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Title: Emergency Department Guidelines to Improve Post-Hospital Care Management of Patients Experiencing Homelessness

Introduced by: Nabiha Hashmi for Medical Student Section

Original Authors: Sameen Ansari, Timothy Elton, Nabiha Hashmi, Manraj Sekhon, and Lisa Spencer

Referred to: Reference Committee A

House Action: **DISAPPROVED**

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Whereas, there is an enormous cost associated with increased emergency department utilization<sup>1</sup>, and

Whereas, one study found that 30 percent of all emergency department visits were made by homeless individuals; furthermore, homeless individuals have a five times higher chance of being hospitalized and a higher likelihood of being hospitalized for a longer period of time<sup>2,3</sup>, and

Whereas, the lack of regulation and systematic documentation of housing status, which leads to the inconsistent identification of homeless individuals, is alarming given this is a particularly vulnerable and transient population<sup>4</sup>, and

Whereas, for vulnerable patient populations like psychiatric inpatients, screening has been shown to accurately identify high-risk patients requiring intensive environmental interventions, which can reduce healthcare costs, prevent overstays, and maximize resource utilization<sup>5</sup>, and

Whereas, successful identification of homelessness in hospitals allows for effective discharge planning that integrates people and agencies who provide housing, psychiatric/psychosocial treatment, transportation, financial, medical, or other services that promote independence<sup>6</sup>, and

Whereas, multiple screening tools have been developed to identify homelessness such as the Health Care for the Homeless Grantees Intake Form, Yale New Haven Hospital Screening Tool, National Association of Community Health Centers (NACHC) – PRAPARE tool, National Center on Homeless Among Veterans (VA) tool, and the U.S. Department of Health and Human Services and Temporary Assistance for Needy Families questionnaire, allowing for multiple methods to identify housing status of individuals in health care settings<sup>7</sup>, and

Whereas, “lack of appropriate post-hospital disposition options for homeless inpatients may lead to unexpected hospital readmissions, especially for homeless persons with no safe place to heal”<sup>8</sup>, and

Whereas, one study that followed patients over a 12-month period after hospital discharge showed that those who entered the respite care program utilized 58 percent fewer inpatient days (3.4 vs 8.1 days; P = .002), and had a 49 percent reduction in hospital admissions (P = .002) after adjusting for gender, race, age, diagnosis, and previous utilization of health services<sup>9</sup>, and

Whereas, the American Medical Association has previously resolved to support improving health outcomes and reducing healthcare costs of treating the chronically homeless<sup>10</sup>; therefore be it

53 RESOLVED: That MSMS recognizes the social complexities of providing health care for  
54 homeless patients; and be it further

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56 RESOLVED: That MSMS recognizes that ensuring safe discharges of homeless patients  
57 necessitates the need for a reliable system to identify members of this vulnerable population; and be it  
58 further

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60 RESOLVED: That MSMS encourages the implementation of screening questions in emergency  
61 departments across Michigan to better identify patients from the homeless population; and be it  
62 further

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64 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our  
65 AMA to encourage the implementation of screening questions in emergency departments nationwide  
66 to better identify patients from the homeless population.  
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69 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

**Relevant MSMS Policy:** None

**Relevant AMA Policy:** None

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<sup>1</sup> Bharel M, Lin WC, Zhang J, O'Connell E, Taube R, Clarke RE. Health Care Utilization Patterns of Homeless Individuals in Boston: preparing for Medicaid Expansion under the Affordable Care Act. *American Journal of Public Health*. 2013;103(2): S311–317. Pmid:24148046

<sup>2</sup> D'Amore J, Hung O, Chiang W, Goldfrank L. The epidemiology of the homeless population and its impact on an urban emergency department. *Acad Emerg Med*. 2001;8(11):1051-1055.

<sup>3</sup> Hwang SW, Orav EJ, O'Connell JJ, Lebow JM, Brennan TA. Causes of death in homeless adults in Boston. *Ann Intern Med*. 1997;126(8):625-628. <http://www.ncbi.nlm.nih.gov/pubmed/9103130>. Accessed January 7, 2017.

<sup>4</sup> Tsai, Miranda & Weintraub, Rebecca & Gee, Lauren & Kushel, Margot. (2005). Identifying Homelessness at an Urban Public Hospital: A Moving Target?. *Journal of health care for the poor and underserved*. 16. 297-307. 10.1353/hpu.2005.0042.

<sup>5</sup> Christ WR, Clarkin JF, Hull JW. A High-risk Screen for Psychiatric Discharge Planning. *Health & Social Work*. 1994;19(4):261-270. doi:10.1093/hsw/19.4.261.

<sup>6</sup> Backer TE, Howard EA, Moran GE. The Role of Effective Discharge Planning in Preventing Homelessness. *The Journal of Primary Prevention*. 2007;28(3-4):229-243. doi:10.1007/s10935-007-0095-7.

<sup>7</sup> DiPietro B, Olsten T, Feldman B, Ismert J. Ask & Code: Documenting Homelessness Throughout the Health Care System. National Health Care for the Homeless Council. <https://www.nhchc.org/2016/10/upcoming-webinar-ask-code-documenting-homelessness-throughout-the-health-care-system/>. Published October 27, 2016. Accessed February 28, 2018.

<sup>8</sup> Kertesz, S. G., Posner, M. A., O'Connell, J. J., Swain, S., Mullins, A. N., Schwartz, M. and Ash, A. S. Post-Hospital Medical Respite Care and Hospital Readmission of Homeless Persons. *Journal of Prevention and Intervention in the Community*, 37, 129–42.

<sup>9</sup> Buchanan, David et al. "The Effects of Respite Care for Homeless Patients: A Cohort Study." *American Journal of Public Health* 96.7 (2006): 1278–1281. PMC. Web. 22 Feb. 2018.

<sup>10</sup> AMA Resolution H-160.903. "Eradicating Homelessness". Approved 2015.