Healthcare and Homelessness

All Pilot Sites - Call #1

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Welcome

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Our Agenda

1. Introductions and Welcome
2. Camden Coalition of Healthcare Providers presentation on sharing data across sectors
3. Q+A / Dialogue
4. Closing + Upcoming Dates

Introductions

Catherine Mather
Project Director

Lauran Hardin
Faculty Coach

Catherine Craig
Faculty Coach

Anna Bialik
Improvement Advisor

Meg Arsenault
Senior Manager

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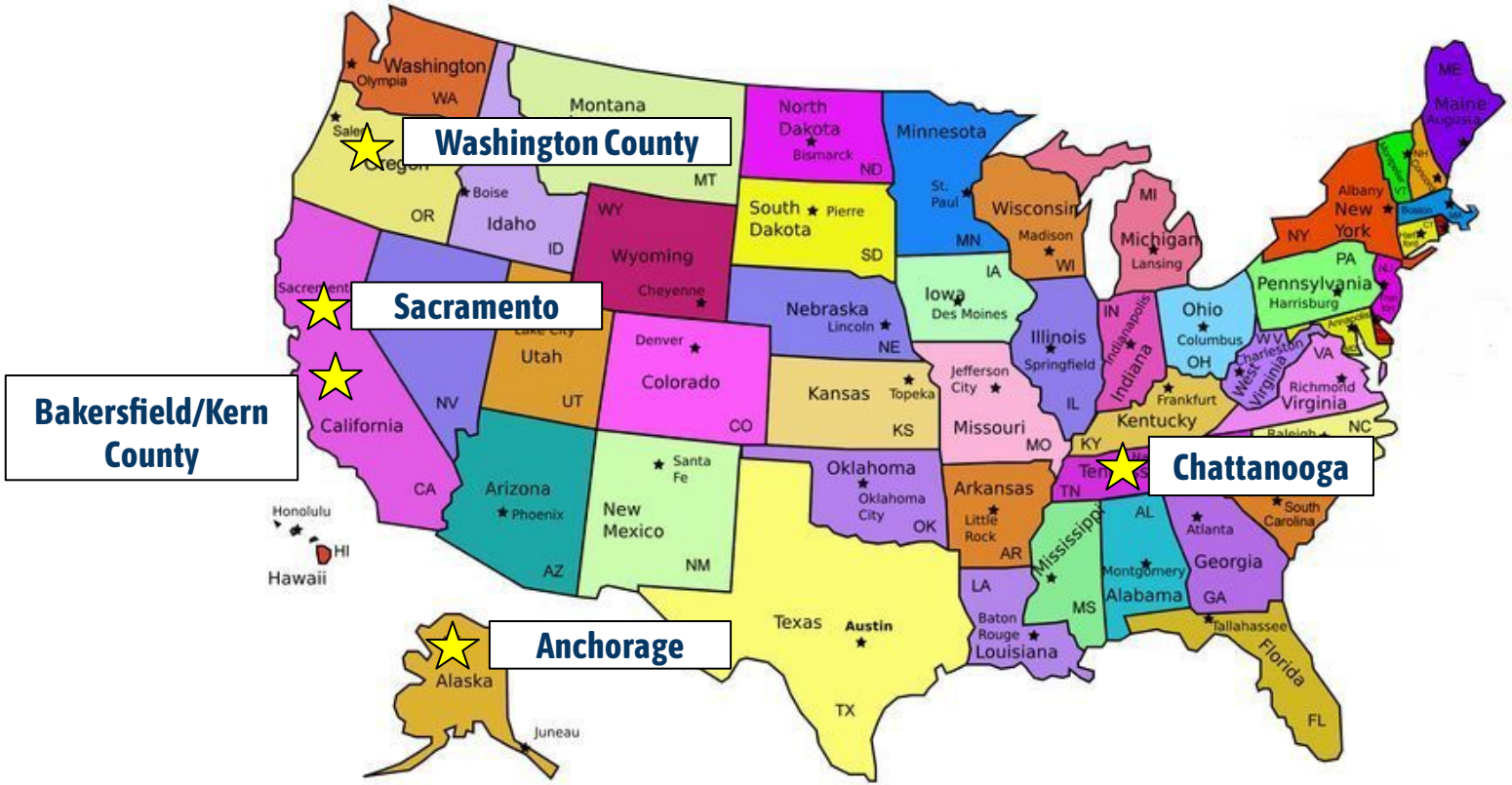
Participating Pilot Teams



Introductions: Chat Waterfall

Please chat in:

- Name
- Community
- Organization
- Something that delighted* you in the last week

*From “The Book of Delights” by Ross Gay, delights are defined as **“small joys we often overlook in our busy lives.”**

Our Aim

Over the course of this 2 year Pilot initiative, pilot teams will have made measurable progress toward ending chronic homelessness, with a focus on building racially equitable systems.

Our Journey Together in the Pilot

Sharing Data Across Sectors:

Camden Coalition of Healthcare Providers

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Healthcare & Homelessness Pilot

Lauran Hardin MSN, CNL, FNAP, FAAN
Aaron Truchil, MSSP
National Center for Complex Health and Social Needs, an initiative of the Camden Coalition of Healthcare Providers

Goal: to introduce the work of the Camden Coalition and National Center to discuss ways to address data sharing in communities

Agenda

1. Welcome and introductions
2. Lessons from Camden and national partners
3. Accessing and utilizing data from across different organizations
4. Resources

