

Goal-Directed Care: The Homeless Don't Want What We Want for Them

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Statement of the Problem

- Major problem with homeless patients is engaging them in care
- Problems cannot be solved if provider and patient do not agree on agenda
- Conventional biomedical model does not work
- Innovative approach draws on patient-centered care to better understand provider-patient interaction

Purpose

- Describe what homeless patients want when they seek care
- Illustrate utility of novel health-care model

Hypothesis

- Homeless patients have different explanatory model for conceptualizing goals
- This often conflicts with language of provider
- Creates barriers to care

Background

Patient Needs

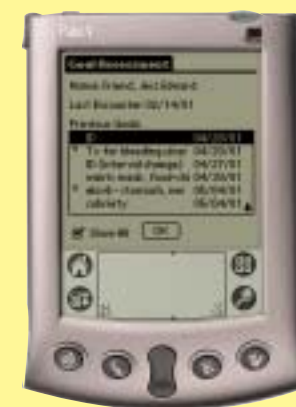
- Providers' goals generally consist of treating medical problems and improving health function
- If asked, patients rarely set traditional health-care goals because of inherent barriers in care system
- Most patient goals relate to other areas
 - Need for identification to access medical care
 - Transportation to get to clinic appointment

New Approach

- Patient-centered approach incorporates patients' experience of illness, their psychosocial context, and shared decision-making (Epstein, 2000)
- Goal-oriented approach involves interaction between provider and patient in making clinical decisions and negotiating goals (Mold et al, 1991)
- Goal-directed care (GDC) is application of these methods using agenda setting as common technique
- Patients are given opportunity to formulate and prioritize goals and set strategies they will use to achieve these goals (Mold et al, 1991)
- Use of GDC with homeless populations has not been studied to date

Implementation

- Using PDAs that mirror flow of care, we developed electronic medical record for use on street
- Put into practice in field during street outreach
- Patient information entered directly into PDA



Study Population

- All homeless patients seen on street by Healthcare for the Homeless – Houston from June 2000 through May 2002 in Houston, TX
- Patients encountered on streets, in encampments, under bridges, at day shelters & outdoor soup kitchen
- 1108 total patients



Multi-Method Study Design

- Qualitative**
 - Content analysis
- Quantitative**
 - Frequencies
 - Demographics
 - Common diagnoses
 - Negotiated vs non-negotiated goals
 - Attained vs unattained goals

Content Analysis

- 4 independent researchers performed analysis of free text entered directly into word fields on PDAs
- Triangulation done to elicit recurrent themes in goal setting

Results

Demographics

- 92% of patient population was male
- 43% of male patients were black, 27% were white and 11% were Hispanic
- Female patients were predominantly white (62%)

Categorization of Goals

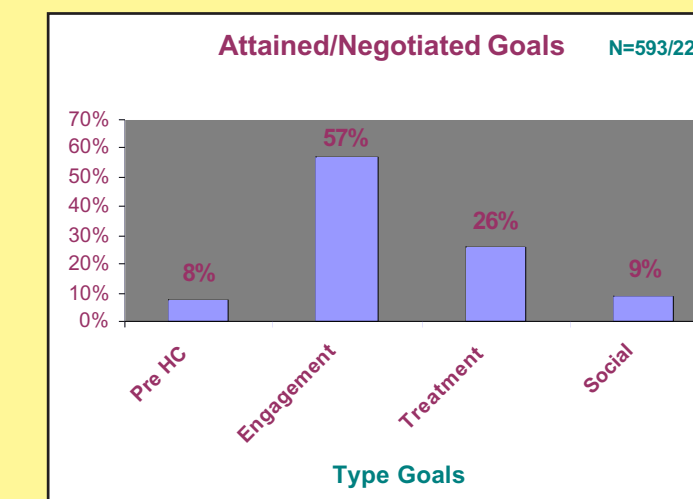
- 3594 total patient encounters (3.2/patient)
- 3048 total goals (2.8/patient)
- Content analysis of negotiated goals revealed 4 major themes
 - Pre-health care
 - Engagement
 - Health care
 - Social services

