

COLLABORATING WITH HOSPITALS TO HELP HOMELESS POPULATIONS

**How the Reinvention of Community
Benefit Presents New Opportunities
for Collaboration**

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Trinity Health
Livonia, MI



Introduction to Trinity Health; Our 20 State Diversified Network

86 Hospitals

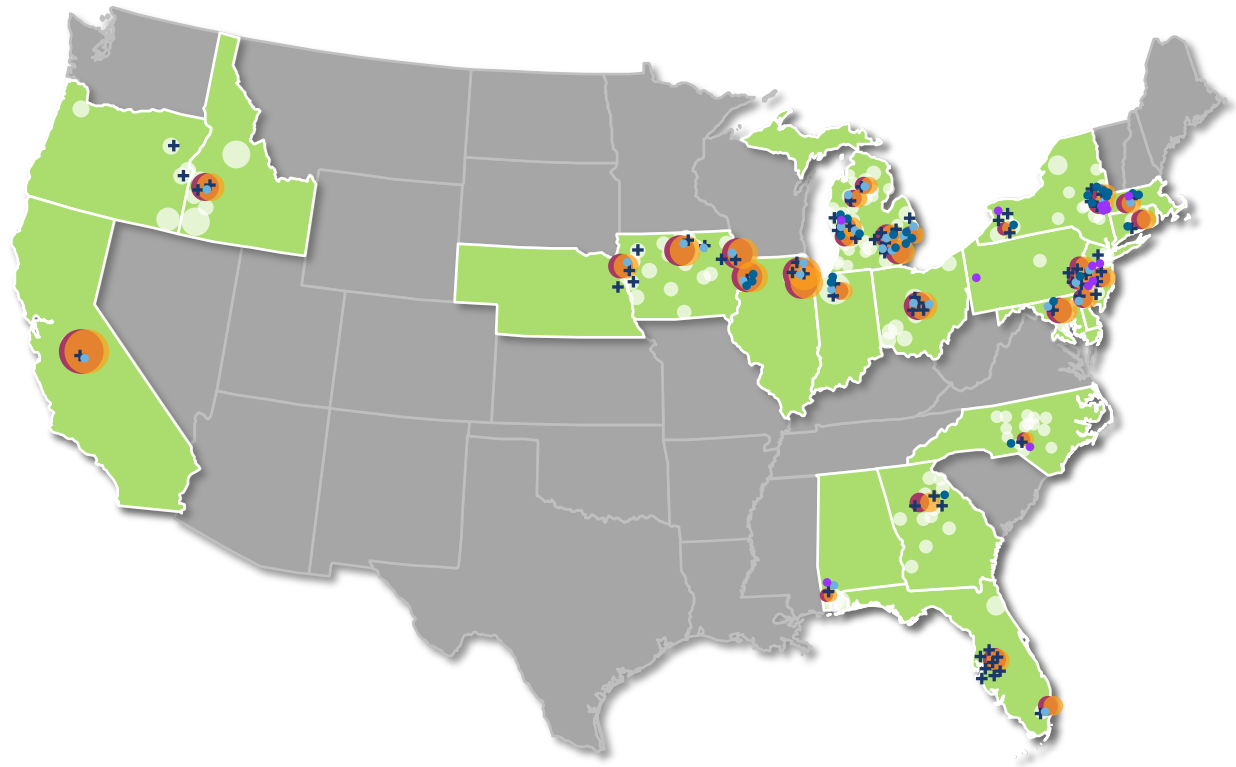
44 Home Care agencies
serving 160+ counties

14 PACE Centers

70 Other Continuing
Care Facilities

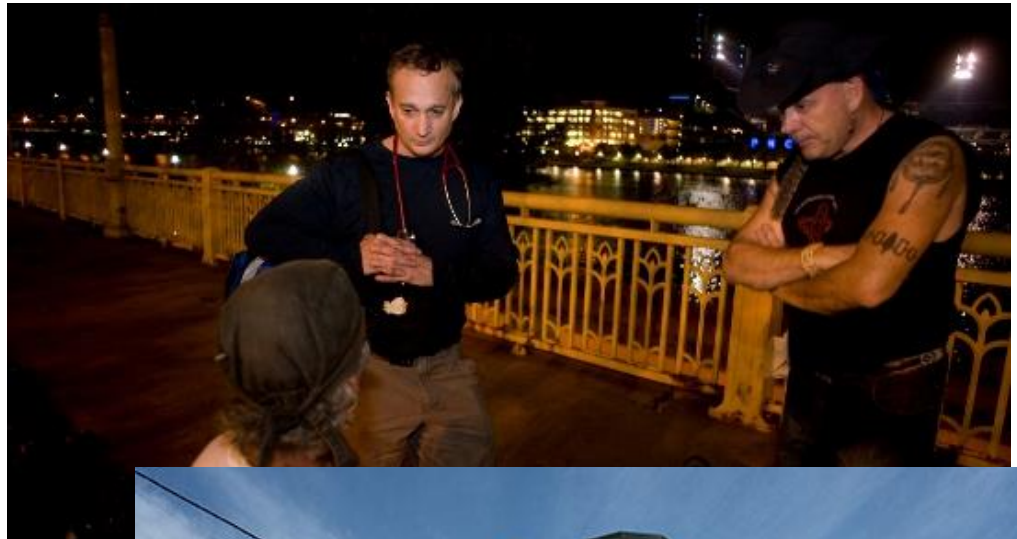
3,300
Employed Physicians

21,600
Affiliated Physicians



Note: Home Care & Physician coverage based on communities served.

Legacy of Service to the Homeless



What is Community Benefit?

Traditional Approach

Affordable Care Act/501r

Initial Opportunities to Explore

Our Tradition

Catholic health care has a rich tradition of serving our communities

Founding sisters came to this country to care for the sick and start hospitals, nursing homes, schools and orphanages

We follow the tradition of Jesus who had special affection for poor and vulnerable persons

