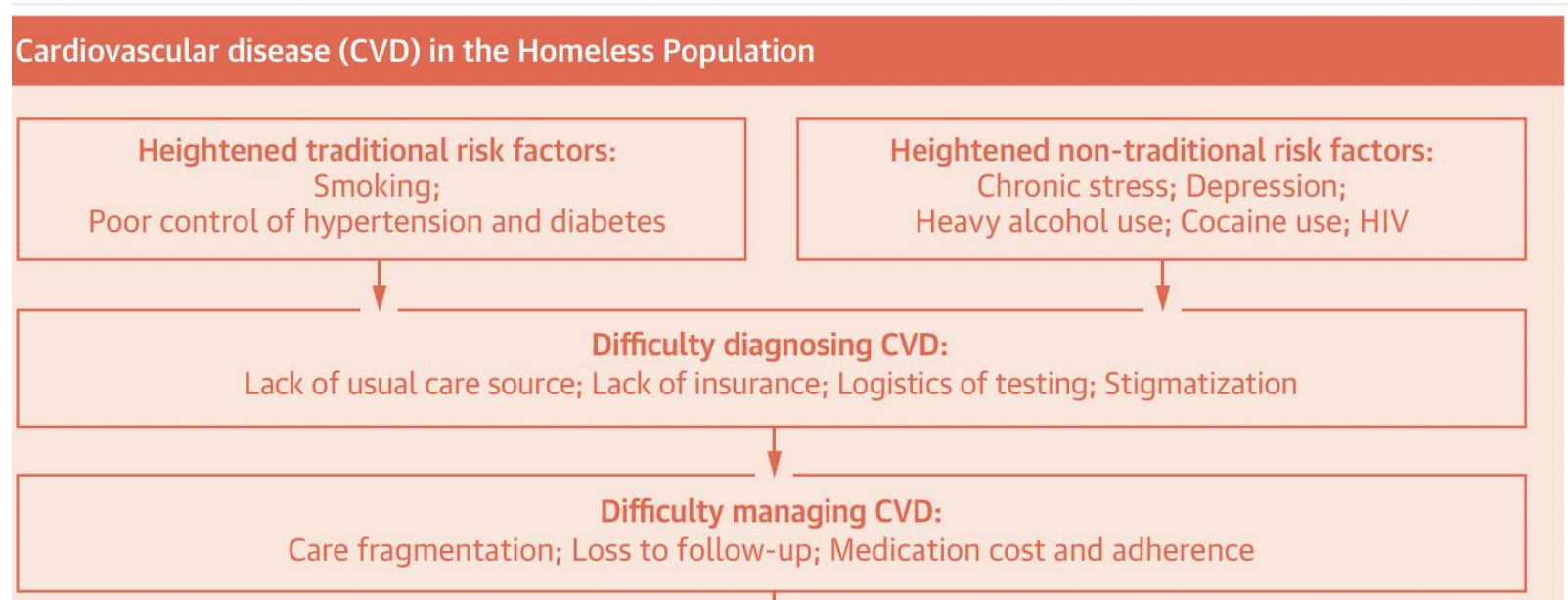
Objectives

Discuss the utilization of telehealth to increase access to care for people experiencing homelessness

Explore the use of video visits, tele-precepting, and asynchronous modalities to deliver primary care to the unhoused

Background

- Unhoused individuals experience higher morbidity and mortality rates than housed individuals
- Higher incidence of chronic physical and mental health conditions including heart disease, cancer, depression, anxiety, and substance use disorder
- Common healthcare barriers affecting health care access for the unhoused include cost of care, inadequate insurance, limited transportation, and stigma





Telehealth Opportunities



Telehealth can help connect vulnerable populations to health care and reduce barriers to care



Telehealth modalities including video visits have high levels of satisfaction for both patients and providers



Delivery of telehealth to the unhoused is most successful with collaboration between community-based organizations



The CARES for the Unhoused Medical Clinic is dedicated to providing compassionate and comprehensive healthcare for persons experiencing homelessness in the Charleston area. We strive to break down barriers to care by offering services regardless of a person's ability to pay and addressing the social determinants of health and unique healthcare needs of those experiencing homelessness. We further aim to foster a learning environment that emphasizes empathy, cultural competency, and social justice as we work towards our vision where everyone can access the healthcare they need to thrive.

