



“Why Should We Pay You to Do That?”

**Demonstrating the Value of Medical
Respite Care**

*Brandon Clark, MBA, FACHE
CEO, Circle the City, Phoenix, AZ*

Respite pioneers are often met with skepticism...



You're going to do what?

That will just attract more homeless people!



It's not our job to fix everything for our patients.



You just want more money for your homeless charity...



There are no codes for that service...

Sssso you think you can actually ssssave me money?

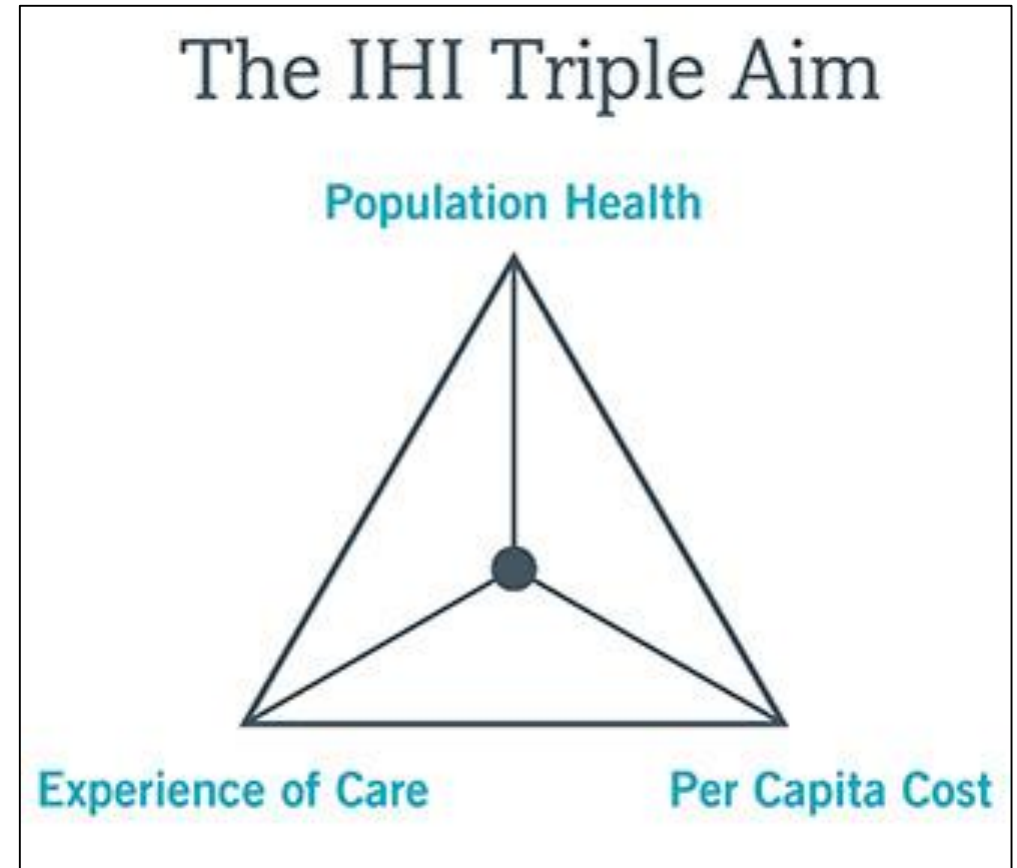


Defining and Articulating Value

What is Value in Healthcare?

$$\text{V (VALUE)} = \frac{\text{Q (QUALITY)} + \text{S (SERVICE)}}{\text{\$ (COST)}}$$

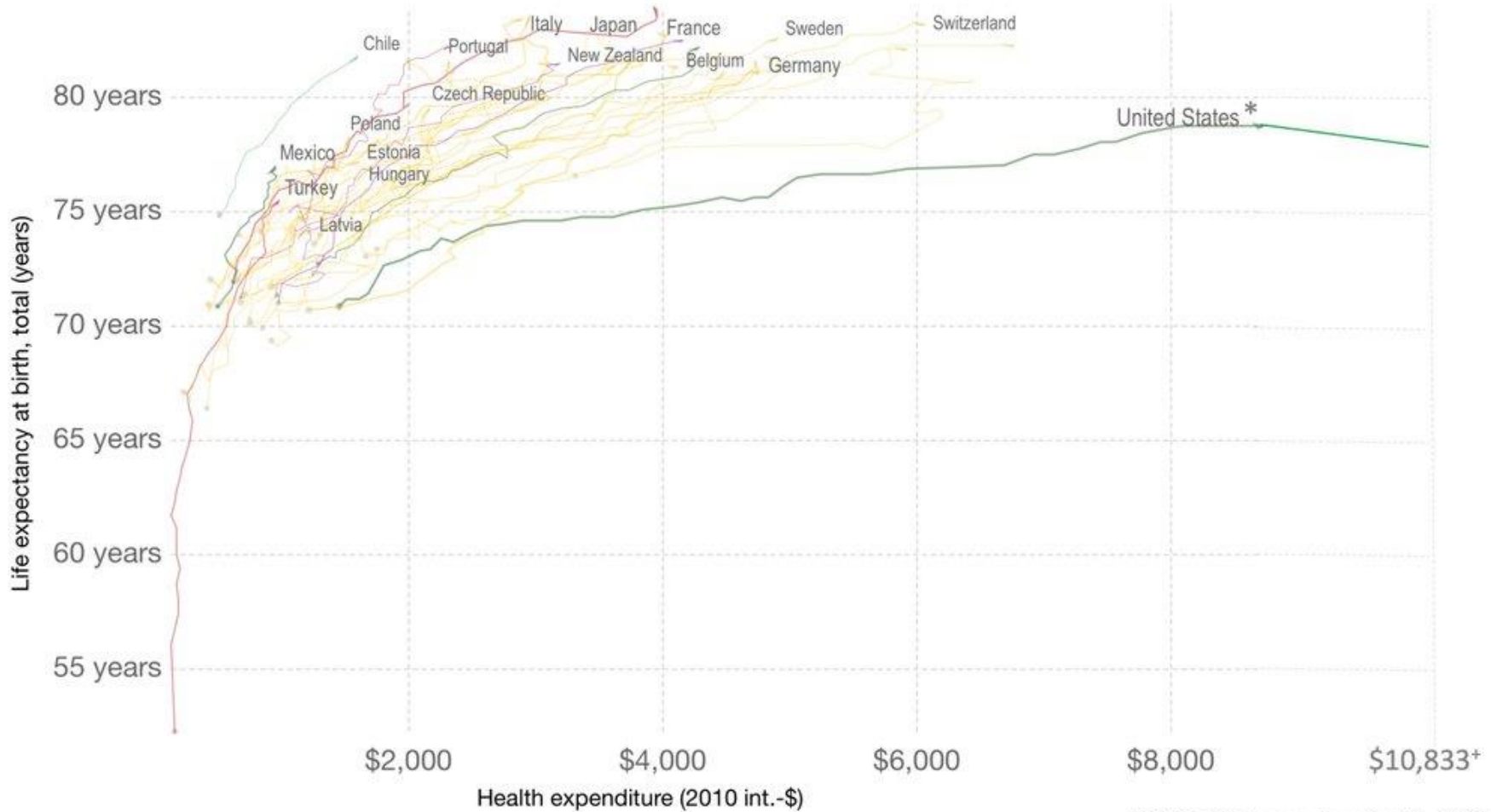
Source: uofuhealth.utah.edu



Source: IHI.org

Life expectancy vs. health expenditure, 1970 to 2017

Health financing is reported as the annual per capita health expenditure and is adjusted for inflation and price level differences between countries (measured in 2010 international dollars).