Providing community benefit is an essential part of our mission



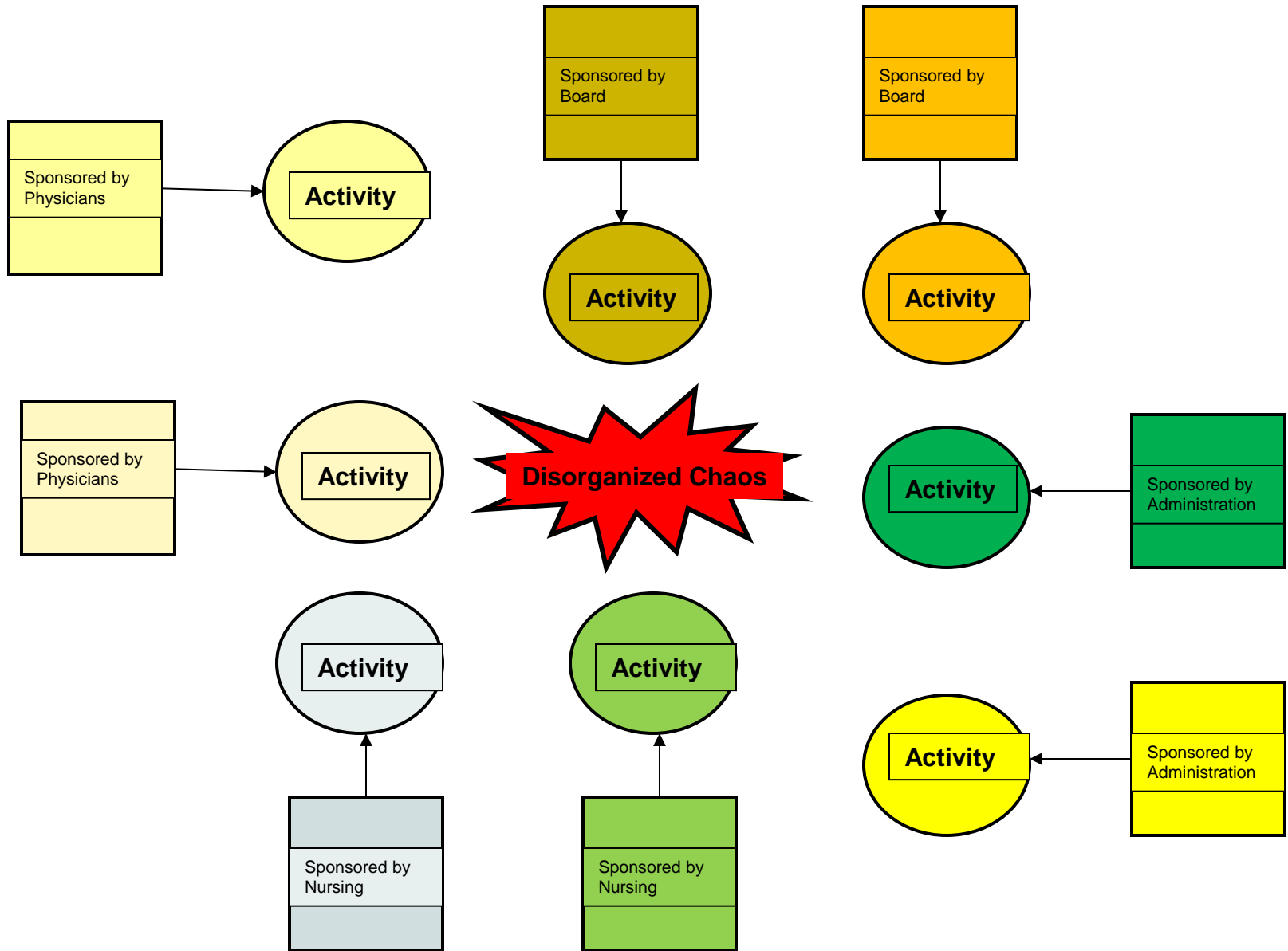
Tax Exemption

Since the federal income tax statutes were established in 1913, not-for-profit hospitals have been treated as charitable institutions exempt from taxation. Section 501(c)(3) of the Internal Revenue Code specifies that organizations ...

“operated for religious, charitable, scientific, testing for public safety, literary, or educational purposes” will receive special consideration under federal tax law provided that the earnings of such organizations in no way inure to the benefit of any private shareholder or individual.

National Health Policy Forum/Salinsky/April19, 2007

Traditional CB Programming – Chaotic



The Patient Protection and Affordable Care Act

PPACA – Section 501 (r) Requirements

- ❑ **Conduct a Community Health Needs Assessment every three years;**
- ❑ **Integrate input from broad community interests including those with public health expertise;**
- ❑ **Develop and adopt a formal implementation strategy to address identified unmet needs;**
- ❑ **Develop and broadly publicize charity care and financial assistance policies.**



Changing Priorities Bring New Opportunity

TRADITIONAL APPROACH

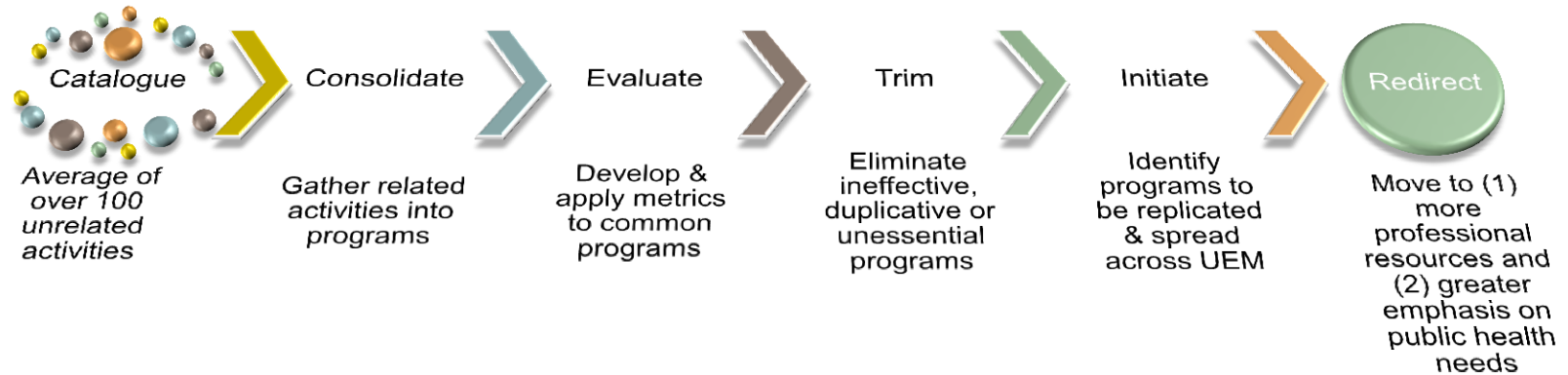
- **Financial Assistance**
- **Clinical Care, Subsidy**
- **Service to Community**
- **Education**
- **Happens: On Hospital Site**

NEW EMPHASIS

- **Behavioral Risk**
- **Population Health**
- **Service with Community**
- **Environmental Change**
- **Happens: In Community**

