



# HEALTHCARE SUPER-UTILIZERS

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# WHAT IS A “WICKED PROBLEM”

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The phrase was originally used in social sciences. A wicked problem is a problem that is difficult or impossible to solve because of incomplete, contradictory, and changing requirements that are often difficult to recognize. It affects multiple players that may not be aware of the other. Moreover, because of complex interdependencies, the effort to solve one aspect of a wicked problem may reveal or create other problems.

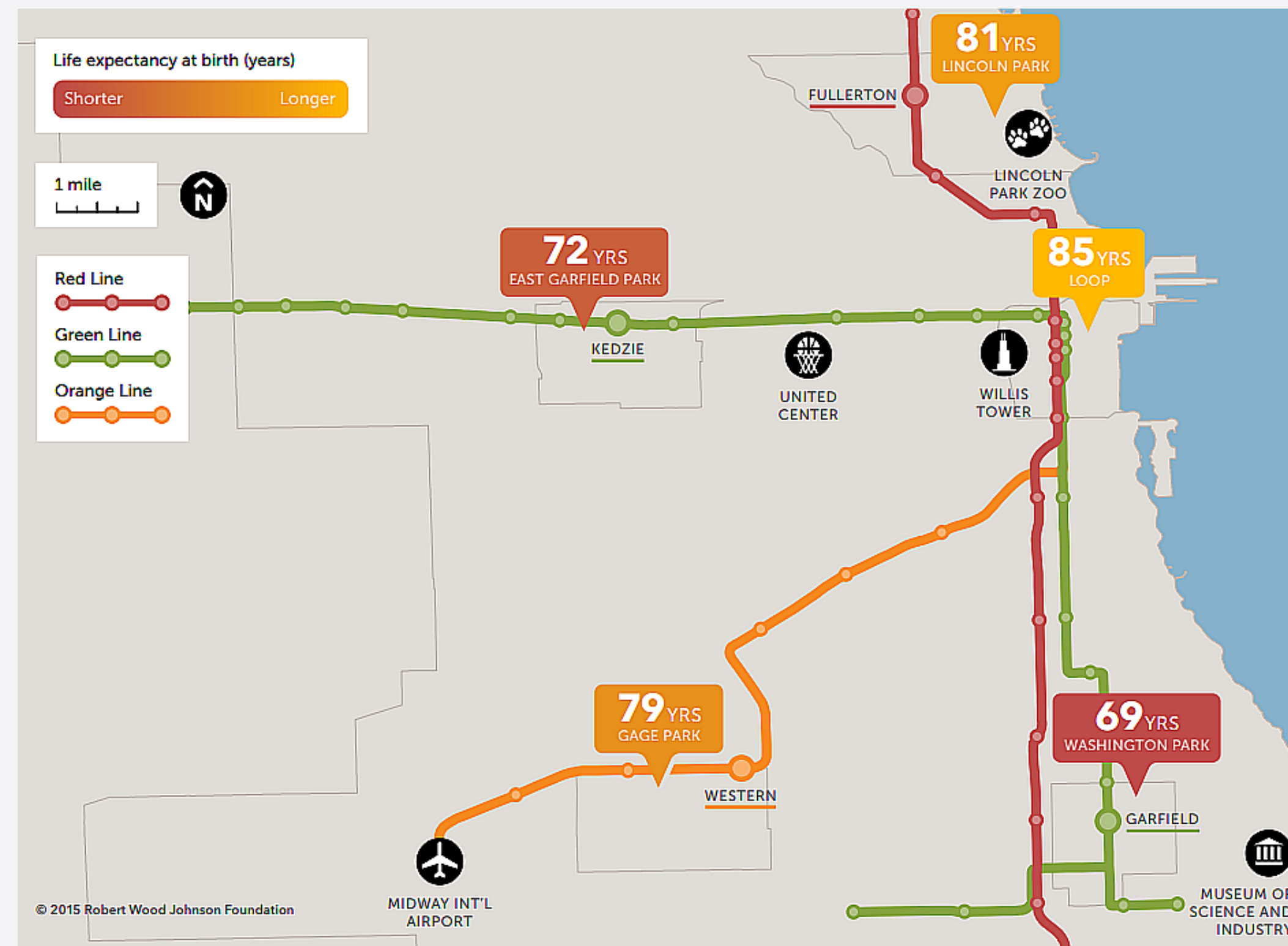
The key to finding an answer is to acknowledge it is a complicated problem, and that **no individual, organization, agency or governmental body can solve this by themselves**

# WHERE YOU LIVE AFFECTS HOW LONG YOU LIVE

Your socioeconomic status affects your health

## Examples

- Housing Status
- Food Insecurity
- Transportation
- Mental Illness
- Substance Abuse
- Interpersonal Violence



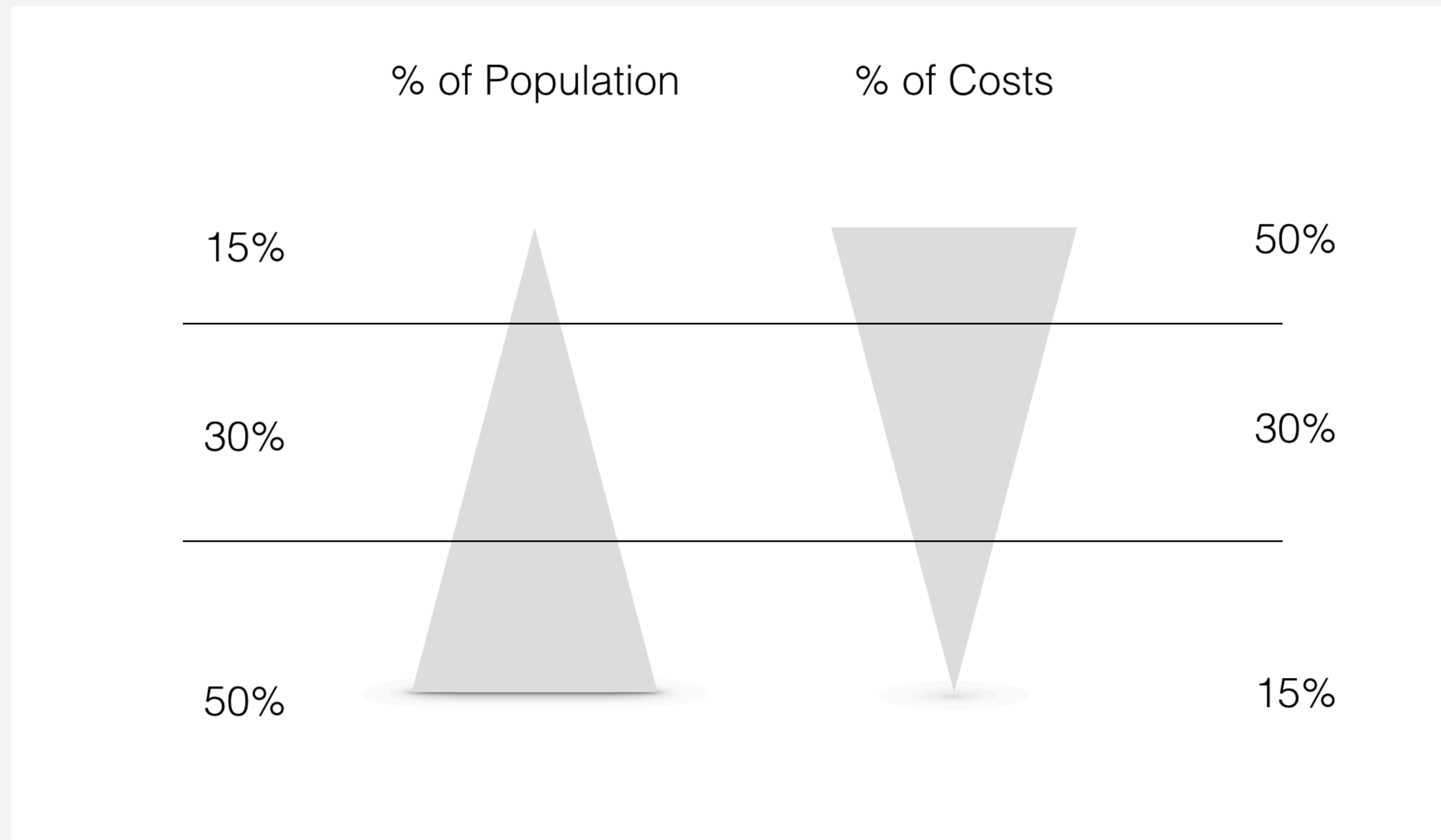
Third world countries with similar life expectancies to Washington Park

