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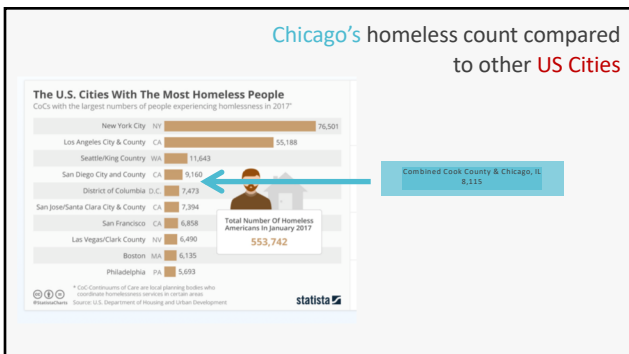
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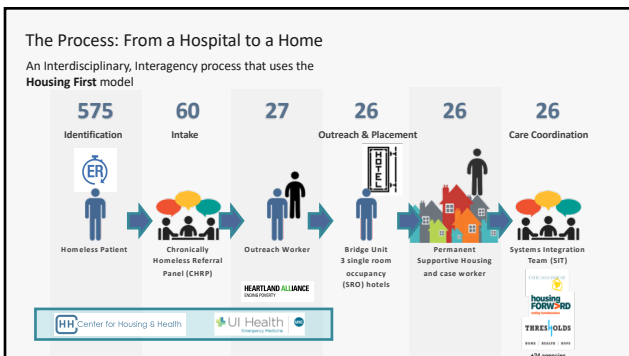
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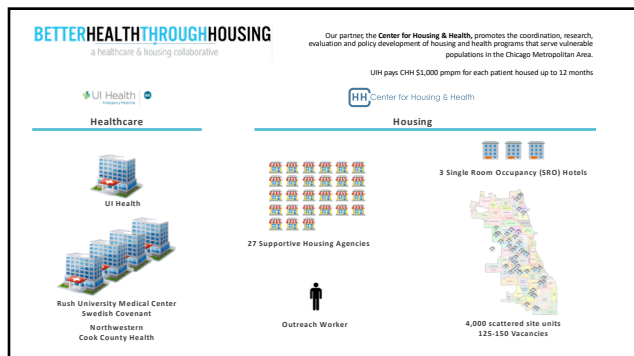
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**BETTERHEALTHTHROUGH HOUSING**  
a healthcare & housing collaborative

### To Date

November 2015 to present

- 48 transitioned into permanent supportive housing from UIH
- 91 total from all five hospitals
- UIH leadership commitment to fund through FY2023

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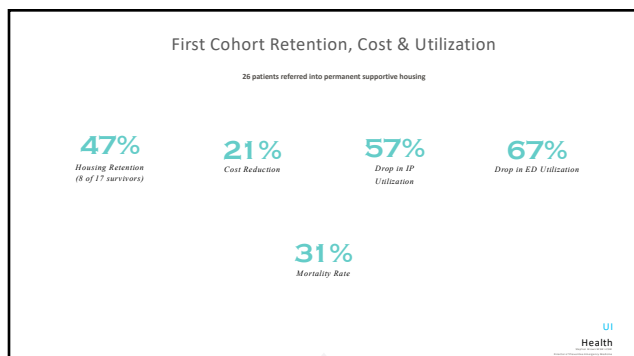
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**Lesson # 1:**  
Homelessness is a  
dangerous health  
condition.

health risks




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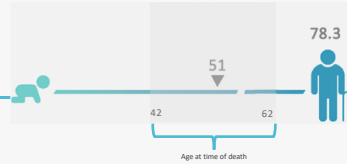
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#### Life Expectancy & Mortality

The average life expectancy is 27.3 years less than the average American



mortality

Source: Ruggert TP, Huang SM, O'Connell A, Pomeroy KL, Strathmore G, Oza G, Singer DE, Ruggert TP. Mortality among homeless adults in Boston: 2000 to 2010. J Gen Intern Med. 2014;29(1):100-106.

