HSX and Pathways to Housing PA: Saving Lives, Improving Health, and Reducing High Healthcare Costs

HSX | Pathways to Housing PA

Introduction to HealthShare Exchange

HealthShare Exchange (HSX) is a health information exchange organization, providing accurate, real-time, patient data to partners that is invaluable in determining the efficacy of outreach and intervention efforts undertaken by hospitals, health systems, and Community-Based Organizations (CBOs) in the greater Philadelphia region, including New Jersey and Delaware. HSX connects hospitals, physician practices, nursing homes, post-acute care facilities, health plans, home care organizations, and behavioral health providers. All these organizations need the most accurate and up to date information about their patients to provide the best and most efficient care possible.

The PA Navigate service enables healthcare organizations to collaborate, using a referral platform, in an effort to serve individuals with needs related to Social Determinants of Health (SDOH).

HSX is expanding the connected circle of the healthcare team by including community-based organizations into the network of care givers. Food banks, housing agencies, benefits coordinators, transportation agencies, community centers, and other community service organizations play a vital role in the care of the patient. Through the PA Navigate program, HSX partners with FindHelp to connect health provider organizations with community-based service organizations to create a closed-loop referral system, connecting patients with services, and keeping the care team in the loop.

Case Study: Pathways to Housing

PTHPA is a Philadelphia-based housing organization, providing housing to hundreds of people who were previously chronically homeless. Many of PTHPA's residents suffer from substance use disorder (SUD) and behavioral health problems. Multiple studies show the importance of housing for treating SUD and behavioral health. [1 2 3]

HSX provides daily updates to the PTHPA care coordination team on any resident who sought care in an ED or hospital in the prior 24 hours.

Many residents in PTHPA programs require ongoing intensive care coordination and psychological support services. HSX provides daily updates to the PTHPA case management teams on any resident who sought care in an Emergency Department (ED) or hospital in the prior 24 hours. PTHPA social workers then visit residents in hospital care within the first 24 hours.

HSX also notifies the PTHPA team of residents who are being discharged after hospitalization. The post-discharge period is a high-risk period for residents with SUD, in which there is an increased likelihood of accidental overdose. The PTHPA nurses and social workers keep in close contact with any resident who was recently discharged to prevent overdosing and support their residents in the transition to home.

Bill Maroon, Chief Operating Officer at PTHPA, says

"HSX data is essential in the daily monitoring of these residents. Our team can respond because of what HSX notices. The daily HSX data feed for the panel of PTHPA residents is the primary tool for the PTHPA team to monitor and support their 500+ residents. It's essential that we know if one of our residents is in the hospital. It's even more essential that we know when they are being discharged so we can help them be safe and prevent fatal overdoses in those first days after discharge."

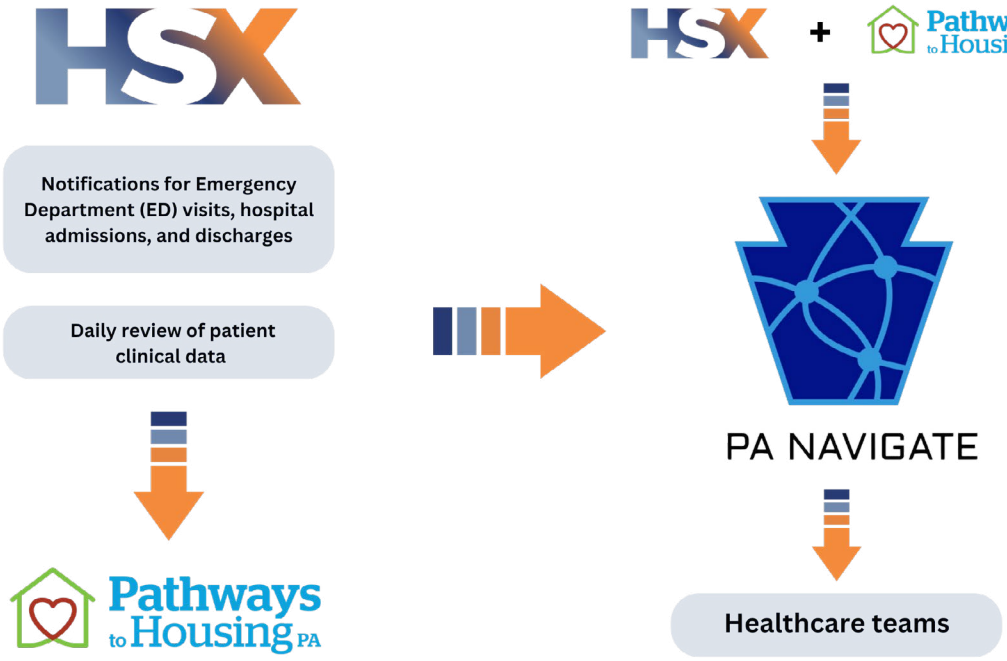
The daily HSX data feed is the primary tool for the PTHPA team to monitor and support their 500+ residents.

