@EconomicRT
/EconomicRT
economicrt.org

315 West Ninth Street, Suite 502
Los Angeles, CA 90015

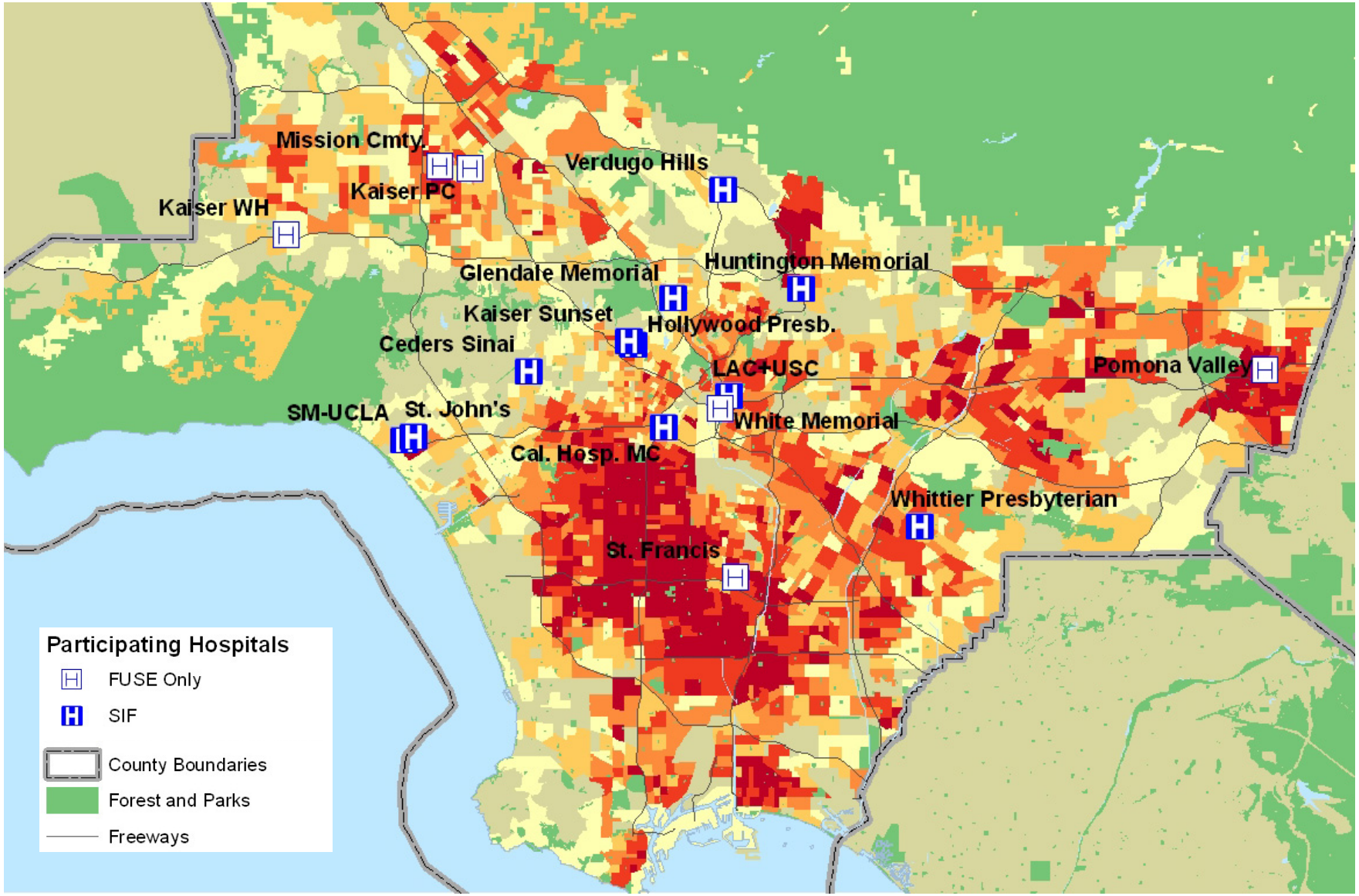
Outcomes from Housing High Cost Homeless Hospital Patients

Integrating Housing into the HIV Care Continuum

UCLA

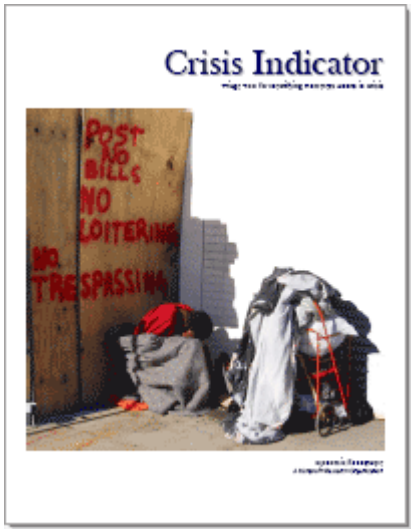
October 21, 2014

18 Hospitals using triage tools to identify high-cost (and high-need) homeless patients

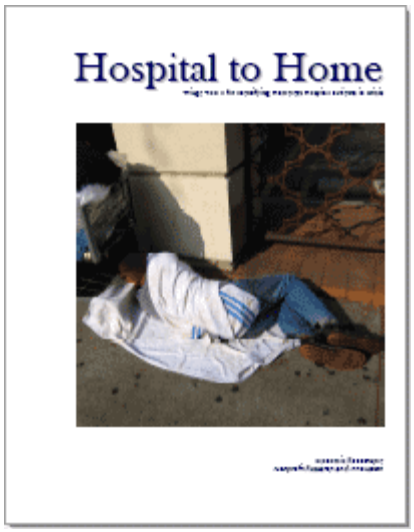


Supporting research

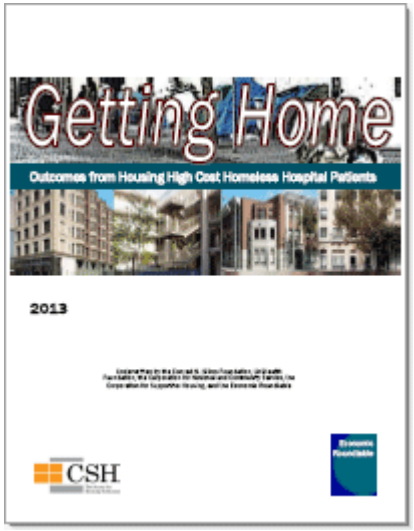
Where We Sleep: The Costs of Housing and Homelessness in Los Angeles



