3.2 CARE OF VULNERABLE POPULATIONS

Health disparities are differences in health outcomes that reflect social inequalities among groups. Vulnerable populations are defined as groups that are at increased risk of experiencing a disparity in medical care on the basis of characteristics such as age, sex, race, ethnicity, sexual orientation, spirituality, disability status, or socioeconomic or insurance status. When compared with patients from nonvulnerable populations, patients from vulnerable populations are prone to lower rates of health literacy, higher rates of preventable hospitalizations, higher rates of hospital patient safety events, and higher death rates from typically low-mortality diseases.[1] More than 30% of direct medical care expenditures for African American, Asian, and Hispanic patients are excess costs due to health disparities.[2] Hospitalists may have an important role in influencing the health status, healthcare access, and healthcare delivery to vulnerable populations given higher rates of hospital use and reduced access to outpatient care. In fact, hospitalists often serve as initial points of contact for the healthcare of these groups. Core competencies in communication, advocacy, and comprehension of the healthcare needs of vulnerable populations may influence healthcare expenditures, morbidity, and mortality. Hospitalists have the opportunity to lead initiatives that promote equity of healthcare provision.

KNOWLEDGE

Hospitalists should be able to:

- Explain key factors leading to disparities in health status among specific vulnerable populations.
- Explain disease processes that disproportionately affect vulnerable populations.
- Describe key factors leading to disparities in the quality of care provided to vulnerable groups.
- List services in local healthcare systems designed to ameliorate barriers to care provision.
- Name local and institutional resources available to patients needing financial assistance.
- Identify key elements of discharge planning for uninsured, underinsured, and disabled patients.

SKILLS

Hospitalists should be able to:

- Elicit a thorough and relevant medical history and perform a physical examination to detect illnesses for which vulnerable populations may have increased risk.
- Elicit a social history to assess patient habits, identify patients at risk for breaks in transitions of care, and clarify patient values regarding treatment options.
- Facilitate communication between vulnerable patient groups and consultants.
- Select appropriate educational resources to inform vulnerable patients with low health literacy using terminology commensurate with the patient's level of understanding.
- Provide education and systems interventions to minimize medication errors in patients with low health literacy.
- Secure medical interpreters to assist with interviewing, physical examination, and medical decision-making.
- Tailor the therapeutic plan, which includes the discharge plan and outpatient resources.
- Connect vulnerable patients with social services early in the hospital course to provide institutional support, which may include referral for insurance and drug benefits, transportation, mental health services, and substance abuse services.
- Target vulnerable groups for indicated vaccinations and preventive care services or referrals.
- Identify vulnerable patients whose outpatient environment might benefit from additional community resources.
- Coordinate adequate transitions of care from the inpatient to outpatient setting, including communication with outpatient providers.

ATTITUDES

Hospitalists should be able to:

- Communicate openly to facilitate trust in patient-physician interactions.
- Actively involve patients and families in the design of care plans.
- Provide leadership to foster attitudes and systems improvements that promote quality healthcare provision to vulnerable populations.

References

1. Russo CA, Andrews RM, Barrett ML. *Racial and Ethnic Disparities in Hospital Patient Safety Events, 2005*. HCUP Statistical Brief #53. June 2008. Agency for Healthcare Research and Quality, Rockville, MD. http://www.hcup-us.ahrq.gov/reports/statbriefs/sb53.pdf. Accessed May 2015.
2. LaVeist TA, Gaskin DJ, Richard P. The Economic Burden of Health Inequalities in the Unites States. Washington, DC; Joint Center for Political and Economic Studies. 2009.