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# Best Practices in Medical Respite Care Service Delivery and Sustainability

2022 Health-Related Services Convening  
Addressing Oregon's Housing Crisis  
9/21/22

John Gilvar

# Introduction

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MEDICAL RESPITE CARE 101

# Medical Respite Care Definition

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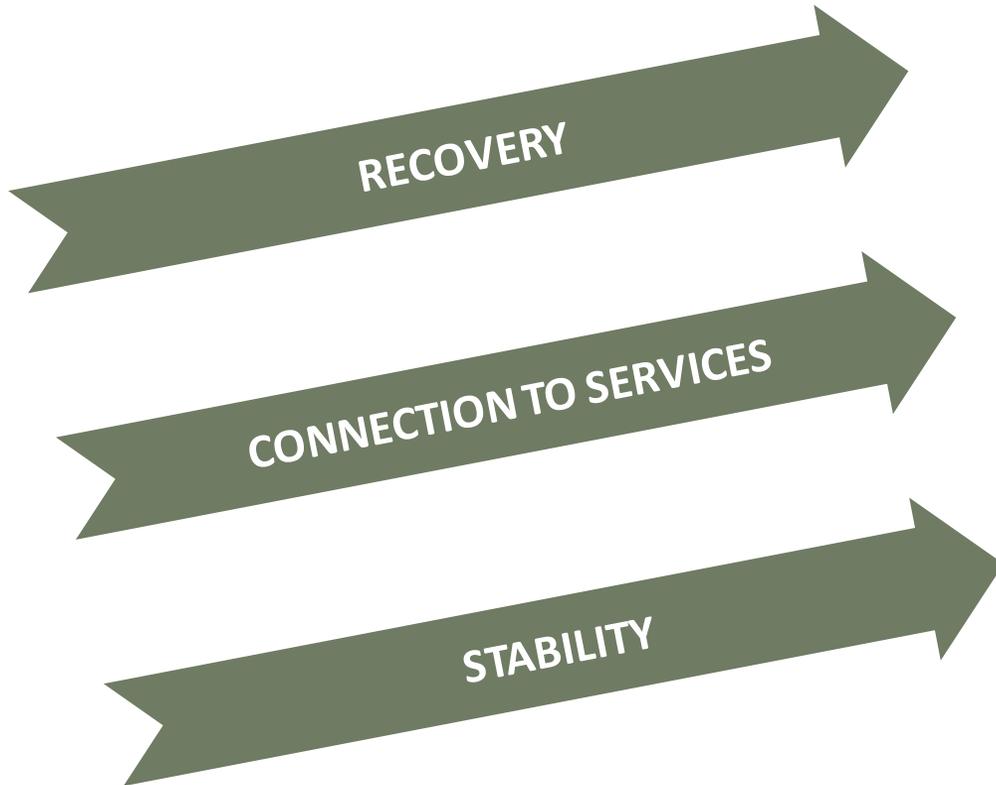
Post-acute care for people experiencing homelessness who are too ill or frail to recover from an illness or injury on the street or in shelter, but who do not require hospital level care.

Short-term residential care that allows people an opportunity to rest, recovery, and heal in a safe environment while also accessing clinical care and support services.

