

Introduction

Providing medical care to patients suffering from mental health issues presents a costly challenge for healthcare providers, especially when those patients are homeless. These individuals overwhelmingly use emergency room services to obtain primary care. MUSC needs to take a proactive approach to help address the homeless population's health issues and reduce the financial burden caused by unnecessary visits to the emergency department. The Patient Protection and Affordable Care Act is redirecting hospitals to focus on preventive and primary care to lower health care's rising cost. Our proposal will demonstrate the impact of this issue and offer an alternative solution that has proven successful in other communities similar to Charleston. One such alternative solution is for MUSC to partner with HotDog Ministry by providing basic medical care to the homeless population during their nightly gatherings.

Community partner: Hotdog Ministry

Leland Brown and Connor Smith started Hotdog Ministry in 2009 to feed the homeless/low income population in the Charleston area. Each evening a group gathers at 5:00 P.M. on Meeting Street in downtown Charleston to serve free hotdogs. Many of those that receive these free hotdogs have a mental illness or chronic health conditions. On one evening per week, an Emergency Medical Technician volunteers to provide simple medical services such as measuring blood pressure.



Figure 1. Hotdog ministry in Charleston county. A. Photograph showing the friendly environment in Hotdog ministry. B. Photograph showing how the hotdogs are distributed to the homeless population.

Uninsured people are less likely to receive timely primary care than those with health insurance. Furthermore, they are more likely to be hospitalized for avoidable health conditions due to lack of proper care (The Henry J Kaiser Foundation, 2013).

A direct delivery of care to the homeless population will eliminate barriers to access health care. By partnering with Hotdog Ministry, MUSC can establish a relationship with these homeless individuals. This will reduce the Emergency Room visits by the homeless population.

Objectives

- Establish a partnership with Hotdog Ministry to understand the medical needs of the homeless in the Charleston area.
- Investigate the characteristics, cost, and utilization at MUSC of those patients who are uninsured and in particular have a diagnosis of mental illness or substance abuse.
- Establish an effective business plan at MUSC to reduce the Emergency Room visits by the homeless population.

Methods

Office of Chief Analytics at MUSC provided summary-level data to understand the characteristics, cost, and utilization of patients who are uninsured have a diagnosis of mental illness or substance abuse.

- Inclusion Criteria:
- * Inpatients including observation visits at MUSC
 - * Age more than 18 years old
 - * Payer type as either "self-pay" or "indigent"
 - * Time frame from 07/01/2013 to 06/30/2014

Discussions with Hotdog Ministry to understand the medical needs of the homeless in the Charleston area.

Results

There were 1,292 individual visits that met the criteria; of those were 1201 unique patients. Of these 1,292 visits, 65% had either a mental disorder diagnosis, mental diseases and disorders or alcohol/drug use and alcohol/drug induced mental health disorder.