Crisis Indicator: Triage Tool for Identifying Homeless Adults in Crisis



Hospital to Home: Triage Tool II for Identifying Homeless Patients in Crisis



Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients

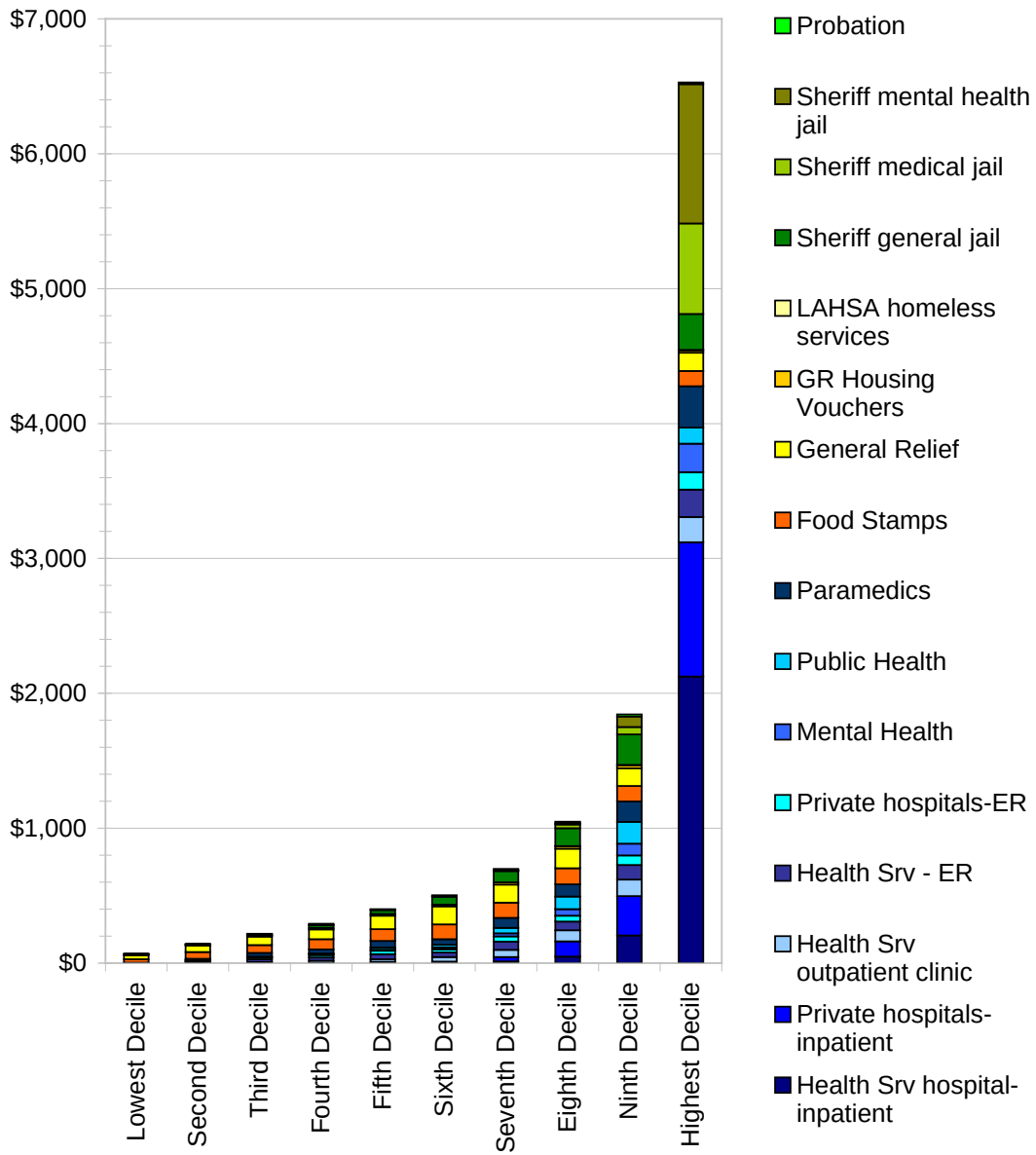
ECONOMIC ROUNDTABLE

Knowledge for the Greater Good | economicrt.org

A small number of homeless persons have continuing crises in their lives

Crises addressed in hospitals and jails with high public costs and diminished quality of life