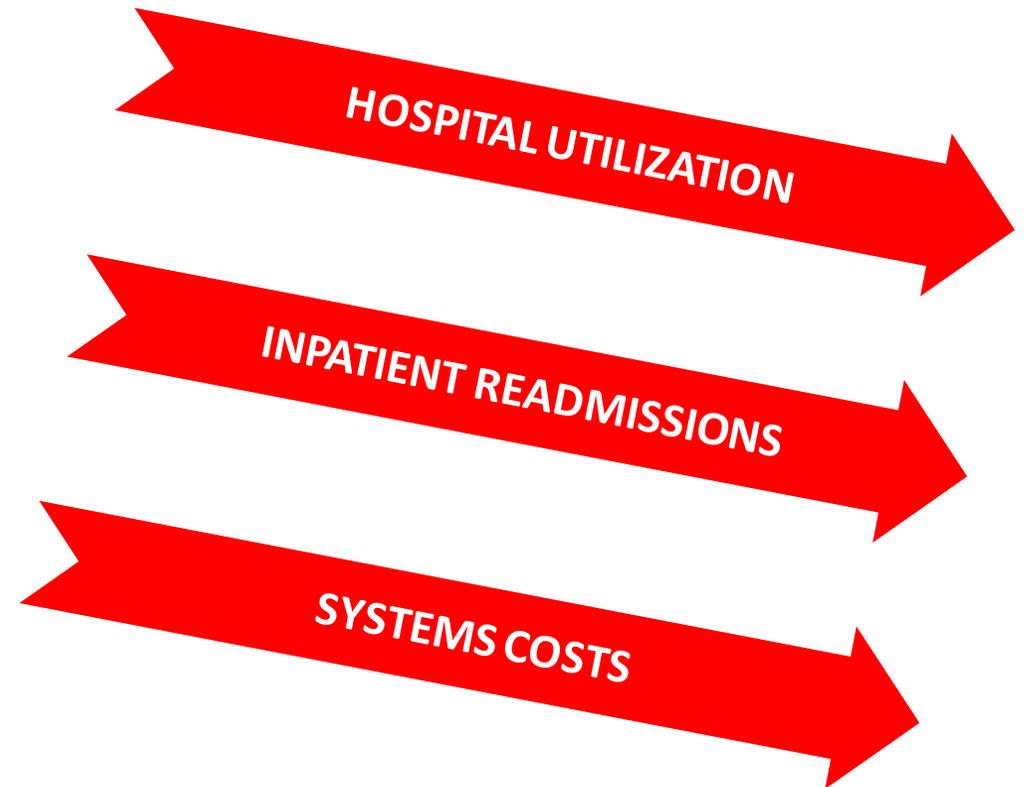
Source: National Institute for Medical Respite Care

# Medical Respite Care ROI

## Human-level



## Systems-level



# Common Values in Medical Respite Care

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Reduce barriers for people with complex needs and high risk for