	Fiji
	Bhutan
	Tajikistan
	Micronesia
	Uzbekistan
	Solomon Islands
	Nepal
	Indonesia
	Iraq

Where you live, access to education, to employment, and other variables are called The Social Determinants of Health

# POPULATION HEALTH

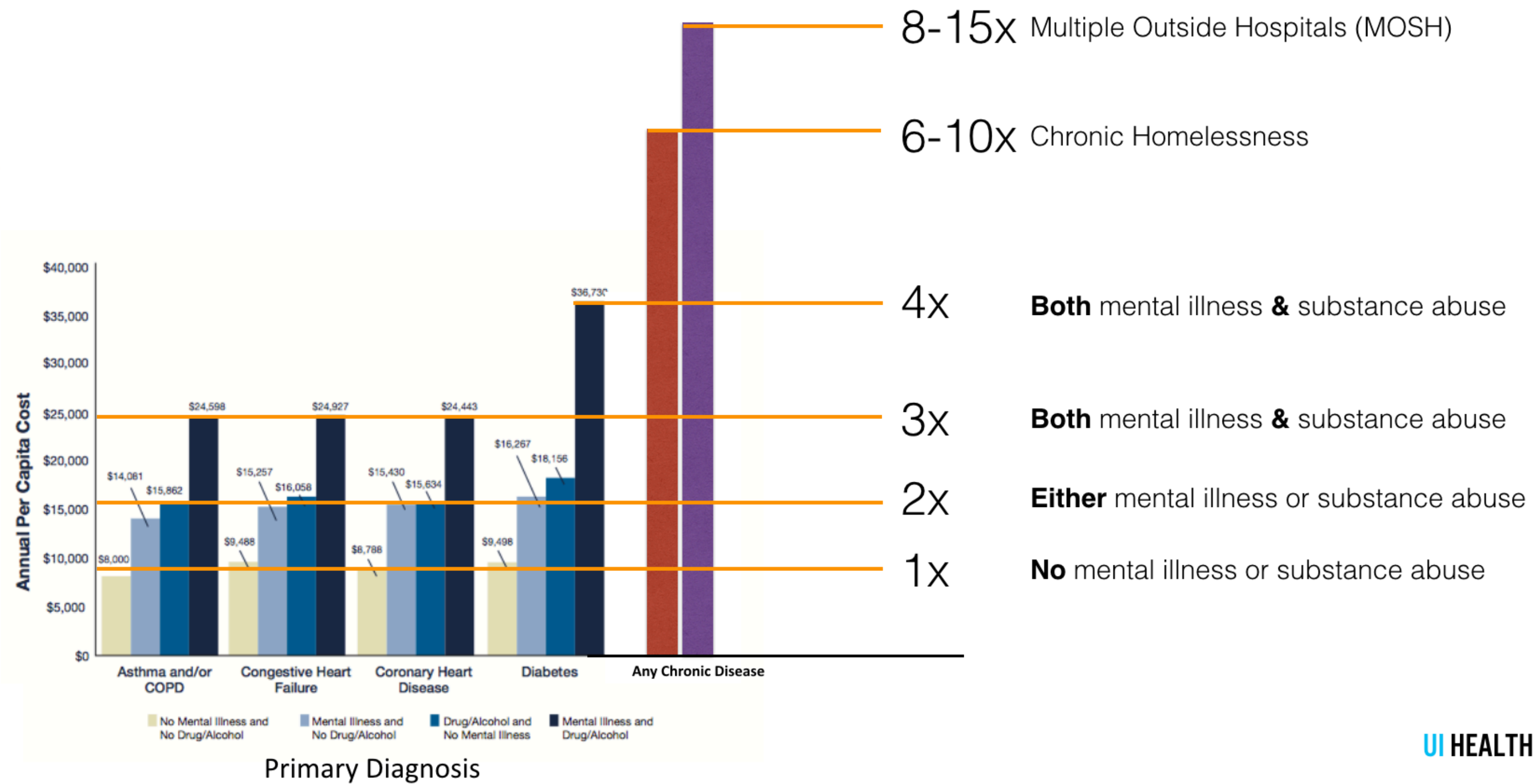
A minority of patients accumulate most of the cost & utilization  
**In most states, 5% of Medicaid patients make up 48% of the cost**



a.k.a "Power Law Distribution"

