

EVH - S1EP26: Using Mobile Medical Units to Bring Health Care to Homeless Veterans

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They have your typical clinical exam room resources, such as, anything to take vital signs. We have an exam table. There's a refrigerator to store medications and specimens if we are able to take blood and labs. And they're really built to provide that medical service, mental health services in the field and social services as well.

Shawn Liu: Welcome to Ending Veteran Homelessness, your first hand look into our nation's efforts to ensure that every Veteran has a safe and stable place to call home. From the Department of Veterans Affairs, Homeless Programs Office, I'm your host, Shawn Liu.

If you're a Veteran who's homeless or at risk of homelessness, reach out. [00:01:00] Call the National Call Center for Homeless Veterans at 877-424-3838. Trained counselors are standing by to help 24 hours a day, 7 days a week. That number again is 877-424-3838.

When you're homeless, a lot of things take a backseat to basic survival.

And this is kind of unsurprising when you think about it. It takes time, effort, and planning to constantly figure out how you're gonna get enough food, how you're gonna get enough water, where you'll sleep tonight, how to avoid your possessions being stolen or destroyed, and how to avoid being assaulted or injured.

So, you'd also be unsurprised to hear that healthcare, going to see your doctor regularly, getting medications, and other medical treatments for conditions, is one of the main things that often takes a backseat when you're homeless.

Accessing healthcare in America is challenging on its own. Setting medical appointments [00:02:00] often relies on technology like telephones or emails, so it can be difficult to schedule and confirm appointments with providers if you don't have a phone or an internet connected device. So many communities in America are built around the car, so it can be difficult to actually get to the appointments if you don't have reliable transportation. And some medications, like some insulin and some antibiotics, require refrigeration, so it can be difficult to properly store them if you don't have electricity or a home.

Homelessness just amplifies all of this. People experiencing homelessness, including Veterans, often don't have any of these things.

Not only that, but the experience of homelessness itself, especially unsheltered homelessness where people are exposed to the elements, can significantly worsen a person's existing health conditions.

Simply put, this is alarming. And at VA, our job is to figure out how to make sure Veterans can still access world class healthcare regardless of where they are in their journey out of homelessness.

And, to help, in August of 2023, VA began rolling out the [00:03:00] first of 25 new mobile medical units in communities all across the country. The first one was delivered to Orlando, Florida, and the last one in this batch was just delivered to San Francisco, California this past April.

But what is a mobile medical unit?

And what kind of services are provided in them? Those are really great questions.

So, to help us learn more about how VA is using mobile medical units to provide healthcare to homeless Veterans literally where they're at, I can think of no one better to talk to than our next two guests.

First, we've brought her back, Dr. Jillian Weber, the Homeless Patient Aligned Care Team, or HPACT, National Program Manager, here in the Homeless Programs Office. Dr. Weber has broad program responsibilities that include operating and managing the clinical, training, research, education, and day to day activities of the HPACT program.

And today she's joined by Dr. Aayshah Muneerah, a primary care physician at the VA Oklahoma City Health Care System. Dr. Muneerah has over a decade of

experience [00:04:00] serving Veterans at VA and has been a key member of our local HPACT team since 2020.

Jillian, Aayshah, welcome to the show.

Dr. Aayshah Muneerah: Thank you so much.

Dr. Jillian Weber: Thanks, Shawn. Glad to be here.

Shawn Liu: Yeah, Jillian, we're glad to have you back. And Aayshah, a new member of the panel team for the podcast. So really excited to have you here.

Jillian, just to kind of anchor folks, you actually were with us for our very, very first episode, literally episode number one, to talk about the ways in which VA provided care for Veterans during the heights of the COVID pandemic. And it's been a bit since we had you on, but we're glad to have you back.

Normally at the top of the show, I have my guests tell us a little bit about themselves. You are the National Program Manager and we actually got to know you even though it was a couple years ago, but we're going to put a link to that very, very first episode into the description. So if folks want to get to know you better, they can totally listen to that episode.