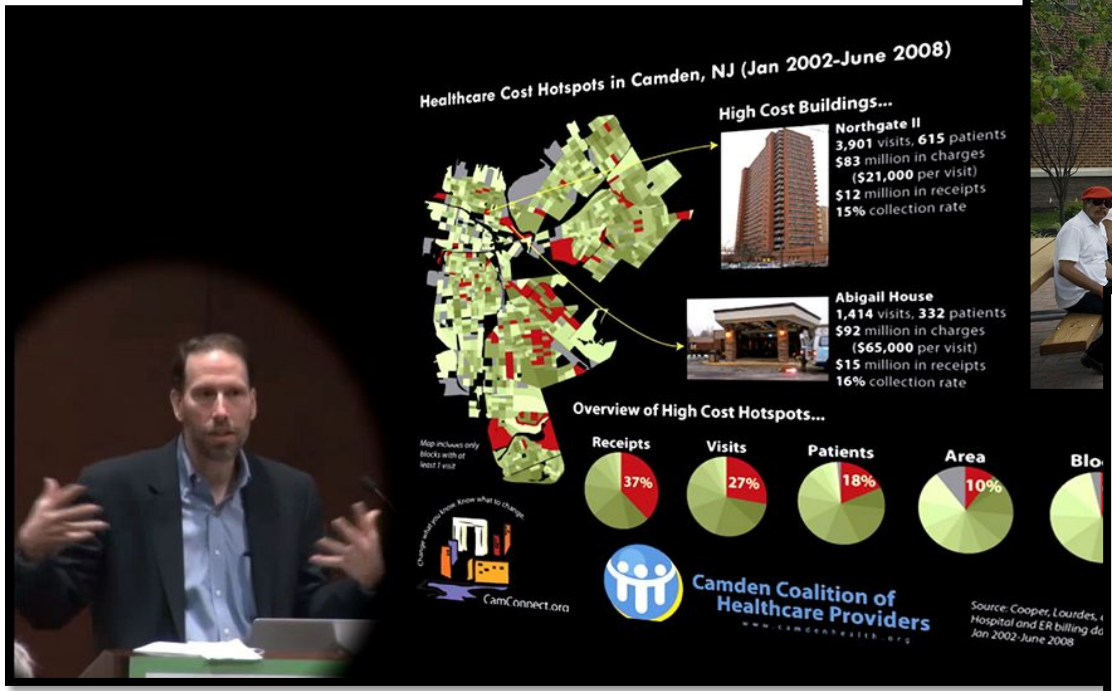
Meet our team

Lauran Hardin
Senior Advisor

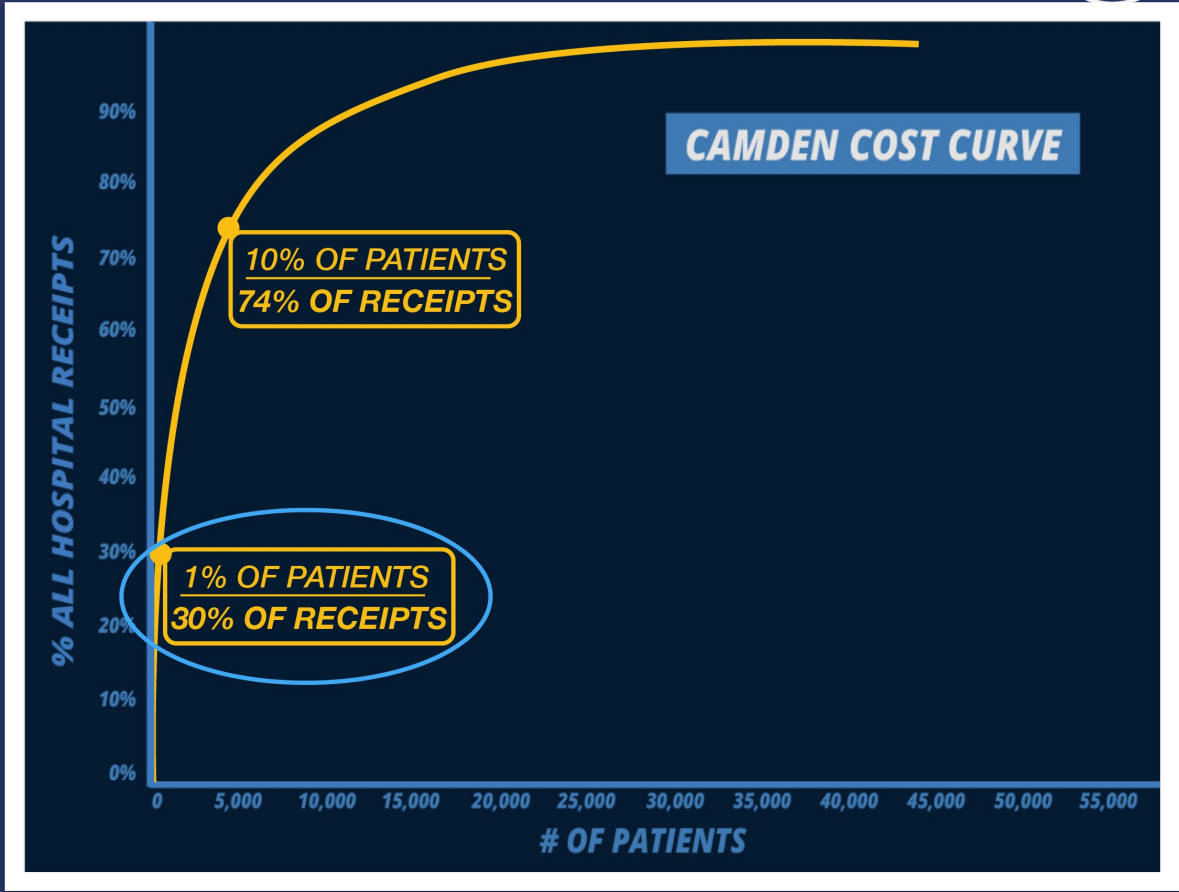
Aaron Truchil
Director of Strategy & Analytics

Greetings from Camden, NJ

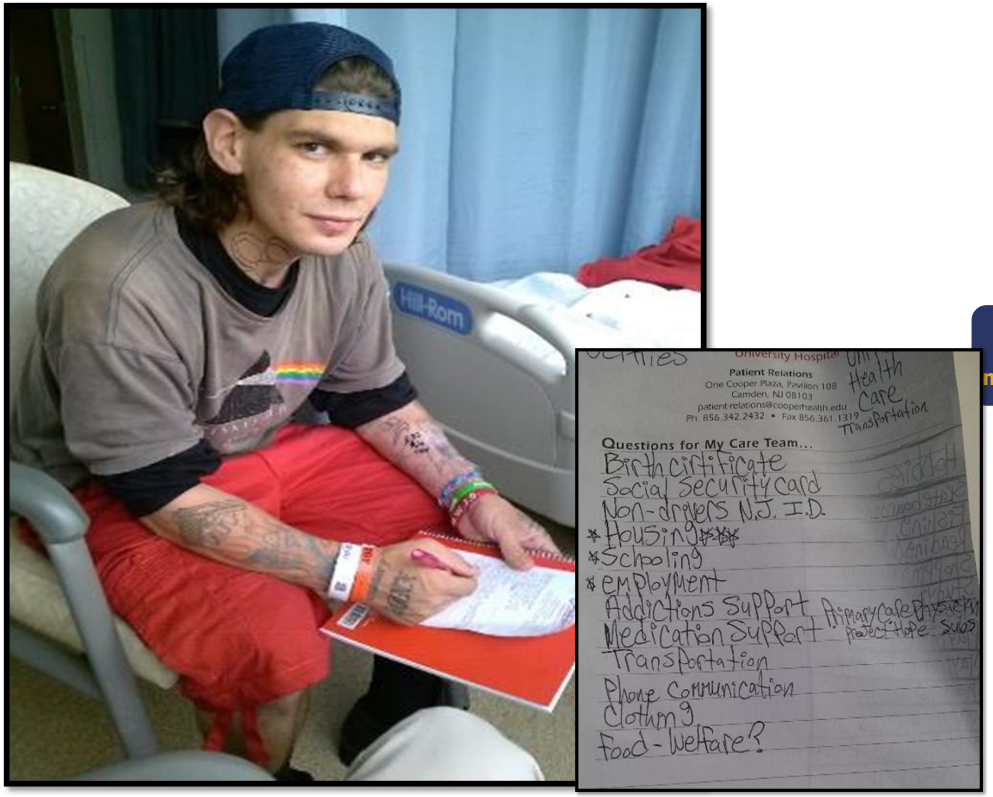
Early lessons from Camden and partners

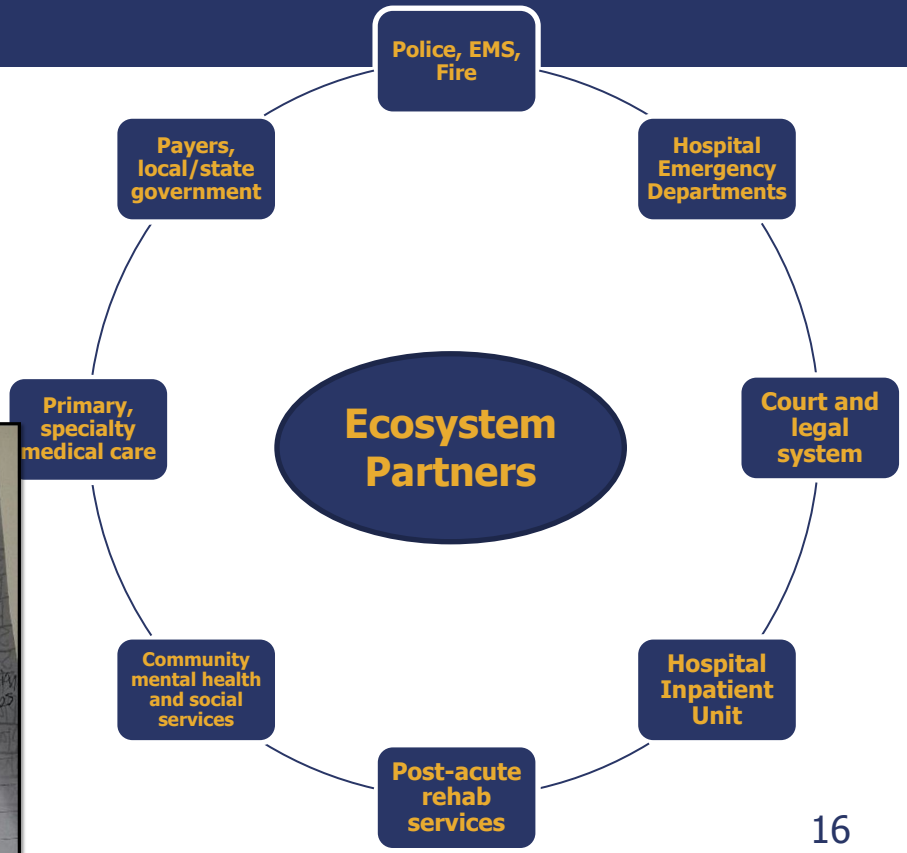


A small number of individuals account for a disproportionate amount of healthcare costs & utilization



