

Special Populations-Focused UDS Webinar Series - Homeless

Presented by:
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Massachusetts League
of Community Health Centers

Special Populations-Focused UDS Webinar Series

- **Welcome! We will be starting promptly at 12pm.**
- **This session (and the other 2) will be recorded and made available.**
- **A short session evaluation is embedded at the end.**
- **Welcome to New England colleagues as well!**
- **Use 'Chat' for Q&A and we will address in last 10 minutes.**

The League is partnering with National Cooperative Agreement organizations to provide you with three separate 30-minute webinars as supplements to today's all-day UDS training. Please plan to attend one, two, or all three of these no-cost webinars!

➔

Wednesday, January 10, 2018 from 12-12:30pm

- Focus: Homeless Population
- Featuring speakers from the National Health Care for the Homeless Council

Thursday, January 11, 2018 from 12-12:30pm

- Focus: Residents of Public Housing
- Featuring speaker from the National Center for Health in Public Housing

Friday, January 12, 2018 from 12-12:30pm

- Focus: Agricultural Workers and their Families
- Featuring speaker from the National Center for Farmworker Health

Learning Objectives

- Understand the current HHS definition of the 3 statutorily recognized special populations - homelessness, residents of public housing, agricultural workers and their families
- Learn the importance of accurately documenting and reporting special populations as a social determinant of health
- Identify and foster best practices for documenting special populations to improve health care access and delivery

Expert Speakers

Today... National Health Care for the Homeless Council



**Alaina Boyer, PhD,
Director of Research**



**Lauryn Berner,
Project Manager**



**Brett Poe,
Research Associate**

Expert Speakers

**Tomorrow... National
Center for Health in
Public Housing**



**Saqi Maleque Cho, DrPH,
Manager of Policy,
Research, and Health
Promotion**

**Friday... National Center
for Farmworker Health**



**Bobbi Ryder,
President & CEO**

Documenting Homelessness Throughout the Health Care System

January 10, 2018

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL


Speakers today

- **Alaina Boyer**, Director of Research, National Health Care for the Homeless Council
- **Lauryn Berner**, Project Manager, National Health Care for the Homeless Council
- **Brett Poe**, Research Associate, National Health Care for the Homeless Council

Why this issue?

- People who are homeless have **greater health care needs** & use health care services at higher rates
- Housing status is an **important factor in clinical decision-making**
- **Social determinants of health**—like lack of housing—are increasingly a focus in health reform changes
- **Value-based reimbursements** are beginning to include patient risk factors, population health status, and outcome measures
- **Greater insurance coverage** through Medicaid expansion
- **Data and coding** are required for billing, as well as important to payers, public health goals & policy initiatives

Social Determinants of Health for People who are Homeless



NEIGHBORHOOD AND BUILT ENVIRONMENT

- Lack of Control Over Food Choices
- Access to & Quality of Affordable Housing
- Access to & Quality of Temporary Shelters
- Exposure to Crime & Violence
- Exposure to Environmental Conditions

HEALTH AND HEALTH CARE

- Discontinuous & Fragmented Health Care System
- Access to Social Care
- Access to Public & Private Insurance
- Provider Cultural Humility
- Health Literacy

SOCIAL AND COMMUNITY CONTEXT


- Social Cohesion
- Civic Participation
- Discrimination
- Social Injustice
- Involvement with the Justice System
- Social Inclusion/Exclusion

EDUCATION


- High School Graduation
- Enrollment in Higher Education
- Language and Literacy
- Early Childhood Education and Development

ECONOMIC STABILITY

- Extreme Poverty
- Employment
- Access to Income Support
- Food Security
- Housing Stability



Source: Adapted from HealthyPeople 2020, Social Determinants of Health developed on Piktochart.com



ICD-10-CM Z Series:

Factors influencing health status & contact with health services

- **Z55-Z65 Series:** Persons with potential health hazards related to socioeconomic & psychosocial circumstances
- **Z59 Series:** Problems related to housing & economic circumstances