- Complications
- Frequent Emergency Room use
- Hospital readmissions

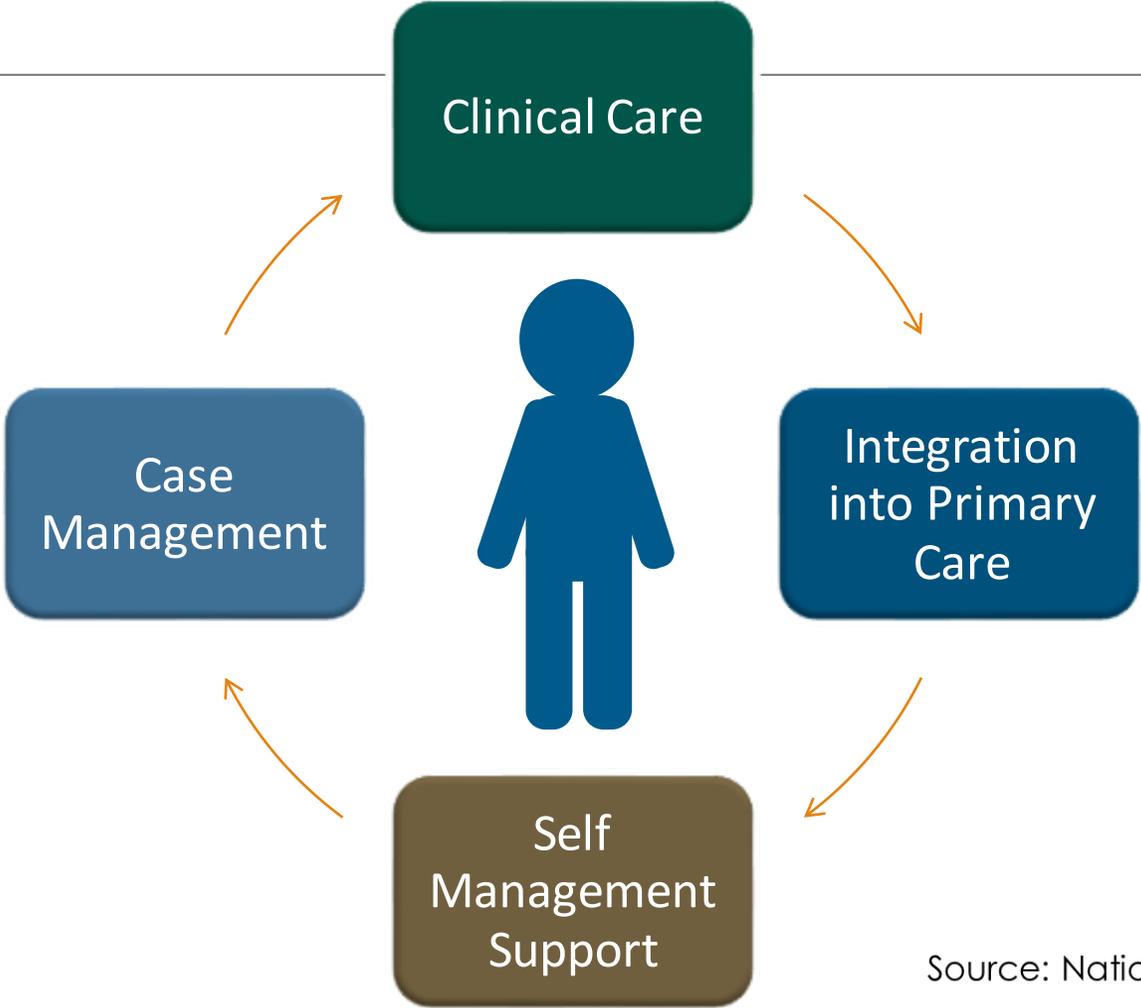
Utilize trauma-informed practices

Accommodate people with chronic mental health and substance use conditions

Prioritize:

- Exits into housing
- Connection to ongoing medical and behavioral health care needed post-discharge

# Medical Respite Core Components



Source: National Institute for Medical Respite Care

# Meeting Basic Needs

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24-hour access to a bed

3 meals/day

Transportation to any/all medical appointments

Access to a phone for telehealth and/or communications related to medical needs

Safe space to store personal items

Wellness check at least 1x every 24 hours by MR/RC staff (clinical or non-clinical)

