

**Advocacy for People Experiencing Homelessness:
Maine Medical Center-Preble Street Learning Collaborative (MMC-PSLC)
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Problem Statement

There are significant disparities in both access to care and health outcomes for people experiencing homelessness. In addition, while residents across disciplines routinely care for vulnerable people who present to the hospital, they rarely have an opportunity learn more about the upstream social determinants that contribute to the morbidity and mortality of those hospitalized patients.

Background

People experiencing homelessness experience a disproportionately high burden of disease, particularly mental illness and substance use disorder, as well as all-cause mortality.¹⁻³ Stigma against homelessness, substance use disorder, and chronic mental illness creates significant barriers to accessing health care for this population and care is frequently fragmented across multiple providers and institutions.⁴⁻⁶

In 2013, the ACGME Clinical Learning Environment Review noted that for residents training at Maine Medical Center “...knowledge and experience gained in caring for the diverse populations was gained informally, without much in the way of planned educational experiences”

In the fall of 2014, at the annual Graduate Medical Education (GME) retreat, Maine Medical Center (MMC) senior faculty encouraged residency program directors to look at new ways of learning in settings outside of the hospital that better prepare a graduating resident to practice medicine in their specialty, achieve the Triple Aim, and address health disparities. That same year, the 20 year-old City of Portland Health Care for the Homeless Clinic closed, and MMC noted an increase in Emergency Department visits and extended hospitalizations often related to people experiencing homelessness.

The development of the MMC-PSLC grew from intersecting needs to educate tomorrow’s caregivers about health disparities and to provide low barrier access to coordinated care for one of the city’s most vulnerable populations.

Methods

We engaged in an iterative planning process, involving both leaders of community based organizations serving people experiencing homelessness and of MMC Graduate Medical Education. We garnered funding and in-kind support from the department of Medical Education, the Adult Inpatient Medical Service Line and philanthropic sources, including a grant from EPIC that enabled us to create a PSLC domain in the hospital system’s electronic medical record. The Maine Medical Center-Preble Street Learning Collaborative opened in January, 2017. Located in close proximity to the emergency shelter and other social service agencies, the PSLC is staffed by a fulltime midlevel provider and 5 medical social workers. Resident participation includes longitudinal 4th year psychiatry resident rotations, and intermittent Family, Internal and Emergency Medicine resident rotations. Residents participate in

'relationship before role' activities as well as complete curricula on social determinants of health, best practices for caring for people experiencing homelessness, and trauma informed care.

Outcomes

Preliminary data show that PSLC engagement was associated with decreased ED visits by high- and very-high-utilizers, and increased visits by non-utilizers.⁷ Anecdotal evidence indicates marked improvement in electronic health record communication between inpatient providers and medical case managers for people experiencing homelessness—we plan to assess this more formally in future studies. We also are in process of collecting data to evaluate changes in attitudes towards people experiencing homelessness for residents who rotate through the PSLC as compared to ones who do not.

Lesson learned: resident education can drive advocacy in a win-win manner.

References

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