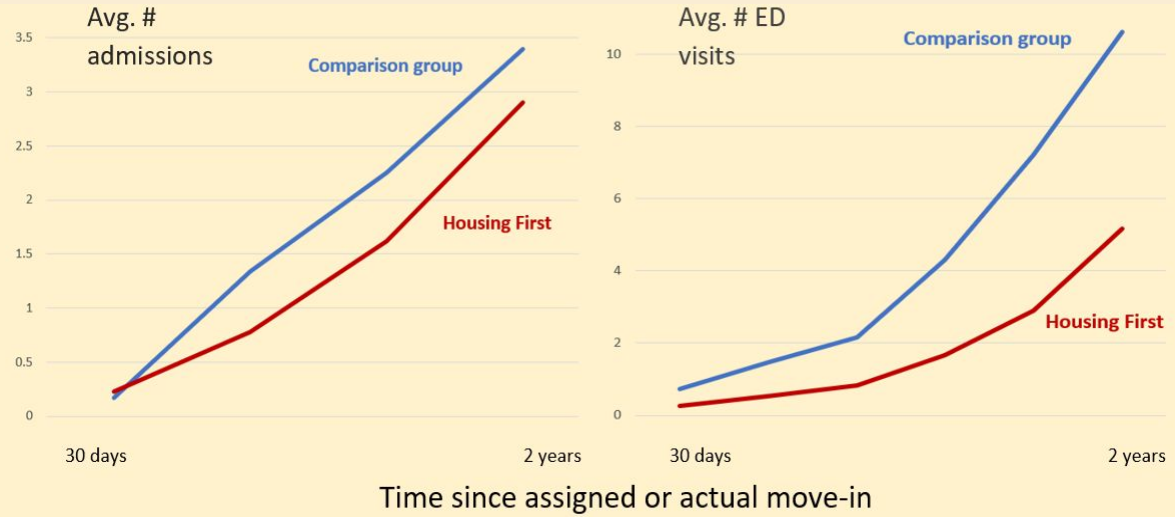
Ecosystem partners across the community continuum





Incorporating Housing First into the Camden Core Model improved outcomes for patients experiencing homelessness

Hospital utilization outcomes based on quasi-experimental analysis



1.Comparison group consists of Core Model patients who matched Housing First criteria but did not participate in the program because they were enrolled in the intervention prior to the launch of Housing First or are on the Housing First wait list.
2.Comparison group n=68; Housing First n=58

Our next steps:

- Refine triage and intake to improve identification of patients experiencing homelessness or housing instability
- Integrate data from the Homelessness Management Information System into the Camden Coalition Health Information Exchange for care coordination and evaluation purposes

Additional analysis: multivariate regression modeling yielded a statistically significant Housing First effect for hospitalization and ED use rates at 2 years post move-in, and for average number of ED visits 2 years post move-in.

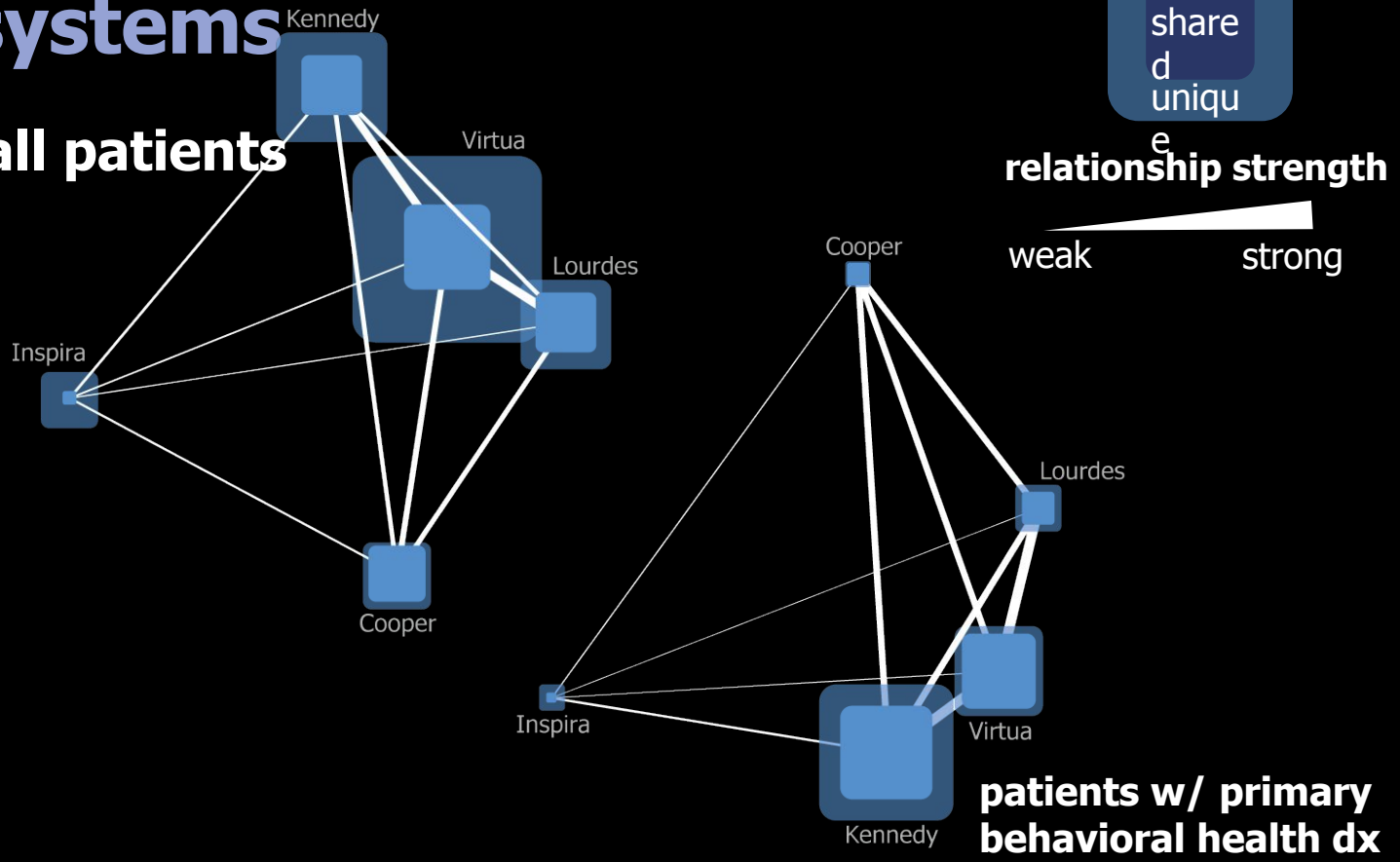
Accessing and utilizing data from across different organizations

Building a Citywide, All-Payer, Hospital Claims Database to Improve Health Care Delivery in a Low-Income, Urban Community