Source: World Bank – WDI, Health Expenditure and Financing - OECDstat (2017)
OurWorldInData.org/the-link-between-life-expectancy-and-health-spending-us-focus • CC BY-SA

*CDC: 1st 2-year drop in LE: 2016, 2107 since 1962 *From Statista

10,806 views | Apr 9, 2018, 11:58am

U.S. Health Outcomes Compared to Other Countries Are Misleading



Gary Price, MD, and Tim Norbeck Contributor ⓘ
Policy

Recent research, including an insightful book by Dr. Buz Cooper, all suggest that poverty and other social determinants have a significant impact on our health and healthcare costs. Unfortunately, the U.S. poverty rate is [higher than the other countries](#) at 12.7 percent of the population.

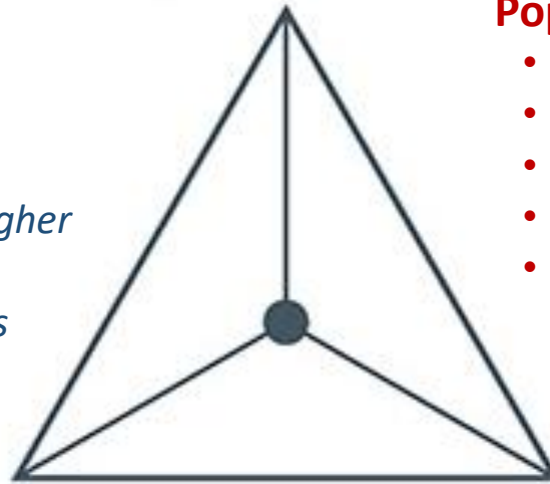
.....

[We must continue to strive to improve our health statistics and the general health of our people.](#) To that end, more attention must be spent in addressing the social determinants which currently compromise the health of too many and result in higher healthcare costs. These determinants, such as poverty, poor housing, job and income status and socioeconomic characteristics (such as education) are relevant in every respect.

How Does Medical Respite Impact the Triple Aim?

Experience of Care

- *Patient experience improves when care models reflect unique needs of patients;*
- *Healthier patients are predisposed to higher patient satisfaction;*
- *Avoid perception (or reality) of homeless dumping.*



Population Health

- *Improved transitions of care = better continuity;*
- *Enhanced access to follow-up and specialty care;*
- *Medication reconciliation, assistance, compliance;*
- *Structured environment to close gaps in care;*
- *Opportunities for care integration – MH, SA, etc.*

Per Capita Cost

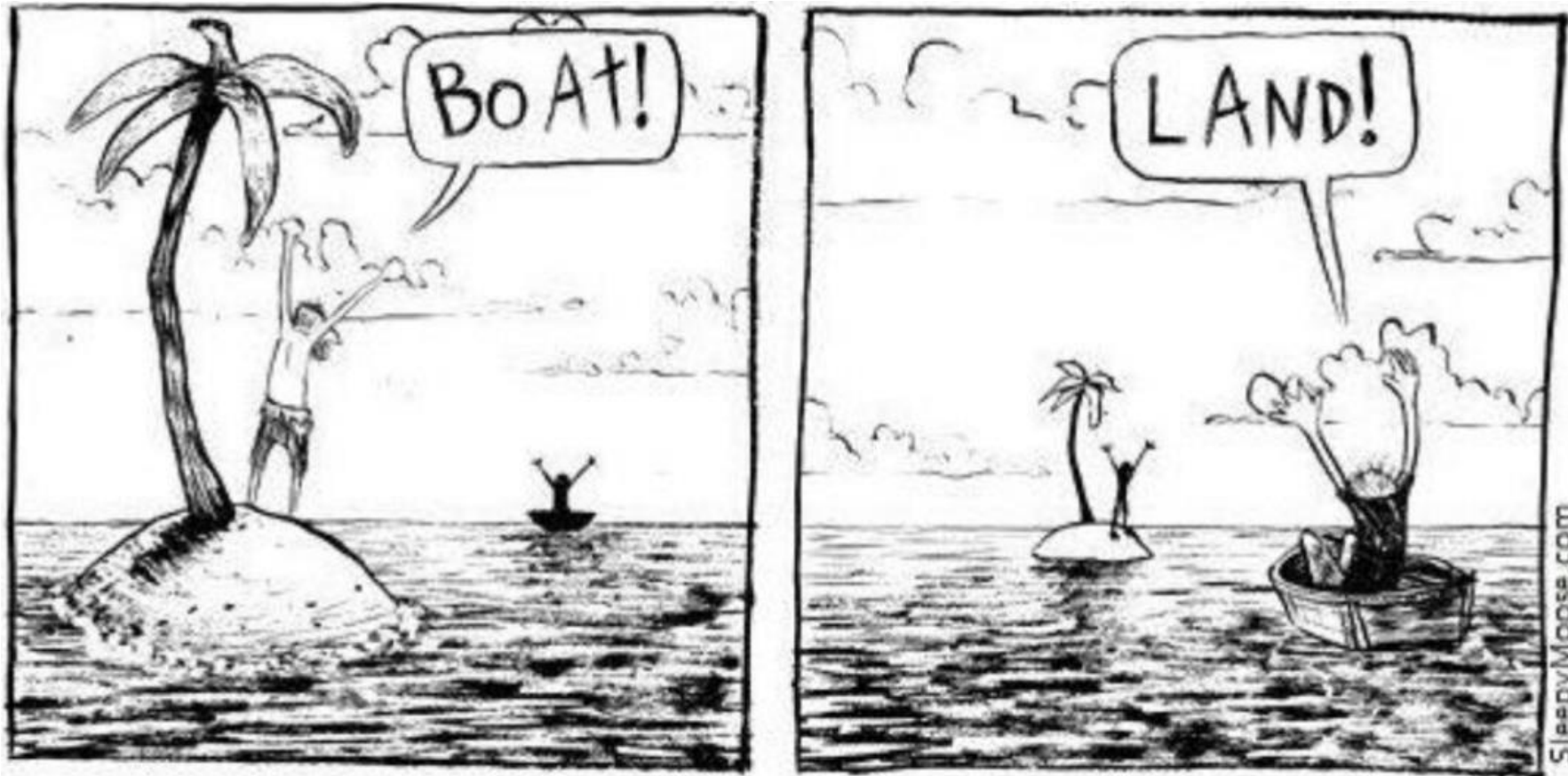
- *Monitored setting = reduced recidivism;*
- *Safe environment to teach healthier utilization behaviors;*
- *Curb need for future ED, crisis spend;*
- *Address social determinant issues that drive unnecessary costs.*

How Can We Measure and Communicate Value?

VALUE GOAL	EXAMPLE METRIC
Population Health	
<ul style="list-style-type: none"> Improved transitions of care 	<ul style="list-style-type: none"> Hospital readmit rates, % of pts with PCP visit in past 12 mos
<ul style="list-style-type: none"> Enhanced access to follow-up and specialty care 	<ul style="list-style-type: none"> Compliance % with PCP or specialty visit post-DC
<ul style="list-style-type: none"> Medication reconciliation, assistance, compliance 	<ul style="list-style-type: none"> Compliance with medications ordered at hospital DC
<ul style="list-style-type: none"> Structured environment to close gaps in care 	<ul style="list-style-type: none"> Any relevant HEDIS, UDS, Healthy People 2020 metrics
<ul style="list-style-type: none"> Opportunities for care integration 	<ul style="list-style-type: none"> Successful connectivity rate to mental health services
Per Capita Cost	
<ul style="list-style-type: none"> Reduced recidivism 	<ul style="list-style-type: none"> Hospital readmit rates as compared to non-respite pts
<ul style="list-style-type: none"> Safe environment to teach healthier utilization behaviors 	<ul style="list-style-type: none"> Pre vs post IP utilization and/or total cost of care
<ul style="list-style-type: none"> Curb need for future ED, crisis spend 	<ul style="list-style-type: none"> Pre vs post respite ED utilization
<ul style="list-style-type: none"> Address social determinant issues 	<ul style="list-style-type: none"> Structured data on social determinant needs and outcomes
Experience of Care	
<ul style="list-style-type: none"> Experience improves when unique needs are addressed 	<ul style="list-style-type: none"> Patient satisfaction scores (HCAHPS, CG-CAHPS, etc.)
<ul style="list-style-type: none"> Avoid perception (or reality) of homeless dumping 	<ul style="list-style-type: none"> PR incidents or negative press events

Considering Value Perspectives

Perspective is Important When Communicating Value



****Disclaimers****

**PARENTAL
ADVISORY**

Immature Content

**May be offensive to those
without a sense of humor**

Humor is the truth; wit is
an exaggeration of the
truth.