Resource hub committed to supporting individuals
and families experiencing homelessness



Housing Support



Financial Assistance



Employment Support



Street Outreach



Nightly Dinner

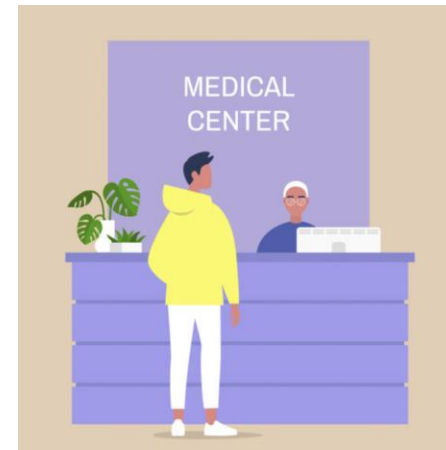


Community Events

Care delivery mechanisms

- ❖ In-person visits at a CBO
- ❖ Video visits at a CBO
- ❖ Street medicine outreach

In Person visits
Teleprecepting



Video visits
Students as
Telepresenters

Street medicine
outreach
Teleprecepting



Street medicine
outreach
Televisits with
CBOs

CFU Program

- Over 500 visits each year with over 250 unique patients
- Training of over 100 medical/pharmacy students and 20 residents annually
- Most common diagnoses treated
 - Musculoskeletal conditions (22%)
 - Mental health conditions (21.7%)
 - Cardiovascular conditions (21.3%)



Patient Demographics

Variable	Frequency	Percentage
Sex		
Male	143	64.1%
Female	80	35.9%
Race		
Black or African American	87	39.0%
White or Caucasian	109	48.9%
Other	5	2.2%
Unknown	22	9.9%
Ethnicity		
Hispanic or Latino	2	0.9%
Not Hispanic or Latino	190	85.2%
Unknown	31	13.9%
Age		
0-17	4	1.8%
18-39	50	22.4%
40-59	114	51.1%
60 and up	55	24.7%
Insurance		
Private	11	4.9%
Medicaid/Medicare	54	24.2%
Uninsured/Self-Pay	158	70.9%