We're also going to hear a little bit about your program momentarily. But Aayshah, since you are a new panelist, you've joined the pantheon [00:05:00] of panelists on Ending Veteran Homelessness. Tell us a little bit about yourself and your role.

Dr. Aayshah Muneerah: Well, thank you so much for having me in your podcast. I'm really excited to be here along with Jillian. My name is Aayshah Muneerah I'm a Primary Care Physician for the HPACT and currently the Medical Director for HPACT in Oklahoma City. I'm trained as a Family Physician here at the University of Oklahoma. And following my initial training in Dubai Medical College.

I serve the Veterans here in Oklahoma City as a primary care physician, providing both in clinic as well as outreach medical care, which means that I work in a brick and mortar clinic, and I also provide services outside our clinic, whether in the side of the street, whether in their homes, in encampments, or in our mobile medical unit. We go where the Veterans are needing us to be.

Shawn Liu: Yeah, that's really great to get to know you better. And also, you're bringing up a lot of really important topics that I know we're going to dive into more on this show.

A lot of times when we use the phrase in standard conversation about meeting somebody where they're [00:06:00] at, we're often referring to where they are, like, emotionally or as part of some kind of journey. But in this case, we're actually talking about physically, like, meeting them where they're at, out in the communities, in encampments, under bridges, at bus stops, out in the elements. Physically where they're at, which I think is just a really, really important bit. Especially for the healthcare providers who are listening in, who may think about their patient care settings as hospitals, as outpatient clinics, buildings. You and other HPACT teams across the country, your patient care settings are out there, out in the elements, which is just really, really fantastic.

And I think this really actually dovetails nicely into my first question for you, Jillian.

Now, when you were with us a couple years ago for our very, very first episode, we got slightly into what HPACTs are. And in the back of my head, I was like, I gotta have Jillian on to actually just talk about HPACTs fully. And so this is a really great opportunity to refresh. Jillian, what are HPACTs, and why are they, like, legitimately so awesome in their [00:07:00] innovative way of delivering medical care to homeless Veterans.

Dr. Jillian Weber: HPACTs are Homeless Patient Aligned Care Teams. And what that means is this is a model, which is a population-tailored approach to providing care to Veterans experiencing homelessness. And care that really works to address challenges and barriers that homeless Veterans face. So, within the model, there are a couple of key elements that separate HPACT care from standard primary care services.

The first being that within the HPACT model, we really work to reduce barriers to care. And one of the key barriers is transportation. And we've talked a little bit about mobile medical units, but that's one piece of the model of care in terms of reducing that barrier, providing open access walk-in services that are readily available for Veterans experiencing homelessness.

The other element here is to have what we call a one stop shop or co-locating services. So, giving Veterans access to primary care services where they can get their vital signs, health assessments, vaccinations, health [00:08:00] education, but also have access to mental health services, social and housing services, and

then working to address other social determinants of health. Maybe access to a mini food pantry or a mini clothing room, things like that.

Another element is really working to provide that culturally sensitive care. Our staff and field teams have a clear understanding of the challenges and barriers that Veterans experiencing homelessness face. They may be exposed to extreme weather and temperatures, whether that's extreme heat, extreme cold. They may be living in abandoned buildings, under bridges, cars, things like that. So having an understanding of that they may not be able to carry medications and have good access to clean water for good hygiene. Things like that.

And then finally, we really work to provide evidence based care that is high quality. So, based on what we know from experience and then what we know from the literature, to be able to provide high quality access and services to this population.

Shawn Liu: Whenever I've talked about HPACTs to folks, whether through presentations or whatnot, [00:09:00] I've always used HPACTs as an example, an amazing example of the system changing itself to be more responsive to a population rather than making that population bend over backwards to come get care that we are trying to deliver to them.

And you mentioned a lot of the really more practical, pragmatic modifications to the normal way VA delivers primary care that make it more accessible to homeless Veterans. You mentioned not having appointment times and having things being able to be as walk in. That is huge for Veterans who have difficulty being able to navigate, keep track of, and thus meet specifically narrow appointment times.

