Innovating to Address Healthcare Needs of People Experiencing Homelessness

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Circle the City

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UnitedHealth Group
Circle the City’s Mission

To create and deliver innovative healthcare solutions that compassionately address the needs of men, women and children facing homelessness.
Circle the City’s Legacy
Why is Homeless Healthcare Needed?

• Homeless people face unique barriers to health:
  • Complex, multi-factor illness;
  • Insurance and enrollment challenges;
  • Cost – even copays or sliding fees can be devastating;
  • Transportation to/from appointments and follow-up care;
  • Judgmental or presumptive attitudes by clinicians;
  • Low tolerance/understanding of mental illness or addiction;
  • Interplay of non-medical considerations (example: where to store insulin when you don’t have a refrigerator)
Multiple Comorbidities:

93% of eligible patients enrolled in study had 5+ co-occurring diagnoses
Co-occurring Mental Health & Substance Use

<table>
<thead>
<tr>
<th></th>
<th>No Substance Use Diagnosis</th>
<th>Substance Use Diagnosis</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Mental Health Diagnosis</td>
<td>171 (31.8%)</td>
<td>106 (19.7%)</td>
<td>277 (51.5%)</td>
</tr>
<tr>
<td>Mental Health Diagnosis</td>
<td>19 (3.5%)</td>
<td>242 (45.0%)</td>
<td>261 (48.5%)</td>
</tr>
<tr>
<td>Total</td>
<td>190 (35.3%)</td>
<td>348 (64.7%)</td>
<td>538 (100.0%)</td>
</tr>
</tbody>
</table>

Co-Occurring disorders: (n=538):

68% of all patients had either MH or SA diagnosis. 20% were SA only; 45% were co-occurring SA and MH, only 3.5% were MH with no co-occurring SA
Circle the City’s Continuum of Care

- Homeless Primary and Preventative Care
- Homeless Medical Respite Care
- Permanent Housing Partnerships
- Community-Based Homeless Health Outreach

- Low-Barrier Experience
- Access to Care
- Data Sharing and Integration
- Integrative Care
- Case Management
- Care Coordination
Circle the City

- Medical Respite Site
- Primary Care Site
- Administrative Site
- Mobile Clinic Partner Site
- Street/Backpack Medicine Site
Demonstrating Value

Achieving the Triple Aim in Homeless Healthcare
Evaluating Impact: Data Sources

- Frequent Utilizer Pilot (n=13) 2013
- Managed Care Pilot (n=54) 2015
- CMS Health Innovations Grant Study (n=~400) 2015-2017
- CHiR Analysis of AZ Medicaid Claims Data (n=849) 2018
Evaluating Impact: Data Sources

- **Frequent Utilizer Pilot** (n=13) - 2013
- **Managed Care Pilot** (n=54) - 2015
- **CMS Health Innovations Grant Study** (n=~400) - 2015-2017
- **CHiR Analysis of AZ Medicaid Claims Data** (n=849) - 2018
Frequent User Engagement (FUSE) 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
Evaluating Impact: Data Sources

1. Frequent Utilizer Pilot (n=13) - 2013
2. Managed Care Pilot (n=54) - 2015
3. CMS Health Innovations Grant Study (n=~400) - 2015-2017
4. CHiR Analysis of AZ Medicaid Claims Data (n=849) - 2018
Demonstrating 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

Credit: MaryAnn Lecavalier, MD, HealthNet of Arizona, 2015
Evaluating Impact: Data Sources

- Frequent Utilizer Pilot (n=13) - 2013
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Demonstrating Value: Population Health

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

Addressing the Social Determinants of Health

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

Addressing Housing Disparities

Credit: National Healthcare for the Homeless Council, CMS HCIA II Final Report, Grant 1C1CMS331336
## Demonstrating Value: Per-Capita Cost

### Inpatient cost and utilization

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

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

### Emergency cost and utilization

<table>
<thead>
<tr>
<th>Arizona</th>
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<th>Post-respite program</th>
<th>Reduction</th>
<th>T value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number ED visit per enrollee per month</td>
<td>0.291</td>
<td>0.100</td>
<td>65.7%</td>
<td>6.47***</td>
</tr>
<tr>
<td>Medicaid payment per enrollee per month</td>
<td>$201</td>
<td>$93</td>
<td>53.7%</td>
<td>3.74**</td>
</tr>
<tr>
<td>Medicare payment per enrollee per month</td>
<td>$43</td>
<td>$7</td>
<td>84.0%</td>
<td>1.73</td>
</tr>
<tr>
<td>Combined Medicaid and Medicare per enrollee per month</td>
<td>$244</td>
<td>$100</td>
<td>59.1%</td>
<td>3.96***</td>
</tr>
</tbody>
</table>

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

Credit: National Healthcare for the Homeless Council, CMS HCIA II Final Report, Grant 1C1CMS331336
## Demonstrating Value: Per-Capita Cost

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<tr>
<th>Arizona</th>
<th>Pre-respite program</th>
<th>Post-respite program</th>
<th>Reduction</th>
<th>T value</th>
<th>Number of enrollees in the analysis</th>
<th>Total savings in a year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid payment per enrollee per month</td>
<td>$2,063</td>
<td>$897</td>
<td>56.5%</td>
<td>5.89***</td>
<td>309</td>
<td>$4,322,182</td>
</tr>
<tr>
<td>Medicare payment per enrollee per month</td>
<td>$157</td>
<td>$33</td>
<td>78.9%</td>
<td>2.20*</td>
<td>309</td>
<td>$458,992</td>
</tr>
<tr>
<td>Combined Medicaid and Medicare per enrollee per month</td>
<td>$2,220</td>
<td>$930</td>
<td>58.1%</td>
<td>6.35***</td>
<td>309</td>
<td>$4,781,173</td>
</tr>
</tbody>
</table>

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Demonstrating Value: Per-Capita Cost

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

Credit: Gevork Harootunian
Demonstrating Value: Per-Capita Cost (n=849)
Roberts: Terry didn't deserve the 'dump and run'

Sheryl 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...
Demonstrating Value: Patient Experience
Our vision is a healthy community without homelessness.