UNIVERSITY OF ILLINOIS
Hospital & Health Sciences System
Changing medicine. For good.

Center for Housing & Health

National Health Care for the Homeless – Policy Institute

Peter Toepfer, Executive Director
Steven Brown, Director of Preventive Emergency Medicine, UI Health
May 15, 2018

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Takeaways

1. Hospital and housing model
2. Cross-sector relationships
3. What can I replicate?

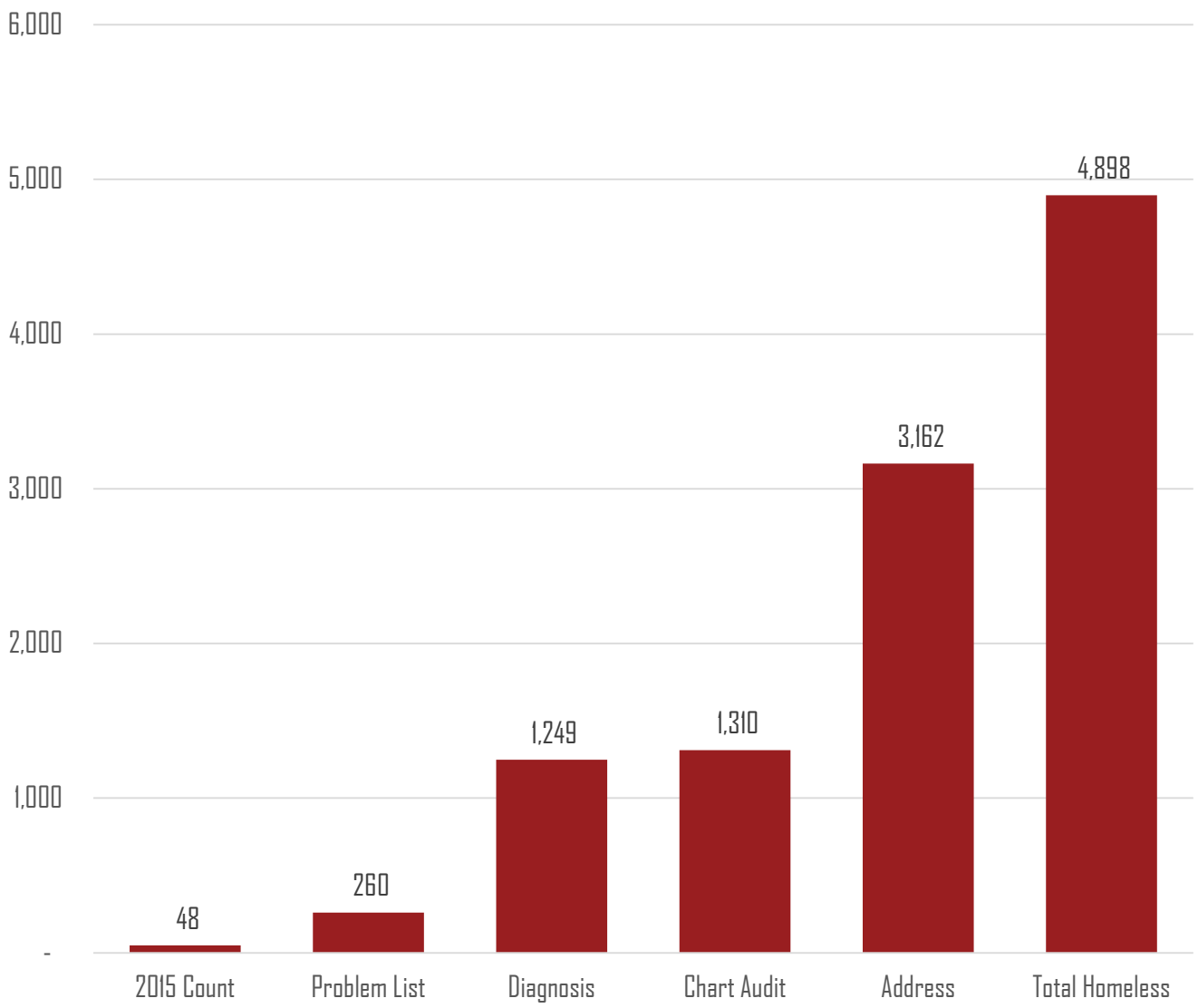
Latesha

How well are you serving Latesha?

- Who are you serving?
- Who else is serving that person?
- Who can help you serve that person?
- What are you going to do about it?

Underreporting of a dangerous condition

In 2015, only 48 homeless patients had been identified by ED & Psych staff interviews.



Since 2010 to Present

BETTER HEALTH THROUGH HOUSING

- Partnership with CHH and UI Health
- Demonstrate a healthcare-to-housing Housing First model
- $250,000 funding by hospital leadership. PMPM for services
- Evaluation on health, cost & utilization
- CHH project lead with 28 supportive housing agencies

Stephen Brown MSW LCSW
Director of Preventive Emergency Medicine

Permanent Supportive Housing Provider Network

From A Hospital to A home

Hospital

Outreach Worker

3 Single Occupancy Hotels (SRO)

28 Supportive Housing Agencies

50 One-bedroom Scattered Site Apartments

UI Health

Stephen Brown MSW LCSW
Director of Preventive Emergency Medicine

BETTER HEALTH THROUGH HOUSING

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62% Decrease in Emergency Room Visits

60% Decrease in Inpatient Days

26% Decrease in Hospital Costs

Impact on Cost & Utilization: Hospitals

- Excess cost of $2,559 per admission [1]
- 2.32 days longer length of stay [1]
- Strikingly higher re-admission rates (50.8 % vs. 18.7%) [2]
- 48% of top 100 / 32% of top 300 ED visitors are homeless [3]
- 1 hour longer median ER length of stay [3]
- 9.4% of all ER left without being seen (LWBS) [3]

Sources:

1) Hwang SW, Weaver J, Aubry T, Hoch JS. Hospital costs and length of stay among homeless patients admitted to medical, surgical, and psychiatric services. *Med Care.* 2011 Apr; 49(4): 350-354.
2) 2) Doran KM, Ragins KT, Iacomacci AL, Cunningham A, Jubanyik KJ, Jenq GY. The revolving hospital door: Hospital readmissions among patients who are homeless. *Med Care.* 2013 Sep; 51(9): 767-773.
3) 3) UI Health BHH program evaluation

