Elder Care Health Outreach (ECHO): Service Enhancements to Promote Aging in Place in Supportive Housing

The Supportive Housing Network of New York

Annual Conference

June 2, 2016

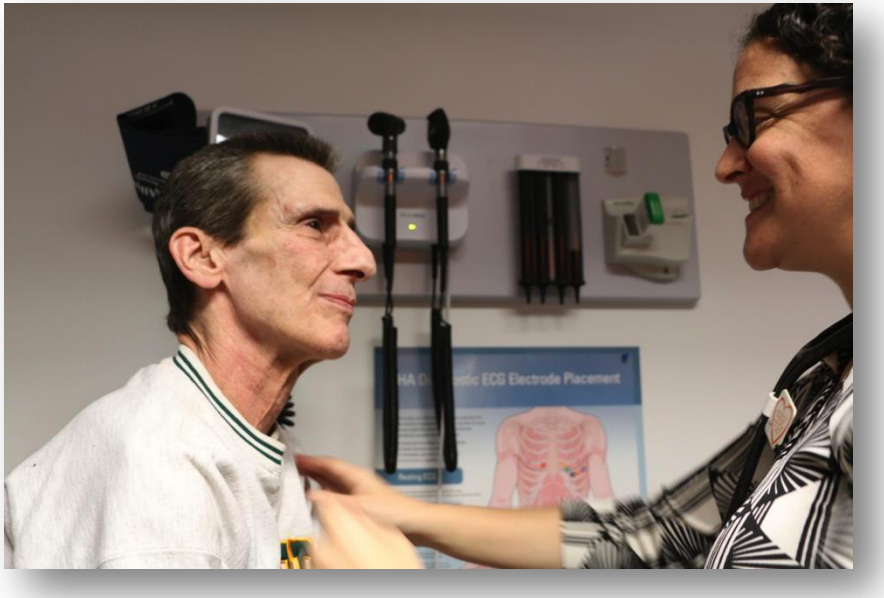
BREAKING GROUND
BUILDING AND RESTORING LIVES

CUCS center for urban community services
Rebuilding lives together

JANIAN
Medical Care
An Affiliate of CUCS

Presentation Overview

- Organizational Background
- Context for ECHO
- Pilot Overview
- Launch + Implementation
- Service Model
- Integration with Existing On-site Services
- Case Studies
- Challenges
- Evaluation
- Continuation
- Q & A



About Breaking Ground (est. 1990)

Breaking Ground's mission is to strengthen individuals, families and communities by developing and sustaining exceptional supportive and affordable housing as well as programs for homeless and other vulnerable New Yorkers.

•The belief that everyone deserves a home is at the heart of everything we do.

•We provide a variety of homelessness solutions.

•We meet people "where they are" - both literally and figuratively - whether that means conducting a psychiatric evaluation on a street corner or sending an outreach worker who can speak to a client in his or her native language.

•We follow the proven "housing first" philosophy: once a person is stably housed, they are vastly more likely to achieve sobriety and other important needs for healthier living.

•We foster strong, vibrant communities within our buildings by constructing beautiful spaces and offering life-enriching workshops and social events.

BREAKING GROUND

About Breaking Ground (est. 1990)

New York City's largest provider of supportive housing & street outreach

Street Outreach

24/7 in Brooklyn, Queens, & a third of Manhattan

Transitional Housing

- 19 properties
- 3,500 permanent and transitional units
- 1,000 more in the development pipeline

Permanent Supportive Housing

...paired with supportive services

Medical care & substance abuse referrals

Mental health care

Benefits assistance

Self-sufficiency skills

BREAKING GROUND

About CUCS (est. 1993)

- Originally founded at Columbia University in 1979; established as an independent not-for-profit in 1993
- Mission is to rebuild the lives of homeless and disadvantaged individuals and families
- Nonprofit housing developer and service provider for homeless and low-income people.

