“Why Should We Pay You to Do That?”

Demonstrating the Value of Medical Respite Care

Brandon Clark, MBA, FACHE
CEO, Circle the City, Phoenix, AZ
Respite pioneers are often met with skepticism...

You're going to do what?

That will just attract more homeless people!

It's not our job to fix everything for our patients.

You just want more money for your homeless charity...

There are no codes for that service...

Sssso you think you can actually ssssave me money?
Defining and Articulating Value
What is Value in Healthcare?

\[
V = \frac{Q + S}{C}
\]

(Quality) \quad (Service) \quad (Cost)

The IHI Triple Aim

- Population Health
- Experience of Care
- Per Capita Cost

Source: uofuhealth.utah.edu

Source: IHI.org
Life expectancy vs. health expenditure, 1970 to 2017

Health financing is reported as the annual per capita health expenditure and is adjusted for inflation and price level differences between countries (measured in 2010 international dollars).

OurWorldInData.org/the-link-between-life-expectancy-and-health-spending-us-focus • CC BY-SA

*CDC: 1st 2-year drop in LE: 2016, 2107 since 1962 *From Statista
Recent research, including an insightful book by Dr. Buz Cooper, all suggest that poverty and other social determinants have a significant impact on our health and healthcare costs. Unfortunately, the U.S. poverty rate is higher than the other countries at 12.7 percent of the population.

We must continue to strive to improve our health statistics and the general health of our people. To that end, more attention must be spent in addressing the social determinants which currently compromise the health of too many and result in higher healthcare costs. These determinants, such as poverty, poor housing, job and income status and socioeconomic characteristics (such as education) are relevant in every respect.
How Does Medical Respite Impact the Triple Aim?

**Experience of Care**
- Patient experience improves when care models reflect unique needs of patients;
- Healthier patients are predisposed to higher patient satisfaction;
- Avoid perception (or reality) of homeless dumping.

**Per Capita Cost**
- Monitored setting = reduced recidivism;
- Safe environment to teach healthier utilization behaviors;
- Curb need for future ED, crisis spend;
- Address social determinant issues that drive unnecessary costs.

**Population Health**
- Improved transitions of care = better continuity;
- Enhanced access to follow-up and specialty care;
- Medication reconciliation, assistance, compliance;
- Structured environment to close gaps in care;
- Opportunities for care integration – MH, SA, etc.
How Can We Measure and Communicate Value?

<table>
<thead>
<tr>
<th>VALUE GOAL</th>
<th>EXAMPLE METRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population Health</strong></td>
<td></td>
</tr>
<tr>
<td>• Improved transitions of care</td>
<td>• Hospital readmit rates, % of pts with PCP visit in past 12 mos</td>
</tr>
<tr>
<td>• Enhanced access to follow-up and specialty care</td>
<td>• Compliance % with PCP or specialty visit post-DC</td>
</tr>
<tr>
<td>• Medication reconciliation, assistance, compliance</td>
<td>• Compliance with medications ordered at hospital DC</td>
</tr>
<tr>
<td>• Structured environment to close gaps in care</td>
<td>• Any relevant HEDIS, UDS, Healthy People 2020 metrics</td>
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<td>• Opportunities for care integration</td>
<td>• Successful connectivity rate to mental health services</td>
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<tr>
<td><strong>Per Capita Cost</strong></td>
<td></td>
</tr>
<tr>
<td>• Reduced recidivism</td>
<td>• Hospital readmit rates as compared to non-respite pts</td>
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<td>• Safe environment to teach healthier utilization behaviors</td>
<td>• Pre vs post IP utilization and/or total cost of care</td>
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<td>• Curb need for future ED, crisis spend</td>
<td>• Pre vs post respite ED utilization</td>
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<td>• Address social determinant issues</td>
<td>• Structured data on social determinant needs and outcomes</td>
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<tr>
<td><strong>Experience of Care</strong></td>
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<tr>
<td>• Experience improves when unique needs are addressed</td>
<td>• Patient satisfaction scores (HCAHPS, CG-CAHPS, etc.)</td>
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<tr>
<td>• Avoid perception (or reality) of homeless dumping</td>
<td>• PR incidents or negative press events</td>
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Considering Value Perspectives
Perspective is Important When Communicating Value
**Disclaimers**

Humor is the truth; wit is an exaggeration of the truth.

