Synergistic Health Services: The Malteser Model in Budapest

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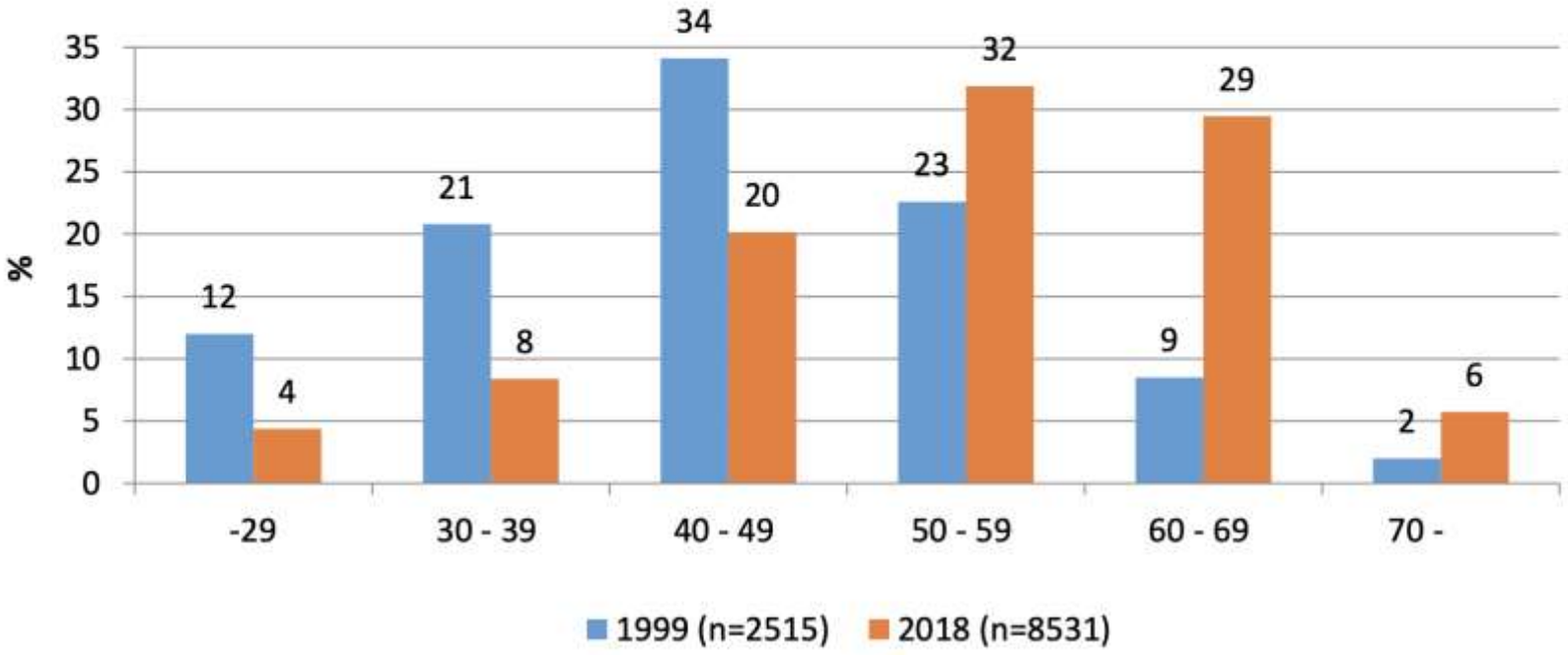
Health Center at the Hungarian Charity Service of the Order of Malta

- **Primary care unit** open 24/7 in Budapest, Hungary
- **Medical outreach team** visiting partner shelters and rough sleepers
- **Internal medicine** and **psychiatry** specialist care unit
- **2 in-patient chronic care units** (58 beds) offering mid- and long-term accommodation for male clients
- Managing approx. 15.000 **ambulatory appointments** a year
- Providing acute and chronic medication for **free of charge** to clients

Statement 1: The difficult medical cases became overrepresented in the social system

- Limited availability of shelters with a health focus
- Patients with serious medical needs access only low-quality accommodations
- Continuous management of chronic conditions and psychiatric disorders are usually poorly addressed
- Patient compliance in non-acute issues is mostly poor
- People experiencing homelessness are aging
- The onset of chronic diseases is seen decades earlier in contrast to the general population

Figure 2: Distribution of homeless people, by age in Hungary in 1999, 2018, %



Source: Győri (2018).

