

NATIONAL
INSTITUTE
for
MEDICAL
RESPITE
CARE

Building Relationships with Hospitals

January 25th, 2024

In partnership with America's Essential Hospitals

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

The National Institute for Medical Respite Care is a special initiative of the National Health Care for the Homeless Council.

Land and Labor Acknowledgment



Memphis rests on the current and historical land of **Quapaw** and **Chickasaw** tribes.

Cook County rests on the historical lands of **Peoria, Potawatomi, Myaamia, Kaskaskia, and Kickapoo** tribes.

These communities reside on these unceded ancestral lands of people past and present and **honor with gratitude the land itself, and its people.**

We honor the brilliance and humanity of all immigrant labor, including voluntary, involuntary, trafficked, forced, and undocumented peoples, **whose labor**, remains hidden in the shadows **but still contributes to the wellbeing of our collective community.**

Today's Presenters & Panelists

Julie Kozminski

Senior Policy Analyst, America's Essential Hospitals

Susan Cooper

Senior Vice President and Chief Integration Officer, Regional One Health

Dr. Keiki Hinami

Director of Applied Research, Center for Health Equity & Innovation

Medical Director, Recuperation in a Supportive Environment (RISE) Center of Cook County

Dr. Yvonne Collins

Chief Medical Officer, CountyCare



AMERICA'S
ESSENTIAL
HOSPITALS

Essential Hospitals Explained

Julie Kozminski

Senior Policy Analyst

January 25, 2024



AMERICA'S ESSENTIAL HOSPITALS

- America's Essential Hospitals champions excellence in health care for all, regardless of social or economic circumstance, and advances the work of hospitals and health systems committed to ensuring access to care and optimal health for America's most vulnerable people.



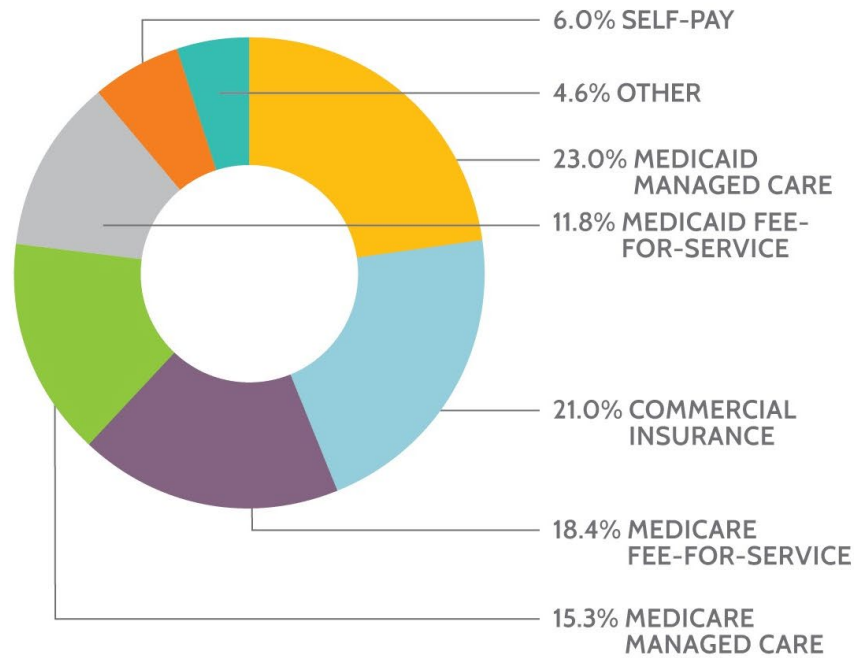
WHAT IS AN ESSENTIAL HOSPITAL?

- Serve as the safety net provider in their community
- 120 members with over 300 facilities
 - 5% of US acute-care hospitals
 - Members in 40 states plus DC
- At least 50% of payer mix is public or uninsured
- Publicly owned and private non-profits
 - Mostly urban
 - No federal designation