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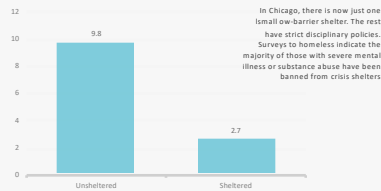
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Unsheltered Homelessness have 3.6x Mortality Risk  
Compared to Sheltered Homeless



In Chicago, there is now just one small ow-barrier shelter. The rest have strict disciplinary policies. Surveys to homeless indicate the majority of those with severe mental illness or substance abuse have been banned from crisis shelters

mortality

Source: Ruggert TP, Huang SM, O'Connell A, Pomeroy KL, Strathmore G, Oza G, Singer DE, Ruggert TP. Mortality among homeless adults in Boston, Massachusetts, 2000-2010. J Gen Intern Med. 2014;29(1):100-106.

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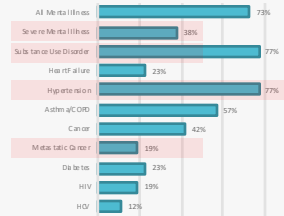
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Very high rates of severe mental illness, substance abuse, chronic & infectious diseases, and cancer



norbidity

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Lesson # 2:  
The homeless are  
invisible in  
healthcare.



derreporting

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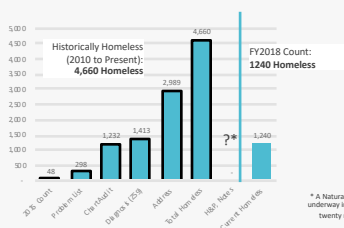
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### Underreporting of a dangerous condition



In 2015, only 48 homeless patients had been identified by ED & Psych staff interviews.

\* A Natural Language Processing (NLP) project is currently underway in order to identify homeless patients from over twenty million clinical notes. Preliminary results will be reported in the Spring of 2019.

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**Lesson # 3:**  
The chronically  
homeless have  
exorbitant healthcare  
costs & utilization.



prevalence

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**Impact on Cost & Utilization: Hospitals**



- Excess cost of \$2,559 per admission<sup>1</sup>
- 2.32 days longer length of stay<sup>1</sup>
- Strikingly higher re-admission rates (50.8 % vs. 18.7%)<sup>2</sup>
- 48% of top 100 / 32% of top 300 ED visitors are homeless<sup>3</sup>

Sources:  
1) Huang SM, Weaver L, Aditya T, Smith JL. Hospital costs and length of stay among homeless patients admitted to medical, surgical, and psychiatric services. *Med Care*. 2011 Apr; 49(4): 510-514.  
2) Doran KM, Rogers CE, Hernandez AL, Cunningham A, Jakubik K, Long DT. The revolving hospital door: hospital readmissions among patients who are homeless. *Med Care*. 2013 Sep; 51(9): 767-773.  
3) CHS Health Home program evaluation

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**FY2018 UI Health Homeless Revenue**  
Rankings by decile

Decile	# of Homeless	Avg. UIH Patient Revenue	Total Revenue	Average Revenue	Average Factor	High Revenue	High Factor
10 <sup>th</sup>	123	\$5,835	\$11,195,902	\$90,290	15.47	938,133	160
9 <sup>th</sup>	123	\$5,835	\$3,143,801	\$25,535	4.35	36,141	6.19
8 <sup>th</sup>	123	\$5,835	\$1,807,524	\$14,577	2.50	18,770	3.22
7 <sup>th</sup>	123	\$5,835	\$1,109,073	\$8,944	1.53	11,138	1.91
6 <sup>th</sup>	123	\$5,835	\$699,902	\$5,644	.97	7,055	1.21
5 <sup>th</sup>	123	\$5,835	\$433,458	\$3,496	.60	4,388	.75
4 <sup>th</sup>	123	\$5,835	\$231,159	\$1,864	.32	2,530	.43
3 <sup>rd</sup>	123	\$5,835	\$120,533	\$972	.17	1,306	.22
2 <sup>nd</sup>	123	\$5,835	\$58,523	\$472	.08	672	.12
1 <sup>st</sup>	123	\$5,835	\$26,845	\$216	.04	321	.06