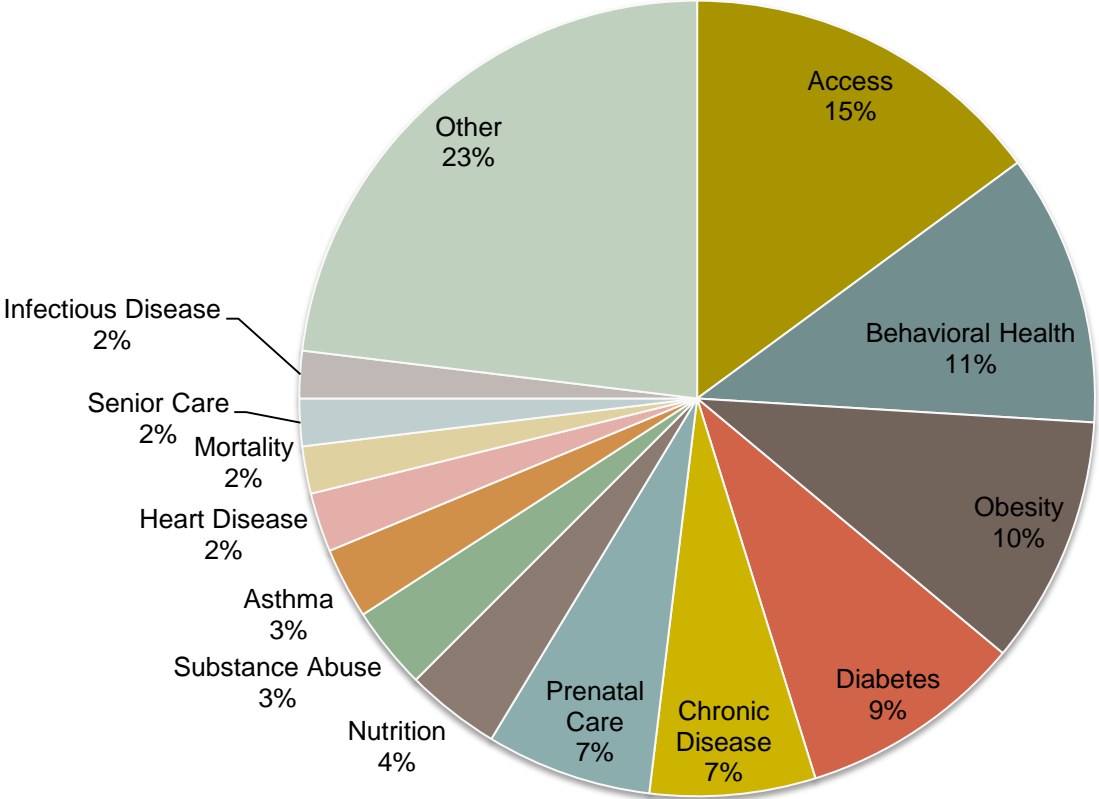
**Change reflects two factors:
Federal Law (501(r) and “The Business”**

Local Programming – (Refocus)