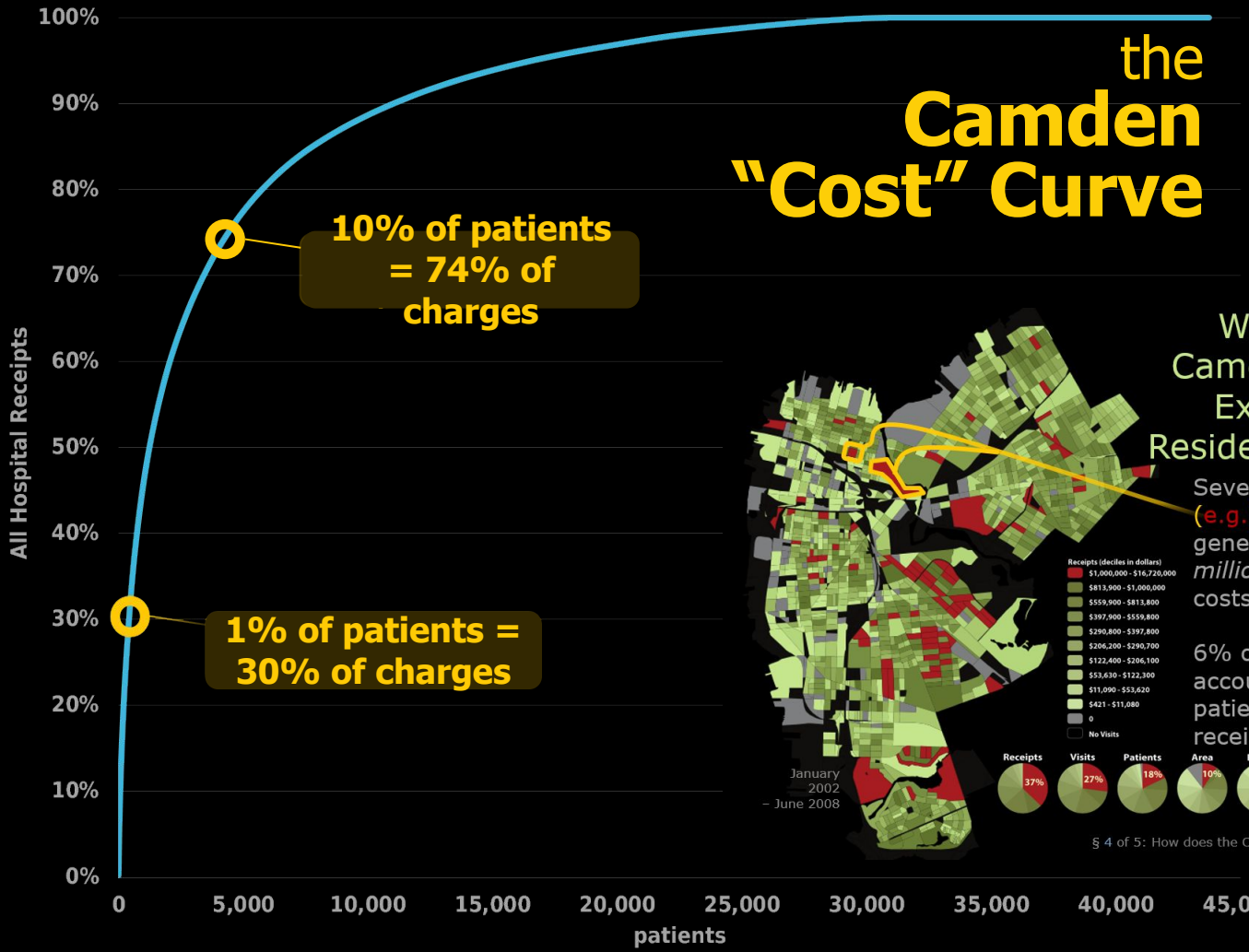
Kennen Gross, PhD, MPH,[1] Jeffrey C. Brenner, MD,[1] Aaron Truchil, MS,[1] Ernest M. Post, MD,[2] and Amy Henderson Riley, MA, CHES[1]

Population Health Management

patient overlap across systems



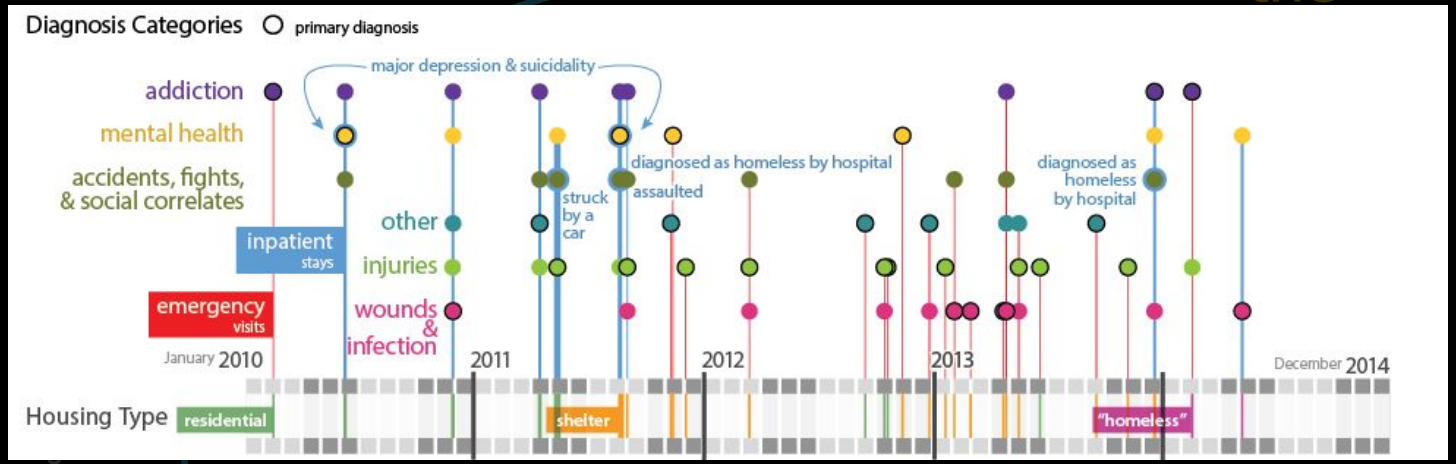
the Camden "Cost" Curve



Where do Camden's Most Expensive Residents Reside?

Several buildings (e.g.) annually generate $1-$3 *million* in hospital costs.

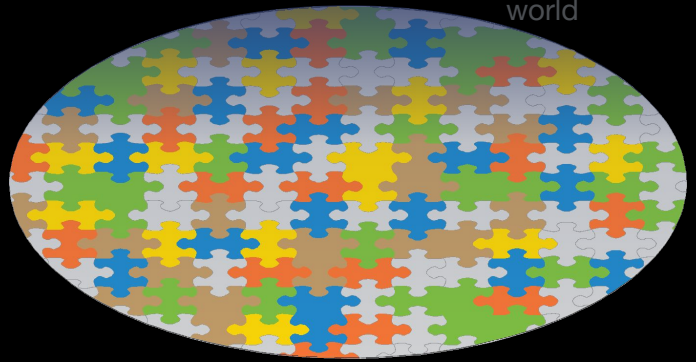
6% of city blocks account for 18% of patients and 37% of receipts.