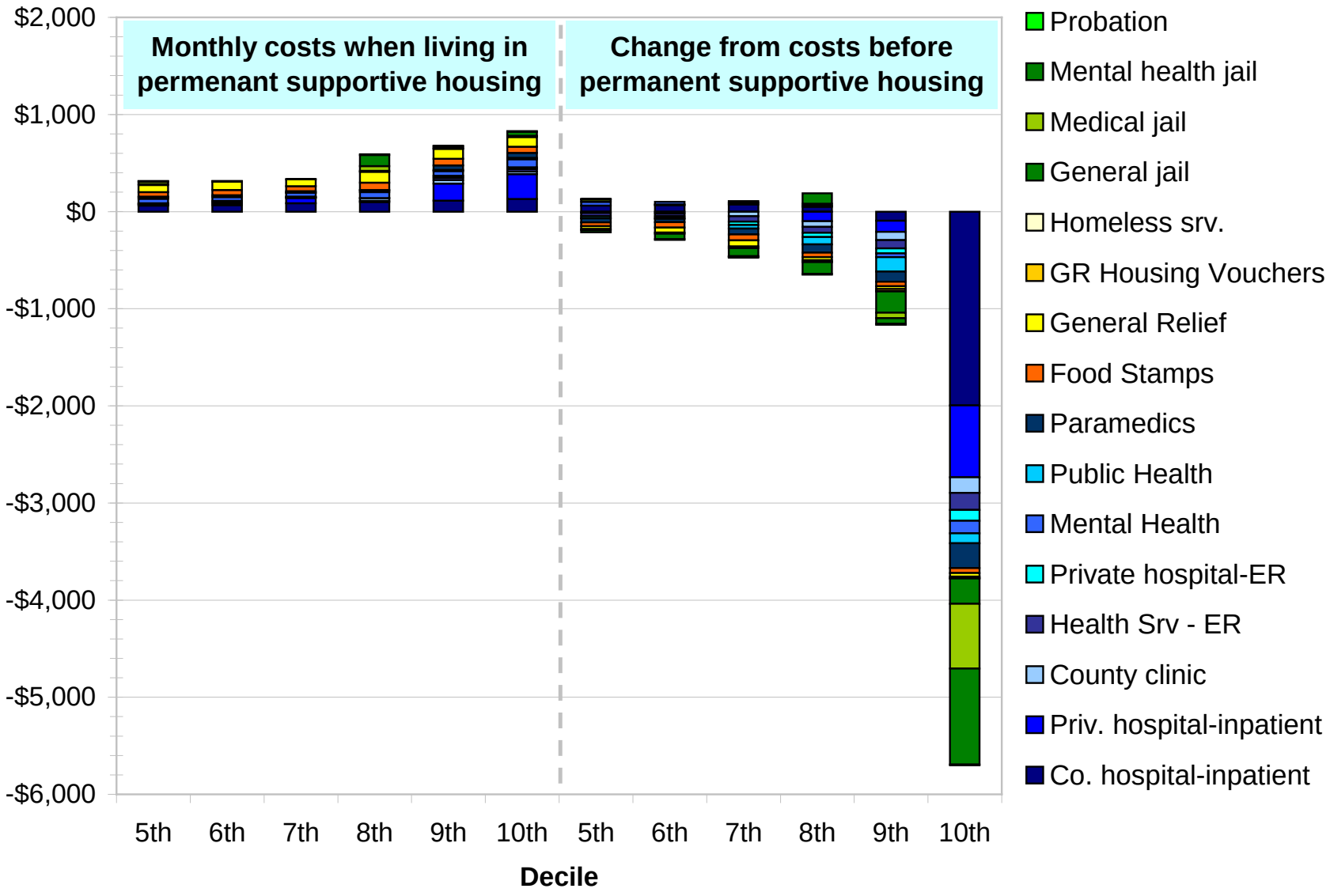
- The most expensive 10% of homeless persons account for 56% of all public and hospital costs for homeless adults



ECONOMIC ROUNDTABLE

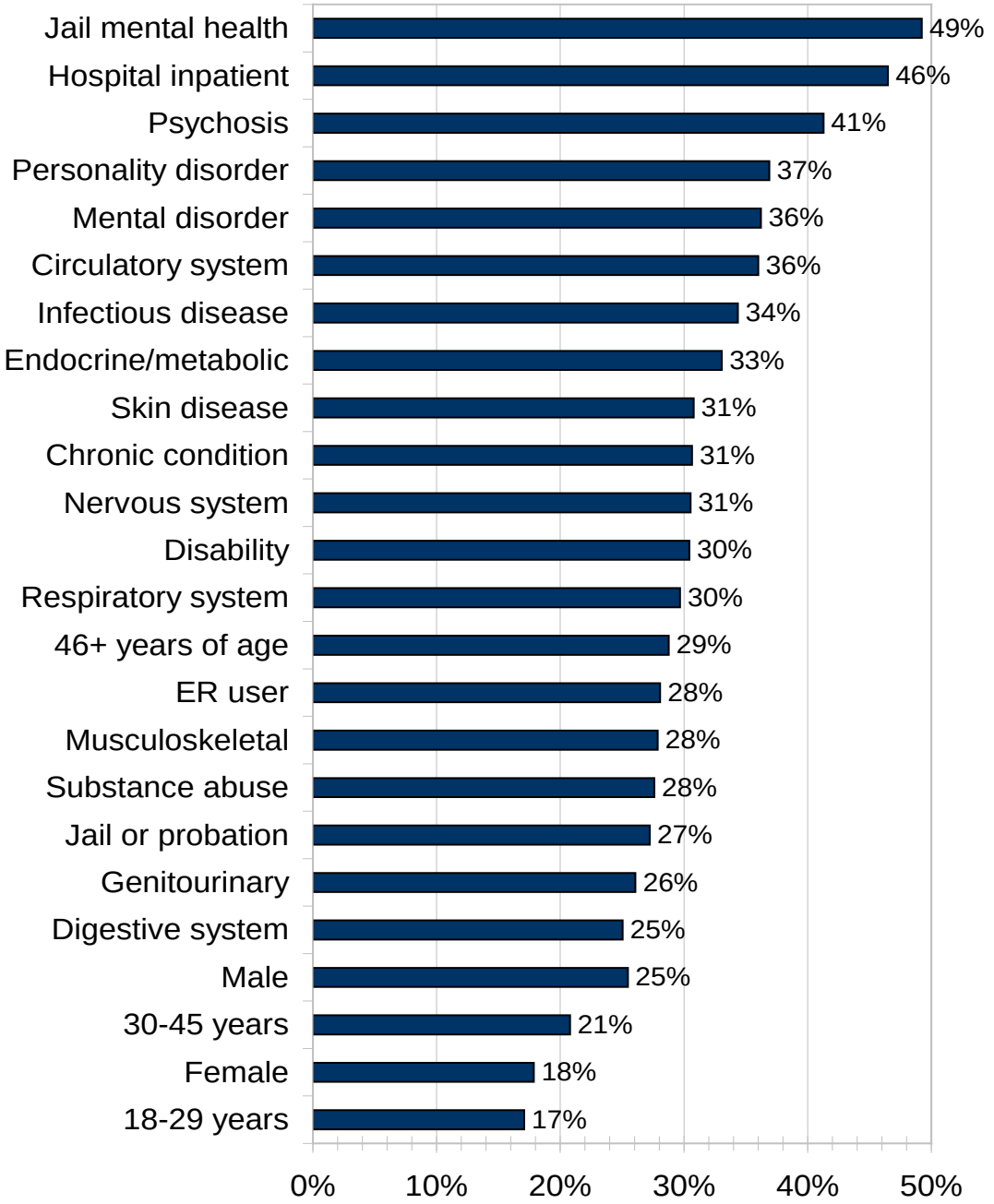
Knowledge for the Greater Good | economicrt.org