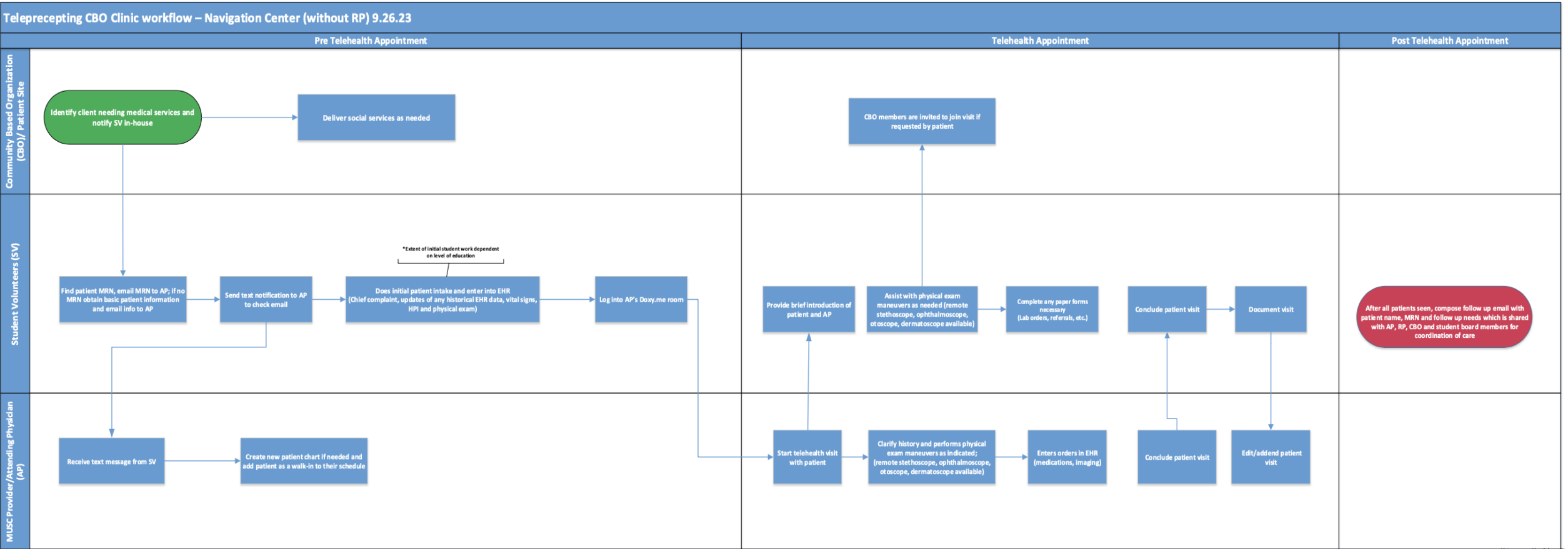
Medical Services

- Acute care visits
- Chronic care management
- Lab evaluation
- Radiology
- Cancer screening services
- Vaccine administration
- Multi-disciplinary care coordination

