healthcare & homelessness

A deadly, dangerous and underreported condition

How should hospitals respond?

Stephen Brown MSW LCSW PMP
Director, Preventive Emergency Medicine
University of Illinois Hospital & Health Sciences System
A public hospital with a Health Equity Mission
Recognition of the need to embrace population health and consider health outside the walls of our hospital
Working in partnership with the Center for Housing and Health, draw attention to the Housing First model of care

“It was the right thing to do”
Avijit Ghosh, UI Hospital CEO
The chronically homeless have very high public sector costs

Among all homeless, the chronically homeless make up 10-20% of the general population... …yet account for nearly 80-90% of the total cost of services to the entire population

“We’ve found that chronically homeless people, who are about 12% of the homeless population, make up 80% of the total government costs spend, from emergency room visits to jail time... We are wasting a huge amount of money in this country keeping these people homeless.”

Jack Maguire, Director of Communications for the 100,000 Homes Campaign.
The lack of a coordinated system-of-care strategy causes utilization of expensive public sector resources.

Source: https://www.pathwayshousingfirst.org

"It would cost us 1/3 to a ½ of what we now spend collectively on the homeless if we simply gave them a place to live."

Sam Tsemberis – Pathways to Housing, NYC
Lesson # 1: Homelessness is a dangerous health condition.
The average life expectancy is 27.3 years less than the average American.

Etiologies include severe mental illness, PTSD, uncontrolled seizure disorder, intellectual disability, traumatic brain injury (TBI), dementia, hepatic encephalopathy, childhood lead poisoning.

72% of the chronically homeless have neurocognitive deficits.

Nearly 50% have evidence of severe traumatic brain injury.

High rates of head & neck cancers

15.8% of all deaths

Drug overdose is the #1 cause of death.

60% of crack cocaine users had asthma or COPD, 20% had both.

22-48% of homeless women report that domestic violence was the immediate cause of their homelessness.

34% report at least one suicide attempt

Lesson # 2:
The homeless are invisible in healthcare.
In 2015, only 48 homeless patients had been identified by ED & Psych staff interviews.

A recent paper suggests that the majority of homeless list other hospitals as their primary address. The number of homeless could exceed 1,500.
Lesson # 3:
The chronically homeless have exorbitant healthcare costs & utilization.
Impact on Cost & Utilization

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

Sources:
3) UI Health BHH program evaluation
All Homeless Cost & Utilization

Among the Highest Cost & Utilization of all UI Health Patients

Decile Ranking

<table>
<thead>
<tr>
<th>DECILE RANKING</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>10th</td>
<td>197</td>
<td>32.3%</td>
</tr>
<tr>
<td>9th</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>8th</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>7th</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6th</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5th</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>4th</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3rd</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2nd</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1st</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TOTALS</td>
<td>574</td>
<td>100%</td>
</tr>
</tbody>
</table>

• 32% (197) of 575 homeless patients sampled were in the top decile of the most expensive patients.

• Tenth decile homeless patients costs ranged from $51,010 to $533,000 – 7 to 76 x the average UI Health patient cost ($6,947).

All CY 2016 Patients (n=156,675)

* Patient in hospice care
First Cohort Cost & Utilization

26 patients referred into permanent supportive housing

21%
Cost reduction for 17 chronically homeless patients

67%
Cost reduction for 16 patients after removing one outlier*

“One patient, now deceased, had annual healthcare costs of $533,000”

* Patient in hospice care
"Why would a hospital pay for housing?"

1. It’s a dangerous health condition
2. The homeless are invisible in healthcare
3. Exorbitant cost & utilization

4. Hospitals taking on a Population Health mission
5. Focus on the Social Determinants of Health
6. State HFS and MCOs under pressure to reduce Medicaid budget
7. Non-profit status – community benefit tax relief
8. The Anchor Mission