Often the biggest challenge people without housing face after hospitalization is just having a place to rest and recuperate. There are some programs that address this problem by pairing clean and safe spaces with essential supportive services, such as case management and nursing services. Unfortunately, these programs often face political, financial and social headwinds.

An education session recorded for the 2022 AMA Annual Meeting explores what’s so significant about medical respite programs, as well as what medical students can do to encourage their acceptance and efficacy.

The session was sponsored by the AMA Medical Student Section, the Association’s representative body for medical student needs and issues.

Why medical respite matters

Medical respite programs are post-acute venues for people without housing “who no longer need to be in the hospital but don’t have a place to rest and recuperate, like you and I would,” said Barbara DiPietro, PhD, senior director of policy at the National Health Care for the Homeless Council. Such programs “offer a residential component for short term healing after a hospitalization for those who don't need a higher level of care, like skilled nursing.”

Part of what informs medical respite care is that a lot of medical training doesn't involve taking care of people without housing, said David Munson, MD, medical director of the street team at the Boston
Health Care for the Homeless Program.

“Folks don’t realize—don’t appreciate—the trauma that patients have experienced,” Dr. Munson said. “Respite programs are beautiful in that the care is provided by people that are really passionate and interested in and understand this work. You can create an environment in which folks who aren’t comfortable in hospitals, who have unplanned discharges all the time from hospitals, really settle in and feel comfortable in a medical respite program.”

Still, there are numerous obstacles to widespread adoption of medical respite care, including stigma, DiPietro said. If you ask around, “you will be told at least 12 different reasons why this isn’t a population that’s worth your time or our money or our resources or, or, or …”

As part of broader policy on eradicating homelessness, the AMA encourages studies on the funding, implementation and standardized evaluation of medical respite care for people without housing. Learn more about AMA policy on eradicating homelessness.

Explore the AMA Center for Health Equity and the AMA’s strategic plan to embed racial justice and advance health equity.

What you can do

Medical students are in a special position to drive adoption of medical respite programs by way of their idealism and also their passion for the medical profession.

“The No. 1 thing you can do is use your privilege and use your credibility,” DiPietro said, noting that medical professionals will listen to medical students in a way that they might not listen to others. “We need a value structure in medicine that really pushes the boundaries of where all of these blind spots have been created consciously, and they consciously need to be pulled down as well.”

The second is to get to know evidence-based models to draw on, such as trauma informed care, said David Woody III, PhD, LCSW-S, president and CEO of The Bridge Homeless Recovery Center, in Dallas. These include communication models.

“Things go much better when you see your patient actively involved in understanding what’s going on and understanding how is it that they could own part of their healing experience,” Woody said.

The third is to get out of the classroom and learn who’s providing care for people without housing in your community.
“Somebody’s doing it on some level,” Dr. Munson said. “Ask around and then go out and spend some time with those people. Shadow them and see what it's like to care for somebody after a discharge from a hospital when they're on 12 medicines and they return to the shelter and they still have a wound. Hang out on the street.”

Read about the other highlights from the 2022 AMA Annual Meeting.