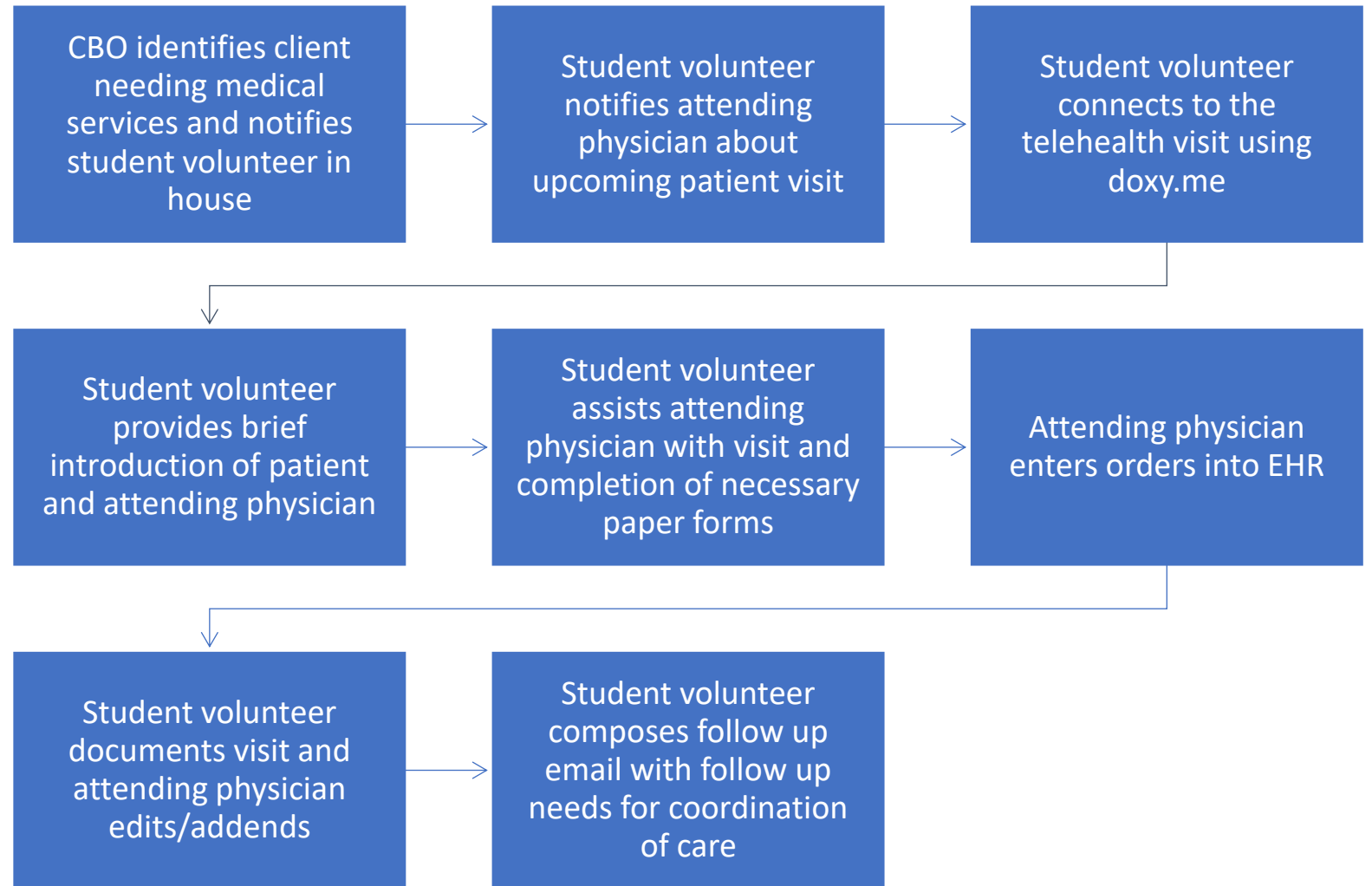


Workflows

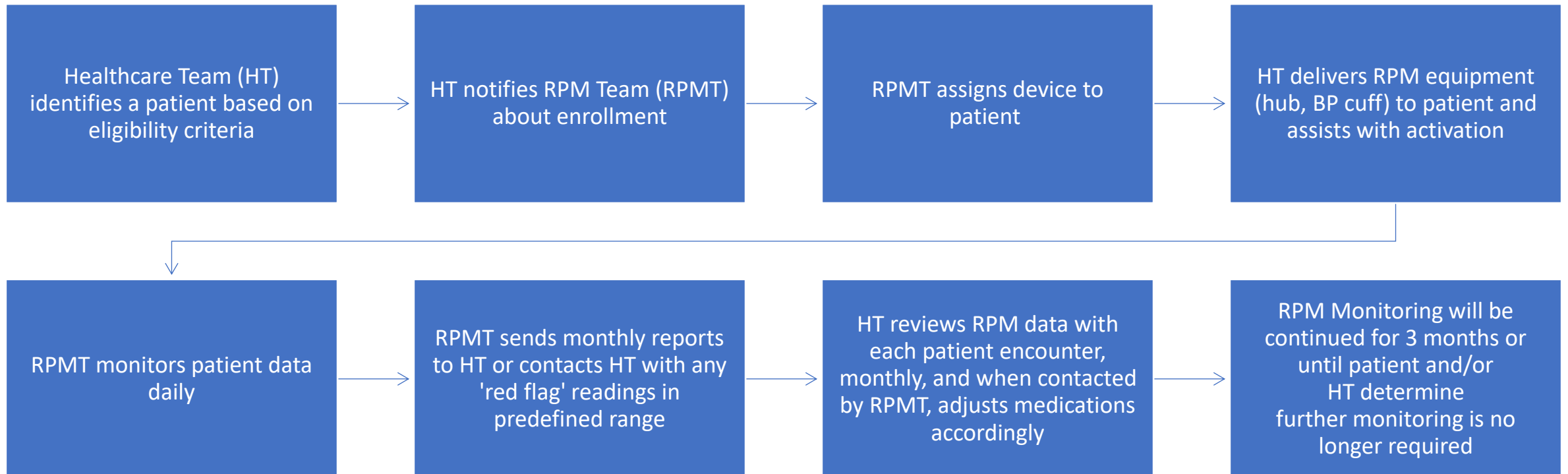
Video Visit Workflow



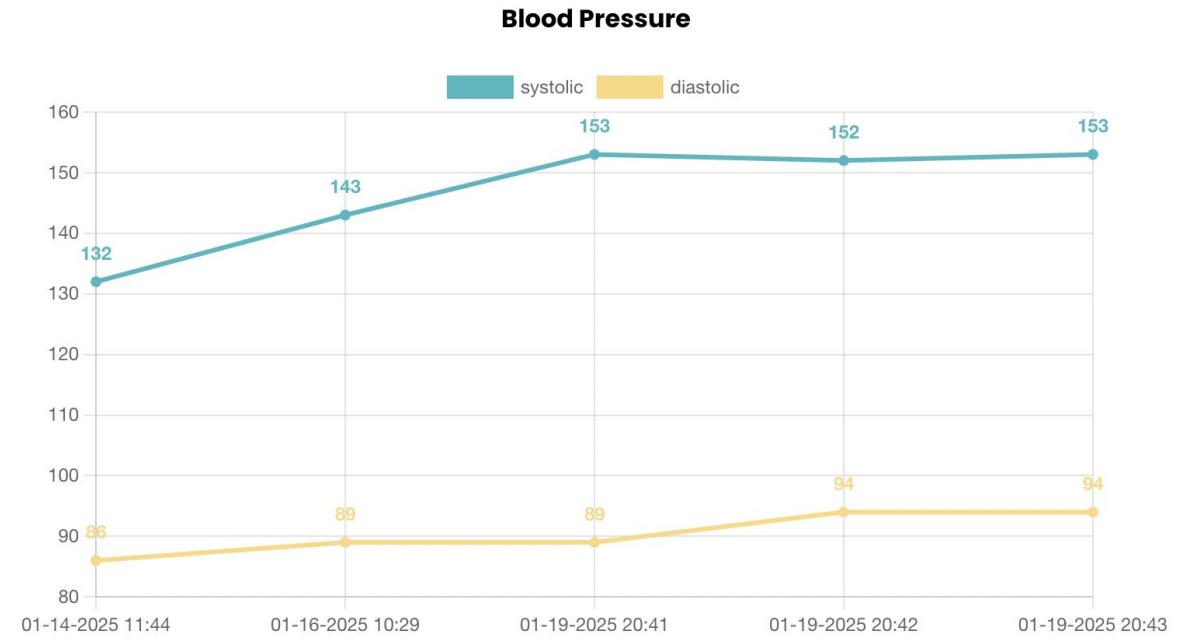
Video Visit Workflow



RPM Workflow



RPM Monitoring



Research & Program Development

Initial CFU Program Assessment

29.1% of patients would have gone to the ED without our clinic

38.2% would not have received care

95.2% of patients report overall visit satisfaction

96.9% indicated that it made it easier to contact a doctor

92.2% providers agree or strongly agree that they made a positive impact on their patient's health

