Wilder Research

Hospital to Home Outcome Summary

November 2012

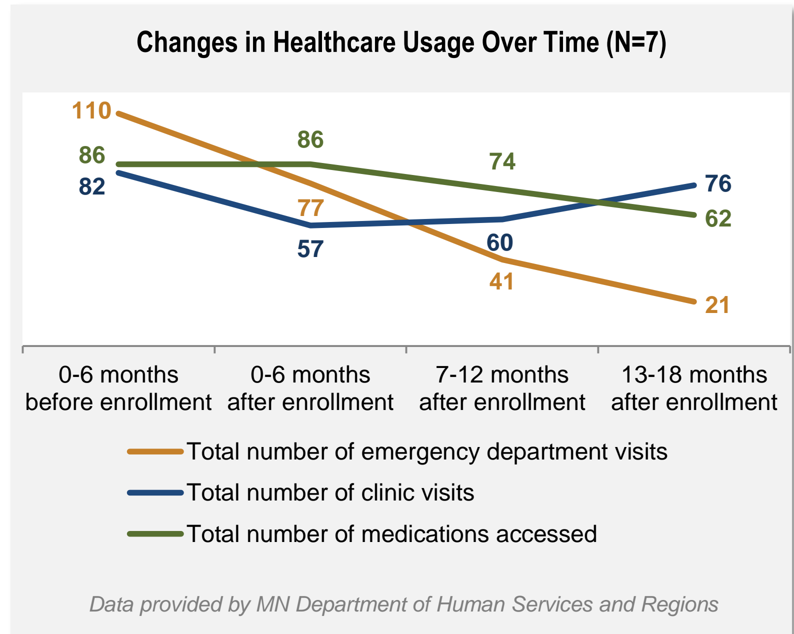
Background

The Hospital to Home initiative provides a tailored, community-based intervention for individuals who have multiple, complex needs, and, for a variety of reasons, use hospital emergency departments at a high frequency for non-emergency health concerns. This frequent usage results in avoidable health care expenses and ties-up emergency room resources unnecessarily. Hospital to Home engages these individuals in a plan to improve their health, stability, and quality of life. A mobile community health services team allows services to follow participants, wherever they are, thus keeping participants engaged and essentially serving as their health care home. More information about the initiative can be found in the initial report in this Hospital to Home series, published in June 2011 and the first outcomes report published in December 2011.

The information captured in the current report includes participant outcomes through October 2011, which is between 18 and 24 months after enrollment for all participants.

Hospital to Home outcomes

Based on data from the Minnesota Department of Human Services, Regions Hospital, Hearth Connection, and Guild Incorporated, the following outcomes emerged for the seven Hospital to Home participants:



Healthcare usage

Emergency department use has consistently decreased over time (81% decline in 2 years).

Clinic use has decreased and rebounded overall, while varying for individual participants based on their health needs.

Participants accessed medications more consistently after enrollment, including stabilizing the number of pharmacy claims overall and accessing more of the same medications repeatedly.

While five participants experienced at least one inpatient hospital stay prior to enrollment, only two had hospital stays after enrollment.

Participant stability

Despite long histories of homelessness, all participants moved into stable housing within three months of enrollment in Hospital to Home, five have remained stably housed throughout enrollment, and six were in stable housing as of October 2011.

Participants tended to have higher ratings of self-sufficiency in most domains after Hospital to Home enrollment, including improvements in the domains of housing, healthcare, safety, and family relations for all participants.

While six of the seven Hospital to Home participants have a criminal history, only one participant has had criminal misdemeanor charges since enrollment.

continued

Conclusions

Broader impacts on costs and resources

- Estimates from the Minnesota Department of Human Services and the Minnesota HealthScores Cost of Care website indicate that an average clinic visit costs about one-quarter of the cost of an emergency department visit.
- Because these participants do not have access to private insurance, the costs associated with these medical services are public costs.
- In general, patients receiving the right care in the right place, including primary clinics, is likely to decrease public costs and free up other resources within emergency departments to allow them to better serve the patients in need of emergency care.

Future directions

- Continued evaluation of outcomes and measurement of the associated cost-benefits is needed. Guild Incorporated has been awarded grant funding from the Corporation for Supportive Housing (CSH) to support evaluation and reporting through 2013.
- The findings from this report support the need for expansion of Hospital to Home to determine if these outcomes can be replicated with a larger group of participants. Guild Incorporated has been awarded grant funds from Housing and Urban Development's (HUD) Supportive Housing Program (SHP), within the Ramsey County Continuum of Care, to support expansion to a second cohort of 18 additional participants. Enrollment will take place in late 2012.
- High-quality care transitions, within the collaborative care approach taken by the partners in this initiative, are essential to achieve and maintain the desired changes in healthcare use for this population. Timely and effective information flow, supported through Organized Health Care Arrangements, will support coordinated and continuous care.

Meet Bill: Individual Served, Son, Friend, Neighbor, Employee

"This is a good life I have now and I'm working to keep it!"

When Bill was introduced to Guild Incorporated's services in November of 2009 he had been homeless for nearly two years. Due to struggles with chemical dependency, he was kicked out of his apartment and found himself sleeping on a trash bag filled with his clothes, and later at Union Gospel Mission.

Bill suffers from many chronic health conditions, including Chronic Obstructive Pulmonary Disorder (COPD), asthma, and high blood pressure. With no health insurance, no primary care physician, and no access to medications, he relied on the Emergency Department. Bill says, "I was crying out for help, but didn't know who to talk to or where to go." A Regions' Hospital social worker introduced Bill to Guild.

Just weeks after enrolling in Hospital to Home, Bill secured "a place to call home." With stable housing in place, the team supported Bill in managing his health issues, including his Bipolar Disorder, and helped him navigate the application process for Social Security Disability Insurance (SSDI) and Medicaid.

Today, with help from Hospital to Home, Bill:

- Has lived in stable housing for over three years
- Visits a primary care physician monthly
- Manages his health conditions with support
- Has reduced his Emergency Department visits from 18 in 2009 to 4 in 2011
- Has goals for his future including maintaining his sobriety and reducing his weight for continued overall health improvement
- Takes pride in working at "the best job in the world," as a part-time sales representative since October 2011

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For more information

Guild Incorporated, Hearth Connection, Regions Hospital, and the Minnesota Department of Human Services partnered to implement Hospital to Home.

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

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