# COMORBIDITIES

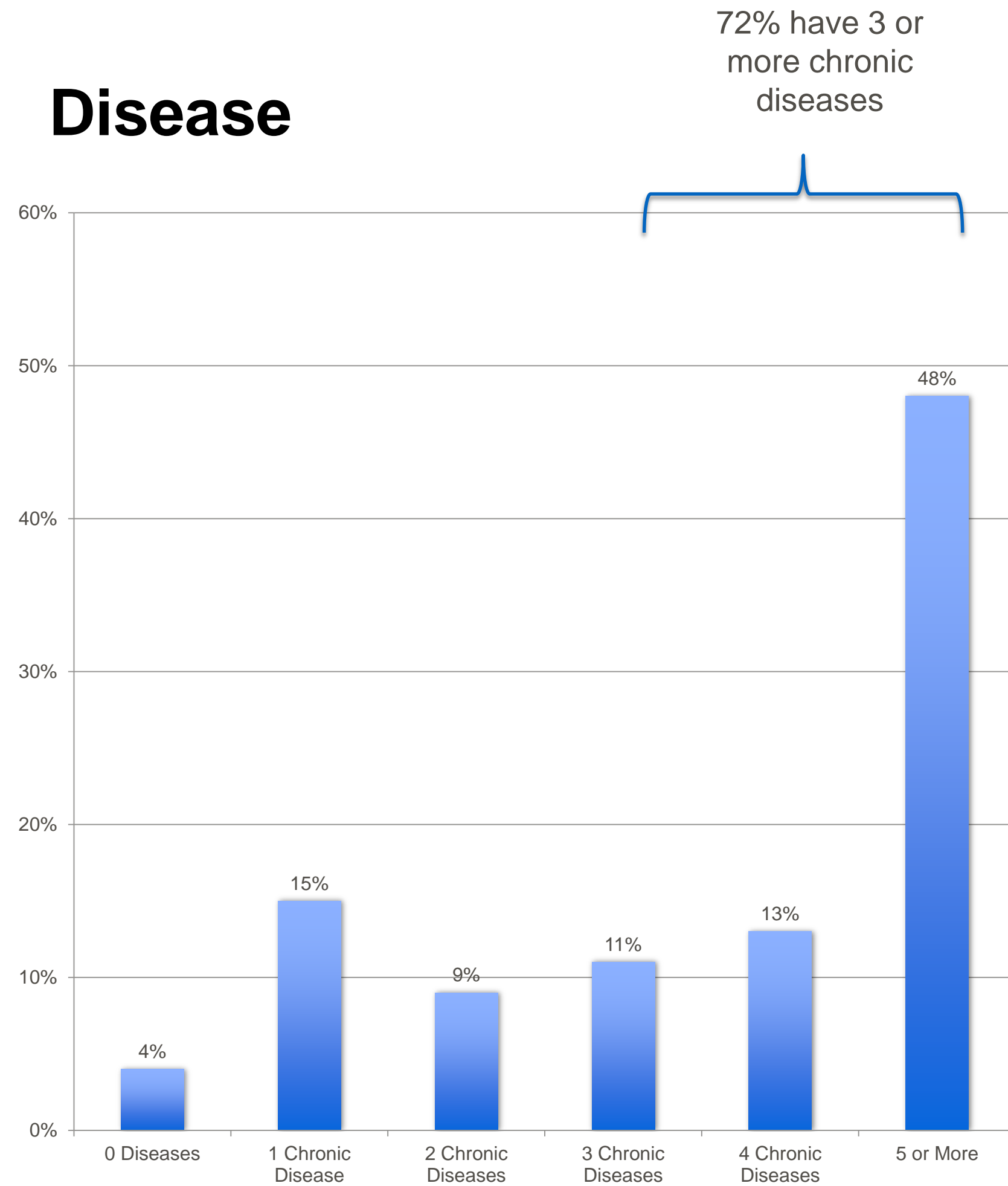
Per Capita Medicaid Costs: Implications of Behavioral Comorbidity



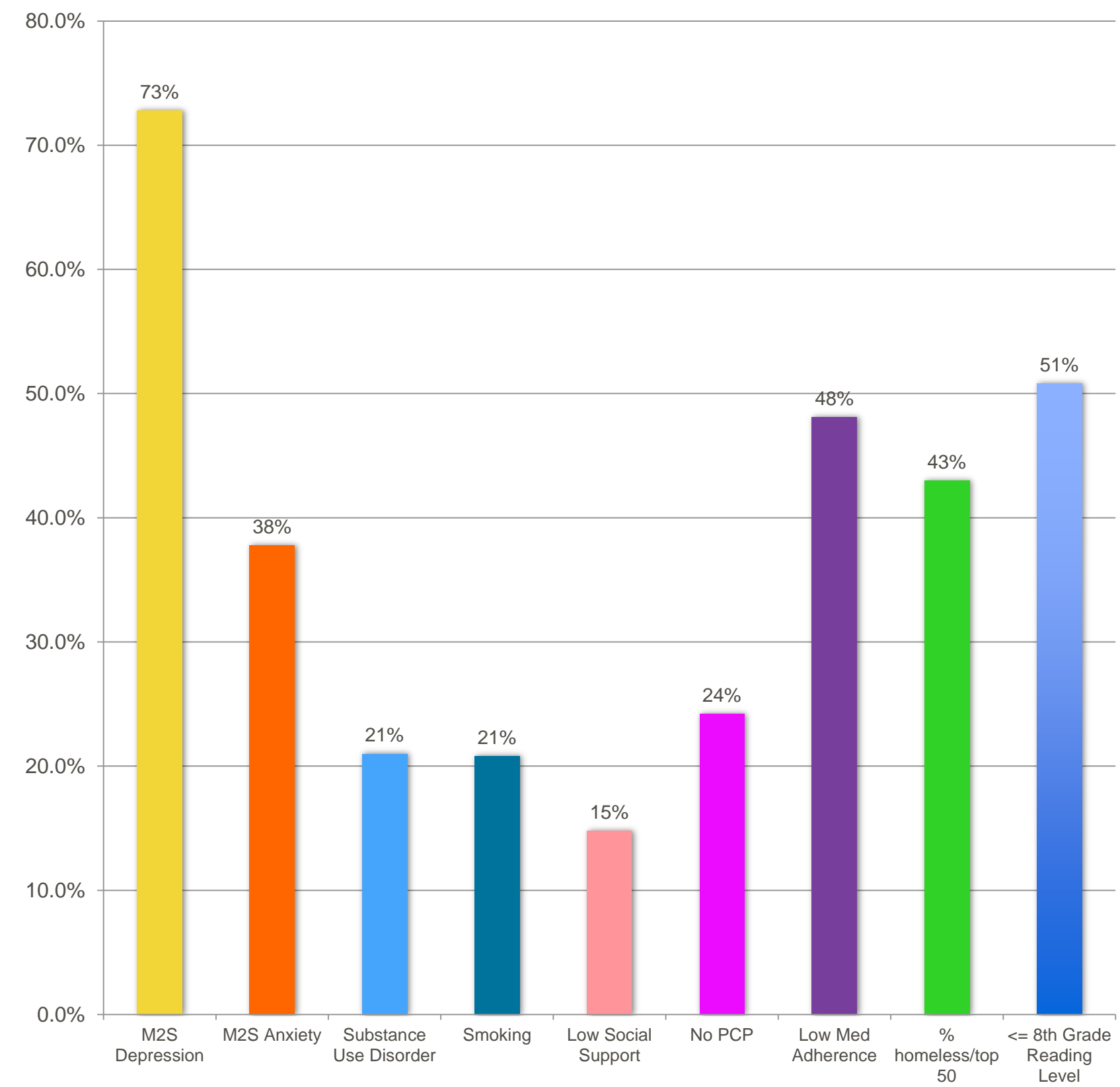
a.k.a "Power Law Distribution"

