Medical Respite Care Services for Homeless Patients Discharged from Thomas Jefferson University Hospital: A Needs Based Assessment

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Introduction

- 1.5 million Americans are homeless at some point during the year.1
- On any given night in Philadelphia, more than 1000 people are homeless.2
- In 1994 in Philadelphia, people experiencing homelessness had a 3.5 times the age adjusted mortality rate as the general population.3
- People experiencing homelessness heavily rely on emergency departments (EDs) and hospitals to address their needs; often the least medically appropriate and most expensive solutions.4
- Discharge locations to the streets are associated with higher readmission rates.
- A solution to address this gap in medical care is permanent housing. However, a proposed temporary solution is medical respite programs.
- Medical respite programs provide acute medical care for homeless people who are too ill to recover from their illness on the streets, yet not ill enough to be hospitalized.5
- Respite programs have been shown to help homeless individuals:
  - reduce the hospital readmission rate
  - hospital length of stay
  - overall health care costs
  - connect with social services, community based medical care, and housing
  - help people address their acute health needs, while improving their overall health and quality of life6
- The need for respite care is vast, and remains largely unmet resulting in the discharge of homeless patients to the streets.
- Despite the immense potential of these programs, respite programs remain under-resourced across the US.7

Methods

Study Design and Setting

- Retrospective chart review of homeless patients discharged from Thomas Jefferson University Hospital (TJUH) from April 30th 2017 to April 30th 2018.
- TJUH is an urban tertiary care hospital.

Study Sample

- “Homeless” population identified as any patient with 1 of the following locations listed for residency:
  - 833 Chestnut Street, Broad Street Ministry (315 South Broad Street), St. John’s Hospice (1221 Race Street), shelter as address, no address listed
  - Out of a sample of n=14233, data was separated by patient class/hospitalization type documented as ED (n=2283), observation (n=98) and inpatient (n=202)

Measures

- Primary outcome: 90-day hospital readmission rate to TJUH.
- Secondary outcome: Discharge disposition.
- Data regarding patient age, insurance status, primary admitting diagnosis also collected.

Analysis

- Descriptive statistics for patient characteristics, hospitalization characteristics and readmission rates were preformed separately on the three patient classes/hospitalization types (ED, inpatient, and observation).
- All analyses were preformed using SPSS, version 23.

Results

| TABLE 1. Demographics and Hospitalization Characteristics of Patients Experiencing Homelessness at TJUH identified as Inpatient from 04/30/17 to 04/30/18 |
|---------------------------------|---------------------------------|
| Patient Demographics | Inpatient |
| Age, mean | 46 (n=130) |
| Insurance (%) | (n=202) |
| Commercial | 5.0 |
| Medicaid | 58.4 |
| Pending Medicaid | 3.0 |
| Medicare | 17.8 |
| Self Pay | 15.3 |
| Hospitalization Characteristics | Inpatient |
| Hospital Readmissions in 90 Days (%) | (n=130) |
| 0 | 79.2 |
| 21 | 20.8 |

Discussion

- The unadjusted readmission rate (20.8%) is similar to a study by Kertesz et al. that also examined the 90 day hospital readmission rate (21%) of patients experiencing homelessness. However, in analyses controlling for individual characteristics in the referenced study, discharge to a respite program was associated with a ~50% reduction in the odds of readmission at 90 days post discharge.
  - Although direct conclusions cannot be drawn, these results may support the efficacy of medical respite care in the reduction of 90 day readmission rates.
- Increased AMA discharges in patients experiencing homelessness(15.8%).
  - General TJUH AMA discharge rate is 1.5%.
  - Plans must be established to connect patients experiencing homelessness with appropriate care.
  - Hospital teams should be familiar with the reasons for a request for discharge, address concerns the patient may have, and problem solve with the healthcare team and patient to see if the patient can be supported to stay in the hospital.
- Gaps exist in the discharge disposition options in EPIC (an electronic medical record system).
  - Current discharge disposition fields do not include homeless shelter, family/friends or hotel as an option.
  - Unlikely patients are actually discharged to “Home/Residence” since patients have been identified as homeless.
- Housing status is not a mandatory field in EPIC.
  - Surrogate markers for homelessness were used, which represents the primary limitation of this study.
- It is hoped this study will provide a discussion point of how medical respite care can be used to improve the health of those experiencing homelessness in Philadelphia in the most effective way.
- Future efforts should focus on integrating medical respite care into the comprehensive discharge planning programs by TJUH for those experiencing homelessness and educating healthcare providers at TJUH on discharge options available for these patients.

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# Transforming Philadelphia’s Homeless System: Our City’s Strategic Plan (2018)