

Helping our most medically complex clients

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Think of a client who you felt was too medically complicated
for your program.

- Mobility very limited
- Incontinent
- On oxygen or they are so short of breath it's scaring you
- Bleeding or has open wounds
- A big pile of pill bottles
- On insulin or needs other injections
- Delusions, paranoia or other symptoms of severe mental illness
- What else?

Share a few stories

Without saying names or specific diagnosis, share a story about a client who seemed so sick, you weren't sure how your program could help them.

This is
upsetting our
other clients

I do not get
paid enough
for this!

All these pills
are a mess. Is
he supposed
to take all
this?

I'm not a
doctor.
How am I
supposed
to help
with this?

The ER just
dumped
him here!

What if she
dies while
she's
here??

What feelings and thoughts come up?

Some facts about homelessness and illness

Our clients have serious health problems:

- 34% of people who are homeless have a chronic health problem or medical condition
- 49% have a psychiatric or emotional condition
- 19% are over 60 years old

Source: 2022 Alameda County Point in Time Count

Challenging as it is, serving our complex and sick clients is life-saving

- People who are homeless are getting older and sicker
- Being homeless greatly increases chances of illness and death
- But housing people who were homeless *reduces* that chance of death

“There is no medicine as powerful as housing”

Dr. Margot Kushel, director UCSF's Benioff Housing and Homelessness Initiative

Chronic serious health issues

COPD: difficulty breathing, may be on oxygen, prescribed inhalers or steroid pills.

Heart failure (CHF): shortness of breath, swollen legs, heart medications and diuretics.

Diabetes: high blood sugar can cause crises that send person to the hospital. Over the long term causes vision loss, loss of circulation that can lead to wounds, amputations. Food and physical activity, diabetic medications all help.

Severe mental illness: Lots of different symptoms that can get in the way of self care.

COPD

Symptoms:

- Shortness of breath
- Difficulty walking very far or other kinds of physical exertion
- May have frequent visits to ER (these can be prevented)
- May be on oxygen
- Person may sit hunched over to catch their breath

What can we do?

Modified chores - something where the person can sit (reasonable accommodations)

Bed downstairs if possible

When is the last time they saw their doctor?

Medication reminders - Usually they have:

- **controller** inhaler to take once or twice every day
- **rescue** inhaler (albuterol) to take as needed - let the person keep this on them
- Maybe pills, like a steroid, too

Heart Failure (CHF)

Symptoms:

- Shortness of breath
- Difficulty walking very far or other kinds of physical exertion
- Swollen feet, ankles, legs
- May have frequent visits to ER (these can be prevented)

What can we do?

Modified chores - something where the person can sit (reasonable accommodations)

Bathroom access - diuretics make you pee a lot!

Medication reminders - Usually they have:

- At least two heart medicines
- A diuretic to help pee out the extra water in their legs or lungs (furosemide, bumetanide)

Diabetes

Symptoms:

- If blood sugar too *low*: feels really bad - shaky, anxious, sweaty, confused. Later they could pass out or have a seizure.
- If blood sugar too *high*: thirsty, tired, stomach pain, nausea. Later weak, confused, passing out.
- Most people seem OK from the outside, but over time, diabetes harms their bodies: lack of circulation causing vision loss, wounds or amputations.

What can we do?

Diabetics need access to **snacks**. Offer **protein**: peanut butter, cheese, meats; and **fiber**: whole grain bread, carrots. Juice is for low sugar emergencies.

Regular meals: Avoid serving a lot of white bread/white pasta. No soda. Whole fruit much better than juice. Bubbly water FTW.

Medication reminders:

- A lot of folks are on metformin once or twice a day with meals
- May be on insulin. May need refrigerator storage for *unopened* insulin only. Needs a sharps container.

Severe Mental Illness

A wide variety of symptoms but can include delusions or paranoia.
Medication often helps.

For people who can't remember to take medications every day, there are injections that last 4 weeks or longer.

For psychiatry and mental health services:

Help client call ACCESS 800-491-9099

Frequent visitors to John George may also qualify for case management - ask!