About CUCS (est. 1993)

Programs Include:

- 10 Permanent Supportive Housing Sites (2 at CUCS-owned buildings)
- 4 Shelters and Transitional Living Centers
- 9 Single Stop Sites (Community-based and Rikers)
- Assertive Community Treatment
- Janian Medical Care
- Home to Stay and Scatter Site Housing
- Street to Home Outreach
- Career Network
- CUCS Training Institute
- Health Home Services – Intensive Wellness Program

About Janian (est. 2011)

- 1986—PPOH started in Katherine Falk's living room
- 1991—Incorporated as a 503(c)3 nonprofit
- 2005—PPOH and CUCS Medical Director position consolidated
- 2006—Becomes a program of CUCS
- 2012—Janian Medical Care, P.C. forms
- 2013—ECHO Primary Care operations begin
- January 2016—
  - 55+ psychiatry programs
  - Primary care at 8 housing programs and 1 shelter

JANIAN
Medical Care
An Affiliate of CUCS

Context for ECHO

Tenancy of permanent supportive housing is aging in New York and nationally

- Over 33% of move-ins into BG buildings in the past 5 yrs. were 62+
- 27% of all current tenants are 62+
  - 37% of these tenants have lived in our housing for 10+ yrs.

Homeless senior population is rising nationally

- Projected to more than double by 2050, from 44,172 to **95,000**

ECHO encapsulates fundamental goals of supportive housing

- To enable homeless and at-risk populations to realize residential stability for as long as possible, including as they experience aging-related health concerns
- To contribute to efficiency in use of societal resources

BREAKING GROUND

ECHO Pilot Overview

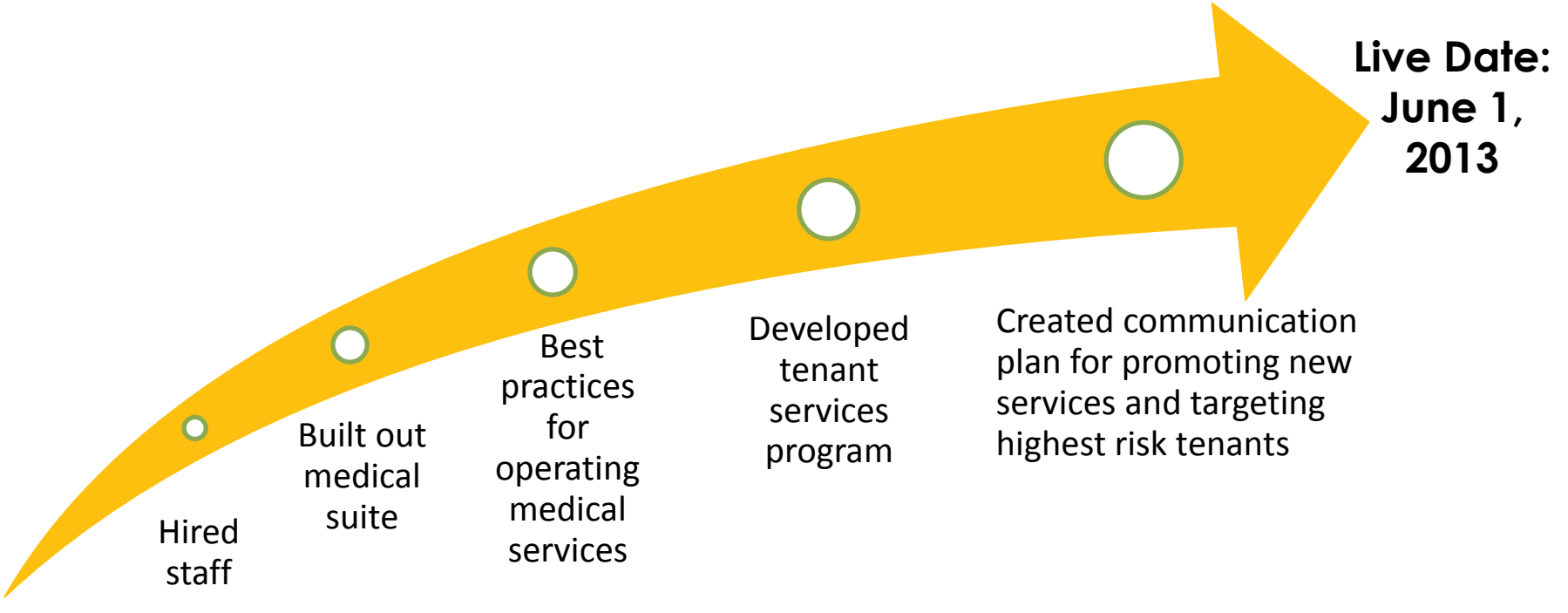
1. To implement two complimentary services at three pilot locations that would measurably promote successful aging in place for tenants 62+ years old:
   - Primary medical care
   - Enhanced tenant services

