

August 22, 2014

The webinar will begin promptly at 1pm eastern

MEDICAL RESPITE START UPS

Lessons Learned and Recommendations

This webinar is supported by Grant/Cooperative Agreement Number U30CS09746 from the Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC). Its contents are solely the responsibility of the presenters and do not necessarily represent the official views of HRSA/BPHC.

PRESENTERS



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OVERVIEW

- Introduction
- Lessons learned and recommendations from Phoenix
- Lessons learned and recommendations from Philadelphia
- Resources & upcoming webinar
- Q & A



MEDICAL RESPITE CARE IN THE UNITED STATES



PARTICIPANT SURVEY

START UP CHALLENGES

- New concept for many communities
- No targeted funding stream
- Information for proper needs assessment not easily attainable
- Bridging of systems
- Sicker people on the streets
- No rubber stamp model

PROGRAM COMPARISON

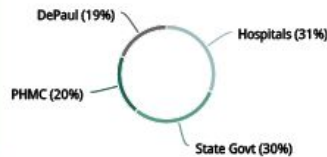
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PHMC & DePaul Medical Respite Program

Program Snapshot July 2014

The Public Health Management Corporation (PHMC) serves nearly 8000 people annually through their HCH program. They partner with the DePaul House, a local transitional housing program, to provide medical respite care to people experiencing homelessness in Philadelphia and Delaware County Pennsylvania. The PHMC & DePaul Medical Respite Program opened in March 2014.

Annual Budget **\$338,000**



Staffing Profile



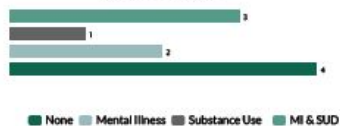
Referral Sources



Avg. Occupancy 6 of 8 beds



Number of Patients with Co-Occurring Behavioral Health Disorders March - July 2014



www.nhchc.org

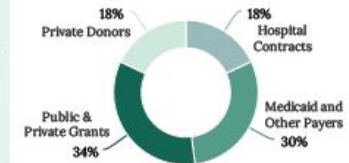
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Circle the City

Phoenix, Arizona
Program Snapshot July 2014

Circle the City (CTC) is a 50-bed, free-standing medical respite center serving the greater Phoenix area. This year, CTC will provide more than 300 unique individuals with comprehensive care including primary medical services, behavioral health and substance abuse therapy, psychiatric assessment and stabilization, and case management services. CTC opened in October 2012. Since opening, CTC has discharged more than 80% of all patients somewhere other than the streets or emergency shelter system.

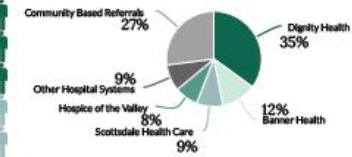
Annual Budget **\$3.6 million**



Average Occupancy 36 of 50 beds



Referral Sources



Staffing Profile



www.nhchc.org

PARTICIPANT SURVEY



Circle the City: *Lessons Learned in the Early Years*

Brandon Clark
CEO, Circle the City



About Circle the City

- 501c3 incorporated in 2008, launched AZ's first medical respite center in October 2012
- Freestanding, 50-bed medical respite center
- 24/7 nursing presence and medical coverage
- Opened with \$2.4M operating budget, increased to \$3.6 in first 2 years
- Admitted 325 individuals in first 22 months of operation





Lesson Learned #1

Hospital relations is a full-time job.

Hospitals

- For many respite programs, hospitals are our primary source of income.
- Before and after launch, you must continuously gather data about...
 - Local discharge practices and standards (varies widely by state, county and city!)
 - Community accountability for poor discharges
 - Solicit hospital buy-in AND actionable steps (everyone likes the “idea” of medical respite)

For respite programs that contract with hospitals as a primary revenue source, your greatest market competition is substandard (free) discharges to the street and shelter.



