

Convalescent Care Program

Expansion Planning Report for the Community Health Partnership of Baltimore (CHPB)

January 2019



Purpose of Report

CHPB awarded us a grant to plan to expand our Convalescent Care Program (CCP). The last six months of 2019, we researched:

1. Hospital demand
2. Gaps in care
3. Location and facility type
4. Funding sources

The findings will help guide expansion activities in 2020 and after.



Methodology

We used the following sources to compile our report:

Interviews

- 11 staff members in case management and social work at six local hospitals:
- 13 CCP clients interviews and 36 client surveys
- Five CCP staff members
- The Emergency Services Coordinator at the Mayor's Office of Homeless Services

CRISP utilization data

Health Care for the Homeless client data (EHR)



What is Recuperative Care?

HRSA defines **recuperative care** as:

“Short term care and case management provided to individuals recovering from an acute illness or injury that generally does not necessitate hospitalization, but would be exacerbated by their living conditions.”



The Triple Aim

The Institute for Healthcare Improvement recommends a **three-pronged approach** to health care. Recuperative care addresses “gaps in community services such as a shortage of affordable housing and a lack of safe hospital discharge options.”

National Health Care for the Homeless Council



-  Improve **Population Health**
-  Improve **Experience of Care**
-  Reduce **Cost of Health Care**



Current Program—Overview

1. 25 beds (7 for women and 18 for men)
2. Located above the Weinberg Housing and Resource Center (WHRC)
3. Staff provide behavioral, medical and supportive services
 - Medical providers
 - Therapy
 - Social work
 - Case management
 - Psychiatric occupational therapy



Current Program—Client Eligibility

1. Experiencing homelessness
2. At least 18 years old
3. Recovering from post-acute medical issue
4. Able to manage ADLs and medication
5. Able to stay in group environment

We are not able to accommodate oxygen, IVS, or communicable diseases.



Impact

148 clients recuperated at CCP in 2019

80% were discharged to a community program, shelter or housing

94% of surveyed clients agreed or strongly agreed that “my health is improving here”



Impact

79% of clients with hypertension reached controlled blood pressure

72% of clients saw a medical provider within seven days of Discharge.



Limits—Denials

75% of denials are because no beds were available or we couldn't connect with the hospitals

80% of the time we meet our 24-hour referral response time, but that usually isn't fast enough for hospital discharge timelines

Referral Denials	Total
No beds available	240
Bed no longer needed or no follow-up from hospital	112
No acute need	40
Unable to perform ADLs	46
Risk of violence or disruptive	14
Banned from CCP or WHRC	7
Suicidal in last 30 days	4
Requires isolation	4
Requires oxygen	3
Other	3
Total	473



Limits—Reimbursements

Only 25% of all visits were reimbursable through Medicaid and Medicare

Out of the 143 clients we saw in the first ten months of 2019:

- 104 were insured through Medicaid
- 20 through Medicare
- 19 didn't have insurance

We currently cannot bill for:

- Case management
- Community health workers
- Weekend nursing



Community Experience—Referrals

During the first ten months of 2019, **671 clients** were referred to CCP. Due to bed space and staffing, **we accepted 198** of those referrals.

- **19%** of all referrals were accepted
- **76%** of CCP referrals come from local hospitals
- **28%** of people accepted into CCP did not make it to the program



