WELCOME!

2018 Medical Respite
Training Symposium
Oct 1-2 | Phoenix, AZ

nhchc.org
National Health Care for the Homeless Council

• Who are we?
• What do we do?
• How do we do it?
Agenda - Day 1

8:30  Welcome to Phoenix  
      Respite Care Provider’s Network  
      Medical Respite Lay of the Land

9:30  Coffee Break

10:00 Who is in the Room?
      What are our Strengths and Challenges?
      Maximizing Council Resources

11:30 Lunch & Small Group Discussions

1:00  Workshops & Site Visits

2:30  Break

3:00  Workshops

4:30  Adjourn
Agenda - Day 2

8:30  State of Affairs: A Health Policy Update
9:30  Coffee Break
10:00 Workshops & Site Visits
11:30 Lunch & Small Group Discussions
1:00  Workshops & Site Visits
2:30  Break
3:00  Workshops
4:30  Adjourn
Circle the City
healthcare for the homeless
ARIZONA

THE GRAND CANYON STATE WELCOMES YOU
Our Story
Medical Respite Saves Lives
Housing Is Healthcare

Since 2012, more than 75% of all patients treated at CTC’s Medical Respite Program have been discharged to locations other than the street or emergency shelter settings.
Circle the City Continuum of Care

- Homeless Primary and Preventative Care
- Medical Respite Care
- Integrative Care Models
- Case Management
- Care Coordination
- Permanent Community-Based Housing
- Low-Barrier Experience
- Access to Care
- Data Sharing and Integration
- 2-Exam Room Mobile Clinic
- Street and Shelter Medicine
Circle the City Patient Ambassador

Ms. Aneaya Thomas
Our vision is a healthy community without homelessness.
Respite Care Providers’ Network

Where Have We Been and Where Are We Going?
Broasted or Roasted
Respite or Respite

Randy: “Have you ever heard about BROASTED CHICKEN?!”
Me: [pic]
History and Growth of Medical Respite

2000 - 2002
- 14 Respite Care Programs & HRSA meet in Chicago
- "Defining Characteristics" of Respite Care drafted
- Recuperative Care Services added to Sec.330 of PHS Act

2003 - 2005
- First "Respite 101" presentation
- Respite Providers vote to affiliate with NHCHC & support part time staff
- First HCH Pre-Conference Meeting
- First Respite workshops at HCH Conference

2006 - 2008
- 1st PCI
- Respite Research Task Force – existing programs
- First face to face RCPN

2014 - 2018
- Standards
- 2 Day TA

100+ programs attending here!
45 programs attend
14-20 programs met
Just a Couple Past Influential Minds

- Sarah Ciambrone and Leslie Enzian – Respite 101
- John Lozier, National Health Care for the Homeless Council
- Kathy Hearne, first RCPN staff
- Sabrina Edgington, RCPN staff 2008 – 2016
- NOW
  - “INSERT YOUR NAME HERE”
    - What are you passionate about?
    - What do you want to influence in the RCPN?
Two Important Guides

Standards for Medical Respite Programs

Standard 1: Medical respite program provides safe and quality accommodations
Standard 2: Medical respite program provides quality environmental services
Standard 3: Medical respite program manages timely and safe care transitions to medical respite from acute care, specialty care, and/or community settings
Standard 4: Medical respite program administers high quality post-acute clinical care
Standard 5: Medical respite program assists in health care coordination and provides wrap-around support services
Standard 6: Medical respite program facilitates safe and appropriate care transitions from medical respite to the community
Standard 7: Medical respite care is driven by quality improvement
Medical Respite Learning Collaborative

• Guidelines to Identify Outcome Measures for Medical Respite Programs
The Council will collaborate with the Respite Care Providers Network (RCPN) Steering Committee to develop guidelines and promising practices that may be used to identify outcome measures being collected OR should be collected by medical respite programs.

