MEDICAL RESPITE and collaborations with hospitals

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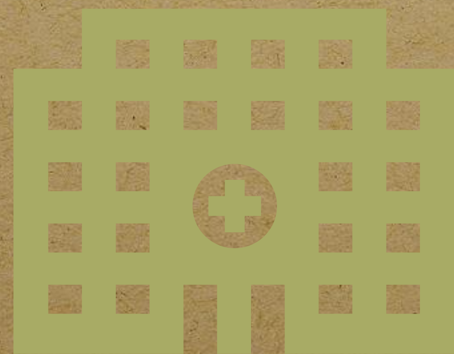
Head of Vulnerable Populations/Cone Health and Hospitals/ACO

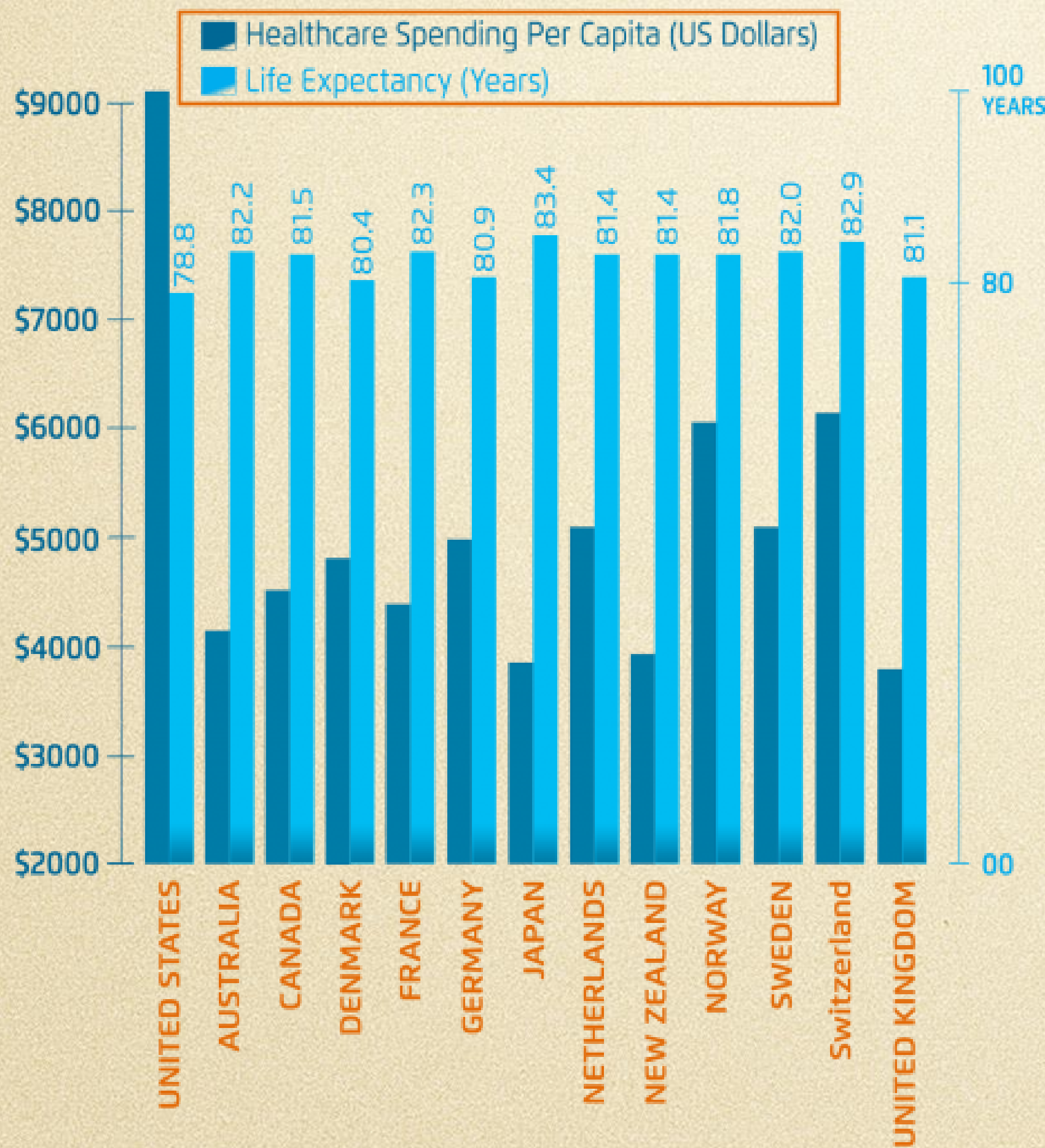


Why have the tables turned?