Community Experience—Hospital Feedback

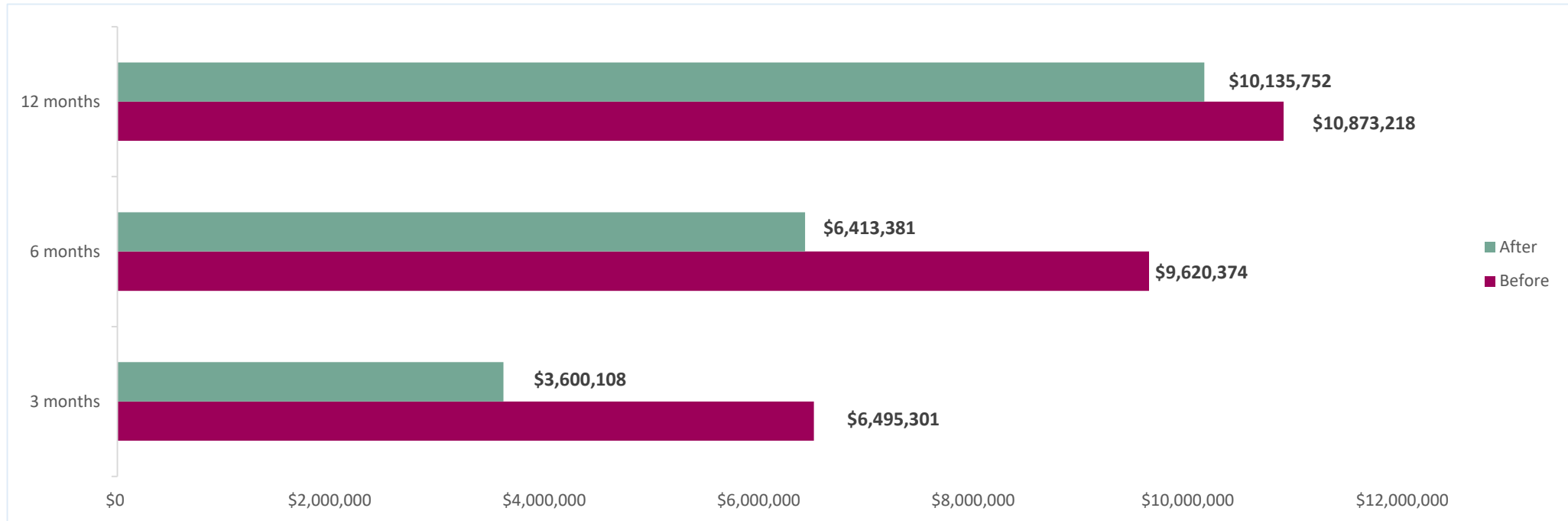
Hospital staff helped us identified unmet needs and demand for services.

Need	Description	Need Level
Oxygen	Clients who require two liters or less of oxygen per day	High
Chronic Disease	Stabilizing and coordinating care for uncontrolled chronic conditions	High
Palliative Care	End stage diseases; clients not yet hospice eligible	Medium
Influenza	Short-term admission to recover from influenza	Medium
IV	IVs for medication	Low



Community Experience—Hospital Charges

CRISP before/after hospital charges of clients in CCP in 2018.



Community Experience—Hospital Charges

Some clients visited the hospital more often after CCP; and still, their hospital charges decreased.

- **Johns Hopkins** : +99 more visits and **\$1,326,190 less** in charges
- **UMMC**: +19 more visits and **\$366,127 less** in charges
- **Sinai Hospital**: +14 more visits and **\$285,305 less** in charges



2020 Opportunities

Increase the number of beds

55 beds could result in 385 unique clients served per year—a 100% increase

Shorten the referral wait time

Full-time Referral Screener to improve communications with referral partners

Ease eligibility requirements

Offer oxygen and private spaces

Add a standalone facility



2020 Opportunities—Proposed Standalone Facility

Services

- Post-acute medical issues
- Chronic conditions (limited)
- Oxygen
- Isolation needs

30 Beds

- Two dorms: 8 men each
- One dorm: 8 women
- 6 private rooms with bathrooms
- 6 beds with oxygen concentrators



2020 Opportunities—Funding Strategies

1. Hospital collaboration
2. Medicaid waivers
3. Managed Care Organizations



2020 Opportunities—Payment Models

1. Per diem rate
2. Capitated per-member-per-month (PMPM) amount
3. One-time case rate
4. Monthly payment to reserve beds



QUESTIONS?