If in Berkeley, call Berkeley Mental Health (510) 981-5290

In a crisis, try Mobile Crisis (510) 891-5600

Suicide and Crisis Line **988** - save in client's phone, post where everyone can see

PAIN

Sudden, new, worsening pain is an unhealthy sign. If it continues, go to an urgent medical appointment or ER.

For ongoing (chronic) pain: Gently increasing exercise, physical therapy, resting & icing injuries, emotional support, ibuprofen, sometimes antidepressant medications can help some.

Getting a steroid shot or surgery may be useful for some joint and back injuries. You usually need to have regular ongoing primary care to make this happen.

PAIN

Chronic pain is common, distracting, disabling, depressing.

Opioid pain medications are now only prescribed in small amounts for most people.

Lots of people with opioid use disorders also have chronic pain.

Pain, depression, dependence on opioids can all get mixed up together in a way that is hard to escape.

The Bridge Clinic at Highland can be helpful. Drop in Mon-Fri.

Give naloxone nasal spray to all staff and clients - 1 in 4 deaths of homeless people are caused by overdoses (Source: Alameda County 2018-2020 Homeless Mortality Report)

Primary and preventative care

Starting January 1st, almost every low or no income person should have Medi-Cal

Everyone on Medi-Cal should be assigned to a doctor, whether they know it or not

Transportation to medical appointments is covered benefit of Medi-Cal. Call 3 days before appointment (or day of for urgent appointments):

- Motivcare 866-791-4158 (help client save number in phone)
- Know Alameda Alliance member number if possible
- Date, time, address, phone number of appointment. They will ask for name of doctor/purpose of appointment but fine to be vague or say you don't know.
- Can be annoying but you get used to the process

Primary and preventative care

People who are homeless usually have a hard time prioritizing preventative medical care. Keeping track of appointments, prescriptions, etc is pretty tough even for housed people!

Those PCP appointments can really help though: Getting medical equipment, needed medications, simple medical procedures that can make you feel better.

Doctor can help your program too: orders for Depends, inhalers, nicotine patches, physical therapy, home health RN can come to shelter.

Help the person write a list of their top 3 needs to bring to the appointment.

Primary and preventative care

Can helping the client call and schedule a doctors appointment become part of your regular work flow?

Alameda Alliance Member Services can tell the person the name and number of their doctor: 510.747.4567

Share your tips for helping people make and keep doctors' appointments:

Case Managers are Your Friends

Many of our clients are eligible for, or already have case managers.

People with complicated medical issues may have Enhanced Care Management (ECM) case managers through their medical home or another agency that provide a year of services - help making appointments, transportation, advocacy with medical providers, support with some social needs (they do not have housing).

Help clients with medical issues call and request case management: Alameda Alliance Case Management 510-747-4512

Case Managers are Your Friends

Ask the client if it's OK to ask their case manager to come meet with your staff.

You may be able to combine forces to help the patient get to doctors appointments, get medications delivered, or help with any documentation for housing applications. The client will usually need to sign an ROI.

If you can't reach the case manager, escalate! Call main number for program, ask for clinical supervisor or officer of the day.

Emergencies

Go to the ER
or CALL 911

There is a *change* from the person's normal status and:

Severe or worsening shortness of breath

May be having a seizure

Sudden change in physical ability (can't stand up, face drooping, one side not working)

Sudden, severe pain

Change to their mental status (seems confused/significantly different mentally)

Prevention works best in health and in housing

Homelessness is growing. The 2022 point in time count showed a 22% increase - over 1700 more people living on the streets of Alameda County since 2019

Because of structural racism in housing, school, employment, and incarceration and policing, Black Americans have a 3- to 4-fold elevated risk of homelessness

Homeless people die at a rate 4 times higher than housed people

We need to fight homelessness at the source - this is a solvable problem: housing for all, basic income for all, quality mental and physical healthcare for all, good jobs, neighborhoods with clean air/greenery/safe from cars. We deserve all of this and more, and if we fight for it, we can win it!

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