And there's other things that I, if I remember correctly, that HPACTs usually have what we call smaller panel sizes, which is just jargon for the doctors have fewer Veterans that they're responsible for, and thus can spend more time with each individual Veteran. Or they can factor in maybe like the travel time that they would have to do to go to an encampment as part of their time. That they're not having to just, like, [00:10:00] meet patient after patient after patient after patient. That they can spend more time and being more thoughtful and build more rapport and trust with individual Veterans.

I just, I, I kind of gush every time I get to talk about HPACTs because, again, like it's just a great example of us changing ourselves, our system, to make sure that we're more accessible for the people that we're trying to serve.

Jillian, you also brought up an interesting bit that I don't know that we've talked a lot on this show, and I don't know that even I, with my, almost 20 years now working in homelessness, ever really thought of, which was like homelessness as a culture.

As you mentioned, HPACTs being like culturally responsive, being essentially culturally aware and culturally savvy. And, while there may be some like actual legitimate kind of culture things, I think what you're also picking up on are just like the different, more pragmatic aspects or the realities when somebody's homeless. Again, you don't necessarily have a phone, you don't necessarily have a watch, you don't necessarily have transportation, and all of those aspects.

I want to shift gears a little bit, Jillian. The main topic that [00:11:00] we're here on is the brand new mobile medical units. We're going to probably do that as an acronym, we're probably going to say MMUs a lot as well, but we're talking about mobile medical units. This is something that's pretty new. Unpack this for us.

What are they and why did we start deploying them?

Dr. Jillian Weber: Mobile medical units are physical vans or trucks that drive around and bring healthcare services directly to Veterans experiencing homelessness in the community setting. They bring these resources and they were built because of the key barriers that we notice that Veterans face. One of the most significant being transportation issues. This helps to significantly reduce that barrier and sometimes really even eliminate that barrier in some cases. We drive these vehicles directly to the Veterans. Literally driving them over to where the Veterans are located. The vehicles themselves are built and fully equipped with medical services. They have your typical clinical exam room resources, such as, anything to take vital signs. We have an exam table. There's a [00:12:00] refrigerator to store medications and specimens if we are able to take blood and labs in the field setting as well.

And they're really built to provide that medical service. They're built to provide mental health services in the field and social services as well.

Shawn Liu: We're going to put a link into the description of this episode, just providing you with some visuals, because the vans and trucks, they actually look legitimately cool. You guys did a great job with the design of them. And they're essentially, if I understand correctly, they're basically like exam rooms on wheels. They're modified in similar ways like a camper van or an RV would

be modded. But instead of like a bed you have an exam table and a chair and a desk where Veterans can come in and actually meet with a medical provider.

I got a couple other follow up questions for you that I know are front of mind on our listeners because these are a lot of the questions that if I understand correctly, you've been answering when members of the media reach out.

We've got 25 mobile medical units that were deployed in this recent batch. How were the 25 [00:13:00] medical units, how were those communities selected? Did we do, like, an application process? Was there some type of analysis to determine the need? Like, how were those locations decided?

Dr. Jillian Weber: Back in May of 2022, this opportunity for a mobile medical unit and to apply for one was available to all HPACT programs across the VA system. At that time, we had 55 HPACT teams. So, this opportunity was made available and teams needed to submit and complete an application. Within that application, it required information such as locations, places that they had planned to drive the mobile medical unit and visit Veterans. It also included a list of staffing, who would staff it, who would be available. What other referrals and connections to other services outside of homeless programs within the VA system would be available? And then, of course, we also needed support from local leadership to really move this project off the ground.

Shawn Liu: Got it. So, first and foremost, May 2022. So, this has actually been a long time coming. This has been in the works [00:14:00] for a wee bit now. And if I understand correctly, that you had a kind of a natural limitation there. We don't actually don't have HPACTs at every VA health care system across the country. We only have them in about, if I'm doing some rough math, maybe close to around a little over a third of the medical centers.

It sounds like we had a smaller subset of potential applicants. And then whoever applied got funding for it. And then thus eventually got an MMU rolling out to them, which is pretty awesome.

Aayshah, I wanna shift gears a little bit and come over to you. So you are helping to run the HPACT program at the Oklahoma City VA Healthcare System, and you are a recipient of an MMU.

Can you tell us a little bit about what it's like to operate these out in the field in the real world?

Dr. Aayshah Muneerah: We were very excited to receive the mobile medical unit. In fact, we were the second in the nation to receive one, the first being Orlando. And when we received ours, September the 1st, we could not believe it that was finally there. And there was media present and our Veterans came over to see [00:15:00] this new tool that they have as well.

We use our mobile unit as a clinic, where we travel to different sites, twice a week for sure. On Tuesdays, we have a recurring clinic outside the Homeless Alliance Shelter, where we see scheduled patients as well as walk in patients. We have appointments for chronic as well as acute care. And we provide services like wound care, immunizations, making sure that we are able to provide the medications if need be on site. We can provide them all of the immunization and preventive health care needs are met. We also provide nail care services to our Veterans who have difficulty walking because of toenails are too long or curved on itself .

Shawn Liu: Nail care is not one of the services that I would have anticipated, but, the more I think about it, the more that makes a ton of sense that there are certain personal hygiene or personal care things that, add it to the list of things that you actually can't accomplish while you're homeless and don't have stuff. And I guess one of them is, yeah, absolutely, [00:16:00] trimming your toenails. So podiatry, yeah.

Dr. Aayshah Muneerah: So we went to Podiatry and our staff did get trained and certified to do this service because we saw the need in our Veterans.

We responded to what our Veterans are needing and that is what is special with what we do. We respond to what our community needs.

Shawn Liu: Yeah, that's a really, really great example.

Aayshah, when you go out with the vans, how many Veterans do you see on average do a trip? Is it maybe two or three? Is it maybe 10 or 15? What's the flow been like?

Dr. Aayshah Muneerah: We typically do a half day of outreach each day that we go out. We do a minimum of two days a week. In that half day, the most I've seen is six at a time.

There was one day when I did a blood pressure check. There I saw about eight Veterans in a half day. We are working towards providing full day services, where as we can show the numbers. The thing with Oklahoma City is because

it's so widespread, we are having to go to multiple locations because the population density spread out. That is [00:17:00] why we probably see, like I said, at most 6 patients in a half day typically, and at times 8 or even 10.

Shawn Liu: Yeah. And you brought up a really great point that this is probably a boon to some of the more rural locations in America. Because, if you don't have transportation, that's just that much farther for you to be able to get to the VA outpatient clinic or the VA medical center. So, being able to drive, putting the onus of that drive time on us as providers unambiguously creates more access to Veterans which is just amazing.

Aayshah, Jillian, this has been fantastic. As we start winding down this episode, I want to get a sense of what's next for you.

Aayshah, starting with you. It sounds like since the last several months of operation that you're understanding more and more about where you need to be, and what type of services that you need to bring out for the Veterans you might encounter.

As you think about the next year of operating the MMUs, what are you thinking about in terms of what you want to add, or update, or any other plans that you have for the future?

Dr. Aayshah Muneerah: [00:18:00] Absolutely, we're trying to get enough data to support a whole days of being out in the mobile unit. Not only within Oklahoma City, but also the nearest cities like Norman, Edmond, and also rural communities. We're hoping to be able to reach more people. Those who cannot get into public transportation to come to our clinics.

Oklahoma City, the way it's structured, does not have a robust public transport system. Us being able to go out to the further away communities really helps. I'm hoping to do more with that.

Also, working with the Congressional liaison and going out into the communities further away to support our Veterans where they are. The other thing that we have in plan is to go towards the tribal health facilities and serve our Veterans in that vicinity as well.

Shawn Liu: Outstanding.

And Jillian, what about you? You're definitely on the national level, probably have a lot planned. I know you've been asked, by a lot of stakeholders, when is

the next batch of MMUs gonna roll out? When is my community gonna get an [00:19:00] MMU? What's next on the horizon for you in the program?

Dr. Jillian Weber: Yes, definitely interested in expanding the mobile medical unit project, of course. But first, the HPACT program office is really focused on this implementation. As you indicated earlier the final mobile medical unit was just delivered to San Francisco only a couple of weeks ago. It took some time to build these units and then it took some time to roll them out to all the different awarded facilities.

So, right now the key focus is on full implementation, ensuring that these units are staffed up, they have all the resources, and we're really addressing all those logistical challenges: scheduling, maintenance, weather issues, thinking about snow and heat, things like that. So really making sure we work out all those kinks for our 25 units that are currently on the road right now.

The next steps in terms of the program is really looking at program evaluation. We really want to know, is the program doing what we set out to do? Are we reaching the Veterans that we want to reach? Are we adhering to the HPACT model of care? These are really important things to [00:20:00] know in terms of moving forward with this program. Are we capturing Veterans that are new to the VA system? Are we capturing those unsheltered Veterans?

This is really important in terms of future planned evaluation. And finally, we really want to look at exploring new content, things that we can bring on the mobile medical units and bring those out into the community setting. Things such as Harm Reduction mechanisms and methods like bringing Naloxone out into the community setting. These are really important initiatives and we really want to ensure that we have the infrastructure to support this and then expand into the future.

Shawn Liu: Outstanding stuff. Jillian, we're probably going to have you back in about a year or so to see how things are going and get an update.

Jillian, Aayshah, this has been fantastic. Before we let you both go, we're going to end with something that's a tradition on this show. We're going to end with "why."

Folks who've been listening for the last two or so years now maybe even longer still know that I'm not a Veteran, I'm a civilian. So that it's important for when I rep for Veterans, when I'm talking about the work to end Veteran homelessness

that folks know that this isn't just another job for me, not just collecting a [00:21:00] paycheck. That I'm here for them. And I'm here for the mission.

Now, Jillian, we actually got to hear your fantastic why on our very, very first episode. You were basically the first why. And folks can check that out. We're going make sure that link is in the description.

But Aayshah, before we go, what's your why for this work? You are a very accomplished physician.

You can be working in a lot of different areas, not only in healthcare, but in VA. But you're here with us, you're here as part of the HPACT, you're out there driving these MMUs. What's your why for this work?

Dr. Aayshah Muneerah: When I joined the VA 10 years ago, I really believed in the mission. And being in HPACT makes me feel that I'm living the mission. To see our Veterans who are at the lowest point of their life and being able to provide them support, that gets them to a point where their healthcare is taken care of. Their housing, we're trying to get them housing, give them dignity, give them an outlook for a better life, to make them feel whole, to make them feel healed, in not just a physical way, psychologically, emotionally, in every which way. There is so much pleasure that comes from that, to [00:22:00] seeing a person from where they were at the bottom of where their living existence was to elevate them to the highest that we can.

That is what gives me my why.

Shawn Liu: Dr. Jillian Weber is the HPACT National Program Manager here in the Homeless Programs Office, and Dr. Aayshah Muneerah is a Primary Care Physician at the VA Oklahoma City Healthcare System.

Jillian, Aayshah, thank you so much for the gifts of your time.

Dr. Aayshah Muneerah: Thank you.

Shawn.

Shawn Liu: If you want to know more about the services that VA provides to Veterans experiencing homelessness and housing instability, visit us online at www.va.gov/Homeless.

And if you're a Veteran who's homeless or at risk of homelessness, reach out. Call the National Call Center for Homeless Veterans at 877-424-3838. Trained counselors are standing by to help. 24 hours a day, 7 days a week. That number again is 877-424-3838.

If you're enjoying the show, leave us a review on Apple Podcasts. It would really help us out.

That's all [00:23:00] for this month. We hope that you found this time to be valuable and that you feel empowered in our collective work to ensure that every Veteran has a safe and stable place to call home.

Take care.

[00:24:00]