Health in Housing The intersection between housing and health care

National Health Care for the Homeless Conference Amanda Saul, Enterprise Community Partners June 2, 2016

Center for Outcomes Research and Education





Research Questions

What is the effect of stable, affordable housing on health care outcomes in a low-income population who has experienced housing instability?

What role do integrated health services play in health care expenditures and quality?

What's different about this study

Uses claims data to assess health care costs and utilization

• Looks across several different affordable housing types

• Looks at the effect of integrated health services

• Analysis of impact in a Medicaid plan that serves more than 10,000 residents in major metropolitan area

145 properties:

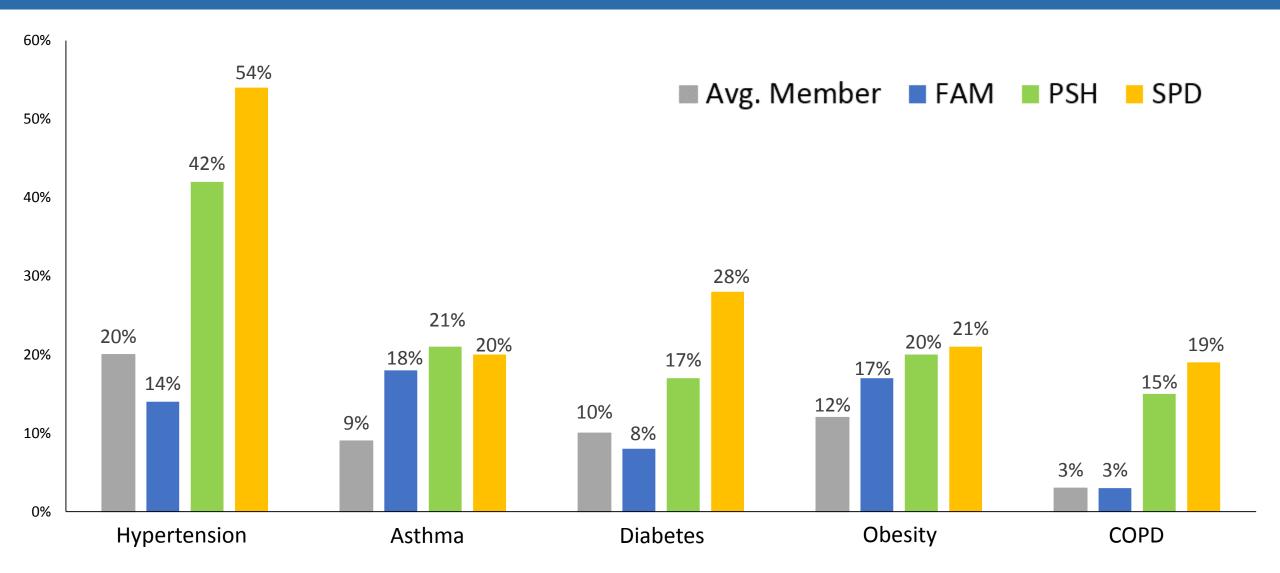
Health staff

Resident Services Coordinator	88%
Community Health Worker or Health Navigator	11%
Social Worker	8%
Doctor, Nurse, or Nurse Practitioner	6%
Activities Coordinator	6%
Other Health Professional	11%