Diagnosis Categories
primary diagnosis
major depression & suicidality
addiction
mental health
accidents, fights, & social correlates
inpatient stays
emergency visits
other
injuries
wounds & infection
struck by a car
assaulted
diagnosed as homeless by hospital
diagnosed as homeless by hospital
January 2010
2011
2012
2013
December 2014
Housing Type
residential
shelter
"homeless"

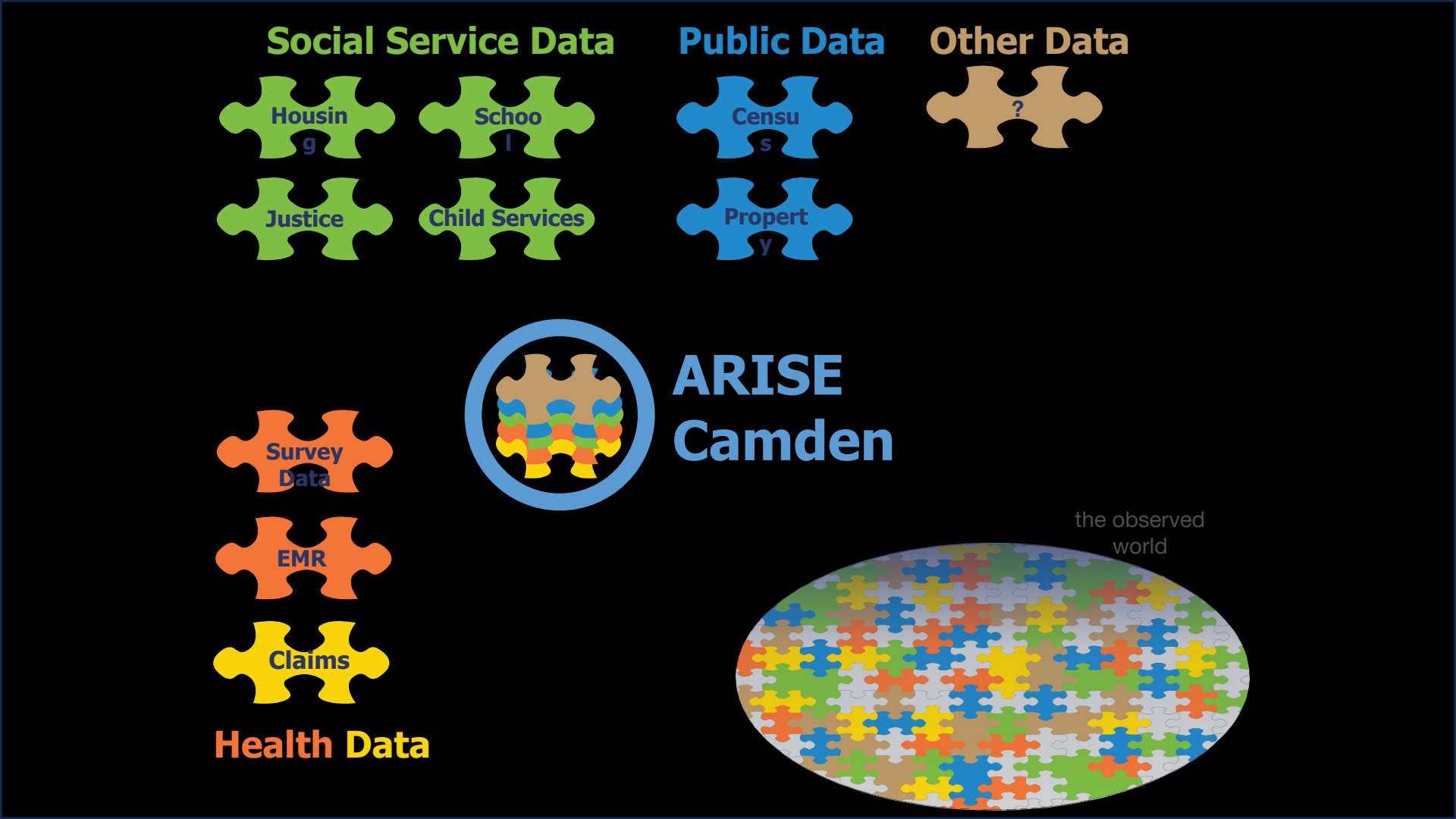
100%
40%
30%
20%
10%
0%
0
5,000
10,000
15,000
20,000
25,000
30,000
35,000
40,000
45,000
patients
1% of patients =
30% of charges

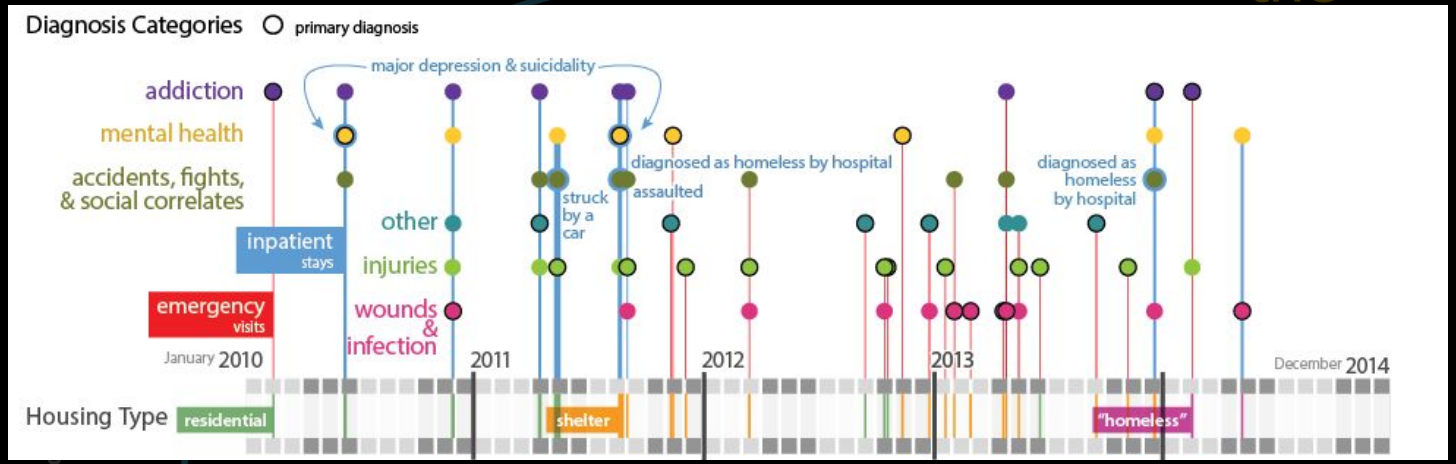
16 Domains of Care Management

Health Data



the observed world


Social Service Data
Housing
School
Justice
Child Services
Public Data
Census
Property
Other Data
?
ARISE
Camden
Survey Data
EMR
Claims
Health Data
the observed world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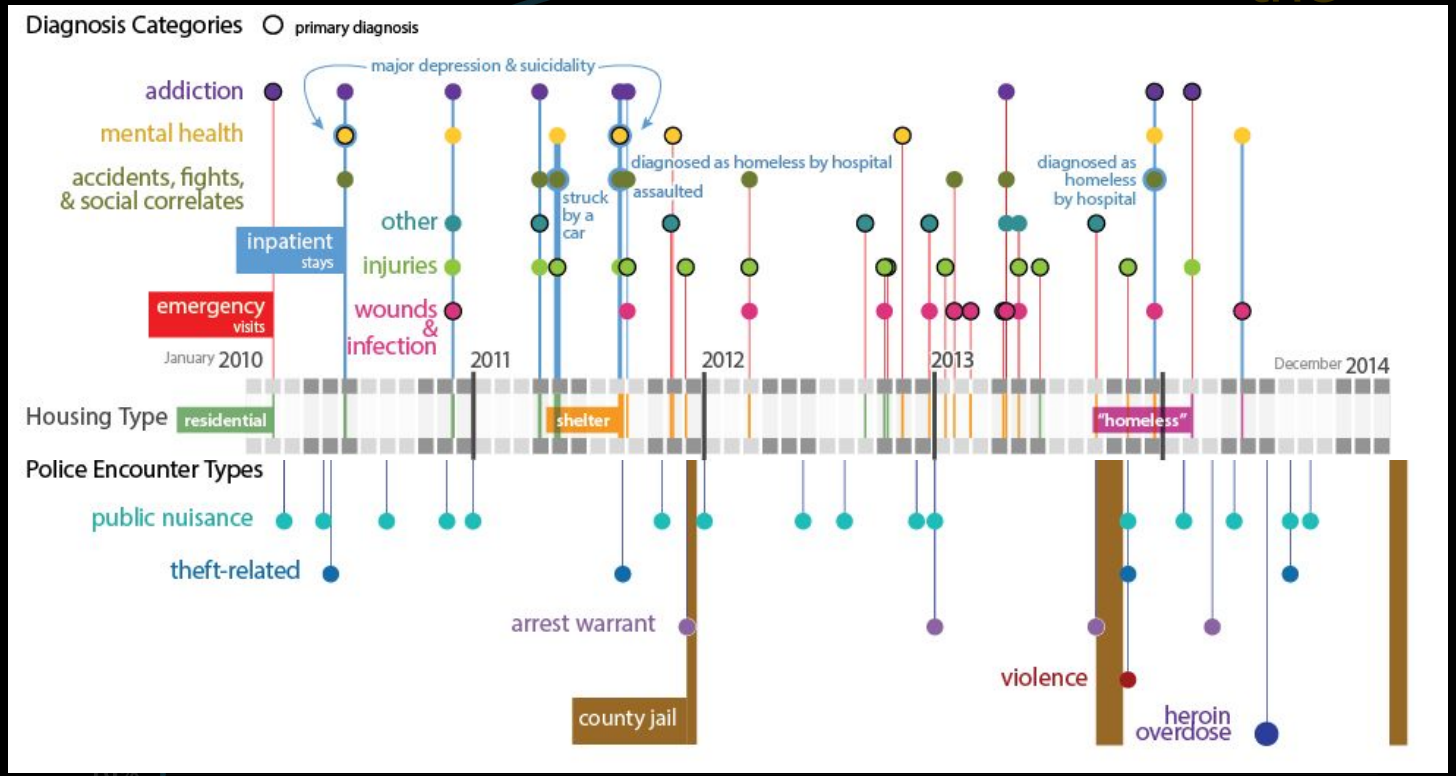
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January 2010
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Housing Type
residential
shelter
"homeless"
Police Encounter Types
public nuisance
theft-related
arrest warrant
county jail
violence
heroin overdose