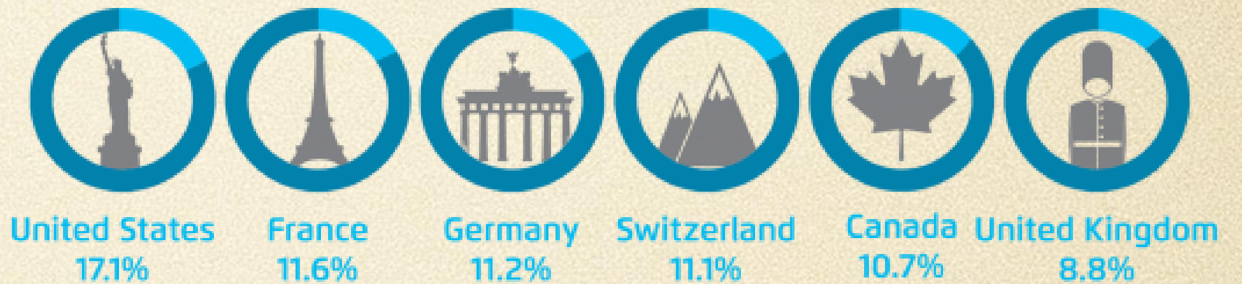
- Affordable Health Care Act
- Focus on population health
- Social Determinants of Health
- Hospitals need solutions, and you are the key!

US Population Health

SPENDING ≠ POPULATION OUTCOMES



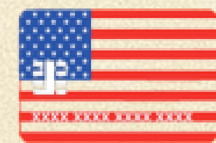
PERCENT GDP SPENT ON HEALTHCARE



United States 17.1%
France 11.6%
Germany 11.2%
Switzerland 11.1%
Canada 10.7%
United Kingdom 8.8%

