

CARE OF VULNERABLE POPULATIONS

Vulnerable populations are defined as groups who are at increased risk of receiving a disparity in medical care on the basis of financial circumstances or social characteristics such as age, race, gender, ethnicity, sexual orientation, spirituality, disability, or socioeconomic or insurance status. Hospitalists may play a significant role in influencing the health status, health care access, and health care delivery to vulnerable populations due to their higher rates of hospital utilization and lower access to outpatient care. Agency for Healthcare Research and Quality (AHRQ) estimates health expenditures due to low health literacy range from \$29 billion to \$69 billion per year. Death rates per 1,000 admissions in low mortality Diagnosis Related Groups (DRG) are higher for hispanics (0.65), blacks (0.71) and the uninsured (1.1) compared to whites (0.61) and the privately insured (0.61). The Nationwide Inpatient Sample (NIS) benchmark mortality in low mortality DRGs is less than 0.5%. Hospitalists may serve as initial points of contact for the health care of these groups. Core competencies in communication, advocacy and comprehension of the health care needs of vulnerable populations may influence healthcare expenditures, morbidity and mortality. Hospitalists can 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 system 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 elements of the history and 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 around treatment options.
- Tailor the therapeutic plan that takes into account discharge plan and outpatient resources.
- Identify vulnerable patients whose outpatient environment might benefit from additional community resources.
- Target vulnerable groups for indicated vaccinations and preventive care services or referrals.

ATTITUDES

Hospitalists should be able to:

- Utilize appropriate educational resources to inform vulnerable patients with low health literacy.
- Provide education and systems interventions to minimize medication errors in patients with low health literacy.
- Communicate openly to facilitate trust in patient-physician interactions.
- Actively involve patients and families in the design of care plans.
- Secure translators to assist with interviewing, physical examination, and medical decision making.
- Facilitate communication between vulnerable patient groups and consultants.
- Provide leadership to foster attitudes and systems improvements that promote quality health care provision to vulnerable populations.
- 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.
- Coordinate adequate transitions of care from the inpatient to outpatient setting.
- Communicate with primary care physicians to facilitate transitions of care.