Expanding Partnerships

Swedish Covenant Hospital

University of Illinois Hospital & Health Sciences System
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RUSH UNIVERSITY MEDICAL CENTER

aetna

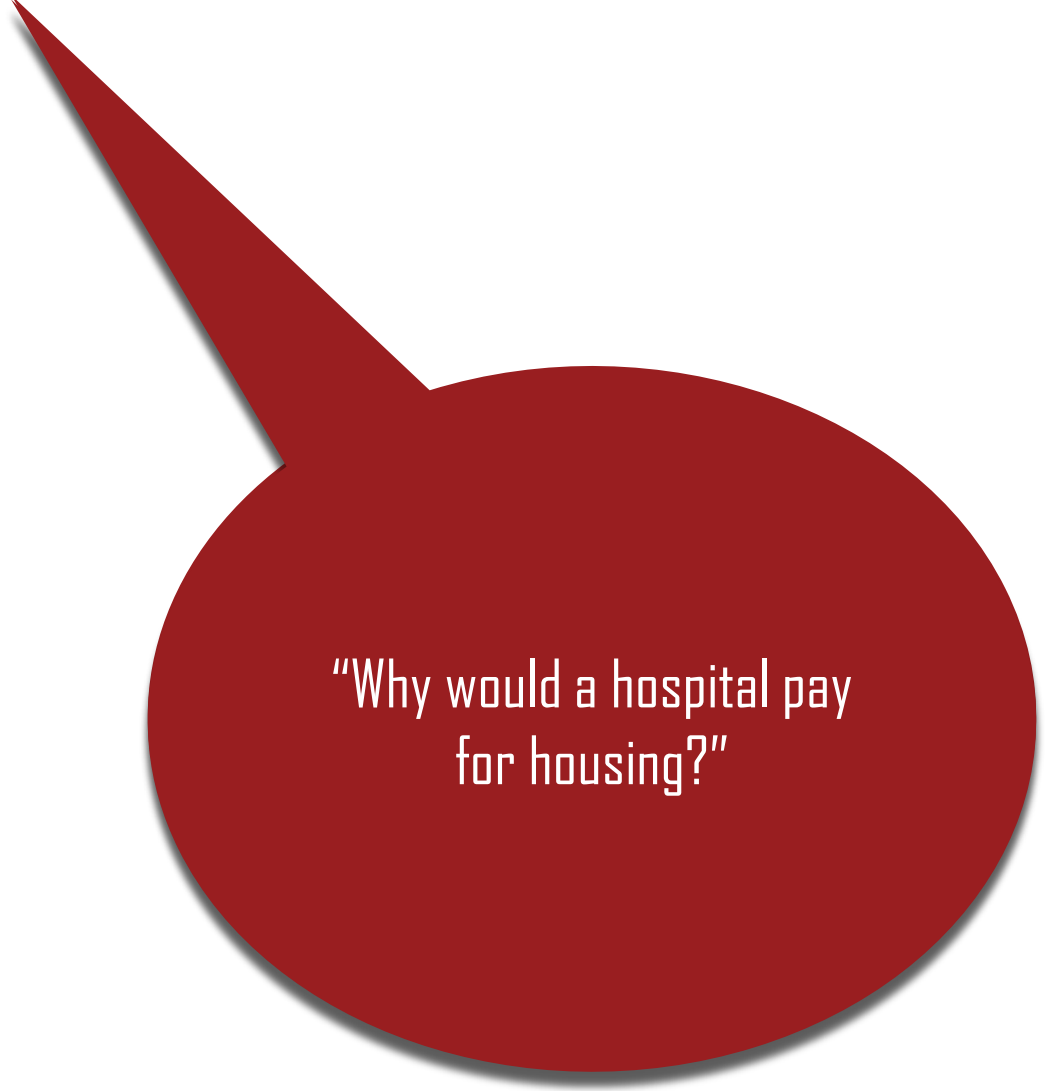
Chicago Department of Family & Support Services
BUILD • SUPPORT • EMPOWER

HEARTLAND ALLIANCE HEALTH

HH

Incentives for Hospitals

- It’s a dangerous health condition
- Homelessness is invisible in healthcare
- Exorbitant cost & utilization
- Hospitals taking on Population Health
- Focus on the Social Determinants of Health
- Medicaid budget pressures
- Non-profit status – community benefit tax relief
- The Anchor Mission



Relationships

Relationships

Relationships

Towards Collective Impact

Hospitals can and should play a vital role in decreasing homelessness by acknowledging it is a dangerous health condition, and by creating programs that, along with other hospitals, pay for supportive housing.

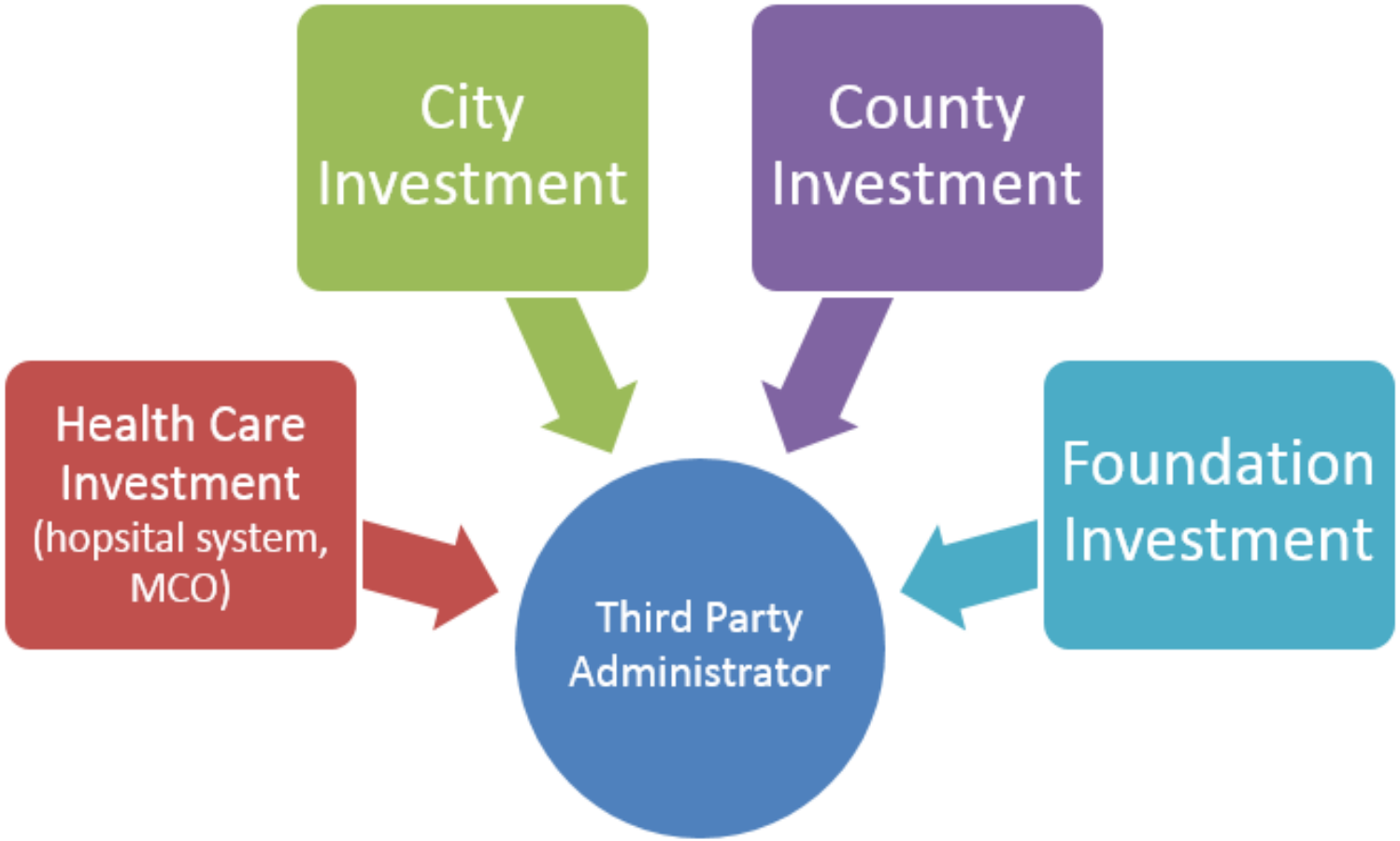
If every hospital in Chicago committed to paying for supportive housing for ten chronically homeless individuals, we could reduce that population by a third.*

That is major impact.

melessness

* Hospitals can also claim a community benefit on their taxes to enhance their non-profit status.