UNITED STATES spends nearly 50% MORE than the next-highest country

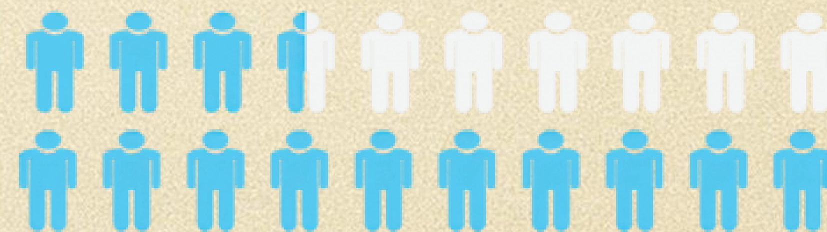
PUBLIC $PENDING



US public spending $4197 per Capita

UK public spending $2802 per Capita

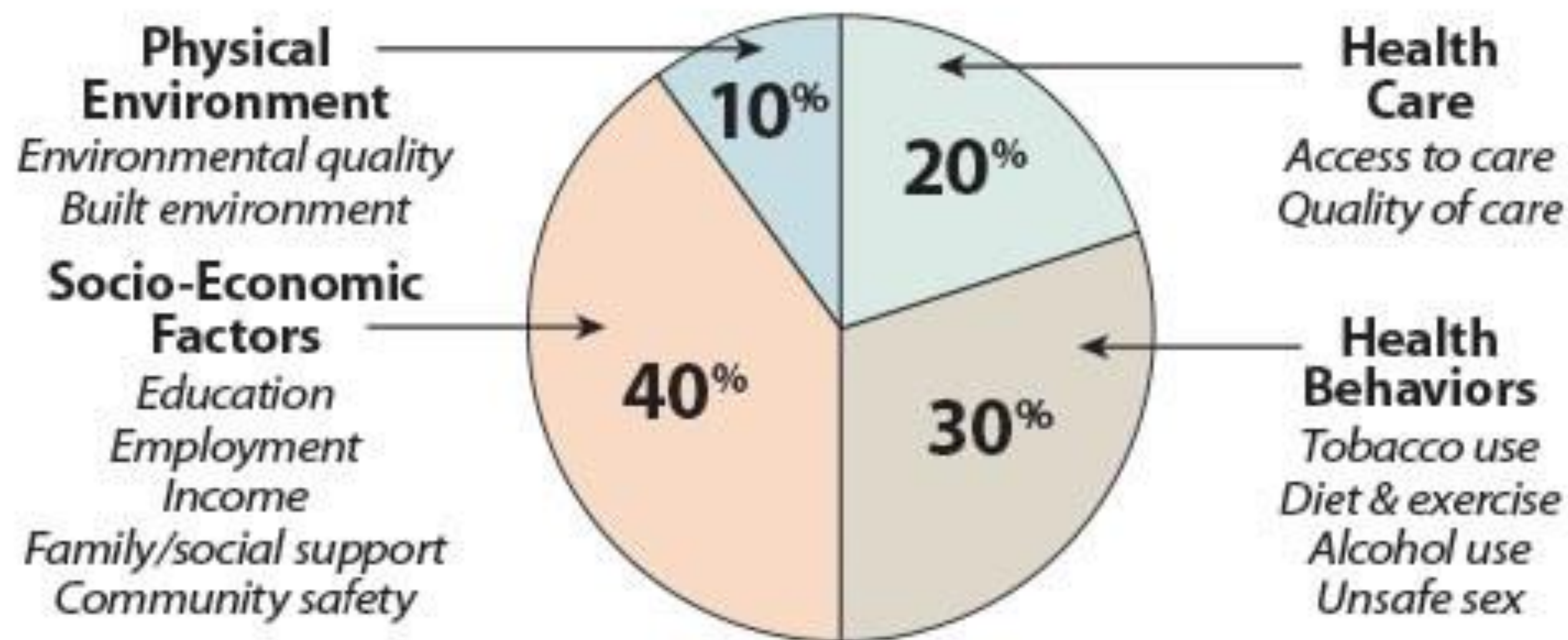
RESIDENTS COVERED BY PUBLIC SPENDING

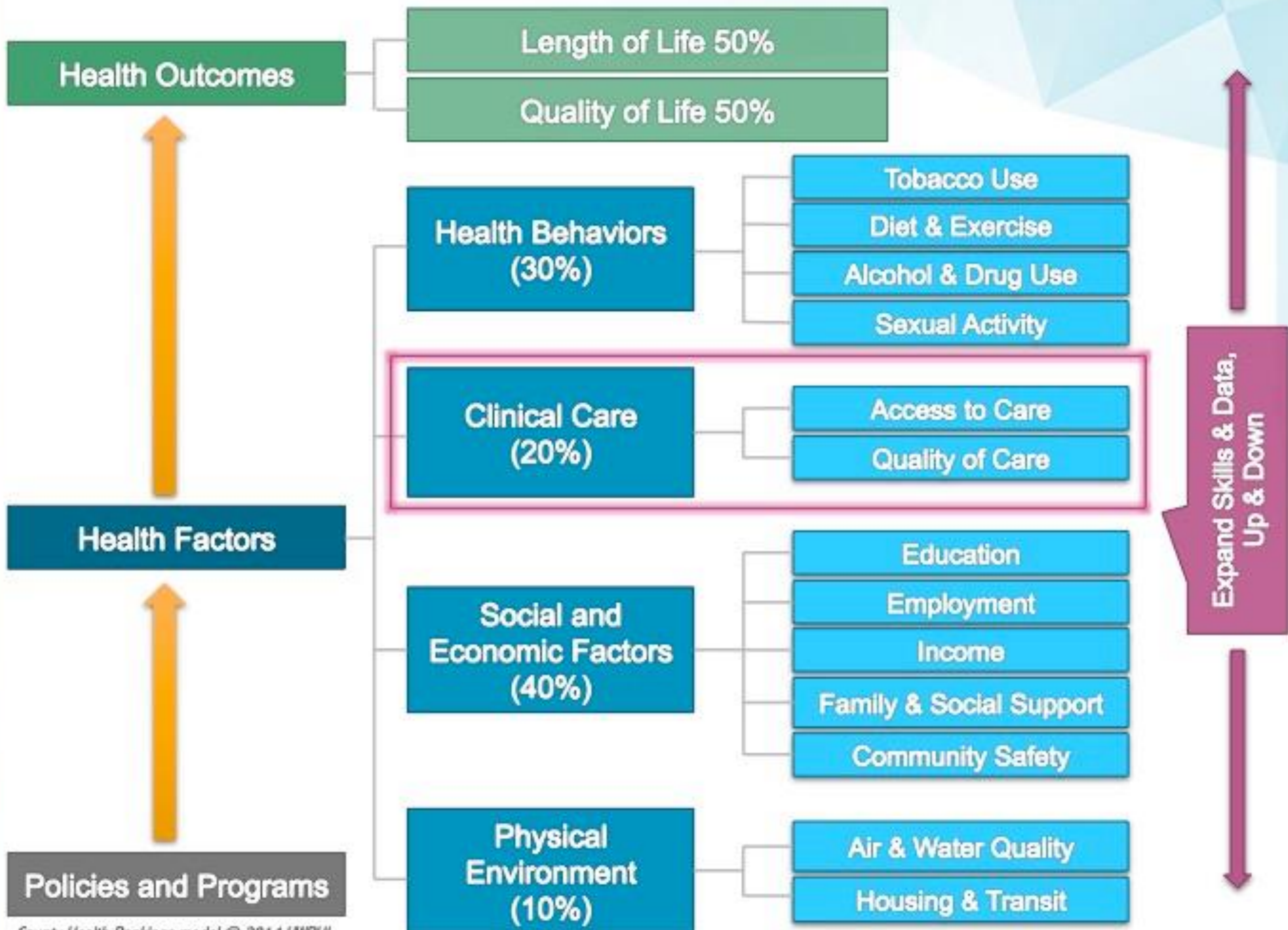


US 34%

UK 100%

The inclusion of a population health promotion perspective within healthcare is consistent with a shift from hospital-based care focused on illness and disability to community-oriented services that focus on the prevention of illness and disability before they have a chance to occur. In this process, communities develop a stronger capacity to address the social, economic and environmental conditions affecting their health and well-being, such as poverty, social isolation and crime.


Social Determinants of Health
Population Health
Physical Environment
Environmental quality
Built environment
10%
Health Care
Access to care
Quality of care
20%
Socio-Economic Factors
Education
Employment
Income
Family/social support
Community safety
40%
Health Behaviors
Tobacco use
Diet & exercise
Alcohol use
Unsafe sex
30%
Source: Authors' analysis and adaption from the University of Wisconsin Population Health Institute's County Health Rankings model ©2010, http://www.countyhealthrankings.org/about-project/background



Robert Wood Johnson & University of Wisconsin Public Health Institute

HEALTH
Health Services
Income and Social Status
Education
Employment and Working Conditions
Social Support Networks
Physical Environments
Biology and Genetic Endowment
Social Environments
Healthy Child Development
VALUES
Culture
Personal Health Practices and Coping Skills
Gender
BELIEFS
ASSUMPTIONS

Relating to the hospital- Why beds for discharge are a high commodity

- Regulated Programs and Standards for Hospitals are:
    - Community Benefit
    - Affordable Care Act(ACA)-focus on High Utilizers and Transitions of Care
    - The Joint Commission Standards(TJC)
    - Population Health Management(PHM)

Community Benefit

- In order for a nonprofit hospital to be exempt from federal income tax, they are required to provide community benefit. This is currently interpreted to mean providing community benefit programs — to support the health and public good of the community they serve.
- Since the passage of the Affordable Care Act (ACA), every nonprofit hospital is now required to report that, either during the tax year beginning after March 23, 2012 or during one of the two immediately preceding tax years, it has conducted a community health needs assessment (CHNA) and adopted an implementation strategy to address the identified needs of the community it serves.