# Diversity of Program Types

Bed number

Facility type

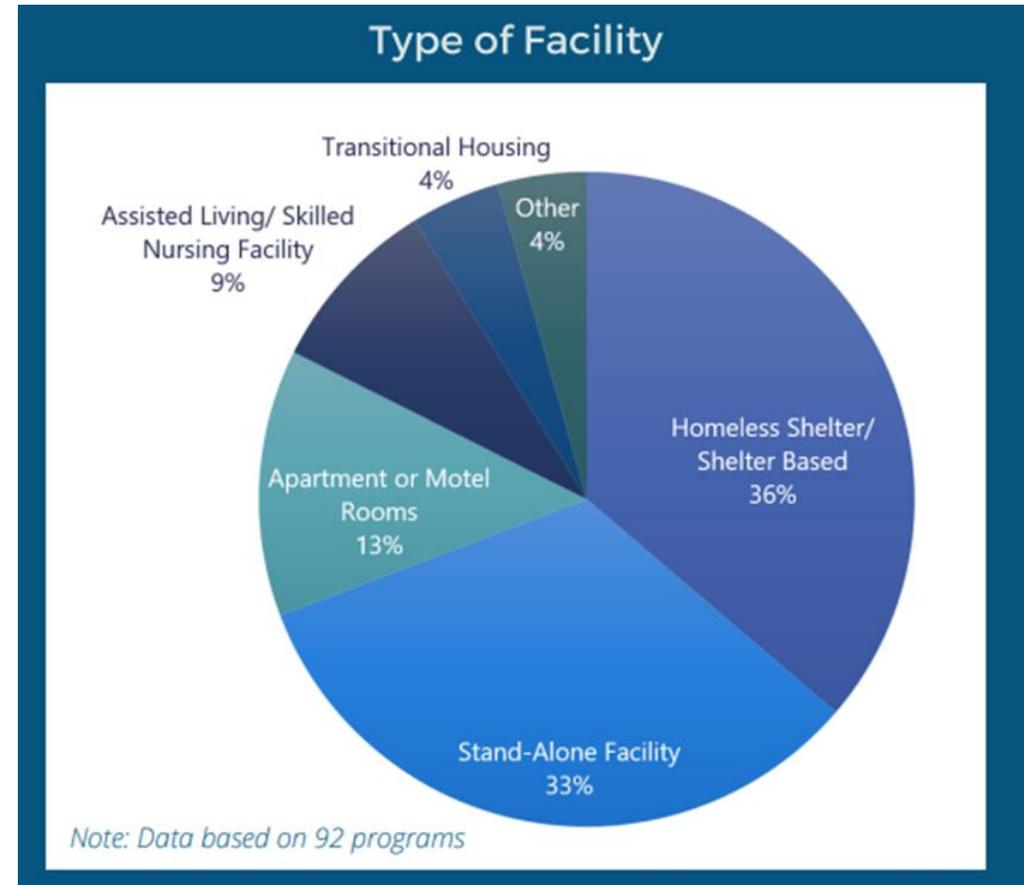
Length of stay

Staffing and services

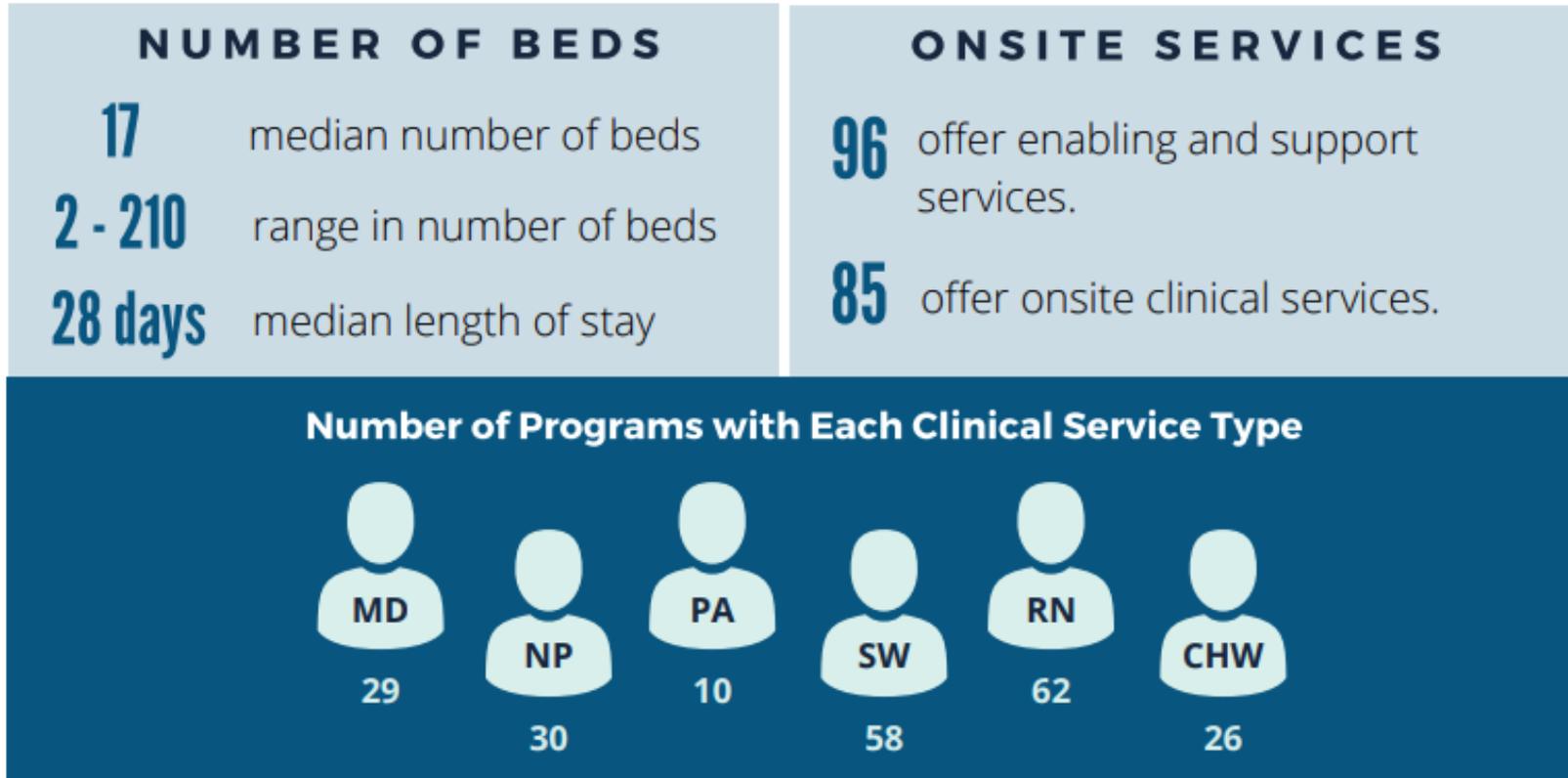
Referral sources

Admission criteria

Source: National Institute for Medical Respite Care



# Capacity & Services Range



Source: National Institute for Medical Respite Care

# Disrupting the Cycle of Homelessness

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THE NEED FOR AND OUTCOMES OF MEDICAL RESPITE CARE

# Homelessness & Health

**Poor health** causes homelessness

Homelessness causes **new health problems** & exacerbates existing ones

The experience of homelessness makes it **harder to engage in care** and receive appropriate services

Source: National Health Care for the Homeless Council



# Medical Respite Candidate Profile

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- Needs *health* supports for health problems that exceed the capacity of shelter, housing, outreach, and other homeless programs
- Needs *social* supports that exceed the capacity of hospital medical, social work, and discharge planning staff
- Health and social problems *worsen* the longer needs go unmet

# Example

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Edward Thomas, medical respite care patient for whom Seattle's Edward Thomas House was named.

# System Stressors Addressed by Medical Respite Care

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The acute health and social needs addressed by medical respite programs commonly occur within:

- Client segment accounting for a disproportionate amount of staff time and energy at shelter, housing, outreach, and other homeless services agencies
- The high utilizer population for emergency rooms and hospital inpatient beds
- The segment of hospital inpatients with the highest readmission rates