Flexible Housing Pool



Takeaways

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CENTRAL CITY CONCERN
HOMES HEALTH JOBS

PARTNERSHIPS WITH HOSPITALS AND HOUSING: THE OREGON EXPERIENCE

Tracy Dannen-Grace, Director of Community Partnerships & Philanthropy, Kaiser Permanente

Sean Hubert, Chief Housing & Strategy Officer, Central City Concern

Rachel Solotaroff, MD, MCR, President and CEO, Central City Concern

Pre-Conference Institute, National Healthcare for the Homeless Conference
May 15, 2018

Overview

- The Health System Perspective:
  - Why invest in housing?
  - What are the strategies and mechanisms?
  - What potential roles can Health System partners play in supporting housing initiatives?
- Our Experience in Oregon:
  - The Housing Is Health Initiative, and how the partnership developed
  - Opportunities for population-based impact and research

THE HEALTH SYSTEM PERSPECTIVE

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OUR **MISSION**

Kaiser Permanente provides high-quality, affordable health care services and improves the health of our members and the communities we serve.

OUR **BELIEFS**

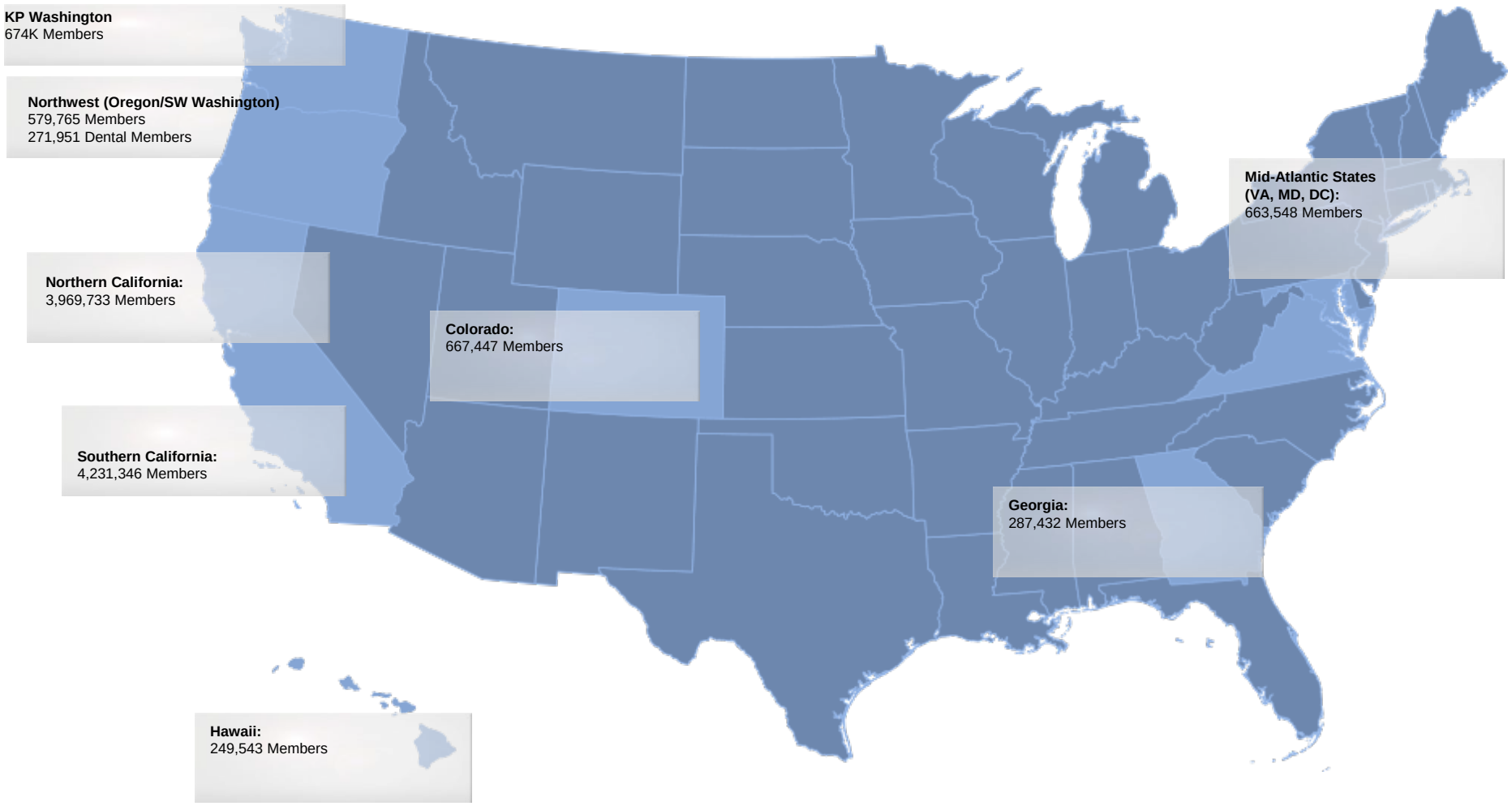
We believe that life, liberty, and the pursuit of happiness require total health — and that includes equal access to high-quality health care for all.

We believe that total health is more than freedom from physical affliction — it's about mind, body, and spirit.

We believe that health care must be affordable for all — because thriving individuals, families, and communities require that.

We believe in a healthy and engaged life — with good beginnings and dignified endings.

KAISER PERMANENTE
LARGEST HEALTHCARE PROVIDER AND NONPROFIT HEALTH PLAN IN THE U.S.



Local and national strategies

Activating Community Resources

We have started to take a more significant role to address the conditions that lead to better health in communities. But we cannot do this work alone.

Looking ahead, we will need breakthrough technological and social innovations to accelerate the pace of health improvement in communities. The application of big data analysis holds the promise of being able to better predict health risks and deploy preventive interventions quickly. Experimenting with unconventional ideas and partners will enable us to better impact community health.

Why Housing?