Community BENEFIT

- Regulation by the IRS- 990 Form
- Very specific health indicators determined by Community Health Needs Assessment(Ex for Asheville, NC: access to primary and mental health care)
- Specific dollars given to agencies that can improve these indicators
- Agencies have to give data to prove outcomes, to show that intervention improved the wellness of overall community

Community Health needs assessment (CHNA)

- Every hospital must conduct or access a CHNA on a triennial basis, designed to help hospitals understand the needs of the community it serves.
- The CHNA report must include 1) a definition of the community the hospital serves; 2) a description of the needs identified and the process for prioritizing needs; 3) a description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA; 4) a description of the process, methods, sources and dates of the data used to conduct the assessment; and 5) a description of the consultation process and a list of community organizations and members and experts consulted, including public health experts, to conduct the assessment.
- Hospitals may base their CHNAs on information collected by other organizations, such as government
- agencies or not-for-profit groups, and may
- conduct CHNAs in collaboration with others.

ACA and TJC

- Medicare only: Hospitals and Readmission Rate: Section 3025 of the Affordable Care Act added section 1886(q) to the Social Security Act, establishing the Hospital Readmissions Reduction Program, which requires the CMS to reduce payments to hospitals with excess readmissions, effective for discharges beginning on October 1, 2012. The regulations that implement this provision are in subpart I of 42 CFR part 412 (§412.150 through §412.154).
- High utilizers are the focus for the Emergency Department as well as internally. Many of these high utilizers are homeless. TJC and CMS regulates discharge protocol.

Population HealtH MANAGEMENT (PHM)

- The goal of population health management (PHM) is to keep a patient population as healthy as possible, minimizing the need for expensive interventions such as emergency department visits, hospitalizations, imaging tests, and procedures.
- Though PHM is new and its definition continues to evolve, it consists of 3 elements:
- The primary care physician must play the central role in a patient's treatment
- That care is augmented by care coordination, and in some cases intensive care management by specially trained nurses
- Finally, increased involvement from patients to play an active role in their care

approaching Hospitals

- Use specific data
- Stress the cost savings, but be careful to not act like the hospitals "should do this"
- Remember that hospitals are hurting as well, so make sure it is a collaboration
- Involve as many other agencies as possible, collaboration is key
- Find out what the hospitals need, "help us to help you"

Its all about relationships and collaboration

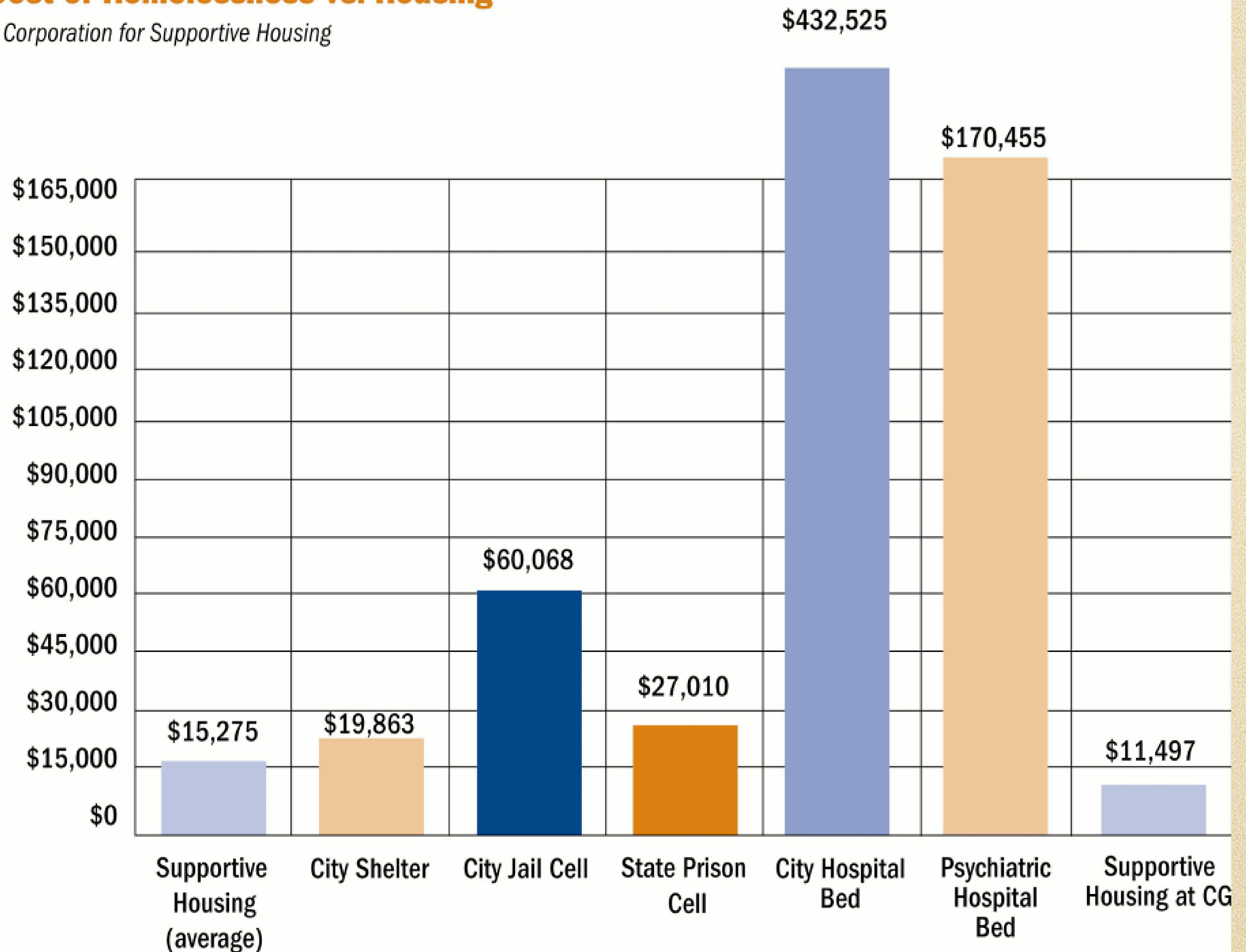
- Find a champion in the hospital that can start advocating for patients experiencing homelessness
- Have data ready to prove that your agency/clinic can be a positive return on investment
- Invite administrators/executives to your proposed site or to a planning meeting
- Try to recruit hospital staff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

