



2019 National Health Care for the Homeless Conference & Policy Symposium

The Right to Recover: Medical Respite Care from the Perspective of Consumers, Providers, and Funders

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**Quantified Ventures designs
outcomes-based financing to achieve:**

Healthy People
Healthy Communities
Healthy Planet

**We do this by using impact capital to scale promising
health innovations with measurable outcomes**



The social services that improve health are under-resourced and in high-demand: Diminishing public and philanthropic resources can't outpace increasing need.

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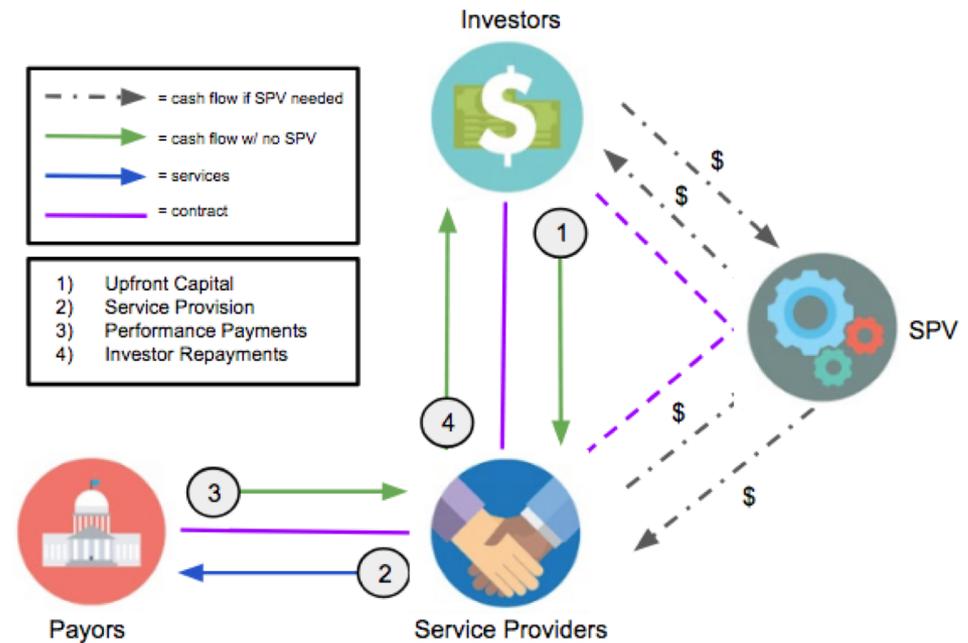
Payment policy is pushing health care organizations to assume greater risk for the populations they serve: Outcomes-based financing can mitigate this risk – serving as a bridge to value-based purchasing.

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Outcomes-based financing brings much-needed capital to community-based program partnerships that improve health and reduce costs.

The Outcomes-Based Financing model

Quantified Ventures is committed to social innovation, and to linking financial results to proven outcomes.



Our methodology systematically considers solutions that matter - for ALL

Member

We help plans select projects that solve the distinct health needs of members while promoting transparency, respect, and culturally-sensitive care delivery.

Community

We structure projects that deliver essential services targeting the social determinants of health. We focus on traditionally underfunded areas - addressing real and immediate individual and community health needs.

State

States increasingly tie plan payment to demonstrated value, while CMS is providing supplemental benefit flexibility in Medicare Advantage. We seek to align our projects with these regulatory opportunities.

Payor

We help plans reduce spend, improve quality outcomes and meet value-based purchasing targets by testing new strategies without taking on financial risk.

Investor

We structure projects that meet impact investors' health impact and return targets - ensuring their capital is deployed to high-need issues and populations.

Outcomes-based financing can deliver significant value to health plans

Capital and Plan Savings

- Access the \$228B and growing pool of mission-aligned capital to fund your riskier strategic initiatives
- Shift risk of scaling interventions through performance contracts with CBOs
- Improve member and plan value by funding prevention, SDOH, and lowering costs
- Enhance ability to qualify for State incentives or withholds, and innovate with supplemental benefits

Outcomes and Evidence

- Continue the shift to value-based care by funding outcomes instead of services
- Test and measure before paying to scale
- Integrate healthcare providers and community-based organizations to extend member supports
- Expand knowledge base of effective, preventive health interventions, and then scale best-in-class solutions

Leadership, Innovation, and PR

- Demonstrate innovation and leadership to competitors, CMS, and State Medicaid agencies
- Generate positive PR by focusing on the broader health-related needs of vulnerable populations
- Expand community trust and good will by investing in community health