# Extraordinary psychosocial / disease burden

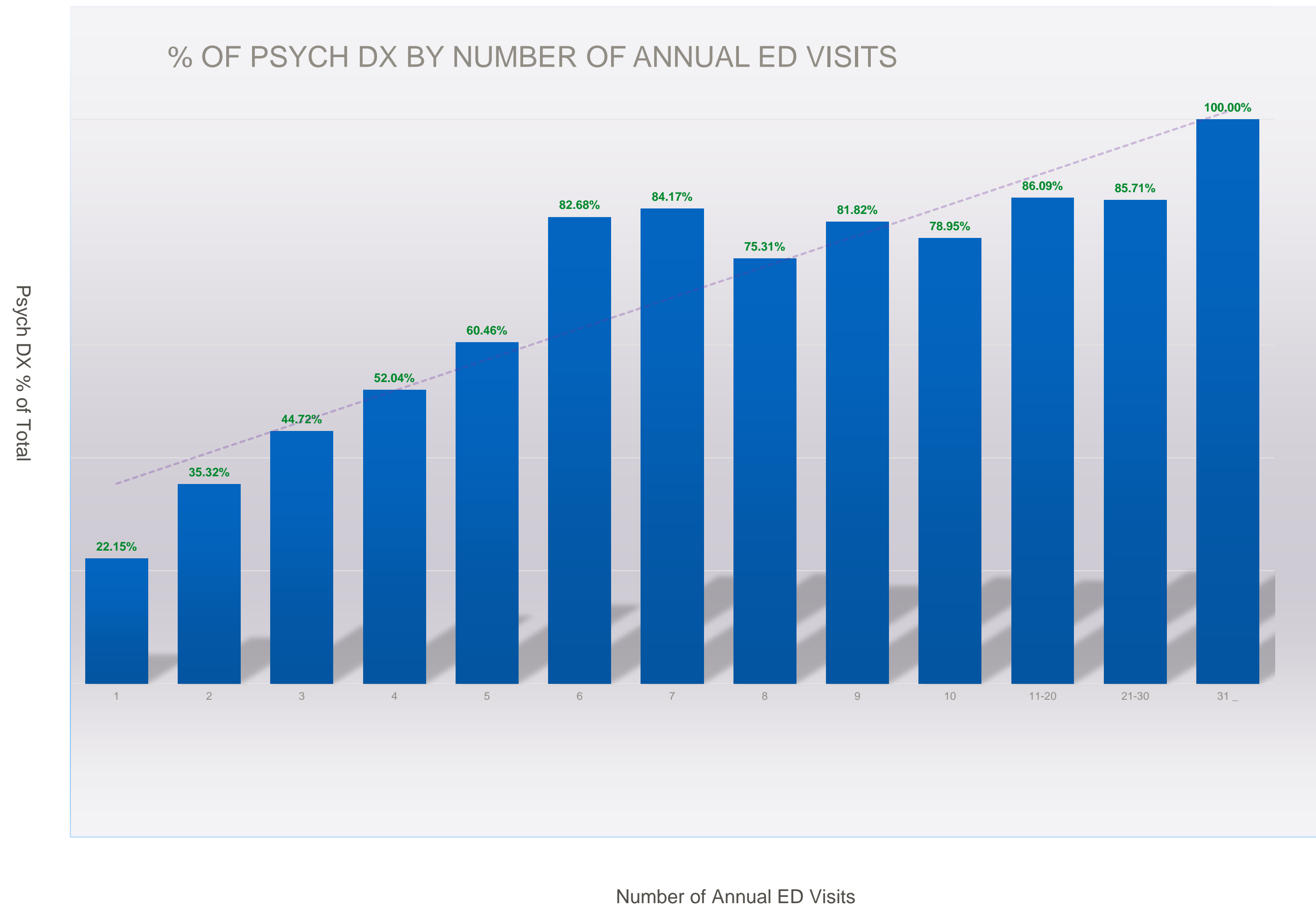
## Disease



## Psychosocial



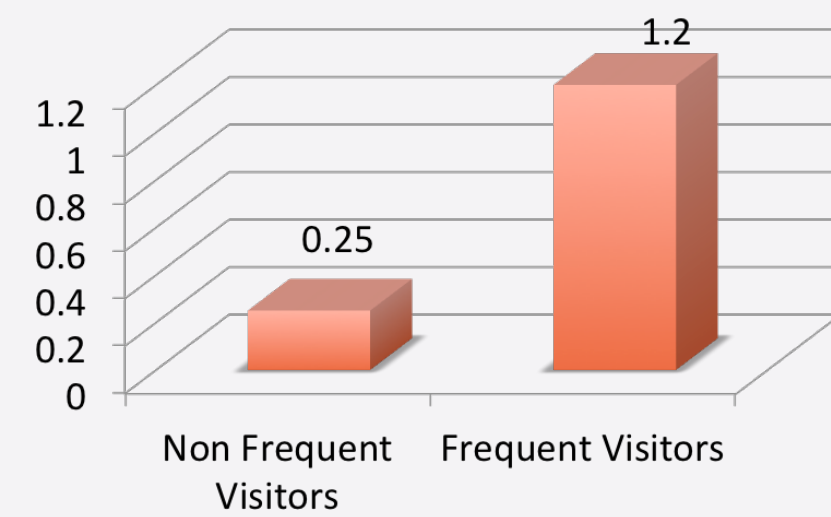
# High rates of mental illness & substance abuse



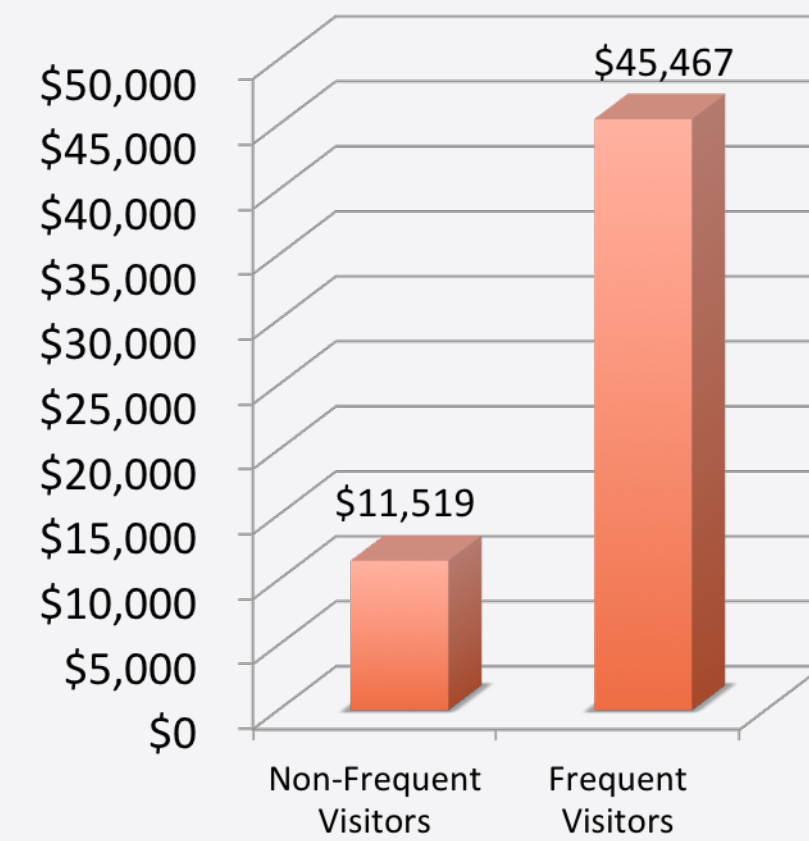
There is a 80% probability that a patient who accumulates 8 or more visits in the previous 12 months has either a mental illness or a substance abuse disorder

