Medical Respite: From Conceptualization to Realization
What is medical respite care?

- “Medical respite care is acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets but who are not ill enough to be hospitalized.” – National Health Care for the Homeless Council

- Medical respite care is short term residential care that allows homeless individuals the opportunity to rest in a safe environment while accessing medical care along with other supportive services.
Why do we need medical respite?

- People experiencing homelessness experience higher:
  - Physical and mental illness
  - Increased mortality
  - Emergency department visits and hospitalizations

- Homeless persons are 3 to 4 times more likely to die than a person who is housed

- Frequently, people who are homeless are discharged from the hospital with instructions to rest, eat well and take their medications as prescribed

- Nationally, homeless patients discharged to medical respite programs experienced 50% fewer hospital readmissions at 90 days and at 12 months compared to patients discharged into their own care
Identifying the Need - Nationally

- National Averages
  - Estimated that the cost of the “excess” hospitalization was approximately $3.5 million in 1 state.
  - Inpatient days: 10.1 vs 7.9 days
  - Top 3 diagnoses of 10 medical respite programs nationally
    - Injury
    - Cellulitis
    - Chest pain
Medical respite programs in the U.S.
Steps to Develop a Medical Respite Program
Hospital Usage in Columbus by Homeless Individuals (2014)

- Inpatient days; 7.4 days vs. 11.2 days
- Hospital visits; 2,836 unduplicated patients
- Under-representation due to reporting
- 821 homeless individuals received an inpatient level of care with 625 of those individuals admitted through the emergency department
- Most prevalent diagnosis was cellulitis and chest pain
Identifying stakeholders

- People who are experiencing or previously experienced homelessness
- Front line providers
- Health Care for the Homeless Administrators
- Hospital Representatives
- Other community members i.e. staff from homeless shelters, meal sites etc.
- Behavioral health and substance abuse professionals
Defining scope of care and range of services

- Determined by homeless population in area
- Often determined by availability of funding and in-kind donations
- Prominent Medical Respite Services
  - Acute medical care (by a nurse, physician, physician assistant, and/or nurse practitioner)
  - Medication (storage, dispensing, sometimes pharmacy)
  - Case Management (benefits acquisition, housing placement, health education, etc.)
  - Onsite or referral for mental health/substance use treatment
  - Transportation
  - Food
  - Security
  - In-kind (pastoral care, activities, haircuts, clothing)
Identifying a model

- Shelter Based Model
  - Typically first model
- Free-standing facility
- Motel/hotel
- Wing of nursing home
- Apartments
- Advantages and challenges of each model
- Evolution of a medical respite program
Designing the program

- **Admissions Policies**
  - Lack suitable housing
  - Have an acute or post-acute medical illness which requires short term resolution and care or
  - Need an environment in which to prepare for or recover from medical procedures such as surgery, chemotherapy, radiation, endoscopy
  - Be independent in Activities of Daily Living (ADL) with the ability to dress, bathe, transfer and ambulate independently or with mechanical assistance such as wheelchair, crutches or cane
  - Be psychiatrically stable enough to accept and receive care and not interrupt the care of others
  - Be sick enough to need more than an emergency shelter bed for the night
  - Not be sick enough to require hospital level of care or other medical care (nursing home, psychiatric in-patient admission, rehabilitation hospital).

- **Discharge Policies**
  - Who will determine when a person should be discharged?
  - What is the person’s next step?
  - Who will provide transportation and medical services when the person is discharged?
Designing the program cont.

- Staffing
- Regulations
- Determining costs
- Policies and Procedures
  - Clinical vs. administrative
  - Managing patients with difficult behaviors
  - Administrative discharges
- Readmission Criteria
- Terminally Ill Patients
- Undocumented patients
- Patients dealing with substance abuse
Services offered by a medical respite program

**Acute and Post-Acute Clinical Services**
- Wound care and infection control
- Pain management
- Ambulation/physical therapy
- Medication monitoring
- Patient education
- Ongoing assessment and monitoring
- Development of disease management action plans/goal setting
- Discharge planning

**Support Services**
- Benefit and entitlement acquisition
- Case management
- Transportation
- Housing Applications
- Linkage to appropriate behavioral health services if needed
- Care coordination
- Connection to primary care provider/medical home
- Patient navigation
- Counseling
Medical Issues Appropriate for Respite Care

- Wound care
- Acute pneumonia, not requiring hospitalization
- Cellulitis, not requiring hospitalization
- Respiratory therapy, excluding ventilator care
- Recovery after fracture, including physical therapy
- Observation after hospital discharge post-trauma
- Post-operative care
- Pregnancy requiring bed rest
- Rest needed as a result of chemotherapy
- Anticoagulation stabilization
- Blood sugar management for diabetic control
- Lower extremity problems needing short term leg elevation
- Severe foot programs
- Maintenance TPN

**List is not exhaustive**
Determining costs

- Depends on:
  - Model
    - Freestanding = most expensive
    - Shelter based = least expensive
  - Staffing
  - Supplies
    - What medical services will you be offering?
Funding sources

- HRSA (Health Resource and Services Administration) or the federal government
- Medicaid
  - Billable services
- HMOs
- Hospitals
- HUD (Housing and Urban Development)
- 340B Program
- Local or state governments
- Fundraising or private donations
How do you make the case for funding?

- ED/Hospital diversion
- Decrease in hospital admissions
- Decrease in length of stay in a hospital
- ROI (return on investment)
- Missing piece of both hospital and homeless continuum of care
Development of a medical respite program in Columbus, Ohio
First Steps

- Gather data – establish a need
  - Partnered with Central Ohio Hospital Association

- Funding/Budget
  - Visited other medical respite programs
  - Worked with National Health Care for the Homeless Council

- Identify partner agencies
  - Shelters, hospitals, nursing homes
Second Steps

- Develop an operational plan
  - Aids in both grant writing and fully explaining entire program i.e. budget, need, scope of services, evaluation of program, staffing

- Scope of work
  - What services will you offer?
  - What patients are you willing to treat?

- Expand scope of services with HRSA
  - FQHC must expand scope of services to add medical respite

- Secure medical equipment and supplies
  - Asked area hospitals for medical equipment that is no longer being used

- Policies/procedures/clinical guidelines
  - Charting in EHR (electronic health records)
  - Admitting/discharging
Final Steps

- Move into space
  - Order medical supplies
  - Install medical equipment
- Set date for opening of program
- Market the program
  - Hospitals and shelters
  - Marketing materials
- Media day
  - Spread information to the community
Van Buren Shelter - exterior
Van Buren Shelter - Interior
Van Buren Shelter - Interior
Van Buren Shelter - Interior
Van Buren Shelter – Medical Respite
Lessons Learned

- Educating hospitals on appropriate referrals
- Developing guidelines for same day admissions
- Developing clinical guidelines for a safe discharge plan
- Weekly care plan meetings
- Ensuring hospitals prescribe all medications and ensuring the patient has a way to fill the prescription
- Communication between partner agencies
Case Studies

- David
  - Leg wound/cellulitis

- Gary
  - Frost bite

- Tim
  - Broken leg
Questions?
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