Statement 2: There is a continuous pressure on shelters to provide some medical services as part of the social care

- Social and health services are strictly separated
- This leads to a stressful situation as the personnel of shelters are usually not comfortable with handling of medical issues
- In-person medical services are unavailable in shelters (financially unsustainable, no doctor available)
- The responsiveness of the traditional healthcare system is still below the pre-COVID era
- Healthcare is not integrated into relevant policies (Lisbon Declaration, ETHOS, local Hungarian recommendations)

Statement 3: We are lacking basic health data to improve current services or develop new care pathways

- There is limited research activity that is relevant to the homeless population
- They are usually providing only cross-sectional studies of diseases or conditions
- Almost no cross-border collaborations
- Innovation capacity is low

WE NEED MORE DATA AND QUALITY RESEARCH: DocRoom.eu

WE NEED A NEW KIND OF ACCESS TO SERVICES: Telemedicine

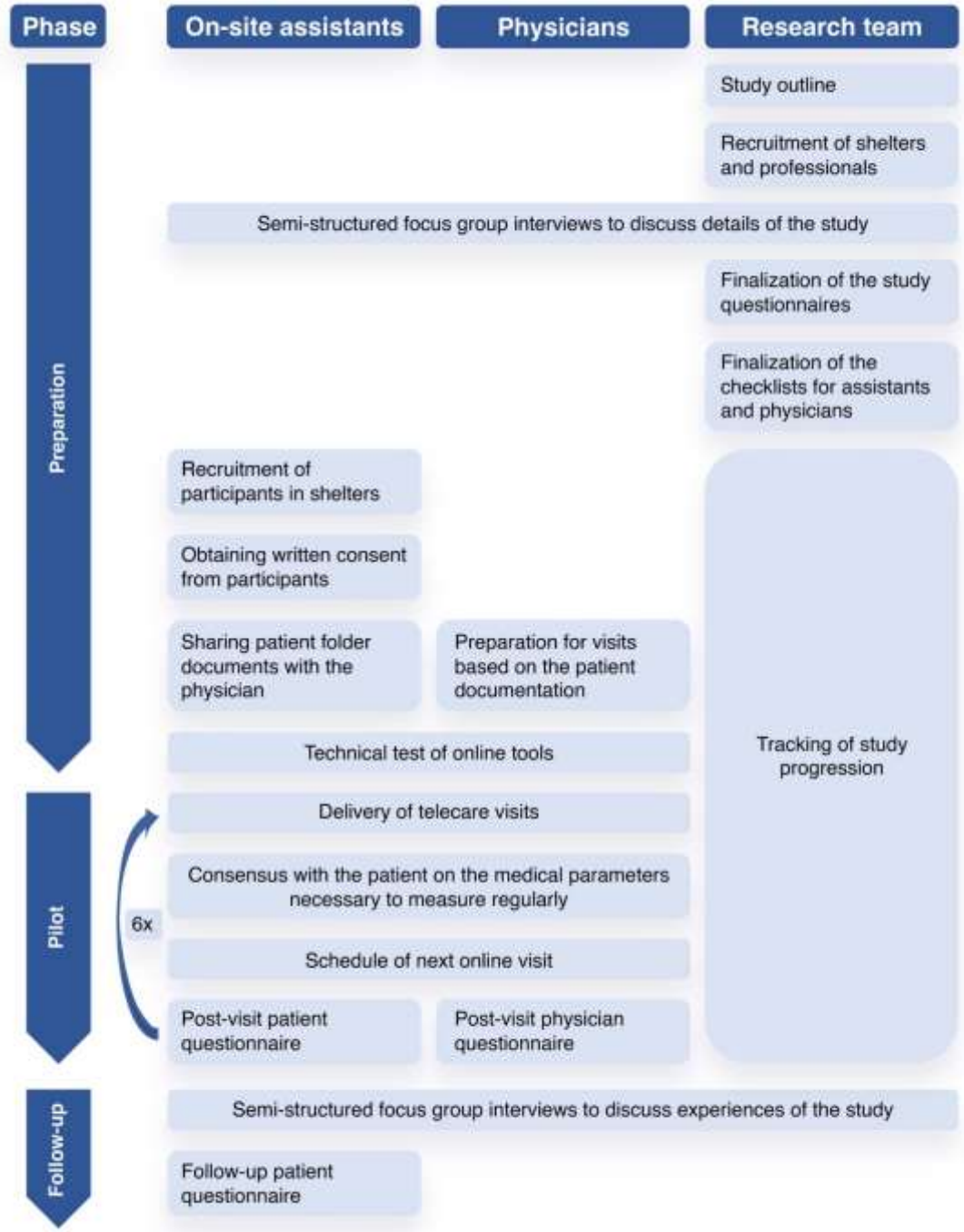
- Attitude survey (2020): Openness
- Telemedicine pilot (2021): Feasibility
- Launch of hybrid care model (2022): Effectivness