2. To evaluate the benefits of these interventions at the various pilot sites, including the cost-benefits of ECHO

3. To inform other supportive housing providers of the program concept, design, and learnings

BREAKING GROUND

Launching ECHO



Medical Suite Build-out

- Space constraints
- Initial purchase of equipment and supplies
- Ongoing supply refills
- Reconfiguration of office spaces
- Partnering with building management to manage spaces (ex. vaccine refrigerators)
- Privacy considerations

Best Practices for Medical Services

- Scheduling
- Referrals to specialists & lab work
- Liaison Meetings
  - Medical and social services staff interface to streamline communication, discuss on-the-ground feedback
- Targeting
  - Criteria for targeting the most vulnerable senior tenants.

CUCS

The Burdens of Homelessness

- Homeless people suffer from severe health problems and premature mortality.

  The impact of shelter use and housing placement on mortality hazard for unaccompanied adults and adults in family households entering New York City shelters: 1990- 2002 / *Metraux S; Eng N; Bainbridge J; Culhane DP. Journal of Urban Health. 88(6):1091-104, 2011 Dec.*

- Homeless people suffer from co-morbid physical health and behavioral health conditions.

  Health and social characteristics of homeless adults in Manhattan who were chronically or not chronically unsheltered./*Levitt AJ; Culhane DP; DeGenova J; O'Quinn P; Bainbridge J. Psychiatric Services. 60(7):978-81, 2009 Jul.*

- People with serious mental illness experience premature mortality – up to 25 years earlier than the general pop.

JANIAN
Medical Care
An Affiliate of CUCS

The Problem Ages

- Functional age is not the same as chronological age.

- In supportive housing there is a population aging in place.

JANIAN
Medical Care
An Affiliate of CUCS

Targeting the Most Vulnerable: How?

Guiding Questions tool developed for determining if a tenant is best-suited for on-site care. Considerations include:

- Highest-risk for poor outcomes, including
  - Age 62+
  - Living with severe mental illness and/or substance use disorders
  - Multiple and/or serious chronic medical problems
  - Misusing medical resources
- Unable to successfully engage in adequate care in the community, with some interest in onsite care
  - Maximize independent function in community
  - Minimize fragmentation of care
  - Direct resource-intensive services to those benefitting the most

JANIAN
Medical Care
An Affiliate of CUCS

Supportive Housing as Intervention

- Housing is treatment

The Health Impact of supportive housing for HIV – positive homeless patients: a randomized controlled trial./ *Buchanan D; Kee R; Sadowski LS; Garcia D, American Journal Of Public Health [Am J Public Health], ISSN: 1541-0048, 2009 Nov; Vol. 99 Suppl 3, pp. S675-80*

- Housing is cost effective

Culhane DP, Metraux S, Hadley T. Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing. House Policy Debate. 2002;13(1):107--163.

JANIAN
Medical Care
An Affiliate of CUCS

On-Site Psychiatry as Intervention

- Homeless people living with serious mental illness do not access community mental health care.

- Homeless people who see an on-site psychiatrist have improved health and housing outcomes.