Readmissions are priority

- New regulations on having primary care appointment in 7 Days or less
- Patients find their medical home in medical respite, so hospitals want to know that!

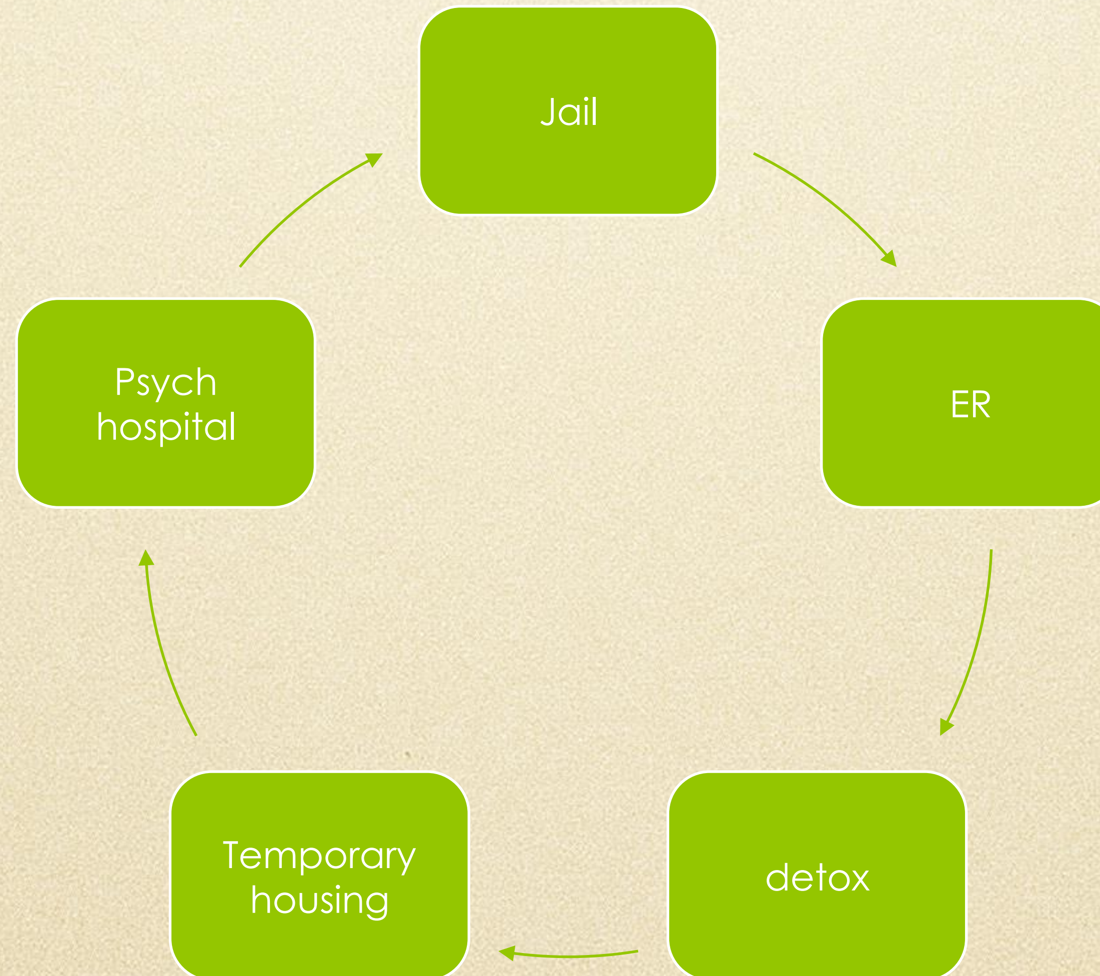


The Cost of Homelessness vs. Housing
Source: Corporation for Supportive Housing
$165,000
$150,000
$135,000
$120,000
$105,000
$90,000
$75,000
$60,000
$45,000
$30,000
$15,000
$0
$15,275
$19,863
$60,068
$27,010
$432,525
$170,455
$11,497
Supportive Housing (average)
City Shelter
City Jail Cell
State Prison Cell
City Hospital Bed
Psychiatric Hospital Bed
Supportive Housing at CG

Hospital High Users are a piece of this Institutional Circuit

High utilization of crisis services in one public system is often part of a larger "institutional circuit"

Institutional circuit pattern:
– Indicates complex, co-occurring social, health and behavioral health problems
– Reflects failure of mainstream systems of care to adequately address needs
– Demands more comprehensive intervention encompassing housing, intensive case management, and access to responsive health care



Practical WAYS to Get Involved

- Ask about community benefit and if there is a committee that you can join. Find out who is in charge of community benefit in the hospital, request to have lunch and information.

- High utilizer meetings are held internally, but can involve community members. Ask to be apart of the high utilizer review meetings and represent the patients that may be homeless.

- Get involved in your local COC, Partnership to End Homelessness, City Council, find out the stakeholders who are involved with the hospital

Hospital collaboration at work (example)

- At triage, patients are flagged for high utilization. Once have seen provider, ICD 10 code is triggered.(Z59.0)
