Edward Thomas House: Medical Respite
The Intersection of Transitional Housing and Health Care
Elise Chayet and Ed Dwyer-O’Connor
Harborview Medical Center, Seattle, WA

Housing as Health Care

Washington, D.C.
February 8 – 9, 2016
Respite’s Role in Health Care Reform

- **Better experience of care** - Offers a safe, welcoming place for homeless adults to recuperate
- **Better health** - Linkage to regular primary care, behavioral health, and housing
- **Lower costs** – Helps reduce hospital length of stay, helps prevent readmissions, helps end homelessness
A Community Partnership Builds a Community Resource

Edward Thomas House: Opened Sept. 2011

Committee to End Homelessness in King County

United Way of King County

SHA and Jefferson Terrace Residents

Public Health-Health Care for the Homeless

Referring Hospitals

King County Mental Illness & Drug Dependency Action Plan (MIDD)

Community Health Plan of WA

Federal Partners – HUD and HHS; ARRA
Hospital has eligible homeless adult to refer

Meets criteria? Bed available?

Welcome to Edward Thomas House!

The Respite Stay
- Interdisciplinary care
  - Medical services
  - Behavioral health services
    - Social work support
  - Link to regular primary care
    - Housing placement

Discharge

Improved health & housing stability (the goal!)
The Facility: 7th Floor of Seattle Housing Authority's Jefferson Terrace

Before

After: New elevator creates separate entrance to 7th Floor
Three exam rooms

34 bed capacity

Common areas
Outcomes

- **Key quality and cost outcomes**
  - 70% reduction in inpatient days for patients involved in Respite
  - 57% reduction in inpatient admissions
  - 15% increase in outpatient primary care visits
  - Greater success in engaging women in the program
  - Increased engagement in mental health/substance abuse treatment/housing

- **What are the most important lessons learned**
  - Medicaid Expansion expanded access to this vulnerable population/MCOs not prepared to provide care management to this newly enrolled population
  - Closer coordination with the State’s Medicaid Agency in regard to expectations in managed care contracts
  - Data collection standardization/simplify requirements expected of funders
  - Broad sector involvement from hospitals, local government, public housing authority, community based organizations essential to ongoing success
  - Greater clarity and/or agreement on the definition of homeless/unstably housed patients
Outcomes

• How are you communicating your outcomes to your various stakeholders, including the legislature?
  – Steering Committee consists of existing partners
  – Expanded the communication to the MCOs and the State Medicaid Agency
  – Included the model as a prototype for the pending 1115 Medicaid waiver
  – Regular meetings with Public Housing leadership and other tenants

• How are you measuring and evaluating reform to demonstrate value to the state as a whole, and more specifically to the legislature and key stakeholder groups?
  – Demonstrated the ROI to payers/hospital partners/State Medicaid Agency
  – Model is being replicated in other parts of the State
  – Patient stories to demonstrate the impact of the program
  – Raised the awareness of the importance of supportive housing
  – Linked the project to other aspects of the ACA, including the Community Health Needs Assessment process for local hospitals
Key Takeaways for Other States

What are the five key takeaways to share with a governor wanting to institute housing as health care?

1. Cross-section collaboration/Understanding the drivers/Billing Code G9006
2. Shared financial risk, including payers, hospitals
3. Shared/Standardized data systems to facilitate operations and evaluation
4. Norming the definitions of “homeless/unstably housed” between HUD, HRSA, State and local program
5. Recognition that housing is a part of the health care delivery system, particularly the need for post-acute care for vulnerable populations
   - Consideration of a licensed facility that can leverage resources from both the housing and health care sectors, such as being developed by the national Health Care for the Homeless Council
State Contacts / More Information

• Contacts within state people can follow-up with for more information
  1. Ed Dwyer-O’Connor, Senior Manager Downtown Programs, (206) 744-1515, capeo@uw.edu
  2. Elise Chayet, Associate Administrator, (206) 744-5521, echayet@uw.edu

• Links to secondary sources people can consult for more information
  (such as publicly available reports and websites)
  1. National Health Care for the Homeless Council
  2. National Respite Care Providers Network
  3. America’s Essential Hospitals - Health Care for the Homeless: Essential Hospitals and Community Partnerships