100%
0%
0
5,000
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20,000
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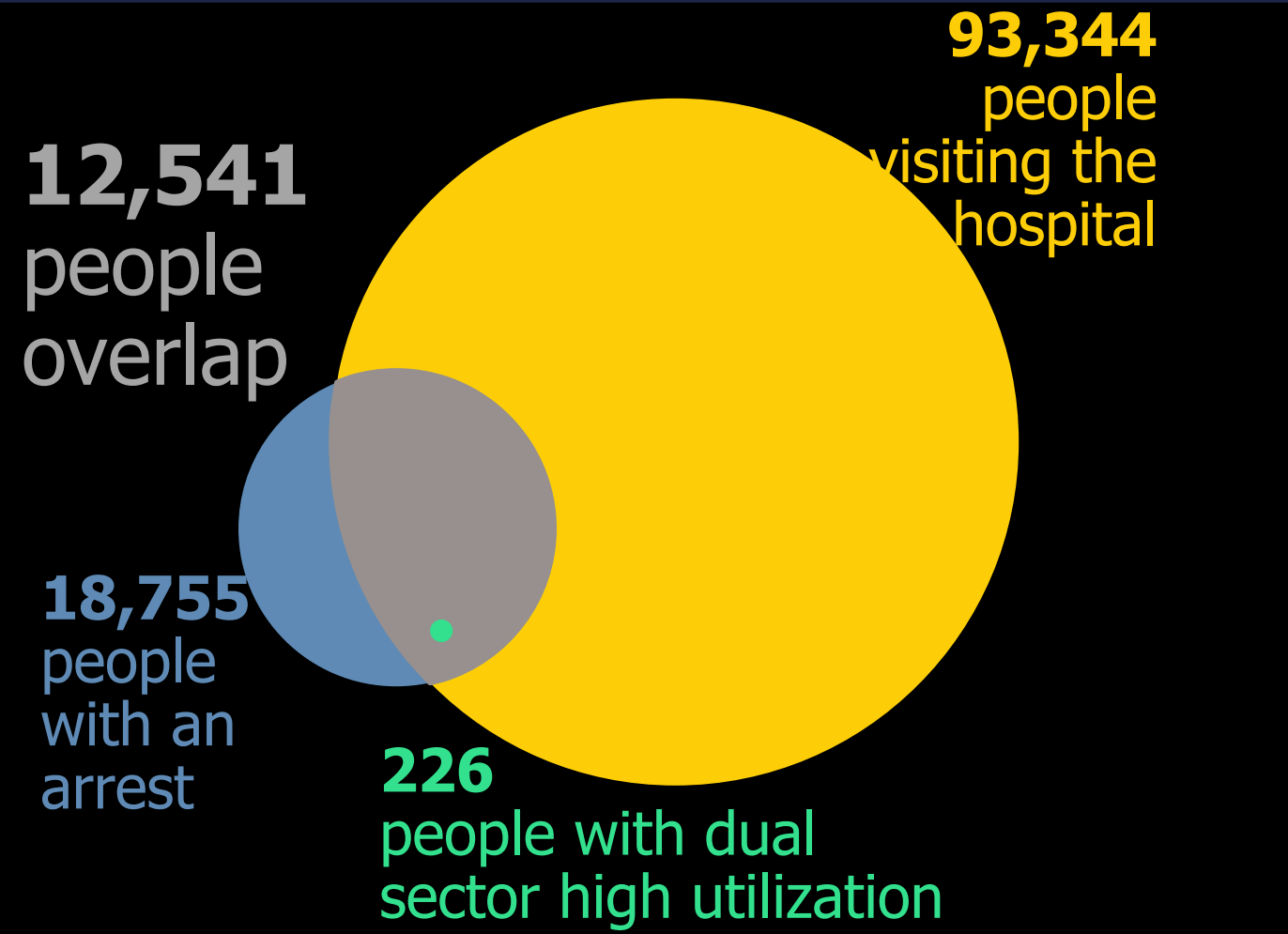
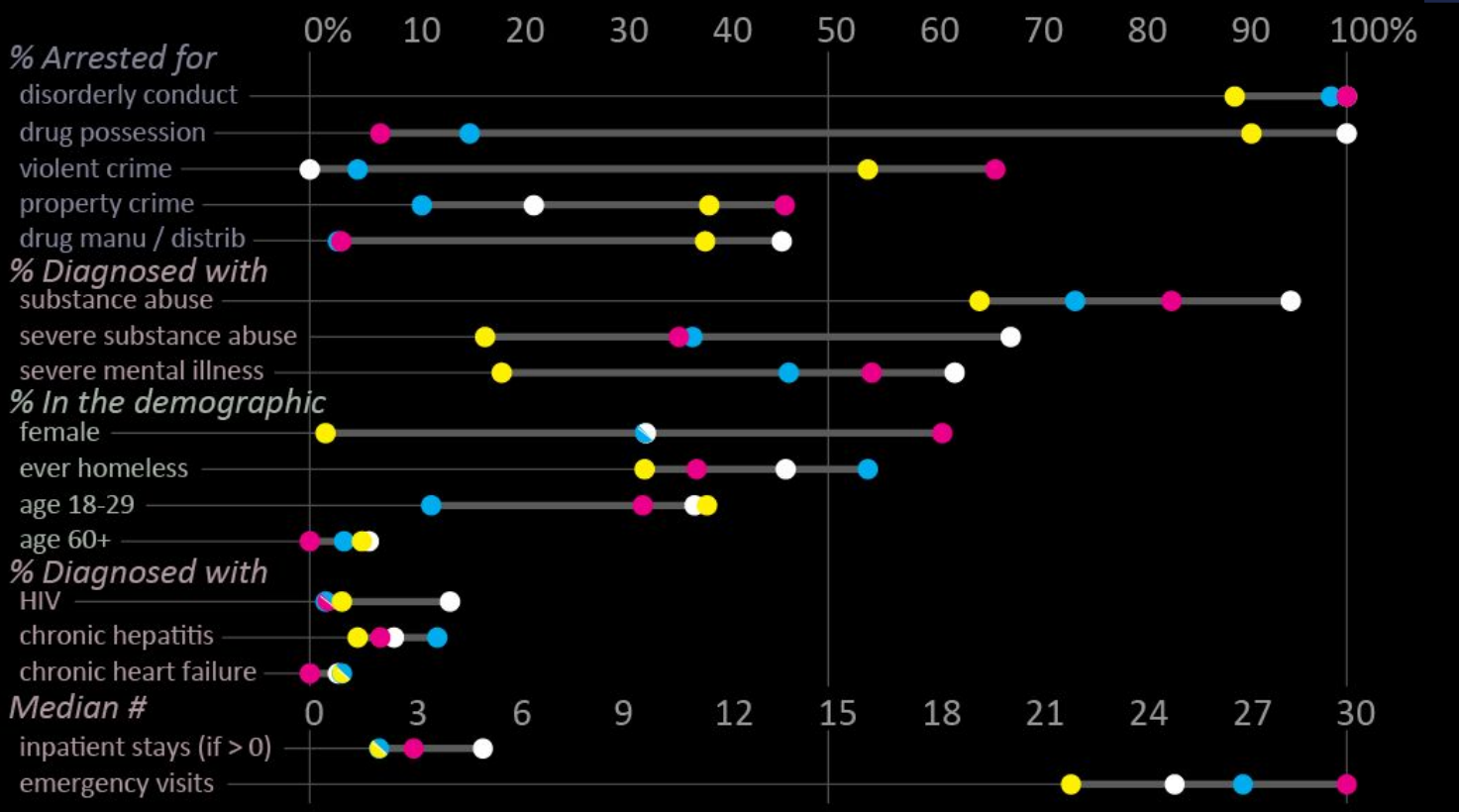
45,000
patients