JANIAN
Medical Care
An Affiliate of CUCS

On-Site Primary Care as Intervention

- Much of the premature mortality among homeless and formerly homeless seniors is caused by chronic, treatable illnesses.

JANIAN
Medical Care
An Affiliate of CUCS

On-Site Tenant Services as Intervention

- *Wellness Promotion Activities*: complements ECHO Primary Care Provider lifestyle recommendations
- *Fall Prevention Focus*: awareness-raising kickoff, joint movement & relief, tackling clutter workshop, etc.
- *Event Highlights*: walking groups, cooking class, art workshop, coffee talk, patient empowerment, end of life planning, dance fitness, farmers market trips, etc.
- *Health Groups*: direct collaboration with ECHO Primary Care Provider

BREAKING GROUND

How On-Site Primary Care Works

- Access
- Engagement
  - Education
- Patience—Homeless medicine and geriatric medicine have in common long problem lists
- Integration
  - Social service team
  - Behavioral/ mental health care
  - Housing services

JANIAN
Medical Care
An Affiliate of CUCS

Treating the Most Vulnerable

- **Common Chronic Illness**
  - Diabetes, hypertension, Hepatitis C, heart disease, high cholesterol
- **Increased burden of illness**
  - SPMI diagnoses/treatment, TBI, cognitive disorders, substance use
  - Low health literacy – education as social justice /empowerment
- **Uncommon social histories**
  - Homeless medicine has different standards
- **Complications of Aging**
  - Prioritizing quality of life
  - Patient-centered care

JANIAN
Medical Care
An Affiliate of CUCS

“William”

The Patient – 66 y/o AAM

- Alcohol and crack-cocaine abuse, intoxicated 50% of visits
- High Cholesterol, smoker, urology concerns

The Problem

- c/o constipation for 10 days, prescriptions not working
- ER visit for abdominal pain
- Diagnosed with Colon Cancer
- Discharged with at-home pre-op instructions
- No substances for 7 days prior to surgery

JANIAN
Medical Care
An Affiliate of CUCS

“William”

Our Approach

- Frequent follow up visits prior to surgery
  - Social Worker accompanies patient to appointments
- In-depth patient teaching (e.g. enema)
  - Discuss patient concerns to ensure adherence to treatment plan
- Taking time for advocacy
  - GI surgeon agrees to admit patient for 7 day medical detox
- Tightly coordinated care with surgeon and Social Worker
  - Daily follow up from SW, medical updates, care coordination

JANIAN
Medical Care
An Affiliate of CUCS

“William”

The Outcome

- Cancer successfully and safely removed
  - Follow-up with surgeon went perfectly, no need for rehab
- Detox led to motivation in sobriety
  - Naltrexone, outpatient program
- Increase in patient awareness of chronic medical issues and understanding of primary care
  - “I'm like an old car, got to keep up on the maintenance”
- Encouraging other tenants to get colonoscopies!

JANIAN
Medical Care
An Affiliate of CUCS

“Lenny”

The Patient – 67 y/o Hispanic Male

- Schizophrenia - no psych treatment
- Past history of prostitution, IV Heroin use (in remission)
- VERY LOW health literacy, entrenched in psychotic beliefs
- Fragmented medical care, urgent care visits only

The Problem

- Diagnosed with Hypertension, Diabetes, and High Cholesterol
- Diabetes was dangerously high
- High patient resistance to appointments, medication adherence

JANIAN
Medical Care
An Affiliate of CUCS

“Lenny”

Our Approach

- Developed a patient centered plan
  - Slowly started medications, one at a time
- Weekly blood sugar checks with Medical Assistant
  - 30-60 min visits with PCP once a month
- Education regarding health conditions, diet
- Not able to change delusional thinking, working with it
- Building rapport over time

JANIAN
Medical Care
An Affiliate of CUCS

“Lenny”