Low-income people face:

Poor physical conditions:
- Allergens, pests, lead, asbestos
- Inadequate heating, cooling
- Leaks, mold

Overcrowding

Severe rent burden

Housing instability (frequent moves, evictions, foreclosure)

Homelessness

Individual/Community considerations

Effect on health of stable, affordable, quality housing is documented
- Short-term benefits (e.g. reduce overuse of acute care, preventable institutionalization, asthma rates)
- Long-term benefits (e.g. lifecycle effects of reduced childhood trauma, greater social cohesion, more stable communities)

Housing is a platform for addressing other SDOH
- Boost in income from housing affordability can improve food security and wealth
- Related investments can improve safety, physical activity, education

Institutional considerations:

Multiple avenues available for even conservative health institutions to invest

Investments in housing, like other real estate investments, can generate tangible financial returns beyond health savings

Housing is the best developed sector of the community investment system; best set of nonprofit and financial intermediary partners

Community benefits regulations now recognize housing as eligible

Community Context

GROWING INEQUITY:

Narrowing Opportunities

- Low wages
- Long commutes
- Poor education
- High housing costs

&

Disinvested, Overburdened, Vulnerable Places

- Structural racism, conventional markets create **zones of disinvestment** (poor infrastructure, toxic overload)
- **Legacy of discrimination, perceived risk** inhibit capital flows into these communities

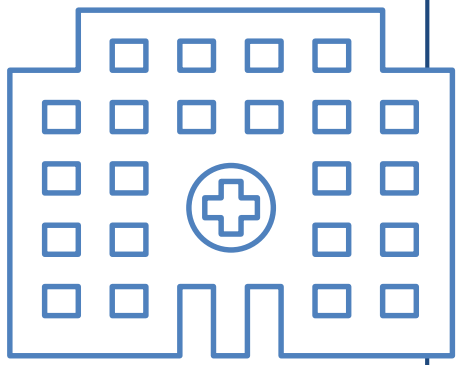
Current Community Investment Outmatched

- **Income inequality, health disparities, climate change** requires **systemic change**, not financial gap filling
- Existing mechanisms are creative but **underpowered** and **siloed**; focus on **transactions,** not systems; **reach some** places and not others; **fail to engage** the full range or relevant actors

Negative health and well-being outcomes

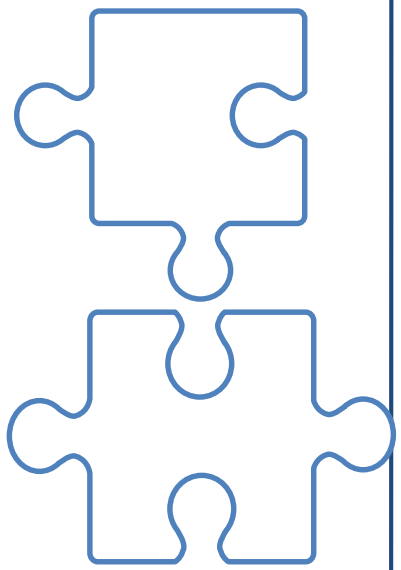
Hospital Community Benefit

What's the Issue?



- Tax-exempt hospitals are required to provide community benefits.
- Community benefit obligations are included in the Affordable Care Act (ACA)
  - ACA requires nonprofit hospitals to periodically complete a community health needs assessment (CHNA)
- Traditional Uses
  - Charity Care/ "Free Care"/ Indigent Care
  - $ and Staff to Community Health Center
  - Investing in Walkable Communities
  - Healthy Lifestyle Programs*

Health & Housing: A Shared Vision



- A Growing Focus on Social Determinants of Health
- Achieving the Triple Aim
  - Improved Outcomes
  - Improved Quality of Care
  - Reduced Costs
- Housing-related activity must be provided primarily to address an identified community health need to qualify as a reportable community benefit and provide evidence that the activity is known to improve health *

What Housing-Related Activities Count?

Strategies for a Comprehensive Needs Assessment

Community Health Report

Build organizational understanding of *HEALTH*

Kaiser Permanente Percentile Rank Compared to US Counties

		KP	CO Region	GA Region	HI Region	MAS Region	NCAL Region	NW Region	SCAL Region	WA Region
Top-line measures	Length of life	75	71	56	71	70	79	70	80	75
	Quality of life	69	67	49	81	76	75	72	63	83
	Health equity	14	36	1	74	4	21	9	3	21
Health status	Cancer	80	87	61	89	69	77	52	78	61
	Coronary heart disease	71	87	91	87	67	73	87	41	72
	Diabetes prevalence	86	96	52	78	71	74	69	72	77
	Poor mental health days	66	82	59	96	91	68	25	50	68
	Stroke	61	68	37	58	61	58	52	63	63
Health factors	Health behaviors	93	90	73	89	93	97	83	96	89
	Clinical care	78	85	57	95	84	88	90	58	87
	Social and economic fa..	63	77	52	89	83	68	64	55	67
	Physical environment	13	42	5	8	13	18	34	1	41

Data are aligned with the most recent County Health Rankings (2017); time period for individual indicators varies

Percentile

1-24 | 25-49 | 50-74 | 75-99

Lowest quartile — Top quartile

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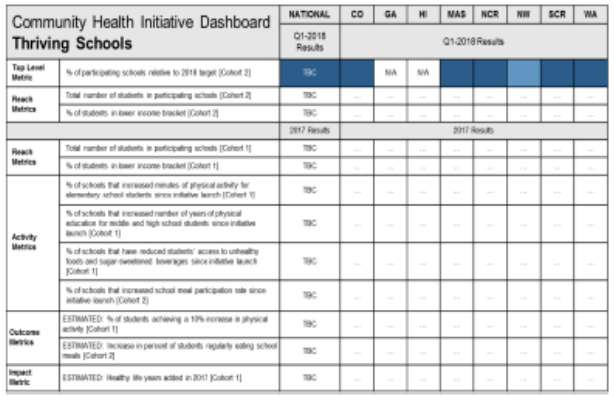
Strategies for a Comprehensive Needs Assessment

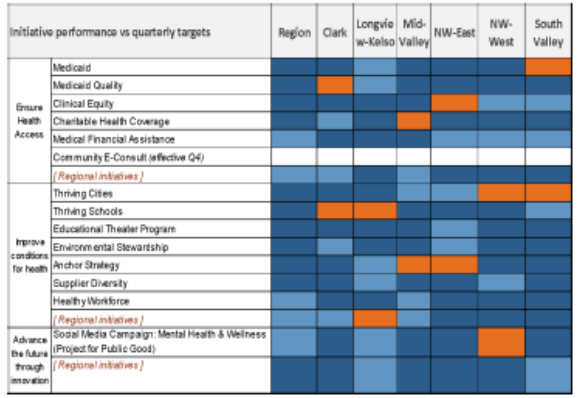
Community Health Dashboard

The goal of this work is to develop a series of Community Health "Impact Dashboards" that provide insights into Kaiser Permanente's Community Health performance at a national-level, initiative-level and regional-level.