No significant difference between in person and telehealth-based care

Street Psychiatry

>20% of diagnoses treated by CFU are related to mental health

93% of patients interested in psychiatric care

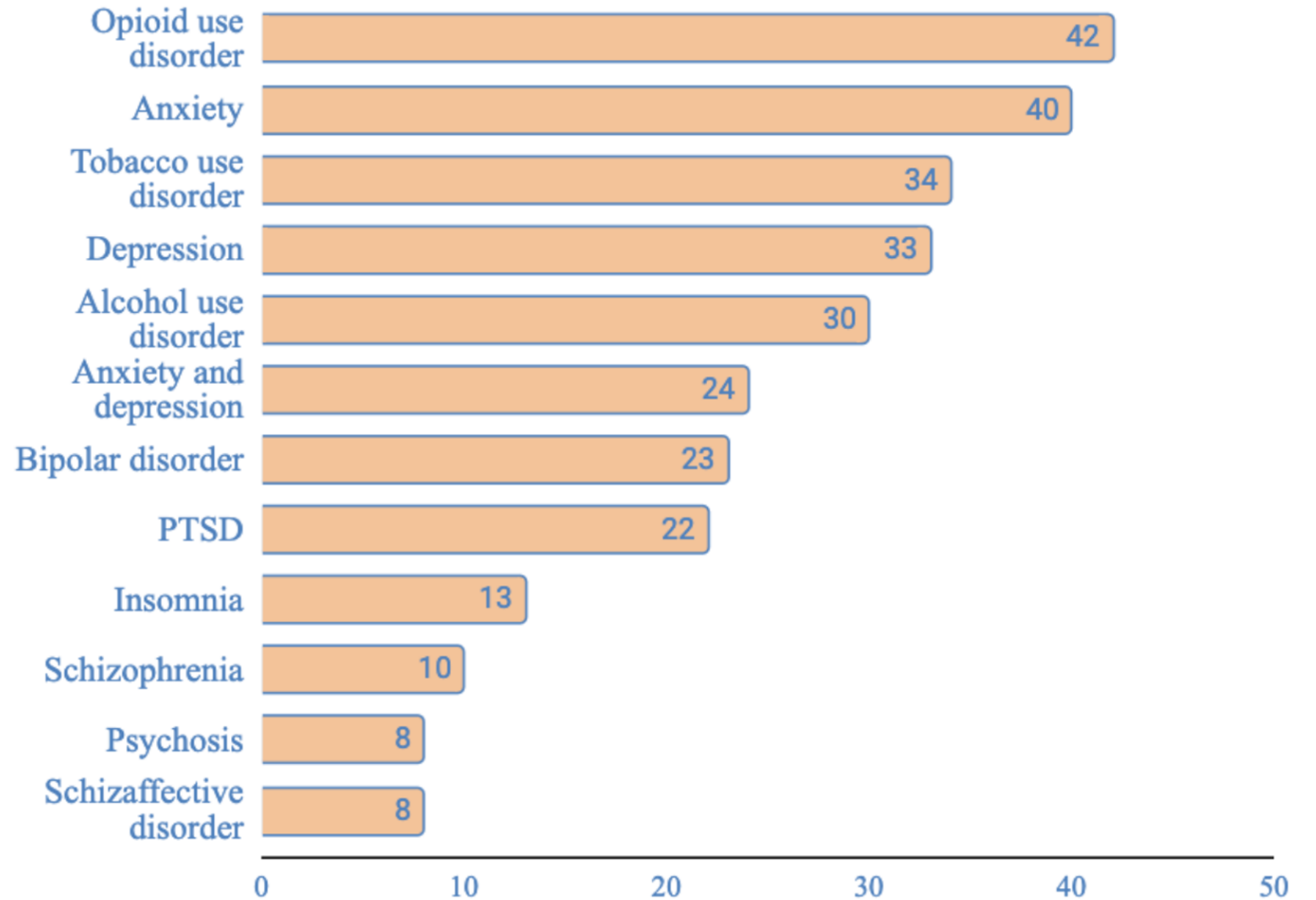
Street Psychiatry Program

- AM medical team, PM psychiatry team
- In person and telehealth

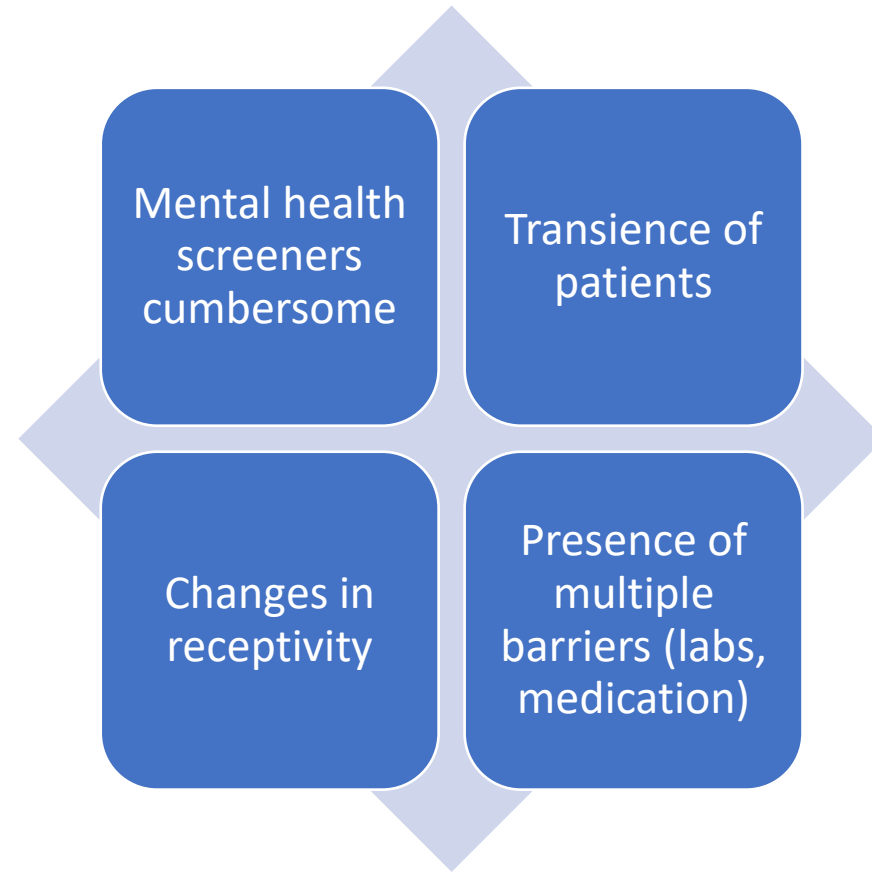
115 unique individuals served on street psychiatry in one year