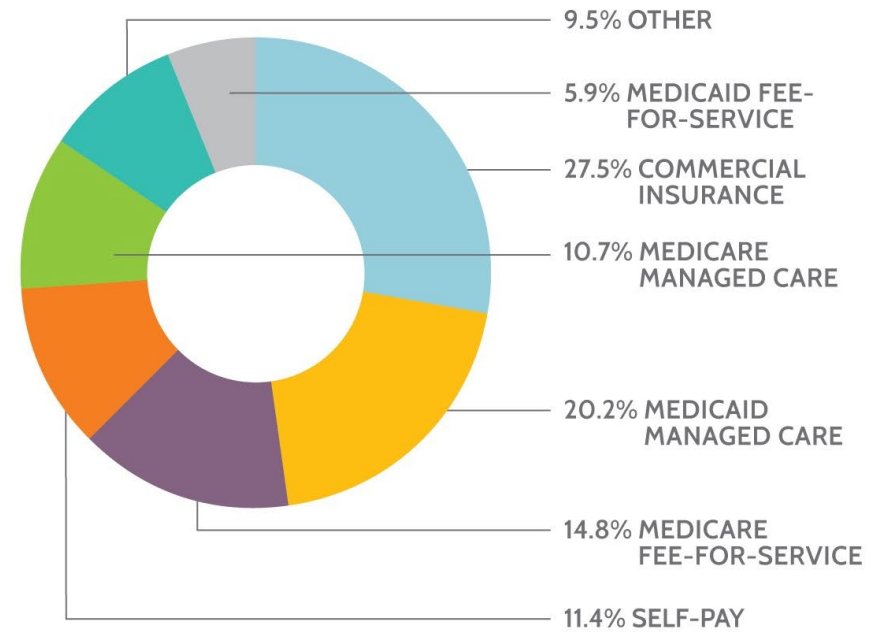
Inpatient and Outpatient Utilization and Payer Mix

Members of America's Essential Hospitals, 2021

INPATIENT DISCHARGES BY PAYER MIX



OUTPATIENT VISITS BY PAYER MIX



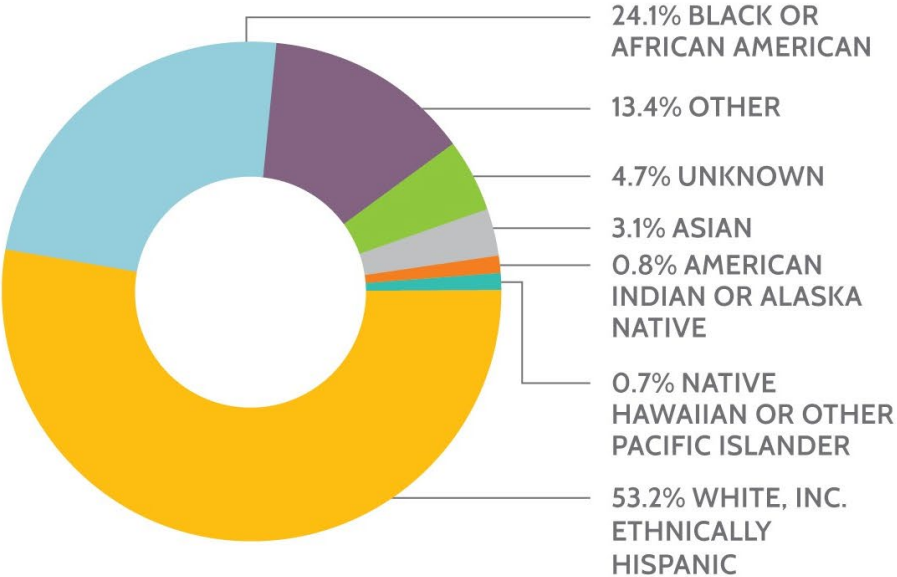
Note: Numbers might not add up to 100 percent due to rounding.

Source: America's Essential Hospitals. Fiscal Year 2021 Hospital Characteristics Survey, 2023.

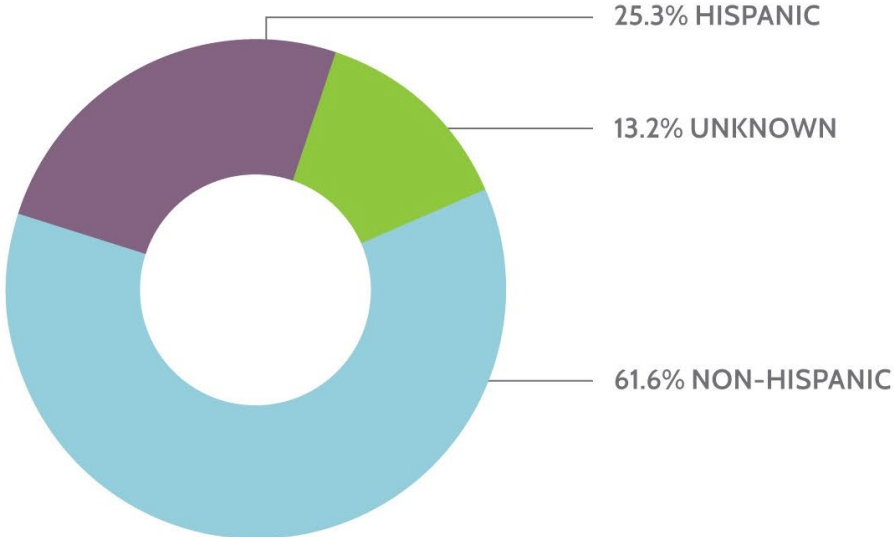
Inpatient Discharges by Race and Ethnicity