National-level dashboard → **Initiative-level metrics** → **Regional-level dashboard**

Sample dashboards





Description

High-level dashboard summarizing each initiative's top-line metric, including regional performance and the national roll-up	Initiative-level drill down into key metrics that flow through the initiatives impact pathway, and that show progress at the national and regional level (where applicable)	Summary of regional-level performance against national initiatives, as well as performance against regional-specific initiatives

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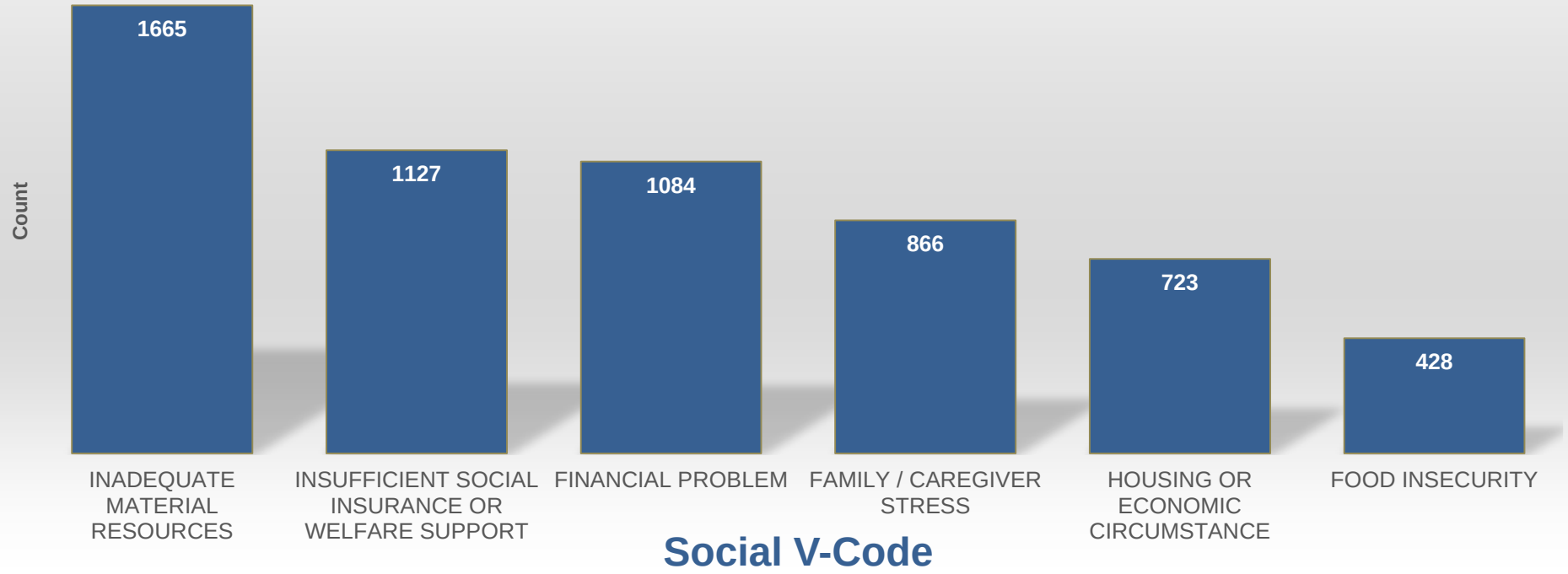
How has KP become smarter in how we collect and document social circumstances?

