AGENDA

- Program Description: Better Health Through Housing
- Outcomes & Lessons Learned
- Next Steps
Homelessness & Health Care

Homelessness is virtually unrecognized in healthcare, yet this health-related social need carries risks as great as cancer or advanced cardiovascular disease.

Only 48 homeless patients were identified by ED & Psych staff interviews.

The list is now over 1300.

We continue to find 2-3 per week.

45% of the top 100 ED frequent visitors are homeless.
BETTER HEALTH THROUGH HOUSING

- Partnership with Center for Housing & Health (CHH)
- Pilot to demonstrate a healthcare-to-housing Housing First model
- $250,000 funding by hospital leadership. PMPM for services
- Evaluating health, cost & utilization
  - CHH project manager with 28 supportive housing agencies
  - Scattered-site studio one-bedroom units
  - 3 temporary bridge unit sites (single room occupancy)
To successfully move chronically homeless patients into permanent supportive housing, Care Transition, not traditional hospital discharge, is required.
LESSONS LEARNED
PATIENTS

- 68% male, 32% female
- Age range: 28-63 years old, average is 53
- 60+ - patients reviewed by panel
- 27 - referred into the program
- 4 - deceased
- 1 - violated probation
- 2 - discharged, deemed incapable of independent living
- 1 – discharged, now in home hospice
LESSONS LEARNED

• The homeless are invisible in healthcare
• Banish the word discharge. It’s a care transition that can take several months
• Stages of Change: Even the severely mentally ill can be assessed. Some are not yet motivated to accept housing
• It's not chronic illness, its chronic illness and being out-of-care
• Stop using the term “non compliant”. Activities of Daily Survival (ADS) makes it difficult to manage health
• Many have undiagnosed traumatic brain injury (TBI) or intellectual disability.
• Evidence suggests the etiology of chronic homelessness starts in early childhood.
OUTCOMES
Among the Highest Cost & Utilization of all UI Health Patients

Decile Ranking

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<thead>
<tr>
<th>DECILE RANKING</th>
<th>#</th>
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<tbody>
<tr>
<td>10th</td>
<td>197</td>
<td>32.3%</td>
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<tr>
<td>TOTALS</td>
<td>574</td>
<td>100%</td>
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32% (197) of homeless patients sampled were in the top decile of the most expensive patients.

Costs Pre/Post Housing

21% cost reduction for 17 Chronically Homeless Patients

Annualized Costs of patients referred to the Better Health Through Housing Program.

One patient, now deceased, had healthcare costs of $533,000

All CY 2016 Patients (n=156,675)
NEXT STEPS

- Program Evaluation
- Blue Cross all-systems claims data
- Funding
- Cross-sector collaboration to introduce LA’s model here
- Technical Support for other hospitals
- Pay for Success Financing
- HMIS/EMR Integration
THANK YOU!