Stan Laurel



Value Perspectives: The Hospital

Length of stay

Readmission and quality incentives

Culture of burnout due to challenging patients

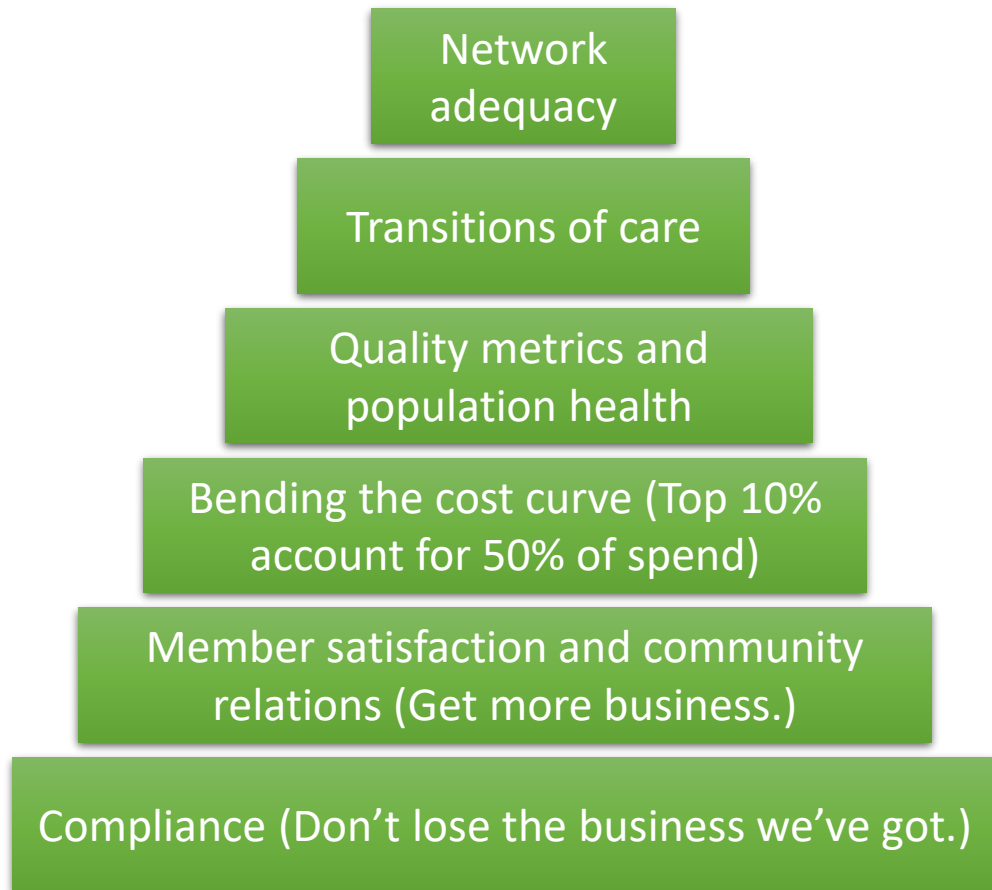
Losing money on every single Medicaid case

Unsustainability of becoming known as the “charity care hospital”

The cost of diverting high-margin volume to our competitors while homeless people fill our beds



Value Perspectives: The Health Plan



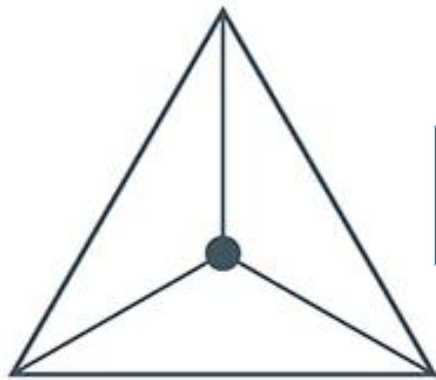
Value Perspectives: Medical Respite Providers



How Can We Speak Each Other's Language?



A Communications Framework



Hone Your Value Proposition

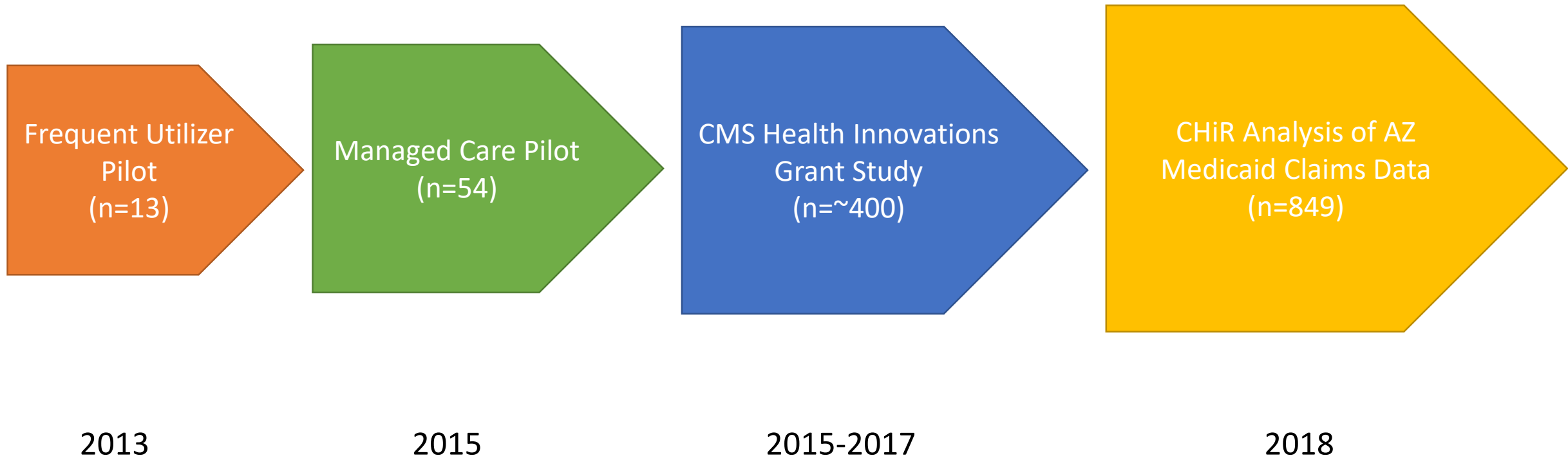
VALUE GOAL	POTENTIAL MEASURE
Population Health	
<ul style="list-style-type: none"> Improved transitions of care Enhanced access to follow-up and specialty care Medication reconciliation, assistance, compliance Structured environment to close gaps in care Opportunities for care integration 	<ul style="list-style-type: none"> Hospital readmit rates, % of pts with PCP visit in past 12 mos. Compliance rate with specialty referrals 30 days post DC Compliance with medications ordered at hospital DC Any relevant HEDIS, UDS, Healthy People 2020 metrics Successful follow-up rate to mental health services
Per Capita Cost	
<ul style="list-style-type: none"> Reduced recidivism Safe environment to teach healthier utilization behaviors Curb need for future ED, crisis spend Address social determinant issues 	<ul style="list-style-type: none"> Hospital readmit rates as compared to non-respite pts Pre vs post IP utilization and/or total cost of care Pre vs post respite ED utilization Structured data on social determinant needs and outcomes
Experience of Care	
<ul style="list-style-type: none"> Experience improves when unique needs are addressed Avoid perception (or reality) of homeless dumping 	<ul style="list-style-type: none"> Patient satisfaction scores (HCAHPS, CG-CAHPS, etc.) PR incidents or negative press events