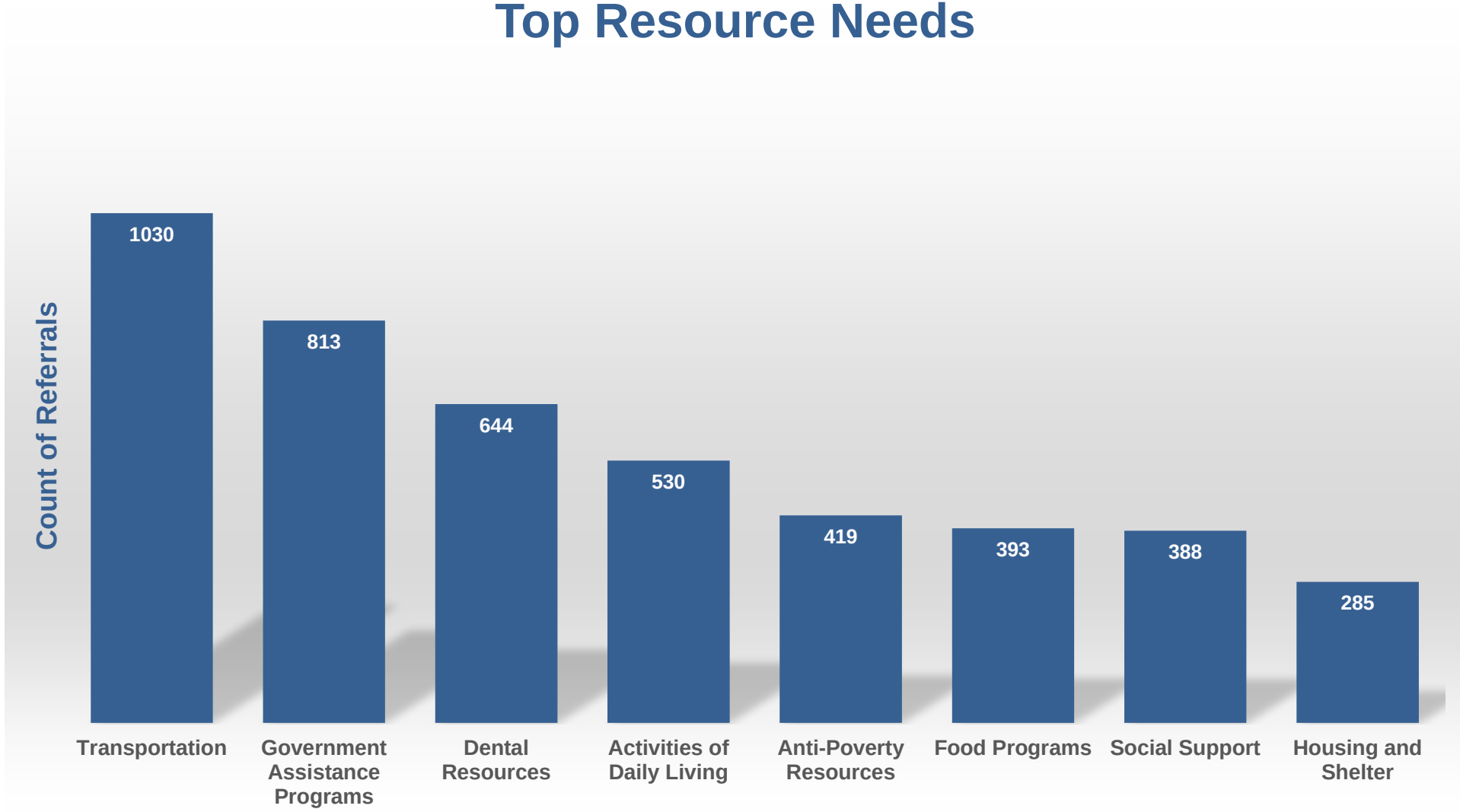
Top Social Diagnosis

Time: October- Present
~9,500 unmet needs
~3,000 Patient screened

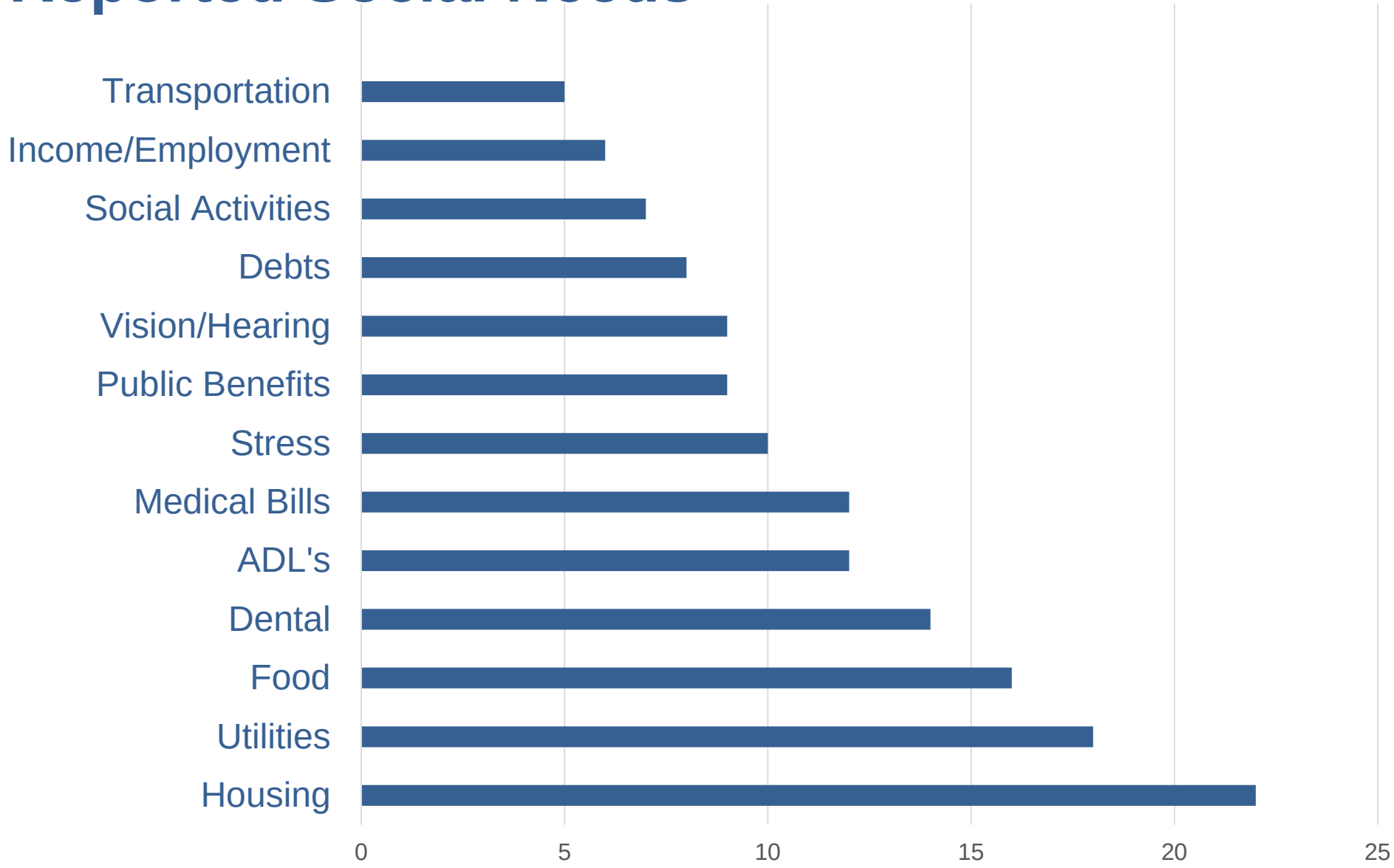


Screening must be linked to intervention

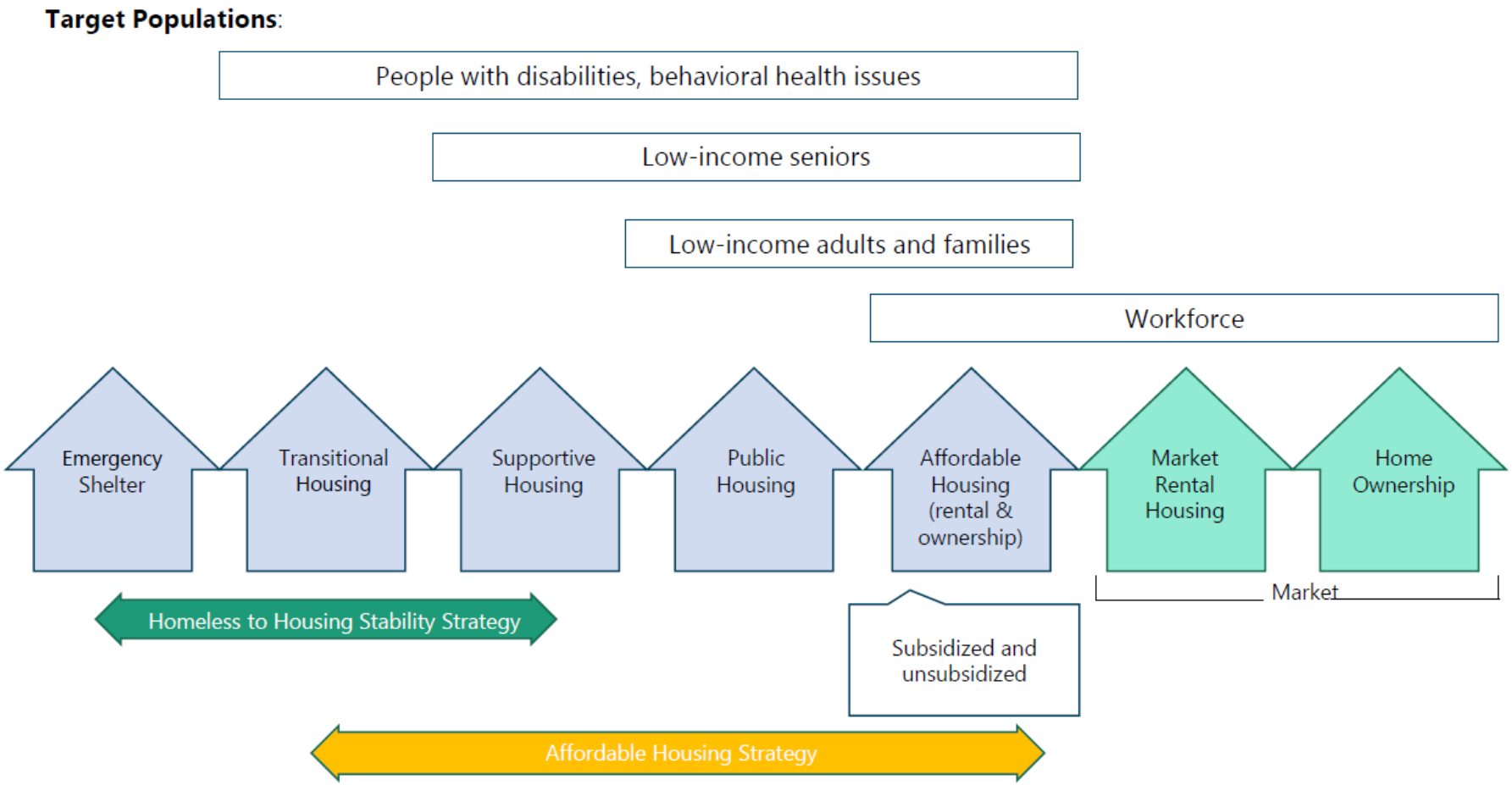
Top Resource Needs



Reported Social Needs



Range of housing types to consider for investment



Opportunities for Innovation – Real Estate

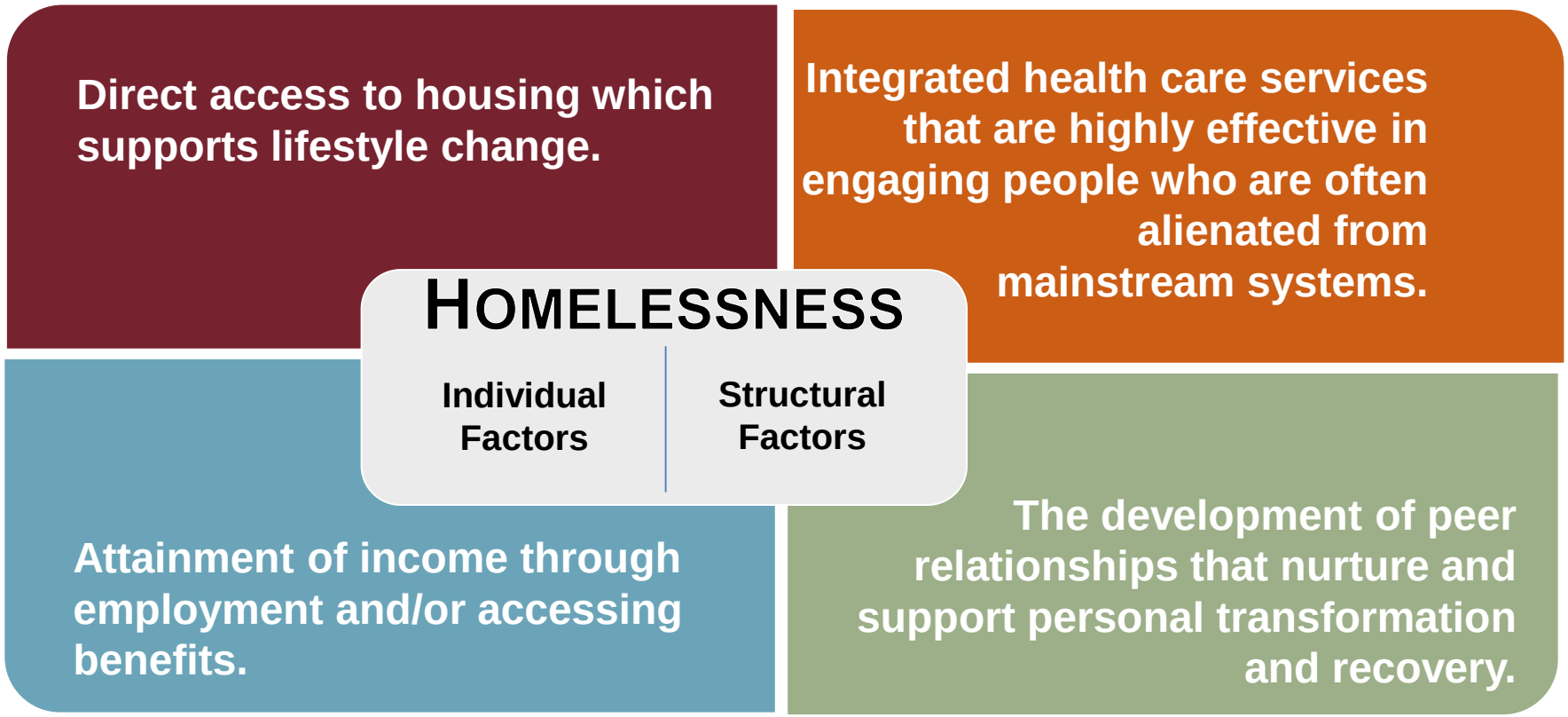
- **Social impact financing**
  - New financing structures using capital at below market rates
  - Deliver clear social impacts while increasing speed and flexibility
- **New housing models and forms**
  - Currently working with leading design and construction firms and building operators
  - Employing innovations in building design and housing forms to drive affordability
- **Capturing cost savings**
  - Clear evidence that access to housing reduces healthcare, public afety, and other public costs
  - Currently exploring ways to convert these potential savings into housing subsidies

Potential Roles

1. Convene stakeholders and shape strategies
2. Board Membership
3. Engage new partners
4. Leverage in-house expertise
    - Development/project management
    - Structuring deals and investments
    - Fund-raising
    - Policy
    - Communications and marketing expertise
5. Bring grants to the table
6. Make aligned financial investments
    - Permanent supportive housing
    - Supportive services
    - Fund innovative programs
