

THE ART OF THE POSSIBLE

THE HISTORY BEHIND GP-DRIVEN OUTREACH - HEALTH

AND DEVELOPMENT OF A CITY-WIDE SYSTEM IN COPENHAGEN

3rd International Symposium

Homelessness, Social Exclusion & Health Inequalities 2015

 #HomelessHealth15

From Margins to Mainstream

Wednesday 4th and Thursday 5th March 2015

ILEC Conference Centre and Hotel Ibis Earls Court, London SW6

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The UK Faculty for Homeless and Inclusion Health's third international
conference on health, homelessness and multiple exclusion.



Henrik Thiesen GP, manager & senior physician,

PROLOGUE

20th century and before

- ◆ Common hospital and the “farmhouse” inspired by Hospital Général in France
 - ◆ Not hospitals in the normal sense but a generally an incarceration of poor and mentally ill.
 - ◆ Forced labour part of the treatment
 - ◆ Shelters and hotels in city
- ◆ 1870-1920, industrialisation and migration
 - ◆ 60-70% of inhabitants born outside Copenhagen
 - ◆ Enormous problems w. housing / slums
- ◆ 1908 Sundholm as replacement for “the farmhouse”

Sundholm 1908



Sundholm

- ◆ 1200 inmates / paupers
 - ◆ Without the right of voting
 - ◆ Workhouse
 - ◆ Detention house
- ◆ Medical doctor as part of the management:
 - ◆ *Upon arrival the detained were bathed and put into institutional clothes. The private clothes were disinfected and stored in the wardrobe until they left Sundholm. The next morning they were presented for the doctor and the inspector of Sundholm who received information about their past life. After this interview they were placed at that kind of work they were considered to be suitable for.*

Sundholm infirmary

- ◆ Opened 1908,
 - ◆ 3 floors for 50 men and 12 women
 - ◆ Including special ward for TB
- ◆ Closed 1999
 - ◆ 30 patients
 - ◆ 50-75 treated per week
 - ◆ Poorly documented and separation from ordinary hospital system not really defined

