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Program Helps Homeless Cut Use of Emergency Services

Housing, treatment for chronically ill reduce need for hospital care, study finds

TUESDAY, May 5 (HealthDay News) -- Providing housing and other assistance to homeless adults with chronic illnesses helps reduce their use of hospitals and emergency departments, a U.S. study finds.

The study included 405 homeless people treated at Stroger Hospital of Cook County, Chicago. Of those participants, 201 were assigned to an intervention program that included transitional housing after hospital discharge, followed by placement in long-term housing. Case managers arranged the housing placements and coordinated appropriate medical care, including substance abuse and mental health treatment referrals.

The other 204 participants received standard discharge planning from hospital social workers.

After 18 months, at least one hospitalization or emergency department visit had been recorded for 73 percent of all the participants. During that time, the intervention group had 583 hospitalizations (1.93 hospitalizations per person per year) and 2.61 emergency department visits per person per year, compared with 743 hospitalizations (2.43 hospitalizations per person per year) and 3.77 emergency department visits per person per year in the usual care group, Dr. Laura S. Sadowski and colleagues found.

After they adjusted for various factors, the study authors concluded the intervention group had 29 percent fewer hospitalizations, 29 percent fewer days in hospital, and 24 percent fewer emergency department visits.

The findings appear in the May 6 issue of the Journal of the American Medical Association.

"Several factors could account for the success of our intervention. First, our case management program was linked to the medical system and provided coordinated services across the full spectrum of settings -- hospitals, respite care centers, and stable and unstable community housing. Second, our intervention recognized the heterogeneity within the homeless population and tried to tailor the supportive housing to the participant's needs and characteristics. Third, our intervention represented a city-wide consortium of clinicians, social workers, and housing and other advocacy groups, which facilitated a comprehensive and coordinated effort to obtain case management and housing for every intervention participant," wrote Sadowski and colleagues.

"These results provide a rationale and a blueprint for programs that address the needs of this vulnerable population," the study authors concluded.