Circle the City
Recuperative Care Program

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2015 AACHC Annual Meeting
February 10th, 2016
CASS – Level I

Men's Overflow Courtyard
Homelessness and Health

• Health Problems Cause Homelessness
  • Medical conditions cause 62% of all personal bankruptcies in the United States

• Homelessness Causes Health Problems
  • Exposure to the elements, to violence, to communicable disease, to parasites
  • Attenuation, malnutrition
  • Circulatory complications
  • Self-medication

Worse Overall Health

• Homeless people have worse overall physical and mental health than the general population.
• The risk factors that lead to homelessness are similar to those that lead to poor health outcomes, such as early life poverty, mental health and substance use disorders.
It all started with a Shoebox……..

Recuperative Care

Recuperative Care is a program that provides short-term medical care & case management to homeless persons who are recovering from an acute illness or injury, whose conditions would be exacerbated by living on the street or in a shelter.

* National Health Foundation
Roots of Circle the City begin in the Community

• 501(C)(3) public charity began to help fill in the gaps in service for persons experiencing homelessness and illness

• Organization concentrated its efforts on opening a Medical Respite Center in Phoenix where the sickest could be served with dignity and respect. The 50-bed center opened in Phoenix in October of 2012.

Circle the City Medical Respite Center
A Growing Mission…

To create and deliver innovative healthcare solutions that compassionately address the needs of men, women and children facing homelessness.

Services Offered at CTC

- **Room/Board**
  - 40 men’s beds
  - 8 women’s beds
  - 2 ID isolation rooms

- **Providers on staff**
  - 5 days week on site
  - 24/7 on call

- **Nurses on staff**
  - RN’s 12 x 7
  - LPN’s 24 x 7

- **Physical Therapy**

- **Transportation**
- **Psychiatry**
- **Case Management**
- **Housing Assistance**
- **Peer Navigation**
- **Patient Activities**
  - Art class
  - Music lessons
  - Gardening
  - Bingo
2015/2016 Funding Update

• Circle the City is on track to provide ~$1.5M in care to uninsured or underinsured men, women and children experiencing homelessness;

• We contract with AHCCCS, CMS, Regional Behavioral Health Authority, and US Department of Health and Human Services to maximize our impact;

• By leveraging these sources of earned income, CTC is able to leverage each $1 donated into $4 of service to people experiencing homelessness.
Adapting HRSA Requirements

- Clinic Hours of Operation:
  - 5 days/week
- Nurse driven encounters
- Providers Mon. thru Fri.
- Narrowly defined respite-centric quality program
- Sliding fee schedule not in place
- Inadequate EHR

Post-FQHC
- Clinic Hours of Operation
  - 7 days/week
- Provider driven encounters
- Providers 7 days a week
- QA program expands: HRSA mandated and primary care measures
- Implement sliding fee schedule
- New EHR
## FQHC Comparison

<table>
<thead>
<tr>
<th>Parson’s FHC</th>
<th>Medical Respite</th>
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<tbody>
<tr>
<td>• Primary Care acuity</td>
<td>• High acuity</td>
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<tr>
<td>• Open ended engagement</td>
<td>• Time defined engagement</td>
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<tr>
<td>• Walk-ins accepted</td>
<td>• By referral only</td>
</tr>
<tr>
<td>• Outreach</td>
<td>• Closed panel of patients</td>
</tr>
<tr>
<td>• Medications prescribed case by case</td>
<td>• Onsite medication storage</td>
</tr>
<tr>
<td>• Business hours</td>
<td>• 24/7 coverage</td>
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<tr>
<td>• Nurse on call for triage</td>
<td>• Provider on call</td>
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## Case Study #1: Health Plan Savings

- **Circle the City**: Resulted in the most favorable improvement in increased quality measures/outcomes and reduced costs
  - 54 members accepted into program (July 2014 – July 2015)
  - 72% reduction in total costs after referral to Circle the City, net of the program cost
  - 77% reduction in IP costs
  - 36% reduction in ER costs
  - 12% reduction in Office costs
  - 6% increase in Rx costs
Case Study #2: FUSE Program

- Local health providers recognized subset of homeless population utilizing disproportionate share of hospital/emergency care services.

- Target population difficult to engage and may not be captured in coordinated entry process.

Case Study #2 – Patient X
ER Utilization and Costs

5 YEARS PRIOR TO FUSE

- MEAN # VISITS PER PERSON/YR 9.49
- MEAN ER COSTS PER PERSON/YR $5,774

ANNUALIZED DATE POST FUSE

- MEAN # VISITS PER PERSON/YR 2.49
- MEAN ER COST PER PERSON/YR $1,460

ER Utilization And Costs

ER VISITS REDUCED 73.8 %

ER COSTS REDUCED 74.7 %
2015 YTD Highlights

• Medical Respite Center Success
  • All 50 beds full since July 2015 (waiting list of 20+);
  • More than 350 homeless men and women served so far;
  • 79% discharge from the respite center out of homelessness;
  • 70% funded case mix / 30% charitable care (CTC will provide more than $1.1M in charitable respite care this year!)

• Innovative New Programming
  • Primary healthcare;
  • Behavioral health services;
  • Mobile healthcare;
  • Expanded housing initiatives.

Key Challenges

• Quality:
  • Implementing HRSA measures
  • More than checking a box

• UDS:
  • Combining Parson’s FHC and Respite Center

• Bed capacity
  • Do we expand?
  • Step patients out faster to meet the needs of the community
To the people who have saved my life: You have no idea how horrifying it is to be homeless. I can’t tell you how my life has changed because of you … but I want you to know that your generosity has saved my life.

- Mary Beth, 2015 CTC Patient