Dr. Karl Oberg, staff psychiatrist for PTHPA, says

"I use HSX data in the care for our residents. Our residents deal with complex medical and behavioral issues, and they often see multiple physicians and care givers. HSX gives me a single view into the patient's healthcare. It's a critical tool in my work caring for these residents."

Real-time Data Exchange

- HSX sends daily notifications for ED visits, hospital admissions, and discharges at regional hospitals to the Pathways to Housing PA (PTHPA) care coordination team. This alerts the PTHPA team and enables them to support the patient during and after the hospitalization.
- HSX provides real-time access to patient clinical data: medications, lab results, allergies, chronic conditions, and doctors visit notes. This allows the PTHPA clinicians and care coordinators to tailor their care to the residents' needs.
- Through the PA Navigate project, HSX will send data from PTHPA and other Community Organizations to the residents' healthcare providers, making the healthcare team aware of community services for the resident.



HSX and PTHPA: Better Together

HSX's data research shows the impact of PTHPA services on their residents' care. HSX studied the number of ED visits and hospitalizations, as well as outpatient care, for PTHPA residents one year before receiving housing compared with one year after their date of housing.

For a population of 228 people who are housed with more than one year of data after their housing date:

For the study group of 228 people over one year, the reduction was 200 ED visits and 260 hospital inpatient days.

1

32% fewer ED visits.

The study group of PTHPA clients had 616 ED visits in the year prior to housing, and 419 ED visits in the year following housing, a reduction of approximately 200 ED

2

Decrease in average length of hospital stay from 5.0 days to 3.5 days.

We can attribute this to the ability to discharge patients to a home, and to HSX admission alerts to the PTHPA team to coordinate care for patients while in the hospital.

3

92% increase in Outpatient visits.

This is a positive sign that the residents seek care using timely ambulatory care visits rather than more expensive and disruptive ED care.

Saving Lives, Reducing Costs

The PTHPA program housing people who were previously experiencing homelessness and supporting them with intensive life guidance, together with HSX health data monitoring, reduces the use of acute care. For the study group of 228 people over one year, the reduction was 200 ED visits and 260 hospital inpatient days.

Based on estimated Medicaid reimbursements of $500 per ED visit and $600 for an inpatient day [4], the impact on Medicaid is $256,000, or approximately $1,100 per person per year.

Medicaid reimbursement for ED visits and hospitalizations for patients with SUD often does not cover the full hospital cost. This program reduced hospital losses by an estimated $1000 per ED visit and $2400 per hospital day, for a total of $824,000, or approximately $3,600 per person per year.

Both hospitals and health plans benefit from reduced utilization of acute care resources. The impact of long-term supported housing, plus clinical data tracking, generates cost savings for both hospitals and health plans.

The total combined hospital and Medicaid savings from reduced hospitalizations and ED visits, based on housing 228 persons, equates to $1 million dollars in cost avoidance.

This program reduced hospital losses by an estimated $1000 per ED visit and $2400 per hospital day.

As Christine Simiriglia, President of PTHPA observes:

"This study shows that housing combined with comprehensive services, saves the health system money. However, this data represents less than half of the individuals we are currently serving. When you take into account the 300 additional individuals housed prior to HSX tracking availability, cost savings are significantly higher because they were stably housed for six years or more. Those captured in the study have been housed five years or less."

Check out a testimonial from Bill Maroon, Chief Operating Officer, Pathways to Housing PA and HSX Champion 2023 here: https://www.youtube.com/watch?v=WdIJDFnAZGM

Bottom line, HSX is helping us save lives.

Resources

1. https://store.samhsa.gov/sites/default/files/pep20-06-04-003.pdf

2. https://www.huduser.gov/portal/periodicals/em/spring-summer-23/highlight2.html

3. Mericle AA, Slaymaker V, Gliske K, Ngo Q, Subbaraman MS. The role of recovery housing during outpatient substance use treatment. J Subst Abuse Treat. 2022 Feb;133:108638. doi: 10.1016/j.jsat.2021.108638. Epub 2021 Oct 8. PMID: 34657785; PMCID: PMC8748296.

4. https://www.macpac.gov/wp-content/uploads/2017/04/Medicaid-Hospital-Payment-A-Comparison-across-States-and-to-Medicare.pdf