Housing homeless persons with disabilities reduces public costs



No single factor reliably identifies people in the 10th decile

- Mental illness combined with incarceration is the strongest predictor
- Being a hospital inpatient is the next strongest predictor
- Age increases the probability



ECONOMIC ROUNDTABLE

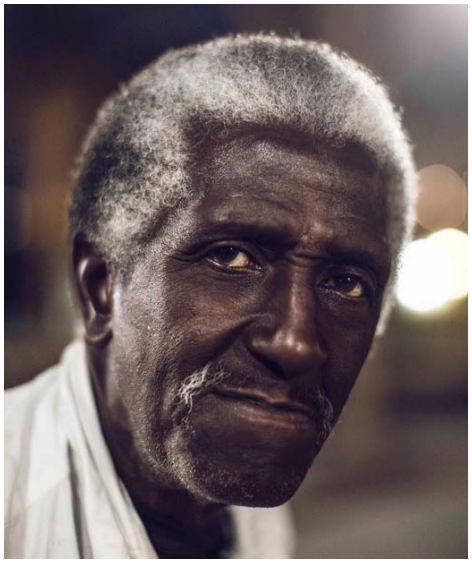
Knowledge for the Greater Good | economicrt.org

Many paths into the 10th decile

Middle age woman with diabetes, respiratory disorder, bi-polar disorder, and hospital history

Young man with schizophrenia, respiratory illness, drug dependency, and jail history

Middle age man with acute depression, extensive injuries, jail and hospital history



Older man with psychosis, drug dependency, hypertension, chronic pulmonary disease, hospital history