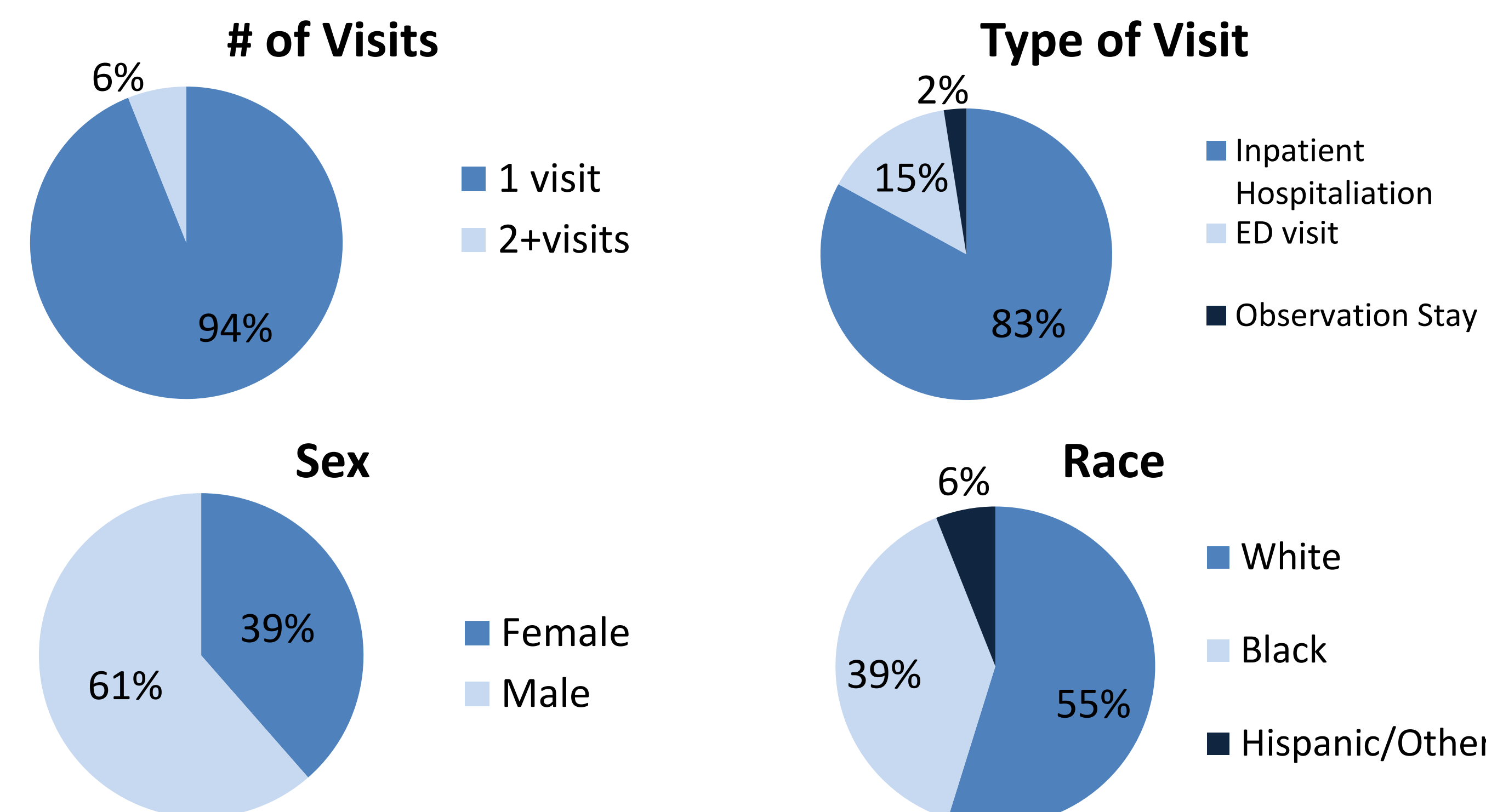


Figure 2: Demographics of MUSC patients (n=1201 unique patients)

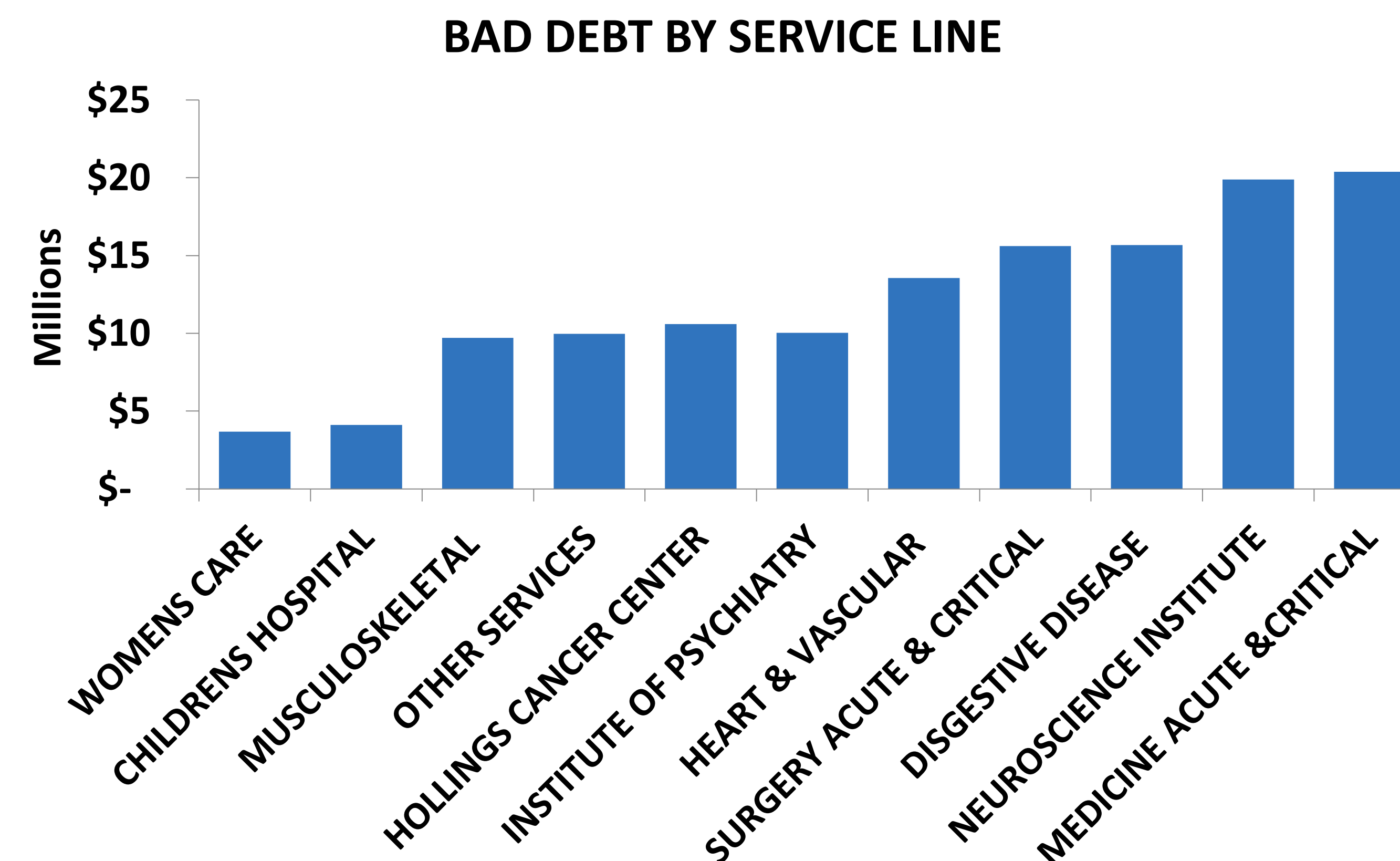


Figure 3: Bad Debt by Service Line for Self pay & Indigent Payors(n=39,082)