Stan Laurel
Value Perspectives: The Hospital

- Length of stay
- Readmission and quality incentives
- Culture of burnout due to challenging patients
- Losing money on every single Medicaid case
- Unsustainability of becoming known as the “charity care hospital”
- The cost of diverting high-margin volume to our competitors while homeless people fill our beds
Value Perspectives: The Health Plan

- Compliance (Don’t lose the business we’ve got.)
- Member satisfaction and community relations (Get more business.)
- Bending the cost curve (Top 10% account for 50% of spend)
- Quality metrics and population health
- Transitions of care
- Network adequacy
Value Perspectives: Medical Respite Providers

Wait, how do we fund this?

Social Justice

Changing Lives

Ending Homelessness

The Movement

The Mission

I love humanity! Let's figure this out together!
How Can We Speak Each Other’s Language?
## A Communications Framework

### Hone Your Value Proposition

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<th>POTENTIAL MEASURE</th>
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<tr>
<td>• Enhanced access to follow-up and specialty care</td>
<td>• Compliance rate with specialty referrals 30 days post DC</td>
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<td>• Medication reconciliation, assistance, compliance</td>
<td>• Compliance with medications ordered at hospital DC</td>
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<td>• Any relevant HEDIS, UDS, Healthy People 2020 metrics</td>
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**Translate for your intended audience**
Demonstrating and Measuring Value
Measuring Value – Data Sources

- Frequent Utilizer Pilot (n=13)
- Managed Care Pilot (n=54)
- CMS Health Innovations Grant Study (n=\textasciitilde 400)
- CHiR Analysis of AZ Medicaid Claims Data (n=849)

2013  |  2015  |  2015-2017  |  2018
Frequent Users of Services Engagement (FUSE) Pilot
The FUSE Hypothesis

- Local health providers recognized subset of homeless population utilizing disproportionate share of hospital/emergency care services.
- Target population difficult to engage and may not be captured in coordinated entry process.
- Can supportive housing, access to healthcare and coordinated navigation bend the cost curve of previously homeless high utilizers?
FUSE Provider Continuum

Circle the City

Arizona Housing Inc.

Native American Connections

Arizona Behavioral Health Corp.

Corporation for Supportive Housing

St. Joseph’s Hospital and Medical Center
Pilot Framework

1. Identification
2. Engagement
3. Assessment/Stabilization
4. Success in Housing
5. Outcomes

13x homeless, high-cost, high utilizers
FUSE I Systems Outcomes

• Housing Retention
  • 93%

• ER Utilization
  • 73.8% reduction in ER visits
  • 74.7% reduction in ER costs

• Hospital Inpatient
  • 47.2% reduction in-patient days
  • 36.6% reduction in-patient costs

• Jail
  • 100% reduction in jail days
Communicating Value: Per-Capita Cost
Managed Care Partnerships, Sept. 2015

- **Circle the City:** Resulted in the most favorable improvement in increased quality measures/outcomes and reduced costs
  - 54 members accepted into program (July 2014 – July 2015)
  - 72% reduction in total costs after referral to Circle the City, net of the program cost
  - 77% reduction in IP costs
  - 36% reduction in ER costs
  - 12% reduction in Office costs
  - 6% increase in Rx costs
Demonstrating Value: Practical Examples

Population Health
Communicating Value: Population Health

Aggregate Across All Sites
Percentage of study enrollees with follow-up appointments within 7 and 30 days after hospital discharge

Credit: National Healthcare for the Homeless Council, CMS HCIA II Final Report, Grant 1C1CMS331336
Communicating Value: Population Health

Addressing the Social Determinants of Health

Credit: National Healthcare for the Homeless Council, CMS HCIA II Final Report, Grant 1C1CMS331336
Communicating Value: Population Health

Addressing Housing Disparities

Circle The City Medical Respite Housed 92% of Participants

*Institutional housing includes hospice, inpatient treatment facilities, and residential chemical treatment programs. Patients exiting to a hospital and those without a known exit destination have been excluded.