Members of America's Essential Hospitals, 2021

RACE



ETHNICITY



Note: Numbers might not add up to 100 percent due to rounding. Race and ethnicity categories are based on the 2020 U.S. Census race and ethnicity standard categories. Individuals that identify as Hispanic or Latino can be of any race.

Source: America's Essential Hospitals. Fiscal Year 2021 Hospital Characteristics Survey. 2023.

Specialty Care Services

Members of America's Essential Hospitals, 2021

ESSENTIAL HOSPITALS OPERATE:



44.6%
OF THE NATION'S BURN
CARE BEDS



5,600+

PSYCHIATRIC CARE BEDS AT **97** FACILITIES



32.2%
OF THE NATION'S LEVEL I
TRAUMA CENTERS



3,200+

NEONATAL INTENSIVE CARE UNIT BEDS AT
101 FACILITIES

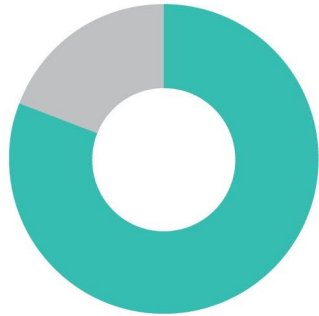


27.1%
OF THE NATION'S
PEDIATRIC INTENSIVE
CARE BEDS

Source: American Hospital Association. 2021 AHA Annual Survey. Health Forum LLC. 2022.

Number of Physicians Trained

Members of America's Essential Hospitals versus Other Acute-Care Hospitals, 2021



81%

OF MEMBERS ARE TEACHING INSTITUTIONS AS DEFINED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION



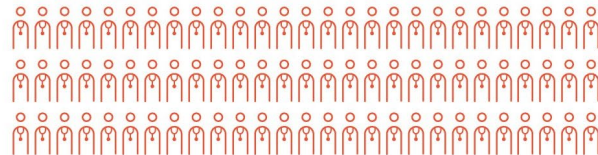
30.4%

OF MEMBERS ARE ACADEMIC MEDICAL CENTERS AS DEFINED BY THE COUNCIL OF TEACHING HOSPITALS AND HEALTH SYSTEMS

Each member teaching hospital trained an average of **246** physicians in 2021.



Other U.S. teaching hospitals each trained an average of **81** physicians.



Source: American Hospital Association. 2021 AHA Annual Survey. Health Forum LLC. 2022.

Centers for Medicare & Medicaid Services. Healthcare Cost Report Information System, Hospital 2552-10 Cost Report Data Files FY2021. 2023.



Social Determinants of Health

Members of America's Essential Hospitals, 2021

SOCIAL DETERMINANTS ADDRESSED THROUGH STATE INITIATIVES



72.1%
FOOD INSECURITY



65.6%
TRANSPORTATION



63.9%
HEALTH BEHAVIORS



55.7%
HOUSING
INSTABILITY



54.1%
FAMILY AND SOCIAL
SUPPORTS



54.1%
HEALTH LITERACY



49.2%
INTERPERSONAL
VIOLENCE



47.5%
SOCIAL NEEDS
SCREENING



44.3%
EDUCATION



41.0%
EMPLOYMENT
AND INCOME



39.3%
COMMUNITY
INFRASTRUCTURE



37.7%
UTILITY NEEDS



31.2%
LEGAL NEEDS



29.5%
STRUCTURAL
RACISM



18.0%
OTHER

Note: Respondents selected all that apply, so percentages will not add up to 100.

Source: America's Essential Hospitals. Fiscal Year 2021 Hospital Characteristics Survey, 2023.