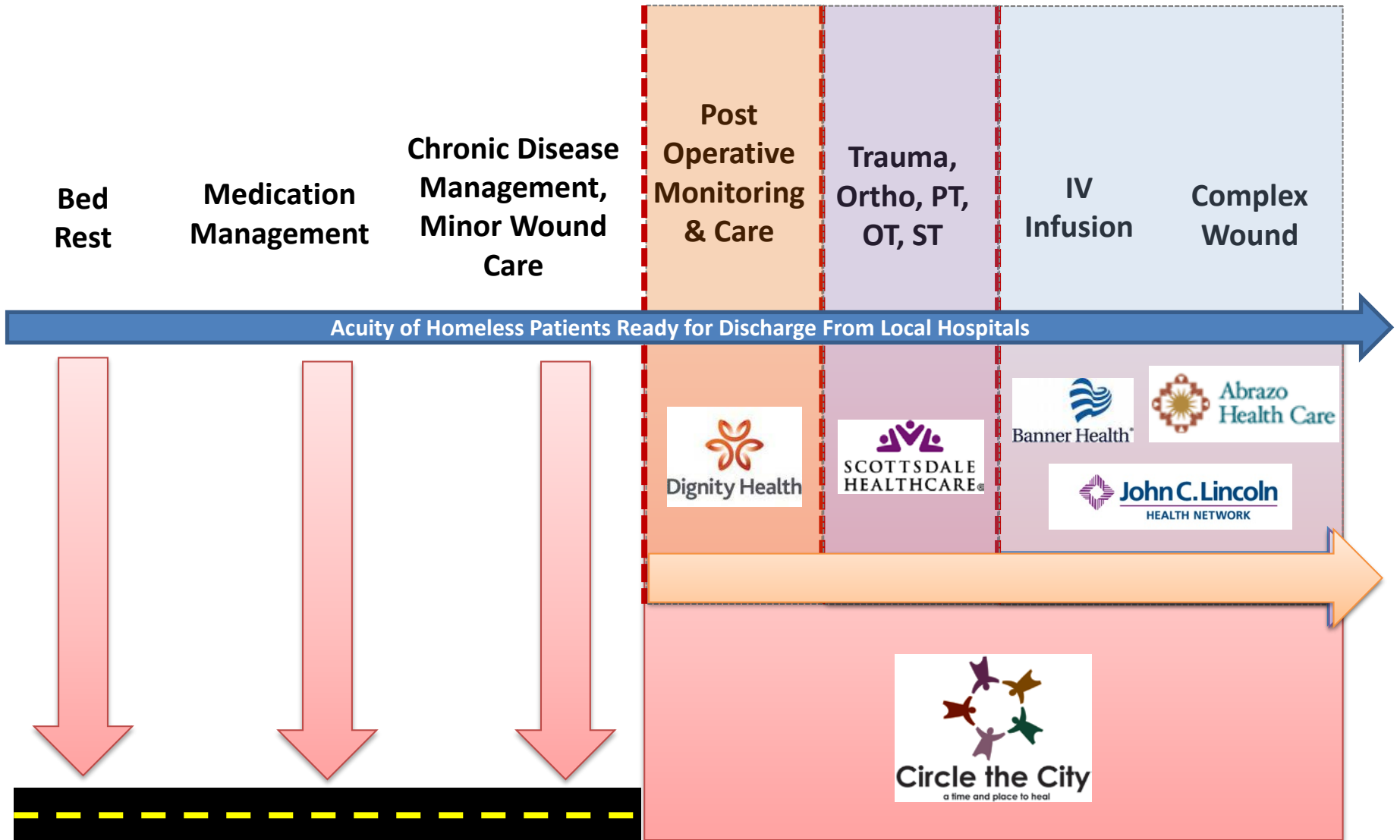


Lesson Learned #2

Patient acuity drives programming.

Circle the City

2013 Acuity Mapping by Referring Hospital



Who is Being Referred?

- Hospitals want the highest ROI – will often refer only the sickest patients. CTC initially had extremely high incidence of:
 - IV therapy for homeless substance abusers
 - Complex wound care – especially for needle-related abscesses
- This impacts staffing, security and other budgetary constraints

Circle the City

Care Team Evolution 2012-2014

	Respite Center Launch	Year One	Year Two
Clinic Hours	10 hours x 5 days	12 hours x 7 days	12 hours x 7 days
RN Manager	1.0 FTE	1.0 FTE	1.0 FTE
Staff RN	-	12 hours / day	12 hours / day
Daytime LPN	10 hours / day	12 hours / day	12 hours / day
Nighttime LPN	-	-	10 hours / night
Total Operating Budget	\$2.4M	\$2.8M	\$3.6M



Lesson Learned #3

Licensure can be tricky.

Should I Pursue a License?