FY2018 cost analysis comparing patients believed to be homeless to all other UIH patients who had charges > \$100. n= 162,178

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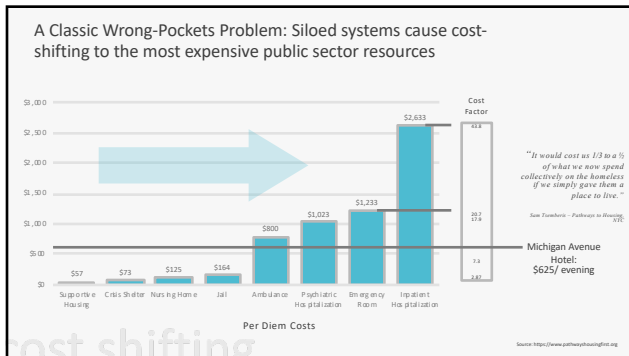
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**Lesson # 4:**  
More alignment, coordination & resultant **collective impact** is needed among healthcare, payors and other public sectors.

prevalence

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**Collective Impact: The Flexible Housing Subsidy Pool**

A public-private partnership, led by the Chicago Department of Public Health (CDPH), the Department of Family and Support Services (DFSS) and the Corporation for Supportive Housing (CSH) is implementing a model from LA County called the Flexible Housing Subsidy Pool.

- Mitigates the "Wrong Pocket Problem" by braiding together subsidies, grants and investments into a common funding pool.
- \$1.9m commitment from CDPH, DFSS, DPD
- Attracts investment from non-traditional funders (hospitals, insurance companies)
- Facilitates capacity-building: more apartments to come online

**750 MORE APARTMENT UNITS**

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### Final Lesson:

#### How to collaborate with healthcare

- In Medicaid expansion states, cost savings are important, but may not be the primary reason for hospitals\*
- In non-Medicaid expansion states, hospitals can reduce losses
- Insurance companies are jumping in
- It is a devastating health condition
- Non-profit hospitals can demonstrate community benefit
- A step into ACA population health
- Opportunity for capacity-building through collective impact with other hospitals

"It was the right thing to do."  
Dr. Amy Olson, former CEO of UWash

\* 85% have some form of insurance

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### Questions?

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University of Illinois Hospital & Health Sciences System  
[StephenBrown@uiowa.edu](mailto:StephenBrown@uiowa.edu)  
312-996-4859

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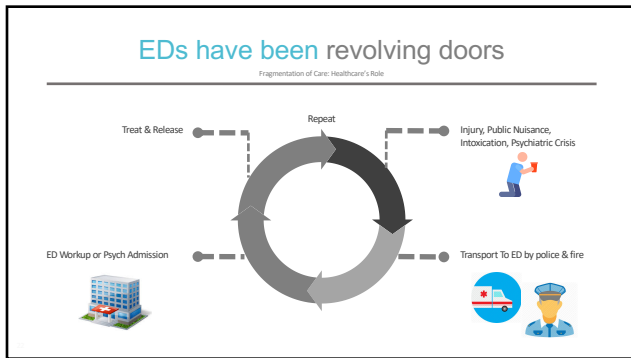
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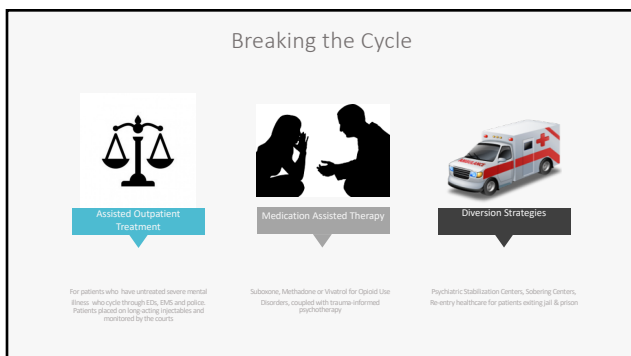
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