

# ICHA | Inner City Health Associates



**Annual Report  
2015-2016**

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## About Us

Inner City Health Associates (ICHA) is a group of more than 60 physicians working in over 40 shelters and drop-ins across the City of Toronto. ICHA provides primary care, mental health care and palliative care to those who do not otherwise have access to care. We serve people living on the street and in shelters as well as those who are precariously housed. ICHA is funded by the Ontario Ministry of Health and Long Term Care through an Alternate Payment Plan.

## Our Vision

To help end chronic homelessness in Toronto

## Our Mission

To improve access to care for the homeless population in Toronto

To improve collaboration and coordination amongst service providers working with the homeless in Toronto

To prevent additional chronic homelessness related to illness and disability in Toronto

To set the standard of excellence in the provision of homeless health care

## MESSAGE FROM THE BOARD CHAIR AND THE MEDICAL DIRECTOR

Ten years ago, a group of doctors signed an agreement between the Ministry of Health & Long Term Care and the Ontario Medical Association to provide physician services in shelters and agencies that provide services for people experiencing homelessness. Since that time, thousands of individuals have received mental health, primary care and specialist care from ICHA members. We have grown from 11 doctors to 63, and from 14 different sites to 43. Our aim is to provide low barrier care, which helps people experiencing homelessness to access quality health care while working to support a transition to mainstream health services. To achieve this, we rely heavily on partnerships with the agencies and shelters where ICHA physicians are located.

2015/16 represents the first year of our new Strategic Plan. The focus was on assessing how well we are currently reaching our target population and doing a gap analysis to determine if there are unmet needs that we should be addressing. As always, education of students and residents was a major part of what we do, with close to 50 residents spending time at ICHA sites. The research policy was finalized after a consultation with partner sites and other stakeholders. A basket of quality improvement indicators was adopted to measure how well we are doing and to guide our quality improvement objectives. ICHA's first patient experience survey was done in five of our sites, with very positive feedback. The PEACH (Palliative Education and Care for the Homeless) pilot program underwent an evaluation of its first year, which confirmed both the success of the model and the need for the specialized service. The program attracted widespread interest from across the country resulting in many invitations to share the experience with other palliative care providers.

Internally we underwent formal review of our privacy and security practices, and have started to implement the results in order to continually improve how we protect the privacy of health information. Financially, our management and control systems were strengthened, including the adoption of a financial reserves policy.

It is due to the dedication and commitment of all the ICHA members and staff that so much has been achieved over the course of the year. To all these individuals, and to our partner agencies, we wish to express our sincere appreciation for all that has been achieved over this year, and over the last ten years of ICHA's existence.



**Patricia Cavanagh**

*Chair of the Board*



**Leslie Shanks**

*Medical Director*

# Who We Serve

ICHA's mandate is to serve people experiencing or at risk of homelessness. We work in shelters, drop-in centres and in mobile teams. Since ICHA's beginning, we have served over 29,000 unique individuals in Toronto.

Many of our clients are seen at multiple sites reflecting the mobility of the population, while others are seen at one specific site. We know that the population we serve suffers disproportionately from both physical and mental health concerns. Many have had difficulty establishing ongoing relationships with health care providers.

Our model of providing low barrier care in the community in partnership with trusted community agencies allows us to assist people already struggling with barriers in their lives to have access to primary and mental health care.

## ICHA By The Numbers In 2015/16



**43**  
Sites



**63**  
Physicians



**2,978**  
New Patients



**18,811**  
Patient Visits

# Operations

ICHA was operating in 43 sites at year-end, compared to 41 the previous year. New sites were Sound Times, Multi-disciplinary Access to Care and Housing (MATCH), Street Haven, and Elizabeth Fry. ICHA sites closed were at the Red Door and Concurrent Disorder Support Services.

