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New York City Tries to Link Nexus of Doctors Serving the Homeless

By *Melanie Grayce West*

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Like many homeless adults in New York City, Nathaniel Kee has visited every borough to receive medical care.

The 57-year-old has struggled with homelessness since he was 18, receiving care at hospitals and clinics for his asthma, a foot that never properly healed after an accident and substance abuse, among other health issues. A drawer filled with paperwork is his medical records system.

“When I was on the streets I had to find my way, one place to another place to get what I needed,” said Mr. Kee, who for now lives in temporary housing in Northern Manhattan and is in the process of receiving supportive housing. “People like myself don’t know who to trust.”

Making health care more easily accessible to the homeless and better sharing of patient records between providers are two areas of focus for a new working group of government agencies and social-services providers in New York City. Funded by New York’s Leona M. and Harry B. Helmsley Charitable Trust, the homeless health-care collaborative is a multiyear, privately funded effort with an aim to change how health care is delivered to this high-needs population.

“We know poor health can lead to prolonged homelessness,” said Tracy Perrizo, a program officer for the Helmsley Charitable Trust. “It’s a vicious cycle.”

There are some 61,000 people living in the city’s shelters and nearly 40,000 of them are adults. The adult homeless population on average suffers from multiple chronic conditions and often needs mental and behavioral health services, physicians say.

Homeless people are more likely to experience high rates of emergency department or urgent-care use as well as frequent and costly hospital admissions. The city’s homeless are also highly mobile, meaning that care is often spread across providers and fragmented, leading to even poorer health outcomes or duplications in services and diagnostic testing, said Kelly Doran, an emergency physician and assistant professor at NYU Langone Health with an expertise in homeless health.

Assigned primary care physicians, who could be a nexus for care, aren’t always effective because doctors might be in a different borough and totally unknown to a patient. There is also stigma, said medical professionals.

The city’s Department of Homeless Services has sought in recent years to improve health services for homeless adults as part of an overhaul of the agency. A spokesman for the department says such improvements include better care coordination and streamlining of information between shelter and hospital

staff, and plans to enhance medical clinics at the city's intake sites. Mental health first-aid training for shelter staff is to be completed by the end of 2019.

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Many homeless people are on Medicaid or Medicare, receiving care through Federally Qualified Health Centers, community health-care clinics, social-services providers and at the city's public hospitals. In addition, many receive health care through the city's Department of Correction.

Still, care has to be proximal to a shelter for people to use it, physicians say. In some parts of the outer boroughs where shelters are located, it is a health-care desert, said Allison Grolnick, chief medical officer for Project Renewal, which provides health care to some 12,000 homeless each year.

Even when care is available, said George Nashak, the executive director of Care for the Homeless, providers can't just expect patients. "We are dealing with a patient population that you need to work with and engage them to come into health care," he said. "They have not been treated well by institutions in the past, and there are a lot of barriers to just coming in."

Physicians say another significant hurdle is the management of patient records, which aren't integrated across systems throughout the state, the country or across medical systems. The NYC Health + Hospitals system is itself in the midst of getting a new records management program so patient records can be shared electronically among its locations. Right now, some records are shared by fax or phone, which can be cumbersome and time-consuming, physicians say.

Medical records for millions of New Yorkers are already available through the Statewide Health Information Network of New York, a government funded health information exchange. About 60% of New York's patients have consented to share data, according to the organization that oversees the network.

Gaining consent from a homeless patient takes time and trust, physicians say, and is often difficult to obtain. That barrier is one reason why the statewide system is infrequently used, experts say.