# System Issues Impacted by Medical Respite Care

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Increasing unreimbursed costs for hospitals

Increasing staff costs for the homeless response system and social services providers

Decreasing performance against performance metrics:

- Quality of care metrics, often tied to reimbursement rates
- Exits from homelessness

Reduced staff morale in both health care and social services settings

Reduced capacity to fulfill mission

# Advantages to Medical Respite Care

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Offers *safe and cost-effective* discharge option

Connects vulnerable patients to *broad range of community care* and public benefits

*Improves health* by addressing most immediate health care and social services needs

Develops *more comprehensive care plan* & coordinates care across venues

Provides *time and space for healing* and health education

*Policy brief: Medical Respite Care Programs & the IHI Triple Aim Framework (April 2019)*

# Medical Respite Care Impacts

## Effect on Hospital Use

- Several studies identified decreased re-admission rates following MRC stays
- Studies also found time spent as an inpatient and ER visits decreased for those who discharged to MRC

## Effect on Services Utilization

- Individuals discharged to MRC were more likely to increase outpatient service use
- One study found increased time spent in housing and decreased time spent in other institutions

## Cost Savings

- MRC results in cost savings for hospitals even when hospitals fund the MRC stay
- Specialty medical care conducted at MRC settings was a significantly lower cost than receiving the same care in the hospital

# Medical Respite Care Impacts

## Impact on Consumers

- MRC was found to improve health-related quality of life and positive impact health management
- Women may be more likely to leave MRC early: lack of privacy, power dynamics, and history of victimization

