



# Professional, interdisciplinary care for people in situations of homelessness and mobile EU citizens without medical insurance: the neunerhaus health centre

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## INTRODUCTION

People in situations of homelessness are - like other vulnerable groups of people - more affected by medical conditions than the general population. They have a significantly higher mortality rate, a higher rate of physical disabilities, and chronic diseases. Findings of a 2012<sup>3</sup> evaluation study of Vienna's homelessness services show that three quarters of all participating people in situations of homelessness are confronted with one or more health problems: 57% of all responses were related to physical problems, 39% to mental and psychological problems. 20% of the respondents mention the consumption of alcohol and drugs as a health issue and every tenth person reports to live with non-substance related addictive behaviors. Considering the biographies of people in situations of homelessness, it becomes clear that almost everyone has experienced traumatising and stressful situations multiple times. Manifest poverty and the lack of employment are most often part of it.

There is a strong connection between health problems and socio economic problems.. Chronically ill people have fewer resources to take care of social contacts and economic aspects of their lives. People with limited financial and socio economic options also have fewer resources for health-preserving measures or necessary treatments, therapies and recovery.

As of now there is no reliable number of mobile EU citizens without medical insurance living in Austria. It is estimated that 10,000 uninsured people live in Austria. A reliable number can be given only regarding people who would be eligible for insurance, but for various reasons are not insured. This was the case for 4000 people in 2015<sup>4</sup>. On that basis the assumption can be made that the far bigger proportion of insured people consist of those who are not eligible.

The current excluding policy in Austria causes more and more people to become excluded from social security and basic services and increases the number of ineligible people.

## THE RISING NEED FOR MEDICAL CARE FOR PEOPLE IN SITUATIONS OF HOMELESSNESS AND PEOPLE WITHOUT MEDICAL INSURANCE

For 12 years now neunerhaus has been offering medical care for people in situations of homelessness and for people without medical insurance: in 2006 outreach medical care was established in Vienna's homelessness service facilities, in 2009 the dental office opened, to which, in 2013, the general health care at the medical practice was added. Since 2010 the utilisation of those services has tripled. The number of children and adolescents taken care of has increased as well. The medical practice records an increase of 71% from 2016 to 2017, and the dental office records an increase of 28%. Out of 4,418 patients who were taken care of during 29,113 consultations in 2017, around 50% did not have medical insurance.

About a year ago, the neunerhaus health centre and the neunerhaus Café opened in Vienna's 5th district. Access to medical care for the previously mentioned population has therefore extended to nearly 800m<sup>2</sup>. In the fields of general medicine, dentistry, nursing care and social work, different professions work together in interdisciplinary teams. This expansion has led to the opportunity to expand the teams too. As a result, people with chronic wounds can now get professional treatment. The services are easily accessible and the overcoming of formal, organisational, financial and social barriers has a high priority.

Besides open wounds, dental damages are the most common health problem for people in situations of homelessness and people without medical insurance. The dental office in the neunerhaus health centre offers people without medical insurance the same treatments that insured people in Austria get covered by their medical insurance: from restorative dentistry, to extractions, and prosthetic services. So far, such a broad range of treatments for people without medical insurance is unique in Austria and has gained extensive international recognition too.

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<sup>3</sup> Riesenfelder, A.; Schelepa, P.; Wetzel, S. (2012): Evaluierung Wiener Wohnungslosenhilfe. Zusammenfassung des Endberichts. Wiener Sozialpolitische Schriften, Volume 4. Vienna.

<sup>4</sup> Fuchs Michael, Hollan Katharina, Schenk Martin (2017): Analyse der nicht-krankenversicherten Personen in Österreich. Endbericht. Wien: Europäisches Zentrum für Wohlfahrtspolitik und Sozialforschung. Diakonie Österreich.



## SERVICES AND INTERDISCIPLINARY PRACTICE AT THE NEUNERHAUS HEALTH CENTRE

Through design and the specific implementation of those services the neunerhaus health centre is a model for easily accessible primary health care, providing cost-free access for people regardless of their insurance status. Special emphasis should be placed on the following aspects:

### • *interdisciplinary teamwork*

There is a strong connection between the health problems and the socio economic problems of vulnerable individuals and often enough they block each other. Interdisciplinary teamwork of different professions successfully allows the development of individually tailored treatment plans together with patients. These are fitted to their living environments and resources, and are therefore more likely to be carried out and realised. This solution and resource-orientated approach promotes participation and/or interest in health related topics and improves the conditions for long-term medical care.

This means for the daily practice, that the reception, for example, is always interdisciplinarily staffed. While the front desk receptionist takes care of the organisational procedures, social workers are easily approachable. All represented professions work together closely to provide support and care for the patients. The selection of the team members is orientated towards the needs of the individual patient.

To reach the most sustainable results possible, the particular specialised expertise of all professions will be valued without any predetermined hierarchies. Regular interdisciplinary team meetings and supervisions allow for a professional discourse in the context of case reviews.