- 6 psychiatry video visits during medical outreach
- 4 medical video visits during psychiatry outreach

Top Diagnoses Street Psychiatry



Lessons Learned Street Psychiatry



Variety of ages,
mostly school age

Majority with
primary care access

- Still suboptimal access to annual preventive care

Specialty care access
not a large need

Acute care access
not ideal

Transportation #1
barrier

Interested in visit at
TNC

- Video or In Person

Pediatric Program: Health Needs Assessment

Pediatric Program

Collaboration with variety of stakeholders

Advertising for pediatric care (In person and via telehealth)

- Well checks
- Vision screening: QuickSee
- Acute care
- Sports physicals

Afternoon hours

Vaccination events

Appointment booking and warm handoff for primary and specialty care

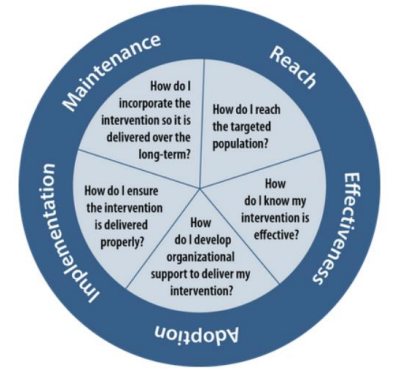
Satisfaction surveys (ongoing)

Evaluation of CFU implementation

- Implementation evaluation of the CFU program to identify barriers and facilitators based on the RE-AIM framework
- Semi-structured interviews performed with key stakeholders including patients, students, residents, and CBOs
- Coded by 2 independent coders using template analysis approach



Reach



“Awareness is a big one . . .” (Patient)

“The people will come to where you are...instead of moving all over...Get one, get a couple of areas where they know you’re going to be at certain times. Then they’ll come to you. The ones who want the help, you know...” (Patient)

“...many times, as long as it’s somebody I’ve built rapport with and I trust, they’ll allow me to bring a doctor out. We operate under the assumption that it is them allowing us to provide care to them.” (CBO)

Exposure to the program

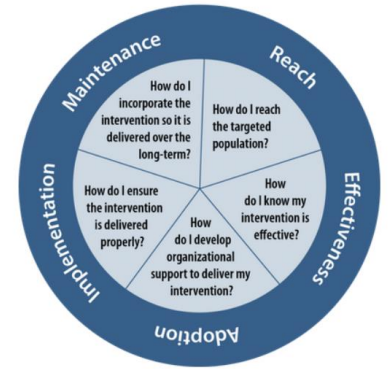
- Following Hospital encounter
- Referral from friend
- Approached by an outreach provider

Opportunities to improve outreach

- Word of mouth
- Handouts
- Participation in community events
- Expanding geographic scope of outreach

Education of student and resident volunteers beneficial to improving care

Effectiveness



“The reliability of it. I know every time I come here they’re going to see me and they’re going to help me”(Patient)

“It’s definitely a rewarding experience . . . Personally fulfilling and made me feel like my job was making a difference and that I has having some purpose.”
(Learner)

“They know they have a place to come and get some of the immediate needs they need, or at least to be able to talk to somebody, to check in.” (CBO)