Translate for your intended audience

Demonstrating and Measuring Value

Measuring Value – Data Sources

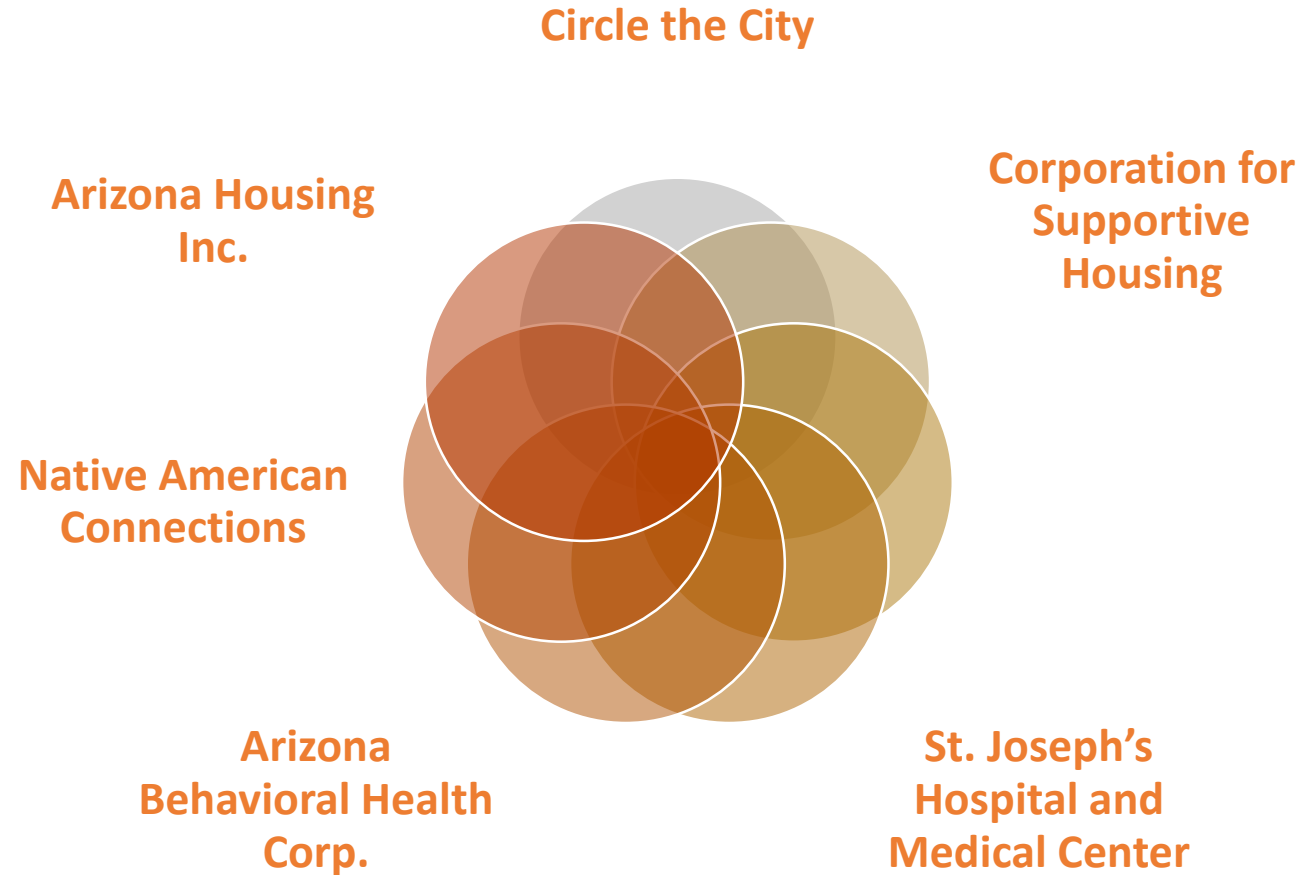


*Frequent Users of Services
Engagement (FUSE) Pilot*

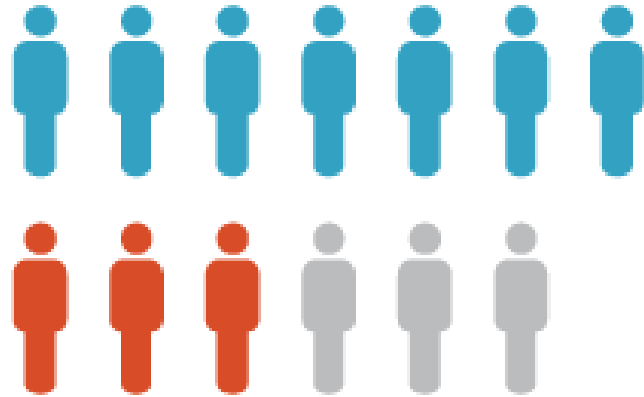
The FUSE Hypothesis

- **Local health providers recognized subset of homeless population utilizing disproportionate share of hospital/emergency care services.**
- **Target population difficult to engage and may not be captured in coordinated entry process.**
- **Can supportive housing, access to healthcare and coordinated navigation bend the cost curve of previously homeless high utilizers?**

FUSE Provider Continuum



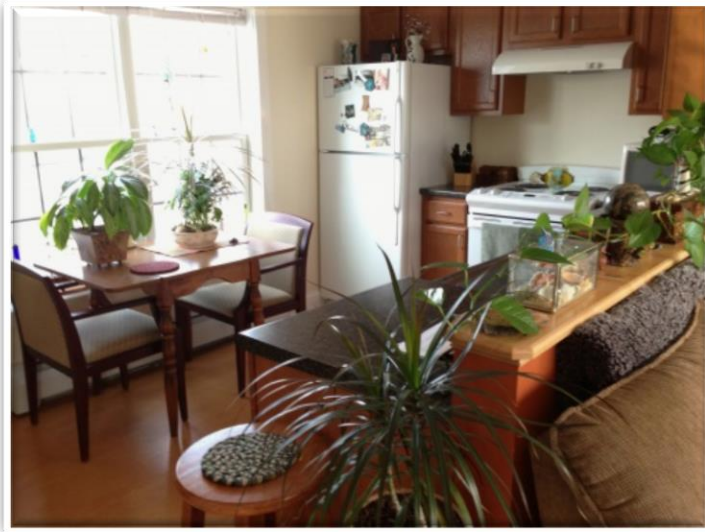
Pilot Framework



13x homeless,
high-cost, high
utilizers

1. Identification
2. Engagement
3. Assessment/Stabilization
4. Success in Housing
5. Outcomes

FUSE I Systems Outcomes



- Housing Retention
 - 93%
- ER Utilization
 - 73.8% reduction in ER visits
 - 74.7% reduction in ER costs
- Hospital Inpatient
 - 47.2% reduction in-patient days
 - 36.6% reduction in-patient costs
- Jail
 - 100% reduction in jail days

Communicating Value: Per-Capita Cost

Managed Care Partnerships, Sept. 2015

- **Circle the City:** Resulted in the most favorable improvement in increased quality measures/outcomes and reduced costs
 - ✓ 54 members accepted into program (July 2014 – July 2015)
 - ✓ 72% reduction in total costs after referral to Circle the City, net of the program cost
 - ✓ 77% reduction in IP costs
 - ✓ 36% reduction in ER costs
 - ✓ 12% reduction in Office costs
 - ✓ 6% increase in Rx costs

