

The story of The Street Medicine Act, AB 369 Medi-Cal Services: people experiencing homelessness.

Problem Statement:

People experiencing homelessness die 25-30 years earlier than people who have stable shelter. Bringing care to people where they are is a simple and effective strategy and yet not reimbursable, sustainable nor scalable in our current healthcare system.

Background/context:

“Access to primary care services remains difficult for people experiencing homelessness as a result of innumerable barriers, both structural and economic.^{1,2} Street homeless men and women have life spans nearly 30 years shorter than their housed counterparts,³ and less than 10% have a primary care clinician.⁴”

In California, more than 151,000 people are experiencing homelessness and in Los Angeles County, almost 66,000 are homeless. The vast majority in Los Angeles are unsheltered. Due to structural racism, history of redlining and increasing cost of housing, homelessness disproportionately impacts Black people resulting in gross health disparities.

People experiencing homelessness have poor access to primary care despite the fact that the majority of them are covered by medi-cal (California version of medicaid). In California, when patients are eligible for medi-cal, the majority are enrolled in managed care and assigned to a medical provider or clinic for care. The vast majority of people experiencing homelessness do not visit their assigned clinic for care. Expecting people with complex medical problems, who have a history of trauma and who are focused on survival and may have grave mistrust of medical care to come us for care results in them going without healthcare.

Street Medicine is an emerging model of care that aims to provide patient-led care to people experiencing homelessness. The approach begins with establishing relationships with a trauma informed approach that engages patients to support health care goals that align with their priorities and that are free of judgement. Preliminary data shows that this approach results in improved continuity with care and increased likelihood of housing placement after one year of care.

While a growing number of healthcare organizations are “taking it to the street” to meet people where they are, significant challenges with how we reimburse for care limit the growth of these efforts. Specifically, it is hard to reimburse for care, make referrals, access medications when patients are assigned to a medi-cal managed care provider across town and there have been concerns about how we pay for care delivered outside four walls of our clinics and whether we can bill for this or not.

Methods:

- 1) Do and showcase the work. We started a street medicine program by offering a free street medicine consult service to our local county hospital where 20% of hospitalized patients are homeless. We developed relationships with hospital, community organizations and people to better understand the issue. We measured readmissions, connections to care, and housing outcomes with this new model compared to baseline. We showcased our efforts through a lot of media, ted talks and collaboration with others.
- 2) Involve students and learners. We got a HRSA grant to train community organizations in how to do this work and to incorporate learners who then would rotate with these community clinics to have experience doing the work. We implemented a Trojan Trainer program where pairs of students provide ongoing care and support to patients to help with things like securing a license or getting dentures. Supporting students, learners and community organizations also gets the word out about what you are doing.
- 3) One of these students took a pause from her medical training to become a legislative aide to then Assembly member Sydney Kamlager and they approached us about co-sponsoring a bill to fix our healthcare system and allow us to be paid for the care we provide and eliminate obstacles inherent in current managed care system that make ordering referrals, medications, testing difficult.
- 4) We helped write the bill, networked with community and advocacy including CAFPP (California Academy of Family Physicians), California Hospital Association and others to get support and input.
- 5) Now Senator Kamlager did a ride along with our street medicine team and is telling those stories in her speeches and talking about the people she met. She is encouraging her fellow senators to do ride alongs with the 28 other street medicine teams across California to garner support for the bill.

Outcomes:

The Street Medicine Act, AB-369, introduced by Assembly Member Kamlager February 1, 2021. It passed out of the Assembly and is now in the Senate in the appropriations' committee. Unfortunately, the California Department of HealthCare services(DHCS) has come out against the bill even before the senate has voted. This potentially puts us in the path of a governor veto. Also, our governor faces a recall election September 14 so stay tuned!!

References:

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB369

<https://www.annfammed.org/content/19/1/84>