

TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**. Please email completed templates by **January 15, 2016**, to MedicaidTransformation@hca.wa.gov with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

Contact Information	<i>Anita Monoian, President / CEO, 509-574-5550, anita.monoian@ynhs.org Yakima Neighborhood Health Services</i>
Project Title	<i>Recuperative respite care for chronic homeless individuals</i>
Rationale for the Project	
<p>In Washington State nearly 20,000 individuals were counted as homeless in 2014 – over 14,000 unsheltered or relying on emergency shelter for relief from the elements. Previously mostly uninsured, aggressive outreach efforts have resulted in thousands of homeless now having coverage through Washington Apple Health. When these individuals become ill, they have no place to recuperate. Additionally, services once considered inpatient procedures are now provided as same-day surgeries, expecting patients to return home for their recovery period, with support from family and friends. Lacking adequate social and tangible resources for health recovery, many people experiencing homelessness will face complications related to their acute illness or injury which can lead to another visit to the emergency department or a hospital readmission.</p> <p>Medical respite care provides a place for homeless patients to go when they are sick, but not sick enough to be in the hospital, or when they are discharged from the hospital (or same day surgery) but not well enough to go back to the streets or shelter. Medical respite provides compassionate, culturally competent care and oversight to a high risk, medically fragile population highly dependent on Medicaid (and many who are dual-eligible for Medicaid-Medicare) at a fraction of the cost of hospitalization, and indeed reduces the rate of re-admissions for patients being discharged from inpatient hospital stays.</p> <p><i>Supporting research—</i></p> <p>Several studies have been documented to demonstrate the effectiveness of medical respite programs. Just two pertinent examples include:</p> <ol style="list-style-type: none"> 1. A study of 225 hospitalized homeless adults over a 26 month period, divided into two groups, concluded that respite care after hospital discharge reduced homeless patients' future hospitalizations (Buchanan, Doblin, Sai & Garcia)¹. This cohort was separated into 2 groups with similar demographics – one group referred and accepted into a respite center and one group denied because beds were unavailable. The main outcome measures were inpatient days, ED visits, and outpatient clinic visits. During 12 months of follow-up, the respite care group required fewer hospital days than the usual care group (3.7 days vs 8.3 days) with no differences in ED visits or outpatient clinic visits. 2. A retrospective review of patients referred from Chicago's largest public hospital to Interfaith House, Chicago's only provider of respite services between October 1998 and December 2000, showed a 60% reduction in the number of inpatient days by homeless individuals during the twelve months following hospital discharge when they were placed in a medical respite program, compared to those who were left to recover on their own (on the streets or in shelters).² 161 patient were accepted into respite, and 65 were turned away due to lack of capacity. During the six months prior to referral to respite, the respite care group had slightly more ER visits and hospital days than the non-respite group. The reduction after hospital discharge was 4.9 fewer days in the hospital for 	

¹ American Journal of Public Health, 96(7), 1278-1281, July 2006. Buchanan, Doblin, Sai, & Garcia

² Journal of General Internal Medicine, 18(s1), 203, April 2003. Buchanan, Doblin, & Garcia

those placed in respite compared to those not served by respite care.

Relationship to federal objectives for Medicaidⁱ with particular attention to how this project benefits Medicaid beneficiaries:

Medical respite care closes the gap between acute medical services provided in hospitals and clinics, and the unstable environments of emergency shelters and the streets. Combined with housing placement services and effective case management, medical respite care allows individuals with complex medical and behavioral health needs to recover from complex needs in a compassionate, safe, and cost effective environment. Homeless patients discharged to medical respite programs experience 50% fewer hospital readmissions than homeless patients discharged to their own care³. Since a disproportionate number of homeless adults in Washington State are now covered by Medicaid, respite care will positively impact (reduce) the public costs associated with frequent hospital utilization, while improving the quality of care for people who would otherwise be expected to heal in an unstable environment. As an example, at YNHS alone in 2014 the average cost per respite patient per day was \$178.85, compared to an average day in a hospital rehabilitation unit of \$3,267 per day (WSHA Hospital Pricing), with an average case rate of \$3,267 in respite compared to an average hospital rehab case rate of \$26,797.