The Outcome

- Rapport with Medical Assistant (MA) increased adherence
  - Consistently presenting on-time to MA and PCP appointments
- Taking medications for each condition as prescribed
  - Still does not believe he has diabetes,
  - Diabetes well-controlled
- Started saying yes to off-site specialist appointments
  - Enjoys reporting back to medical team

JANIAN
Medical Care
An Affiliate of CUCS

Recap: ECHO Challenges

- Staffing
- Collaboration with external providers
- Defining the target population
- Evaluation
- Sustainability

BREAKING GROUND

ECHO Participation

- **155** Tenants received on-site medical care at pilot locations

- Participant age range **62-96**
  - ✓ Average age 71

- **357** Tenants attended at least one ECHO activity
  - ✓ 81% formerly homeless

BREAKING GROUND

ECHO Evaluation Overview

Surveys to measure care quality and health outcomes

Administered upon enrollment, then 1 and 2 years post-enrollment (n=13 for baseline and Y1; n=9 for Y2):

- Patient Assessment of Chronic Illness Care (PACIC)
- Health Outcomes Survey (HOS)

Administered at pilot close (n=40):

- Patient Care Quality – Homeless (PCQ-H)

ER and Hospital Utilization Data to measure impact and cost effectiveness

BREAKING GROUND

PACIC Survey Data

Patient Assessment of Chronic Illness Care

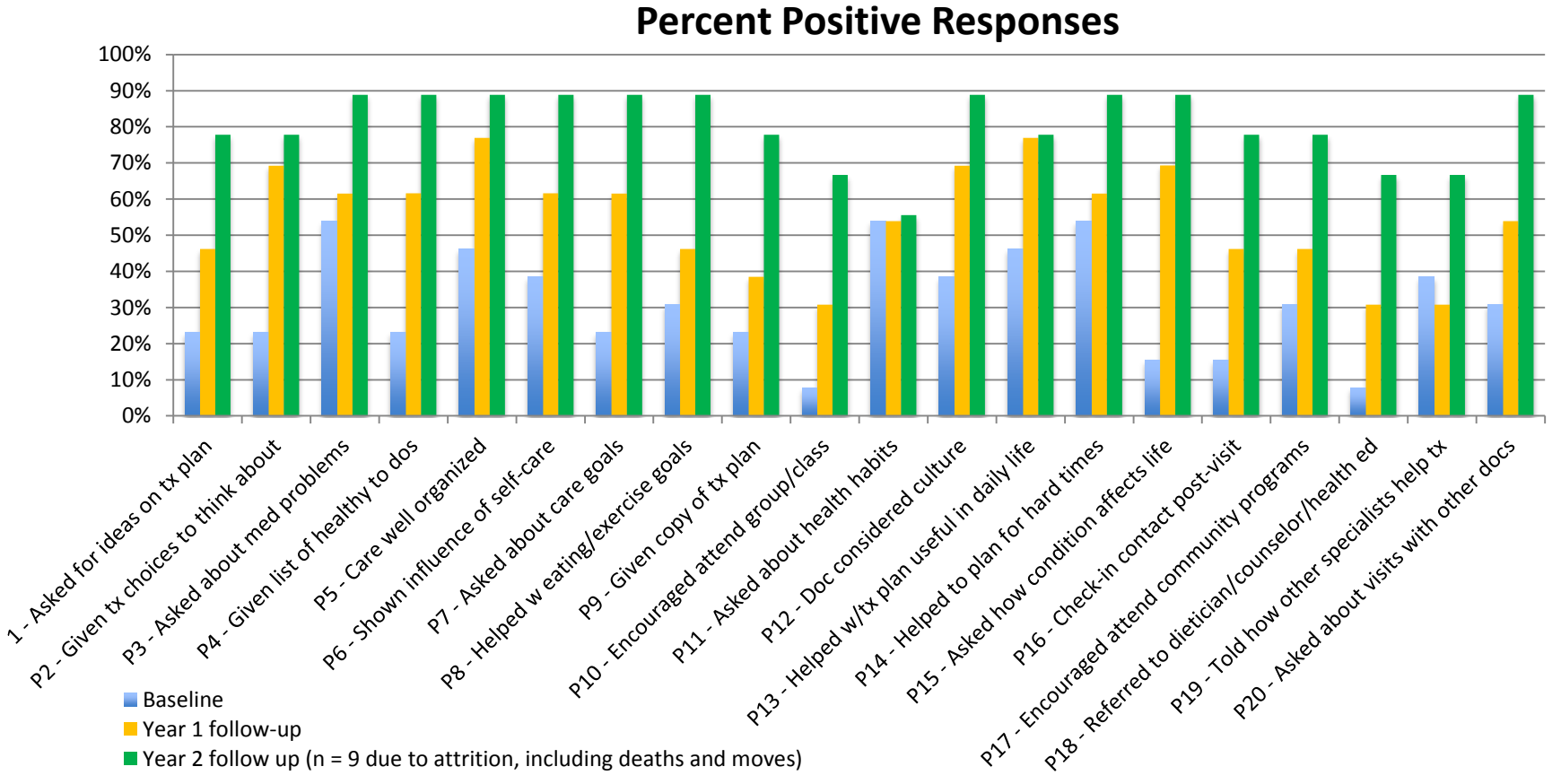
- Measures specific actions or qualities of care that patients have experienced.
- Highlights of % of positive responses:

	Baseline	Y1	Y2
1. Asked for my ideas when we made a treatment plan.	23%	46%	78%
2. Given choices about treatment to think about.	23%	69%	78%
6. Shown how what I did to take care of myself influenced my condition.	39%	62%	89%
7. Asked to talk about my goals in caring for my condition.	23%	62%	89%
8. Helped to set specific goals to improve my eating or exercise.	31%	46%	89%
10. Encouraged to go to a specific group or class to help me cope with my chronic condition.	8%	31%	67%

BREAKING GROUND

PACIC Survey Data

Patient Assessment of Chronic Illness Care



BREAKING GROUND

Health Outcomes Survey Data

Patient-reported outcomes measure used by Medicare

	Baseline	Y1	Y2
In general, would you say your health is: *good, very good, excellent*	53%	62%	78%
Compared to one year ago, how would you rate your physical health in general now? *slightly better, much better*	31%	39%	67%
Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (*average days)*	11.69	7	1

BREAKING GROUND

PCQ-H Survey Data

Patient Care Quality - Homeless

Designed for homeless/formerly homeless population

	% Positive
1. My PCP never doubts my health needs.	85%
3. My PCP makes decisions based on what will truly help me.	98%
4. I feel my PCP has spent enough time trying to get to know me.	100%
6. I can get enough of my PCP's time if I need it.	90%
7. If my PCP and I were to disagree about something related to my care, we could work it out.	95%
8. My PCP makes sure health care decisions fit with other challenges in my life.	90%
15. My PCP helps to reduce the hassles when I am referred to other services.	72%
19. If I could not get to the medical area, I think the staff would reach out to try to help me get care.	95%
28. The medical staff at this place listens to me.	95%
31. If I miss an appointment, this place still finds a way to help me.	100%

BREAKING GROUND

ER and Hospital Data

n = 45 for baseline and Y1
n = 41 for Y2

Utilization Summary

		Y0 Pre Enrollment	Y1 Post Enrollment	Y2 Post Enrollment
ER Visits	Aggregate	16	6	4
	Mean	2.3	0.9	0.6
Hospital Visits	Aggregate	17	8	6
	Mean	2.4	1.1	0.9
Total Days (ER +Hospital)	Aggregate	109	33	31
	Mean	15.6	4.7	4.4

Changes in Utilization

	Y0 to Y1	Y0 to Y2	Y1 to Y2
ER Visits	-10 (-63%)	-12 (-75%)	-2 (-33%)
Hospital Visits	-9 (-53%)	-11 (-65%)	-2 (-25%)
Total Days (ER + Hospital)	-76 (-70%)	-78 (-72%)	-2 (-6%)