5 years, ever having a Camden address

Segmenting **226** people with dual sector high utilization



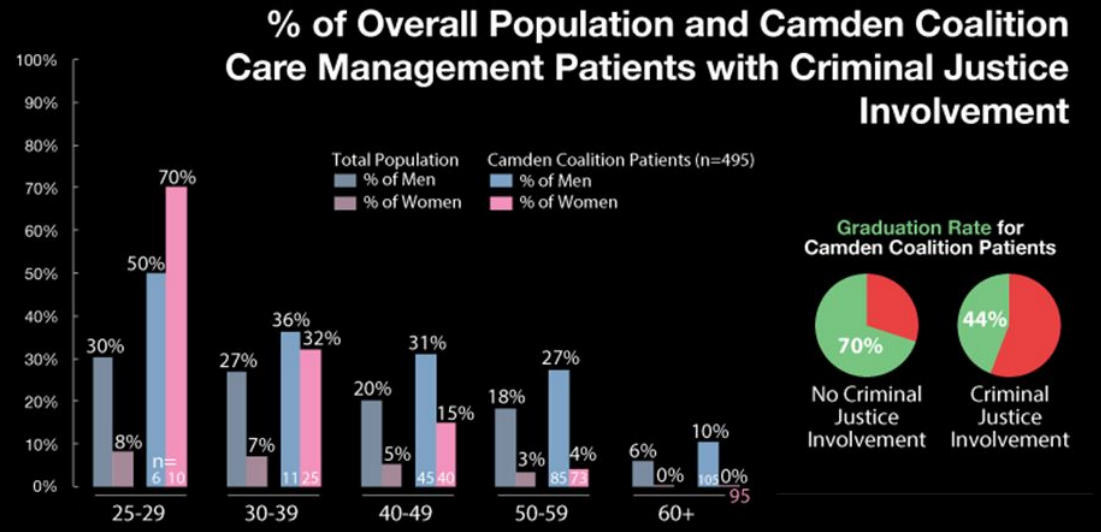
Non-violent, medically very complex drug offenders *(N = 37)*

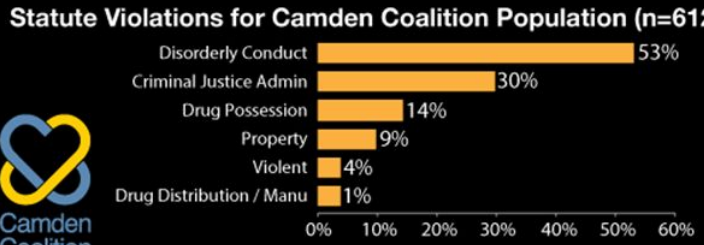
Non-violent, with mental health complexity, arrested mostly for petty crimes *(N = 65)*

Assault victims with mental health complexity & addictions, commiting crimes against others *(N = 59)*

Male drug offenders, some with violence arrests, with few hospitalizations and less prevelant serious mental illness (N = 65)

Partnership with Camden County Jail





Camden Coalition

- Piloted a reentry program targeting incarcerated individuals with significant hospital/prior jail utilization
- Started receiving jail data via public records request
- Also brought the Jail's externally contracted health care vendor into our HIE (bi-directional sharing)
- More recently, working with Jail on quality improvement and evaluation of their MAT program

Three Core Data Systems for Hotspotting

HIE

real-time,
vendor-managed.

careevolution
HEALTHCARE TECHNOLOGY

user-customizable,
vendor-hosted.

Internal performance & care tracking

TRACKVIA

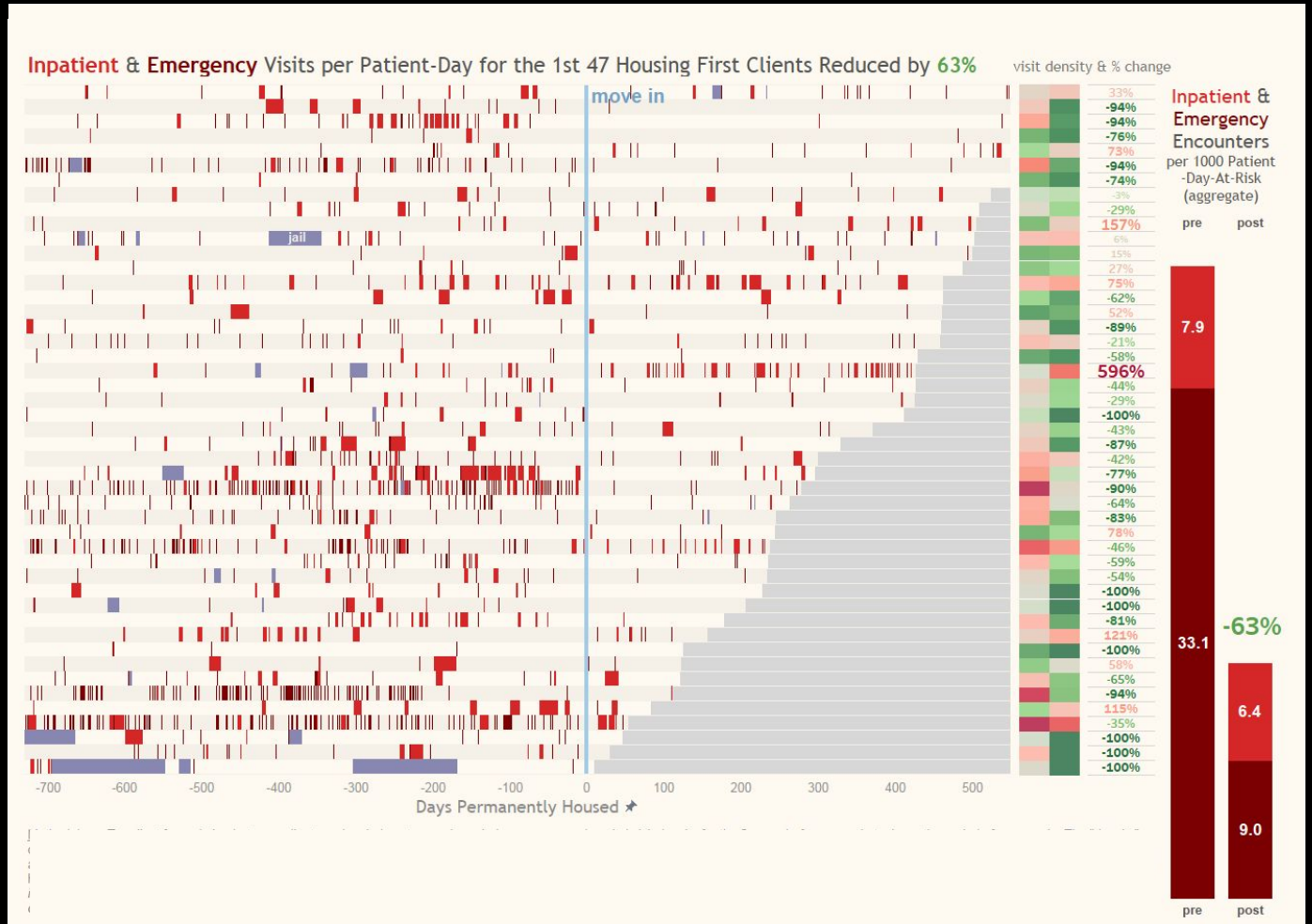
home-grown
PostgreSQL database.

research and quality improvement.