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Project rationale

Rationale for AmeriHealth Caritas DC Medical Respite Project

- Individuals experiencing homelessness are at increased risk for serious illness, which is often caused or exacerbated by their living conditions
- DC's homeless experience chronic substance use disorders (26%), Severe Mental Illness (23%), a diagnosed chronic health condition (19%), and / or HIV/AIDS (3%)
- Roughly two-thirds of individuals experiencing homelessness spend their first night after hospital discharge at a shelter, and 11% percent spent their first night after discharge on the streets
- Homeless individuals are four times more likely to present in the emergency department and five times more likely to be hospitalized - typically involving a longer than average length of stay at a cost of roughly \$3,000/day.
- Currently, there are 33 respite beds available in DC for men and 12 respite beds for women – falling far below the need for the almost 7,000 homeless individuals
- Roughly half of DC's homeless are members of AmeriHealth Caritas DC (ACDC), the largest Medicaid Managed Care Organization in the District

Program components and partners

Medical respite background and target population

- Medical respite is a temporary care strategy to support the health of homeless individuals
- Respite provides short-term post-acute care in a safe and supported environment that allows individuals to receive care for conditions that are not severe enough to warrant hospitalization, but where return to a shelter or the streets would impede the recovery process
- AmeriHealth Caritas DC's Medical Respite project would create additional respite beds in the District for men beginning in mid-2019
- The project would expand to include a facility for women and an inclusive facility for all gender identities in 2020

Considerations when developing or scaling respite using outcomes-based financing

Programmatic Considerations

1. Do you have a clear plan for services to be delivered?
2. What would it take to scale to the broader population in need?

Operational Considerations

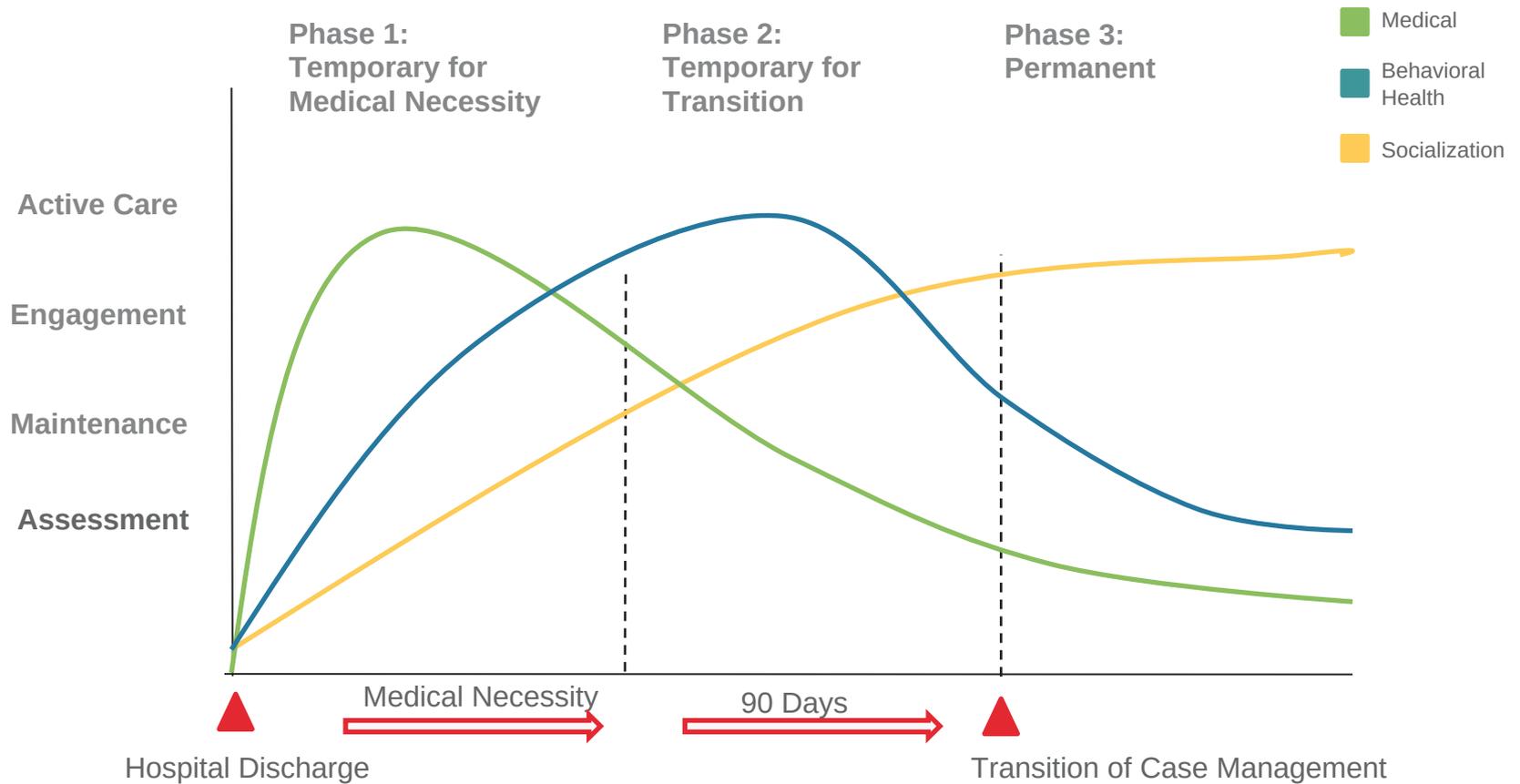
1. Is your organization able to manage multiple, long-standing partnerships with other organizations?
2. Does your leadership team have interest in / experience with impact-oriented strategic planning?
3. Do you have the systems and capacity in place to collect, share, and analyze data?