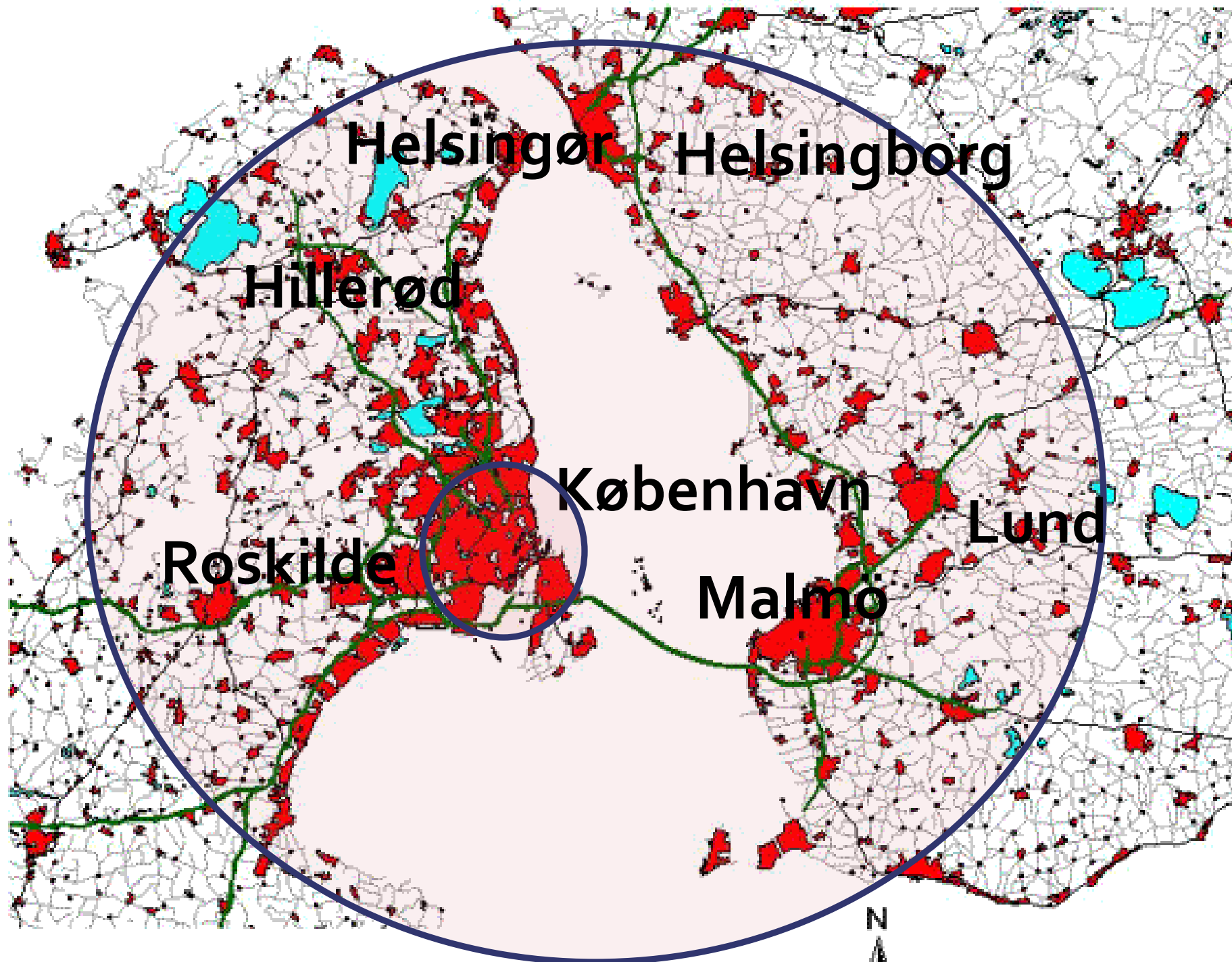
Sundholm infirmary

- ◆ The official reason to close the infirmary was that homeless people should seek the same (free) healthcare-system as everybody else..

21. CENTURY

Copenhagen & the Öresundsregion

- ◆ > 500.000 inhabitants in central Copenhagen
 - ◆ Growing by 1100 per month
- ◆ > 1 million incl. suburbs
- ◆ Øresund-region 3-4 million



2000 →
2004



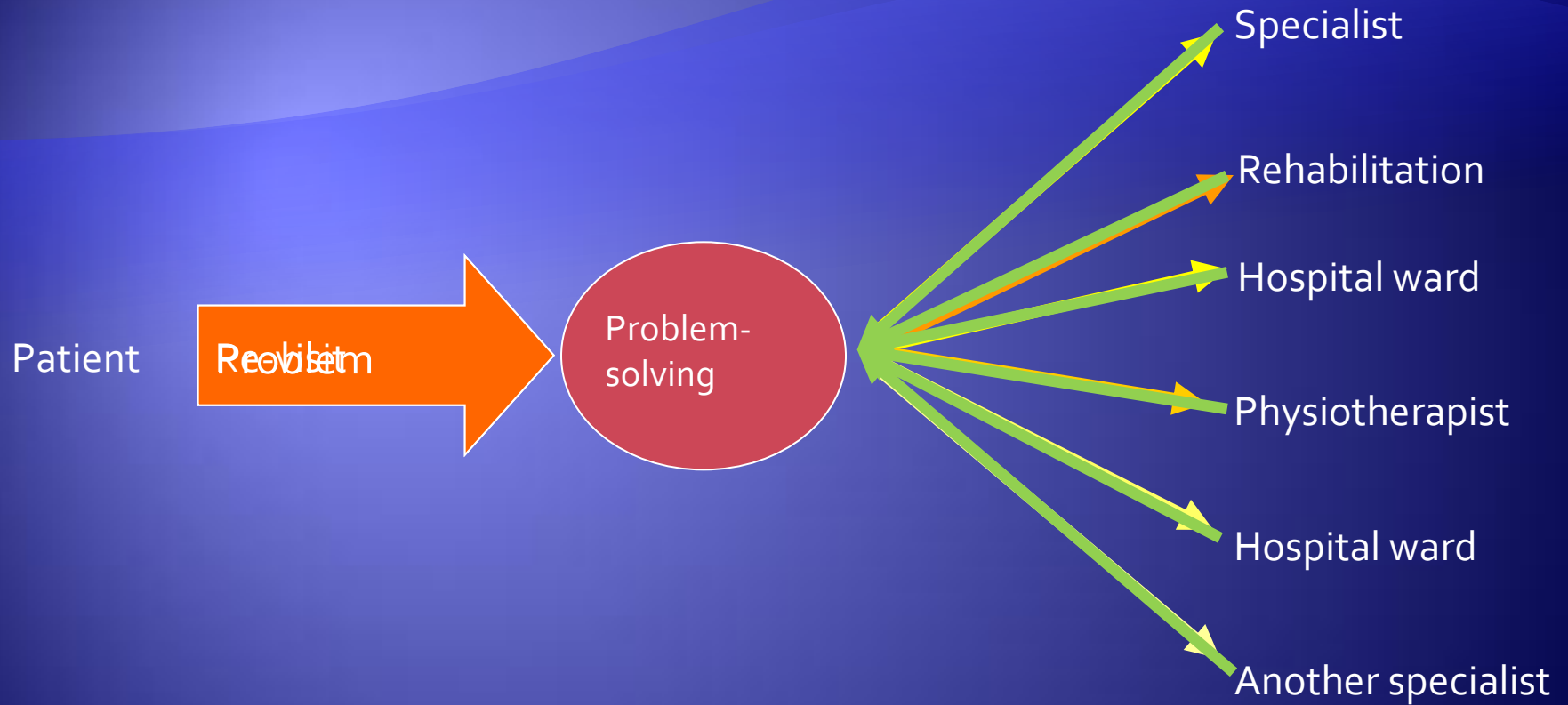
Conclusion from outreach project 2000-2004 led to opening of HealtTeam in may 2005