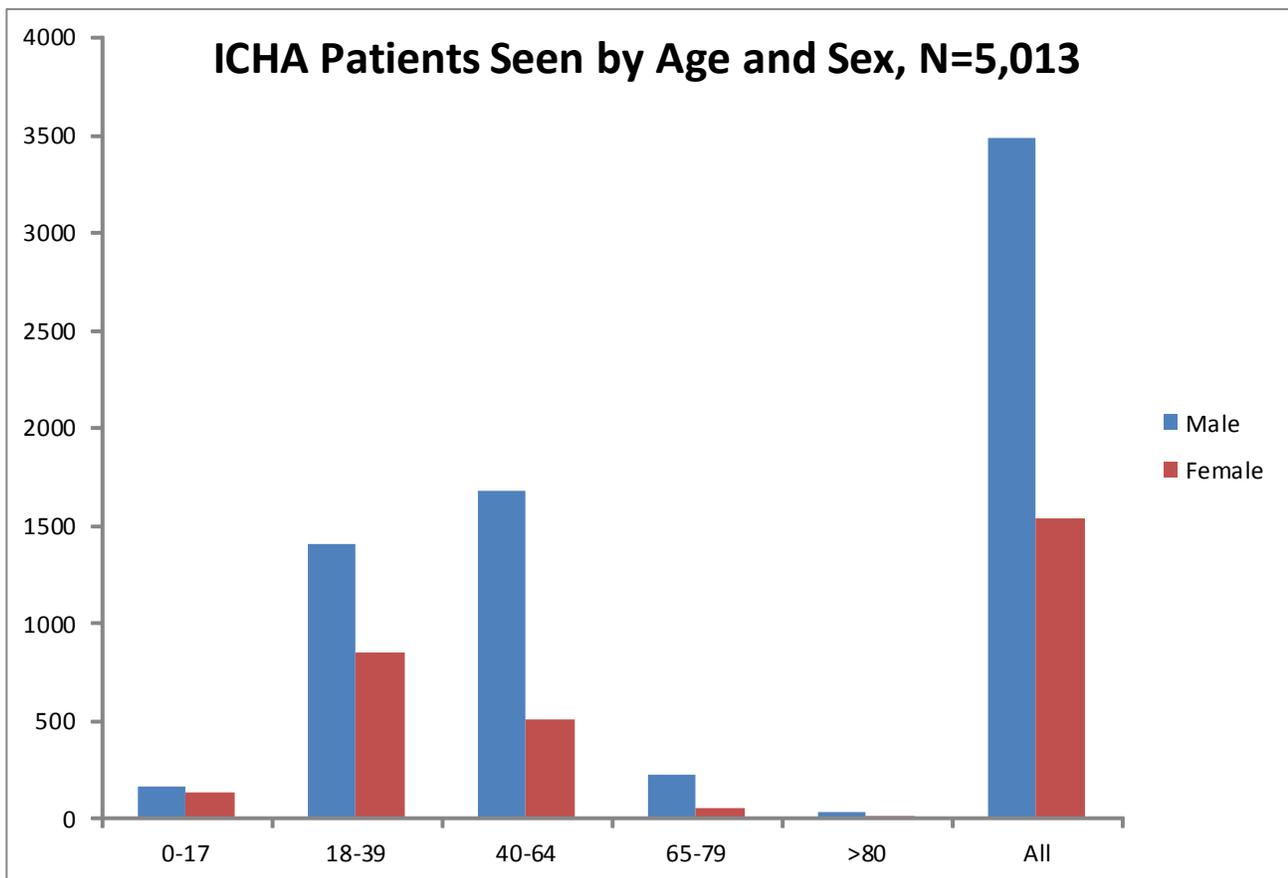
The EMR contained a total of 29,053 charts at fiscal year-end. New patients totaled 2,978 individuals, similar to the previous year (2,894). The total number of patient encounters was 18,811 for 5,021 unique patients, compared to 18,655 visits for 4,462 patients last year. This represents 3.7 visits/patient over all program areas. Primary care represented 74% of these visits. Patient gender was 30% female and 70% male. Eight individuals were recorded as trans-identified. This compares to City of Toronto figures for shelter users in 2014 of 35%, 64% and 1% for female, male and trans respectively. 30% were over age 50, compared to 29% in the Toronto Street Health Assessment.

## Number of Visits

Primary Care	Psychiatry	PEACH	Internal Medicine	Total
13,821	4,589	226	175	18,811