7. Make institutional decisions strategically (e.g., expansion, location)
8. Raise public awareness and combat stigma

THE HOUSING IS HEALTH INITIATIVE

CENTRAL CITY CONCERN: COMPREHENSIVE SOLUTIONS



Relationship built on partnership and trust

- Respite Care Program (RCP), (2007): ~6% 30-day readmission rate
- KP and CCC founding members of Health Share of Oregon (2012)
- Unity Hospital (2016)
- Early conversations between CEO's of CCC, Health Systems, and one MCO (2016)

OTHER CONTEXT: AFFORDABILITY CRISIS -> HOMELESSNESS CRISIS

- Housing scarcity and rapid decline in affordability due to:
  - Great Recession/Cessation in housing production
  - Portland's population growth
- 2006-2016: Portland was underbuilt by 27,000 units while 190K moved to region
- Shelter and transitional housing outflow slowed; rent and motel vouchers became harder and harder to use.
- This impacted not just non-profits and housers, but health systems which relied on these systems
- Employers started to feel the housing crunch impact on their employees
- Middle class families were being impacted

CURRENT HOUSING PARADIGM

- Shortage of affordable housing: 100,00 state / 30,000 Portland
- What the market is building: less than 1% affordable
- What the public funders are building: 90% affordable at 50% MFI and above
- Limits of the sources being utilized (LIHTCs), leaves populations and care approaches unaccounted for
- High cost, high need population needs are not being met