## MRC Specific Outcomes

- A harm reduction focused OPAT intervention resulted in high rates of treatment completion
- Screening for brain injury resulted in positive health outcomes (case studies)
- Factors associated with leaving MRC early included being a women, >50 y.o., living outside prior to MRC, lack of income and/or ID, and substance use

## Reducing Gaps in Services

- MRC consumers overall had high rates of connection to Medicaid, income, PCPs, and behavioral health
- Connection to PCP reduced readmission rates
- High referral rates indicate a need for MRC within communities

# Medical Respite Care Service Delivery Fundamentals

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RANGE OF SERVICES AND CARE MODELS

# Medical Respite Care is...

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## **NOT**

Skilled Nursing Facility (SNF)  
Nursing Home  
Assisted Living  
Long-term Care  
Supportive Housing

## **WHY NOT?**

- Medical respite is short-term
- Medical respite clients are independent in their activities of daily living (ADLs)

# Medical Profiles of Persons Served Nationally



# Program Models

## Coordinated Care

- Coordination of appts
- Connection to PCP
- Referral to case management services

## Coordinated Clinical Care

- Case management/care coordination for medical appointments
- Connection to Primary Care Provider (PCP)/health home
- Care coordination with home health and home-based clinical care services
- Connection to community behavioral health and/or substance use program

## Integrated Clinical Care

- Onsite clinical services include:
  - Daily evaluation by clinical provider
  - Provision of medical clinical services within scope - Dispensing or administration of medication, medication reconciliation, medication monitoring

## Comprehensive Clinical Care

- Daily evaluation
- Palliative/hospice care
- OPAT services
- PT/OT
- Onsite substance use treatment & behavioral health care
- Peer support

# National Standards for Medical Respite Programs

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1. Medical respite program provides safe and quality accommodations
2. Medical respite program provides quality environmental services
3. Medical respite program manages timely and safe care transitions to medical respite from acute care, specialty care, and/or community settings
4. Medical respite program administers high quality post-acute clinical care
5. Medical respite program assists in health care coordination, provides wrap-around services, and facilitates access to comprehensive support services
6. Medical respite program facilitates safe and appropriate care transitions out of medical respite care.
7. Medical respite care personnel are equipped to address the needs of people experiencing homelessness.
8. Medical respite care is driven by quality improvement.