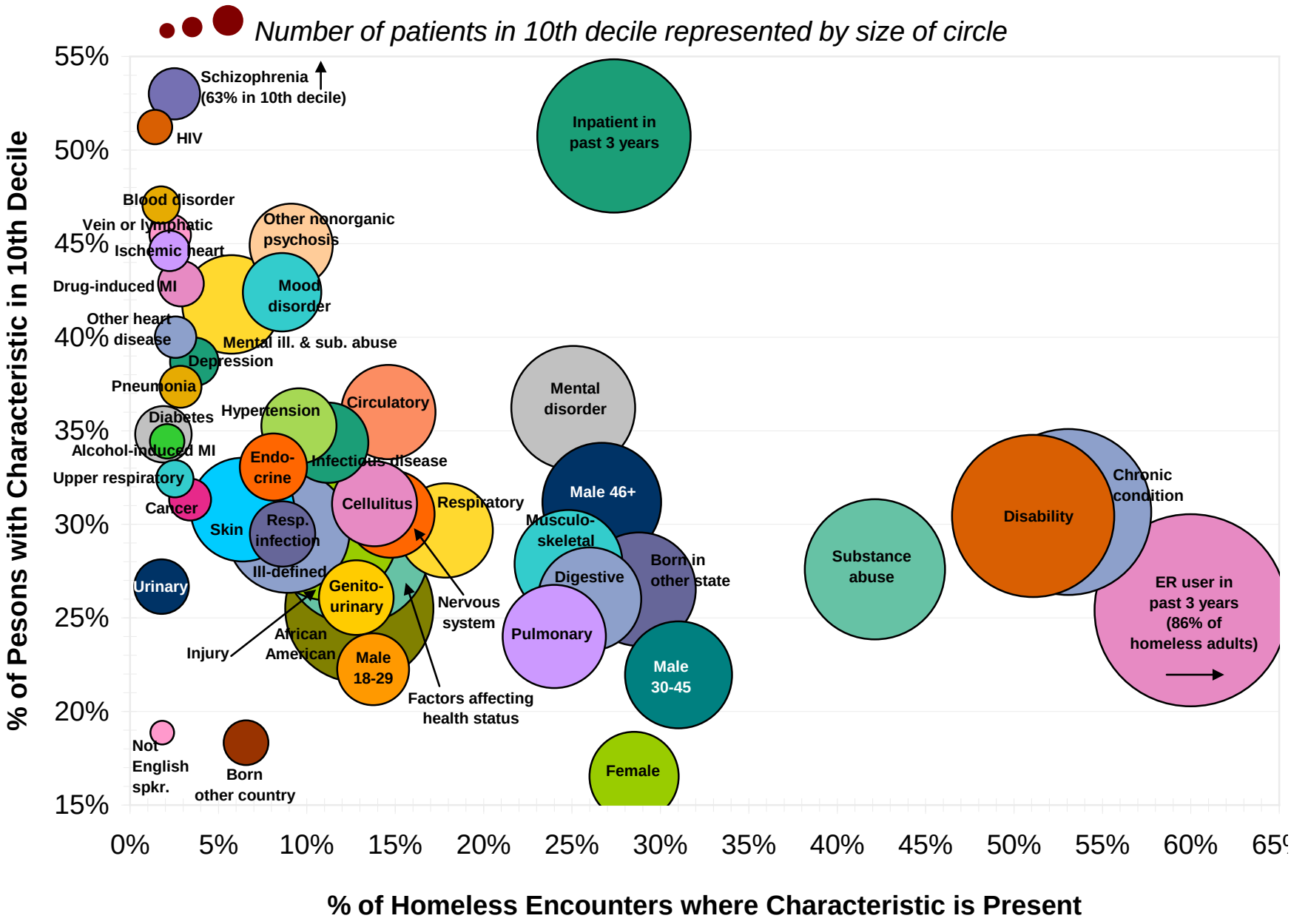
ECONOMIC ROUNDTABLE

Knowledge for the Greater Good | economicrt.org

Target population of homeless, houseable frequent users

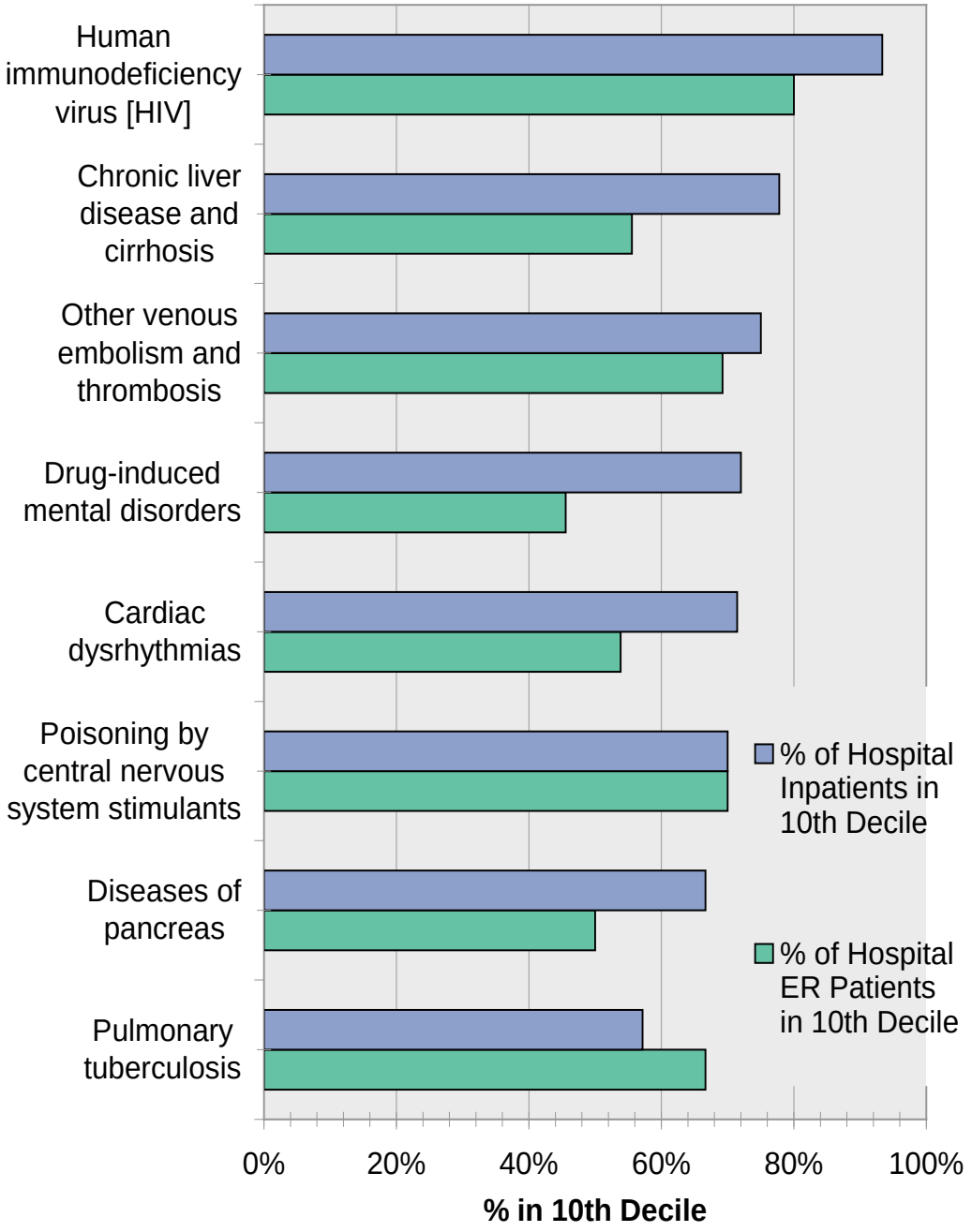
- Homeless
- Treated at hospital in past 2 years
  - Medical data available
- US citizen or permanent resident
- Not on parole for a violent crime
- No prior conviction for:
  - Arson
  - Operating a methamphetamine lab
  - An offense that requires registering as a sex offender
- Disabled but able to live independently with the level of support available in permanent supportive housing