Demonstrating Value: Practical Examples

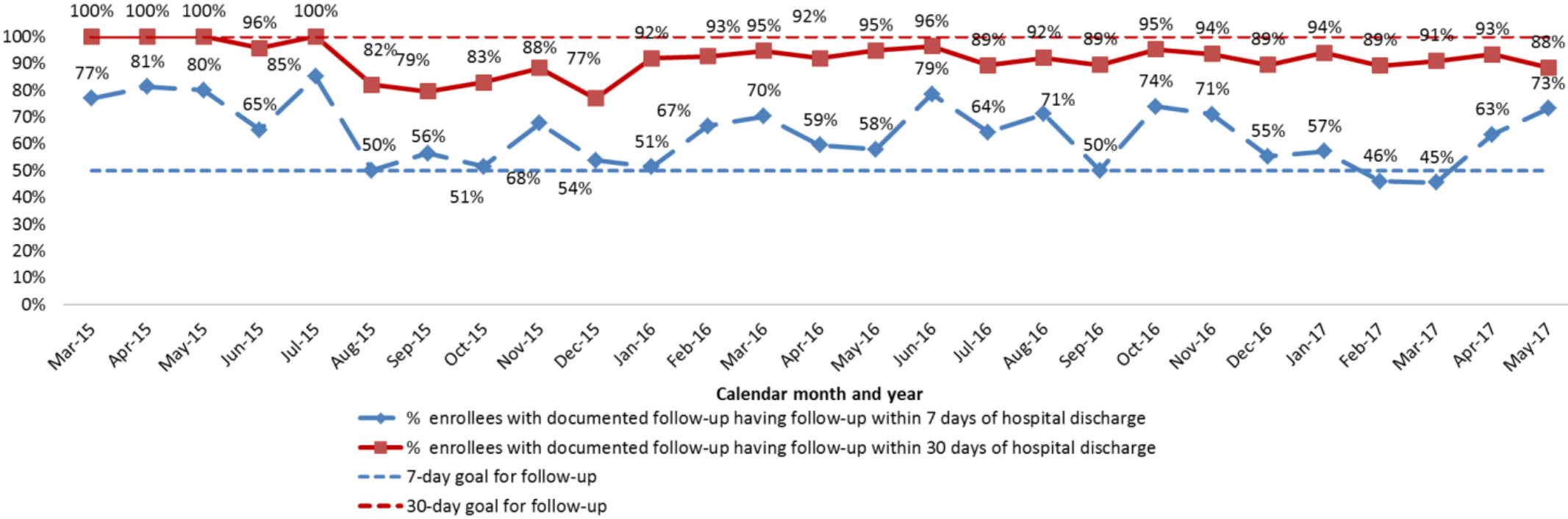
Population Health

Communicating Value: Population Health

Aggregate Across All Sites

Percentage of study enrollees with follow-up appointments within 7 and 30 days after hospital discharge

% of enrollees with documented follow-up within 7 and 30 days



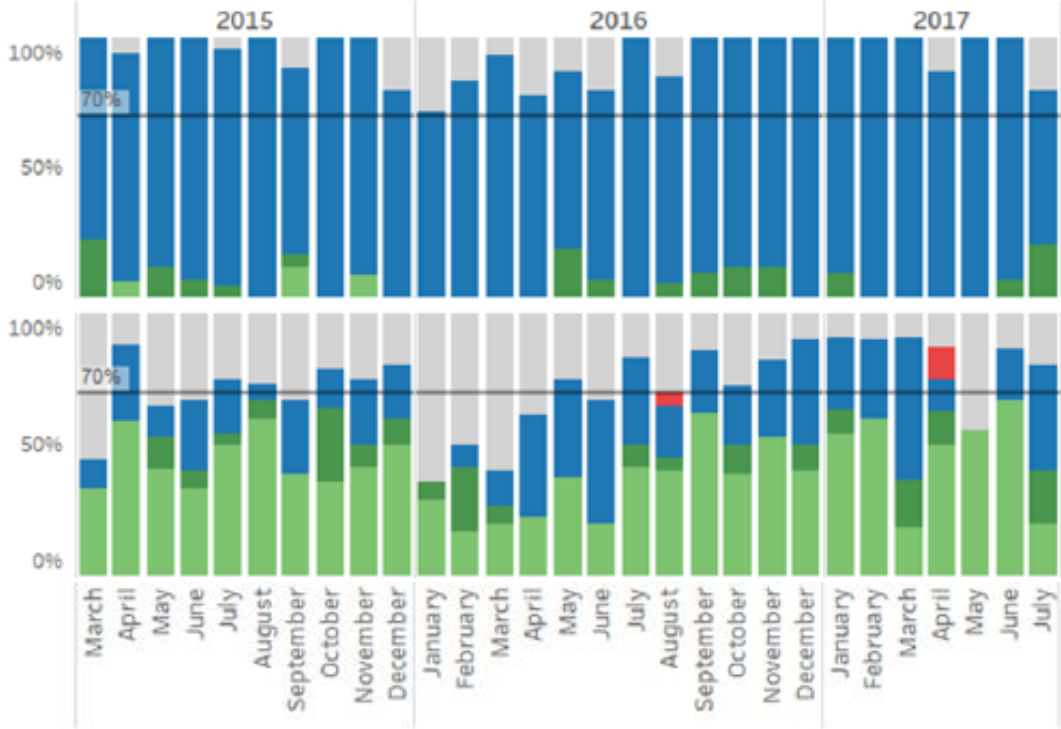
Credit: National Healthcare for the Homeless Council, CMS HCIA II Final Report, Grant 1C1CMS331336

Communicating Value: Population Health

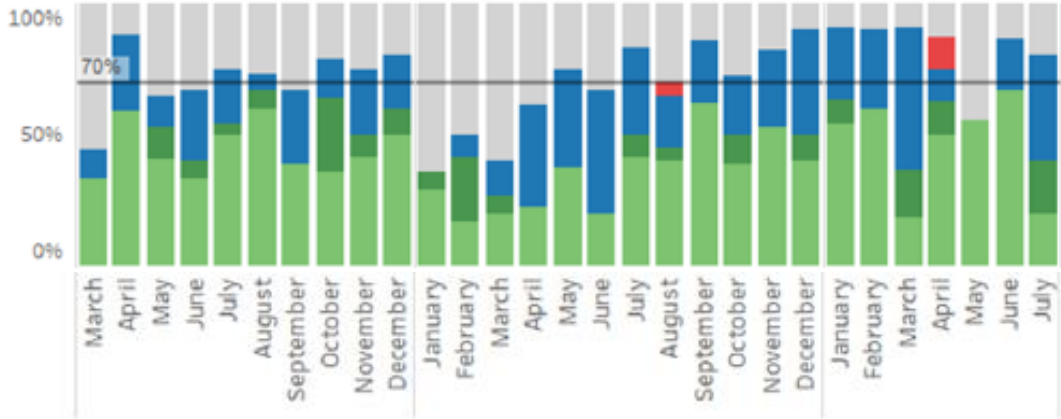
Addressing the Social Determinants of Health