Average Uncompensated Care

Members of America's Essential Hospitals versus Acute-Care Hospitals Nationwide, 2021



Share of National Uncompensated Care

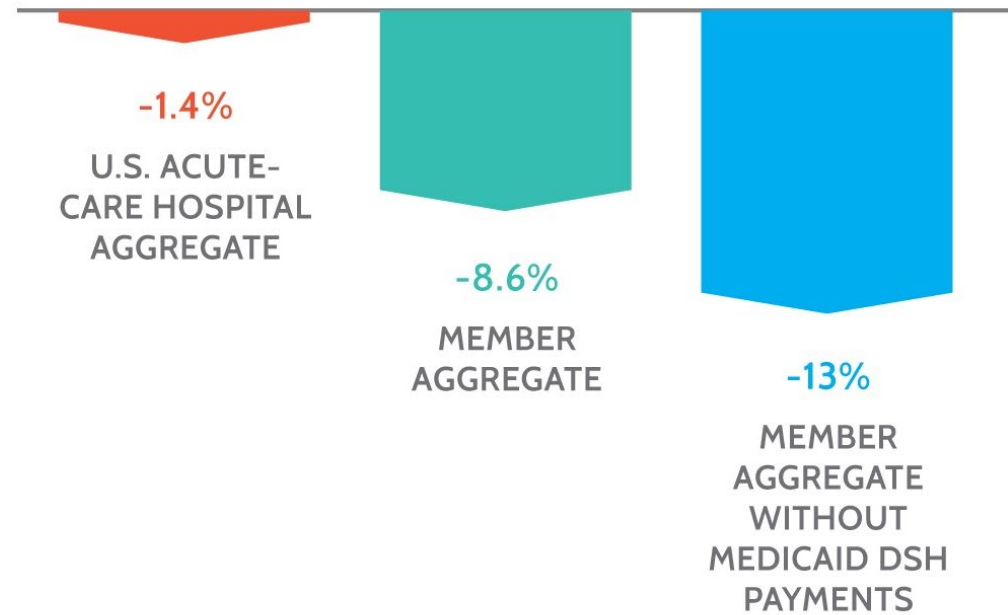
Members of America's Essential Hospitals, 2021



Source: American Hospital Association, 2021 AHA Annual Survey, Health Forum LLC, 2022

National Operating Margins

Members of America's Essential Hospitals versus All Acute-Care Hospitals Nationwide, 2021



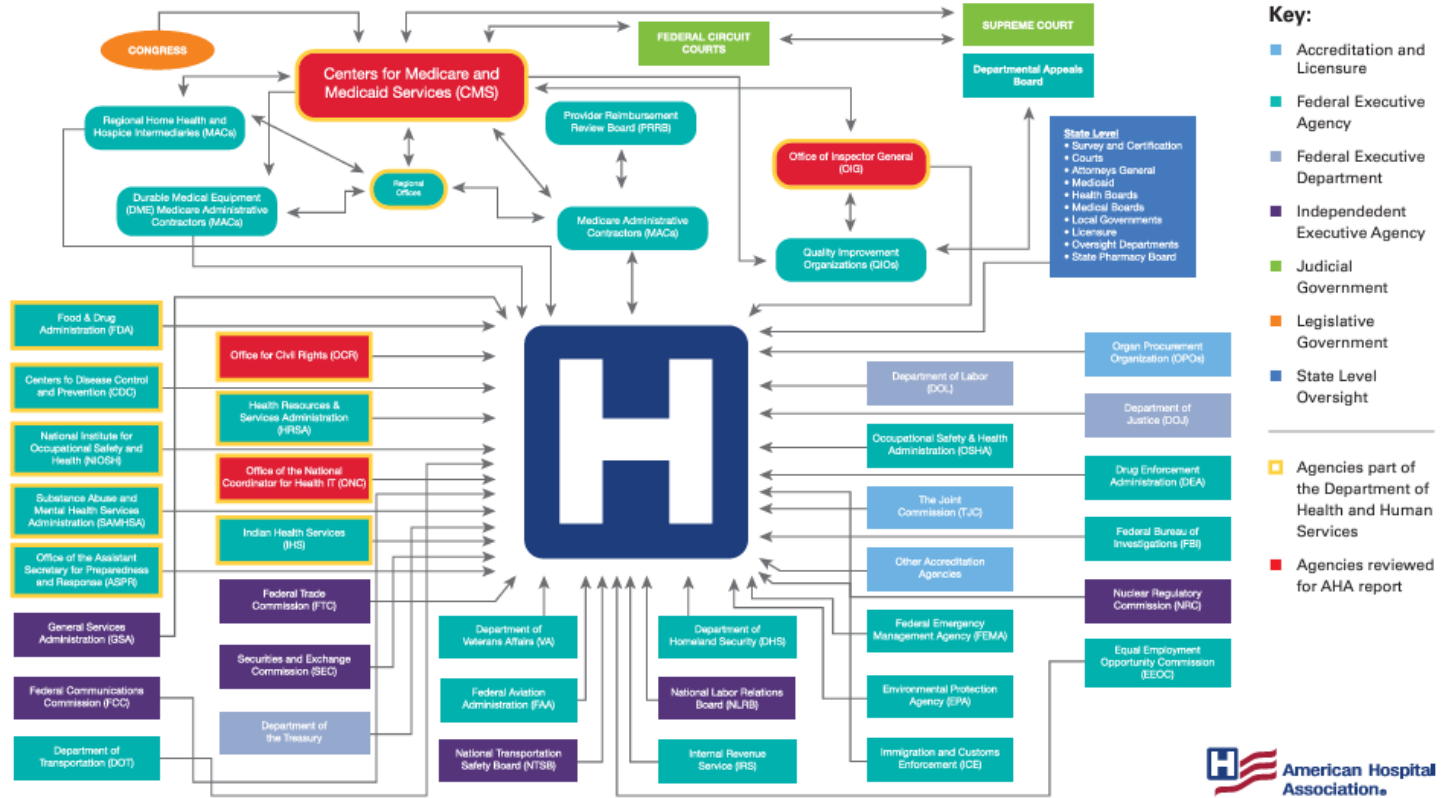
Source: America's Essential Hospitals. Fiscal Year 2021 Hospital Characteristics Survey. 2023.