Results of the attitiude survey (2020)

- A significant fraction of respondents recruited from shelters do not oppose the use of telecare via live online video consultation
- No difference in openness of the index group compared to a national reference group (averages of 3.09 vs. 3.15, respectively, on a 5-grade Likert scale)
- Results of the index group indicate that those more satisfied with health care services, in general, manifest more openness towards telecare
- Those participants of the homeless group who had problems getting health care in the last year, definitely prefer in-person doctor-patient consultations
- In planning telecare activities, builing trust is a key issue

- *Győrffy Z, Békási S, Döbrössy B, Bognár VK, Radó N, Morva E, et al. (2022) Exploratory attitude survey of homeless persons regarding telecare services in shelters providing mid- and long-term accommodation: The importance of trust. PLoS ONE 17(1): e0261145. https://doi.org/10.1371/journal.pone.0261145*

Pilot study setup (2021)

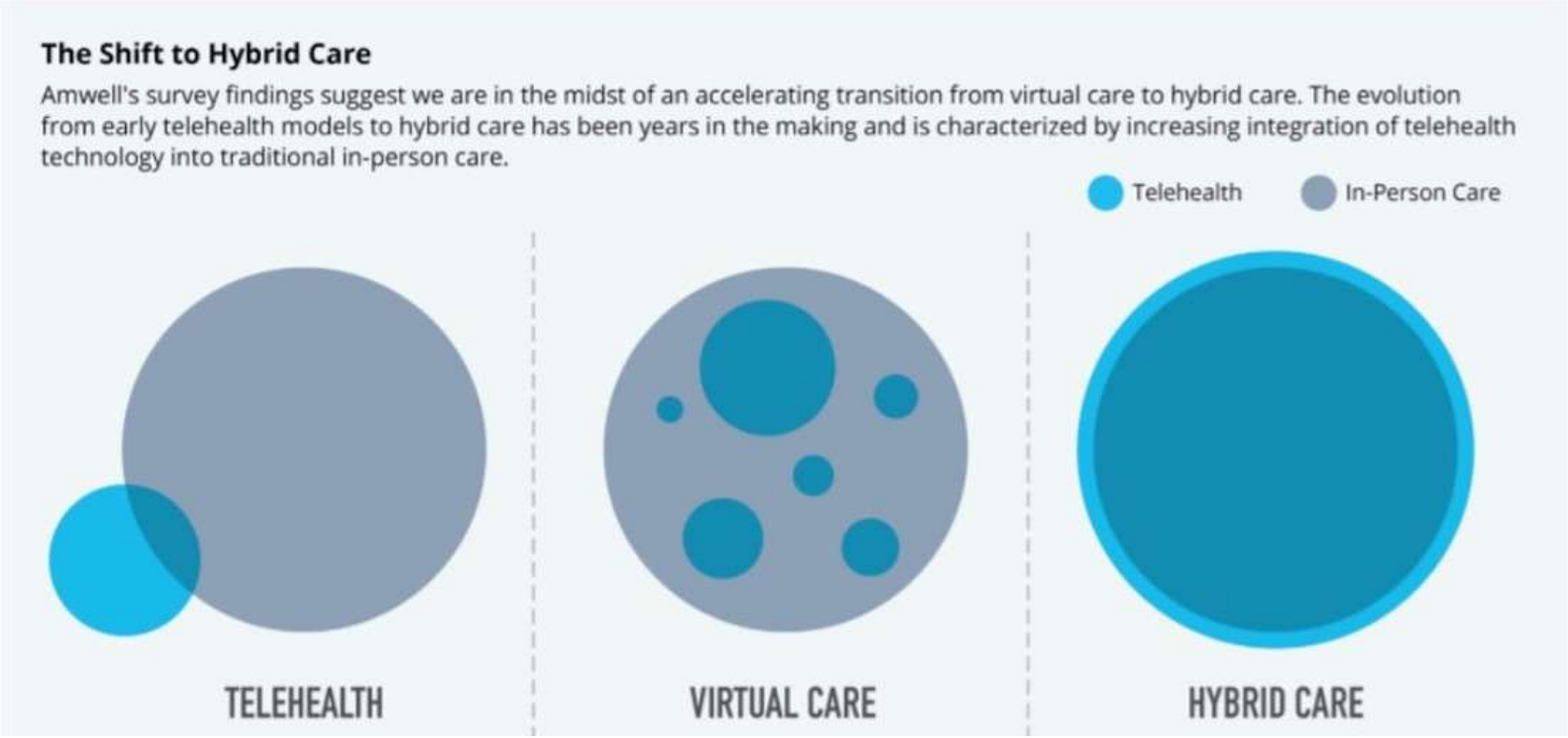


Results of the telemedicine pilot (2021)

- The full course of 6 online visits was achieved in 3/4th of clients (55/75)
- More than 90% of initially planned visits were completed (415/450)
- Significantly good overall score on the feedback questionnaires by both patients and physicians
- Avg. length of the visits was 12 min
- Technical problems occurred in less than 10% of all visits
- Therapy modification was done in almost 1/4th of visits
- Physicians reported problems regarding chronic disease parameter measurements in less than 10% of all visits
- Telemedicine assistants as trusted intermediaries are an important part of the setup
- The follow-up survey completed after 4-6 months of pilot closure indicated relevant openness towards a regular telemedicine service

