Making house calls to those without homes

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It’s hardly atypical that Moudi Hubeishy goes on medical rounds a couple nights a week. But those rounds—the setting, the patients and the circumstances—are far from typical.

Hubeishy, a fourth-year medical student at the University of Buffalo’s Jacobs School of Medicine and Biomedical Sciences (UB), isn’t rounding the tiled terrain of a clinic. He’s instead journeying blocks, if not miles, across concrete in search of patients for UB HEALS, a street medicine outreach program he founded in 2016.

“We shouldn’t just be seeing these patients and conditions in a book or in clinics where we have all the defenses,” he says. “We have to break down the barriers to go where the patient is and learn what we can do for them.”

A helping hand in his own back yard

Hubeishy has spent virtually his entire life in upstate New York, growing up in Fairport, a town located about 10 miles outside of Rochester. He opted to stay in the area for his undergraduate degree, attending Nazareth College, where he earned a bachelor's degree in biochemistry.

After graduating, he spent a year working in the college volunteer program in the Rochester City School District.

Though the schools in which Hubeishy volunteered were mere miles from the public schools he attended as a child, the district’s profile was much different than those in Fairport. The district had a high-school graduation rate below 50 percent, and part of Hubeishy’s job was to join other administrators in conducting truancy checks on absent students.

Seeing those students outside a scholastic setting was a harsh reality. Hubeishy recalls entering rundown homes without basic amenities such as electricity. In some instances, he’d arrive at a student’s home to find the family had abandoned it entirely.

“The kids in the Rochester elementary schools were the same young, happy kids I had in my elementary schools growing up,” he says. “The difference was their environment. The outlook for hope they had was skewed from the beginning.”

In a matter of months, he started a program aimed at offering activities and academic support for Rochester students. With his sights set on medical school, he had big ideas for making an impact in the underserved patient population through a social medicine project.
The most vulnerable patients

The National Coalition for the Homeless estimates that between 2.3 and 3.5 million American experience homelessness each year. That population is far more prone to adverse health conditions—people experiencing homelessness have a shorter life expectancy.

A 2017 report on the homeless population in Erie County, in which Buffalo is located, found that more than 5,800 people in the county experienced homelessness between October 2016 and September 2017. The 2015 version of that report found that 37 percent of patrons who stayed at an emergency shelter had at least one long-term disability. The list of those conditions included mental illness (24 percent), substance abuse (21 percent) and physical disabilities (12 percent).

As those numbers portend, the medical and psychosocial needs of patients experiencing homelessness are often dire. Yet they can be poorly addressed by public health outreach projects.

With a desire to help underserved patients fresh on his mind from his time working in Rochester, Hubeishy began to ponder ways to make a difference in Buffalo as a first-year medical student.

The concept of street medicine—a practice in which health care workers meet homeless patients outside of a clinical environment—was one he discovered through an internet search, and it quickly appealed to him. In short order, Hubeishy reached out to Jim Withers, MD, a family physician from Pittsburgh considered the founding father of street medicine.

Withers had been practicing street medicine since the early 1990s, often taking medical students with him on street rounds. He sees the streets as a classroom of sorts, and for students their interactions with patients work as an exercise in understanding.

“It is an incredibly good classroom in the sense that once you’re sitting on the street or with somebody or under a bridge, you see how complicated and unfriendly the health care system can be to excluded people,” Withers said.

Withers, who works as medical director and founder of Pittsburgh Mercy’s Operation Safety Net and the Street Medicine Institute, offered Hubeishy initial guidance. And with support from his medical school, Hubeishy put a proposal together for UB HEALS.

He brought that proposal to David Milling, MD, UB’s senior associate dean for student and academic affairs who ended up serving as the organization’s faculty adviser.

“My initial impression was, ‘This is really ambitious,’ and it’s certainly something that there’s a need for in Buffalo,” Dr. Milling recalls. “This first-year med student seems really gung ho and really passionate. I was intrigued and wanted to give him all the encouragement to help see if he could get
this done.

Hubeishy did indeed get it done; by March of 2016, six months into his medical school career, he was the founder of one of approximately 20 student-run street medicine programs in the country.

The timing, he felt, couldn’t have been better.

