

JFMA Street Outreach: A Resident-Run Street Medicine Program

A retrospective chart review examining the needs of a vulnerable population and services provided



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Background

In Philadelphia it is estimated that over 12,000 people experience homelessness annually, and up to 500 individuals live on the street on any given day.¹

Project HOME coordinates the City of Philadelphia's outreach effort aimed at forming relationships with unsheltered individuals, identifying their barriers to entering permanent supportive housing and assisting them in overcoming these barriers.

Having identified this population's need for medical services, in 2007 faculty in Jefferson Family Medicine Associates (JFMA)

reached out to Project HOME and extended an ongoing community-academic partnership.

Since then Family Medicine residents and students have been traveling with the outreach team, meeting people identified by Project HOME as having an acute medical need. The medical street outreach program sees over 150



patient visits annually and is organized and operated entirely by residents in the Department of Family and Community Medicine.

Problem

Limited data exist about the health care and other needs of people living on the street, particularly in Philadelphia. An evaluation of the Jefferson Family Medicine medical street outreach program has never been performed and it is unknown whether it is effective in meeting the needs of its patient population.

1. Maguire, Marcella. Getting to ZERO: How do we count whose living on our streets? Presented at the International Homelessness Research Conference, University of Pennsylvania, June 2013.







Objectives

- 1. To identify the health care and non-health care needs of the medical street outreach program's patient population
- 2. To evaluate to what extent the medical street outreach program provides acute medical care and referral services for Philadelphia's street homeless

Design

The study is a retrospective chart review of nearly 400 medical street outreach encounters from January 2010 to March 2013.

Methods

Raw data was transcribed from encounter forms to an Excel spreadsheet for evaluation. Using an iterative process, categories will be identified by each of the study authors in health care needs, other needs and services provided. These categories will be compared for consistency, applied to the encounters and analyzed.

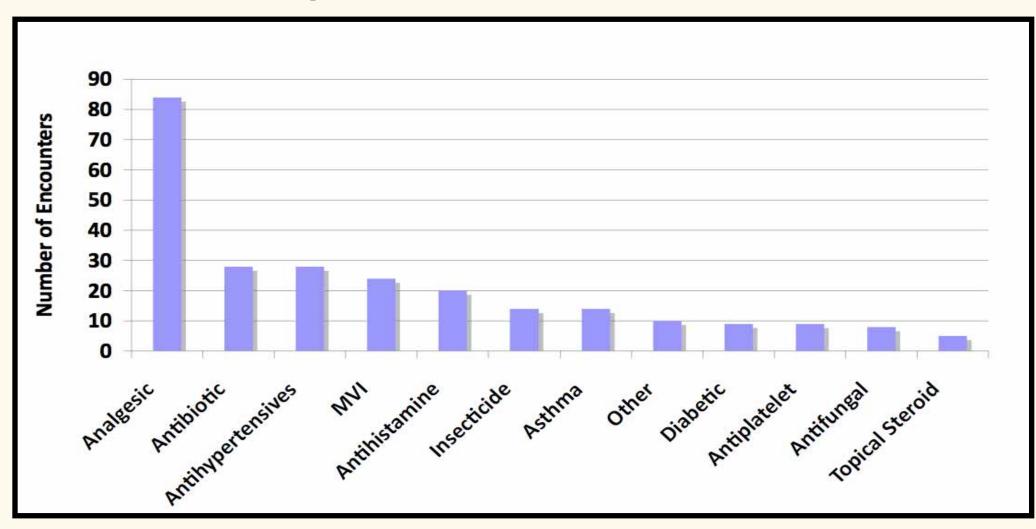
Criteria will also be established a priori regarding what constitutes a need being met or unmet, and each encounter will be evaluated by these criteria.

Data Analysis

Health care and non-health care needs will be tabulated by percentage. Individual needs listed as met or unmet will be listed by frequency. Overall percentage of needs met and unmet will be compared. Use of medications, supplies, referrals and other services will be tabulated. Overall cost will be estimated.

Preliminary Data

Medications Dispensed or Prescribed



Counseling

| Follow up with established PCP or specialist | n=23 |
|--|------|
| Diet modification | n=17 |
| Emergency precautions | n=16 |
| Hypertension | n=15 |
| Drug or alcohol treatment | n=14 |

Referrals

| New provider | n=28 |
|----------------------|------|
| Established provider | n=23 |
| Emergency room | n=6 |
| Shelter | n=5 |

Discussion

Recommendations will be made regarding what medications, supplies, referral services and patient resources would best meet the needs of the target population. Current operations will be compared to best practices in the field with the goal of improving patient care.