

Reducing Excessive ED Use by Homeless Individuals: A Collaboration between Respite Care and Hospitals in Boston

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Boston Health Care for the Homeless Program

A Journey Unfolds

- Jessie
 - Momentum in Boston
 - Data Sparks Discussion and Funding
 - Medicaid Gives Us A Charge
 - Model Takes Shape
- Sarah
 - HCH Joins Forces with EDs
 - Tailor-Made Plans Develop
 - Respite is the Platform
 - Supportive Housing Imperative
- Lionel
 - Tales of Resolve
- Jessie
 - Utilization Patterns Change
 - Basic Framework to Consider



Momentum in Boston

- Housing First programs document medical cost savings for chronically homeless individuals
- Public Health Commission convenes stakeholders around highest users of emergency services in 2007 to begin city-wide response
- Interest from local politicians and statewide advocacy group
- Boston Medical Center invites HCH to case conferences for highest users
- Small working group convinces hospital to share cost data

Data Sparks Discussion and Funding

- Boston Medical Center
 - 35 people over 8 months (Oct '09 – June '10)
 - \$3,629,907 paid to BMC =
 - **\$103,712** average per person in 8 months!



Data Sparks Discussion and Funding

- Philanthropic interest
 - Citizen's Bank
 - Oak Foundation
- Medicaid agrees to meet
 - Expansion of support for in-home case management for chronically homeless

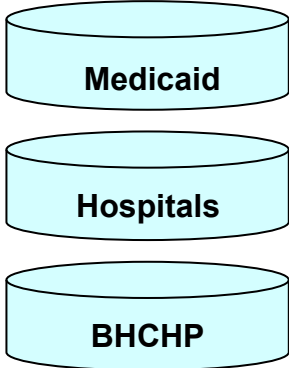
Medicaid Gives Us A Charge

- 2010: Medicaid gives HCH a list of our patients who use EDs the most
- Asks us to intervene with individual patients to change pattern of use
- New list of patients from Medicaid every 6 months
- Information is delayed but still helpful

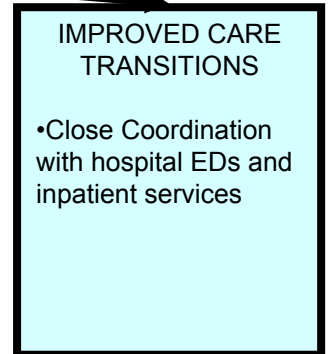
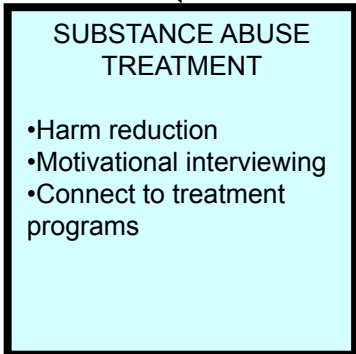
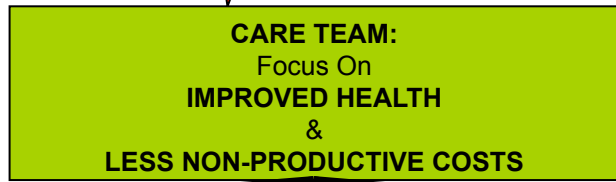
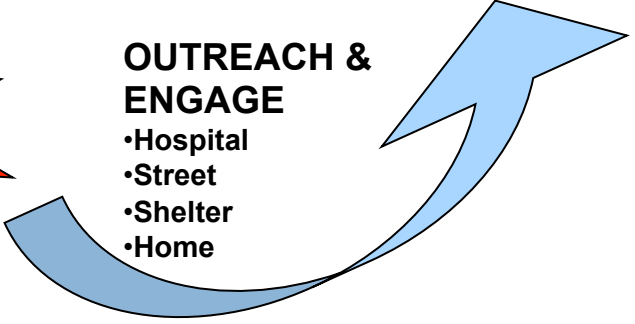
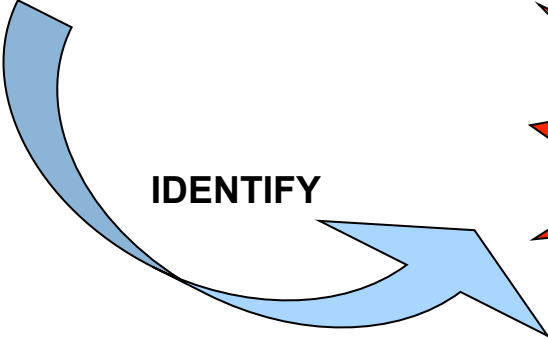
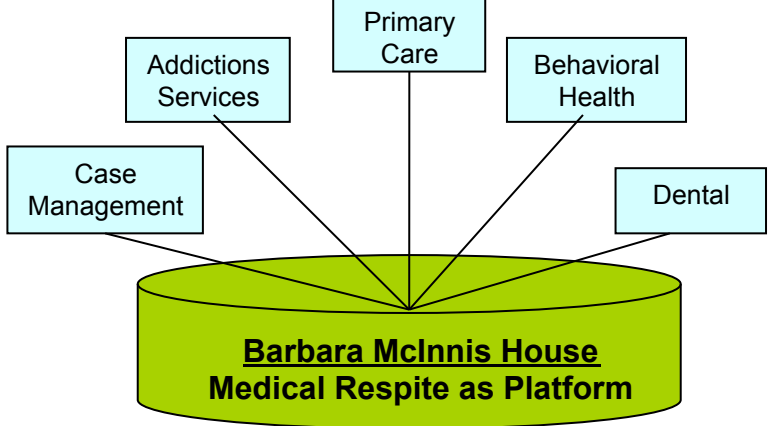
Model Takes Shape

