Homeless Patient Aligned Care Teams (HPACT)

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Learning Objectives

1. Overview of standard PACT

2. Review of homeless Veterans and health status

3. Review of the HPACT model

4. HPACT outcomes

PATIENT ALIGNED CARE TEAM (PACT) MODEL

Patient Aligned Care Team (PACT) Model

PACT

- Serves as a patient-centered medical home model with **3 major principles**: patient-centered care, coordination of care, and access to care.
- Launched by VHA in 2009
- 7 core elements:
  - Patient-driven – focus on the patient rather than the disease
  - Team-based - care delivered by interdisciplinary team
  - Efficient – deliver care the patient needs when they need it
  - Comprehensive – delivering whole person-oriented care
  - Continuous – long-term, longitudinal relationship between patient & team
  - Communication – honest, respectful, reliable, culturally sensitive
  - Coordination – across all elements of the healthcare system

HEALTH OF HOMELESS VETERANS

Homeless Veterans & Health Status

- Suffer from higher rates of chronic disease and comorbidities than nonveteran counterparts[1]
- Complex pattern of both chronic medical and mental health problems[1-3]
  - Common medical problems
    - Diabetes, HTN, cancer, COPD, heart disease
  - Common mental health problems
    - Depression, bipolar disorder, PTSD, schizophrenia, and substance use disorders

Homeless Veterans and Health Status: Women

- More than half of homeless women Veterans were sexually assaulted (MST) during their military service.[4,5]
- Experience greater potential for posttraumatic stress disorder (PTSD) and other mental health issues such as substance use as a result of MST.[6-9]
- Worse overall health (physical and mental health issues) than non-veteran female counterparts.[5]

Homeless Veterans & Health Status

Barriers and challenges to care:[1-4, 8-16]

- Healthcare can become compromising factor
  - Difficulties maintaining health while attempting to satisfy basic human needs
    - Food, shelter, and safety
- Patient related barriers
  - Transportation, lack of health insurance (community)
- Institutional related barriers
  - Service fragmentation, difficulties navigating complicated healthcare system
- Stigmatization
- Trust or lack of trust

HOMELESS PATIENT ALIGNED CARE TEAM (HPACT) MODEL

HPACT Model

HPACT is a multi-disciplinary, population-tailored medical home designed around the unique needs and distinct challenges homeless Veterans face both accessing and engaging in health care.[17]

- Special population PACT
- Piloted in 2011 by VHA Homeless Programs Office (HPO)
- 60 sites across VHA system
- Efficacy and approach of the model generated by VHA HSR&D funded research
- Serves as a platform for new projects and initiatives to address population care needs
  - Medical-Legal partnerships
  - Syringe Service Programs (SSPs)

HPACT Locations

HPACT Mission & Vision

Mission: to identify and engage Veterans experiencing homelessness in a multi-disciplinary, population-tailored medical home designed to address the unique needs and distinct challenges Veterans' face both accessing and engaging in healthcare.

Vision: All Veterans will have access to high-quality healthcare services that are integrated and coordinated to address the physical health, mental health, and social needs for those at risk of or experiencing homelessness.

