Caring for Homeless Patients with Progressive Illness

Presenters:
Anne Kinderman, M.D.
Meg Mullin, M.D.

May 3, 2016 ~ 8-9 am ~ Q&A 9-9:30 am
Providence St. Vincent Medical Center

May 4, 2016 ~ 8-9 am ~ Q&A 9-9:30 am
Providence Portland Medical Center

Donor contributions to Providence St. Vincent Medical Foundation make this lectureship possible.
Established in 2006, the Goldman-Berland Lectureship in Palliative Medicine honors two Providence St. Vincent Medical Center physicians, Robert Goldman, MD, and John Berland, MD. These physicians have been recognized for their outstanding whole-person patient care and for being advocates and innovators in palliative care. Dr. Goldman was a medical oncologist who helped initiate the Providence Home Hospice Program in the 1970s. Dr. Berland, a retired general internist, has a passionate interest in palliative care, and wants to make sure that Providence clinicians know how to provide excellent care for patients with advanced chronic, life-limiting or terminal illnesses.

The Lectureship is a funded program of the Providence Center for Health Care Ethics. The Center was established in 2000 and contributes to excellence in health care by providing ethics education, consultation, research and scholarship. The Center also supports palliative care by coordinating palliative care efforts throughout the Oregon region of Providence Health & Services, and by sponsoring educational opportunities in palliative care, such as a palliative care elective for Providence internal medicine and family medicine residents.

The Goldman-Berland Lecturer is a clinician recognized nationally for excellence in palliative and end of life care. Previous Goldman-Berland scholars and their Medical Grand Rounds topics include the following:

2007 - Steven Pantilat, MD, FACP, Founding director of the Palliative Care Service at University of California San Francisco Medical Center, and professor of clinical medicine in the Department of Medicine at UCSF School of Medicine. Palliative Care: What It Offers Patients and Clinicians.

2008 - Ira Byock, MD, Director of Palliative Medicine at Dartmouth-Hitchcock Medical Center, Chair of Palliative Medicine at Dartmouth Medical School in Lebanon, New Hampshire. What Are Doctors For? The Physician-Patient Relationship through the End of Life.

2009 - Judith Nelson, MD, J.D., Associate director of the ICU at Mt. Sinai Medical Center and professor of medicine, Mt. Sinai Medical School of Medicine, New York City. Palliative Care in the ICU: Closing the Gap Between What We Know and What We Do.

2010 – Kathleen Puntillo, RN, DNS, FAAN, Professor emeritus of nursing and research scientist at University of California, San Francisco with ongoing clinical practice in critical care nursing. The Epidemic of Procedural Pain in Acute and Critical Care.

2011 – Mary Hicks, MSN, APN-BC, Palliative Care nurse practitioner and Elizabeth DiStefano, RN, BSN, Palliative Care administrator, St. John Health System, Detroit, MI. How Palliative Care Transformed Our Hospital: Lessons from Detroit.

2013 – Angelo Volandes, MD, MPH, Faculty at Massachusetts General Hospital and Harvard Medical School, Boston, MA. Patient Decision-Making in 2013: How Video Tools Break Down Barriers in the ICU/ICU.

2014 – Erik Fromme, MD, MCR, FAAHPM, Medical director of Oregon Health & Science University Palliative Care Service, assistant director of OHSU Center for Ethics in Health Care and associate professor of medicine, nursing and radiation medicine, Portland. Jocelyn White, MD, FAAHPM, FACP, FAAPP, Medical director of Legacy Hospice and Hopewell House, Portland. Communication Tools for All Inpatient Admissions.

2015 – Michael Rabow, MD, FAAHPM, Professor of Clinical Medicine and Urology at the University of California, San Francisco, director or Symptom Management Service at the Helen Diller Family Comprehensive Cancer Center, director of Symptom Management & Palliative Care Consultation Service at UCSF/Mount Zion Hospital. The Evolution of Palliative Care: What All Providers Need to Know.
Dr. Anne Kinderman is an Associate Clinical Professor of Medicine at the University of California, San Francisco, and is the Director of the Supportive & Palliative Care Service at San Francisco General Hospital. After completing her Internal Medicine Residency at University of California San Francisco and Hospice & Palliative Medicine Fellowship at Stanford, she returned to San Francisco General in 2009, to help develop the Supportive & Palliative Care Consult Service, as its founding Director.

Dr. Kinderman’s scholarly work has included developing a curriculum in palliative care interpreting for professional medical interpreters, promoting high-quality care for vulnerable patients with serious illness, and expanding palliative care services in safety net health systems. Within the American Academy of Hospice and Palliative Medicine, she helped to create and lead a Special Interest Group focused on the healthcare Safety Net, which advances collaboration and scholarship among palliative care providers caring for vulnerable patients.

In 2014, she received a Sojourns Scholars Leadership Award from the Cambia Health Foundation, to support her development as a leader in Palliative Care, and was subsequently named an Inspiring Leader Under 40 by the American Academy of Hospice and Palliative Medicine.
Dr. Meg Mullin studied medicine at the University of Washington Medical School. She has a long-standing interest in underserved medicine, and pursued this during residency in Family Medicine at University of Washington, training at the community safety net hospital Harborview Medical Center in Seattle. She practiced primary care in the safety net of Seattle briefly before returning to Harborview Medical Center as a University of Washington Palliative Medicine Fellow.

Following completion of her training, she practiced in New York City working in the Bronx as a palliative care attending at Montefiore Medical Center and assistant professor at Albert Einstein College of Medicine.