Centers for Medicare & Medicaid Services. Healthcare Cost Report Information System. Hospital 2552-10 Cost Report Data Files FY2021. April 2023 release.

HOSPITAL REGULATION

Federal Agencies with Regulatory or Oversight Authority Impacting Hospitals

Four federal agencies account for 629 regulatory requirements that health systems, hospitals and post-acute care providers must comply with, yet providers are subject to regulation and oversight from many other sources.



Adapted and updated from: American Hospital Association. Patients or Paperwork? The Regulatory Burden Facing America's Hospitals. May 2001.

MORE INFORMATION

- Member list:
 - <https://essentialhospitals.org/about/listing-of-americas-essential-hospitals-members/>
- Essential Data:
 - essentialdata.info
- Email: jkozminski@essentialhospitals.org

• BUILDING RELATIONSHIPS WITH HOSPITALS: MOVING THE NEEDLE BY BUILDING AUTHENTIC COMMUNITY PARTNERSHIPS

- Susan R. Cooper MSN, RN, FAAN
- Chief Integration Officer, Senior Vice President
- scooper@regionalonehealth.org

REGIONAL ONE HEALTH

- **Oldest Hospital in the state of Tennessee**
- **Serves as the essential hospital or safety net for a multistate region**
- **Located in Memphis, TN, a city that has an adult poverty rate of 22%**
- **Reside in a non-Medicaid expansion state**
- **Shelby County has the largest percentage of uninsured in the state (14%)**
- **20% of ROH patients served are uninsured**
- **1,292 individuals identified in 2023 Point in Time Count (Jan. 23) as being homeless:**
 - **1127 sheltered, 165 unsheltered**
 - **133 Veterans**

ONE HEALTH: COMPLEX CARE PROGRAM FOR UNINSURED

VISION: Every Memphian Deserves Great Health



Goal:

To improve the health of our uninsured, medically and social complex patients

COMPLEX CARE PROGRAM

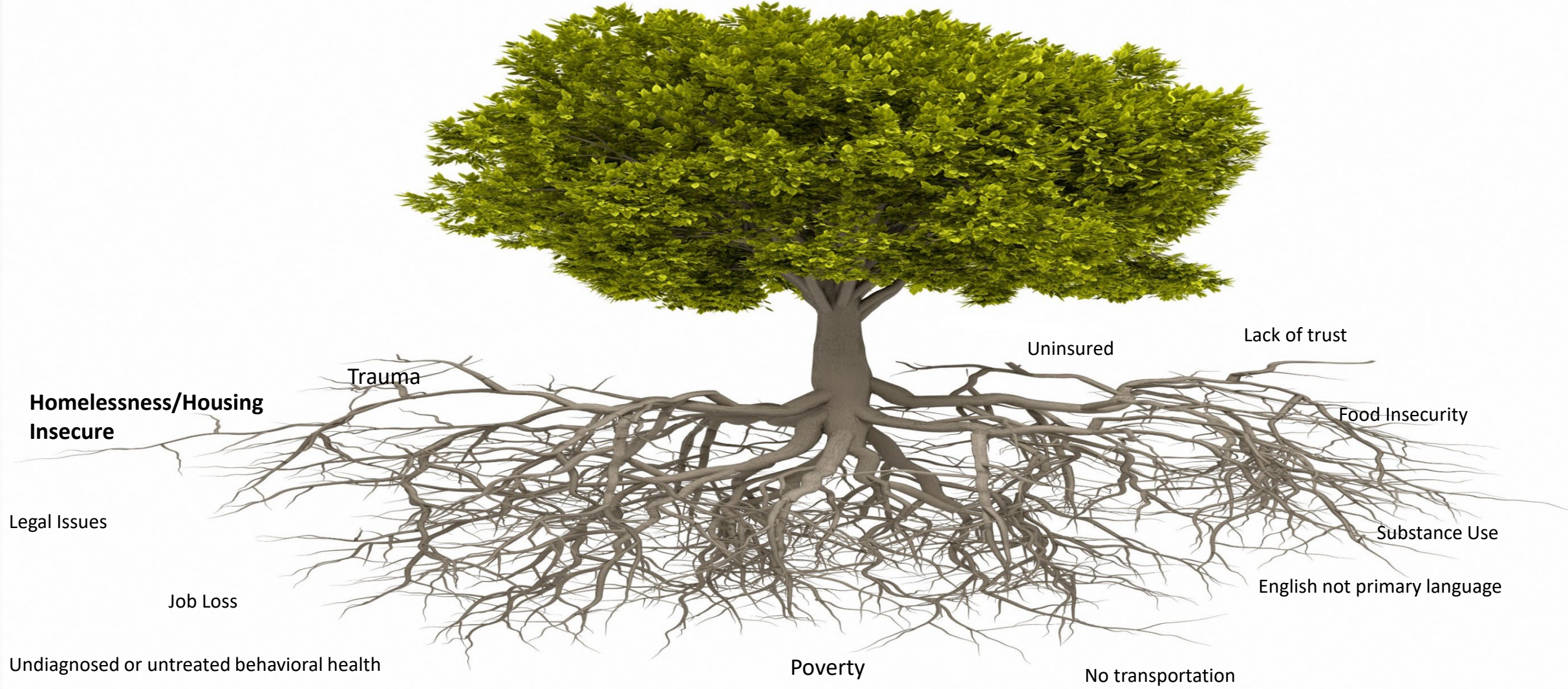
- **Seeks to Improve the health and well-being of uninsured Memphians who frequently cycle through multiple systems but who do not receive any lasting benefit from their interactions**
- **Addresses both health and social drivers of health applied through a health equity lens**





Predominantly male (71%)
Frequent ED utilization
Few hospitalizations
Fragmented care
Chronic disease (>2, up to 7)
No links to primary care
Some at end stages of life
Mental Health diagnosis (43%)
Substance use (30%)
Chronic pain

GETTING TO THE ROOT OF THE PROBLEM



CREATING A NEW ECOSYSTEM OF CARE



- Data Analysis
- Community Asset Mapping
- Authentic Partnerships
- Clinical and Community Plans of Care

Building Authentic Partnerships

- Place Matters
- Strategic Invitations
- Create common vision and sense of urgency
- Ask for help
- Allow the community to hold you accountable
- Set expectations for next steps
- Don't Rush



Asset Mapping

“What are the resources for Complex Patients”



...and where are the gaps?

