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CHIP Title: Five Health Maintenance Screenings as Initial Street Medicine Core Metrics

Project Description:

Street Medicine is the delivery of individually tailored health and social services to people experiencing unsheltered homelessness (PEUH) in their own environment. Because Street Medicine has historically existed on the margins of the medical field – run as part time teams with volunteer staff - and because of that individually tailored approach, the field lacks universally recognized measures of success.

This CHIP developed five Health Maintenance Screenings as initial Street Medicine core metrics to partially answer the question “how do you know when you’re doing a good job?” Interviews of stakeholders at USC, other Street Medicine providers and patients identified Healthcare maintenance screening as a key gap in Street Medicine. Key tasks addressed by the CHIP included: selection of the screening tests, choosing laboratory testing over Point-of-Care testing, exploring the feasibility of non-blood specimens, improving integration of the lab system and electronic medical record, and implementing new Street-based treatment options for the conditions diagnosed by the new screenings. Four of the five screenings (HIV, Hepatitis C, Syphilis and Colorectal Cancer) have been successfully implemented. The fifth screen (Cervical Cancer) is still in the planning stage.

Key Findings and Lessons Learned:

CHIP started December 2021

- Due to the multitude of stressors, acute symptoms, mental health, and substance use issues affecting PEUH, providers are often overwhelmed and focus on acute surface issues. Creating a structured approach aids the team in keeping track of longitudinal goals like health screenings.
- Workflow: The team continued to take a patient led approach but would now make a concerted effort to have a phlebotomy-capable team member see the patient by the 2nd visit.
- Colorectal Cancer screening was the initial choice for health maintenance screening, due to its low number to screen to prevent a cancer death, and the simplicity of FIT stool tests. However, adoption of the screen was poorer than the blood-based screens for several identified reasons:
 - Blood screens were seen as having higher value as they yielded multiple results
 - Blood screened diseases (HIV, Syphilis and Hep C) were more prevalent on the street.
 - Blood screened diseases (HIV, Syphilis and Hep C) were treatable on the street.
 - FIT tests could not always be completed during the visit and required patients to complete them on their own, and mail them to the lab.
- Screening drove improvements in treatment. Increased numbers of Syphilis and Hepatitis C diagnoses led to relationships with the Department of Public Health and USC Specialty Pharmacy and the implementation of consistent processes for treating Syphilis and Hepatitis C on the street.
- Availability of treatment options drove improvements in screening. After Street Medicine started treating Hepatitis C, the team was more motivated to screen patients and patients were more motivated to get screened.

Next Steps:

- Implement 5th screen (Cervical Cancer) by seeking funding for an HPV self-testing pilot.
- Improve performance on five initial health screens through Quality Improvement processes and select additional metrics to implement.
- Disseminate findings to other Street Medicine teams and develop a process for universal recognition.