Hospitals and Housing: strategies for collaboration during an uncertain time

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HOUSING IS HEALTH CARE

- Understanding of housing & health
  - HELLO? Housing is a social determinant of health…this is not new news.
- Medicaid expansion has positive effects of this crisis, but…..
- Prescriptions for housing

Dr. Jim O’Connell said it best:

“The painfully obvious lesson for me has been the futility of solving this complex social problem solely with new approaches to medical or mental health care...I dream of writing a prescription for an apartment, a studio, an SRO, or any safe housing program, good for one month, with 12 refills.”

Current State of Hospitals in Non Expansion States

- All hospitals have strict regulations, utilization management accountability, with increased pressure to reduce readmissions and cost at the same time.
- In non expansion states, 200% and below poverty level do not receive Medicaid services that others do…So, hospitals are having to cover the costs through charity care, foundations, etc when there is lack of reimbursement (especially in Emergency Rooms)

The State of Hospitals Cont'd

- There are existing high utilization meetings in almost every department of hospitals
- Regulations and oversight under:
  - The Joint Commission on Accreditation of Healthcare Organizations
  - The Occupational Safety and Health Administration
  - The Environmental Protection Agency
  - The Centers for Medicare and Medicaid Services
  - The N.C. Division of Facility Services

Recommendations from USICH and beyond….

USICH.GOV

PARTNERING WITH HOSPITALS TO END HOMELESSNESS

People who experience homelessness often access hospital services in ways that are costly and avoidable and do not resolve their underlying health crises. Many hospital leaders understand that housing is an important social determinant of health, and that housing stability is an essential foundation for achieving better health outcomes for people who have disabilities and chronic health conditions.

New approaches to financing health care create both opportunities and strong incentives for hospitals to work with community partners to invest in improving the health of patients and communities, and to reduce avoidable emergency room visits, hospital stays, and readmissions.

Explaining our Hospital and Housing Collaboration Strategy

- There is not an easy answer..steps lead to successful outcomes.
- Every community is different, so resources and access to services will determine the outcomes and successful collaboration.
- Assessment and gaps analysis will help identify strategies…with all stakeholders at the table if possible.
- IT TAKES TIMES, not an easy fix.

FOUR Points: Collaboration with COCs, Coordination of Care Models, Data/Education, and Funding Opportunities

- Hospital participation in local Continuum of Care(COC), housing discussions, law enforcement meetings, up to date
- Increased participation of housing and supportive agencies attending patient care meetings for high utilizers
- Lunch n Learns to get agencies to come in and educate about services to discharge planners, case managers, etc

Coordination of Care

- In Reach Model: Case managers reach out to PATH team, etc can come see patients before they are discharged to be assessed for services(VISPADT, entry into HMIS, status update for housing)
- High Utilizer/FUSE meetings:
    - Community agencies and providers all at one table, discussing gaps in care and a solution…best when patient can attend to empower them and show them how much support they have.

Strategies for Data Collection and Coding

- Data collection ideas:
  - ICD 10 coding
  - Z59.0
    - Already in the system, just has to be implemented
    - Data analyst, IT, or finance department can examine data by patient identifier…but need ROI signed

Coding for Homelessness

- Z59.0 ICD 10 code for homelessness
- May need administrator or coding department to educate physicians, etc
- Another way is to find data analyst or other staff that can pull homeless identifier in notes or address of shelters in the EMR
- Example:
    - In psych department, just used shelter address to find homeless and added up cost for one year: 12 million. This drove investment into new crisis center facility.

Grassroot Data Collection

- Gathered data on patients that were frequent flyers to ED and inpatient.. used CMS definition for high utilization
- Proved the #of admissions pre and post receiving care from agency/clinic..or after in stable housing.
- Cost analysis can help, but remember one outlier can throw off data.
- Shared real stories and asked consumers to come to share successes.
- NOTE: One story may change one perspective, to open a door to funding.

High Utilizer/Frequent Flier Data

- Hospitals can be hard to navigate when trying to get data due to department and billing silos…also, there is a big difference between actual cost and charges
- Community Benefit departments and care management may be the best bet, but simply documenting number of visits before and after housing intervention can project cost savings

Educating that Housing Is Health Care

- Understanding the correlation between housing & health
- Why housing leads to stability
- Focus on social determinants in population health management...why FUSE and PSH address those needs
- Show research from other hospitals, NHCHC.org

Its all about relationships and collaboration

- Find a champion in the hospital that can start advocating for patients experiencing homelessness
- Have data ready to prove that your agency/clinic can be a positive return on investment
- Invite administrators/executives to your proposed site or to a planning meeting
- Try to recruit hospital staff to homeless coalition or to COC leadership meetings

Other Strategies for Engagement: Patients/ Care Coordination

- Meet with head of case management and/or discharge planners at the hospital: “fire in the belly” approach
- Brainstorm ways to connect to patients before they are discharged, or a referral system
- Try to support their discharge planning standards under CMS, regulations are strict and any support helps

PSH/FUSE Model in Asheville, NC

- In 2013, CSH facilitated a Hard to House Summit with local stakeholders
- FUSE had been started at jail, and hospital had a community high utilizer meeting
- Targeted workgroup formed with hospital(myself) lead housing agency, PHA, City, and County government....
- 2 years of development and many lessons learned....

Why it's been successful

- FUSE patients need integrated care that comes to them, so in our PSH model, the New Access Point application included public housing sites...the HCH clinic staff do outreach to where the patients live.
- County funded security, case management with lead housing agency, HUD leased building, infrastructure for clinic and Community Benefit from Hospital funded agencies that provide the services
- In one year, 100% retention rate for 16 units..ask Homeward Bound about details, they are awesome!
- Now a new project is already in the works…

FUNDING

- Community Benefit funding: requirement for all non profit status hospitals under IRS form 990 to receive tax exemption.
    - Agencies funded have to prove they meet the health needs of community within scope of the Community Health Needs Assessment(CHNA)
- Other systems have foundations, seed money, depending on revenue and structure
- 1115 Waiver opportunity may be able to support services. For more info, go to CSH.org

SUMMARY

- Find out how hospitals can invest in agencies that support housing, medical care, and agencies that serve the homeless population.
- If the hospital can support agencies that supply subsidy for housing, then this pays for housing.
- Be creative, and remember its a “help me, help you” approach
- And remember this is all about SAVING LIVES.
    - Don’t get caught up in the politics, this is about caring and loving others, not money or yourself.
    - #justsayin