THE OPPORTUNITY

- KP/Health Systems could impact the gap in need and care
- KP/Health System impact could be catalyst for additional private investment + public policy shift
- Private investment leverages additional funding : $1 private investment could leverage $3+ from other sources
- KP/Health System investment could make a dramatic difference in the lives of vulnerable populations; reduce repeat hospitalizations and other public costs; improve coordination, care and outcomes; stabilize lives; build self-sufficiency

The Power of Community Collaboration

- Collective impact investment of $21.5 million
- 385 units of Housing:
  - 0-30% MFI
  - 30-60% MFI
  - Transitional & Permanent
  - SRO and Family
- Integrated Clinic on Portland's East Side

Charlotte B Rutherford Apartments

- 6905 N Interstate Avenue
- 51 units of housing affordable for families earning 30% to 60% MFI
- Preference for displaced households who wish to return to the community

Hazel Heights Apartments

- SE 126th and Stark Street
- 153 units of permanent housing for people exiting transitional programs

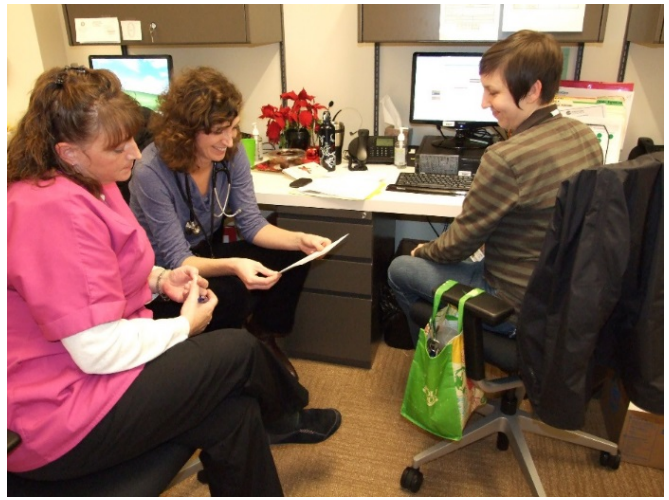
The Blackburn Health and Recovery Center

- 175 affordable apartments for people with special needs:
- 52 beds providing medical and mental health respite care
- 10 units providing palliative care housing
- 113 units providing recovery housing
- 40,000 square foot health clinic

The Blackburn Center:
Care Model and Populations Served

Care Model:

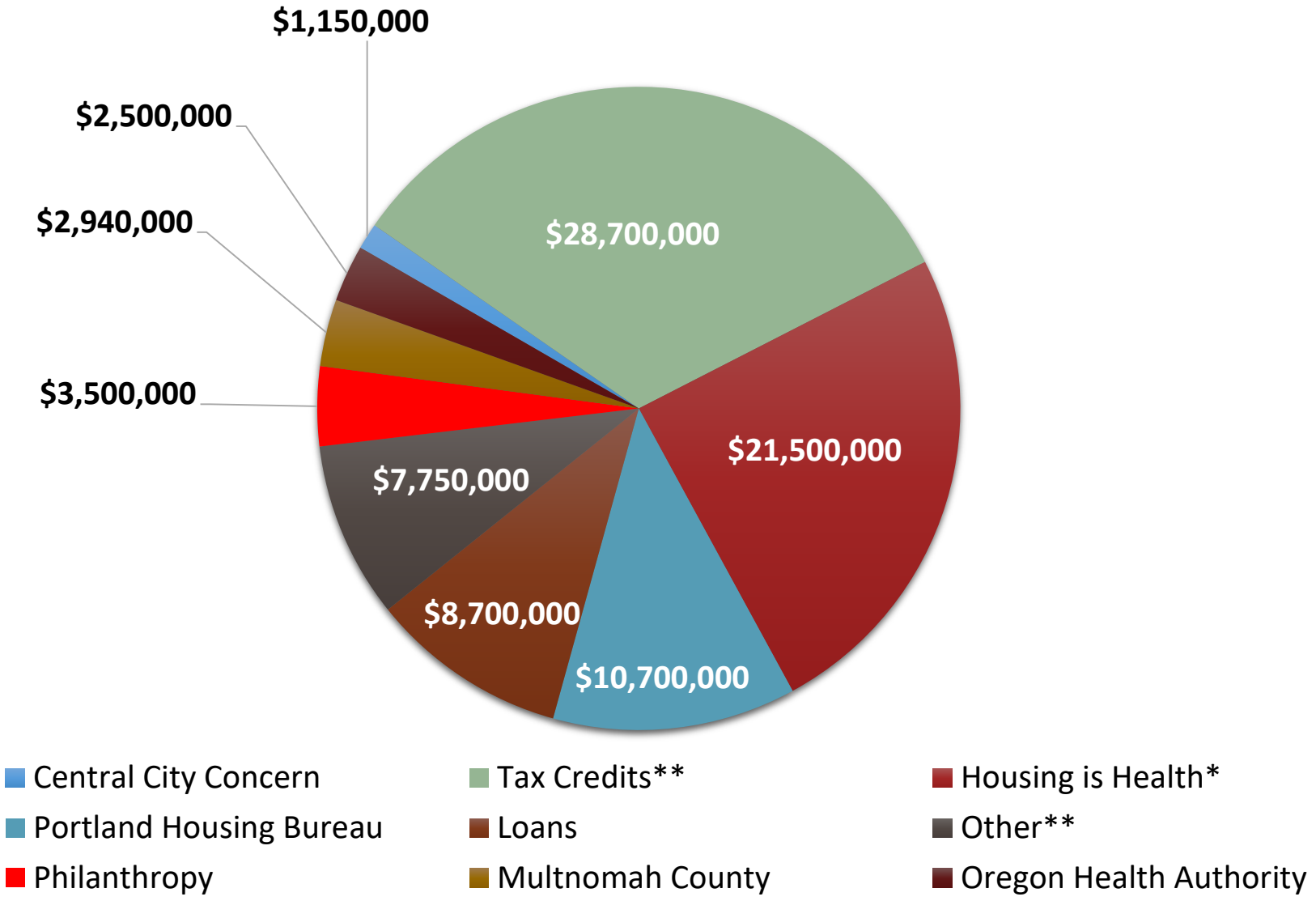
- Multidisciplinary teams
- A trauma-informed and person-centered approach
- A housing and treatment choice framework



Populations Served:

- Medically Complex
- In recovery from addictions and mental illness
- Persistent Pain Program
- Street homeless

Funding Sources for Housing Is Health



Advancing Knowledge & Research

Providence Center for Outcomes Research and Education (CORE) and the Center for Health Research at Kaiser Permanente :

- Housing retention
- Employment Outcomes
- Clinical Outcomes
- Healthcare Utilization and Total Cost of Care
- Opportunity for other cross sector evaluation:
  - Education (School Days Missed)
  - Criminal Justice (Jail Days, Recidivism)

Thank you!

DISCUSSION