

## Hospital to Home Expansion Factsheet February 2014

### Why is Hospital to Home important?

A relatively small group of people use a disproportionate amount of hospital emergency department and inpatient resources. The Affordable Care Act aims to decrease hospital readmissions and associated emergency department use, but this cannot be accomplished by only addressing the healthcare needs of these individuals.<sup>1</sup> There is an urgent need to reduce costs and better serve patients by targeting the highest need and highest cost patients with alternative interventions that also target the complex issues affecting their health.

### What are the goals of Hospital to Home?

- Support participants in securing stable housing, which is a strong determinant of positive physical and mental health outcomes.
- Reduce participant emergency department visits, thus freeing up emergency department resources for acute medical crises and reducing unnecessary healthcare expenditures.
- Increase participant relationships with primary care clinics so they will seek medical care from clinics rather than emergency departments.
- Assist participants with accessing affordable medications from a limited number of pharmacies to allow for the optimal use of medication to promote health and recovery.
- Promote participant self-reliance and life functioning.

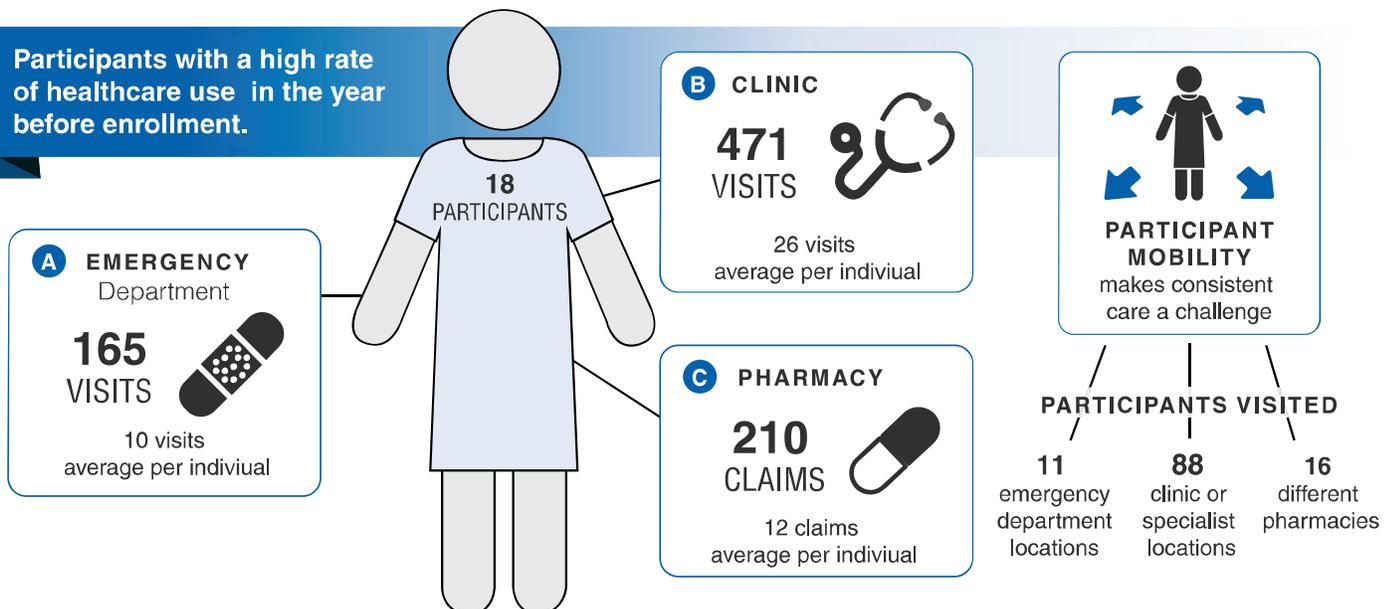
### Who does Hospital to Home serve?

#### Participants with multiple, complex needs

Of the 18 Cohort II participants:

- All were **diagnosed with at least one chronic health condition**, such as diabetes, asthma, high blood pressure, hepatitis, traumatic brain injury, heart disease, or stroke.
- Most (83%) had a **diagnosis for a serious mental illness**, such as major depression, bipolar disorder, post-traumatic stress disorder, delusional disorder, or schizophrenia.
- All have been **homeless** for between 1 and 23 years (Average = 7 years).
- All had a **high recommended level of care** ranging from high intensity community based services to medically managed residential services when assessed with the Level of Care Utilization System (LOCUS) for Psychiatric and Addiction Services.

Participants with a high rate of healthcare use in the year before enrollment.



## How does Hospital to Home work?

In 2009, the Hospital to Home pilot initiative began with seven individuals. The pilot demonstrated promising outcomes, which allowed it to expand in 2012 to a second cohort of 18 participants.

Hospital to Home is a partnership between:

- **Guild Incorporated**, which staffs a person-centered, multi-disciplinary Mobile Community Health Services Team that provides tailored care based on participant needs and preferences and is accountable to provide or coordinate all services including health, behavioral, housing, social, and employment services.
- **Regions Hospital**, which refers prospective participants, provides hospital-based services, and collaborates in providing continuity of care.
- **Hearth Connection**, which secures and provides access to housing subsidies and service funding.

These agencies, and the Minnesota Department of Human Services, also contribute data to the evaluation, which is conducted by Wilder Research.

## Where can I learn more?

- See the full report “Hospital to Home: Reducing Avoidable Hospital Emergency Department Visits While Improving Stability and Health - Initial Report for Program Expansion” for additional information about the Cohort II participants, updates on the Cohort I participants, and lessons learned from the pilot initiative.
- Outcomes data, including changes in housing, self-sufficiency, and healthcare usage for Cohort II, will be reported in February 2015.
- For more information about the pilot initiative, please see the series of three reports developed between June 2011 and December 2012 that document the baseline, one-year outcome, and two-year outcome findings for Cohort I.

## Meet Joseph: Veteran. Artist. Movie Buff.



*“I’m not going back on the streets. I haven’t been arrested in three years. That’s a miracle!”*

An ex-Marine, Joseph spent the majority of his adult life either behind bars or on the street. Living that way, he accumulated a host of health problems, including pneumonia, arthritis, alcoholism, anxiety disorder, and PTSD. Joseph treated these with regular visits to the emergency room. “In the last ten years I’ve had pneumonia five times,” he says. “I was hospitalized for all of them.”

Homeless consistently since 2010, in February 2012 he enrolled in Hospital to Home. Soon he moved into a new apartment and started seeing a primary care physician and managing his health, including his Schizophrenia. “I haven’t been to the emergency room in over a year,” he says. “They actually called and asked me how I was doing.”

Joseph likes to watch movies, listen to music, and create artwork in his new apartment. “Compared to this time last year, I’m doing 600 times better,” Joseph says.

Today, with Guild’s help, Joseph:

- Has maintained stable housing for over one year
- Visits a primary care clinic for healthcare needs rather than regular use of the Emergency Department
- Is taking steps toward his sobriety
- Looks forward to reconnecting with friends and family
- Is setting goals to enhance his skills through training and seeking employment

<sup>1</sup> Doran, K.M., Raven, M.C., & Rosenheck, R.A. (2013). What drives frequent emergency department use in an integrated health system? National data from the Veterans Health Administration. *Annals of Emergency Medicine*, 62(2), 151-159.

## Wilder Research

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### For more information

This summary presents highlights of the Initial Report for Program Expansion - Hospital to Home: Reducing Avoidable Hospital Emergency Department Visits While Improving Stability and Health.

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