Today, it was the CareVan. A roving, medically equipped vehicle with the engine of a truck and the body of a 40-foot RV, the CareVan is one of five similar medical vans owned by Project Renewal, a New York–based nonprofit that empowers people who are homeless to leave the streets or shelters for a better life. It was a blue-skied Tuesday morning, and the CareVan was parked outside the Bowery Mission, a soup kitchen next to an art museum on the Lower East Side of Manhattan.

A line of people waiting for medical treatment had formed, starting in the soup kitchen, pausing at the sidewalk under scaffolding, and ending at the door to the CareVan. In the van, Rocco Troiano, a laid-off butcher by trade, sat down. Unlike most of the patients, he has a room down the street and volunteers at the soup kitchen. He’s here for his weekly check-up.

“I’m on unemployment,” Troiano said. “I make enough to survive but I don’t get health insurance.” He has diabetes and hypertension, had a stroke 3 years ago, and is on several medications: two for diabetes, one for blood pressure, and one for cholesterol, plus aspirin and Tylenol. His blood glucose is in the 300s.

John Conry, PharmD, BCPS, AAHIVP, crouched in front of Troiano until he was at eye level or lower. A stethoscope was slung around his neck. “Are you taking your meds every day?” Conry asked.

But Troiano switched gears. “Maybe you can help me with something,” he said. “I haven’t slept in years. Is there something you can recommend?”

An Associate Clinical Professor and the Assistant Dean for Service Programs at St. John’s University College of Pharmacy and Health Sciences in Queens, NY, Conry splits his time between teaching, administrative responsibilities, and university committees; and practicing on the Project Renewal medical vans and at an HIV clinic within the shelters, often with student pharmacists on rotation. His work with Project Renewal is fully funded by St. John’s University.

“When I say the health care system has forgotten the uninsured and homeless, I’m particularly concerned with the general lack of ready access to primary and preventive care medicine and services,” Conry told Pharmacy Today. “By no means do I intend to blame these problems on the already overwhelmed hospitals and the dedicated professionals who work there. But I do question the logic of a health care system that lets some of its most vulnerable patients proceed without proper care and follow-up.”

‘True team atmosphere’

Conry cares for patients in a “true team atmosphere” by providing medication therapy management (MTM), adherence assessment, adherence interventions, and education. The health care team on the CareVan today also included a student pharmacist, physician, physician assistant, student nurse practitioner, driver, and entitlement specialist. On other days, a psychiatrist or a caseworker can be present on the team. “You can see the physician assistant is working with the pharmacy student right now,” Conry told Today. “It’s great because we capitalize on each other’s strengths and skills with the mutual goal of optimizing patient care. This is a dream job for me. I love it.”

Inside the clean, new-looking CareVan, two exam rooms with doors that close bookend a waiting area in the middle with a couple of chairs, counters, a laptop to access patients’ electronic medical records, and a medication stock for uninsured patients. The medication stock is stored in what looks like a deep kitchen pantry with five shelves. The stock contains topical and oral medications—largely generic—that are paid for by Project Renewal through the 340B Drug Pricing Program.

There’s just barely enough space for people to squeeze by each other. Two to three patients are in the van at a time—one patient per exam room, and one patient in the waiting room. Not a single patient today is female. The patients appear to be younger or middle-aged, and white or black.

Patients are seen primarily on a walk-in basis but some patients have appointments. In a typical patient visit, the patient enters the van and the driver, who has to navigate New York’s notorious traffic, also greets and intakes the patient. The driver creates a scheduled visit with a medical provider in the van using the patient’s electronic medical record on the laptop. (Conry has full access to the charting and also writes
Driven to help homeless patients

Conry brings MTM to the streets of New York

pharmacists:
- Become familiar with existing safety net services in your community to readily refer patients in need.
- Seek opportunities to work or volunteer your time, expertise, and services to assist at free or low-cost clinics. Such services could include medication distribution services, medication and disease counseling, direct patient care responsibilities with other health professionals, and administrative functions such as drug formulary reviews, development of medication policies, patient assistance programs regarding medications, and involvement on clinic committees.

- Use websites such as NeedyMeds (www.needymeds.org) and the National Association of Community Health Centers (www.nachc.com).
- Contact the medical provider and encourage generic drug substitution when appropriate for prescriptions from uninsured patients.
- Encourage the use of drug discount cards that are available from a variety of sponsors.
- Use pharmacies’ own medication discounts.
- Refer or assist patients in completing applications for patient assistance programs sponsored by pharmaceutical companies.
- Encourage eligible entities to participate in the 340B program.

While the patient sits in the waiting area and waits to be seen by the medical provider, Conry and his student pharmacists take a patient history and write it down on a three-page form. The pharmacy staff determines the reason the patient is seeking medical care that day, questions the history of the present illness, and also obtains the medication history.