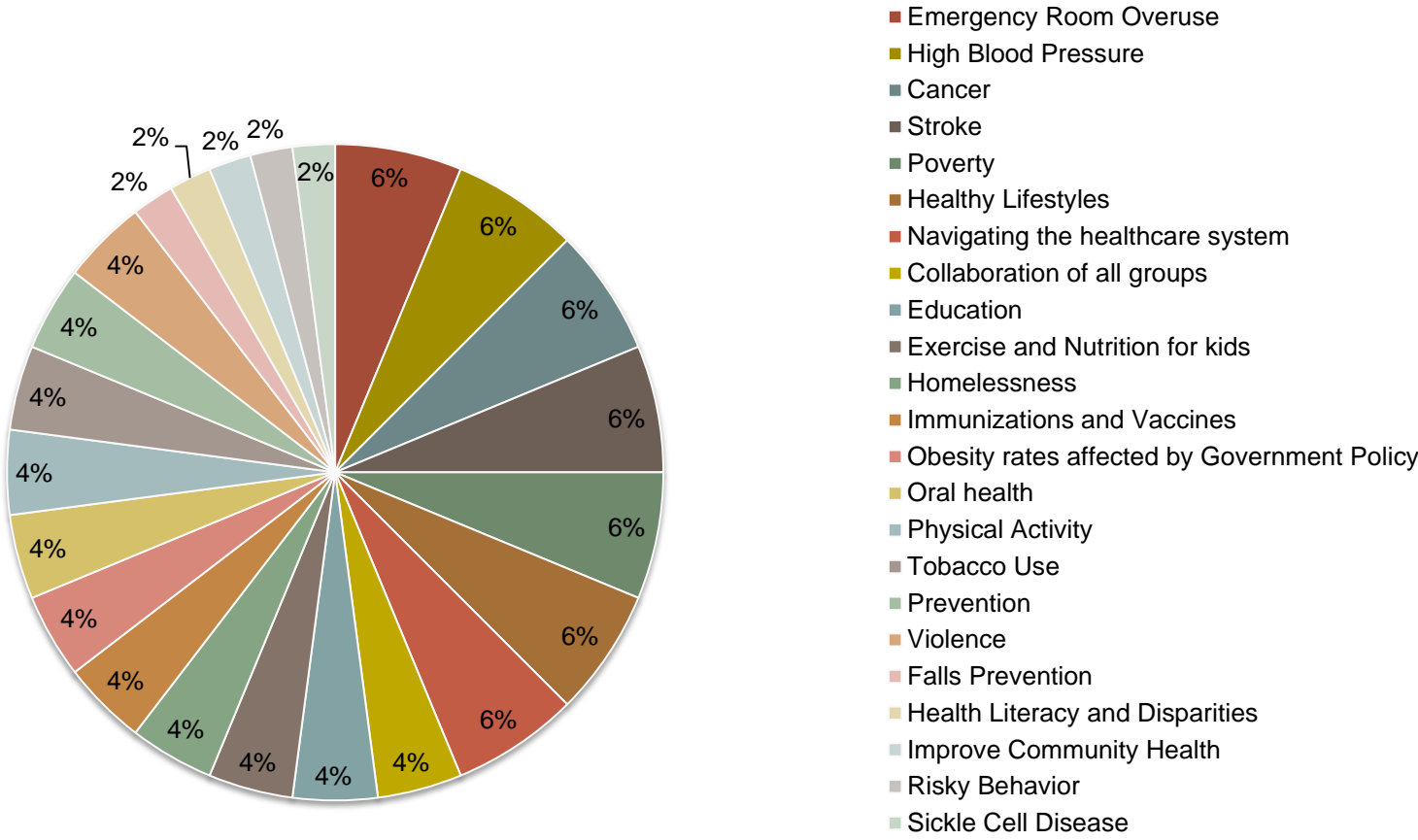


- A. Examine what exists – is it really Community Benefit?
- B. Cluster Activities into Programs
- C. If you cannot measure an impact – dump it
- D. Think like a Foundation - \$900+ million a year – stewardship
- E. Expand your portfolio to reflect CHNA – Implement Change....

Most Common Health Needs Across Trinity Health



Other Identified Needs Across All Trinity Health RHMs



The Opportunity: Build A Relationship

ENGAGE

... in your local Community Health Needs Assessment and Implementation Plan process – remember the CHNA findings prioritize where a hospital spends.

REACH OUT

...to your hospital community benefit leader. Introduce them to your program. Articulate how your program addresses the local Needs Assessment. (990 H)

INVESTIGATE

...“Socially Responsible Investing” – Many hospitals are already actively engaged in Community Development – safe and affordable housing; supportive programming, etc.

ASSETS AND DEFICITS

...link what you do to local Assessment outcomes – respite services for the homeless; behavioral services; navigation; ??

Re-design After ACA – Engaging Community Assets In Population Health Strategies

“Creativity is a Team Sport” –

Walter Isaacson, [The Innovators](#)

The Triple Aim – Shifting Us To Population Health

Triple Aim

The goals of **improved health, improved care**, and **lower per capita cost** of care have become the organizing framework for the U.S. health care system, injecting patients' social needs into the health care continuum

Move to Value-Based Purchasing

New public and private payment models are holding **providers accountable for health care quality and costs**; almost two-thirds of providers report they are signing **value-based contracts** with commercial payers¹