**Calendar Year 2014**  
46,186 Visits  
30,100 Unique Patients  
8,300 Patients had a Psych Diagnosis (27.7%)

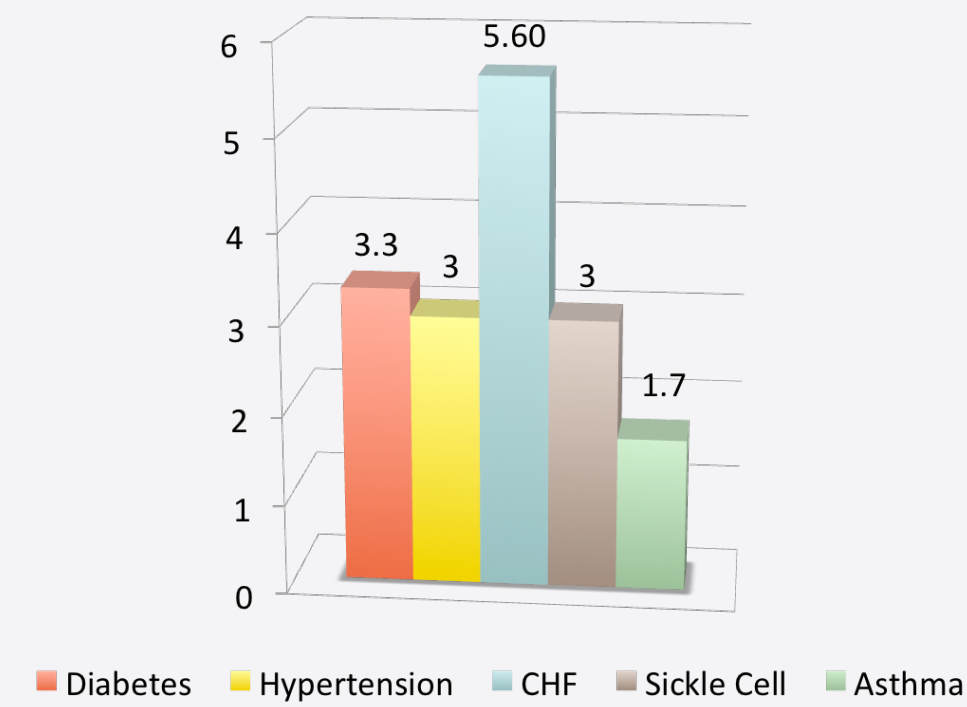
# HIGH RATES OF COSTS & UTILIZATION



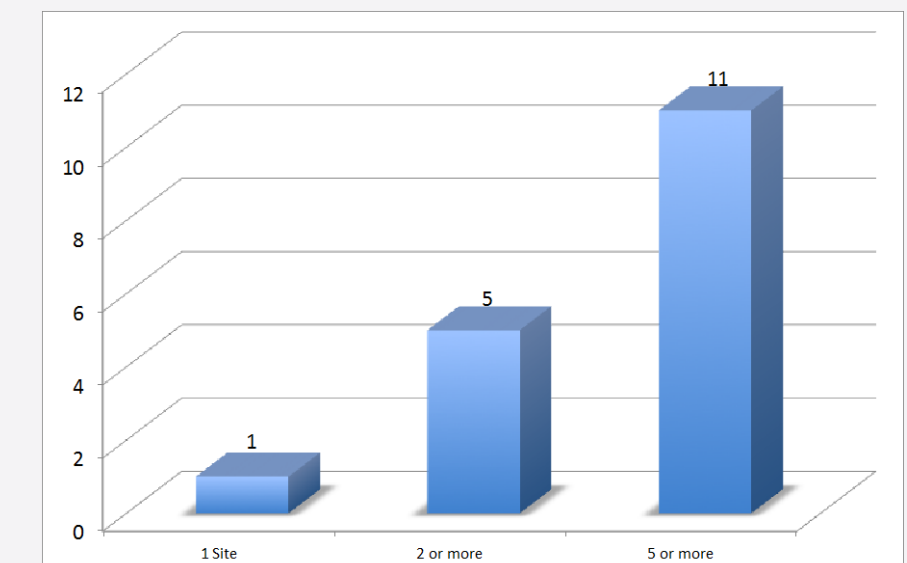
Hospitalization rate



Annual Costs



Annual # of hospitalizations



Relative Costs by number of acute sites of care accessed





## H E A L T H C A R E & H O M E L E S S N E S S

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Homelessness is virtually unrecognized in healthcare, yet this health-related social need carries risks as great as cancer or advanced cardiovascular disease



# UI HEALTH

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68

Number of homeless identified via survey of ED and psychiatry staff in June 2015

- 20 had no encounters in the previous year
- 48 had healthcare costs that 4.8x higher than our average patient

635

Found to date through labor-intensive chart audits

# UI HEALTH EMERGENCY DEPARTMENT FREQUENT VISITORS

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45%

...of the top 100 ED frequent visitors are homeless

20%

...of ED “super-utilizers” (~300 patients who have had 8+ visits in the previous year)

57%

...of UI Health’s 600+ homeless (350) have had at least one ED visit within the previous 12 months

source: UI Health EPIC Project

[Stephen Brown MSW LCSW: UI Health](#)

# WHAT DO WE MEAN BY HOMELESSNESS?

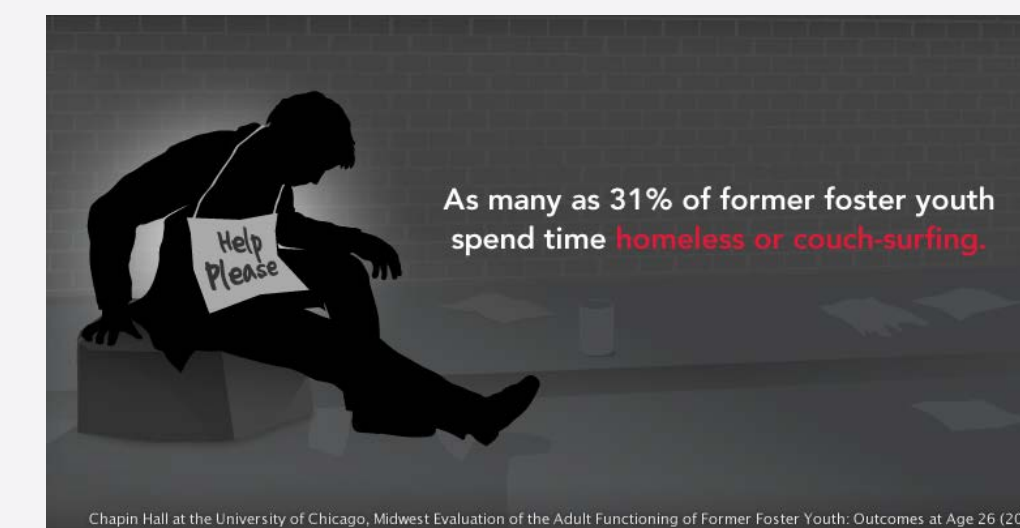
## Three Typologies

transitional **80%**

Both individuals (48%) and families (52%) who become homeless due to a housing, health care, or other financial crisis. They come into the shelter system and stay about three months and often move into housing.

episodic **10%**

More individuals than families who regularly go in and out of shelters. They tend to be younger and leave shelters when they get income, or use shelters seasonally.