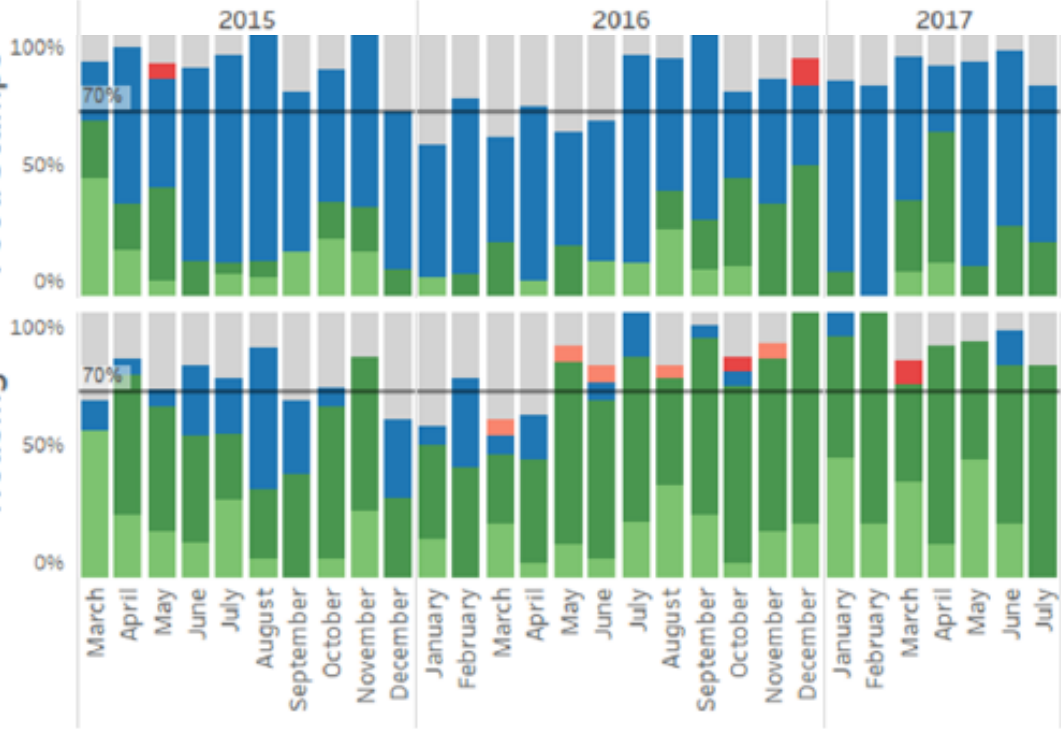
Medicaid



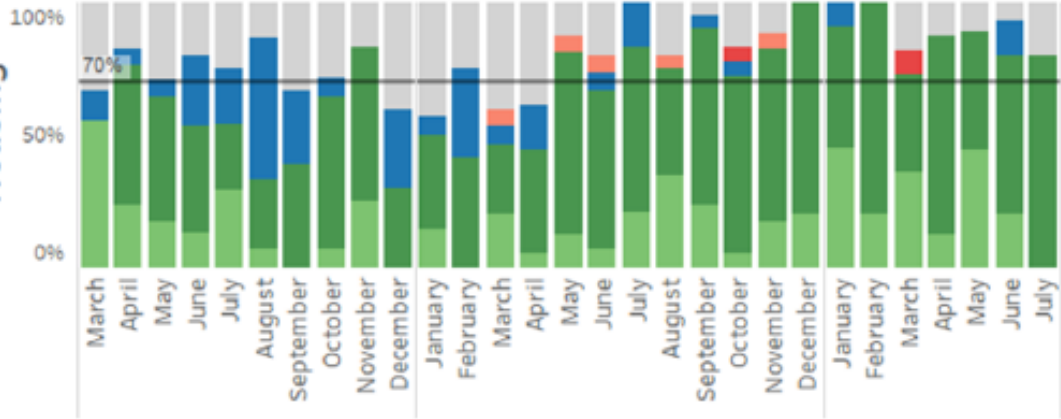
SSI



Food Stamps



Housing

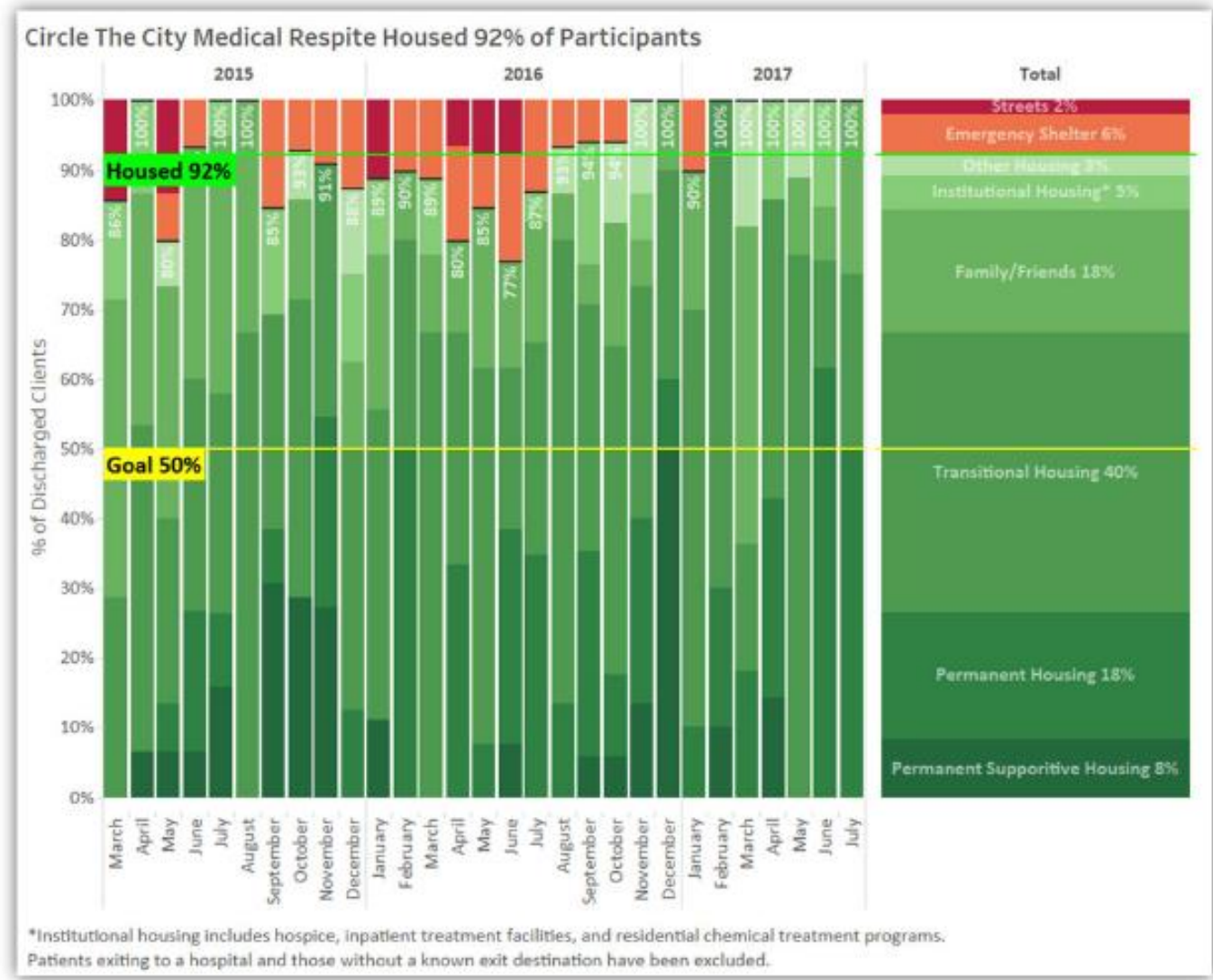


■ Applied
 ■ Approved
 ■ Already has
 ■ Client declined assistance
 ■ Denied

Credit: National Healthcare for the Homeless Council, CMS HCIA II Final Report, Grant 1C1CMS331336