## Number of Unique Patients

FY14	FY15	FY16
4,153	4,462	5,021

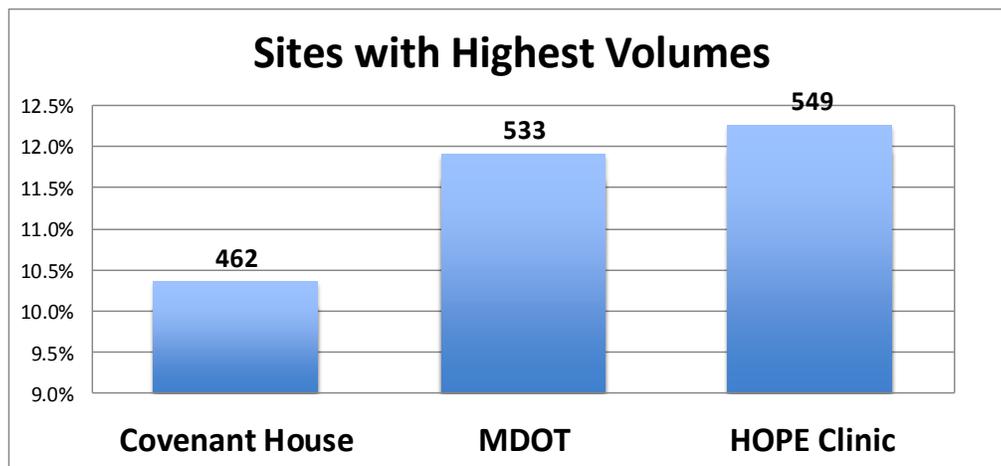


Note: Not shown are 8 trans-identified patients with an age range from 19-55 years.

## Psychiatry

New efforts were made to recruit psychiatrists resulting in 6 new psychiatrists joining ICHA, to offset a single psychiatrist leaving. At the end of the year, there were 31 psychiatrists working at 30 sites, compared to 26 psychiatrists at 28 sites last year. ICHA psychiatrists provided 4,589 psychiatry visits to 2,333 patients with each person being seen 2.0 times on average. This compares to 5,508 psychiatry visits to 2,068 patients, with a visit rate of 2.7 for last year. Total psychiatric hours billed were 6,589, similar to the previous year.

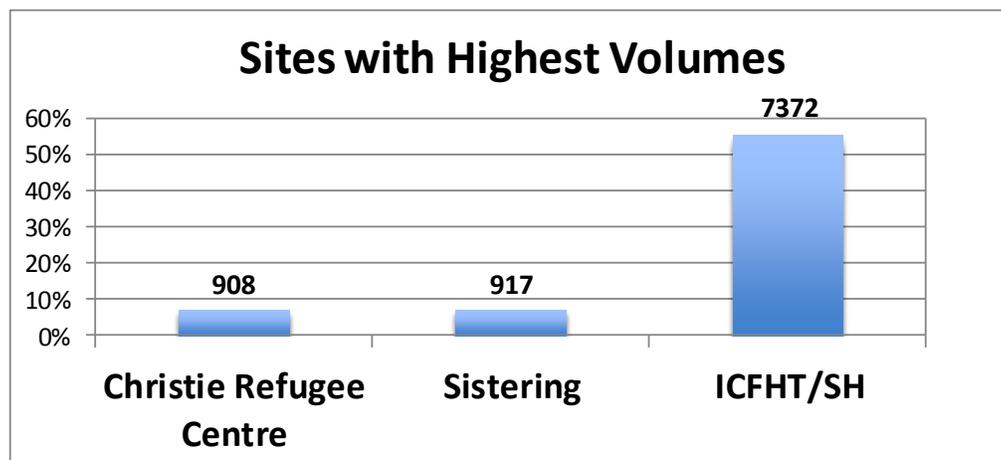
Five new sites were added: Sound Times, Multi-Disciplinary Access to Care and Housing (MATCH), Elizabeth Fry, Street Haven and the FCJ Refugee Services. Three sites were discontinued for psychiatry: the Red Door and Agincourt Community Centre closed due to low volumes and Concurrent Disorders Support Services due to lack of need of ICHA involvement. The Weston King Neighbourhood Centre, Seaton House, CCVT-Scarborough, and Cummer Avenue sites were all awaiting psychiatrists at year-end.



## Primary Care

Five new family physicians joined ICHA while 4 resigned their membership to pursue other opportunities. In addition, a number of physicians were doing locums, or were not matched to sites. At year-end, there were 31 family physicians working at 27 sites compared to 34 physicians at 26 sites the previous year. Primary care physicians provided 13,821 visits to 3,738 patients with each person being seen an average of 3.7 times. This compares to 12,543 visits to 4,431 patients with a visit rate of 2.8 times for last year. A total of 10,899 primary care hours were billed, similar to the previous year.

A new site was added at Sound Times and no primary care sites closed. One vacancy existed for a physician at the ICFHT.





## PEACH

The **PEACH** program (Palliative Education and Care for the Homeless) continued to be active both in providing clinical care and in educating and advocating for improved access to palliative care for those experiencing homelessness. A total of 52 patients were enrolled in the program this year with referrals coming from ICHA physicians and external referral sources. In keeping with the educational objectives of the program, 15 presentations across the country were made including at the Canadian Hospice Palliative Care Conference and the University of Saskatchewan Health Innovation & Public Policy Conference.