- Circle the City is licensed as an “Unclassified Healthcare Facility” by the State of Arizona
- Has also held an Outpatient Treatment Center license, but recently allowed that to lapse.
- A license – even an unclassified one – breeds credibility in the local healthcare community
- Does your business plan include Medicaid funding?
 - Third-party payers usually require some sort of licensure
 - Facility vs. Professional Reimbursement
- Frequent, ongoing dialogue with your state licensing department





Lesson Learned #4

You must be willing to adapt your business plan to the ever-changing healthcare environment.

Healthcare Changes Rapidly

- From the launch of CTC in Oct'12 through Dec'13, the respite center served a predominantly uninsured population
- In Jan'14, Arizona expanded Medicaid to cover childless adults <133% FPL
- This change turned CTC's previously successful business model on its head:
 - Hospitals no longer interested in paying for medical respite for now "insured" homeless population
 - Patients with skilled medical needs at discharge are referred to Medicaid funded skilled nursing facilities (no homeless services)
 - Lower acuity patients who don't qualify for SNF placement are sent to street and emergency shelter



Changes in CTC's Operating Environment

	Calendar Year 2013	Calendar Year 2014
Medicaid Case Mix	<15%	>75%
Avg. Monthly Hospital Revenue	\$140,000 (Q4)	\$55,000 (Q1-Q2)



Circle the City

Post-Medicaid Expansion Hospital Discharges

Bed Rest Medication Management Chronic Disease Management Post-Op Monitoring & Care Trauma, Ortho, PT, OT, ST IV Infusion Complex Wound

Acuity of Homeless Patients Ready for Discharge From Local Hospitals

How can we sustainably serve this population?



Assisted Living Skilled Nursing Long-Term Care



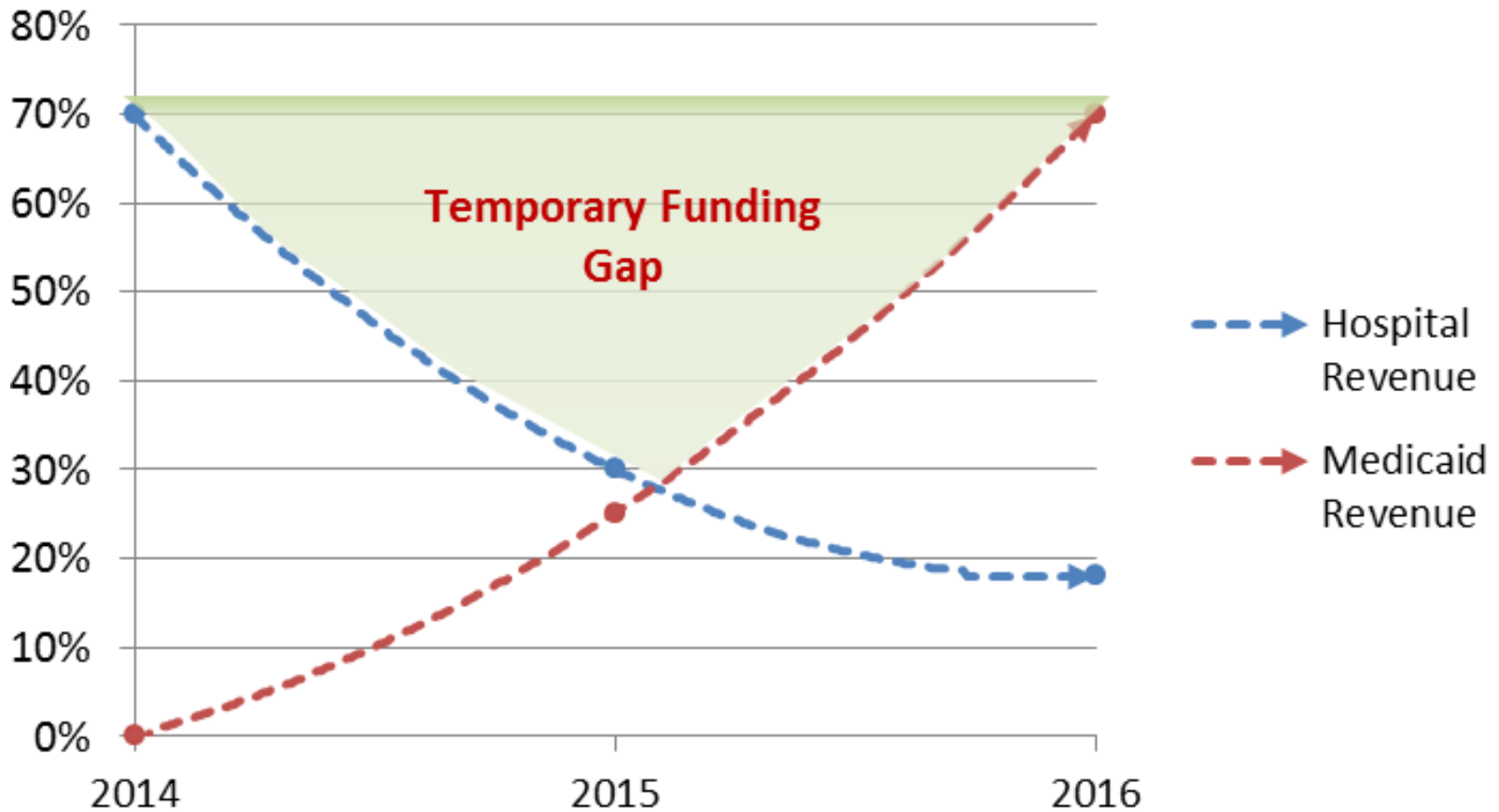
- Undocumented
- No Benefits
- Benefits Used Up

