

Interview guide for phase 1

1/ Initial contact:

- For which reasons did you engage in managing the homeless?

Identify which profiles and/or life histories have been favorable for an engagement in social medicine

2/ Views about homelessness, whole issues:

- As a general practitioner, in your professional experience, of which problems do you think that the homeless people suffer (regarding their life, or health)?

Explore issues of homeless people perceived by the doctors.

- ➔ *[expected: Access to health care ? Continuity of care? health? Administrative issues? Definition of homelessness...]*

3/ Views about homelessness – issues concerning the management of homeless people, and effective answers:

- In your opinion, which difficulties can face general practitioners when they take care of homeless people (ambulatory GPs, GPs working in an establishment, or yourself)?

Research capacity limits of GP to receive homeless people at medical office

- ➔ *[expected: Loneliness ? medical consultations ? diseases ? concept of network ?...]*

- In your opinion, what type of difficulties do homeless people have to face concerning their access to health care?
- And what do you think about the continuity of health care for homeless people?
- More specifically, do you have difficulties when retrieving medical information about for your homeless patients?

4/ Solutions to improve health management of homeless people (access to health care, quality of care, continuity of health care)

- In your opinion, what can we do to improve access to health care for homeless people?
- And what can we do to improve continuity of care for homeless people?

5/ Specific solution: an electronic health record [this part wasn't studied for this research]

6/ Specific solution: health network [optional]

- What do you think about developing a network for homeless people?

7 / Other elements to add?

Questionnaire for phase 2

PART 1

N° ID Questionnaire:

Date:

I. General

1. Age : < 30 years old 30-40 40-50 50-60 > 60 years old
2. You are : A men A women
3. What is your type of practice? (Only one answer)
 Employed Private Mixed Other
4. Structure for main exercise :

 → In what kind of structure do you mostly work? (only one answer)
 Medical private office ("Cabinet medical")
 Medical private office with multidisciplinary and grouped actions ("Maison de santé pluridisciplinaire")
 Medical private office working round the-clock-care ("Permanence médicale")
 Salaried health center ("Centre de santé")
 Other

 → Which district does this structure belong to? (write below)

 → How long have you been working in this structure?
 < 5 years 5-10 years > 10 years
5. How many GPs are working in this structure?
 I'm alone we are several
6. Do you have a medical secretary?
 Yes, at the office Yes, telephonic No
7. What is the average number of patients that you see in a day ?
 < 20 20 to 30 > 30
8. Between 1 and 5, how would you describe the social level of your patients (1= very low level (high precariousness), 5= very high level)
 1 2 3 4 5

Part 2 to part 4: treated about general knowledge and views about the French electronic health record (Dossier Médical Personnel, DMP) and wasn't analysed on this research.

V. Care management of homeless people

19. Have you already treated a homeless at the office? (By homeless people we mean: roofless, but also people living houseless, or in inadequate or insecure housing (squat, trailer park, mobile-home, hostel, people living with family members or friends, overcrowded housing...))

YES NO Don't Know

Do you have any further remarks?

PART 2 (Regards only GPs who have already treated homeless people at office)

N° ID questionnaire:.....

Date:.....

I. Some additional details about your practice :

20. Do you have other activities treating the issues of precariousness in your practice ?

Yes No

→ 1. a. If yes, mostly in which structure? (only 1 answer)

- Out of charge consultations for women and children (« PMI »)
 Specific center for people with addiction (« CSAPA / CAARUD /Autre structure orientée dans la prise en charge addictologique »)
 Other low-threshold centers / charitable associations (« Autres structures d'accès bas seuil / Associations bénévoles ou caritatives »)
 Hospital :PASS, mobile team (« Hôpital (PASS, équipes mobiles...) »)
 Other (« Autre »):

II. Access to technology at medical office : this part wasn't analyzed on this research

III. Experience and knowledge about precariousness

24. During your career or your studies, have you attended a formation about precariousness?

Yes No

→ 24. a. If yes, what was (were) it (they) (several answers possible)?

- Practical training during medicine studies
 Theoretical training during medicine studies
 Additional diploma
(Precise:.....)
 Other
(Precise:))

25. Do you know the EPICES score (Evaluation de la Précarité et des Inégalités de santé dans les Centres d'Examens de Santé) or other tools to measure precariousness in medical practice ?

Yes No

26. Do you know some accommodation for homeless people in Marseille?

Yes No

27. Do you know what a PASS is?

Yes No

28. What is the telephone number of SIAO? (write it, or tick the box « don't know »)

Don't know

IV. Managing the health care of homeless people

Preliminary information: we consider as homeless people for this study:

- Roofless : people living rough or people in emergency accommodation
- Houseless : people in accommodation for the homeless, people in accommodation for immigrants, people receiving longer-term support (due to homelessness) on long stay accommodation)

- *Insecure housing: for example, living with family/friends, no legal (sub)tenancy, illegal occupation of land...*
- *Inadequate housing: trailer park, mobile-homes, non-conventional building, temporary structure, extreme over-crowding...*

29. Between 1 (almost never) and 5 (daily), how often do you treat a homeless patient ?

1 **2** **3** **4** **5**

30. Which kind of homeless patient do you mostly receive at your office? (only 1 answer)

- Roofless: people living rough or people in emergency accommodation
- Houseless: people in accommodation for the homeless, people in accommodation for immigrants, people receiving longer-term support (due to homelessness) on long stay accommodation)
- Insecure housing: for example, living with family/friends, no legal (sub)tenancy, illegal occupation of land...
- Inadequate housing: trailer park, mobile-homes, non-conventional building, temporary structure, extreme over-crowding...
- Other (precise):

31. Among the propositions below, about managing homeless people, how much difficulties do you encounter in your professional experience, between 1 and 5 ? (please tick the good box, 1=none difficultie, 5 = very high difficulties)

« I encounter difficulties... »	1	2	3	4	5
12.a. Because care management is complex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.b. When searching the medical history of my homeless patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.c. Because managing my homeless patient needs too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.d. Because I have to manage alone all my homeless patients (no relay)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.e. When managing social issues of my homeless patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.f. When managing my homeless patient's compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.g. With charitable or unpayed consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.h. When receiving homeless patients at the office, because of my other patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.i. Because of their physical appearance (look, smell...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.j. Because of their behavior, or attitudes that I don't understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.k. Because I feel frustration in their care management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.l. Because I feel depreciated when I manage homeless patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Between 1 and 5 (5 = very much, 1 = not at all), how much do you think that general practitioners could contribute to the homeless people care?

1 2 3 4 5

The last part (part 5) of the questionnaire explores the GPs view of an Electronic Health Record for managing the health care of homeless people. It was not analyzed on this research.

Further remarks?

Thank you!

Interview guide for phase 3 (translation from French)

First part: introduction

I am a resident in general practice, and I work, for my doctoral thesis, on the question of general practitioners and homeless people.

For this study, we name homeless people: precarious people, who don't have a personal and decent housing, then who live roofless, in short or longer-term accommodation for homeless, or in inadequate housing.

This interview will be recorded, if you accept that. It will stay confidential. The interview will be anonymized, and we won't conserve any identification data.

I'm here to listen to you and understand. You can express all you need.

Before we begin, do you need any further information of this interview?

Second part: the interview

I. Introducing the entire problem

- Have you already treated homeless people at your office?
 - If no: address the questions about refusal and barriers to accept/treat homeless people
 - If yes: how would you describe your homeless patients?

- [If yes] Have you felt some differences between homeless people and other patients when treating them?
 - If yes, what difficulties?
[expected: Adaptation necessary ? / training? / Specificities in care management? / Addiction and psychiatric diseases over-represented? / Life context? / Poorer health status?]

II. The general practitioner : role and limits

- In your opinion, do general practitioners (can) contribute to the care of homeless people? Why?
 - To engage the questions about difficulties and solutions
 - Other approach: do general practitioners (can) bring something ?/have a role to play, in the care management of homeless people

[expected : current means / Difficulties perceived by the interviewed GP or enounced for other GPs/ views about homelessness / refusal...]

- Do you personally feel difficulties when managing homeless people (reminder, if not developed before) [If never received: do you suspect that there would be some difficulties...]
 - If yes, what difficulties?

 - If no, why?

- Do you think that there are some barriers which make that GPs can't or don't want to receive homeless people?
 - In your own practice, have you already been in a situation where you couldn't or didn't want to receive homeless people?

III. Solutions

- Which measures could help you, as a general practitioner, to face these difficulties? (reminder, if not developed before)

- Which measures could improve the care management for homeless people? Quelles mesures pourraient selon vous améliorer la prise en charge de ces patients ? (reminder, if not developed before) [optional if the GP never received homeless people]

- Views and needs about a new organization for improving the health of homeless people (reminder, if not developed before) [optional if the GP never received homeless people]
 - If you had to design an ideal organization of health care to improve care management and health for homeless people, how would you describe it?
- Do you know structures that you can contact to help you with managing the health of your homeless patients?