Then the physician calls in the patient. The pharmacy staff walks with the patient into the private exam room and presents the information. The physician conducts the visit, including a physical assessment if necessary, and asks the pharmacy staff for thoughts and recommendations. The team collaboratively determines the best treatment plan for the patient, including any drug therapy decisions. The patient walks out of the exam room with either a prescription, if insured, or an order for a medication from the van’s stock, if uninsured.

If the medication is to come from the van’s limited stock, the pharmacy staff works with the provider to figure out the best available treatment. When the medication is identified, the pharmacy staff labels and dispenses it. That’s when pharmacist-provided counseling comes into play.

Counseling homeless patients

“All the traditional counseling components of medication counseling should be included when providing any patient with medication,” Conry said. “As with the housed population, every home-
less person has their own personality and experiences, which may alter the most optimal method for counseling delivery.”

Conry emphasized that a homeless population is not a homogenous population, but that when people are homeless, some differences should be recognized that may have an impact on appropriate patient counseling.

First, the urban homeless population faces numerous obstacles that hinder its ability to effectively receive the appropriate health care, even in the safety net, Conry said. These obstacles can include the lack of financial resources, lack of stable housing, social isolation stemming from prior physical or sexual abuse, social stigma, literacy and health literacy issues, and language barriers. Even the forms to get Medicaid are tough. “Imagine being on the streets and really being challenged by these issues in the application process,” he said. “It really becomes unbearable for many of the patients, so they just give up.”

Second, the lack of housing leads to a variety of medication issues such as proper medication storage, rules on medication carrying and storage at homeless shelters or other structured living environments, proper medication administration, proper medication monitoring, and adherence issues. “Lack of stable housing is recognized as a risk factor for medication nonadherence,” Conry said. “So we have to be really careful in terms of educating our patients on the importance of taking their medications exactly as prescribed, using language that they can understand.”

Conry added that his patients who are homeless are very interested in their medications, contrary to what many people believe about this population. His patients “sincerely appreciate the counseling sessions and disease state education,” he said. “I hear from my students every single month. … They’ll say, wow, these patients really listen to me. They’re talking to me. They’re engaged. They’re not just there to grab their medicine and go home.”

**Lasting impact of MTM**

“MTM plays an important role in the care of our patients on the van,” Conry said. His patients have a wide array of medical histories ranging from simple to complex. He frequently encounters infectious diseases such as respiratory tract infections, as well as hypertension, type 2 diabetes, hyperlipidemia, and psychiatric illness.

Conry is certified as an HIV Pharmacist by the American Academy of HIV Medicine, and spends 1 day a week as a consultant pharmacist in the Project Renewal HIV clinic service, which rotates among three homeless shelters.

A few years ago, Conry had a female patient who was HIV positive and announced in a group setting with other patients that he had saved her life. Taken aback, Conry asked her what she meant by this. It turned out that Conry had met with her for a 1-hour, in-depth MTM session to discuss her medications—just a typical, standard MTM session about the 7 to 10 medications she was on at the time, predating today’s combination tablets.

Together, they reviewed each of her medications, including how they worked pharmacologically, the common and serious adverse effects, and how to prevent or treat such adverse effects if they occurred, Conry recalled. They talked about how to appropriately administer and store the medications, and how she would be monitored—including blood work to assess her HIV as well as any adverse effects from the drugs. They went over the importance of medication adherence for optimal control and the prevention of the development of any resistance, and the importance of her checking with Conry and her HIV provider before taking any new prescription, OTC, or herbal products.

Fast forward to the patient’s surprise announcement. “She explained that our MTM session had drastically increased her comfort level with her new medications and her new diagnosis,” Conry said. “And that it had demonstrated the clinic’s dedication to [its] patients, and that I’d given her hope and confidence that she would be able to continue to live her life.”

*A preferential option for the poor*

Conry and Project Renewal are dedicated to helping their patients. “I have a preferential option for the poor,” Conry said when pressed to explain why he does what he does. “It’s hard for me to explain why. It’s just part of who I am.” He noted the many blessings in his life—his wife, also a pharmacist; their three young children; his parents’ teachings and behaviors; and his Catholic education—with gratitude. “Now that I have this wonderful education that I’ve received, and honed my skills, I try to use them to the best of my abilities to teach my students and help those populations that are in need, particularly the marginalized,” he said.

On the CareVan today, Troiano, the unemployed, uninsured butcher, described how he can’t stay asleep. The TV is on in his room, but it doesn’t interest him. “I want to get back to work,” he said. “I want to be independent.” Conry asked Troiano a series of questions about his sleep habits, but no simple answers were forthcoming.

—Diana Yap

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*Left: Wood and Conry discuss a patient. Center: Conry measures patient Rocco Troiano’s blood pressure. Right: Sherali and Conry counsel Troiano on his medications.*