• Will explore different methods of data collection among medical respite programs and develop recommended data collection practices aimed at quality improvement
Medical Respite Care

From Wikipedia, the free encyclopedia

This article has multiple issues. Please help improve it or discuss these issues on the talk page. (Learn how and when to remove these template messages)

This article needs more links to other articles to help integrate it into the encyclopedia. (March 2014)
This article is an orphan; there are no other links to it. Please introduce links to this page from related articles; try the Find link tool for suggestions. (February 2014)

Medical respite care, also referred to as recuperative care,[1][2][3] 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 are not ill enough to be in a hospital. Unlike “respite” for caregivers, “medical respite” is short-term residential care that allows homeless individuals the opportunity to rest in a safe environment while accessing medical care and other supportive services. Medical respite programs provide hospitals with an alternative to discharging homeless patients to the streets or to over-crowded shelters when patients would otherwise be discharged to their homes for self-care and recuperation.[4] In addition to providing post-acute care and clinical oversight, medical respite programs seek to improve transitional care for this population and end the cycle of homelessness by supporting patients in access benefits and housing.

As of 2014, over 70 medical respite programs have been established throughout the United States and a number are in development. Medical respite programs are housed in a number of different facility types including homeless shelters, motel rooms, nursing facilities, assisted living facilities and stand-alone facilities.[5] The largest facility is based out of Boston, Massachusetts (United States), called the Barbara McInnis House, which has 154 beds for men and women in need of a safe place to recuperate after leaving a hospital.[6] The national average length of stay in medical respite programs is 40 days (60 days median).[7]

Studies and discussion about medical respite care include works on an individual[8] and program[9] level. A study out of Chicago looking at the impact of medical respite care on future hospitalizations found that patients who accessed medical respite care required fewer hospital stays (3.7 vs. 8.3 days) in the 12 months after program participation than those discharged from the hospital to the street or shelter.[10] Another study out of Boston found similar results with homeless patients requiring 50% fewer hospital readmissions in the 90 days following medical respite program participation than those released to their own care (the street or shelter).[11] Medical respite care has been discussed in the American Medical New Ethics Forum.[12][13]

Medical respite care is listed as a strategy in the federal plan to end and end homelessness[14] The Center for Medicare and Medicaid Innovations is currently conducting a national demonstration program to assess the impact of medical respite care. The demonstration is supported by the Affordable Care Act as an effort to improve health outcomes and health care quality, while reducing health care spending for this population[15]

The National Health Care for the Homeless Council maintains a Respite Care Providers’ Network of over 700 providers, consumers, and advocates who seek to improve access to medical respite care for homeless individuals across the country.[16]

References

Join the Respite Care Providers’ Network (RCPN)

- The mission of the Respite Care Providers’ Network (RCPN) is to improve the health status of individuals who are homeless by supporting programs that provide medical respite and related services. The RCPN Steering Committee works to achieve this mission.
- Network with your peers
- Learn and share best practices
- Steal shamelessly!
What is Medical Respite Care?
Clinical Care

Integration into Primary Care

Self Management Support

Case Management
Medical Respite Care Nationwide
Number of U.S. medical respite programs by beds available

- 1 to 9: 25
- 10 to 19: 19
- 20 to 29: 16
- 30+: 16
Number of Medical Respite Programs by Funding
Figure 3: Number of U.S. medical respite programs by clinical services provided

- Physician: 38
- Physician Asst: 15
- Nurse Practitioner: 38
- Nurse: 64
- Social Worker: 50
- Community Health Worker: 25

Note 1: Many programs have more than one clinician delivering care
Note 2: Clinicians’ may be stationed on-site or off-site at a partner agency
What is being treated?

• Injury/wound care
• Pneumonia/influenza
• Cellulitis
• Diabetes, blood sugar management
• Respiratory problems/asthma
• Pre-operative and/or post-operative care
• IV medications
• Chemotherapy
Facility Type

- Apartment/Motel Rooms
- Homeless Shelter
- Stand-alone Facility
- Assisted Living Facility/Nursing Home
+ 4.1 Days

Patients experiencing homelessness stay in the hospital 4.1 days longer per admission than other low-income patients.

Making the Case for Funding

CHICAGO - Patients who had access to medical respite care required fewer hospital days (3.4 vs. 8.1) during 12-months of follow-up compared to those released to usual care†

BOSTON - Patients who had access to medical respite care had a 50% reduction in the odds of readmission at 90 days post-discharge‡

IT'S THE RIGHT THING TO DO.