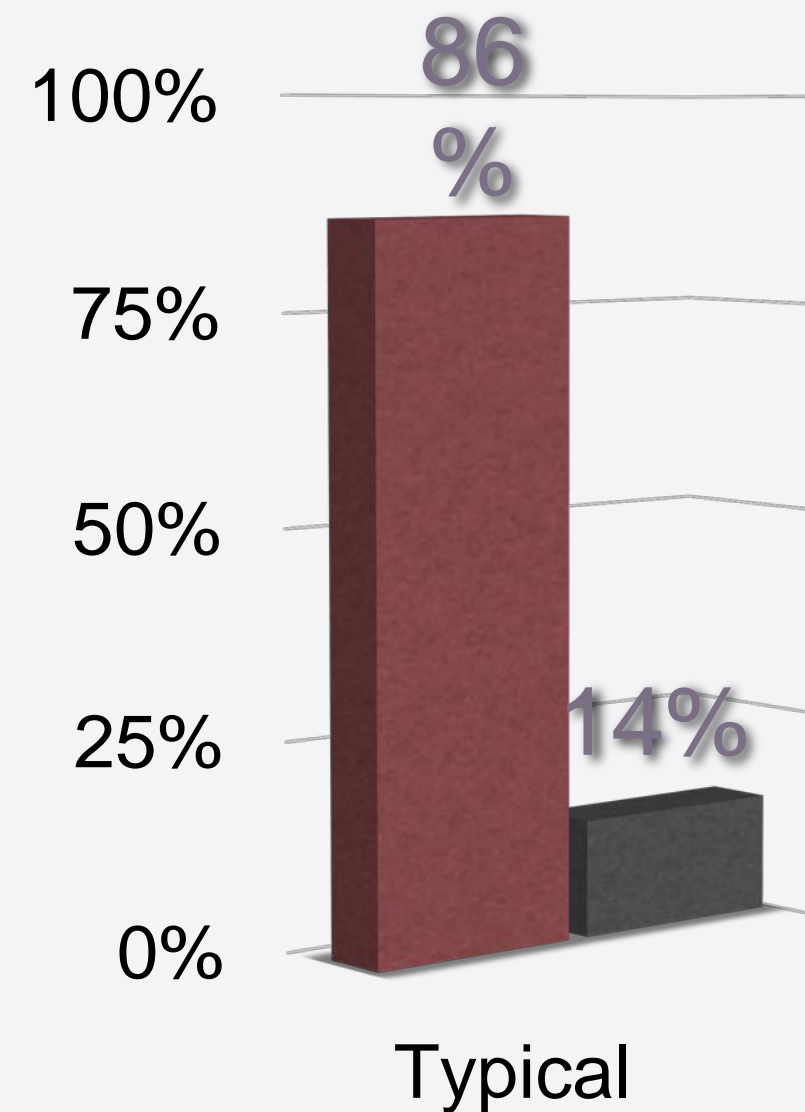


chronic **10%**

Primarily individuals who have been homeless for a year or more, or four times in the last three years. They tend to be older with significant mental illness, substance abuse and many have a chronic medical condition(s).

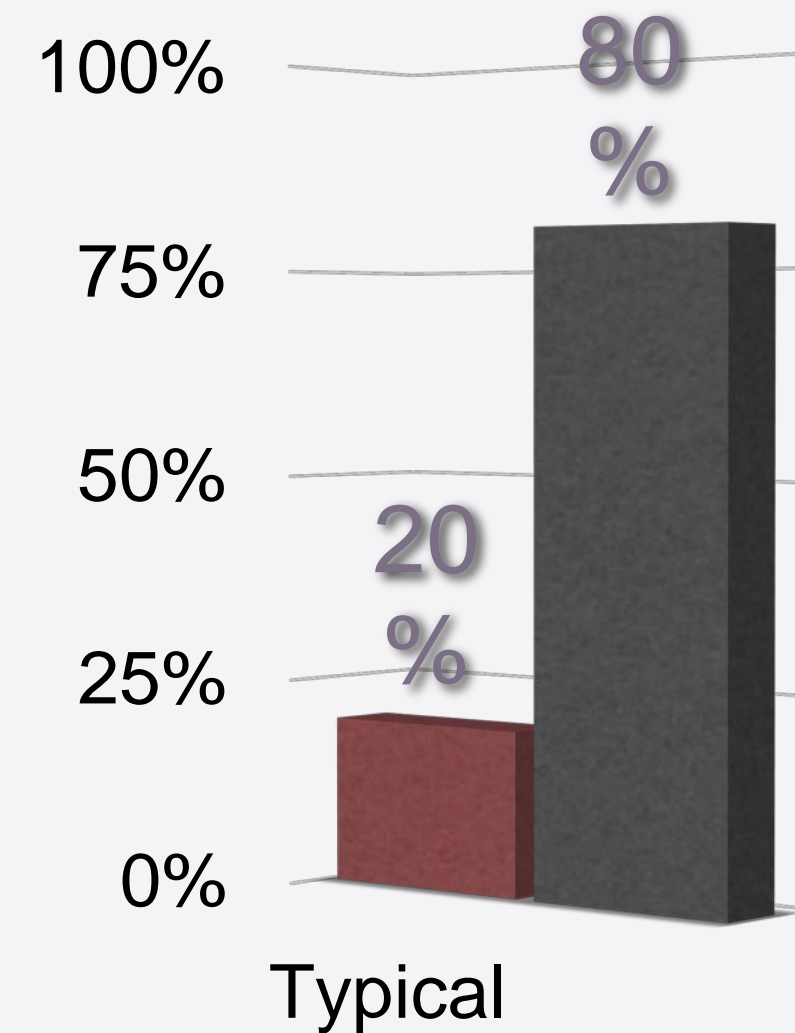
# WHY FOCUS ON THE CHRONICALLY HOMELESS?

Among all homeless, the chronically homeless make up 10-20% of the general population...