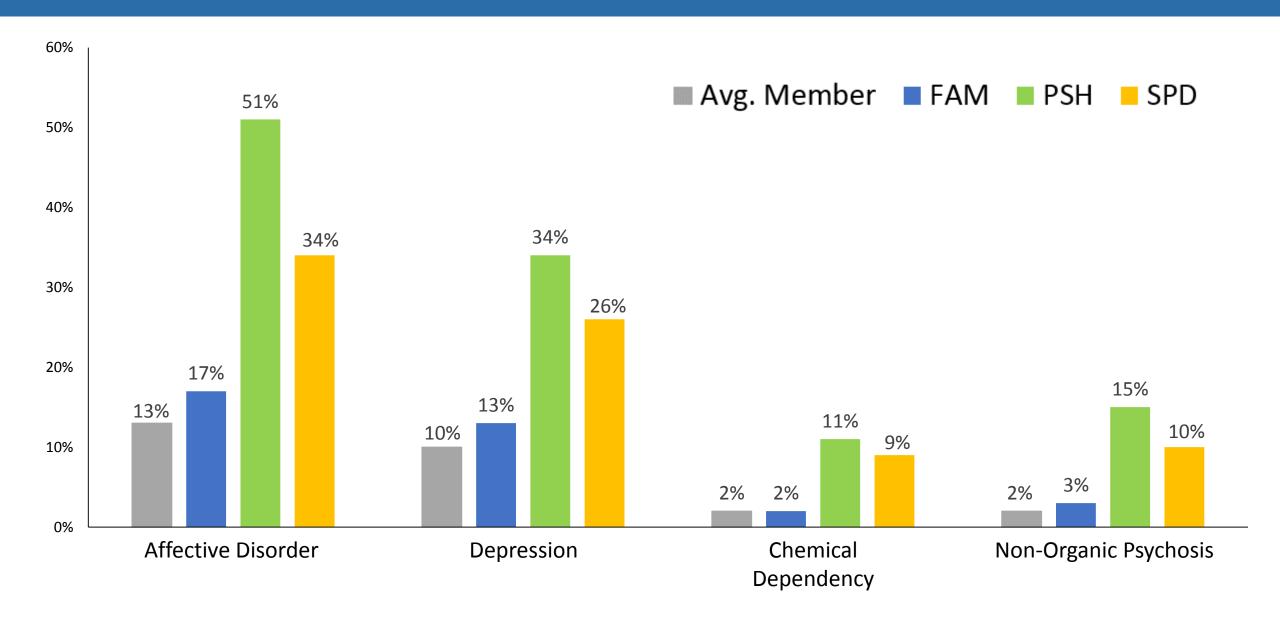
145 properties:

Health services		
Food Resources	68%	
Medical Resources	54%	
Insurance Assistance	36%	
Mental/Behavioral Health Resources	35%	
Fitness Resources	29%	
Nutrition/cooking Resources	23%	
Transportation Resources	19%	
Dental Resources	15%	

Prevalence of physical health diagnoses (claims data)

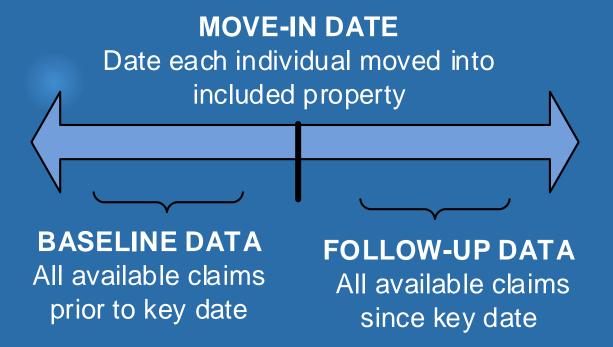


Prevalence of behavioral health diagnoses (claims data)



Analyzing changes in health care cost & utilization

- Medicaid claims of 1,625 residents
- Includes all physical, behavioral, mental, and dental claims



KEY FINDING

Per member, per month costs

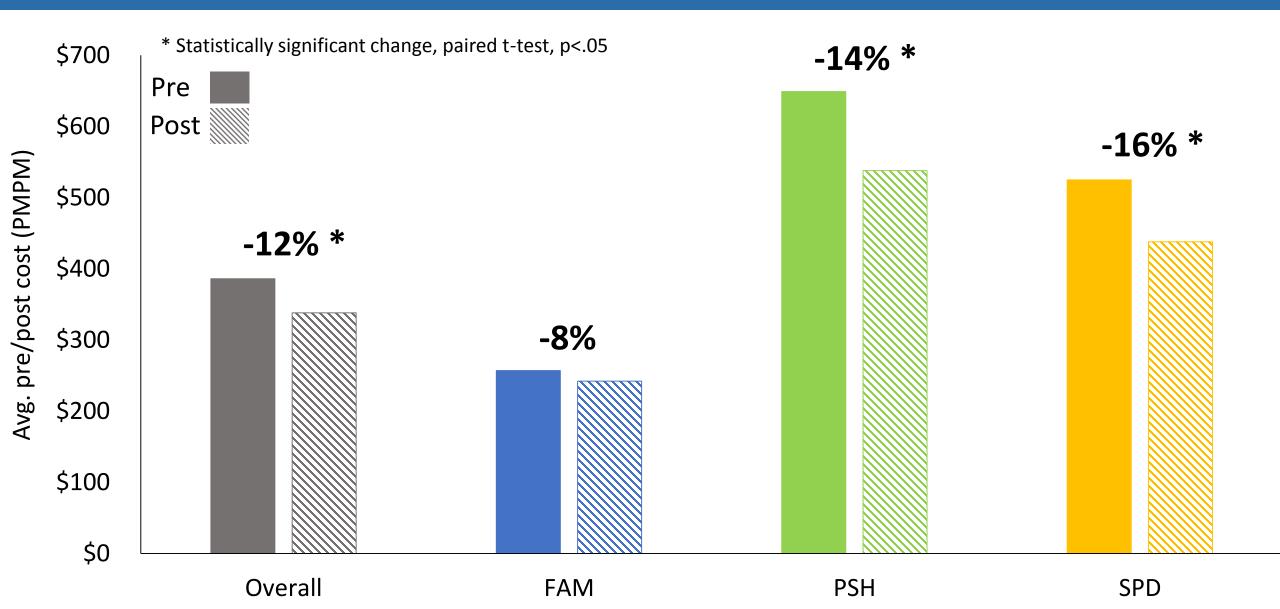
Health care costs went down significantly

