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Follow up with Trauma Patients of Challenging Populations

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Presentation Objectives:

1. Historical Perspectives on hospitalization challenges
2. Identify Challenging Populations
3. Highlight barriers to post-hospitalization follow-up
4. Discuss initiatives being done to bridge the care gap
5. Consider future implications

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Medical Responsibilities Reviewed

EMS:

"EMS providers have a duty to respond, a duty to act, a duty to perform a thorough assessment, a duty to appropriately treat the findings of that assessment, and to transport where necessary."

Givot, D., Esq. (2020, August 25)

Medical Providers:

Autonomy – adults with decision making capacity have the right to self-determination

Beneficence – balancing benefits and risk/harm

Nonmaleficence – "do no harm"

Justice – equal distribution of "benefits, risks, costs, and resources"

Jahn, W. T. (2011)

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"Full recovery from a traumatic injury… requires medical care beyond simple stabilization, often extending beyond the time of hospitalization."

Sacks, G. D., Hill, C., & Rogers, S. O. (2011).

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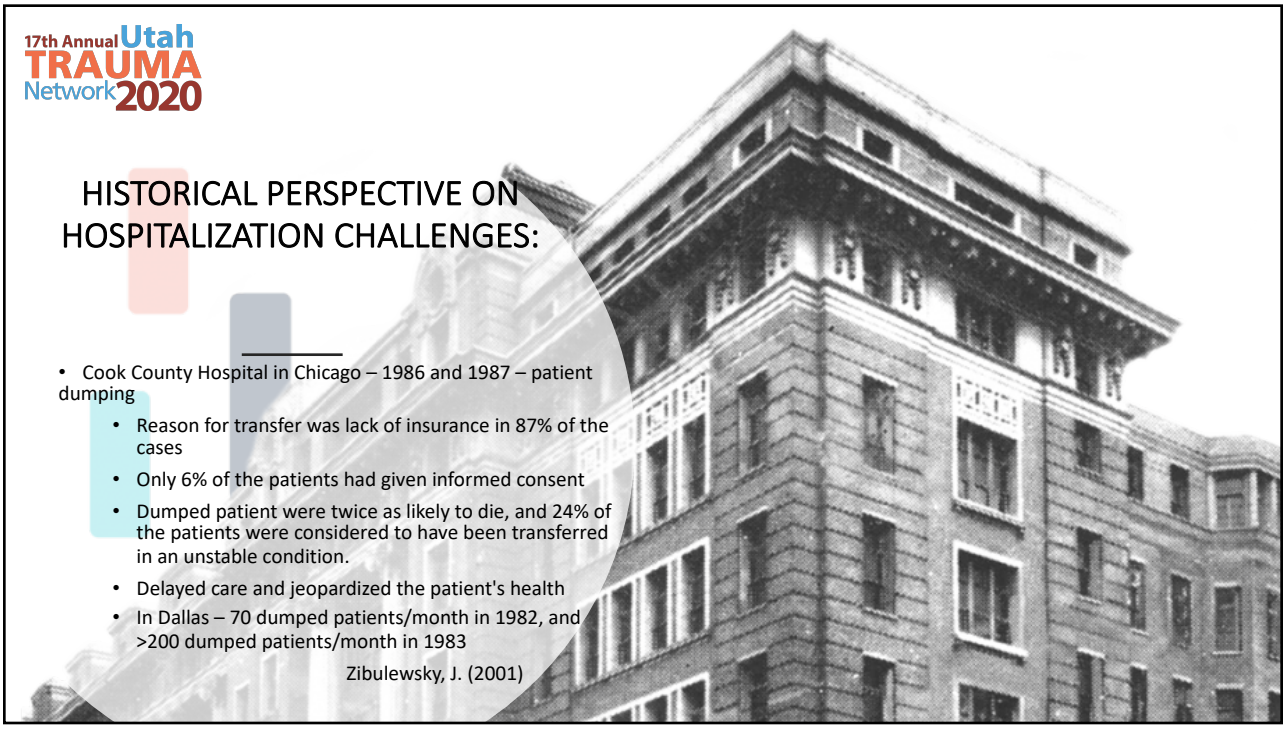
HISTORICAL PERSPECTIVE ON HOSPITALIZATION CHALLENGES:



- Cook County Hospital in Chicago – 1986 and 1987 – patient dumping
  - Reason for transfer was lack of insurance in 87% of the cases
  - Only 6% of the patients had given informed consent
  - Dumped patient were twice as likely to die, and 24% of the patients were considered to have been transferred in an unstable condition.
  - Delayed care and jeopardized the patient's health
  - In Dallas – 70 dumped patients/month in 1982, and >200 dumped patients/month in 1983

Zibulewsky, J. (2001)

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National Response to Patient Dumping

1986 Emergency Medical Treatment & Labor Act (EMTALA) by Congress

- "individuals shall be accorded impartial access to treatment or accommodations that are available or medically indicated, regardless of race, creed, sex, nationality, or sources of payment for care"
- Only Medicare contracted hospitals are responsible to uphold EMTALA (98% of all US hospitals)
- 3 distinct legal duties on hospitals

1. Medical Screen Examination (MSE) must be performed to assess for an emergency medical condition (EMC).

2. If an EMC exists, hospital staff must stabilize the condition or transfer the patient to another hospital capable of managing the condition.

