



BHCHP Basic Goals 1984

- Establish a health services care delivery model to provide continuity of care from shelter and street to hospital
- Provide care through multidisciplinary outreach teams
- Establish the capacity to meet the needs of homeless individuals for home-type respite care

BHCHP Service Delivery Model

- glue between shelters and teaching hospitals/CHCs
 - bridge medicine and public health
- multidisciplinary family and adult teams (MD/NP/PA/RN)
 - 3 hospital clinics (BMC, MGH, LSH)
 - clinics in over 75 shelter and outreach sites
 - 104 beds of respite care at McInnis House
 - EMR since 1996
 - 15 MD, 3 DMD, 25 NP/PA, 45 RN
 - PHS Section 330(h), stand-alone HCH
- annual budget \$29M, 80% from Medicaid/Medicare
- 10,000 men, women, and children served in 2007

Why Should Hospitals Care?

Thoughts on the potential benefits of partnering with HCHs/FQHCs

Hospitals and Homeless Persons: What are the numbers??

14,200 BHCHP adult patients seen in 2004-5 matched with Partners Healthcare database:

3,283 common patients

2,090 (15%) at MGH

1,148 (8%) at BWH

(only 259 at both MGH and BWH)

MGH ED High Utilizers, 2005

16 of 25 highest users BHCHP patients

344 total ED visits

35 visits (10%) resulted in admission

309 visits (90%) discharged from ED

Past as Prologue:

Medical Respite Care for Homeless Persons

Hospital Obsession #1:

Reduce the average length of stay (ALOS)

Hospital Obsession #2

Reduce Emergency Room Congestion

BHCHP and ED High Utilizers Boston, 2005

• Boston Medical Center (Boston University Medical School)	23/25
• New England Medical Center (Tufts Medical School)	16/25
• Massachusetts General Hospital (Harvard Medical School)	16/25

Utilization of Medical Services by the Cohort, 1999-2003 (N = 119)

- Emergency Room Visits 18,384

Three Areas of Key Interest

How to get the attention of the hospitals?? Data on homeless persons using a particular hospital is scant and desperately needed.

Average length of stay (ALOS) is the critical financial issue for hospitals. Respite care is a potential answer.

Emergency departments are deluged by chronically homeless persons. The time is ripe for dialogue and creative solutions.