- Target population: > 10 ED visits in 6 months
- Integrated primary care with a different focus
- Fast track from ED to respite
- Close collaboration with housing providers
- Frequent case conferencing

IDENTIFICATION OF PATIENTS



INTEGRATED PRIMARY CARE COORDINATION



HCH Joins Forces With EDs

Tailor-Made Plans Develop

Respite Is the Platform

Supportive Housing Imperative

Tales of Resolve

Lionel Perez

Profiles in Courage

- Ages 27-64
- Various causes of high ED use: substance abuse, developmental disability, psychiatric, medical, social
- Cultural, gender, and race diversity

Role of Respite

A Smiling Presence

- 54 yr old Vietnamese male
- Alcohol addiction
- Long history of high ED use dating back to 2004
- June 2010-July 2011: 51 ED visits and 5 admissions at one hospital
- Stabilized in respite, cognitive impairment becomes clear, discharge to nursing home
- Almost a year of sobriety



A Caring Mother

- 50 yr old female
- Alcohol addiction
- 6 years of sobriety and work history
- Relapsed in 2011 due to physical abuse
- 35 ED visits and 6 admissions at one hospital from 2011 until April 2012.
- Multiple medical and psychosocial issues addressed in respite

Discovering and Using Patient Strengths

An Ethic of Punctuality

- 32 yr old female
- Turner's syndrome and developmental disability
- May 2011-March 2012: 134 ED visits and 3 admissions at two hospitals
- Vulnerable in shelter system
- Successful respite stay with contract
- Safe in nursing home, awaiting group home

A Gentleman's Struggle

- 64 yr old male
- Alcohol and cocaine addiction; Bipolar Disorder
- 88 ED visits in 2009 at one hospital
- Connected to permanent supportive housing (HUES to Home)
- Respite crucial to supportive housing
- Strength: Respect and Courtesy
- Striving to find meaning and purpose



Finding Meaning

Talented Hands

- 56 yr old male
- Alcohol addiction
- 26 ED visits and 3 admissions at BMC
- Connected to permanent supportive housing (HUES to Home)
- 1 year of sobriety
- Reintegrating into the community

A Sophisticated Mind

- 49 yr old female
- Alcohol addiction
- Married for more than 20 years
- 38 ED visits and 3 admissions June 2010-July 2011
- Housed through SAMHSA program
- Strong motivation to stay housed
- Healing wounds