Integrated Longitudinal Outcomes Database

Camden ARISE

Example reporting dashboard for Housing First Program



Opportunities for healthcare to identify housing vulnerable individuals w/out cross-sector linkages:

- High ED & Inpatient Utilization as a proxy (chart review can supplement)
- ICD10 codes & patient address fields (homeless + known shelter addresses)
- SDOH screeners (e.g. Accountable Health Communities)
- Natural Language Processing (NLP) on free text reports

Lessons Learned from Collaboration

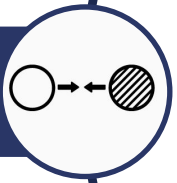
Facilitators

- Effective communication between involved organizations
- Flexibility and adaptability of the program
- Structures that facilitate change

Barriers

Data teams unable to meet needs of integration

Tension between providers' beliefs about HIPAA



Disjointed service provision

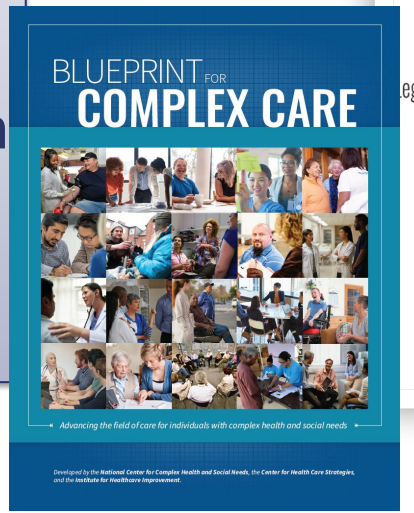
Recommendations

- Build one on one relationship first
- Utilize BAAs between organizations
- Develop your own version of “Interpreting HIPAA”
- “Shrink the Change”
- Asset map what you already have
- Start with a clear definition of what you want to see
- Sites do this without an HIE or data analysts

Growing a national complex care movement

Complex Care Ecosystems

Organizations across sectors within a community, working collectively and intentionally to better address the root causes of poor and inequitable health and well-being among populations with complex health and social needs.



Our National Center for Complex Health and Social Needs is building the field of complex care, and also co-designing, training, and supporting ecosystems across the country.

Technical Assistance Partners

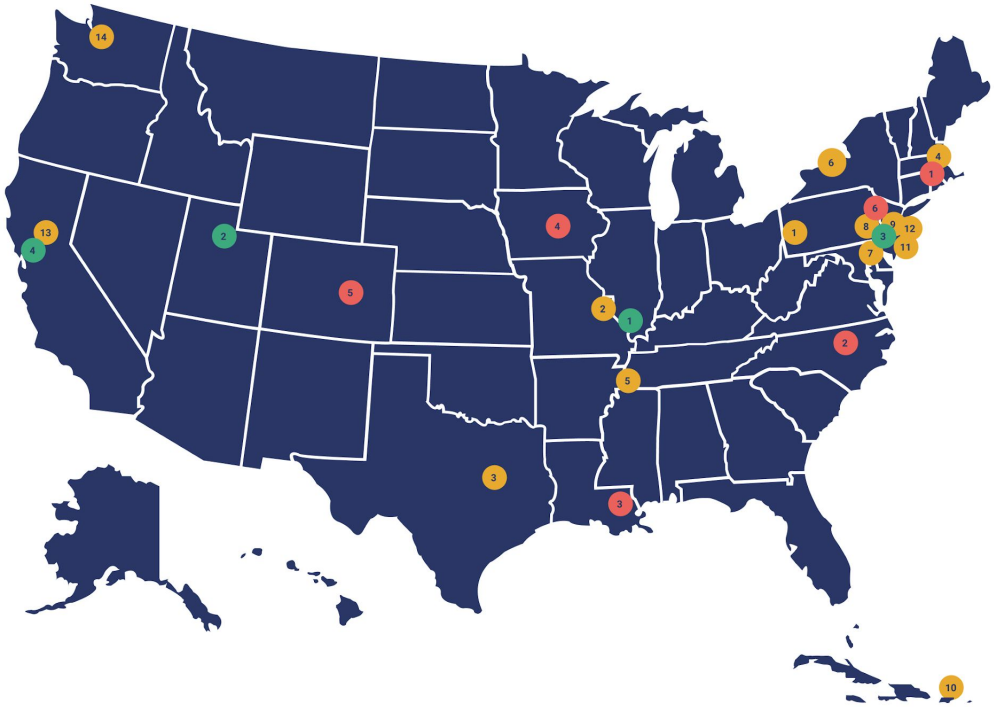
1. Allegheny County (PA)
2. St. Louis (MO)
3. Buena Vida (TX)
4. CHCS Mass Health ACO (MA)
5. Christ Community Church (TN)
6. Excellus (NY)
7. IHI - (100 Million - Heluna Health) (DE)
8. JEVs - Care at Home (PA)
9. NJ COE (NJ)
10. AECF - (PR)
11. NMC Alliance (NJ)
12. NJ DOH (NJ)
13. Adventist Health (CA)
14. Providence St Joseph Health (WA)

Student Hotspotting Hubs

1. Southern Illinois University (IL)
2. University of Utah (UT)
3. Thomas Jefferson University (PA)
4. Samuel Merritt University (CA)
5. Rutgers University (NJ)

Regional Convenings

1. Brookline Center for Community Mental Health (MA)
2. Duke University and University of North Carolina Chapel Hill (NC)
3. Louisiana Public Health Institute, Housing NOLA, and Green & Healthy Homes Initiative (LA)
4. MercyOne PHSO (IA)
5. Mile High Health Alliance (CO)
6. Pennsylvania Department of Health, Office of Health Equity (PA)



Resources

1. **Project Restoration** - Adventist Health (April, 2018). https://www.youtube.com/watch?v=5ltCGJTofrM

2. **Cross-sector collaboration for vulnerable populations reduces utilization and strengthens community partnerships.** Hardin, L., Trumbo, S. & Wiest, D. (October 2019). Journal of Interprofessional Education and Practice. https://doi.org/10.1016/j.xjep.2019.100291

Thank you!

National Center for Complex Health and Social Needs
An initiative of the Camden Coalition of Healthcare Providers

www.nationalcomplex.care
@natlcomplexcare

800 Cooper St., 7th Floor
Camden, NJ 08102

Q+A / Discussion

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Discussion Questions

- What are your best practices for facilitating data sharing?
- What are your most challenging barriers?
- What motivates your stakeholders to share data?
- What other help do you need to accelerate data sharing?

Closing

Key Dates

- **Community Coaching Calls: April-May**
  - Data review
  - Asset Mapping
  - Finalize Community Aim for Pilot
  - Shrink the Change: Create Milestones
  - Identify a portfolio of projects
- **All Pilot Sites - Call #2: May 26**
  - 2 - 3 pm ET / 11 am - 12 pm PT
- **Built for Zero Learning Session: May 18-20**
  - 12 - 5 pm ET / 9 am - 2 pm PT **More detailed agenda to follow
- **Healthcare X Homelessness Pilot Workshop 2: June 23 & 24**
  - 1:30 - 4:45 pm ET / 10:30 am - 1:45 pm PT

Questions

Faculty Coaches

- Washington County, Bakersfield, Anchorage
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- Sacramento, Chattanooga
  - **Catherine Craig** (IHI)
    catmcraig@gmail.com
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