

Chicago hospital tries to improve health of ER 'super-utilizers' — with housing

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They're often homeless, maybe with serious mental health and substance abuse issues, as well as chronic diseases like diabetes or congestive heart failure.

Some of them account for more than 100 emergency room visits a year.

These so-called "super-utilizers" — sometimes referred to as frequent fliers — are, not surprisingly, often at risk for early death. And they can put a strain on hospitals' emergency departments.

The University of Illinois Hospital & Health Sciences System in Chicago is testing a possible solution to the problem: housing.

The Near West Side hospital has set aside \$250,000 for a pilot program to put some of its chronically homeless emergency department users in subsidized housing and to provide them with case managers to help handle a range of needs.

Called Better Health Through Housing (BHH), the program launched late last year. It's based on the nationally recognized Housing First initiative that aims to get homeless people a permanent roof over their heads as soon as possible.

"Housing First is really a simple concept," said UI Hospital CEO Avijit Ghosh. "The home is the base from which people maintain their health. Without a home base where you can get a good night's sleep, stay out of the weather, keep your food and prepare your meals, how are you supposed to stay healthy? By providing housing we directly impact the patient's health."

UI Hospital recently reached its cap of 25 patients in the pilot program. Apartments for BHH program participants are arranged through Chicago's Center for Housing and Health and its partner agencies. These partner agencies also employ caseworkers to assist patients with a variety of needs, from furnishing their new apartments and paying their bills to arranging medical appointments and putting them in touch with substance-abuse programs, when necessary.

"The Center for Housing and Health has worked out an arrangement where the chronically homeless are placed temporarily in bridge units (in a North Side single-room-occupancy building) until a scattered-site apartment is located," said the hospital's director of preventive emergency medicine, Stephen B. Brown, who helped start the BHH program. "There is a pool of 125 one-bedroom apartments scattered throughout the city, so that we give patients choice where they'd like to live."

One of those patients, Glenn Baker, moved into an apartment in the Auburn Gresham neighborhood June 1. That same month, the 44-year-old man started working as a street cleaner. "This is such a blessing," Baker said about having his own address after more than two years of living on the streets.

Glenn Baker, left, stands outside UI Hospital with Stephen B. Brown, who helped start the Better Health Through Housing program at the Near West Side medical facility. (Kristen Norman / Chicago Tribune)

Baker said he used to lug his "big old comforter" to a park bench or bus stop, trying to stay warm during cold winter nights. Sometimes he'd pretend to be sick, with the hopes of landing a hospital bed.

"At least I'd have a place to sleep and get three meals a day," he said.

Baker, who has severe asthma and high blood pressure, became a familiar face at UI Hospital. He still visits the emergency department — mostly for asthma-related complications — but much less frequently than he did in the past, hospital officials said.

The term "super-utilizer" found a big platform in 2011 when author and surgeon Atul Gawande wrote a piece for *The New Yorker* on decreasing health care costs by focusing on the most frequent hospital patients. Gawande's article looked at the success of Jeffrey Brenner, a family physician in Camden, N.J., who had highlighted super-utilizer "hot spots," in a similar way that law enforcement highlights crime hot spots. Brenner is the executive director of the Camden Coalition of Healthcare Providers, which has provided housing vouchers and "key wraparound support services" to the super-utilizer population.

The definition of a super-utilizer "is very variable," said Susan Mende, a senior program officer at the Robert Wood Johnson Foundation, the nation's largest philanthropic group devoted exclusively to health.

In Mende's view, the term "describes individuals whose complex physical, behavioral and social needs are not well met through the current fragmented health care system. As a result, these individuals often bounce from emergency department to emergency department, from inpatient admission to readmission or institutionalization — all costly, chaotic and ineffective ways to provide care and improve patient outcomes. Many of these visits might have been prevented by relatively inexpensive early interventions and primary care."

One super-utilizer — a homeless woman in Trenton, N.J., who managed to amass 450 hospital visits within one year — reduced her visits to 12 a year after housing was secured for her, according to *The Philadelphia Inquirer*.

Being a super-utilizer isn't a requirement for UI Hospital's program, although most participants have logged above-average user rates in the emergency department. Eligible patients must be chronically homeless, and the severity of their medical needs is taken into consideration too.

Based on preliminary data, UI Hospital officials estimate that health care costs have been reduced by 42 percent for the first 15 patients who received housing.

"The pilot program has been quite successful," Ghosh said, "and several other hospitals and organizations in the Chicago area have reached out to us to learn more."

Added Brown: "Our goal is to continue to advocate for this approach, and collaborate and educate with other ... organizations in order to scale it so that it has broad impact in reducing homelessness in the Chicagoland region."