Before move-in:	\$ 386
After move-in:	\$ 338
	\$48
Overall Cost Reduction	170/

Overall Cost Reduction: (12%)

Extrapolated annual cost reduction: \$936,000 a year across 1,625 residents

Costs down across all housing types

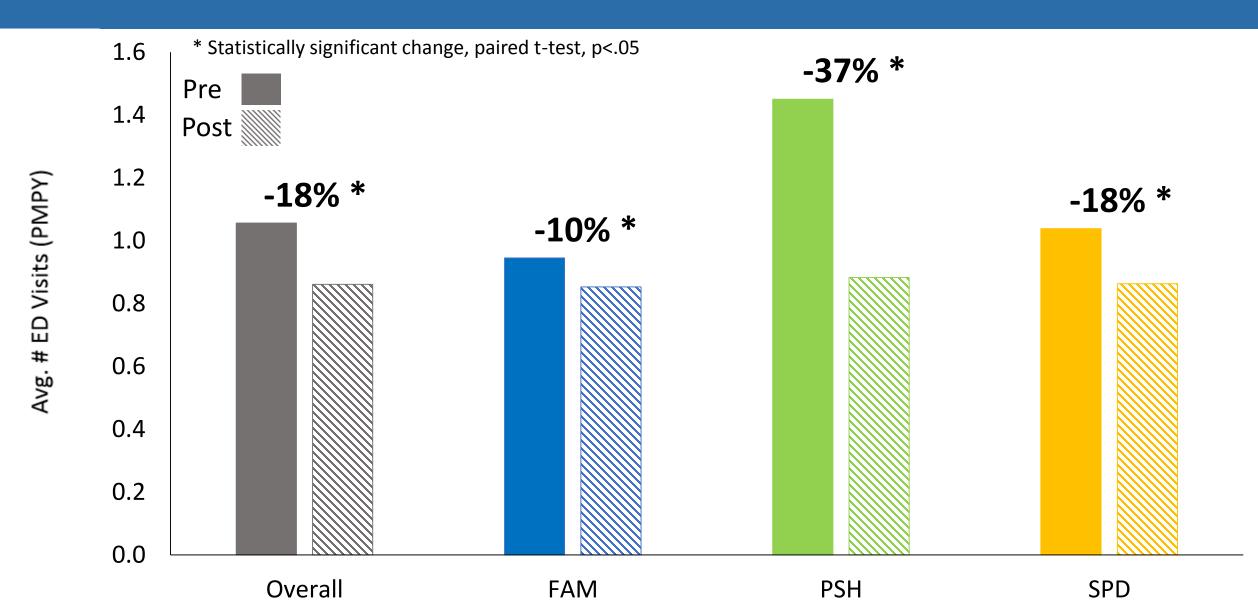