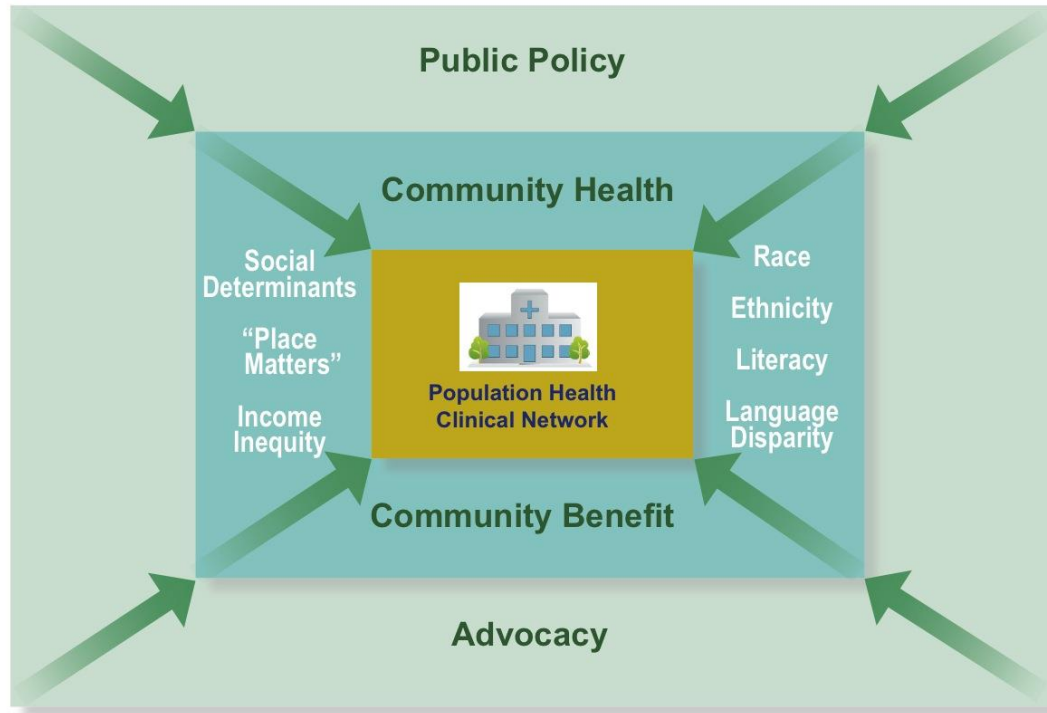
Increased Coverage

With Medicaid expansion for adults with incomes up to 133% FPL and the availability of subsidized coverage for individuals and families with incomes up to 400% FPL, more than 32 million individuals could gain coverage under the ACA—the **vast majority of whom will have low and modest incomes and unmet social needs**

¹ J. Stone, "Survey Results: Percentage of Providers Taking on Risk Doubled Since 2011" (New York: The Advisory Board Company, June 5, 2013), <http://www.advisory.com/Research/Health-Care-Advisory-Board/Blogs/Toward-Accountable-Payment/2013/05/Accountable-payment-survey>

Thinking Differently: Managing Health Risk

How Policy & Community Drive Health & Utilization



Social Determinants

- **Modern Healthcare – February 3, 2014**
 - The “X”Factor in Disease Management
 - “Healthcare systems in impoverished areas are turning toward tackling the social conditions that lead to ill health, but they may pay a financial penalty since payers still do not reimburse for those activities.”
 - “A recent study in Health Affairs found the risk for hospital admission for hypoglycemia in low-income patients with diabetes increased by 27% during the last week of the month when food budgets are strapped and food stamps run out – compared with the first week of the month.
 - **Our policy focus must include advocacy for services and programs that support health in the community -**



AHA and CHA – Joint Letter to IRS on Housing

- ❑ Letter sent April 1, 2015 to the IRS
- ❑ Urges allowing hospital support for “improved housing” as a reportable Community Benefit
- ❑ Current Schedule H excludes support from CB reporting – is now considered “Community Building”
- ❑ Change has been urged since development of Schedule H

“The list of community health improvement activities should be expanded to include: activities and services that are provided to improve the health of individuals in the community by addressing the determinants of health, including the social, economic, and physical environment, such as improved housing for vulnerable populations by removing building materials that harm the health of the residents, housing for vulnerable patients, and low-income seniors.”