Considerations when developing or scaling respite using outcomes-based financing

Financial Considerations

1. Have the outcomes been translated into financial terms (i.e., projected savings to various stakeholders)?
2. Have you completed a cost benefit analysis of the program?
3. Do you have experience working with performance-based contracts?
4. For whom / what types of entities are you working to make the case of impact?

The Envisioned Medical Respite program will be comprised of 3 phases, each with distinct levels of medical, behavioral health, and social support services



Anticipated Partnerships



Pilot

Volunteers of America	Unity Health	Pathways to Housing
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**Pay for Success
MEN**

Volunteers of America	Unity Health	Pathways to Housing
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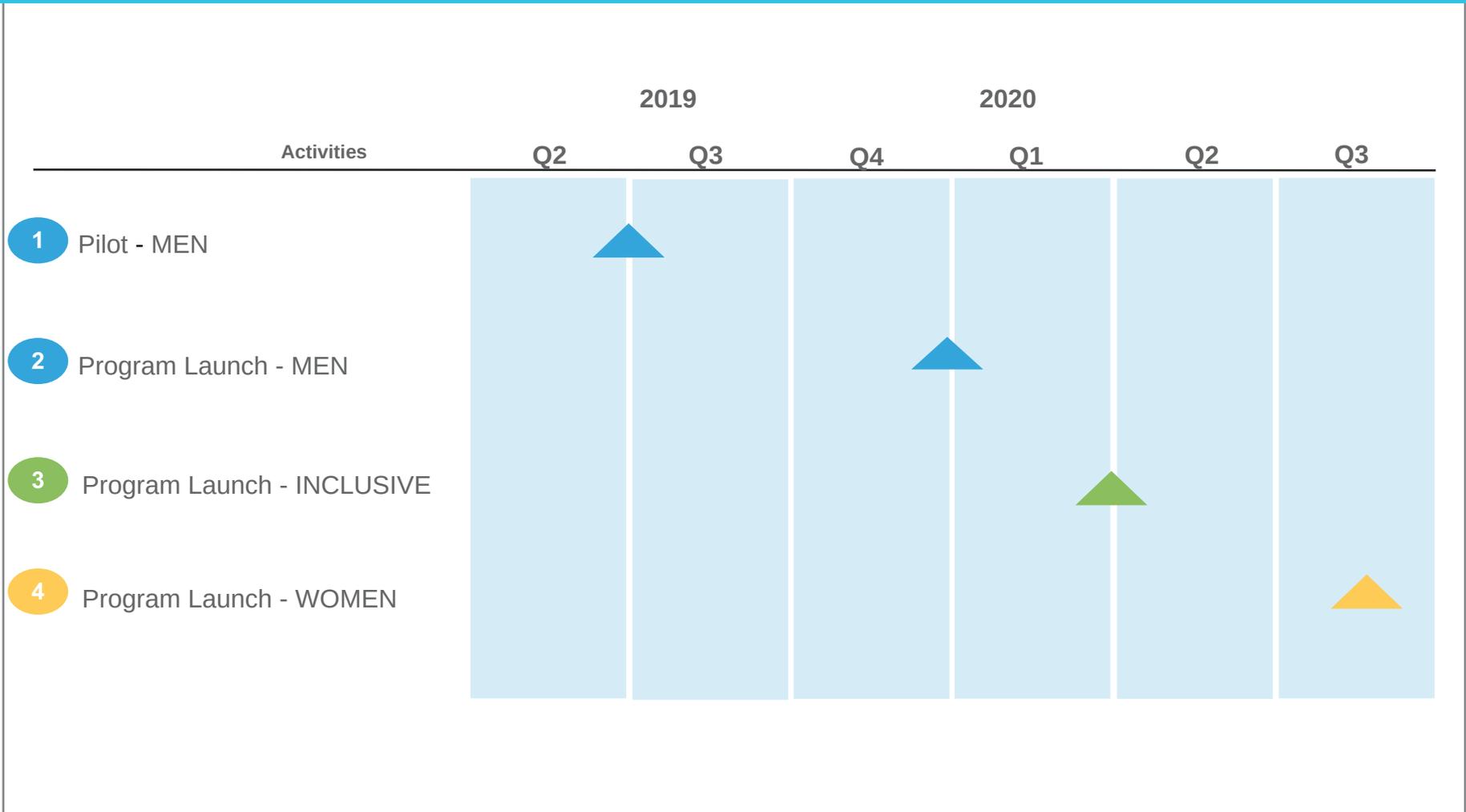
**Pay for Success
INCLUSIVE**