KEY FINDING

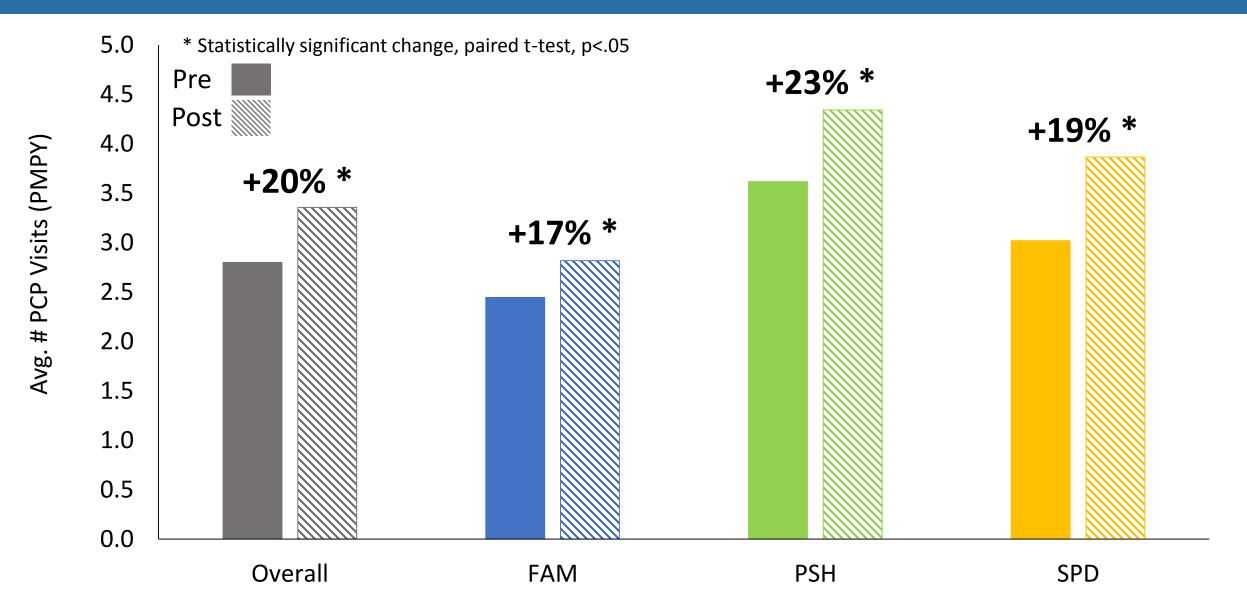
Residents used health services differently when they had housing

Emergency Department -20% Primary Care +18%

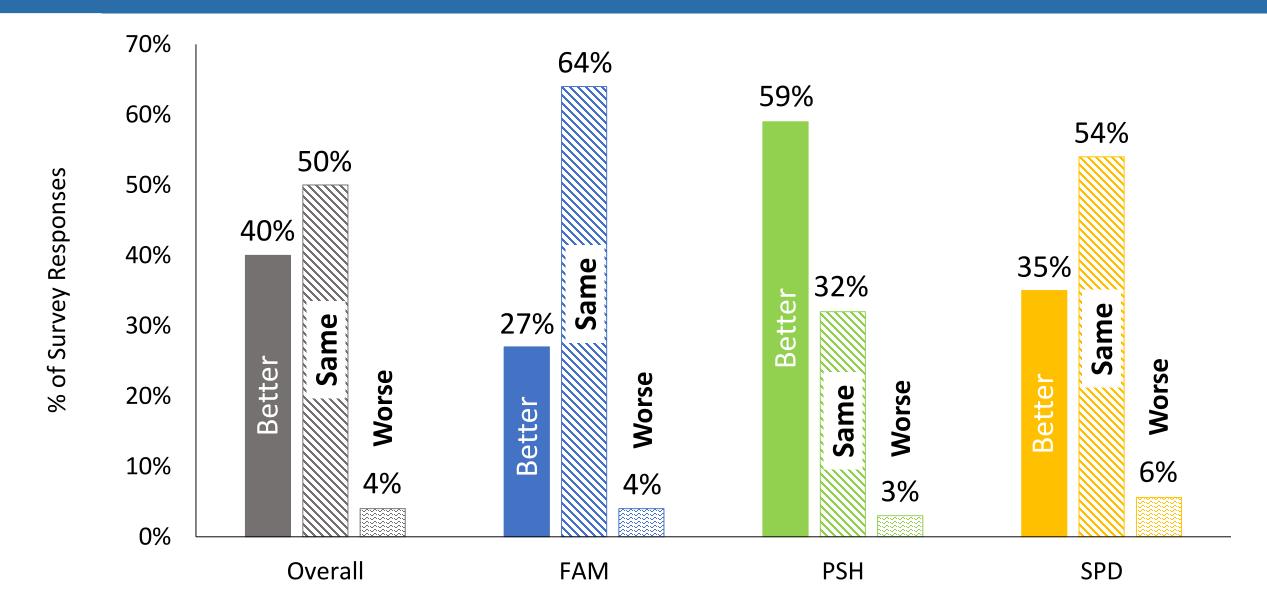
Emergency Department use down across all housing types