Prevalence

...yet account for nearly 80-90% of the total cost of services to the entire population



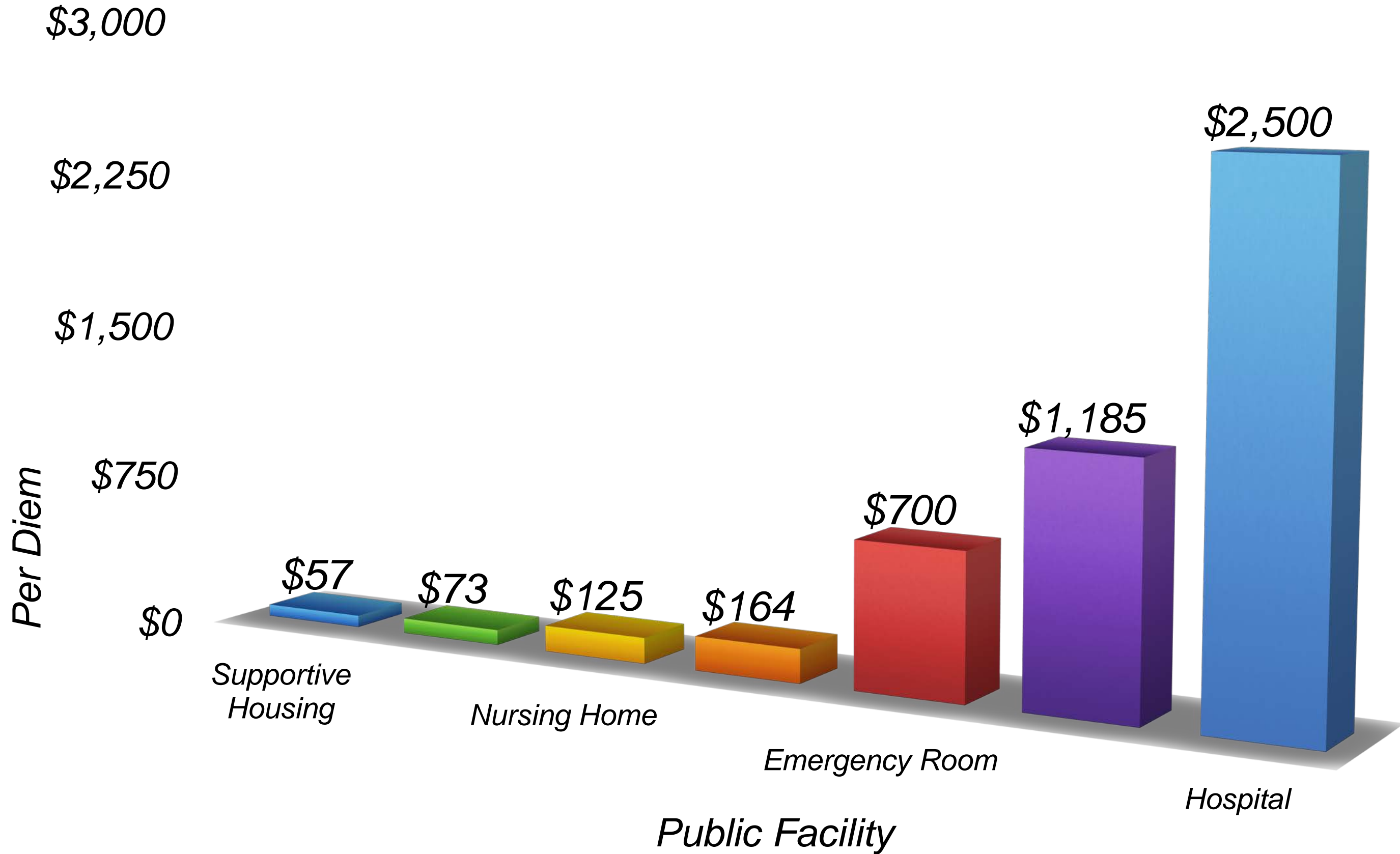
Cost

*We've found that chronically homeless people, who are about 12% of the homeless population, make up 80% of the total government costs spent, from emergency room visits to jail time.... We are wasting a huge amount of money in this country keeping these people homeless."*

Jake Maguire, Director of Communications for the 100,000 Homes Campaign

# AN EXPENSIVE, FRAGMENTED DE FACTO "SYSTEM"

Without the stability of a place to live, the homeless seek services in facilities that are exceedingly more expensive



# SHORTER LIVES

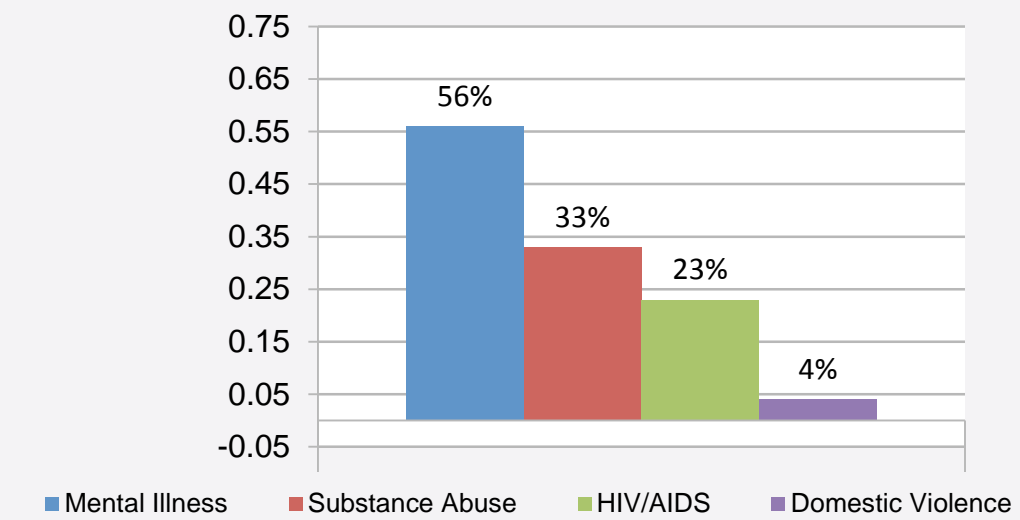
Risk of Early Death



The average American is expected to live to 78 years old  
The chronically homeless' average life expectancy is 53 years old

# HEALTH RISKS

There are high rates of mental illness, substance abuse, HIV/AIDs & Domestic Violence



Up to half of the chronically homeless may have a Traumatic Brain Injury (TBI)



The chronically homeless have high rates of head, neck and breast cancers



60% of the chronically homeless that use cocaine & heroin have asthma or COPD



46% report at least one suicide attempt





# UI HEALTH BETTER HEALTH THROUGH HOUSING

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3

(11.7%)

...of the 27 referred into housing have died.

5

(18.5%)

...have had undiagnosed traumatic brain injury, dementia or intellectual disability, and no family support.

