Health in Housing
The intersection between housing and health care

National Safe & Healthy Housing Coalition Webinar
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June 7, 2016
Research Questions

What is the effect of stable, affordable housing on health care outcomes in a low-income population who has experienced housing instability?

What role do integrated health services play in health care expenditures and quality?
What’s different about this study

• Uses claims data to assess health care costs and utilization

• Looks across several different affordable housing types

• Looks at the effect of integrated health services

• Analysis of impact in a Medicaid plan that serves more than 10,000 residents in major metropolitan area
Prevalence of physical health diagnoses (claims data)

- Hypertension: Avg. Member 14%, FAM 9%, PSH 20%, SPD 54%
- Asthma: Avg. Member 20%, FAM 18%, PSH 21%, SPD 20%
- Diabetes: Avg. Member 8%, FAM 10%, PSH 17%, SPD 28%
- Obesity: Avg. Member 12%, FAM 17%, PSH 20%, SPD 21%
- COPD: Avg. Member 3%, FAM 3%, PSH 15%, SPD 19%
Prevalence of behavioral health diagnoses (claims data)

- Affective Disorder: 13% (Avg. Member), 17% (FAM), 51% (PSH), 34% (SPD)
- Depression: 10% (Avg. Member), 13% (FAM), 34% (PSH), 26% (SPD)
- Chemical Dependency: 2% (Avg. Member), 2% (FAM), 11% (PSH), 9% (SPD)
- Non-Organic Psychosis: 2% (Avg. Member), 3% (FAM), 15% (PSH), 10% (SPD)
Analyzing changes in health care cost & utilization

- Medicaid claims of 1,625 residents
- Includes all physical, behavioral, mental, and dental claims
Health care costs went down significantly.

Per member, per month costs:

Before move-in: $386
After move-in: $338

Overall Cost Reduction: 12%

Extrapolated annual cost reduction: $936,000 a year across 1,625 residents.
Costs down across all housing types

* Statistically significant change, paired t-test, p<.05

- Overall: -12% *
- FAM: -8%
- PSH: -14% *
- SPD: -16% *

Avg. pre/post cost (PMPM)
Residents used health services differently when they had housing.

- Emergency Department: -20%
- Primary Care: +18%
Emergency Department use down across all housing types

* Statistically significant change, paired t-test, p<.05

Overall: -18% *
FAM: -10% *
PSH: -37% *
SPD: -18% *

Avg. # ED Visits (PMPY)
Primary care visits up across all housing types

* Statistically significant change, paired t-test, p<.05

Overall

Pre

Post

Avg. # PCP Visits (PMPY)

Overall

FAM

PSH

SPD

+20% *

+17% *

+23% *

+19% *
Ability to get care same or better across all housing types

% of Survey Responses

Overall:
- Better: 40%
- Same: 50%
- Worse: 10%

FAM:
- Better: 27%
- Same: 64%
- Worse: 4%

PSH:
- Better: 32%
- Same: 59%
- Worse: 3%

SPD:
- Better: 35%
- Same: 54%
- Worse: 6%
Quality of care same or better across all housing types
Analyzing impact of integrated services

• Bucketed staff and services into three categories to assess impact
  • Health Staff & Services – Includes medical, mental health, and dental staff and services
  • Social Staff & Services – Includes Social Workers, Community Health Workers, Health Navigators
  • Wellness Staff & Services – Includes food/cooking services, fitness services and other residential activities

• Utilized multivariate regression models to measure impact of each service category
KEY FINDING

Integrated health services drove outcomes...even though awareness was low.

Adjusted impact of health services

Expenditures: $115 per member per month
ED Visits: 0.43 visits per year

Awareness of select services

Medical: 33%
Mental Health: 26%
What’s Next?

Work with the Oregon Health Authority on its Medicaid 1115 Waiver. The draft waiver includes Medicaid funds for a targeted number of at-risk adults, families, and adults eligible for both Medicare and Medicaid programs including:

- Homelessness prevention - care coordination at exit
- Tenancy supports – 1\textsuperscript{st}/last month rent
- Housing sustaining services – eviction prevention
- Incentivize CCOs to use Flexible Benefits Funding by considering them “health related expenses” rather than administration expenses