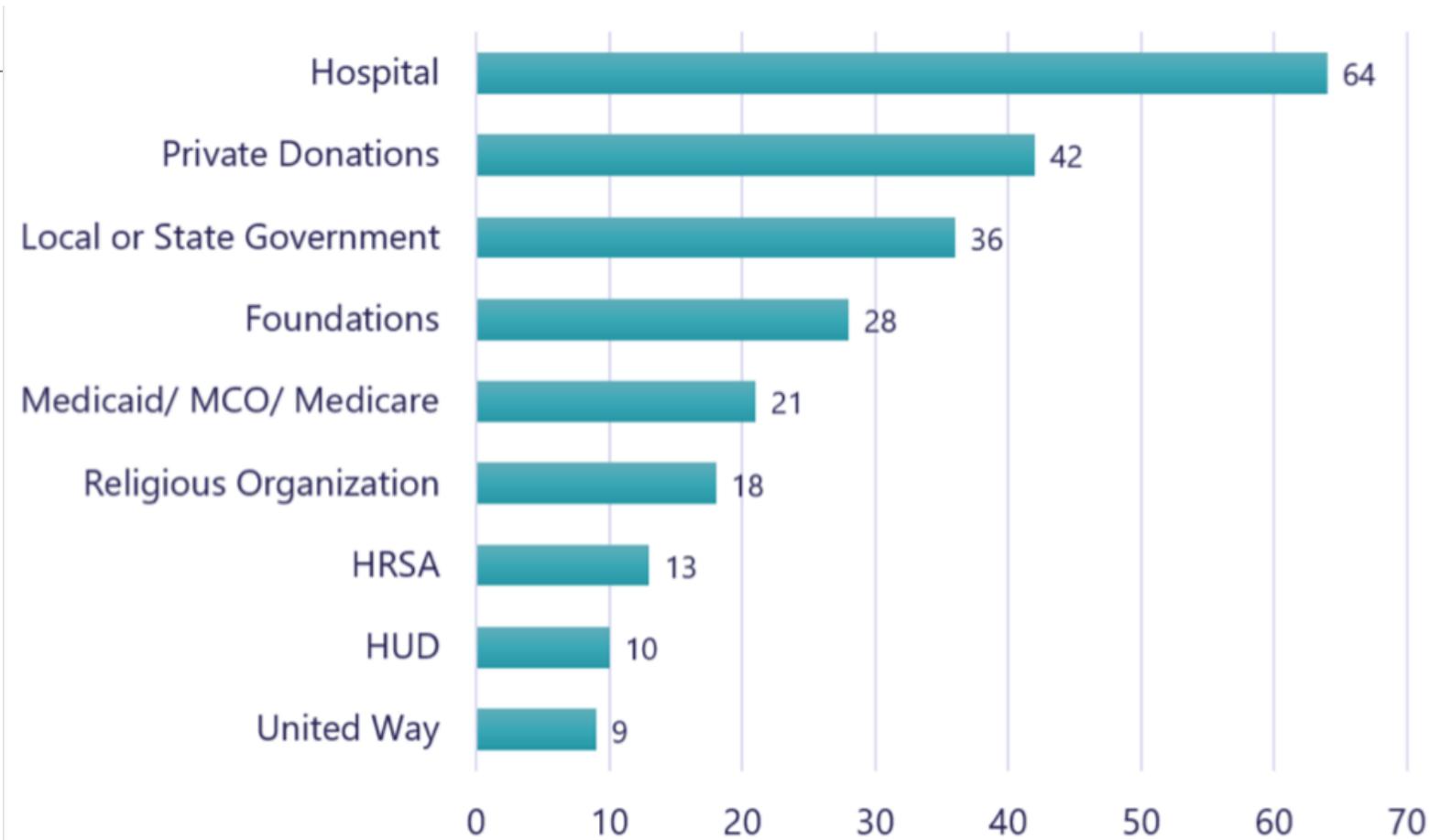
[Standards for Medical Respite Care \(2021\)](#)

# Medical Respite Care Funding

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BUILDING SUSTAINABLE PROGRAMS