- ◆ Very high number of diseases
 - ◆ average 13.1 diagnosable diseases / person
 - ◆ Chronic somatic diseases
 - ◆ Addiction disorders
 - ◆ Psychiatric comorbidity and chronic diseases
- ◆ Patients mostly treated for acute diseases in health-system
- ◆ Low use of - or access to primary health-care or GP

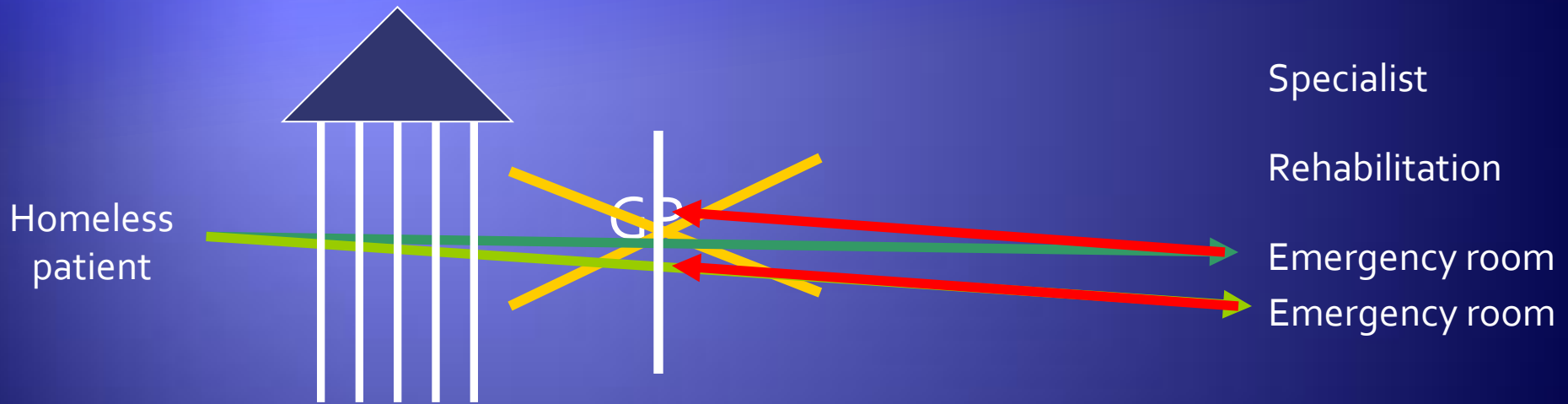
91% of HealthTeam population do not use GP

- ◆ 57% do not know or would never use their GP
- ◆ 43% do know their GP .. but
 - ◆ 80% of those do not use GP-practice or do not communicate well with GP

HealthTeam – caring for people where they are



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Problem-solving!