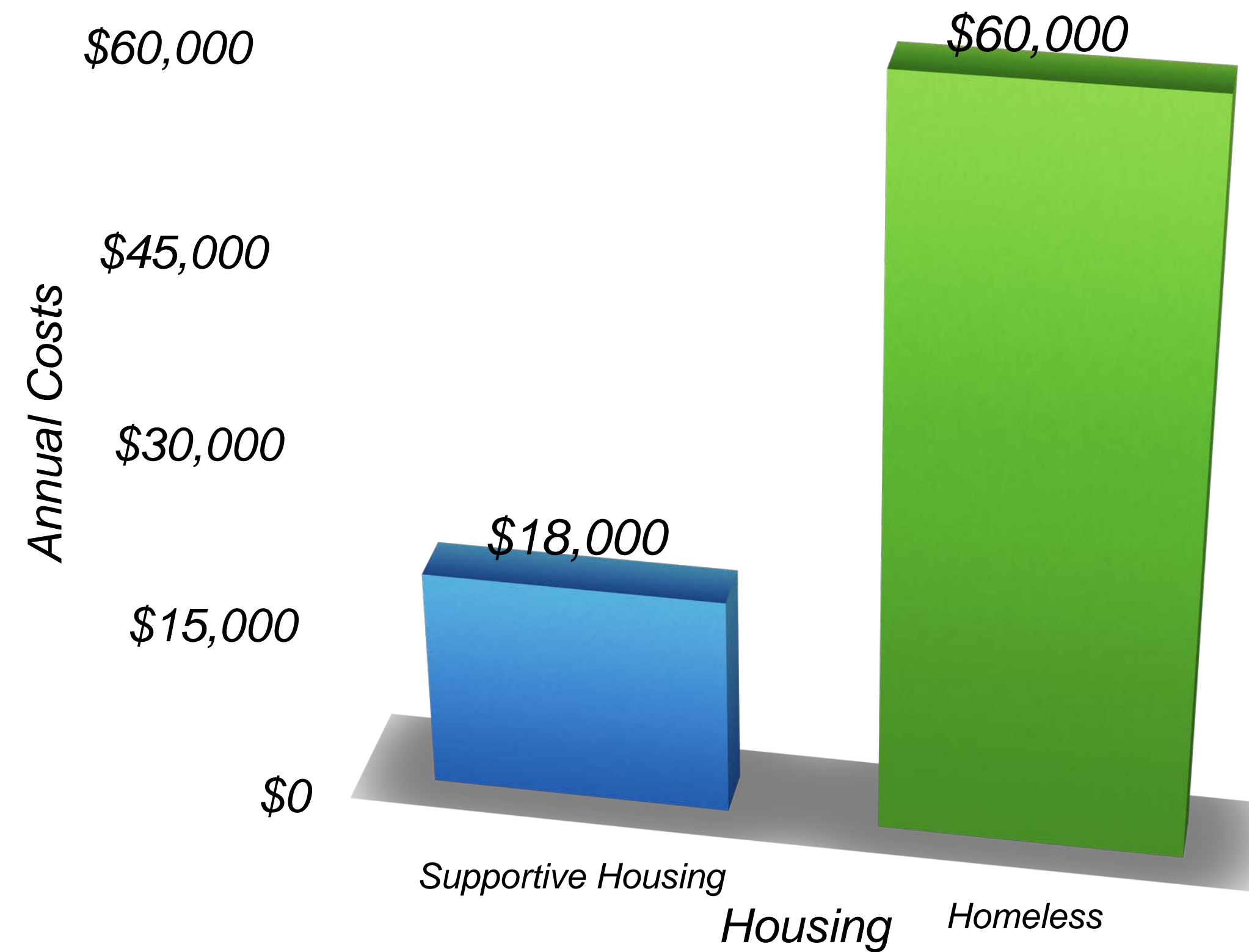
6

(22.2%)

...have head, neck or breast cancer. All are in advanced states and all have been out-of-care

# ITS CHEAPER TO HOUSE THE HOMELESS

Programs in other cities have demonstrated it costs a third to a half to house the homeless rather than having them remain homeless.



# PAYMENT IS A WICKED PROBLEM

## Management

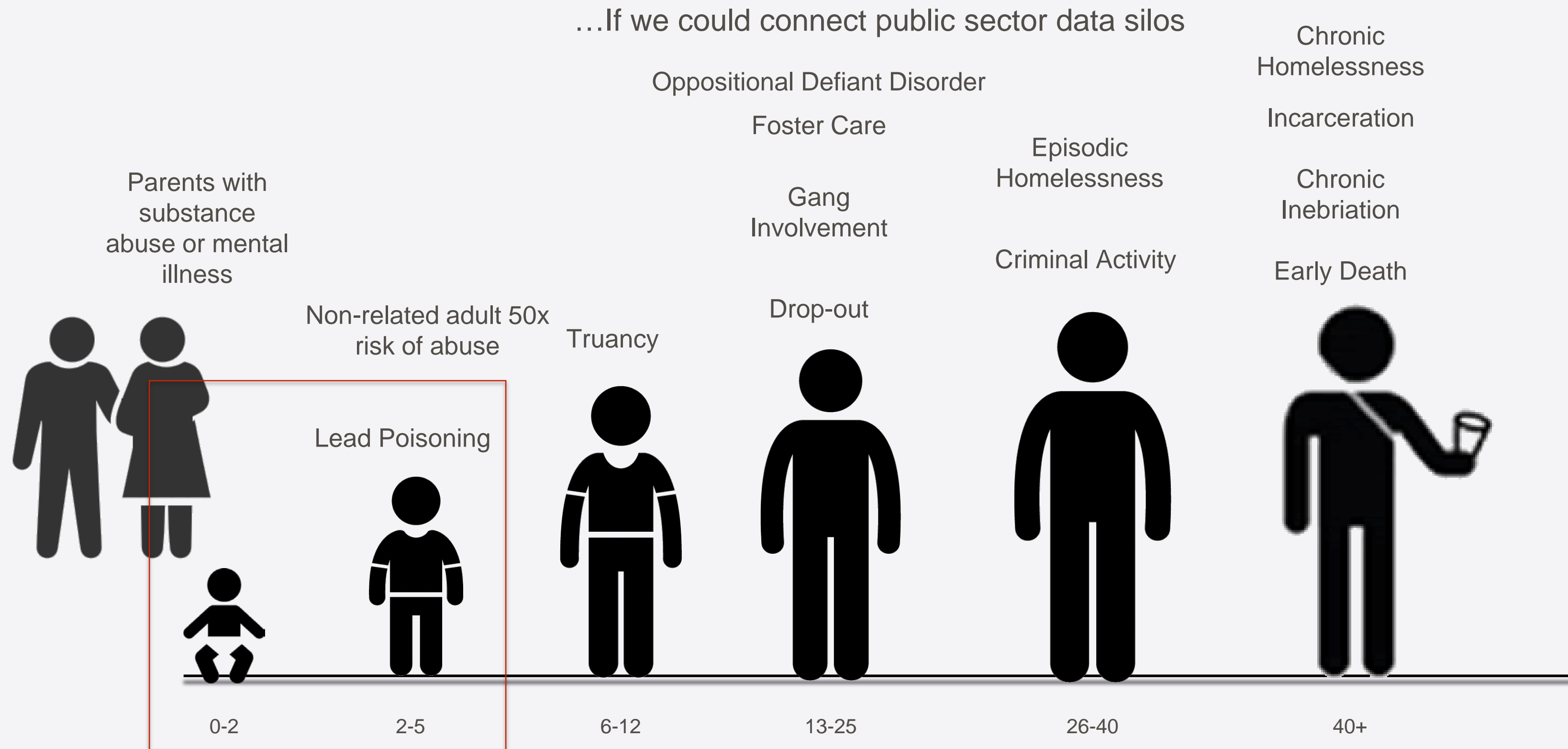
## Prevention



Who?

- Bankers
- Finance

# COULD WE HAVE SEEN IT COMING?



Many chronically homeless have risk factors that originate in childhood, yet develop into issues that span a lifetime,

# THE FOG IS LIFTING

