



Summary

Individuals who frequently use hospitals and emergency departments (EDs) for avoidable reasons, often suffer from multiple and debilitating co-occurring chronic medical, social and behavioral health conditions that greatly contribute to their unmet health needs. Additionally, they experience many negative social determinants of health: poverty, homelessness or unstable housing, unemployment, and social isolation.

As New York State works to transform the way services are paid for and delivered under DSRIP, comprehensive solutions are needed to effectively bend the healthcare cost curve for some of Medicaid's most vulnerable and high-cost members: **homeless frequent users of hospital systems**. Across the country, leading hospital systems, federally qualified health centers (FQHCs), managed care entities and housing and homeless service providers are collaborating in innovative ways to address the housing needs of their most medically complex clients with unmet housing needs. By linking care management and supportive housing, we are not only realizing stabilization of our most chronically ill homeless patients, but also reduction in avoidable hospital use and significant cost savings. Community partners, working together, can effectively address the social and economic complexities of homelessness.

Project Overview: The Bronx Frequent Users of Hospital Systems (Bronx FUSE) Initiative

The Bronx Health & Housing Consortium (Consortium), Bronx Regional Health Information Organization (RHIO) and Corporation for Supportive Housing (CSH) are currently working with NYC Department of Social Services (DSS) formerly DHS, ten Bronx supportive housing (SH) providers, four managed care organizations (MCOs), and other key stakeholders to collect and analyze data on the highest-need homeless Medicaid recipients in the Bronx and to prioritize the top 10th decile of high-need "super utilizers" for a housing intervention. The Bronx FUSE Initiative utilizes existing Medicaid claims, Homeless Management Information Systems (HMIS), and other data to better understand the medical and behavioral health complexities of its costliest high utilizers, focusing on those experiencing homelessness. Through this cross-systems data-matching to identify the costliest, homeless Medicaid members, managed care plans and community-based housing providers are able to engage in value-based partnerships to prioritize and place individuals into the most appropriate housing setting with the most appropriate level of support. Specifically, the project will:

- ✓ Facilitate the secure transfer of Private Health Information (PHI) data from the currently three (potentially four) Bronx-serving health plans on each of their top 150 high-need, high-cost Medicaid recipients to the Bronx RHIO, resulting in a total list of at most 600 (list will be de-duplicated).
- ✓ Implement a homeless system data-match of the up-to 600 high-cost, high-need Medicaid members to identify a study group representing the borough's homeless highest utilizers of emergency departments and hospitalizations (10th Decile).
- ✓ Support the analysis of the de-identified data on the Bronx frequent utilizer population and a financial analysis of the potential cost savings/avoidance attributable to a SH intervention.
- ✓ Convene regular housing and MCO stakeholder workgroup meetings to facilitate health plan and housing value-based partnerships and points of access for data-sharing and streamline care coordination.
- ✓ Support the creation of a white paper and “Roadmap” for value-based partnership development and cross-systems data-sharing so that the health and housing systems can identify the costliest homeless frequent utilizers of acute levels of care.

Project Status and Need

During the first year of the Bronx FUSE initiative, we assembled a multi-stakeholder workgroup with MCOs, Bronx hospitals, and supportive housing providers; facilitated two roundtable discussions between SH providers and MCOs; and worked with the respective legal departments of DSS and four MCOs—Amida Care, Affinity Health Plan, Healthfirst, and United Healthcare—to draft agreements which would allow for the transferring of PHI and homeless history data. To date, three of those health plans—Amida Care, Affinity Health Plan, and Healthfirst—have signed agreements and provided data on their top 150 high utilizers to the Bronx RHIO.

Targeting homeless high-utilizers for a housing intervention has the potential to show dramatic savings to Medicaid and significantly improve health outcomes for some of the most vulnerable people of the Bronx. By learning more about the specific needs of people who are homeless or unstably housed and frequent utilizers of hospital systems and prioritizing them for housing, we can create a model that could be replicated across the City and State.