The Patient Journey

Case Study: *The community model to avoid readmissions*



Patient Enters ER

- History of chronic illness
- Homeless
- No income or health coverage
- No primary care provider
- No support system



Hospital Inpatient Admission

- Diagnosis with a ventricular aneurysm
- Failed mental health exam
- No identification or paper trail
- Charitable care cost of \$25,000



Hospital Social Worker

- Arrange for placement at a local Rescue Mission
- Home care visits at the mission
- Scheduled follow up specialist appointment
- Engaged MCHP



MCHP Community Health Worker

- Low-income Pharmacy Cares enrollment for access to medications
- Transportation for medical and social services appointments
- Secured patient identity materials to complete all assistance eligibility applications
- Arranged special accommodations for Rescue Mission stay
- Navigation to resources for patient's personal needs
- Adult Foster Care home placement for recovery period



Discharge Preparation

- Request for immediate access to meds upon discharge
- MCHP engages County Case Management Committee
 - For ancillary health related needs
- MCHP coordinates Financial Assistance process
- Follow-up appointment scheduled with PCP

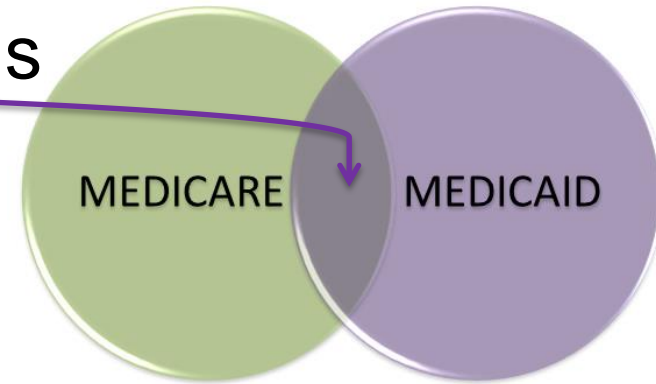
Community Support Services

- Housing and navigation services
- Mental health services
- Social Security income application
 - SOAR and Medicaid



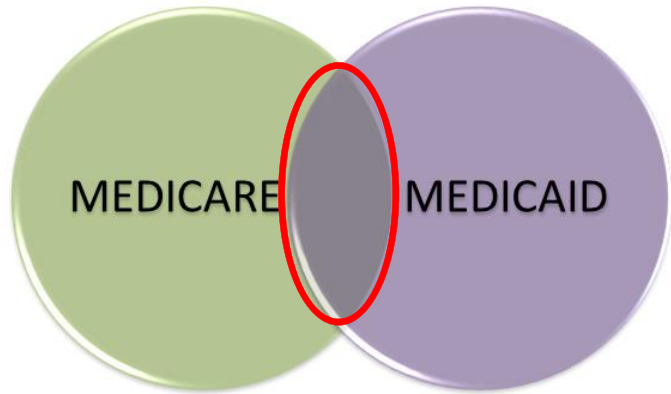
Dually-Eligible Beneficiaries...

- ✦ Over 10.7 million individuals were dually eligible for Medicare and Medicaid benefits in CY 2013.



- ✦ Dual eligible beneficiaries are among the poorest and sickest beneficiaries covered by either program.
 - ✦ 13 % of the population enrolled in both programs
 - ✦ 40% of spending Medicaid
 - ✦ 30% of spending Medicare
- ✦ The lack of coordination results in poor quality care and unnecessarily high costs. Addressing this is one of the biggest opportunities for Medicaid and Medicare savings.

Dually-Eligible Beneficiaries...



- ✦ “Dual Eligibles” accounted for a total of \$284.5 billion in spending — a disproportionate share of spending in both programs in CY '10.
- ✦ Healthcare spending on the “Duals” accounts for approximately 2% of GDP in the U.S.



Opportunity: Care Coordination

- ❑ **You work with complex patients**
 - **Over 65 – Poor and Elderly**
 - **Under 65 – Poor with Disabilities including addiction**
- ❑ **You have infrastructure to address behavioral health**
- ❑ **You know how to identify and use community assets to stabilize people**
 - **Homeless Continuum of Care Committees**
- ❑ **Consider partnering to address care coordination**
 - **Opportunities to work with hospitals and payers to address high cost, vulnerable populations**



Looking for Resources? How Hospital Community Benefit Programs Might Help

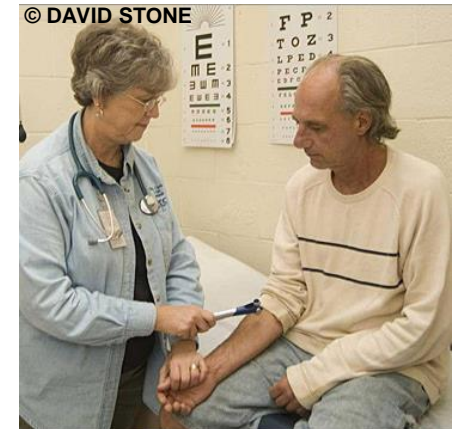
Doreen Fadus, MEd, Executive Director, Community Benefit and Health
Mercy Medical Center, Springfield, MA



