**Topic:** How GPs can reduce high hospitalisation rates of vulnerable population groups

**Title:** PreveGeneral Practice Reducing Hospitalisation for Homeless People.

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**Background**

Across Australia we see a tragic and expensive ‘revolving door’ between homelessness and health. Homeless people have a life expectancy up to 20 years less than the general population, and their health is characterised by complex multimorbidity. This vulnerable patient group faces significant barriers to accessing mainstream GP services. Instead presenting late in the course of illness to the hospital system. These barriers can be overcome with more tailored primary care resulting in tangible reductions in hospitalisation and economic savings to the stretched health system.

**Aims**

This presentation has twofold aims: Firstly, it distils key strategies for tailoring general practice to address the health needs of people who are homeless. Secondly, it shows how a targeted general practice service is a cost effective way to reduce ED presentations and unplanned hospital admissions.

**Method**

Through a partnership with a research team at The University of Western Australia, Homeless Healthcare general practice data has been linked to 4 years of hospital data for a cohort of 3400 homeless people in Perth. This is one of the largest linked data studies of a homeless population in the world.

**Results**

This paper will present emergent findings from the analysis of ED and inpatient data, complemented by case studies that illustrate the way that general practice can address medical needs within a broader social determinants of health framework.

**Conclusion**

General practice can have a substantial impact on quality of life and costs to the health system. Whilst this paper focuses on people who are homeless, many of the lessons learnt for tailoring GP services have wider application. Linking GP data and hospital data also enables us to demonstrate the economic benefits to a strained health system of tailoring GP services for high risk population groups