“In first year, we had a lot of time off to study,” he says. “There was this craving from everyone for true patient interaction. You want to help others and experiment with the knowledge you are gaining. I saw a gap. There wasn’t anything working with the homeless population, so we started from there.”

Taking to the streets and creating trust

When the program began rounding, students would typically go out twice a week in teams. Those teams consisted of two social workers from a homeless outreach organization, two student leaders, two student volunteers and two faculty or resident physicians from UB. One of the early goals was to connect homeless patients with chances to work with social organizations to stabilize their living situation and get consistent treatment for any health issues.

Rounds begin in the downtown area, near the new medical school campus Buffalo opened in 2017. From there volunteers canvas areas commonly frequented by the homeless, such as the bus station or local shelters.

The foundation of patient interaction, the students quickly learned, was trust. Many people experiencing homelessness, often because of the path that led to their living outdoors, are leery of strangers. The best way to begin an interaction is with a casual conversation; it humanizes the patient and provider.

“I’ve been on rounds where I hear [medical student volunteers] talk about how they go downtown to go to school and eat at restaurants without realizing there were people living in an underpass they walk under,” says Natasha Borrero, a third-year medical student who has been with the organization since she started at UB.

Working with UB HEALS, Borrero says, trains these future physicians in an essential skill: to “look at everyone as human beings.”

A fundamental complication in working with people experiencing homelessness is a widely held skepticism of health care workers. That must first be overcome, before UB HEALS stakeholders can even begin to think about meeting the larger goals of making these patients healthier and finding a
stable living situation.

That skepticism among the homeless population can directly lead to their getting sicker. Hubeishy shares the story of encountering a patient who was not pursuing treatment for a hepatitis B infection because of his past experiences with the health care system.

“The patient’s eyes were highlighter yellow, his abdomen grossly distended, and although he looked uncomfortable, his demeanor was that as he had accepted his fate,” he says.

“The physician that was with us was stunned by this. There’s a very simple treatment, it’s a pill-a-day kind of thing. He was very good and took the time to hear the patient’s story. What we ended up doing is slowly seeing him more and more, until he started to trust us. At a certain point, he agreed that he should seek treatment for his care.”

Such positive outcomes aren’t necessarily a nightly occurrence.

“You see as much heartbreak as you do success,” says Hubeishy. “You have patients asking why they don’t have a home, telling you how they are so afraid and alone, sleeping another night outside. They are very vulnerable in that position. When there’s nothing you can do, no resource you can provide, it’s very hard and it weighs a lot on you.”

Having a proper support system in place is a key to make sure patients are receiving the best treatment and that students are able to cope with and contextualize what they are witnessing.

“In some cases, it’s very jarring for the students, but we always reflect and debrief at the end of each night,” says Dr. Milling. “That’s important so that people can process what they are seeing and how they are feeling on rounds.”

Growing outreach efforts

Now entering its fourth year, UB HEALS has been well received. Its membership has grown, with many newer students opting to join the organization to fulfill UB’s service-learning requirement. The organization has also been awarded two grants: a $9,000 award from the Alpha Omega Alpha Honor Medical Society and a $5,000 from Pitch 10, a local nonprofit.

With more funding and manpower, the program continues to offer more services to homeless patients. Most recently, UB HEALS put a plan in place to work with a local hospital pharmacist to improve access to prescriptions for homeless patients.

Since Hubeishy is moving on to medical residency, he will no longer head UB HEALS following the
Conclusion of the school year. The organization has plenty of people—between faculty members and student leaders—and funding to push the organization forward.

Still, according to Borrero, chair of the UB HEALS board of directors, replacing Hubeishy’s energy and empathy will be no easy task.

“When I started med school I wanted to volunteer for the underserved,” she says. “But it was meeting Moudi and seeing his passion for the organization and hearing him discuss how we have a voice as med students that inspired me to get more involved [in UB HEALS]. He taught us that big things are possible.”

“I definitely foresee myself carrying forward the lessons I learned from my patients in UB HEALS and through the creation process,” he said. “Maybe one day I will create a street outreach arm of an emergency department ... but if I don't, I know at least that thanks to my experiences with UB HEALS I will always carry empathy that will allow me to connect with any patient.”