Z59.0 = Homeless

Asking & coding

- **Common questions:**
 - How to ask the question? What counts as “homeless”?
 - How to make time amid many screenings and questions?
 - Where to insert the answer in the EHR?
 - What to say to the patient/client in response?
 - What if the patient doesn’t want to say due to stigma?
 - Will coding for housing status benefit—or complicate—billing?
- **Strategies:**
 - Add housing status fields to the EHR (not open text!)
 - Assess utility of homeless data
 - Implement formal procedures for asking & coding
 - Train staff

Defining Homelessness

- Department of Health and Human Services (HHS)
 - individual who may live on the **streets**; stay in a **shelter**, mission, single room occupancy facilities, **abandoned** building or vehicle
 - **“doubled up,”** a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members.
 - **released from a prison or a hospital** may be considered homeless if they **do not have a stable housing situation** to which they can return.

(HRSA/Bureau of Primary Health Care, Program Assistance Letter 99-12, Health Care for the Homeless Principles of Practice)

UDS Reporting: Homeless (lines 17-23)

- Where to report:
 - Line 23 (Total homeless), reported by all health centers
 - Lines 17-22 (type of housing), we recommend for all health centers, required by 330h health centers
- Who to Report:
 - *lack housing (without regard to whether the individual is a member of a family) as homeless*
 - *Include patients whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and patients who reside in transitional housing or permanent supportive housing*

2017 UDS Reporting Manual, pg 40

UDS Reporting: Homeless (lines 17-23)

- What to Report:
 - Patient's shelter arrangement at first visit for the reporting period *(based on prior night)*
 - Previous night incarcerated, institutional treatment program (mental/substance abuse), or in a hospital *(based on where intend to spend the night after release)*
 - Currently in jail or institutional treatment program are NOT considered homeless

2017 UDS Reporting Manual, pg 40

Type of Shelter

Shelter	<ul style="list-style-type: none"> Provides meals and place to sleep Temporary: limit days/hours of day residents can stay
Transitional Housing*	<ul style="list-style-type: none"> Multi-person, extended stays (6mts-2yrs), service rich Increased independence, pay rent, facility maintenance
Doubled Up	<ul style="list-style-type: none"> Living with others, but temporary/unstable Example: couch surfing
Street	<ul style="list-style-type: none"> Living outdoors, car, encampment, makeshift shelter/tent unsafe spaces, unfit for human occupancy
Other	<ul style="list-style-type: none"> unhoused at first visit and remain eligible for 330h program SRO hotels/motels, Permanent Supportive Housing
Unknown	<ul style="list-style-type: none"> Individuals known to be homeless and no known housing arrangements

2017 UDS Reporting Manual, pg 40. *Count only those persons who are "transitioning" from a homeless environment. Do not include those who are transitioning from jail, an institutional treatment program, the military, schools, or other institutions.






Tracking Homelessness

State	Community Type	330(e) Community Health Center	330(h) Health Care for the Homeless	Part of Local Government
California	Small City		Yes	Yes
Louisiana	Large City		Yes	Yes
Massachusetts	Rural		Yes	
Oregon	Large City		Yes	
South Carolina	Small City	Yes	Yes	
Utah	Mid-size City		Yes	
Missouri	Large City	Yes		

Data Collection Challenges

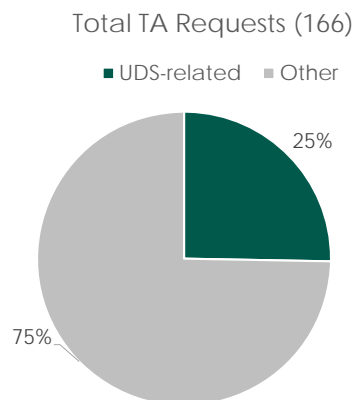
-  No consistent way to ask housing status
-  Self-reported information
-  Defining housing statuses
-  "Unknown" housing status
-  Workflow challenges

Innovations & Solutions

-  Cross-walking EHR data with UDS
-  Discourage "unknown" classification
-  Use the data collected to identify trends and build partnerships in your community
-  Tracking homelessness as a clinical measure
-  Internal guidelines to define "temporary" or stable housing

Using UDS for TA

- >166 TA requests from April – Dec. '17
- ~25% can be answered using UDS data



Using UDS for TA

- Common areas of inquiry:

