



Street Medicine Detroit: How medical students help treat underserved populations and the unhoused [Podcast]

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Featured topic and speakers

What is street medicine? Is street medicine effective? What are the barriers to care for homeless people? What extracurriculars for medical students stand out on residency applications?

Richard Bryce, DO, medical director of Street Medicine Detroit and program director at Henry Ford Health System discusses the importance of meeting patients where they are, addressing unique challenges faced by unhoused individuals, and the impact of street medicine on both patients and health care providers. Dr. Bryce also highlights the growth of street medicine initiatives in Michigan and the importance of community involvement in health care. AMA Chief Experience Officer Todd Unger hosts.

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Speaker



- Richard Bryce, DO, medical director of Street Medicine Detroit; program director, Henry Ford Health System

Transcript

Unger: Hello and welcome to the AMA Update video and podcast. Today, we're talking about street medicine with Dr. Richard Bryce, who is the medical director of Street Medicine Detroit and program director at Henry Ford Health System in Detroit. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Bryce, it's a pleasure to have you today.

Dr. Bryce: Oh, it's an absolute pleasure to be here today, Todd. Thank you so much.

Unger: So I think for our audience out there, it's best to start with just a brief explanation of what we mean by street medicine.

Dr. Bryce: Excellent. Yeah. So, well, Todd, as you said before, I'm here in Detroit, Michigan, and Detroit being an urban city, just like so many other urban cities, many of our patients that we take care of, unfortunately, are dealing with situations of being unhoused.

And so, if you ever work in a hospital or in a clinic, I think we understand some of the limitations, and when you don't have a place to live, how that can play such a detrimental—or have such a detrimental effect on your health.

And so for ourselves, doing street medicine, it tries to eliminate some of those barriers that get in the way of allowing people to have that good health. And so for us, the classic street medicine phrase is go to the people.

And so that's what we do. We come together as a group and try to connect and find our people that are on the street and provide resources with them—for them, whether that's medical and/or any other resources, housing, food, insurance, identification, whatever it is. We want to do the best that we can to meet them where they are to really allow them to thrive from a health standpoint.

Unger: Now, just kind of regular day reality for you is what?

Dr. Bryce: Yeah. So when we are doing street medicine as a team, we're probably going out four or five times a week, really trying to—once again, trying to find where people are, understand the limitations that they have in terms of their health.

And so I think for us, it's pretty straightforward. We meet up as a team. We have vans. We have a bunch of bags that have medicines in them. They have a lot of other supplies that can to—help them with their medical needs. And then we end up also bringing some other things, food, to connect with



people and then really try to meet them where they are.

We are not the emergency department. We are not the primary care office. Really, what we are trying to be the bridge to that primary care so that we can get them the services that they need. And fortunately, with many of our community partners, we're able to do that as well.

Unger: So how many patients would you see in a typical day?

Dr. Bryce: Absolutely. So it was out just the other day—so I think for us, kind of in a three- or four-hour time period, it's probably somewhere between about 10 to 12 people. Sometimes it can be stuff as simple as, I just need some food, and so we'll get them a sandwich and some Gatorade or water or whatever that may be. And then sometimes it's more in depth, changing wounds and bandages on people's legs, getting them meds that they need.

Individual that we saw last week was very focused on—we didn't have an identification, so we can't get governmental services without an ID. And so that's really what we were working on, setting up the process to get him an ID.

And so it can be anything that is needed. And we're just trying to be that support, understanding those challenges that so many of our patients face.

Unger: Now I'm going to talk in a minute about your other job, but sticking with this—I mean, that's got to be a very different set of experiences and different kind of satisfaction in terms of the impact you're having. Can you share a story about something you've experienced lately and how you feel about it?

Dr. Bryce: Yeah. Well, I think if we're talking about patients, I think anybody that's in medicine, we know that's really why we do the job that we do. And so especially when you're talking about patients that are dealing with so many vulnerabilities of being unhoused—I think for us is—I work with residents. I work with students.

And so oftentimes, I think many of our patients really understand that role they play in terms of developing the future. And so they're able to share their vulnerabilities with our patients—or with our students and with our residents. And I'm so appreciative of that.

I think one of the things that's so important for us, though, is unfortunately, when you hear about people that are unhoused, oftentimes, you get this—there's a perception. There's a stigma that comes along with that. And so I think for us, it's really trying to break down that stigma, and once again, just trying to find any options that we can to support them to be as healthy as they possibly can.

And so I think back to so many stories of patients that not only do I feel like we do the best that we can to make an impact on their lives, but they make an impact on our lives. They make us not only better physicians, but also better human beings. And so I've just been so fortunate to have that opportunity to



be able to provide this care, but also learn how to be better as an individual as well.

Unger: Now, I know physicians of all kinds face a tremendous number of challenges in patient care. This has got to have its own set of unique challenges. What would you say are the biggest things that you face?

Dr. Bryce: Well, it's just the day to day. One of the challenges that I see, even just in terms of a hospital system or a clinic, is oftentimes, when you're looking at patients that may be unhoused or experiencing homelessness, we're talking about—they get—there's these terms that go along with them. You hear this word "noncompliance" often. Oh, you didn't take your medicines? You're noncompliant. And we almost blame the individual.

I don't know if I would be able to take my medications, either, if I didn't know where I was going to be sleeping tonight, especially in a place like Detroit. We're talking—it gets cold. The weather's changing right now. And so that's one area that, unfortunately, our system hasn't been able to try to overcome to really get the best health outcomes for our patients.

And then it's just all the day-to-day things that you need, as you can imagine, of trying to get people set up with the resources that they need, trying to get them into safe places where that they can stay. And then also the follow up.

One of the challenges that we've had here in Detroit is we've actually done a pretty good job of really partnering with many organizations to try to get that support. And then all of a sudden, sometimes, when we're able to get somebody housed, it's incredible feeling, but then we don't—the reason the patient may be unhoused is very—there is a reason for that.

And so just because you're housed doesn't mean all your problems are gone. And so really trying to find ways to wrap around those services, even after somebody is housed I think has been really really key for us, I think, as we continue to go forward.

Unger: Well, speaking of going forward, what's next for you and Street Medicine Detroit?

Dr. Bryce: Oh, awesome. Well, one of the things I just got to say, though, as you say that—in the state of Michigan, which has been so exciting, is really, street medicine first started here about 12 years ago, and it has just continued to grow. And so even in the state, we have—all the medical schools in the entire state have street medicine organizations, which has been great, so that inspiration and the compassion, the enthusiasm of medical students has really put street medicine on the map here.

And then what's exciting is they bring that compassion, and I think that has brought in so many other people, other attending physicians, other nurse practitioners and physicians assistants, that really want to try to help in this fight, in this movement, that I think that we have right now, which has been



exciting.

And so why I bring that up—the next big thing that we have, actually, is November 23, we will be having our second annual Street Medicine of Michigan Symposium. And so this is a way for people to share ideas within the state of Michigan, talking about good practices. Also an opportunity to network so that we're know that we're in this together, and once again, so that we can make the biggest impact on our patients.

And so as we continue to grow, some other really exciting things are happening, specifically here in Detroit, is really trying to get all of the players together that are trying to make an impact in this space within our city.

And so one of the exciting things, going back to October of 2023, was the very first time—it's been a year now, the first time that you could actually bill for street medicine services. And so trying to find ways to use some of that revenue to reinvest back into finding those supportive processes for our patients is really our next big step as well as we go. And we've already started it, but we have some more to go, and so the momentum is really exciting.

Unger: Well, a couple of points. Number one, just a shout out to medical students out there. I was just at an event at the Medical College of Wisconsin where we were talking about how to distinguish yourself as you approach residency. And one of the big pillars of that is community involvement, and so medical students—encourage you to get involved with programs like Street Medicine Detroit.

Second thing—one of the things I've learned over the course of my time here at the AMA is not complain about how much I'm working. I just have to talk to a doctor, and then I will—everything will come into perspective. You have a whole other job, and a demanding role at Henry Ford. How do you balance the work that you do with Street Medicine Detroit and your full-time position with Henry Ford?

Dr. Bryce: Well, it's a great question. Probably one of my weaknesses is I struggle to say no. But it goes back to this idea of, do you love what you do? And so I really do. Like, having—being the program director for the Henry Ford Hospital family medicine residency program is a dream job. Working along with all the incredible students at Wayne State University School of Medicine, Michigan State College of Osteopathic Medicine, doing Street Medicine Detroit is—this is why I do what I do.

One of the ways that I've been able to pull it off, which is really exciting, is trying to bring all my worlds together. So now, through—I've been the program director for the last five years. Now I've had the chance to recruit multiple medical students that were part of our street medicine organization in Detroit that came as students, and now they're residents, and now they're leaders in this area as well.

And so that has absolutely been such a blessing for myself. And I'm so honored and proud of the work that we're doing because once again, it just comes down to—for all the organizations, is how can we make the biggest, most positive impact on our patients and our community that we serve?



Unger: Well, Dr. Bryce, we sure are lucky to have somebody like you and the rest of your colleagues at Street Medicine Detroit out there in the world. Thank you so much for joining us today and for all the important work that you're doing to help patients.

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Dr. Bryce: Thanks, Todd.

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