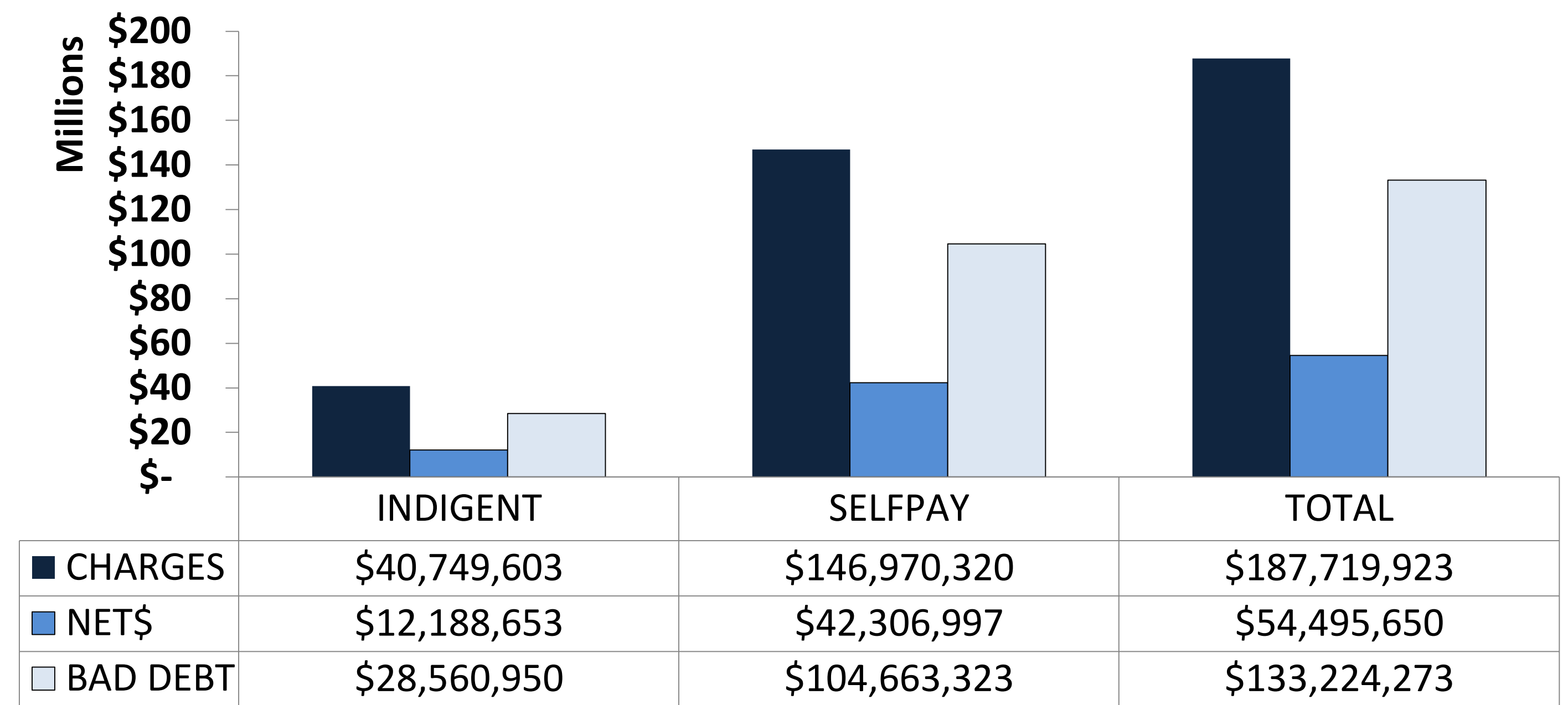


Figure 4: FY14 MUSC FINANCIALS(n=39,082)

Discussion

- We developed a proposal for President David Cole highlighting the opportunity for MUSC to take a proactive approach in providing preventive and primary medical care to the homeless and indigent populations in the Charleston community, to reduce the overutilization of emergency department and avoidable hospitalizations.
- We recommend the development of a street medicine program modeled after Dr. Jim Withers' "Operation Safety Net" at Pittsburgh Mercy Health Systems in Pittsburgh, PA.
- We highlighted the need to establish a relationship with Hot Dog Ministry as means of funneling patients into treatment and initiating the process toward developing Charleston's own "Operation Safety Net".
- Hot Dog Ministry eagerly anticipates inception of an organized medical treatment plan option for their population.
- Presidential Scholars Program fostered an interprofessional environment that allowed us, as scholars, to interact with professionals from other disciplines. Working in a group of scholars who come from different fields helped in addressing the potential problems of the project.
- Our interprofessional environment was very rich and allowed for profound discussions. It is the major reason for the success of this project.

Conclusion

MUSC has an opportunity to decrease its annual loss incurred by the emergency department and provide comprehensive medical treatment to more individuals in the community's indigent and self-pay populations. Proof of a working model for a health care system that treats these populations in a fiscal manner already exists. This system serves as a possible template by which MUSC can organize their own model. This model will allow MUSC to pull from its vast resources to deliver a diverse array of care.

MUSC strives to deliver optimal care in the community through an interdisciplinary approach. The Hot Dog Ministry is the perfect outlet to not only funnel patients into MUSC who would otherwise not receive care, but also give providers the opportunity to work in an interdisciplinary fashion to deliver the highest quality of care. The relationship with the Hot Dog Ministry will serve a dual purpose - breaking down the barriers to access to care and decreasing a financial burden.