Using Program Data to Impact Policy and Pursue Needed Resources

AIDS Housing Summit Learning Institute—Montreal—September 2013

Arturo V. Bendixen
Presentation

• Context of the ACA
• Chicago Pilot Project
• Why Housing is Needed by the ACA
• Key Data - ROI
• Dialogue and Comments
Homeless: $233,000

After 9 months of - supportive housing: $147,000

- after 20 months: $86,000
- after 32 months: $69,000
HHS Mantra for the ACA

1) Increase access to care
2) Increase quality and outcomes
3) Decrease costs
Goodbye:
• Fee for Service
• Silos
• Volume-based health care

Hello:
• Coordinated Care
• Health Outcomes
• DECREASED COSTS
Marrying a Medicaid Health Home With AIDS Housing
Where are PSH Providers?

Strangers?
Checking each other out?
Starting to date?
Engaged?
Married?
• CHHP
• 4 year research project - RCT
• September 2003 – December 2007
• 405 participants
• JAMA published outcomes in June 2008
Hospital Days

Intervention Group: 2.7 fewer days than the Usual Care Group
Emergency Room Visits

Intervention Group: 1.2 fewer visits than the Usual Care Group
Nursing Home Days

Intervention Group: 37%

Usual Care Group: 63%
Survival with Intact Immunity

Survival with CD4>200 and VL<100K

Intervention: 55%
Usual Care: 34%

P = 0.04
Every 100 chronically homeless individuals housed, SAVES $1 million in public funds.
New world of health care
NEEDS AIDS
Housing to save
$$$$$$$$$$$$$$
Housing Reduces Medicaid Costs

- 2/3 (66%) of spending on:
  - Hospitalizations,
  - Emergency room visits
  - Nursing home stays

- **CHHP Study**: Significant $$$ Reduction and Suppressed Vital Loads
Rx

1 supportive housing unit

J Bamberger

Joshua Bamberger

License No.

M.D.

DEA #
A Chicago PSH Model for Health Homes
Project Design

• 48 HUD-funded scattered site SHP units

• Eligibility criteria:
  1) Homelessness
  2) Enrolled in Medicaid
  3) Identified by Medicaid as a high users of services
Pilot Project 2012-2013:

- Homeless in 2011 / Housed in 2012
- Scattered Site Units
- Intensive Case Management: 15:1

48 People Housed
Key Elements

- Housing First
- Harm Reduction
- Mobile Outreach Teams
- Spectrum: Health Care and Housing Providers
## Top Medical Diagnoses

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th># of Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Diseases</td>
<td>24</td>
<td>50%</td>
</tr>
<tr>
<td>HIV</td>
<td>24</td>
<td>50%</td>
</tr>
<tr>
<td>Respiratory Disease</td>
<td>23</td>
<td>48%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>12</td>
<td>25%</td>
</tr>
<tr>
<td>Liver Disease</td>
<td>12</td>
<td>25%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>11</td>
<td>23%</td>
</tr>
</tbody>
</table>
Jail / Prison

- 14 None
- 34 Served Jail/Prison Time
Multiple Diagnosis

- With 2 chronic illnesses: 100%
- With 3 chronic illnesses: 92%
- With 4 chronic illnesses: 73%
- With >4 chronic illnesses: 42%
Cost Breakdown CY 2011

- Hospitalizations: 56%
- Medications: 18%
- Clinic Visits: 8%
- Other: 7%
- Long Term Care: 6%
- Outpatient Hospital: 5%
Medicaid Aggregate Data

• 22% reduction in total Medicaid expenses
  – 29% reduction in hospitalizations
  – 82% reduction in nursing homes

• Data reflects MSHP clients housed from 2-9 months (38 of the 48) in 2012

• Most significant reductions occur after 9 months of housing
Cost Breakdown Comparison

**CY 2011**
- Inpatient Hospital: 46%
- Medications: 30%
- Clinic Visits: 11%
- Other: 8%
- Long Term Care: 2%
- Outpatient Hospital: 6%

Total Cost: $1,827,286

**CY 2012**
- Inpatient Hospital: 46%
- Medications: 30%
- Clinic Visits: 11%
- Other: 8%
- Long Term Care: 2%
- Outpatient Hospital: 6%

Total Cost: $1,422,216
Together4Health

A Health Home of the Affordable Care Act (ACA) in Chicago

- Incorporated November 2012
- Board of Managers
- Contract with State signed Oct. 2013
Members

34 Total

- Hospitals
- Primary Care
- Behavioral Health
- Supportive Housing
- System Level Orgs
IL State Outcome Measures

• Health Outcomes – 31 Measures
  o HIV
  o Diabetes
  o Medication Adherence
  o ER and Hospital Visits

• PSH Role

• Documenting case management work
Cost Reduction

• Shared EHR
• Coordinated care
• Outcome based treatments
• PSH AIDS HOUSING UNITS
ROI

Center for Housing & Health
Return for Investment of PSH

-- projection of savings to Medicaid --

- 225 PSH Units will save Medicaid over a 3-year period a total of $9.4 million
- 225 units served by 15 case managers
- 143 (of the 225) PSH units with 9 case managers are presently being funded by HUD and being filled with high users of Medicaid
Increase HUD Units / Decrease Medicaid Costs

- Existing subsidies housed 48 high users in 2012
- Other existing HUD subsidies housing 95 in 2013
- Another 82 PSH units needed to house a total of 225

$$48 + 95 + 82 = 225$$
Return for Investment of PSH

-- projection of savings to Medicaid --

- If Medicaid dollars and/or health plans were to fund 9 of the 15 needed case managers, it would cost them $2.3 million over a 3-year period

- The investment of $2.3 million would net them a cost savings of $7.1 million
Return for Investment of PSH

-- projection of savings to Medicaid --

- The investment of $2.3 million to pay for 9 case managers allows existing HUD dollars to be used for 82 new PSH units

- The existing 143 units + the new 82 units comprise the 225-unit project
• Existing HUD $$ used to increase units by 82
• $7.1 million in Medicaid costs are saved
• 82 additional homeless who are highly vulnerable are housed
<table>
<thead>
<tr>
<th>NAME</th>
<th>Don Beinzer</th>
<th>DATE</th>
<th>9/22/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td></td>
<td>ZIP</td>
<td>AGE</td>
</tr>
</tbody>
</table>

Rx

I supportive housing unit

LABEL AS SUCH
refill 0 1 2 3
(PLEASE CIRCLE)
as directed

J Bamberger

Joshua Bamberger

M.D.

License No.

DEA #