Understanding Community Benefits on a Local Level

Examples:

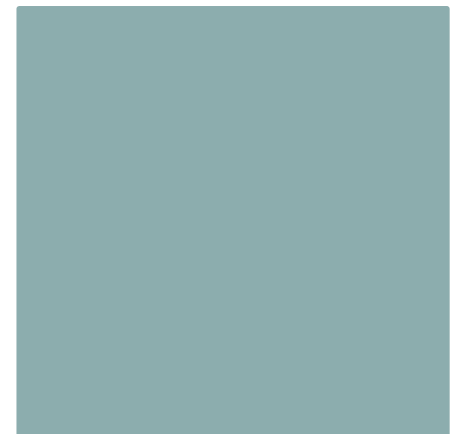
- Healthcare for the Homeless Program
- Vietnamese Health Project
- Health Insurance Enrollment
- Faith Community Nursing
- \$10 million total
 - Program
 - Charity Care





How to Find the Right Person

- Find the Community Health Needs Assessment
- Find the Community Health Implementation Plan
- + • Find the right contact:
 - Marketing
 - Finance
 - Mission
 - Public Relations & Governance

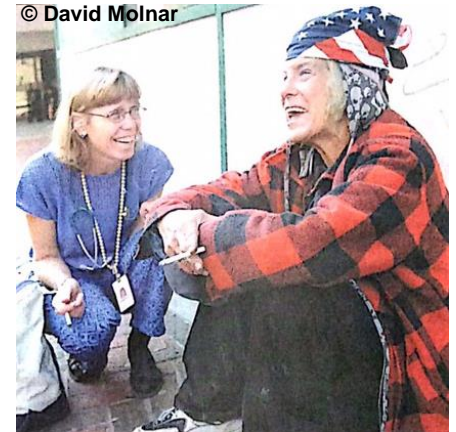
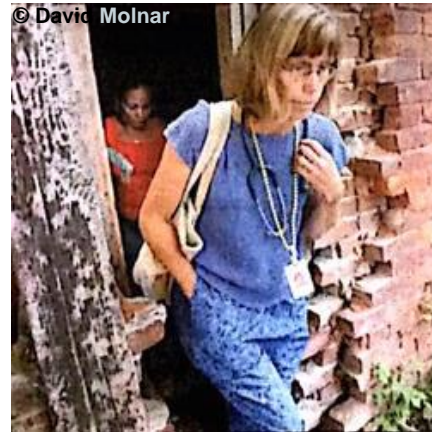


Ask for an Appointment





What Can the Hospital Do to Support HCH Programs?



Examples:

- Provider Assistance
- Mammography
- Economic Development & Healthcare
- Come Out of the Hospital Walls
- Health Education
- Evaluate & Measure



What Can You Offer?

You are the Community

Contacts

CHNA/CHIP Community Involvement

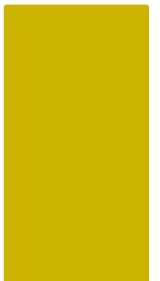
Accreditation

High Risk Vulnerable Populations

Hospital is Not a Walking Checkbook

Highly Relational – Form a Bond

Board & Committee Participation





Litmus Test



Provide Care & Promote Health
Respond to a Community Need
Advance Health Education
Reduce Government Burden

Improve Access
Enhance Public Health
Not for Marketing



+ Western Massachusetts Coalition for Hospitals

7 Hospitals

August 2012 – Commencement

May 2013 – CHNA

2014 – Shared Goal

Mental Health

\$200,000 Grant

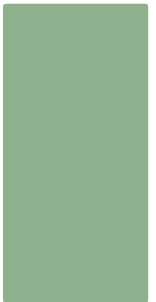
Community Meetings

Provider Meetings

Consulting Group

Action Plan

2015 – Preparations for CHNA 2016





Know the Community Benefit World



www.chausa.org



Association for
**Community Health
Improvement™**

www.healthycommunities.org



Trinity Health
Livonia, MI

www.trinity-health.org

Opinions Editorials



Thank You!