Credit: National Healthcare for the Homeless Council, CMS HCIA II Final Report, Grant 1C1CMS331336
Demonstrating Value: Practical Examples

Per-Capita Cost
### Communicating Value: Per-Capita Cost

*(Subtitle: People Experiencing Homelessness Cost a Lot...)*

**Overall: Mean (Average) Cost**

<table>
<thead>
<tr>
<th>Year</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Median (Midpoint)</td>
<td>Mean (Average)</td>
</tr>
<tr>
<td>Circle the City: Overall</td>
<td>$12,270</td>
<td>$29,225</td>
</tr>
<tr>
<td>Circle the City: 1-2 Visits</td>
<td>$4,495</td>
<td>$10,573</td>
</tr>
<tr>
<td>Circle the City: High Utilizers</td>
<td>$45,853</td>
<td>$52,072</td>
</tr>
<tr>
<td>Other FQHC: Overall</td>
<td>$2,039</td>
<td>$6,271</td>
</tr>
<tr>
<td>Other FQHC: 1-2 Visits</td>
<td>$1,191</td>
<td>$4,227</td>
</tr>
<tr>
<td>Other FQHC: High Utilizers</td>
<td>$3,650</td>
<td>$8,939</td>
</tr>
<tr>
<td>Non-FQHC: Received Care</td>
<td>$1,199</td>
<td>$4,612</td>
</tr>
<tr>
<td>Everyone Seeking Care</td>
<td>$1,361</td>
<td>$4,941</td>
</tr>
</tbody>
</table>

Credit: Gevork Harootunian
Communicating Value: Per-Capita Cost
(n=849)

Credit: Gevork Harootunian
Communicating Value: Per-Capita Cost (n=7)

Credit: Gevork Harootunian
## Communicating Value: Per-Capita Cost

<table>
<thead>
<tr>
<th>Arizona</th>
<th>Pre-respite program</th>
<th>Post-respite program</th>
<th>Reduction</th>
<th>T value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number admission per enrollee per month</td>
<td>0.169</td>
<td>0.074</td>
<td>56.3%</td>
<td>5.67***</td>
</tr>
<tr>
<td>Length of stay per enrollee per month</td>
<td>2.628</td>
<td>0.809</td>
<td>69.2%</td>
<td>5.46**</td>
</tr>
<tr>
<td>Medicaid payment per enrollee per month</td>
<td>$1,939</td>
<td>$719</td>
<td>62.9%</td>
<td>4.97***</td>
</tr>
<tr>
<td>Medicare payment per enrollee per month</td>
<td>$166</td>
<td>$46</td>
<td>72.1%</td>
<td>1.75</td>
</tr>
<tr>
<td>Combined Medicaid and Medicare per enrollee per month</td>
<td>$2,105</td>
<td>$765</td>
<td>63.6%</td>
<td>5.40***</td>
</tr>
</tbody>
</table>

Note: Phoenix site started enrolling patients on March 1, 2015

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Inpatient cost and utilization

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Emergency cost and utilization

Credit: National Healthcare for the Homeless Council, CMS HCIA II Final Report, Grant 1C1CMS331336
Demonstrating Value: Practical Examples

Patient Experience
Communicating Value: Patient Experience

Roberts: Terry didn't deserve the 'dump and run'


Sheryl Prokop was headed home from work one day last week, driving by the county’s homeless shelter in downtown Phoenix when she spotted the older man.

Prokop makes it a point to drive by the Human Services Campus every day, to remind herself that there are people among us who have nothing and no one. To help in some small way, if she can.

Maybe that’s why she turned around after she passed the man. He was hunched over in a wheelchair, just outside the fence of the homeless campus. His head was down, his eyes

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It’s painfully clear that David Garcia has no plan to fund Arizona education

OrgiCode Consulting

This happens just about everywhere I have been - people are discharged from hospital to snot without preparation, and shelters are ill-equipped to attend to the needs of people with complex health issues of this nature.

Shelters should never be a dumping ground.

http://www.azcentral.com/...roberts-terry-didnt-d.../90025374/
Circle the City comes full circle with new Phoenix medical clinic for the homeless

Circle the City opens new Phoenix medical facility

Robert Curtis, a person experiencing homelessness, the first takes a cookie offered by Sister Adelie O’Sullivan. Her grand idea started with a shoebox and culminated in the new Phoenix Circle the City’s new facility. Patrick Breen/The Republic

Study shows Circle the City medical respite care for the homeless saves money

Dentist Glenn, a friend with Circle the City, provides medical respite care to person, a homeless patient, John Maxwell Circle the City
Questionssssssss?