- If they have a behavioral health diagnosis, the High Utilizer team and/or PATH team is involved.
- Once on the floor, care management/discharge planners make referral to medical respite and send copy to provider(usually the FQHC/HCH involved).
- Over time all these referrals became well known and Community Benefit increased their funding for sustainability.

sample proposal

COMMUNITY OUTREACH and MEDICAL RESPITE TEAM PROPOSAL Brooks Ann McKinney, MSW

I. Objective:

To provide patient centered medical care for chronically ill homeless residing in shelters and the community to reduce the frequency of Emergency Department (ED) visits and improve quality of life for ones that cannot access primary care. This project will target the high utilizers, homeless individuals, and the most vulnerable.

II.Need:

The last point in time count estimated 500 homeless in Buncombe County, however existing homeless agencies reported serving an average of 3,700 patients last year.

(insert data from Emergency room and top high utilizers)

This project will be a collaborative effort between (list of all local agencies)

III. Goals:

1. To improve the transition of care from inpatient to ambulatory sites.
2. To reduce the 30 day readmission rate by providing medical care at the sites of need.
3. To provide acute episodic care to patients residing at respite program.
4. To increase enrollments for Medicaid and SSI/SSDI approvals for patients served.
5. To access resources for patients with case management to secure primary care, mental health care, housing, etc.

Pro forma with cost savings focused on the top homeless utilizers compared to the cost of the project.

USE DATA PRE and POST 6 months of you patients in the program.

MORE info

- NHCHC.org has tons of research and resources.
- HRSA.gov
- SAMHSA.gov
- email me at brooksann.mckinney@gmail.com