The review of the first year of the program from July 1, 2014 to June 30, 2015 was completed.

Key findings of the review were:

- 42 patients enrolled with an average age of 57 years (range 39-76 years)

- 25 had died, 16 were still active in the program and one had transferred out after one year

- 83% (21/25) were successfully re-connected with their family

- 64% (27/42) had no Emergency Room visits or unplanned hospital admissions

- 78% (18/23) of those dying, died in their location of choice

The review concluded that the program met a significant need, and was able to meet the majority of its objectives. The review also clearly recognized that it is the partnerships and collaborations with other community agencies and palliative care providers that have made the program a success.

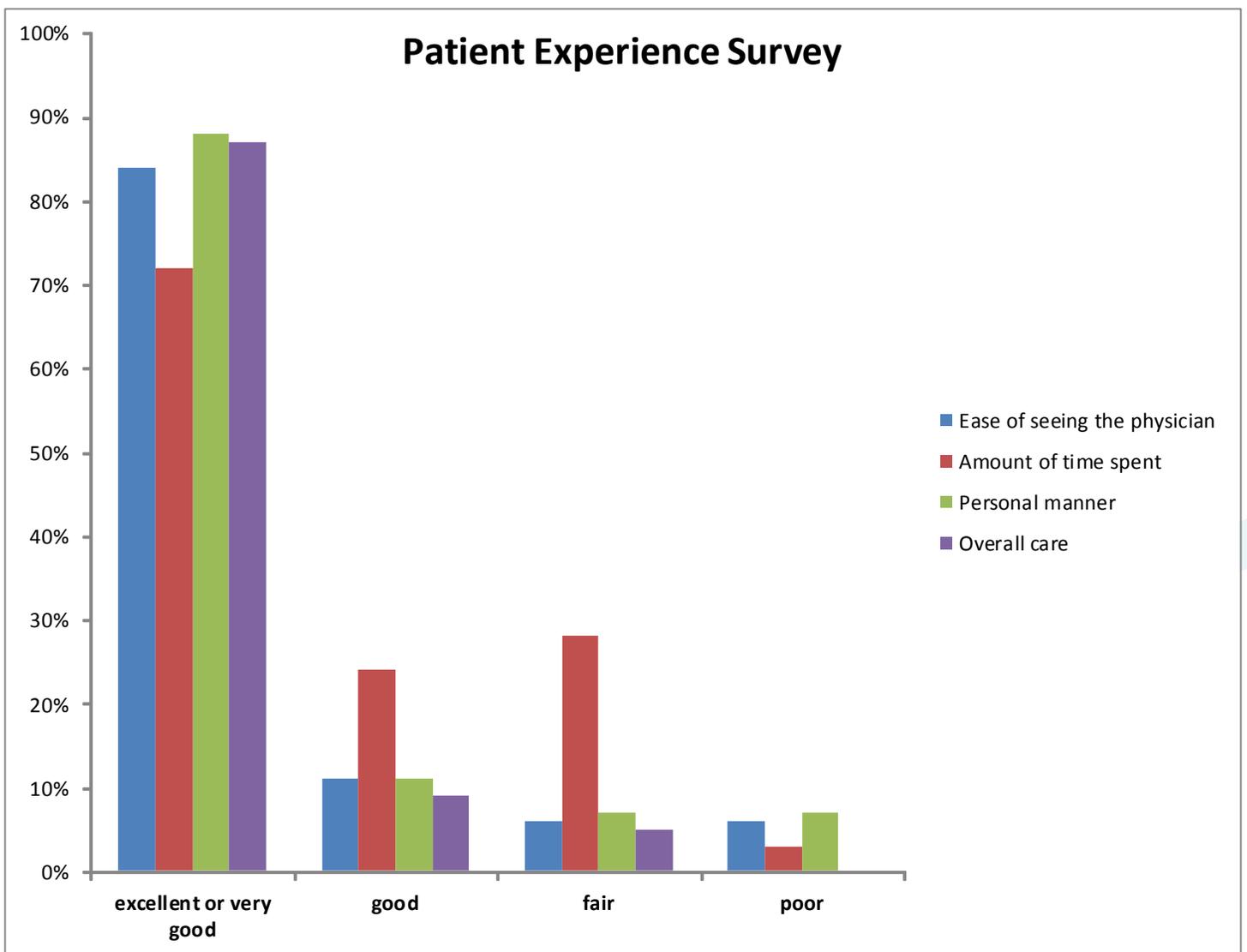
Out of the experience with **PEACH**, we recognised the need for a dedicated residential hospice for those experiencing homelessness. A consultancy group was contracted to prepare a feasibility study to look into the issue more closely. The consultancy was guided by a group of interested partners and organisations working in both the palliative care community and the homeless sector. Advocacy and planning for a residential hospice that can address the specific needs of this population will continue into the coming year.