Project Description

Which Medicaid Transformation Goalsⁱⁱ are supported by this project/intervention? Check box(es)

- Reduce avoidable use of intensive services
- Improve population health, focused on prevention
- Accelerate transition to value-based payment
- Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

- Health Systems Capacity Building
- Care Delivery Redesign
- Population Health Improvement – prevention activities

Describe the Project:

People experiencing homelessness suffer profound disparity in health and mortality compared to the general population. Medical respite provides acute and post-hospital discharge care for homeless persons who are too ill or frail to recover from a physical or mental illness or injury on the streets or those not ill enough to be in a hospital. Medical respite is short-term residential care that allows homeless individuals the opportunity to recuperate in a safe environment while accessing medical care, behavioral health and other supportive services that aid the individual in leaving homelessness and improving self-sufficiency. Medical respite care is offered in a variety of settings including freestanding facilities, medically supervised homeless shelters and medically supervised transitional housing – the one constant is medical supervision. Currently in Washington, there are three well established projects -- Seattle (Harborview’s Edward Thomas House), Yakima (Yakima Neighborhood Health Services) and Spokane (Providence Health Care / Catholic Charities). This project is scalable across the state. In addition to short term housing, medical respite provides nursing and behavioral health oversight, health education, case management, meals, transportation, and health education. Care transitions are provided from institutional settings (hospitals and skilled nursing) into medical respite care and at time of exit to permanent supportive housing if housing is available. Additionally, care is coordinated (and sometimes established) with the individual’s primary care provider, and ongoing care established and supported, as well as comprehensive assessment of other basic needs (housing supports, health coverage, supportive employment, etc.) Currently, national standards for medical respite care are being piloted by several programs through the National Health Care for the Homeless Council’s Respite Providers’ Clinicians Network. YNHS has been one of these pilot projects.

³ Journal of Prevention & Intervention in the Community, 37(2), 129-142, 2009. Post-hospital medical respite care and hospital readmission of homeless persons. Kertesz, Posner, O’Connell, Swain, Mullins, Shwartz & Ash.

Core Investment Components

Proposed activities and cost estimates (“order of magnitude”) for the project:

Medical respite care includes:

- Professional health care team providing assessment for eligibility for respite care. Team is overseen by MD/DO/NP, and includes expertise in nursing Behavioral Health, Case Management and Care Coordination.
- Coordinate with hospital discharge planners for care transition of patients from hospital to medical respite care. Reconcile medications, follow up after-care instructions, provide wound care and pain management as needed.
- Provides daily welfare checks, access to medical support 24/7.
- Provides Behavioral Health assessment and counseling,
- Determines functional status, including basic needs to gain self-sufficiency (including health coverage, HEN, SSI, supportive housing).
- Provides 3 meals a day.
- Work closely with housing providers to facilitate exit to housing / supportive housing at discharge. Assist patient in developing self-management goals and a housing stability plan, providing case management to minimize the risk of returning to homelessness.

Best estimate (or ballpark if unknown) for how many people will be served:

- Based on our current capacity in medical respite care (five units) and turn-away rate over the past 9 years, our experience is we need 20 units to meet the needs of the referrals from hospitals, same-day surgery centers, and other medical providers. **We anticipate serving 150 homeless individuals, using 20 units, per year at full capacity.**
- At an average case rate (per patient) of \$3,327 (average length of stay 18 days), total cost annually would be \$499,000.

The financial return on investment (ROI) opportunity:

- Reduction of inpatient stay for a homeless person. 2014 average hospital rehab charge per patient equaled \$26,797⁴. Research demonstrates homeless patients who are discharged to medical respite programs experience 50% fewer hospital re-admissions within 90 days of being discharged than patients who are discharged to their own care.⁵

Project Metrics

Outcome Measures:

- Hospital Readmission rates of respite patients after 30 days of discharge compared to general population readmission rates
- At exit from respite, % of patients who are transitioned to supportive housing.
- % of homeless patients who are provided ongoing access to a medical home.

⁴ Washington State Hospital Association Hospital Pricing – does not include professional fees in charges.

⁵ Kertesz, Posner, O’Connell, Swain, Mullins, Shwartz, Ash (2009) Post-hospital medical respite care and hospital readmission of homeless persons. Journal of Prevention & Intervention in the Community, 37(2), 129-142.