Volunteers of America	Unity Health	Pathways to Housing
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**Pay for Success
WOMEN**

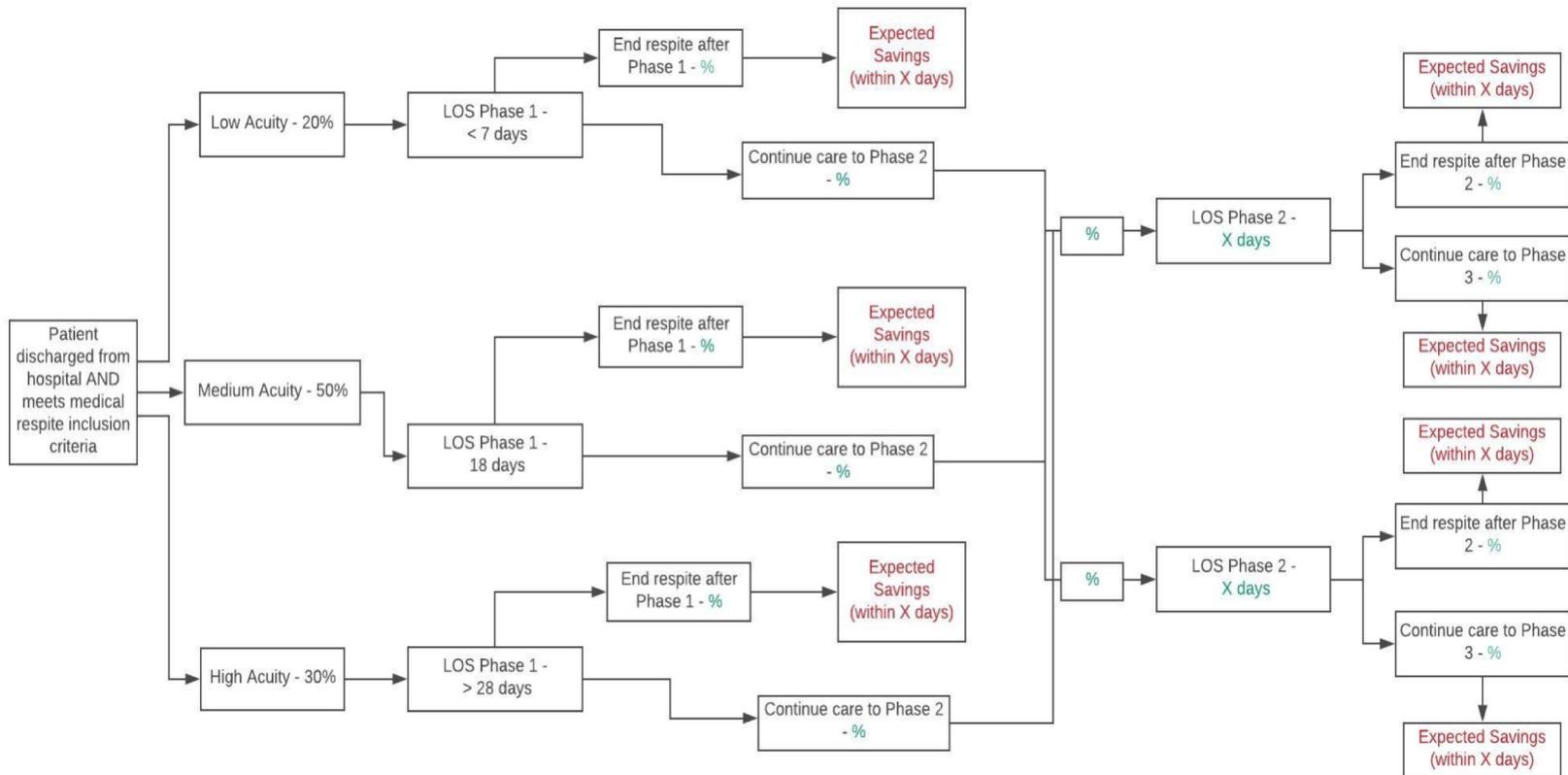
Volunteers of America	Unity Health	N Street (TBC)
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Program Approach & Timeline