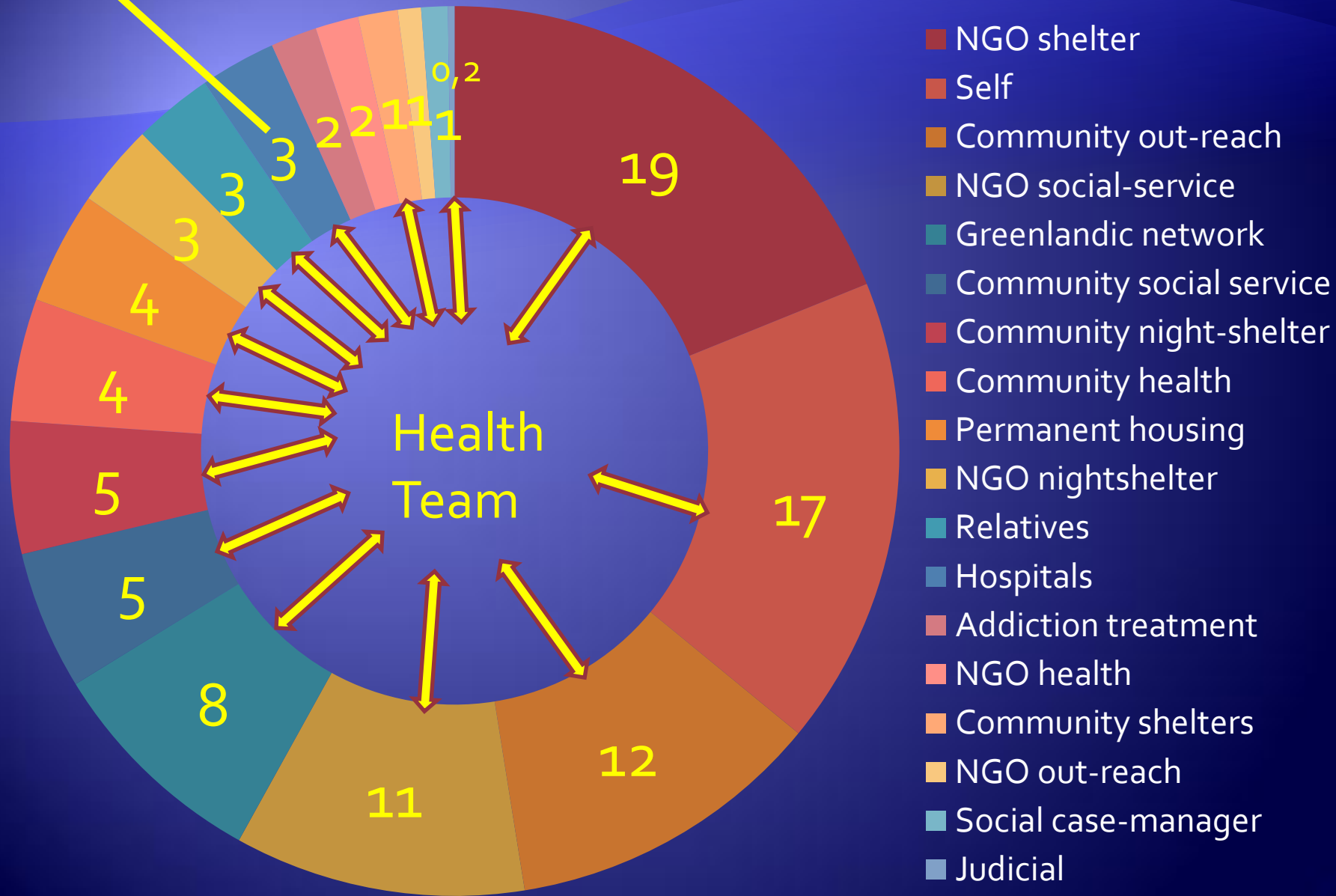
Health
Team
Social out-reach

Rehabilitation
Welfare
Specialist
Hospital needs
All patient-centric



The network-based GP

(% of contacts)



North

Inner

2006



2 nurses



**Street
outreach
-team**



2 nurses



Amager

- Shelters
- Day-centres
- Hospitals
- Addiction treatment system (alcohol /drug)
- Psychiatry
- Psychiatric Outreach-teams