3. Hospitals with specialized capabilities (e.g., burn units) must accept patient transfers if they have the capacity.

Zibulewsky, J. (2001)

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Factors that affect a patient's hospitalization and follow-up compliance

- **Age**
- **Housing Status**
- Cognitive Abilities
- Physical Abilities
- Surrounding geographical area
- Gender Identity and Sexual Preference
- Insurance Status
- Race/Ethnicity
- Citizenship Status
- Pre-existing conditions

Joszt, L. (2018)

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Why Should We Focus on Elderly and Homeless Populations?

The sheer volume of those populations and their continued need for medical/trauma services!

- 553,000 people were homeless on a given night in January 2018.
- Geriatric population is expected to almost double from 43.1 million (2012) to 83.7 million (2050).

Schaffer et al (2020)

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Care and Follow Up Challenges for the Elderly:

EMS Challenges:

- Difficulty with triage on scene due to mental status
- No support system present at time of encounter
- Lack of medical information including history and current medications

Hospital Challenges:

- Difficulty obtaining history
- Mental status precluding early identification of a blood thinner on board. Elderly are under triaged as high as 49.9% of the time
- 64% of the elderly have multiple pre-existing health issues and chronic disease
- 1.4 times more likely to be admitted to the ICU
- Complicated recovery from presenting injury

Schaffer et al (2020)

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Care and Follow Up Challenges for the Elderly:

Social Challenges:

- Inability to drive
- Financial Status
- Access to Nutrition
- Limited social interaction
  - Are family members aware of challenges?
- Safety hazards at home / Living arrangements
  - Rugs
  - Stairs
  - Clutter
  - Pets in the home

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How do those challenges affect follow-up care:

DIFFICULTIES WITH:

- Making, remembering, and getting to appointments
- Paying for prescriptions
- Mobility and independence
- Maintaining proper nutrition to aid in the healing process
- Proper wound care, if social support is limited (insurance will only pay for a set number of days per week of home healthcare)

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Care and Follow Up Challenges for the Homeless/Marginally Housed:

EMS and Hospital Challenges:

- Difficulty triaging and obtaining reliable history due to altered cognition that results from:
  - History of traumatic brain injury (TBI) – present in more than half of homeless and marginally housed
  - Mental health history (often-times not properly managed)
  - Substance abuse - 66% positive for illegal drugs, 53% positive for alcohol on presentation
- Lack of medical information including history/mechanism of injury and current medications, which can lead to under-triaging and delay in medical interventions

San Diego, 2018, Regional Task Force on the Homeless n.d.

- 43% reported physical disability
- 14% reported substance abuse
- 43% reported mental health issues

1998 study in New York public hospitals

- 80.6% had a primary or secondary diagnosis of substance abuse or mental illness

1.6 times more likely to be admitted to the ICU

Schaffer et al (2020)

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Care and Follow Up Challenges for the Homeless/Marginally Housed:

Social Challenges:

- No support system present or easily accessible
- Pre-existing physical disability
- Multiple medical comorbidities
- Possible lack of health insurance
- Lack of access or desire for follow-up
- Transportation limitations precluding follow-up with multiple providers in multiple locations
- Lack of access to stable telephone/communication

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How do those challenges affect follow-up care:

DIFFICULTIES WITH:

- Making, remembering, desiring, and getting to appointments
- Paying for prescriptions
- Maintaining proper nutrition to aid in the healing process
- Proper and clean wound care (if insurance is present, there is no stable address to coordinate services)
- Pre-existing conditions complicate recover from presenting injury
- Disposition complicated due to liabilities

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What is being done in our state to bridge the gap?

- Community Health Paramedics
- Utah Falls Coalition U of U
- Maliheh Free Clinic (free, high quality medical care to low income, uninsured Utah families)
- Fourth Street Clinic (as of 2019, they have a mobile care unit that goes to new homeless shelter sites)
- Project Homeless Connect
- Mobile Crisis Outreach Team (MCOT) through University Neuropsychiatric Institute (UNI)
- Community Connections Center

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What has been done nationally to bridge the gap?

- **California 2018:**
  - New law for guidelines and comprehensive discharge planning for the homeless hospital patient.
  - Facilities to offer referrals for board and care facilities and mental health care and must keep track of where each homeless patient has been discharged.

- **Puentes Clinic in Santa Clara, California 2018:**
  - Monitored the health care use patterns of a group of 408 injection-drug users during a five-year period at Puentes Clinic, an integrated primary care site within a larger county health care system, Santa Clara Valley Health and Hospital System of California.
    - Outreach: Meet them where they are (syringe exchange, soup kitchens, and resource centers)
    - Specialty Groups: Discussion groups / Therapy
    - Integrated Treatment Teams : Different specialties that work together

Kwan, L., Ho, C. J., Preston, C., & Le, V. (2008)

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FUTURE IMPLICATIONS

- Multi-disciplinary approach (medical homes)
- Better access to health insurance
- Better collaboration between community resources

"The early experiments in multidisciplinary working were lead by innovators who had little direct evidence of benefits to patients from greater team-working. Their beliefs about the benefits of collaborative working were:

- Care given by a group is greater than that given by one
- Rare skills and knowledge are used more appropriately in teams
- Duplication and gaps in care are avoided by team-working
- Peer influence and informal learning occur within teams and raise standards of care
- Team members have greater job satisfaction and are better able to cope with the stresses of working in primary care.
- Teams contain the potential for developing more creative solutions to problems"

Iliffe, S. (2008)

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"The medical care of the medically vulnerable patient requires creative approaches that accommodate the burdens of mental health and substance abuse as well as the competing priorities of shelter and a warm meal. If we do not address the competing priorities of food, housing, substance abuse, and mental illness, health care becomes a distant priority for our patients."

Kwan, L., Ho, C. J., Preston, C., & Le, V. (2008)

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