BREAKING GROUND

Cost Saving Implications

Projection Based on Cost of Services

- One day/week ECHO medical care serves caseload of 25-35, costs approx.. $67,704; translates into $1,934 cost per tenant per year
- Conservative estimates: $1000 = 1 ER day; $2,500= 1 hospital day
- 1-2 prevented ER or hospital days per tenant more than offsets expense

Projection Based on Actual Reduced Hospital Use during ECHO

- Comparing pre-enrollment Y0 to Y2 post-enrollment, ECHO data shows 12 fewer ER days and 66 fewer hospital days
- Translates into $177,000 savings, which covers more than twice the annual cost of a day of service per week

Note: Projected caseload and expenses do not 100% mirror those from pilot period

BREAKING GROUND

Outliers: Looking Beyond ECHO

- Small number of data set outliers had significant hospital usage before and during the pilot
- Takeaways
  - Broader timeframe for analysis is warranted
  - Extreme morbidity of population served
  - Promoting aging in place requires early intervention
  - Though difficult to quantify with certainty, potential net cost savings by delaying costly, undesirable moves to nursing homes, estimated at $101,184 to $144,082 per year in NYS

BREAKING GROUND

ECHO Continuation

- **Medical Services**
  - Ongoing at three pilot locations and four expansion sites, all of which are permanent supportive residences for low-income and chronically homeless individuals.
  - Efforts to become credentialed provider for MCO billing

- **Tenant Services**
  - Best Practices Toolkit now available
  - Key programs incorporated across Breaking Ground locations

- **Final Report and Toolkit Online**

  Found on breakingground.org under “Our Programs”
  (www.breakingground.org/our-programs/elder-care-health-outreach-echo)

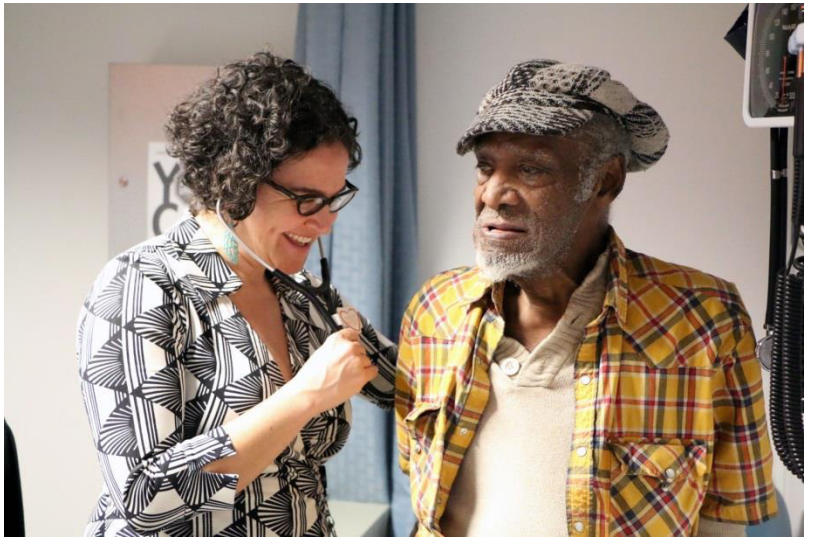
Thank you, ECHO Funders

We are extremely grateful for the generous support of our ECHO funders:

- Charina Endowment Fund
- The Fan Fox and Leslie R. Samuels Foundation, Inc.
- John H. & Ethel G. Noble Charitable Trust
- MetLife Foundation
- Mizuho USA Foundation, Inc. of Mizuho Financial Group

BREAKING GROUND

Questions and Answers



BREAKING GROUND
BUILDING AND RESTORING LIVES

CUCS center for urban community services

Rebuilding lives together

JANIAN
Medical Care
An Affiliate of CUCS