Nursing clinics

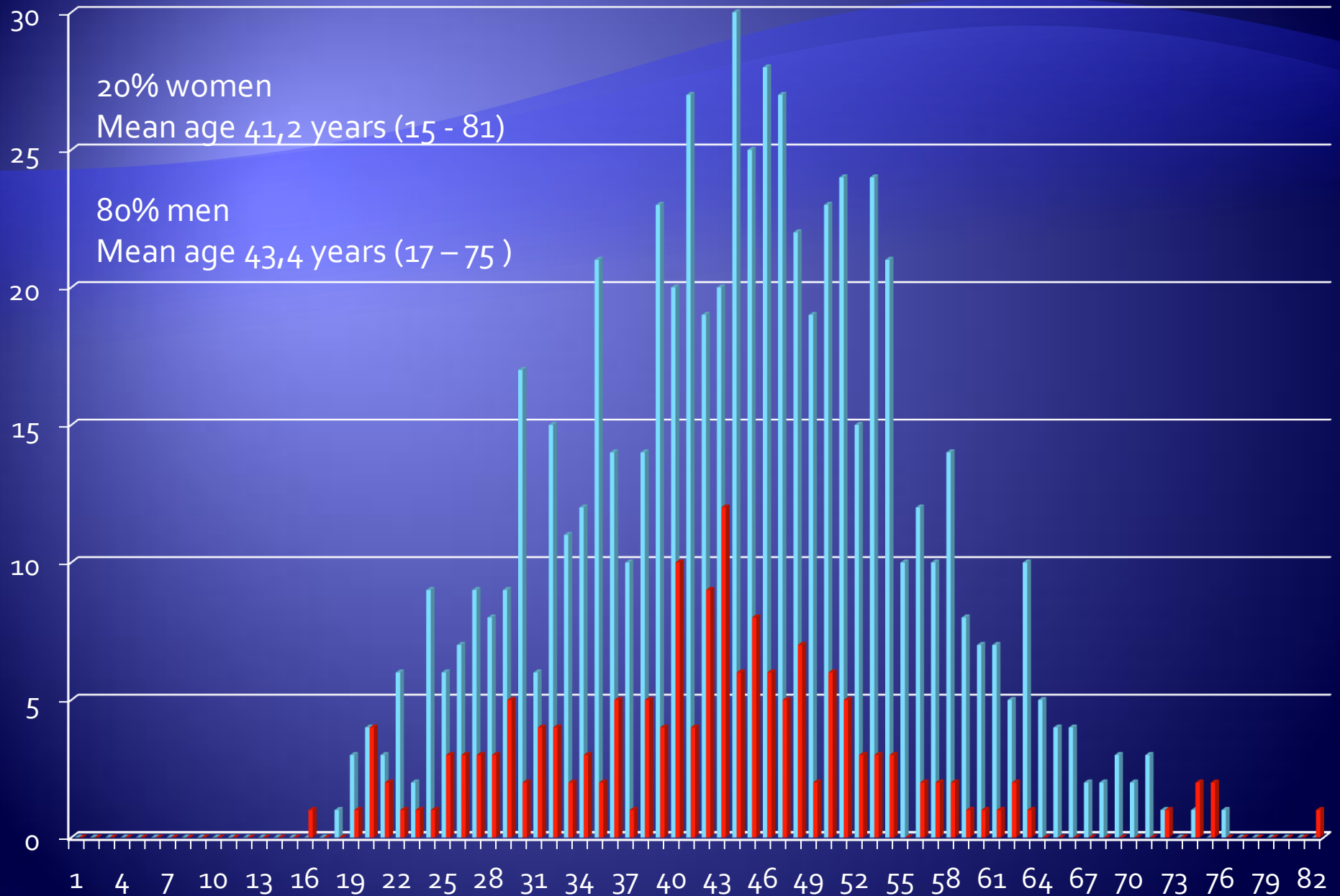
West

From 2008

Demographics

- ◆ >1400 individuals since october 2005
 - ◆ + > 1200 in vaccination and infectious disease programme
- ◆ 300-350 individuals treated in a year
 - ◆ ~150 new patients per year
 - ◆ ~150-200 from earlier years

Age-distribution



Risk of being Greenlandic and homeless in need of healthservice in Copenhagen

2005- nov. 2010

Nationality	No.	% of total population
Greenlanders living as homeless in Copenhagen are		36 times
Danish	360	0,0069
Greenlandic	126	0,2520

Inner-city clinic

“walk –in GP-practice”

- in close relation to open drug scene

Inner-city clinic

- ◆ Opened january 2009 as part of national project
- ◆ 30-40 daily consultations
- ◆ 120 individual patients per week
- ◆ >600 longer courses of treatment

Inner-city clinic

- ◆ 5 nurses
- ◆ 1 GP (part-time, on call full time)
- ◆ 1 podiatrist
- ◆ 1 social case-manager

Inner-city clinic

- ◆ Most seen problems
 - ◆ Addiction related problems including all drugs and alcohol
 - ◆ Organic psychoses and personality disturbances
 - ◆ Schizophrenic spectrum disorders / chronic psychotic disorders
 - ◆ Neurologic syndromes and problems
 - ◆ Paranoid problems, anxiety and depression
 - ◆ Astma, COPD, lung-infections
 - ◆ Hepatitis C –related problems
 - ◆ Homelessness / homelessness related problems
 - ◆ Un –documented migrants with general health-issues and minor psychiatric problems

A map of a city area is visible in the background, partially obscured by a large yellow circle. The map shows streets, green spaces, and a body of water. Labels on the map include 'Utterslev', 'Shelter', and 'Project'. A scale bar at the bottom right indicates '1 km'.