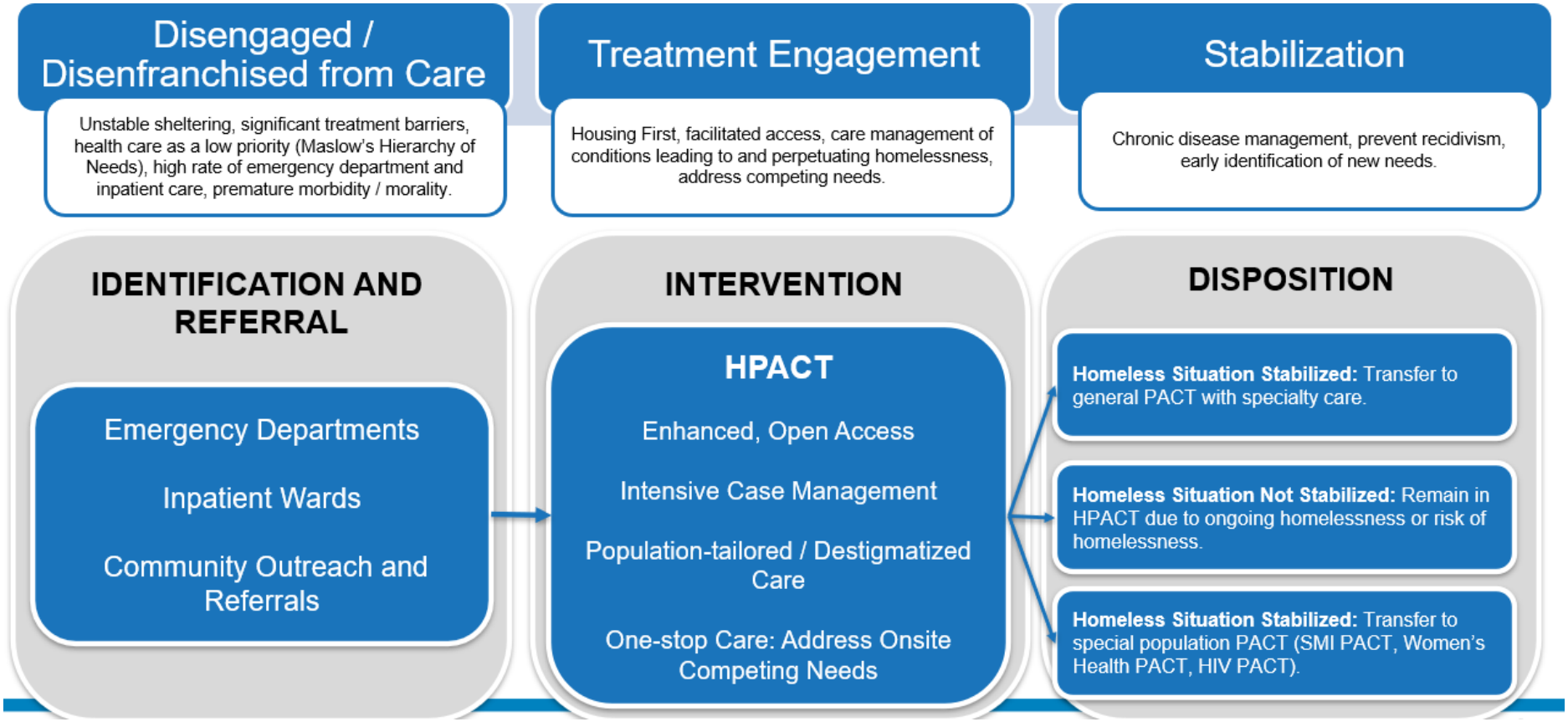
HPACT Model: 5 Core Elements

1. **Reducing barriers to care:** Provide open-access, walk-in care in addition to community outreach
2. **One-stop, wrap-around services:** Care that is integrated and coordinated including mental health, homeless programs, and primary care staff that are co-located to create a continuum of care and integrated team. Many provide food/clothing assistance, hygiene items, showers, laundry, etc.
3. **Engaging Veterans in intensive case management:** Coordinated with other VA services and community partners to create continuous care that is seamless.
4. **Providing high-quality, evidence-based, and culturally-sensitive care:** Validated care through research evaluation and achieved through on-going homeless education for staff.
5. **Performance-based and accountable:** Using real time data and predictive analytics to assist teams in targeting Veterans most in-need.

HPACT Location Models

- Medical Center HPACT model
- CBOC HPACT model
- Community Resource and Referral Centers (CRRC) based HPACT model
- MMU HPACT model*
- All HPACT model variations should strive for:
  - One-stop care (medical, mental health, case management)
  - Open access "walk-in" appointments
  - Integration with homeless services
  - Intensive/proactive case management for both medical and social needs
  - Provision of concrete resources

HPACT Treatment Model[17]



Integration of Care

- **Communication & Collaboration**
  - Team based care that optimizes expertise
    - Homeless (i.e., VJO, HUD-VASH, GPD, SSVF, etc.)
    - Primary care
    - Specialty care
    - Mental health
  - Engagement with ED and inpatient services
    - Referral to HPACT
  - Staff availability
    - walk-ins/open-access

Integration of Care

- **Education**
  - Education of staff (i.e., HPACT, ED, MH)
    - Homeless Veteran needs
      - Food, shelter, safety, social support
      - Homeless populations training
    - Monthly HPACT Community of Practice calls
  - Education of Veterans on HPACT model
    - Low-threshold access
      - Do not "no show"
    - Local facility resources (i.e., pamphlets, etc.)

HPACT Model Outcomes

- HPACT enrolled Veterans:
  - Are associated with lower rates of emergency department use and hospitalization. [17]
  - Show a significant decrease in ED usage among the highest ED utilizers compared with usual care.[18]
  - Cost over $9,000 less/year to care for compared to a homeless Veteran enrolled in a standard PACT.[19]
  - Gain housing faster than those not enrolled in HPACT.[20]
  - Receive more primary care visits and social services compared to standard primary care and are more likely to report positive experiences with access, communication, office staff, providers, and comprehensiveness.[21]
  - Report a greater reduction in unfavorable experiences.[22]

Summary

- Homeless PACTs represent a way of providing team-based comprehensive care tailored to the needs of a specific population.
- Processes, skills, and models are needed for the Homeless PACT to be effective.
- Teams are often evolving and built at the facility level based on the needs of that community.
- Implemented correctly, Veterans experiencing homelessness benefit, communities benefit, the hospital system benefits through reduction of low acuity emergency department visits and lengthy inpatient stays, while ultimately creating positive primary care experiences for homeless Veterans.

QUESTIONS?

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