

Lessons From the Field



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Social Determinants of Health: Housing

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The Bronx Health & Housing Consortium, Inc.

The Bronx Health & Housing Consortium is a collaborative network of representatives from health, housing, and social service providers, governmental agencies, and the four Health Homes in the Bronx with the shared goal of streamlining client access to health care and quality housing.

MRT Supportive Housing Pilot Workgroup

- Organized with recognition of the importance of targeting these units
- Workgroup participants:
 - Amida Care
 - Beacon Health Options
 - BronxWorks
 - Bronx Accountable Healthcare Network
 - Bronx-Lebanon Hospital Center
 - Center for Urban Community Services
 - Corporation for Supportive Housing
 - Empire BlueCross BlueShield HealthPlus
 - The Fortune Society
 - Greater New York Hospital Association
 - Montefiore Medical Center, CMO
 - Project Renewal
 - Services for the Underserved
 - Supportive Housing Network of NY

Targeting MRT Supportive Housing Pilot Units

- Whom to target?
 - People for whom housing will likely result in lower Medicaid costs
 - People for whom housing will likely result in improved health outcomes and higher quality of life
- How to target?
 - Where to get spending data
 - What type of utilization to consider
- Results of targeting
 - Overall 46% reduction in Medicaid costs for 7 people, one year pre- and post-housing
 - Health stabilized and/or got access to health care unable to receive pre-housing
- Toolkit

Bronx Frequent Utilizer Initiative

- Corporation for Supportive Housing, The Bronx Health & Housing Consortium, and the Bronx RHIO
- Methodology:
 - MCOs pull list of top 150 high utilizers
 - Bronx RHIO consolidates and de-duplicates data
 - Cross match with Department of Homeless Services data
 - Take deeper encounter-level dive into top 10% homeless high utilizers
 - Identify possible housing interventions
- Supportive Housing and MCO Fishbowl
 - MCOs: Affinity Health Plan, Amida Care, Healthfirst, United Health Plan
 - Supportive Housing: Acacia Network, BronxWorks, Catholic Charities/Beacon of Hope House, Concern for Independent Living, Geel Community Services, Lantern, Services for the UnderServed

Opportunities

- What can supportive housing providers offer to MCOs?
 - Have relationships with their tenants
 - Understand their behaviors, can see deterioration and intervene to prevent crisis
 - Can arrange transportation and escorts for follow-up appointments
 - Many offer medication monitoring
 - Willing to track outcomes and show ROI
- What can MCOs offer to housing providers?
 - Financial support
 - Training and guidance on using data systems and tracking outcomes
 - Home modifications to keep people in their homes

Takeaways

1. We all need to make adjustments

- PPSs and MCOs need to recognize the value of CBOs and invest in SDH
- CBOs need to quantify their value, use data, and track outcomes
- Hospitals need to establish protocols for screening and documenting patients' housing issues

2. We need to make better use of available resources

- Educate one another on who we are and what we can offer
- Targeting works

3. We need to identify and fill the gaps

- Enhanced service packages for supportive housing providers
- Medical respite

Empire Housing Pilot

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Empire Housing Pilot

The Issue

- Homelessness has negative impact on health
- Many members experiencing homelessness
- Supportive housing is a limited resource

Homeless Carve-in

- How to identify?
- How to locate/engage?
- What to do with the information?

Empire Housing Pilot

Pilot program design

- Initial identification
- Selection refinement
- Location/engagement
- Partnerships
- Housing
- Tracked pre/post Medicaid utilization/spend

Results

Housed: 8 identified members

Inpatient utilization decreased

- 85% decrease in # IP admissions
- 80% decrease in # IP days

ER utilization decreased

- >90% decrease in ER visits and ER

Medicaid spending decreased*

- Baseline spend avg \$68K
- Average savings approx. \$50K/member/year
- Reduction in IP spending partially offset by increased pharmacy, OP Medicaid spending

Quality of Life improvement

**Medicaid spending/savings not inclusive as pilot initiated prior to expanded BH benefit carve-in*

Challenges

- Targeting
- Churn
- Locating/engaging real time
- Communication with partner agencies
- Limited housing

Opportunities

- Housing essential for health
- Targeting efforts can impact Medicaid utilization/cost
- MCO resources
 - Data
 - Real time information
 - Outreach
 - Linkage to supportive resources
- Partnerships/collaborations
 - Obtain housing
 - Ongoing support for success in supportive housing