

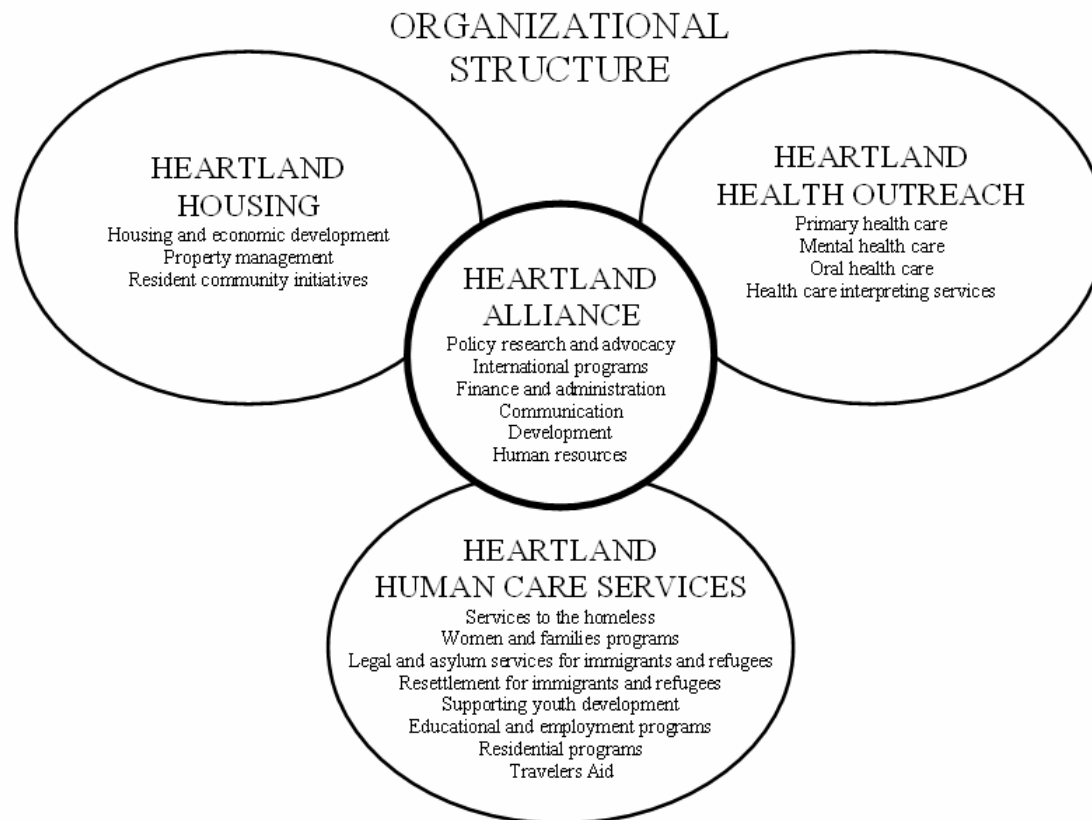
# How Safety Net Institutions Can Best Leverage Federal and State Health Reform

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# Heartland Alliance Organization Overview



# Who does Heartland serve?

- 15,000 people in the greater Chicago area
- People experiencing homelessness, HIV/AIDS and multiple chronic illnesses (mental health, substance use and physical health)
- Currently 24% of people served have Medicaid
- By 2014 all participants served will be eligible for Medicaid

# What does HHO provide?

- Primary Care Services
- Oral Health Services
- Mental Health Services
- Substance Use Treatment
- Continuum of Supportive Housing

# Heartland Health Center – Uptown Health Services

- Chronic disease management
- Preventative care (screenings)
- Immunizations
- Acute care
- Lab and prescription services
- Psychiatric and counseling services
- Urgent and preventative dental care
- Smoking cessation

# What is Our Philosophy of Care?

- Human Rights
- Trauma-Informed
- Strength-Based Assessment and Intervention
- Harm Reduction
- Invite, Embrace and Recognize Differences

# General Facts About People Experiencing Homelessness

- Upwards of 70% have no insurance
- Due to limited resources and lack of insurance health care typically is sought only in emergencies (22% of people located in 100,000 homes campaign reported emergency room use 3 or more times in last year)
- Life expectancy is 30 years less than the average housed American
- More likely to have multiple, uncontrolled chronic medical conditions – particularly problematic when medication is needed

# HHO Outreach Locations

- Over 100 outreach sites
  - Emergency shelters
  - Permanent Supportive Housing
  - Transitional Housing Programs
  - Single Room Occupancies
  - Street
  - Meal Programs

# Current HHO Funding Sources

- Federally Qualified Health Center (FQHC) – Health Care for the Homeless & Ryan White
- IL Division of Mental Health
- IL Division of Alcohol and Substance Abuse
- Medicaid reimbursement – Rule 132, Rule 2090
- Medicare
- Private foundations
- Funding supports 20% of current homeless need (80,000 in Chicago area)



# Our Service Partners

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- Hospitals
- Nursing Homes
- Supportive Housing Providers
- Community Mental Health Centers
- Substance Abuse Detox
- Respite Care
- Specialty Care
- Community Health Centers

# Our Service-Based Advocacy

- Participant needs and lessons learned delivering services drive advocacy and policy agenda
- Gaps, systemic or administrative barriers are identified and solutions created ~ goal is systemic change benefitting the populations we serve
- Participants become empowered advocates

# How can safety net providers ensure the future net will catch the people we care about?

- Leverage federal and state dollars (i.e. planning dollars, medical home, funding streams)
- Braid funding sources
- Build service and advocacy partnerships
- Advocate and work towards service and systems integration
- Demonstrate cost savings and quality health outcomes

# Health Homes & Care Coordination ~ The Heartland Way

- The Right Health Outcomes
  - Develop reasonable and meaningful health outcomes for this population
  - Policy must incentivize outcomes that are pragmatic, increase quality and reduce costs
  - Based on data of population

# Health Homes & Care Coordination ~ The Heartland Way

- The Right Network
  - Medical providers, social service providers, wrap-around and case management service
  - Health Homes include a medical home
  - Ensure unique needs of population are served
  - How and where are services provided

# Health Homes & Care Coordination ~ The Heartland Way

- The Right Information
  - Electronic health records
  - Meet standards of meaningful use
  - Ensure financial viability
  - Establish population-specific data
  - Continuous quality improvement

# Health Homes & Care Coordination ~ The Heartland Way

- The Right Care Coordinator
  - Recognize that the individual needs based on assessment and outcome goals should determine who is best positioned to coordinate care
  - May not be a medical doctor for this population
  - Community and social support expertise is critical in addition to traditional health care

# Health Homes & Care Coordination ~ The Heartland Way

- Systems Integration
  - Siloed systems of care barriers must be tackled
  - Distinct Medicaid rules, documentation requirements, licensing and accreditation standards
  - Service integration

# Health Homes & Care Coordination ~ The Heartland Way

- Administrative Infrastructure
  - Braiding of funding streams
  - Systems integration
  - Partnership development
  - Care coordination
  - Financing mechanisms

# Health Homes & Care Coordination ~ The Heartland Way

- Outreach & Enrollment
  - Eligibility for benefits will change dramatically in 2014
  - No disability determination
  - At or below 133% poverty level
  - Simplify application process
  - Access to health information
  - Provider incentives to enroll people onto benefits