Hot Spotters:
Prioritizing High Users for Supportive Housing to Contain Public Health Costs

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Background

- ACA will transfer financial risk to managed care agencies.
- Homeless people with disabilities account for a disproportionate amount of hospital costs.
- There is inadequate supply of permanent supportive housing.
- Direct Access to Housing - permanent supportive housing w/ on-site services.
Evaluation
Homeless People with AIDS

- AIDS Registry in SF
- All PWA since 1996
- Active surveillance and chart reviews
- 683 PWA were hls at time of diagnosis
- 73 were housed in DAH
1-year survival: 74% vs 63%

2-year survival: 45% vs 30%
Survival of PWA housed vs homeless
Methods

- Centralized administrative database of HIV+ crossed with people in DAH
- Public healthcare utilization (hosp, ER, inpt, SNF) 2 years before vs 2 years after housing
- Median Medicaid reimbursement to calculate cost
Results

- Between 1999-2007, 250 people in both databases
- High users defined as using > $50,000/year
- High users (13%, N=31) accounted for 73% of healthcare costs
- Median cost of high users was $100K/year prior to housing
- After housing, healthcare costs dropped to $1,819
- No significant difference in housing stability b/w high users and others
Plaza High User Study

- 106 Chronically homeless adults
- Approximately $3.5 million reduction in healthcare costs after housing
- Cost of program is @ $1.1 million
- More than 90% of reduction among 15 tenants who cost more than $50,000/yr
- Most high users came from SNF
- Do not become less expensive until housed
Conclusion/Discussion

- Housing costs provided locally (or by HUD) created savings in mainstream healthcare costs
- Housing reduces mortality for PWA
- The more beautiful the housing, the stronger the healthcare impact
- How to use healthcare dollars to fund housing services as

A HEALTHCARE INTERVENTION?
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Rx

1. Supportive housing unit

Label as such:

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- (please circle)
- as directed

Signed:

J. Bamberger

Joshua Bamberger

License No.

DEA #
Policy and Program Opportunities

- Connect managed care agencies with housing developers or master lease opportunities
  - Developers need assistance to “pencil out” budget
- PACCH- program of all inclusive care of the chronically homeless
  - Based on PACE for high using seniors
  - Innovations happen locally
- Provide incentives to reduce hospital costs
  - Provide data and incentives to local clinics
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