Triage tool #2 - 51 data items, 4 internal models



Clinical over-ride option

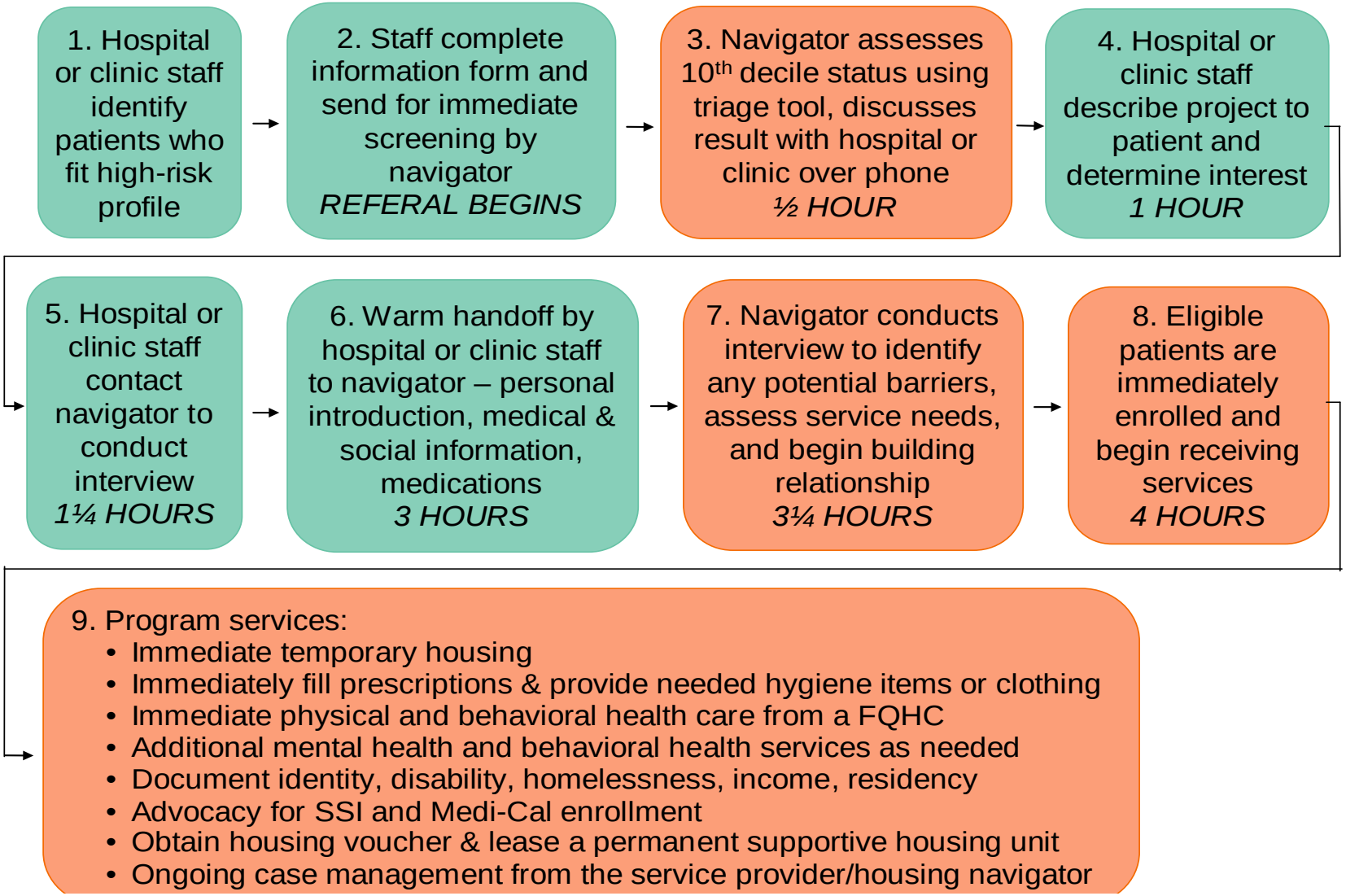
- The triage tool identifies people currently in the 10th cost decile
- The model does not flag people diagnosed with conditions that are highly likely to move them into the 10th decile
- The screening process includes an option for over-riding model results
- These 8 high risk conditions are flagged on the hospital information form



ECONOMIC ROUNDTABLE

Knowledge for the Greater Good | economicrt.org

Steps in hospital screening



Baseline Profile of 163 FUSE+SIF Screening Referrals

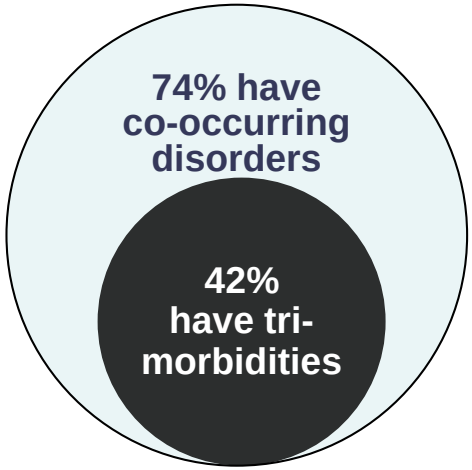
Sex	• 71% male • 29% female
Race	• 43% African American • 23% European American • 15% Latino • 3% Asian/Pacific Islander • 4% Other
Age	• Average: 48 years old • 68% > 46 years old
Jail or Probation	• 29%
ER visits	• 18 per person average in 24 months before referral
Hospital Admits	• 7 per person average in 24 months before referral
Hospital inpatient days	• 31 per person average in 24 months before referral
Chronic physical disability	• 90%
Mental disorder	• 78%
Substance abuse	• 53%

average cost per inpatient day $7,396

- **hypertension**
- **heart failure**
- **diabetes**
- **rheumatism**
- **liver disease**
- **venous embolism**
- **chronic pulmonary disease**