What Does This Mean – The Patient Perspective

- Homeless have their own goals and these differ from providers'
- Provider goals are more long-term; patient goals are immediate
- Differences serve to identify barriers to care for homeless patients
- Also suggest reasons for non-adherence



Goal Categories	No. of Negotiated Goals	No. of Attained Goals
Pre-health care		
Birth Certificate	6	1
Picture Identification	96	15
Indigent Insurance Card	184	29
Category Total	286 (13%)	45 (8%)
Engagement		
Health-care Appointment	868	228
Follow-up Appointment	292	111
Category Total	1,160 (52%)	339 (57%)
Health care		
Obtain Prescriptions	158	60
Diagnostic Tests	89	27
Medical Treatment	173	42
Substance Abuse Treatment	81	14
Mental Health Treatment	49	11
Category Total	550 (25%)	154 (26%)
Social Services		
Obtain Housing	34	3
Get Education/Develop Skills	39	9
Transportation	45	19
Case Management	59	11
Employment	14	2
General (e.g., Food Stamps)	38	11
Category Total	229 (10%)	55 (9%)
Grand Total	2,225	593



Significance of Negotiated and Attained Goals

- Of negotiated goals, more than half are related to engagement
- Only 1/4 actually involve health seeking behavior
- Suggests patients face serious barriers that prevent them from establishing regular care source
- Almost 1/4 relate to pre-health care and social services
- Indicates major access impediments that further impede the care process
- Pre-health care and social service goals directly affect patient's ability to receive health care if they impose obstacles that are impossible for patient to overcome
- Similar patterns occur in attained goals, providing initial evidence that such barriers do have implications for care

Common Diagnoses

- 1702 total diagnoses (1.5/patient)

Top 6 Diagnoses

- 292 Substance Abuse
- 266 Hypertension
- 177 Serious Mental Illness (Schizophrenia/Psychosis, Bipolar, Major Depression)
- 150 Trauma
- 139 Pain
- 119 Diabetes Mellitus



Conclusions

Clinical Relevance

The Problem

- Homeless patients often reject help that is provided in conventional ways (Blankertz, 1990)
- Goals reflect barriers to care
- By ignoring significance of patient goals and corresponding barriers, providers may be hampering care process



The Solution

- GDC identifies barriers as intermediate steps of longer-term goals
- Clinicians can facilitate health care by acknowledging and assisting patients with social barriers
- Even though many negotiated goals are non-medical, resources should be allocated to overcome them
- Thus, patient-centered, goal-directed care can lead to more successful care

Psychosocial Relevance

The Problem

- Homeless have general mistrust of authority, including medical establishment (McCabe, 2001)
- They are also very difficult population to engage in care (Rowe, 1999)
- Most interactions reinforce sense of failure and hopelessness
- Desire to improve health function assumes a *priori* self-efficacy that many homeless patients do not have



The Solution

- Patient-centered approach provides greater satisfaction and goal attainment (Epstein, 2002)
- Goal-oriented care encourages confidence and commitment (Brody, 1980; Lovell, 1998)
- Must persuade patients that they are "worthy" to make and follow through with health-care appointments

Implications

- Traditional care model creates mismatch wherein provider focuses on strictly medical agenda rather than on complex biopsychosocial issues that are glaringly apparent among homeless
- Analysis of goals reflects barriers to effective utilization of health services by homeless in major metropolitan area
- Goal categories highlight many junctures at which homeless patient encounters major stumbling blocks when completing "typical" health-care encounter
- Success of GDC demonstration project under extreme conditions on streets is substantial accomplishment
- Patient satisfaction with PDA outreach is assumed but needs to be evaluated with rigorous outcome measures
- GDC provides supportive environment in which patients with low self-esteem and self-efficacy appear more capable of negotiating and attaining health-care goals
- Indicates need for intervention model that incorporates patient-centered care and improved provider/patient communication