Why Medical Respite is Important to Hospitals

- Extended lengths of stay increase costs and inability to bed new patients leading to patient holding in emergency departments
- Longer lengths of stay can lead to additional hospital acquired conditions, poor patient outcomes
- Unhoused patients can not adequately heal if discharged to unstable housing leading to additional emergency department visits or inpatient admissions
- We look at data for effectiveness of patient referred to respite have we:
 - Decrease inappropriate admissions
 - Decrease LOS (avoidable days)
 - Decrease emergency department visits

WORKING WITH MEDICAL RESPITE IN MEMPHIS

- **21 bed unit serving all hospitals in Memphis**
- **Primary funding came through grants and Cares Act funding received by City during Covid, piloted in hotels leading to construction of the main campus**
- **Our complex care team and case managers identify appropriate patients and have a referral system that was developed with recuperative care provider**
- **Important for our discharged patients being transferred to recuperative care to have the following in place:**
 - **Discharge appointments already scheduled**
 - **Transportation to and from appointments**
 - **Medications post-discharge**
 - **Any dressings, ostomy supplies etc.**
 - **A point of contact at both organizations to call if emergencies arise**

Challenges with working with hospitals

- Difficult to identify the right point of contact
- Power imbalance
- Hospitals are looking for the business case as well as patient outcomes
- Hospitals are highly regulated
- Hospitals are often unaware of community assets and their capabilities
- Need to also now look to payers for support with new focus on addressing social drivers of health

POTENTIAL POINTS OF CONTACT AND STRATEGIES FOR WORKING WITH HOSPITALS

- **Use your community relationships to make introductions**
- **Seek out Case management/discharge planners as points of contact**
- **Complex care departments**
- **Offer to have a lunch and learn about recuperative care/respice for specific hospital teams:**
 - **What is recuperative care/respice**
 - **What is your process**
 - **Who can you accept/not accept**
 - **Explain the low barrier to entry**
 - **Length of the respice services**
 - **Build a business case for the hospital to use and/or pay for the services**
 - **Think about what a contract might look like**
 - **Under-promise and over-deliver**

Secret Sauce to Authentic Partnerships

- Take your time
- Focus on a collective vision: how do we help each other help our patients/clients
- Challenge the status quo
- Under-promise and over deliver
- Be transparent
- Celebrate team wins
- Everyone has something to contribute, create a safe atmosphere for authentic dialogue



Contact:

Susan Cooper MSN, RN, FAAN

scooper@regionalonehealth.org

Related Resource & Publications

- [Medical Respite Care Online Course: Partnerships with Hospitals](#)
- [FAQs: Contracts with Hospitals](#) (Fact Sheet)
- [Advice from Medical Respite Program Coordinators: Survey on Relationships with Hospitals](#) (Fact Sheet)
- [Medical Respite Budget Tool](#) + [Budget Tool Guidance](#)
- [Medical Respite Care: Financing Approaches](#) (Policy Brief)
- [Financing Medical Respite Care: A Practical Discussion to Ensure Sustainability](#) (Webinar)
- [Hospital Community Benefit Funds: Resources for the HCH Community](#)



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Upcoming Activities

RCPN All Member Meeting, February 28th at 3:00 ET

- Updates on NIMRC and medical respite care
- Discussion will focus on HUD's 90 Day Rule – Implications for Medical Respite

Webinar: Assessing Health Management in Medical Respite and Health Center Settings, March 13th at 3:00 ET

- Overview of ways to assess for health management within HCH and medical respite settings
- Overview of new resource/publication

Virtual Symposium: Trauma Informed Design in MRC, April 3rd 1-5:00 ET, registration coming soon

- Convening that will provide information and strategies for programs to incorporate trauma-informed design
- In partnership with Shopworks Architecture

Gender Affirming Care in Medical Respite Coffee Chat – April, registration coming soon

Upcoming Activities

[National Health Care for the Homeless Annual Conference](#), May 13-16th

- Phoenix, AZ
- Medical Respite PCI and sessions throughout the Conference
- **Register before Jan. 31 to receive a 15% Early Bird discount!** Use the code EB15 at checkout.

Nominations are open for:

- [Willie J. Mackey Award](#): This award recognizes an individual who has made a profound impact on their community through the delivery or advancement of medical respite care.
- [RCPN Steering Committee](#): We encourage nominations from hands-on medical respite providers, administrators, funders, and community partners. We are especially interested in nominees with lived experience of homelessness and those with experience working within a Managed Care Organization or related payor.

NATIONAL
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— *for* —
MEDICAL
RESPIRE
CARE

Thank you!

Have ideas or need technical assistance?

Please reach out to Caitlin [Csynovec@nhchc.org], Stephen [Swilder@nhchc.org],
Christa [Csignor@nhchc.org], Samantha [Smarco@nhchc.org], or Tarryn
[Tbieloh@nhchc.org]