Communicating Value: Population Health

Addressing Housing Disparities

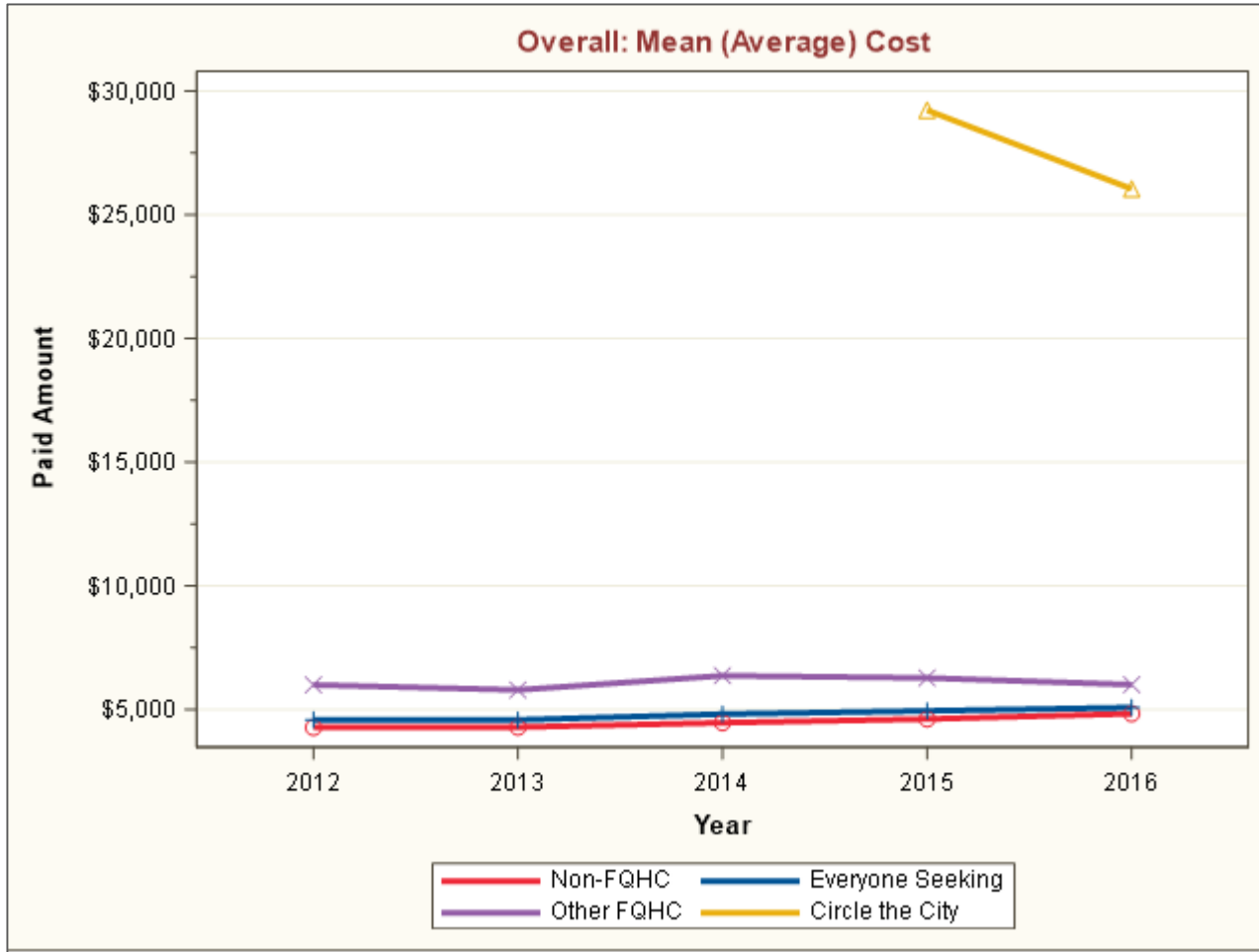


Demonstrating Value: Practical Examples

Per-Capita Cost

Communicating Value: Per-Capita Cost

(Subtitle: People Experiencing Homelessness Cost a Lot...)



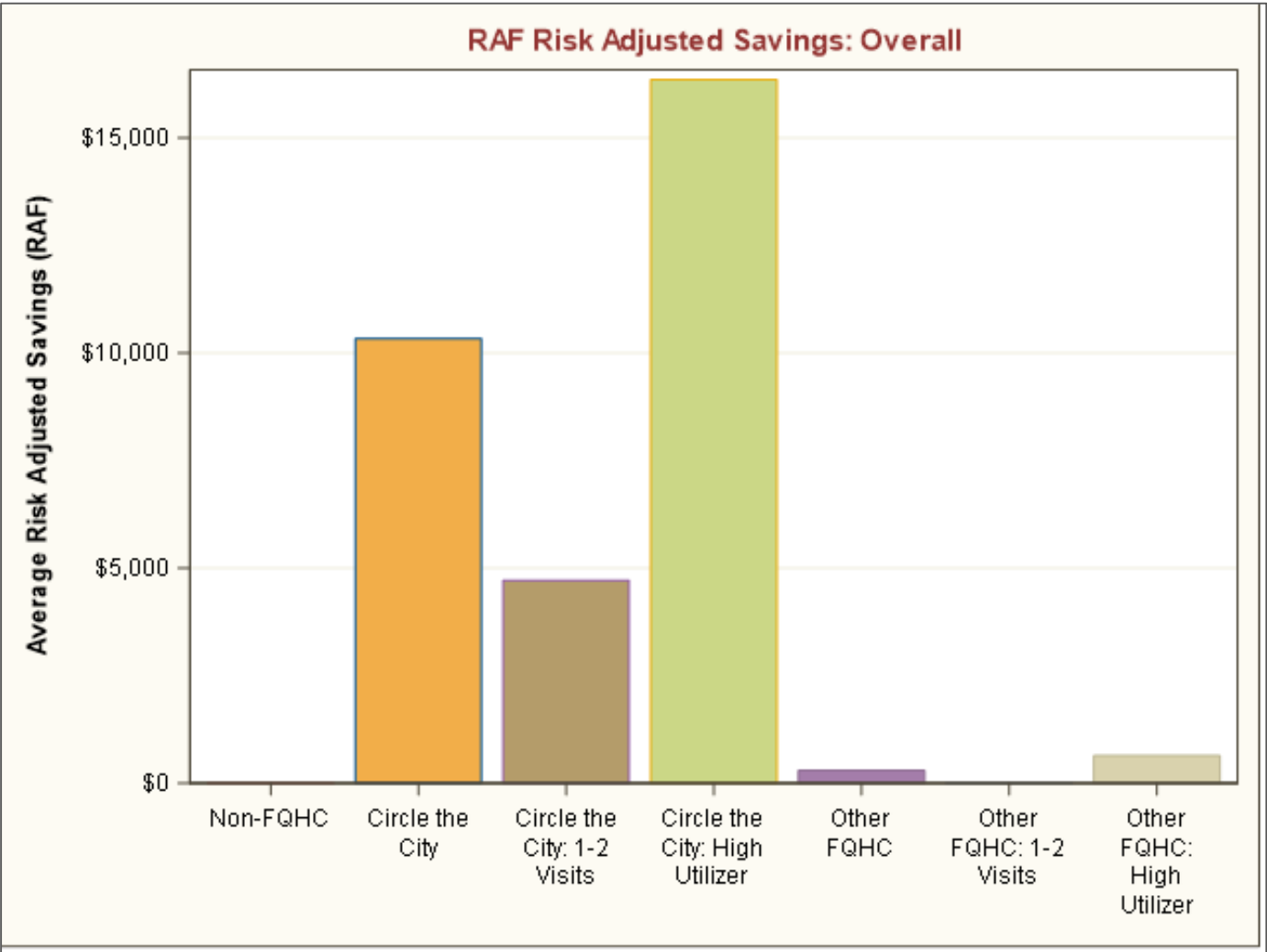
FQHC Cost Study	2015			2016		
	Median (Midpoint)	Mean (Average)	Num Patients	Median (Midpoint)	Mean (Average)	Num Patients
Circle the City: Overall	\$12,270	\$29,225	89	\$11,488	\$26,043	849
Circle the City: 1-2 Visits	\$4,495	\$10,573	49	\$5,884	\$15,430	439
Circle the City: High Utilizers	\$45,853	\$52,072	40	\$23,321	\$37,407	410
Other FQHC: Overall	\$2,039	\$6,271	193,739	\$1,949	\$5,999	224,198
Other FQHC: 1-2 Visits	\$1,191	\$4,227	109,678	\$1,104	\$4,008	124,228
Other FQHC: High Utilizers	\$3,650	\$8,939	84,061	\$3,479	\$8,475	99,970
Non-FQHC: Received Care	\$1,199	\$4,612	788,008	\$1,195	\$4,824	894,234
Everyone Seeking Care	\$1,361	\$4,941	981,836	\$1,348	\$5,075	1,119,281

Credit: Gevork Harootunian



Communicating Value: Per-Capita Cost

(n=849)