Healing Wounds, Creating Hope

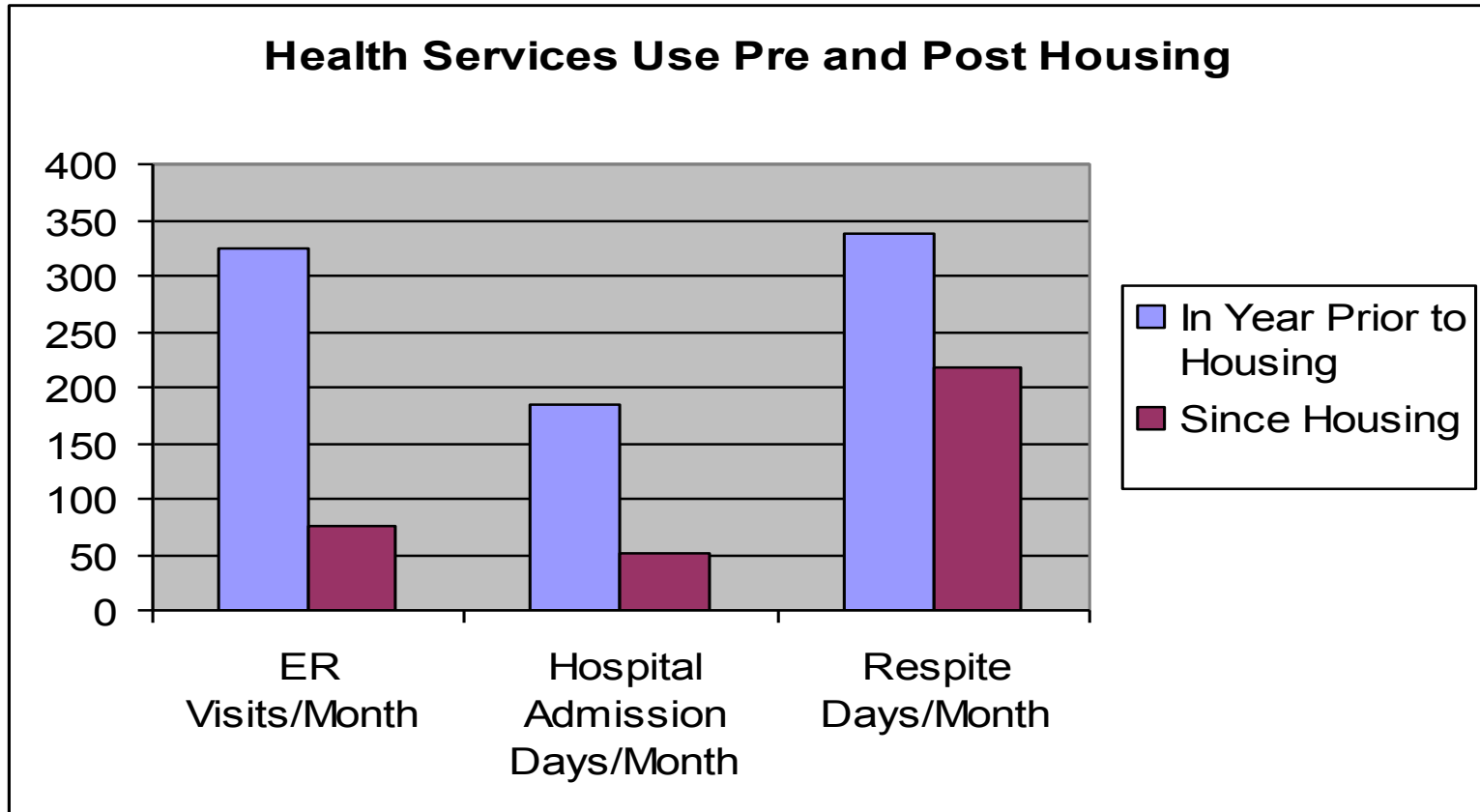
The Call of Duty

- 48 yr old female
- Alcohol addiction
- 72 ED visits and 4 admissions at two hospitals from 2011-April 2012
- HUES to Home takes on new patients
- Changing course in respite today
- Hope of housing and duty to her son

A Young Man's Tale

- 27 yr old male
- Opiate and benzodiazepine addiction
- 15 ED visits Jan 2011-June 2011, most due to overdose
- Hope of housing and treatment led to wonderful changes

Utilization Patterns Change



Basic Framework to Consider

- Step 1: Identify a cohort of patients in the health care system who have highest need/risk
 - High utilization is proxy for high risk
- Step 2: Engage patients through intensive health care coordination and housing opportunities
 - Don't underestimate service needs
- Step 3: Demonstrate improved patient health outcomes and utilization patterns
 - Access to cost data draws most attention and potential funding

Thank you!

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