2013

Low-threshold and outreach health

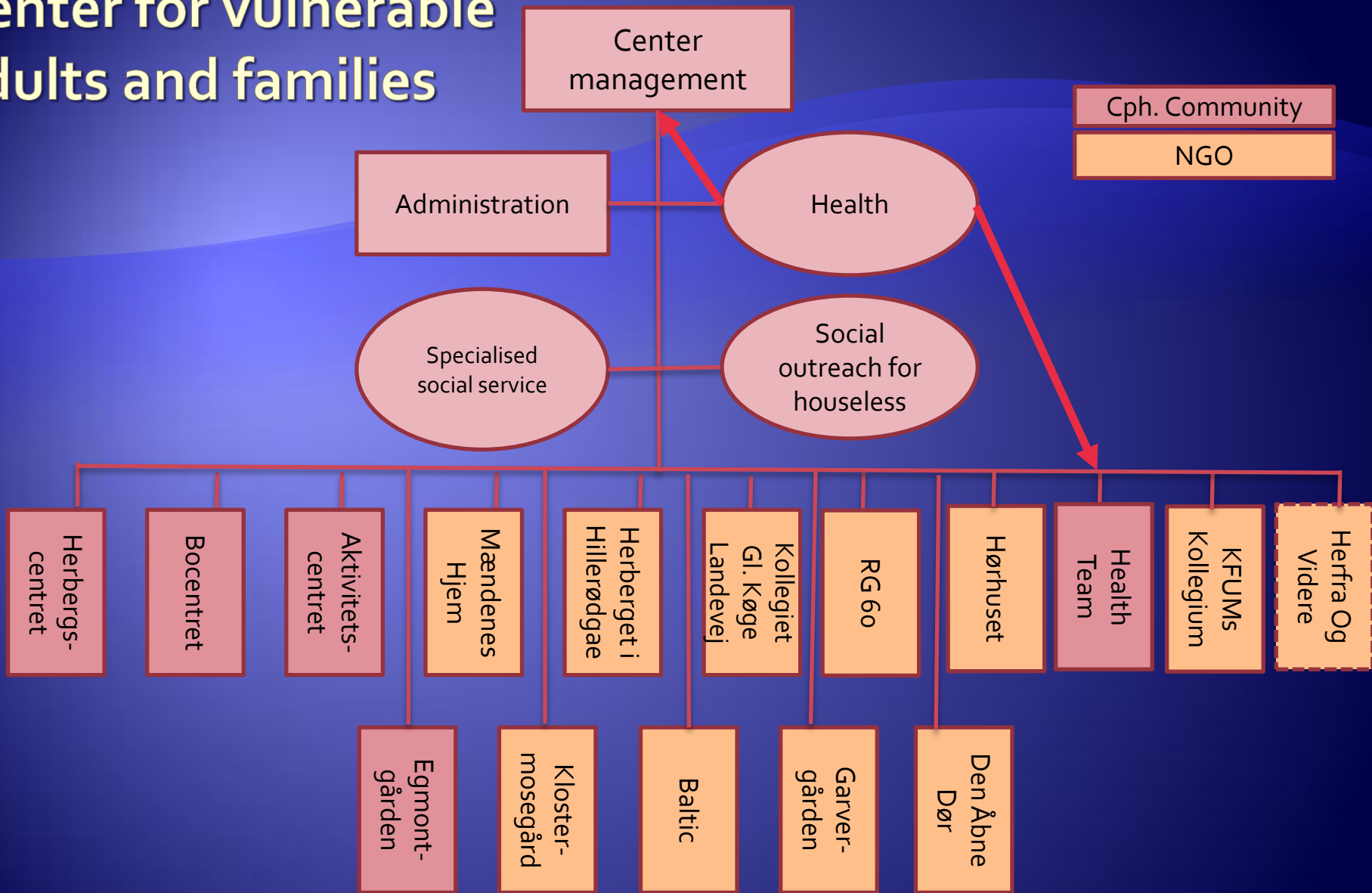
24 nurses
2 GP's

Center for vulnerable adults and families

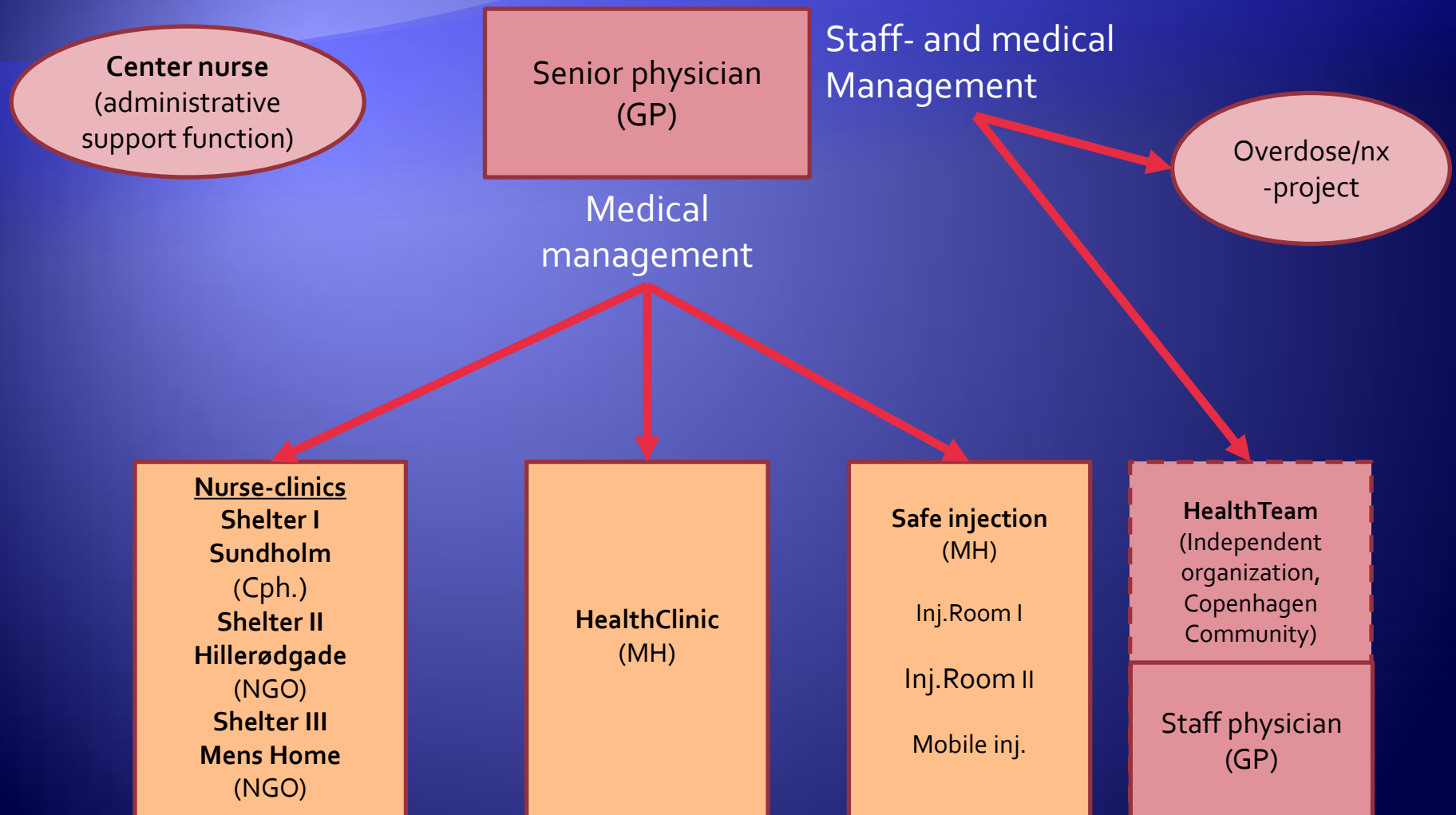
Transverse services

Homeless services

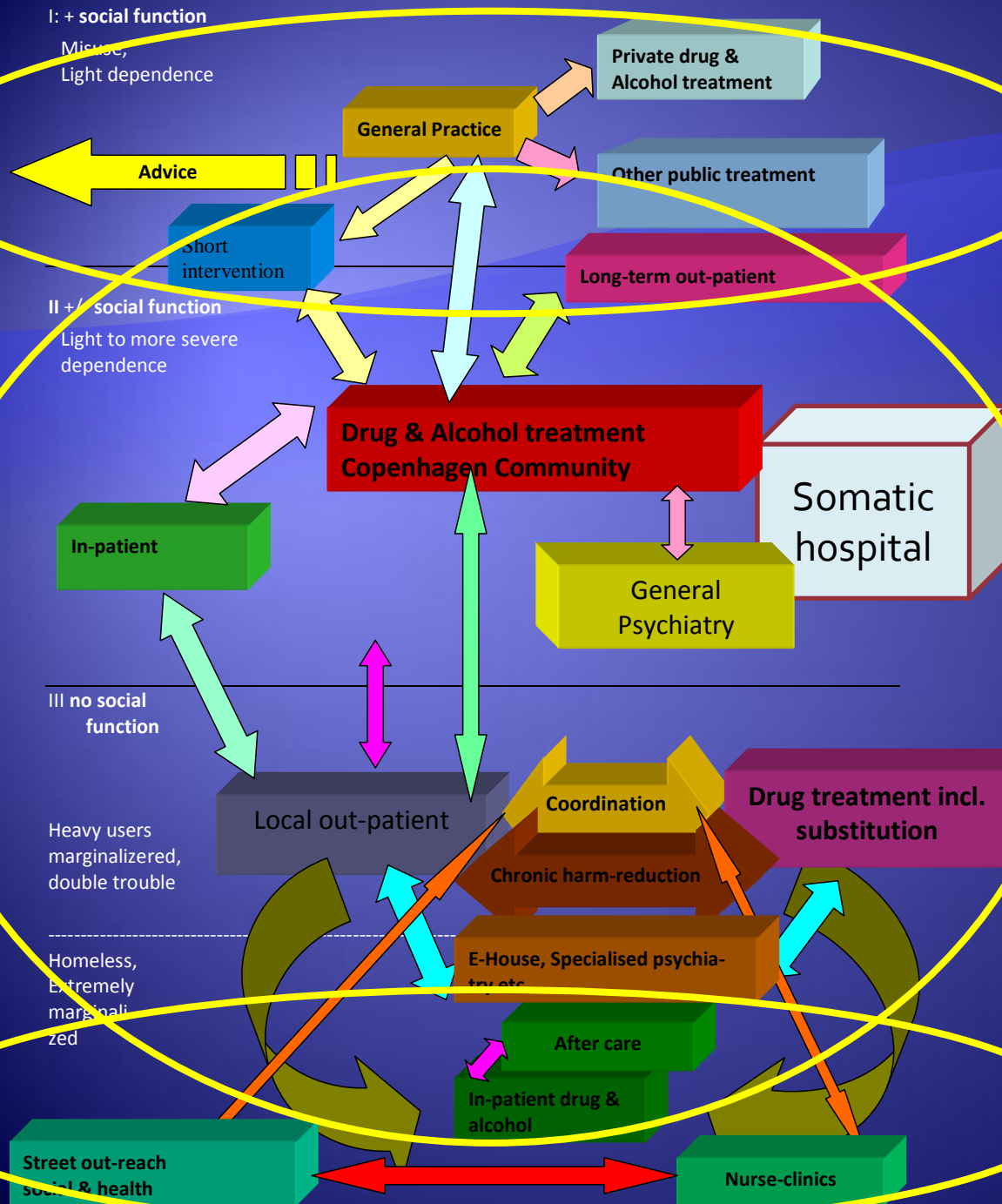
Crisis centres



Center for vulnerable adults and families Healthservice

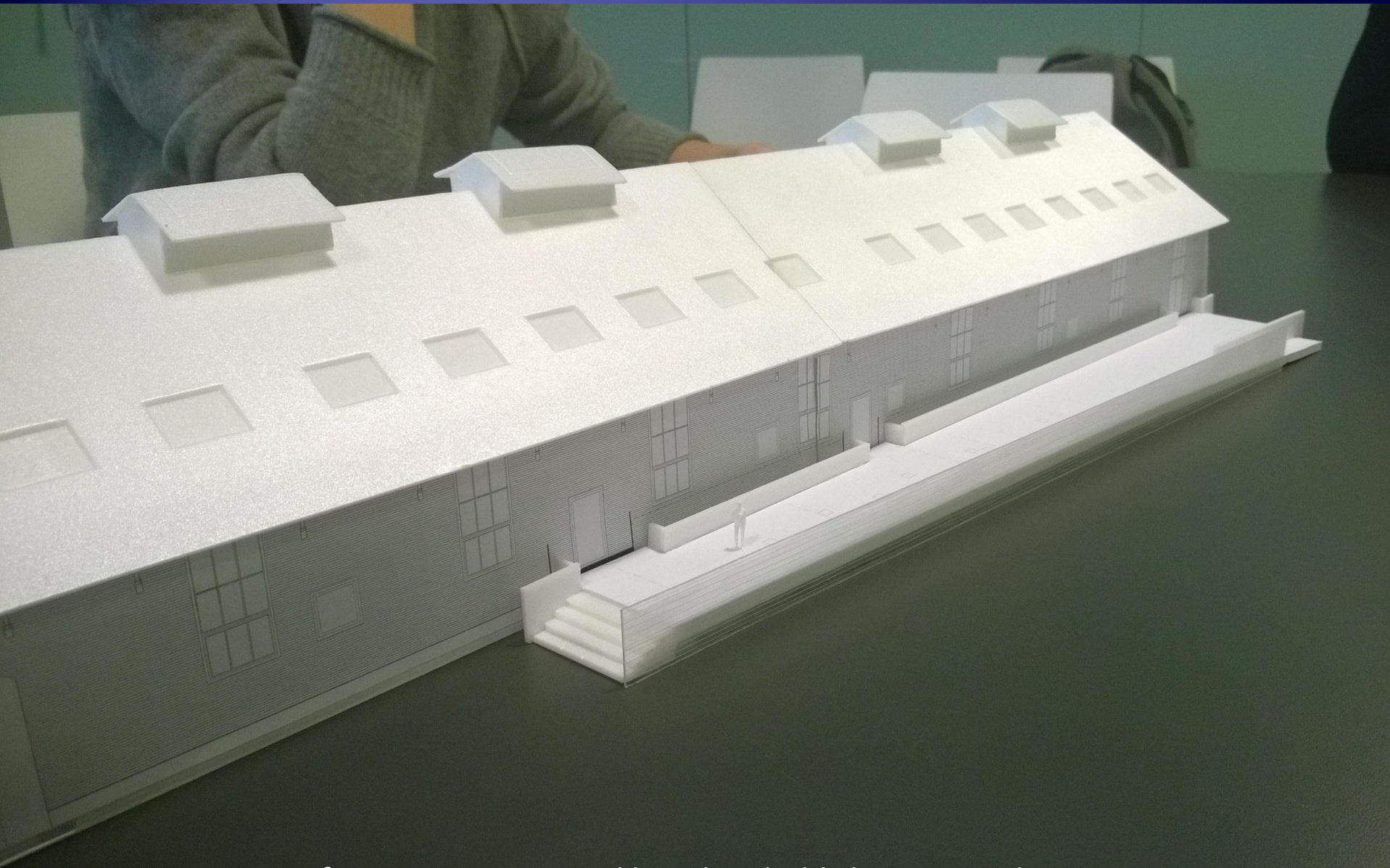


The System: community treatment & Harm reduction Specialized systems Primary healthcare systems



Future trends, systems

- ◆ Electronic medical records
 - ◆ User-friendly on tablet computers
- ◆ Closer connection with social employment
 - ◆ Implementation of systematic approaches
 - ◆ User / peer involvement
- ◆ Dissemination of overdose prevention with naloxone to the rest of Denmark (possible)
- ◆ Respite / intermediate care unit is desirable
 - ◆ ...Again and in a new form
- ◆ Integrated safe-injection and health-clinic



Safe injection room and low threshold clinic, Copenhagen inner city, 2016

Future trends, outreach

- ◆ Continue and develop 'small systems' / network approach
- ◆ Better collaboration with volunteer health- and outreach programs
 - ◆ Creation of an outreach network all over Denmark
- ◆ Prevention in hard-to-reach
 - ◆ Mobile diagnostic clinic on a bicycle
- ◆ Better monitoring of infectious diseases among homeless - including migrants
- ◆ Integration of harm-reduction into general public health
- ◆ Contribute to the development of long-term rehab models for severely marginalised people including proper treatment of chronic conditions
 - ◆ Starting in out-reach settings
 - ◆ Better collaboration with other systems to secure proper rehabilitation
 - ◆ Health
 - ◆ Housing
 - ◆ Work and education

Thank you!

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