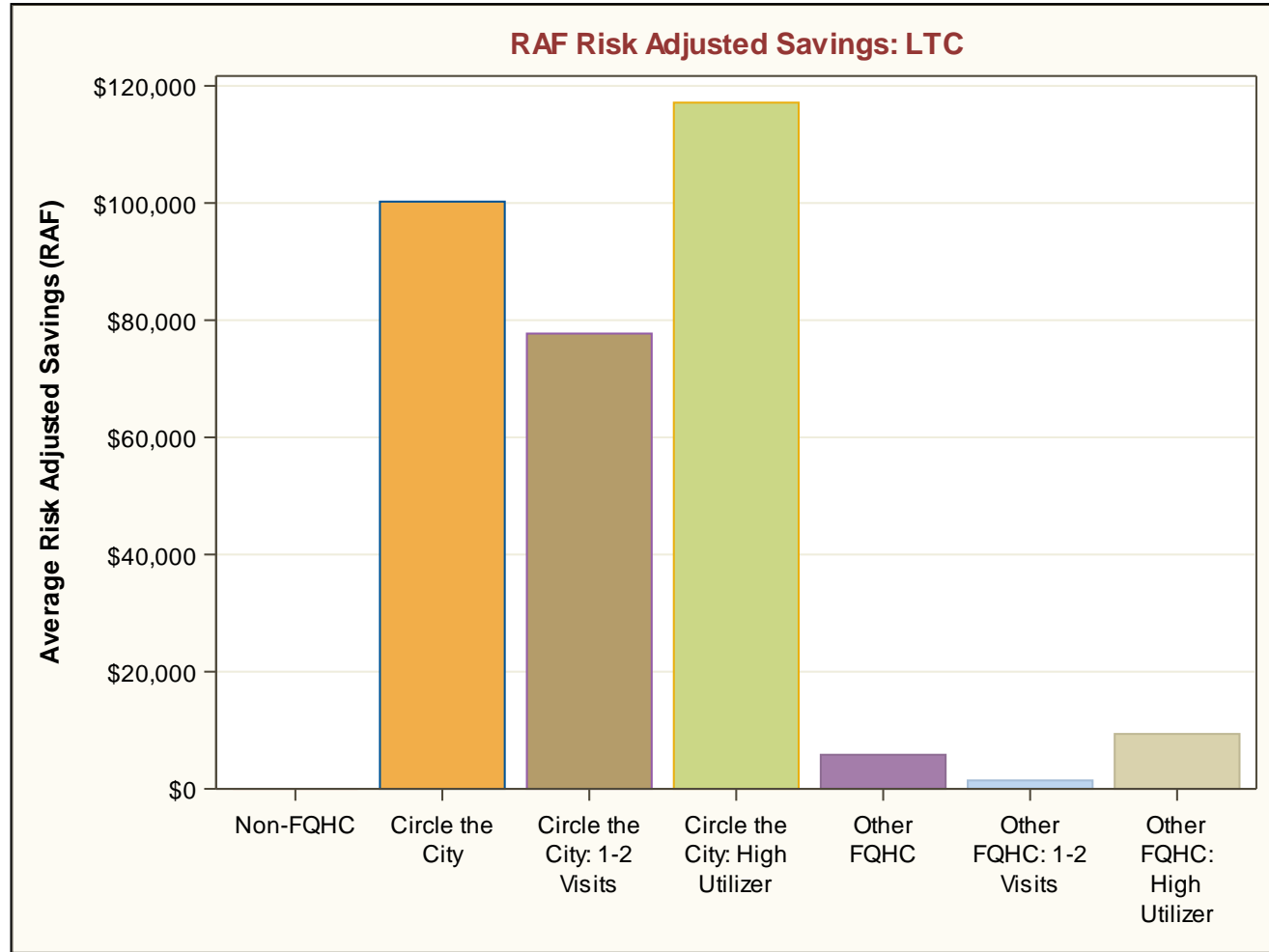


Credit: Gevork Harootunian



Communicating Value: Per-Capita Cost

(n=7)



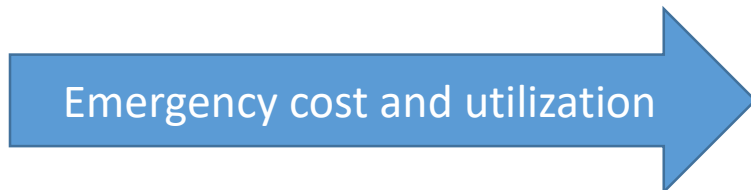
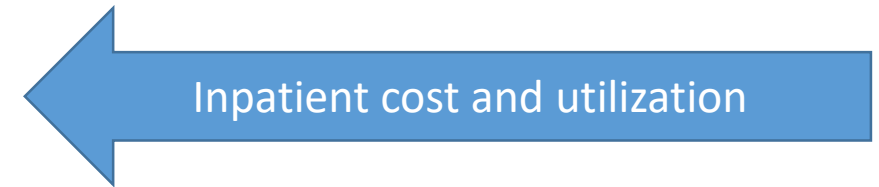
Credit: Gevork Harootunian



Communicating Value: Per-Capita Cost

Arizona				
	Pre-respite program	Post-respite program	Reduction	T value
Number admission per enrollee per month	0.169	0.074	56.3%	5.67***
Length of stay per enrollee per month	2.628	0.809	69.2%	5.46***
Medicaid payment per enrollee per month	\$1,939	\$719	62.9%	4.97***
Medicare payment per enrollee per month	\$166	\$46	72.1%	1.75
Combined Medicaid and Medicare per enrollee per month	\$2,105	\$765	63.6%	5.40***

Note: Phoenix site started enrolling patients on March 1, 2015



Arizona				
	Pre-respite program	Post-respite program	Reduction	T value
Number ED visit per enrollee per month	0.291	0.100	65.7%	6.47***
Medicaid payment per enrollee per month	\$201	\$93	53.7%	3.74**
Medicare payment per enrollee per month	\$43	\$7	84.0%	1.73
Combined Medicaid and Medicare per enrollee per month	\$244	\$100	59.1%	3.96***

Note: Phoenix site started enrolling patients on March 1, 2015

Demonstrating Value: Practical Examples

Patient Experience

Communicating Value: Patient Experience

Roberts: Terry didn't deserve the 'dump and run'

LAURIE ROBERTS Laurie Roberts, The Republic | azcentral.com Published 6:32 a.m. MT Oct. 14, 2016 | Updated 3:33 p.m. MT Oct. 14, 2016



Terry said he was discharged from a hospital and dropped off outside the county's homeless shelter. In social worker circles, it's called the dump and run. (Photo: Sheryll Prokop/Special for The Republic)

Sheryll Prokop was headed home from work one day last week, driving by the county's homeless shelter in downtown Phoenix when she spotted the older man.

Prokop makes it a point to drive by the Human Services Campus every day, to remind herself that there are people among us who have nothing and no one. To help in some small way, if she can.

Maybe that's why she turned around after she passed the man. He was hunched over in a wheelchair, just outside the fence of the homeless campus. His head was down, his eyes

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It's painfully clear that David Garcia has no plan to fund Arizona education

OrgCode Consulting

October 18, 2016 · 🌐

This happens just about everywhere I have been - people are discharged from hospital to shelter without preparation, and shelters are ill-equipped to attend to the needs of people with complex health issues of this nature. Shelters should never be a dumping ground.

<http://www.azcentral.com/.../roberts-terry-didnt-de.../92025974/>



WWW.AZCENTRAL.COM

Roberts: Terry didn't deserve the 'dump and run'

A homeless man, just out of the hospital, appears to have been...

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Lori Ann Hathaway Laurie Tyler
John Rider
Rob Waters... See More

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↕️ 2 Replies

Shana Eubanks Our shelter director back in VA fought this.

Communicating Value: Patient Experience

Circle the City comes full circle with new Phoenix medical clinic for the homeless



Circle the City opens new Phoenix medical facility

Robert Curtis, a person experiencing homelessness, the first takes a cookie offered by Sister Adele O'Sullivan. Her grand ideas started with a shoebox and culminated in the new Phoenix Circle the City's new facility. Patrick Breen/The Republic

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Study shows Circle the City medical respite care for the homeless saves money

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Denise Kriese, a therapist with Circle the City, provides medical respite care to Kevin, a homeless patient.
JOHN HAAS/CIRCLE THE CITY



By Angela Gonzales - Senior Reporter, Phoenix Business Journal
Mar 12, 2018, 1:57pm

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Cardinals' Larry Fitzgerald selling Paradise Valley home



Questionsssss?