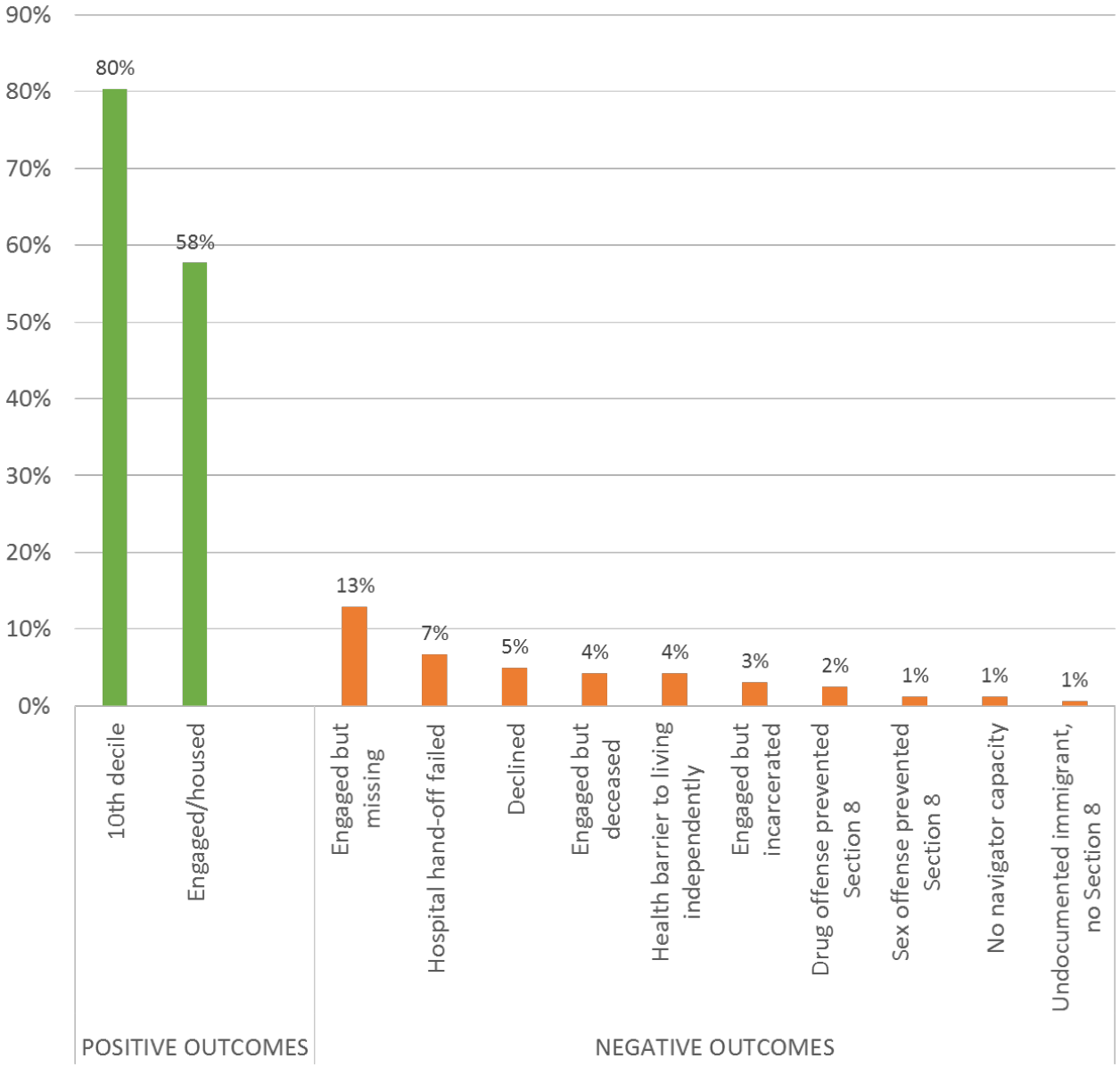
- **schizophrenia**
- **bipolar disorder**
- **depression**

- **alcohol**
- **drugs**



Outcomes for 163 Persons Screened Using Triage Tools

- Better temporary housing and faster access to vouchers and/or PSH = fewer missing clients
- Stronger navigator capabilities and better hospital hand-offs = more 10th decile patients engaged



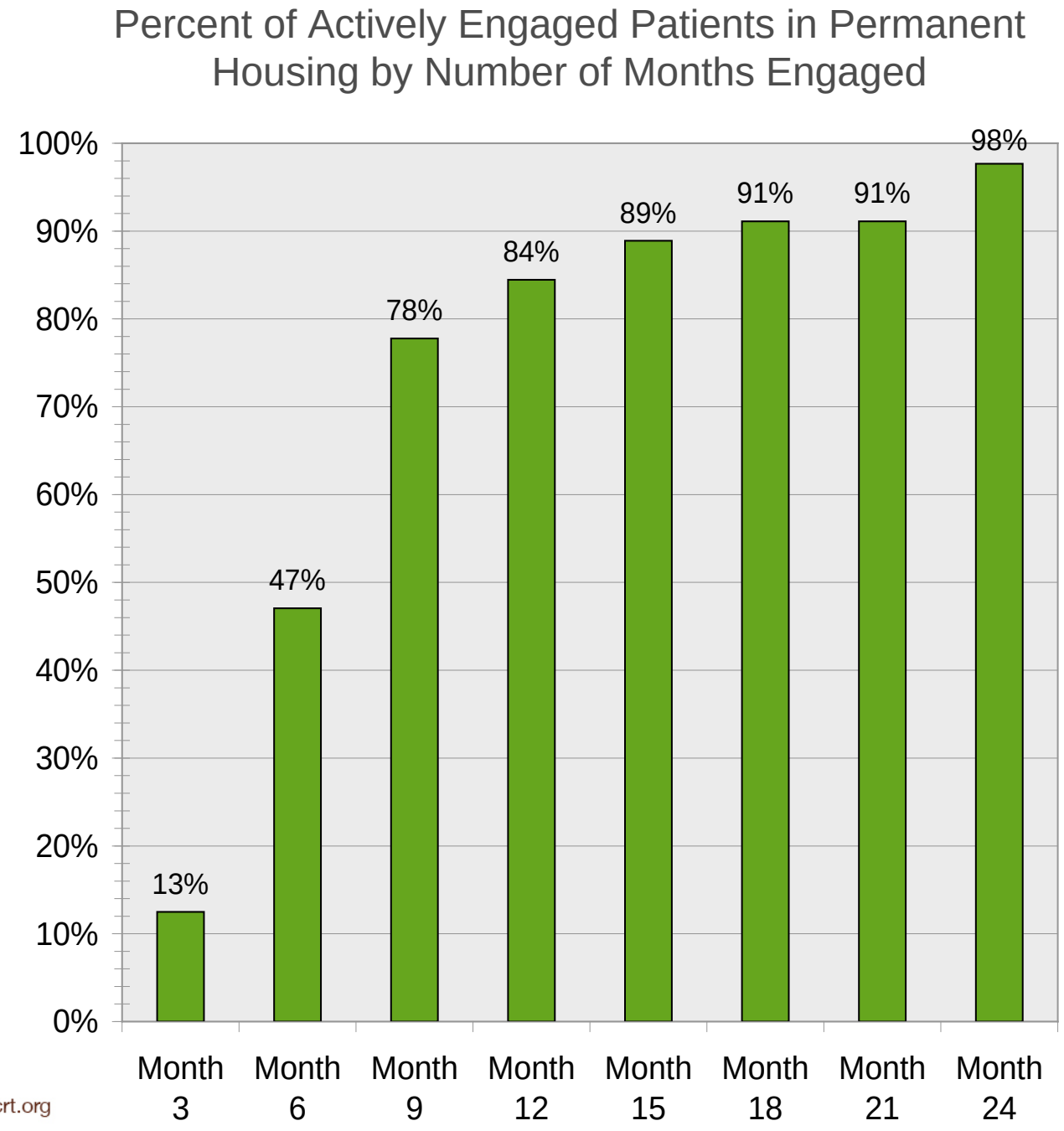
ECONOMIC ROUNDTABLE

Knowledge for the Greater Good | economicrt.org

Outcomes as of May 2013. Numbers do not foot because some people are in more than one category.

