

University of Michigan Healthcare for the Homeless

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2018

UMMS Capstone for Impact

"Branch: Systems Based, Hospital Based"

Project Summary

Submitted together with Carolyn Levin

Together with Street Medicine Detroit of Wayne State University and Michigan State University, along with the Washtenaw County organizations like Community Mental Health's Project for Assistance and Transition from Homelessness (PATH) Team, Avalon Housing, and Complex Care Management Program, we have furthered the evolution of University of Michigan's Healthcare for the Homeless program. Already, medical students have actively participated in "street rounds" led by a licensed care provider and community health worker. We are working with a team of fifteen medical students, distributed through the four years of medical school, to acquire funding, identify administrative and faculty support, and formalize existing relationships with community partners. We are also designing a curriculum focusing on homeless care models used throughout the country, with a focus on medical concerns pertaining to this vulnerable population. Our aim is to develop an impact-focused career path for medical students interested in the intersection of social justice and healthcare. "

Action Items/Outcome

Funding: As of this writing, we will have submitted grants to the Ginsberg Foundation and Blue Cross Blue Shield Foundation. However, we anticipate that the majority of our funding will come from the Medicaid Match grant.

Clinical Development: we hope to provide consultation and referral services through the University of Michigan, local housing organizations, and local Federally Qualified Health Centers. We are currently conducting a needs assessment in the Ann Arbor and Ypsilanti community to determine what need, medical or otherwise, exists for the homeless population in our community both sheltered and unsheltered. We hope to use the feedback we receive from the people we serve to appropriately direct our care effort and contribute to the already well established social services organizations dedicated to addressing the needs of the homeless. Ideally, we will work with the Health Information Technology Office in attempt to create eVisits and mobile access of the Electronic Medical Record to provide continuity of care to these patients.

Curriculum Development: Clinical medical students will have the opportunity to enroll in an elective dedicated to learning more about effectively treating patients who are housing unstable and homeless. They will provide year-long continuity of care to this population and receive an up-to-date, tailored education in the care of this vulnerable population in our community. We are working closely with Drs. Englesbe and Williams to create a sustainable place for street medicine in the branches curriculum. Students will engage in didactic lectures regarding topics from health policy to trauma-informed interviews and reflective sessions where medical students will critically process experiences with peers. These students will lead small group sessions for preclinical medical students to share medical experiences and cultivate empathy in treating patients struggling with homelessness.

Conclusion/Reflection

We are very excited by the progress we have made and are looking forward to formalizing and securing the work we have done with the medical school curriculum. This project has helped build clinical and leadership skills in addition to focused efforts in curriculum design, applications for funds, and coordination between academic and community organizations. On a personal level, providing care for some of the most vulnerable populations is a regular and necessary reminder of how distant modern healthcare can be from those who need it most. I look forward to learning how to further build equitable systems of care and alleviate the glaring disparities in our society.