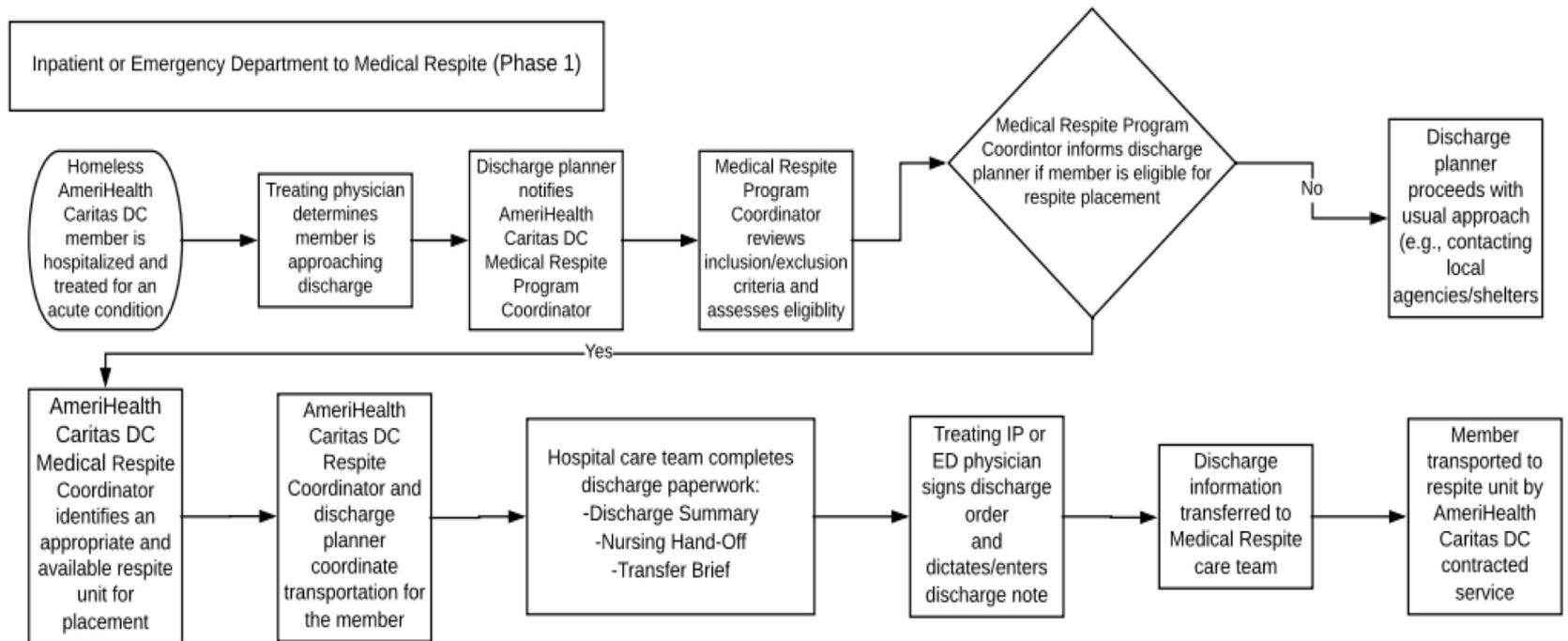


Opportunities for DCHA engagement

Patients who enter the Medical Respite program after an inpatient admission will flow through the program in different pathways depending on their medical acuity and treatment plan.



Partnership with hospital partners will be essential to the correct identification and referral of homeless individuals to the medical respite program.



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