## Quality Improvement

Quality improvement is an area of focus. A basket of indicators was developed to monitor our progress in improving quality of care. As part of this effort, ICHA's first patient experience survey was done at 5 sites. The results, as illustrated, were overwhelmingly positive. We also reviewed the prescribing of chronic opioid therapy to determine if ICHA physicians are following best practices in prescribing opiates. This work is being expanded in the coming year to include a survey of physician attitudes toward opiate prescribing at their ICHA practices. Finally, chart reviews looking at the quality of documentation by ICHA physicians on the Electronic Medical Record (EMR) continued with the analysis of results expected early in FY17.

An important focus was to improve how we collect and analyze data from our EMR in order to better understand how we are working across sites. While many data quality issues remain, there is clear improvement this year in how data is being captured and more importantly, how we use it to guide our choices.



# Patient Survey Key Figures

Could emergency department visits have been avoided?

**27%**  
Yes

**46%**  
No

**17%**  
Not sure

**11%**  
N/a



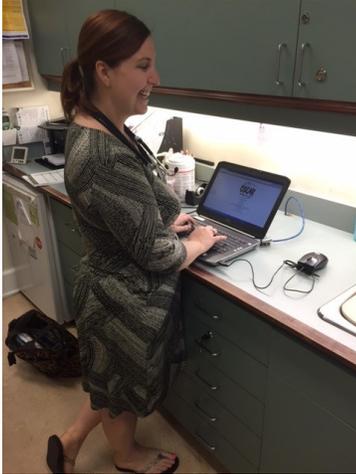
## General Health

**34%**  
Good

**30%**  
Excellent or very good

**27%**  
Fair

**9%**  
Poor



## Education

Education continued to be a priority focus, as we aim to introduce learners to working with those experiencing homelessness. Highlights of the year include:

- ◆ 47 residents spent time at ICHA sites
- ◆ 11 medical students completed the Homeless Health Elective
- ◆ 2 learners participated in a new palliative care selective
- ◆ 11 students shadowed ICHA members as part of a University of Toronto Advocacy Initiative
- ◆ 2 Continuing Medical Education events were held for ICHA members

Next year we look forward to two new initiatives to engage residents. One is a Department of Psychiatry accredited PGY5 longitudinal collaborative care selective that will begin in July 2016. The other is inclusion of ICHA as part of the Family Medicine PGY3 programs for Global Health and Adolescent Health.



ICHA partnering with the Centre for Mindfulness Studies at the Homeless Connect event.

# WHERE WE WORKED IN 2015-2016

## Primary Care

Birchmount Residence  
Cummer Avenue United Church  
Downsview Dells  
Fred Victor Centre  
Gateway  
Good Shepherd  
Jessie's The June Callwood Centre  
Robertson House  
Sanctuary  
Seventh Generation Midwives Toronto  
St. Simons-the-Apostle  
YWCA Toronto 1st Stop Woodlawn

## Primary Care & Psychiatry

Agincourt Community Services  
CATCH Good Shepherd  
Christie Refugee Centre  
CMHA Toronto Branch  
Covenant House  
Eva's Place  
Eva's Satellite  
FCJ Refugee Centre  
Inner City Family Health Team (ICFHT)  
NaMaRes  
Seaton House  
Sistering  
Sound Times  
St. Stephen's Community House  
Women's Residence

## Psychiatry

Canadian Centre for Victims of Torture  
Concurrent Disorders Support Services  
Elizabeth Fry  
Evangeline Residence  
Evergreen Centre for Youth  
Good Shepherd Non-Profit Homes  
HOPE Ontario Works  
HOPE Ontario Works Scarborough Site  
Maxwell Meighen Centre  
Multi-Disciplinary Access to Care and Housing (MATCH)  
Multi-Disciplinary Outreach Team (MDOT)  
Red Door  
SMH Withdrawal Management Services  
Street Haven  
Streets to Homes  
Toronto Community Addiction Team (TCAT)  
TNSS At Home Intensive Case Management Team  
Youth Without Shelter

## Some of what our patients say about us.....

“I was able to be seen quickly and I was able to talk about my mental and physical health.”