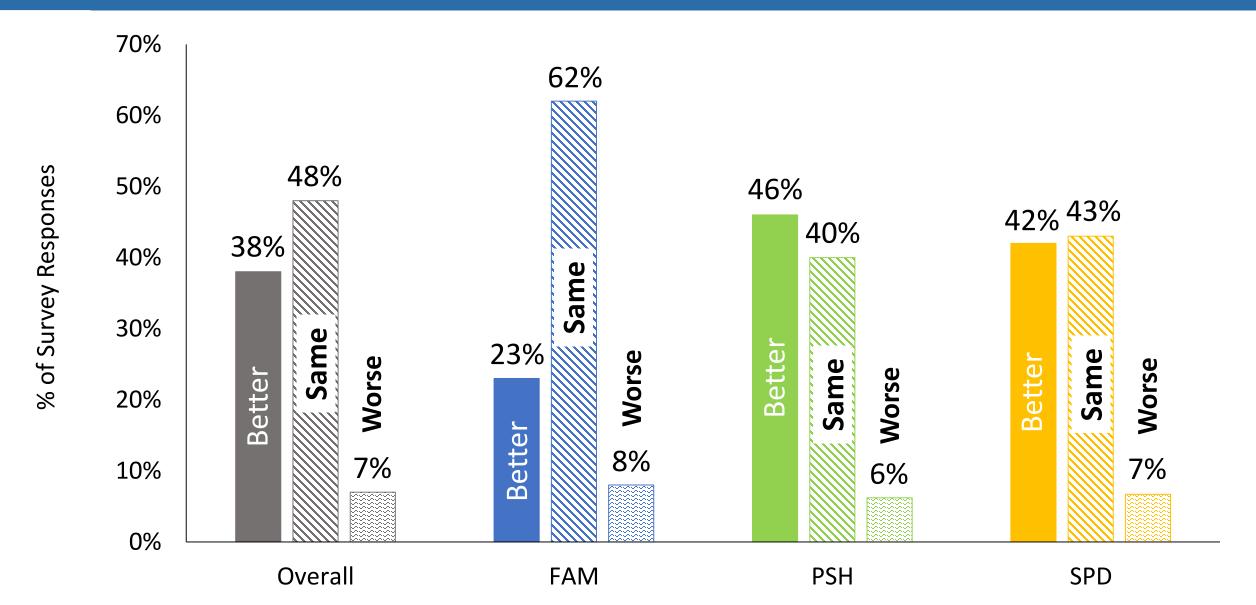
Primary care visits up across all housing types



Ability to get care same or better across all housing types



Quality of care same or better across all housing types



Analyzing impact of integrated services

- Bucketed staff and services into three categories to assess impact
 - Health Staff & Services Includes medical, mental health, and dental staff and services
 - Social Staff & Services Includes Social Workers, Community Health Workers, Health Navigators
 - Wellness Staff & Services Includes food/cooking services, fitness services and other residential activities
- Utilized multivariate regression models to measure impact of each service category

KEY FINDING

Integrated health services drove outcomes Adjusted impact of health servicesExpenditures\$ 115 per member per monthED Visits0.43 visits per year

...even though awareness was low Awareness of select services Medical 33%

IVICUICAI 3370

Mental Health 26%

Emerging Best Practices

Housing With Services – A collaboration of three housing owners, five services providers and funders have come together to serve 1400 senior and disabled residents in 11 buildings located in downtown Portland.

Services include:

- Resident Services Coordinators
- Health Navigators funded by a Medicaid insurer, available to all residents, even if not insured by them
- A health and wellness center
- Primary and urgent care
- A Providence ElderPlace PACE program
- Prescription medication management

Emerging Best Practices

Housed and Healthy (H+H) Program – a collaborative project of four affordable housing owners which coordinates communication and services between Resident Service Coordinators in affordable housing and care teams at local health clinics. The program includes:

- Needs assessments at move-in to identify high-need individuals
- Standardized Release Of Information forms
- Streamlined referral processes
- Increased coordination between service providers, and inhousing programming to improve residents' health

What's Next?

Work with the Oregon Health Authority on its Medicaid 1115 Waiver. The draft waiver includes Medicaid funds for a targeted number of at-risk adults, families, and adults eligible for both Medicare and Medicaid programs including:

- Homelessness prevention care coordination at exit
- Tenancy supports $-1^{st}/last$ month rent
- Housing sustaining services eviction prevention
- Incentivize CCOs to use Flexible Benefits Funding by considering them "health related expenses" rather than administration expenses

Amanda Saul Enterprise Community Partners Senior Program Director Asaul@EnterpriseCommunity.org www.EnterpriseCommunity.com Maggie Weller, MS Center for Outcomes Research and Education, Project Manager Maggie.Weller@Providence.org

Bill Wright, PhD. Center for Outcomes Research and Education, Director Bill.Wright@Providence.org Oregon.providence.org/CORE



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