Our Response

- A purposed shift toward a Medicaid-driven business model
- Renewed conversations about hospital accountability
- A strategic plan that includes FQHC alignment with the Respite Center



Projected 3-year shift from hospital to Medicaid driven business model:





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HOMELESS MEDICAL RESPITE IN PHILADELPHIA-- LESSONS LEARNED

Melissa Fox,
Managing Director of Health Services
Public Health Management Corporation, Philadelphia

About Public Health Management Corporation

- Regional non-profit public health institute based in Philadelphia
- Over 350 programs serving over 300,000 people annually
- Health Care for the Homeless
- Federally-Qualified Health Centers

Our Homeless Medical Respite Program

- Opened in March 2014
- Partnered with DePaul House to launch the pilot within their existing facility
- 8 beds
- Clinical Staff and Case Manager support
- Patients linked to FQHC as needed

Start-up Financial Support

- City of Philadelphia's Office of Supportive Housing provided funding to renovate the existing facility
- Received funding from the State's Department of Health Community Based Health Care Program to support staffing and expansion
- Contractual relationships with local hospitals for referrals to the program



What have we learned thus far?

Lesson #1

ENGAGEMENT WITH COMMUNITY PARTNERS
IS OF THE UTMOST IMPORTANCE FOR A
START-UP.



Lesson #1

- Helps ensure buy-in and support
- Builds momentum for the program.
- It's truly a team effort.

Lesson #2

EDUCATION OF
REFERRAL SOURCES
SHOULD START
EARLY AND BE AN
ONGOING AND
SUSTAINED
PROCESS.



Lesson #2

- Referral partners had to get used to the idea of having an additional option for patients.
- We started strong, but weren't consistent. Now we have to catch up.

Lesson #3



SOME FLEXIBILITY AT THE BEGINNING IS A
GOOD THING.

Lesson #3

- Even the best laid plans go astray...
- Clients were more ill than expected.
- Needed to be open to staffing adjustments during the day.
- The needs of our clients varied.

Lesson #4



CONTINUE
TO
ASSESS
FUNDING
SOURCES.

Lesson #4

- Great relationship with existing partners.
- Need to ensure ongoing financial stability of the program so diversity of support is key.
- Considering inclusion in FQHC scope



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THANK YOU FOR YOUR TIME!

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RESOURCES

Medical Respite Tool Kit

www.nhchc.org/resources/clinical/medical-respite/tool-kit/

2014 Directory of Medical Respite Programs

www.nhchc.org/resources/clinical/medical-respite/tool-kit/medical-respite-programs-united-states/

Join the Respite Care Providers' Network

www.nhchc.org/resources/clinical/medical-respite/respice-care-providers-network/

UPCOMING WEBINAR

Proposed Minimum Standards for Medical Respite Programs

September 12, 2014 , 1pm Eastern

- **September 1:** Proposed Standards & electronic public comment form will be made available online at:
<http://www.nhchc.org/resources/clinical/medical-respite/>
- **September 30 (end of the day):** Deadline to submit comments

Questions and Answers

THANK YOU

Upon exiting you will be prompted to complete a short online survey. Please take a minute to evaluate this webinar.