SESSION E1

Theme: Meeting the Patient Where They Are

Title: Street Medicine: Bringing Care to our Neighbors who are Living on the Streets

Speaker(s): Dan Bissel, M.D.
Drew Grabham, L.C.S.W.
Lacey McCarley, R.N.
Bill Toepper, M.D.

Date: Friday, April 12, 2019
Time: 2:05 – 3:30 PM
Location: Directors

SESSION E1 OBJECTIVES

• Why Street Medicine is needed
• Talk about the three distinct groups we aim to serve
• Some of unique ethical/clinical challenges we see from providing care on the streets and how we address these

SESSION E1 SPEAKERS

Drew Grabham, LCSW
For the past 15+ years, Drew has worked as a social worker in the Emergency Department, in inpatient medical and inpatient psychiatric settings and in outpatient settings, I have been able to see for myself some of tragic system gaps that exist as well as celebrate some tremendous successes. He has a strong passion for working with people experiencing homelessness, by providing human centered, relationship based care that balances helping people change and advocating for system change. I have had the privilege to work for the past 6+ years as an Emergency Department Outreach Social Worker for OHSU. I get to work with people who have high ed utilization by providing intensive case management and outreach to them in the community and hospital settings. For the past year, Drew has worked alongside his fine colleagues to create and develop Portland Street Medicine.

Lacey McCarley, BSN
Lacey became interested in medical care for underserved populations while interning at Outside In Medical Clinic in Portland, OR. The internship transitioned into employment and Lacey stayed at Outside In for four years as a clinic administrator. Realizing that she wanted to provide more direct service to this population, she attended Linfield College and received her Bachelor of Science in Nursing in 2013. She has been working in Emergency Medicine for the past four years. She feels lucky to be included with a team of providers in developing Portland Street Medicine, a nonprofit that provides medical care and social services to houseless people where they are in our community.

Bill Toepper, MD
Dr. William Toepper was born and raised in the Chicago area. He attended med school University of Illinois at Chicago and completed residencies in pediatric and emergency medicine at the University of Chicago. He worked and taught at the Illinois Masonic Medical Center prior to relocating to the Portland area in 2009. From 2009 - 2017, he worked as ED physician at Legacy Salmon Creek. After retiring, he spent summer of 2017 researching volunteer opportunities and discovered Street Medicine at the International Symposium in Allentown Pa. He then connected up with Dan Bissel, Lacey McCarley and Drew Grabham to form Portland Street Medicine.
Bringing Care To Our Neighbors Who Live On The Streets

Drew, Lacey, Dan and Bill

2019 Kinsman Conference

Disclosures

• We do not have any known conflict of interests or personal financial investments to disclose.

• We do want to disclose that we are really excited to be talking with you today about street medicine.
Our Goals for today:

To help each of you to have a greater understanding about:

• 1). Why Street Medicine is needed
• 2). The three distinct groups we are trying to serve
• 3). Some of unique ethical/clinical challenges we see from providing care on the streets and how we address these

WHAT IS STREET MEDICINE?

• Providing care to our unsheltered neighbors
• “Rough Sleepers”
• Truly meeting people where they are at (both physically, but emotionally and psychologically)
• Basic care, not primary care
• Engagement / Relational Care
• Its about rebuilding trust in the system
WHY STREET MEDICINE?

• Point-in-time count over 4,000 people experiencing homelessness in Portland
• Fewer than 1,000 shelter beds available
• High burden of chronic illness
• Life expectancy 40-50 years old
• High cost of care within healthcare system, average 5 x higher than housed person

OUR BEGINNING

• 10/2017 - 1st Community meeting
• 2/1/2018 - Street Rounds begin
• 5/2018 - Van Donated
• 5/2018 - HRSA Free Clinic Status 5/25/2018
• 8/2018 - Expansion to 2 shifts/week
• 3/2019 - 501c3 Status
• 3/2019 - 28 Credentialed providers
WHAT DO WE DO?

• Basic First Aid
• Medical Advice
• Basic interventions
• Resource Connection
• Collaboration
• Listen, Care, Relate

What don’t we do?

• Robust Primary Care
• Labs
• Narcotics
• Needle Exchange
• Crisis Response

HOW DO WE DO IT?

• With Intention
• Trauma Informed
• We Listen to our Patients and to Each Other
• Consensus Decision Making
• Every team member has a voice
• It’s okay to question and it’s okay to disagree
• Orientation, Training, supervision and debriefs
PSM Core Beliefs

- Believe that people are the experts in their own lives
- Believe that people get to make their own decisions
- Believe there should no wrong doors
- Believe in harm reduction and being Strengths based
- People want to feel seen, heard and valued
- Believe in defining success 1 person at a time.

PSM Data

- For 2018, we served over 500.
- We provided over 110 Flu shots on the streets and in the Shelters
- In 2019, we have already had 400 interactions in 3 months.
- In 2019 – 54 comp and 84 follow up visits on established patients
- In 2019 - we have had a total of 162 brief encounters
Who we are trying to serve

- Individuals that are homeless (and their communities)
- General Public / Community
- Healthcare Providers

Individuals who are experiencing homelessness
The Greater Community

• Both homeless community and other community
• Responding to the distress of the public
• Collaboration not duplication
• We are new to this and are learning as we go.

Provider Community

• Dealing with our own moral distress / injury
• Acknowledge and address
• Celebrate successes
• Honor the Story
• Trainings / Check ins / supervision / debriefings
• Next steps
PSM Ethical Issues

- Patient specific
- System failures
- Organization challenges
- Community Distress
- Professional health

Patient Case #1

- 60 yo female, with known vascular disease and self amputating toe. Significant History of Mental illness and recent psych hold at hospital. Been on streets for years. Looking for Black market Doctors to come and cut off her toe
- How do you proceed?
Patient Case #2

- 55 yo male, with hernia and weight loss. Homeless, Sleeping within 2 miles of PCP, but couldn’t get there. Eventually diagnosed with advanced cancer and needing hospice
- What are you thinking about?

Ethical principles to consider with Street Medicine

- Patient / provider relationship
- Consent, communication and decision making
- Privacy, confidentiality and records
- Health of the community
- End of life Care
- Medical research
- Professional self regulation
- Inter-professional relationships
- Funding and Models of Care
Clinical Factors and Values to Consider

- Capacity
- MH vs addiction vs mistrust vs years of homelessness
- Patient and provider biases
- Risks and benefits

- Autonomy
- Beneficence
- Non Maleficence / Safety
- Justice

Outcomes of these Cases
That’s All Folks

• Questions? / Reactions? / Reflections?
• Thank You!

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