“Great care. Doesn’t need improvement.”

Why did you chose to come here?  
“It’s closer, comfortable, and good assistance/care.”

What did you like about your doctor’s visit today?  
“Everyone is super supportive and encouraging. Very understanding and clear about what is going on.”

“They are on top of things. If anyone needs help, they help.”

A very big *thank you* to our departing ICHA physicians:

### Psychiatry

Debra Stein (CCVT)

### Primary Care

Jon Awerbuck (ICFHT)  
Rupinder Brar (Sanctuary)  
James Owen (Seaton House Infirmary)  
Karen Weyman (Covenant House)

We were pleased to welcome the following new ICHA physicians:

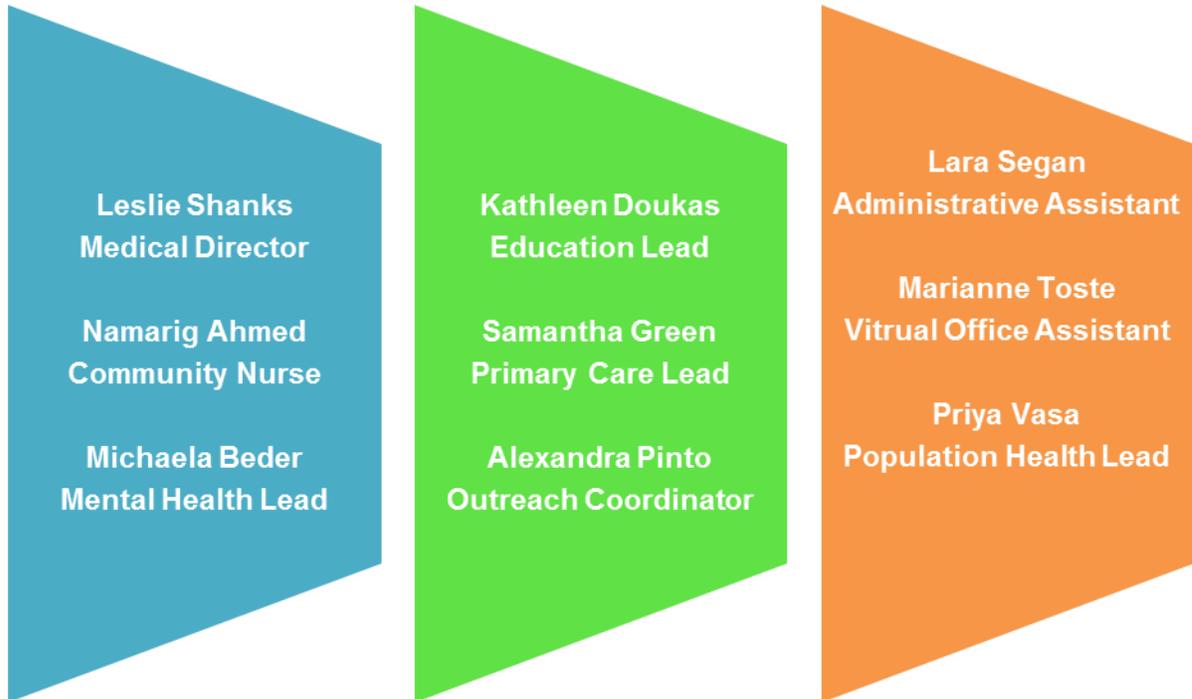
### Primary Care

Ruth Grossman (Eva's Place)  
Monica Agarwal (ICFHT locum)  
Mandeep Cheema (Sanctuary locum)  
Neha Khandekar (ICFHT)  
Susan Woolhouse (FCJ)

### Psychiatry

Laura Pacione (Evergreen)  
Laila Jamal (Seaton House)  
Ailar Ansarian (Street Haven, MDOT and FCJ)  
Funmi Oguntoyimbo (HOPE )  
Rachel Ptashny (Eva's Satellite)  
Nancy Lin (Sistering)

## ICHA's Team



**ICHA** | Inner City  
Health Associates

**59 Adelaide Street East, 2nd Floor  
Toronto, Ontario  
M5C 1K6**

**Tel 416-591-4417**

**Fax 416-640-2072**

**[www.icha-toronto.ca](http://www.icha-toronto.ca)**