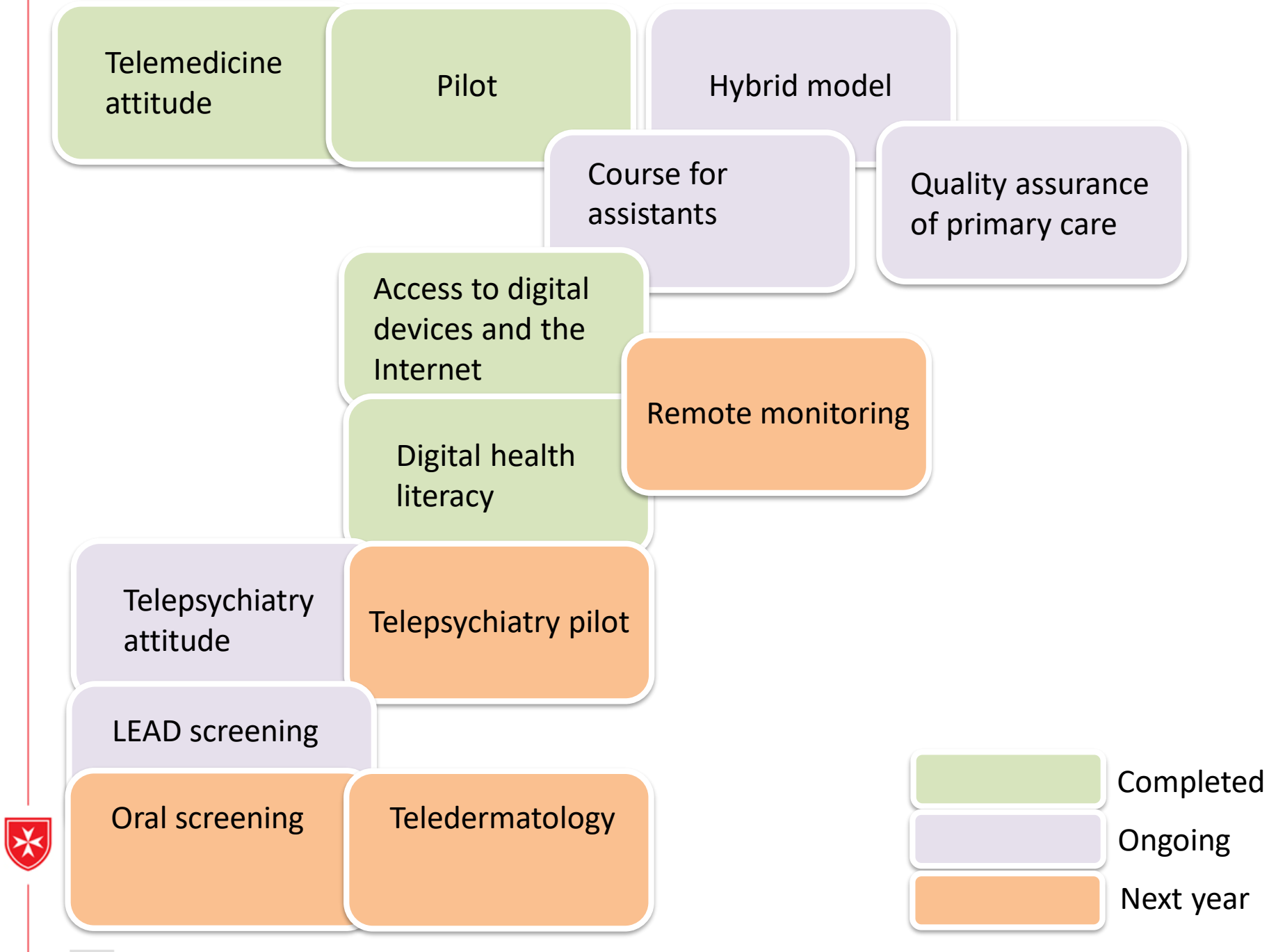
- *Publication under review*

The idea behind the hybrid care model



Our hybrid model

Services	Walk-in center	Medical outreach team	Telemedicine
Core functions	Examination, diagnosis, and treatment of ambulatory patients. Long-term care of high-need clients, with a focus on more complex cases.	On-site health service mainly for subacute or chronic cases that expectedly don't require referrals to specialist units or hospitals. Vaccination. Mobile screening.	Long-term management of chronic diseases with a flexible regularity. Regular review of treatment regime based on the parameters measured at the shelter. Referral to the other in-person services.
Availability	Open 24/7 as an ambulatory care unit providing in-person care	Available weekly at shelters as in-person care	Available weekly/biweekly for shelter residents
Medical documentation	All sessions are documented in the same electronic health record (EHR) system available real-time and online for all providers.		


Telemedicine attitude
Pilot
Hybrid model
Course for assistants
Quality assurance of primary care
Access to digital devices and the Internet
Remote monitoring
Digital health literacy
Telepsychiatry attitude
Telepsychiatry pilot
LEAD screening
Oral screening
Teledermatology
Completed
Ongoing
Next year

Thank you for your attention!

Contact

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