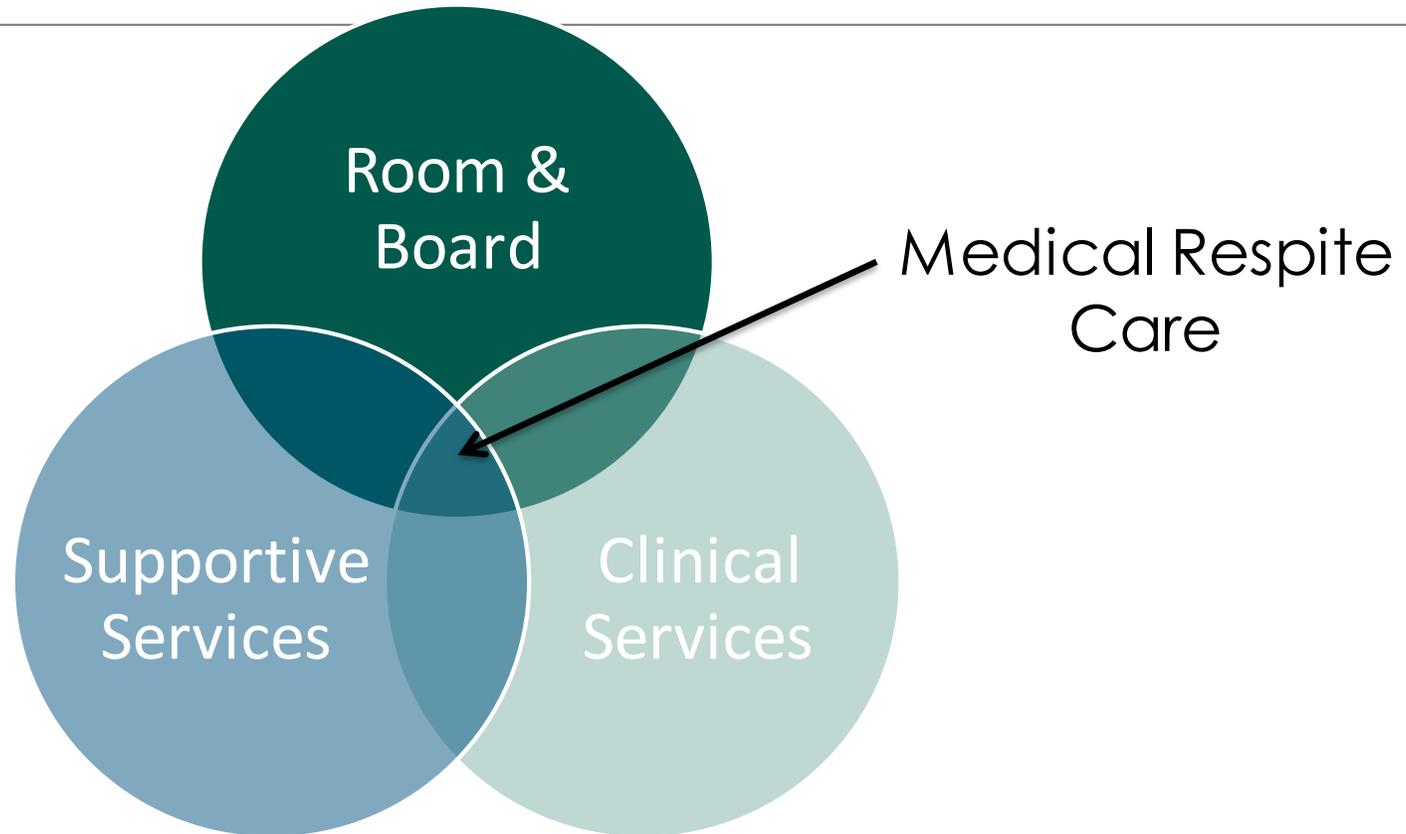
# Most Common Funding Sources



*State of Medical Respite/Recuperative Care Programs  
(January 2021)*

# Funding Medical Respite Care

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# What Is Being Covered?

	Boston	Chicago	Los Angeles	Phoenix	Santa Barbara	Seattle	Yakima
<b>Onsite health care services</b>	X			X		X	
<b>Support services (case management, care coordination, benefits, health education, medication management)</b>	X	X	X	X	X	X	X
<b>Food</b>	X	X	X		X	X	X
<b>Beds/housing</b>	X*	X	X		X	X	X
<b>Transportation</b>	X	X	X				X
<b>Administration/indirect costs</b>	X		X	X	X	X	X

*Medicaid & Medicaid Managed Care: Financing Approaches for Medical Respite Care (March 2020)*

# Summary

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SUGGESTED STARTING POINT FOR LOCAL DISCUSSIONS



**IT'S THE RIGHT THING TO DO.**

# Resources available through the National Institute for Medical Respite Care

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[Standards for Medical Respite Care \(2021\)](#)

[Models of Medical Respite Care \(2022\)](#)

[State of Medical Respite Care \(2021\)](#) – Update coming in 2022

[Medical Respite Care: Defining Characteristics \(2021\)](#)

[Medical Respite Literature Review \(2021\)](#)

[Identifying Outcomes for Medical Respite Care Programs \(2021\)](#)

[Medical Respite & Medicaid Managed Care: Financing Approaches for Medical Respite Care \(2020\)](#)

[Expanding Options for Health Care within Homeless Services: CoC Partnerships with Medical Respite Care Programs \(2022\)](#)

# Contact Information

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[john@gilvarconsulting.com](mailto:john@gilvarconsulting.com)

360-349-9719