### • *easy access to and navigation of the healthcare system*

Vulnerable people often don't have access to the healthcare and social system, or they get confused and disorientated after a few isolated contacts with it. Easily accessible social work supports navigation to allow the independent use of existing services and to ensure a connection to sustainable medical care without the pressure to act.

At the neunerhaus Café people who have lost their trust in the healthcare and social system can, step-by-step, rebuild stable, professional relationships. Through this accessible, welcoming approach, even more people find their way into the health centre – including people with mental illnesses. As a result patients can succeed in claiming subsequent treatment.

The handling of complex psychosocial problems allows patients to access free resources for health-related topics, and consciously set their priorities. Through that, the compliance will increase substantially, while self-competence and self-efficacy are strengthened. Along with on-site counselling, social workers can also accompany patients on external appointments to ensure that they have settled in continuing programmes.

### • *patient autonomy*

High emphasis is placed on patient autonomy at the neunerhaus health centre. Each individual may and should decide which treatments are happening and how they are happening. Doctors and social workers do their best to cater to the patient's individual needs. By maintaining a respectful and appreciative attitude they acknowledge that the people visiting the health centre are the experts on their life and environment. To ensure successful treatment, it is important to know which options someone has at all to realise treatment proposals.

For the doctors and the social workers at the health centre this means that they have to prioritise in cooperation with the patients and to plan the next steps together. Especially for those patients who have not made use of medical care for a long time due to negative experiences with the health system or due to rejections because of not having insurance, it is crucial to first build confidence and trust. Therefore, it has to be accepted and respected that health problems might not be the most urgent problems for someone and they might not be the reason people visit the health centre. Only by taking someone's priorities seriously confidence can be built and subsequently urgent medical care can take place.



## SPECIFIC NEEDS OF MOBILE EU CITIZENS IN SITUATIONS OF HOMELESSNESS REGARDING MEDICAL CARE

The medical needs of mobile EU citizens basically correlate to the spectrum of health problems of other patient groups. This ranges from coughing, colds, and hoarseness to chronic diseases like hypertension and diabetes all the way to more serious diseases. It shows that, especially concerning the management of chronic illnesses, by which regular and continuous intake of medication is necessary, EU citizens face a great challenge. To prevent these chronic illnesses escalating and requiring immediate treatment, easy access to primary care is necessary.

In the case of mobile EU citizens, our social workers in the neunerhaus health centre clarify those cases where insurance protection in the individual's country of origin still exists. This clarification takes a long time and often turns out to be very complex. If insurance exists, part of the treatment can be billed to the Vienna Regional Health Insurance Fund. However, usually those clarifications lead to negative results because there is no remaining insurance protection in the country of origin.

Differences between mobile EU citizens and other patient groups emerge in the language barrier: mobile EU citizens utilise our offer of video interpretation more often. Through the use of video interpretation they are able to communicate their needs without language or culture barriers and as transparently as possible. Considering that lacking language skills or missing alphabetisation are central informal hurdles to accessing medical care, this offer is an important support especially for mobile EU citizens.

The fundamental requirement for good medical care is successful communication. In order to conduct medical consultations, therapeutic conversations, and social work related support efficiently and of high quality despite language barriers, all professional groups in the neunerhaus health centre work with video interpretation. This tool has been used in the medical services of neunerhaus since 2015 and is therefore an established practice for the employees. In 2017, 767 conversations were interpreted into 45 languages. In 2018 the usage of video interpretation at the neunerhaus health centre received the Vienna Health Award.

## CHALLENGES THAT WE NEED TO FACE

The current financing structure consists of an agreement on accounting for services with the Vienna Regional Health Insurance Fund and direct funding by the Vienna Social Fund. Despite this support and close cooperation with the public authorities of Vienna, without the donations, the high standards of the provided service would not be able to be maintained and the high-quality equipment of the health centre would not be able to be funded. Especially with a view to the expenses for people without insurance, the public funding has to be supplemented by donations.

Future challenges for the neunerhaus health centre are related to the coverage of the needs of uninsured client groups with special considerations to easily accessible therapeutic offers for alcoholism, strengthening the integration of mental health and psychosocial care and the expansion of accessible services for health promotion.

Furthermore, there is a future risk of reinforced criminalisation of mobile EU citizens: an increase of controls and screenings of the legal residential status in front of other easily accessible facilities in Austria is noticeable. The accessible medical care and our status as a health centre so far provide a certain protection for those seeking help.

With the health centre, neunerhaus is taking a leading role in Austria and demonstrates how solidarity in society can work. Thinking ahead, not only people who are not insured benefit from it. If people who are not insured get medical care and support by social work at neunerhaus, then this lowers the costs for the health and social system. The supported people learn that an improvement is possible. Hereby we are not only thinking about the wounds on their skin but also about their perspectives of life.

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