Currently, Dr. Mullin has relocated to Providence Regional Medical Center- Everett where she continues to serve vulnerable patient populations in urban and rural Washington. She is the American Academy of Hospice and Palliative Medicine chair for the Safety Net Special Interest Group, and is actively involved in mentoring and teaching. Her academic interests remain focused on underserved patients and families, most specifically addressing palliative care needs in under-socially resourced adults.
CONTINUING EDUCATION CREDIT
EVALUATION SURVEY for In-Person Attendance

Caring for Homeless Patients with Progressive Illness
ATTENDANCE AT PROVIDENCE ST. VINCENT OR PROVIDENCE PORTLAND MEDICAL CENTER

The Providence Center for Health Care Ethics offers Continuing Education Credit of 1.2 nursing contact hours presentation. If you wish to receive CEC, completion of the online evaluation survey as well as signing in at the registration table are required.

The deadline for completing this survey is Friday, May 13. Certificates will be delivered the week of May 23rd to the email address you include on this survey.

TO COMPLETE SURVEY:

We appreciate feedback from all who view this presentation whether or not you wish to receive accreditation. All responses to this survey are confidential.

CME is administered through Medical Education for In-Person attendance.
To receive CME, you should sign in with and speak to:
• Ruth Parker at Providence St. Vincent Medical Center
• Stephanie Munoz at Providence Portland Medical Center

Questions about this survey or CEC may be directed to Patty Goss at patricia.goss@providence.org or 503.216.1906.
Caring for Homeless Patients with Progressive Illness
Medical Grand Rounds, May 2016
Anne Kinderman, MD and Meg Mullin, MD

Who qualifies as “homeless?”
- No permanent housing
  - Staying on the street or in shelters
  - Staying in single room occupancy hotels
  - Staying in abandoned buildings or in vehicles
  - “Couch surfing” or living marginally with friends or relatives
- Released from jail and unable to return to previous residence
- Released from SNF and unable to return to previous residence

Common Concerns/Issues that arise for Seriously Ill Homeless Pts
- Homeless individuals share many concerns of housed pts (uncontrolled sx, loss of control or dignity)
- They also have more unique fears/concerns
  - Imposed, unwanted care
  - Loneliness
  - Fear of anonymity and a lack of memorialization
  - Uncertainty over care of body after death
- Other unique needs/challenges
  - Barriers to accessing routine medical care
  - Barriers to accessing hospice care
  - Non-traditional surrogates and advance care planning needs
  - Limited (or absent) caregiver support
  - At risk for trauma and theft (e.g. medications)

Clinical Pearls for Primary Palliative Care for Homeless Individuals

Take a detailed history:
- Shelter – “Where do you sleep?”
- Transportation – “How do you get to/from appointments?”
- Income – “Do you have any problems with co-pays for medications?”
- Access to phone – “Do you have a working phone?”
- Substance use – “In the past year, have you used alcohol, cigarettes, or other drugs? Have you had any problems when you couldn’t use or tried to stop?”
- Literacy – “Do you have any trouble reading medical instructions?”
- Prior trauma – “Do you feel like you have healthcare providers you trust?”
- Legal History – “Are you struggling with any fines or other legal issues?”

Get started early on advance care planning
- Identify emergency contact early
  - If you couldn’t talk to us, who should make decisions on your behalf?
  - Who are you close to?
  - Who helps you?
- Gauge readiness to engage with formal advance care planning, POLST
• Identify goals/values, concerns
  o What’s your experience of end of life? How has this shaped your thinking about your own life?
  o When you think about the future, what are you hoping for?
  o When you think about the future, what are you most fearful of?
  o Do you have any specific concerns about what happens to you or your belongings after you die?
  o When you die, whom do you want notified?

• Identify community partners involved/potentially involved in care
  o Shelter and supportive housing services
  o Clinicians: PCP, specialists, methadone/substance use programs, mental health (psychologist or psychiatrist)
  o Public health department: Homeless outreach services, public health RNs
  o Hospice agencies (willing/interested in working with this population)
  o Medicare, Medicaid Utilization specialists
  o Case managers: affiliated with housing, disability, ER, health plan
  o Advocacy organizations: food bank, local charities

• Special case: unbefriended patients
  o Patients have neither decision-making capacity nor a reasonably available surrogate to make healthcare decisions on their behalf
    ▪ Look for prior advance directives, goals of care documentation
    ▪ Diligent search for family (public guardian’s office, internet)
  o When little information is available, no surrogate
    ▪ Emergency exception to informed consent
    ▪ Expanded default surrogate lists: close friends
    ▪ Guardian ad Litem: Private/Volunteer/Public guardians
    ▪ Temporary and emergency guardians- court appointed
    ▪ Attending physicians (2 physician best-care judgment)
    ▪ Institutional committees
    ▪ External committees

Resources
• Local
  o Central City Concern Recuperative Care Program
    ▪ Post-hospitalization housing, case mgmt., primary care
    ▪ http://www.centralcityconcern.org/services/health-recovery/recuperative-care-program/index.html

• National Healthcare for the Homeless
  o End-of-Life Care page: https://www.nhchc.org/resources/clinical/diseases-and-conditions/endoflife/
  o Also available: national conferences, trainings, resources for medical respite facilities

• After death planning and care
  o Low-cost funeral arrangements in Oregon
    ▪ http://www.dfsmemorials.com/oregon-cremation-services/index.html#VxEUE3fPcs
  o Oregon Indigent Disposition Program
    http://www.oregon.gov/MortCem/Pages/idf.aspx