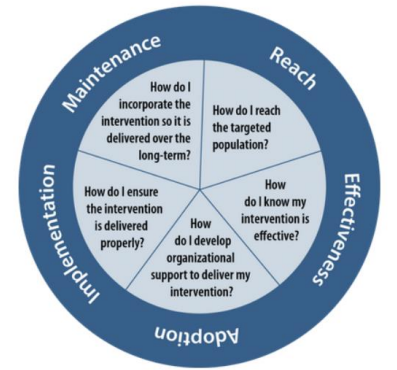
Perceived benefits

- Provider accessibility
- Delivery of care in the setting an individual resides or already receiving services
- Flexibility
- Learners valued opportunity to learn about resources for the unhoused community
- Autonomy of residents and students

Opportunities to improve efficacy of care

- Additional private space
- Improved interdisciplinary care team members and services helpful

Adoption



“I think how important it is to build rapport with the patient population . . .it means so much more when you actually see them and you talk to them and and when you remember their names, what kind of impact it has on them.” (Learner)

“The key to the success of what we do that we are case-managing alongside the doctors and even mental health . . We want to know what’s going on.” (CBO)

“I trust them . . . That’s why I come down here. But it’s up to me. And I know they are here on certain days. Its up to me to get here.” (Patient)

Patient-provider communication

- Listening, not rushing, and limiting use of technical terminology improved communication

Team communication

- Closed-loop communication effective
- Benefit from learning from more experienced team members

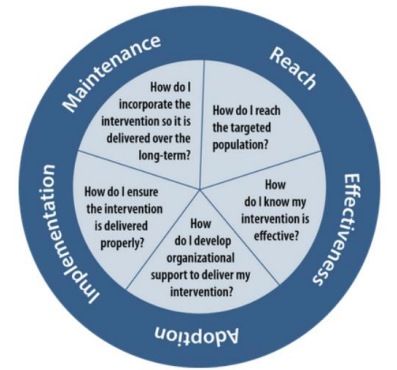
Trust

- Building rapport essential

Coordination of care

- Importance of communication between health care team, social work, and mental health services

Implementation



“I don’t think there’s been anybody who has been actively wanting to see a provider that has been told they have to wait an amount of time . . .everybody that I ‘ve interacted with has gotten care fast enough that they’ve been satisfied.” (CBO)

“It’s probably cuts out a lot of emergency room visits . . . When people get hopeless, they have nowhere to go, then rely on the hospital.” (Patient)

“It’s hard for people to get transportation to get labs. The majority of them walk, or take the bus. And cost is a barrier, but we do our best to try to aid . . . The team [tries to] coordinate something.” (Learner)

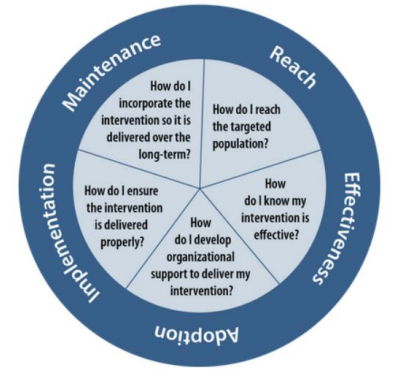
Access

- Consistency of timing beneficial
- Expansion of services

Follow-Up

- Patients reported they were able to obtain medications and lab work
- Transportation identified as a barrier

Maintenance



“Just because it’s consistent and reliable and dependable . . .” (Patient)

“It’s well-integrated as part of our curriculum . . . If it was more voluntary, I think you wouldn’t have that much exposure because our hours are so difficulty.” (Learner)

“[patients] live outside, they’re doing something to survive, trying to build a shelter or something happens . . .and they they get laid up in a tent for a couple of weeks until we come across them and try to get them some help . . .physical therapy would be helpful.” (CBO)

Factors promoting sustainability

- Patients desire to continue to receive care from the clinic
- Integrating the program within the curriculum facilitates learner participation

Outreach Efforts

- Potential benefit from outreach services to include ophthalmology, dental, physical therapy, and psychiatry
- Increase onsite lab testing



Future Directions

Cancer screening

Pediatrics

Expansion of OUD Services

Chronic disease management/RPM

Expanded and enhanced CBO
partnerships

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