Almost everyone who remains engaged obtains permanent housing, but sometimes it takes a long time

Average of 190 days between screening and obtaining permanent housing



ECONOMIC ROUNDTABLE

Knowledge for the Greater Good | economicrt.org

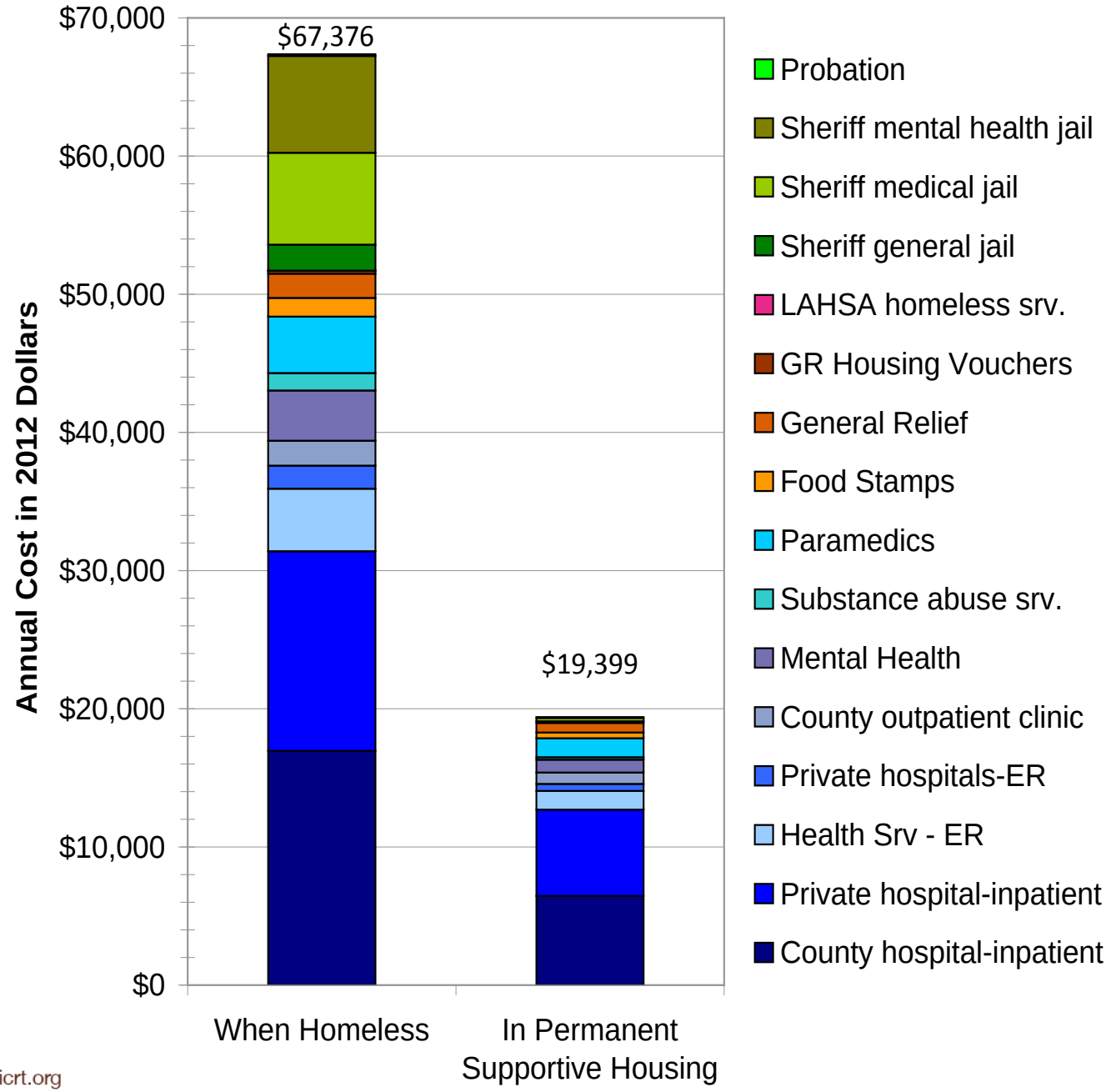
Estimated annual public and hospital cost for 10th decile patients in evaluation

$67,376 homeless

$19,399 in PSH

Every $1 spent for navigation, housing and services produces net saving of:

- $2 in the first year
- $6 each following year



ECONOMIC ROUNDTABLE

Knowledge for the Greater Good | economicrt.org

$6 avoided cost for every $1 spent

- $47,977 in estimated annual public costs avoided by housing 10th decile patients
- $15,159 estimated first-year costs to house each patient
  - $31,736 in net public costs avoided in the first year - $2 avoided cost for every $1 spent in the first year
- $6,518 estimated annual housing and supportive service subsidy in the second and subsequent years
  - $40,377 in net public costs avoided - $6 avoided cost for every $1 spent

Issues - housing access, hand-offs, reciprocity, bringing project to scale

1. High quality temporary housing, quick access to PSH units or housing vouchers, and inclusive housing for patients excluded from Section 8
   - Long waits for permanent housing and unappealing temporary housing cause attrition
2. Better hand-offs from hospitals to navigators
   - Many 10th decile patients are not connected with navigators
3. Financial reciprocity from health care providers
   - Financial support from most hospitals is much less than the estimated savings from housing patients
4. Systematic screening of health care databases rather than one-by-one screening of individual patients
5. Bringing the project scale so that cost savings are visible

Scaling up

- HMOs and hospitals are now accountable for the costs of recurrent hospital use
- There are pragmatic incentives to identify and stabilize frequent users

Expanding from case-by-case screening to system-based screening of insurer and hospital databases