

SOAR Dialogue Phone Call

April 22, 2011

(Attendance: Emily Carmody, Kristin Lupfer, Dazara Ware, TJ Reynolds-Emwanta, Terri Clark, Jenny Thompson, Spencer Cook, Liz Lumley)

- I. Introductions and Community Updates-
 - a. Emily Carmody, NCCEH- Holding a SOAR Training in Greenville, NC on May 18-19th, please let anyone know who may be interested in getting trained
 - b. TJ Reynolds-Emwanta, PATH, Winston-Salem- Presumptive disability decision came through, one case in the pipeline, and three others who will be filing applications in May
 - c. Terri Clark, PATH, Cumberland County- Presumptive decision was approved, first approval for Terri
 - d. Jenny Thompson, Disability Advocates, Winston-Salem- five approvals this month, connected with a bunch of people at Project Homeless Connect
 - e. Spencer Cook, PATH, Durham- Had a couple of approvals this month with one being a presumptive decision, Liz Lumley and Spencer are part of a subcommittee to the system of care in Durham and have been giving additional "Disability 101" presentations and brown bags to community providers
 - f. Liz Lumley, LATCH, Durham- Slow month for me, been asked to come speak to the medical students at Duke about documenting disabilities in records

- II. Presentation on Hospital Collaborations by Kristin Lupfer from PRA
 - a. PRA recently released Hospital Primer that is available on the website:
<http://prainc.com/SOAR/community/pdfs/HospitalPrimer.pdf>
 - b. Highlights from the Primer
 - i. Look at how collaboration will benefit your program and the hospital you are collaborating with
 1. Beginning of the Primer addresses the question of "What's in it for me?"
 2. For your agency: provide funding, easier access to records
 3. Hospital gains: recovery of costs for care provided previously, provides newly insured patients with ongoing compensated care
 - ii. Steps to develop collaboration
 1. Identifying hospital and medical/mental health treatment providers
 2. Anticipate the hospitals perspective, helps to address issue as a way to provide them more funding
 3. Make sure that you are contacting the right staff at the hospital to have collaboration discussion
 - a. Important to make sure a person from finance or patient billing is a part of the discussion
 - b. Look for individuals involved at the business or administrative level

4. Sometimes hospitals have private contractor firms who already do Medicaid/benefit applications for uninsured patients
 - a. Speak to the hospital about the groups that the private contractor serves
 - b. Look at if they are able to effectively work with patients who are homeless
 - c. Offer your agency's expertise in working with the homeless population in order to work together with the private contractor
5. Sample pilot project agreements between hospitals and agencies at the back of the Primer
6. Examples of Collaborations:
 - a. Wisconsin- partnering with hospital as referral source
 - b. Atlanta, GA- Grady Hospital- agency is working with the private contractor to address cases where people are homeless, awarded a percentage of Medicaid reimbursement that they obtain for the hospital
 - c. Covington, KY- by showing outcomes, have received increased grant funding for SOAR (from \$18,000 to \$75,000 in the last year)
 - d. Raleigh, NC- Triangle Disability Advocates receiving funding from WakeMed Hospitals
 - e. State Hospitals- different issue because state hospitals do not receive Medicaid reimbursement, speeds up discharges
 - f. Wilmington, NC- foundation grant went to outside agency to collaborate with hospital
 - g. Cadillac, MI- Hospital dedicated staff to do SOAR
 - h. Chicago, IL- having residents write medical summaries
 - i. Other examples: access to records, health care for the homeless organization received funding for SOAR work
7. Questions and Discussion
 - a. Terri Clark- Still in the process of working on an agreement with the hospital
 - i. Work with them to have access to resources/psychologist
 - ii. Medical Records issue is worked out by working with their contractor
 - iii. Hospital needs process flow chart to see how cases will be referred from ER
 1. Have created a referral form
 2. Also want to train staff on documenting disability

3. Trying to assess how many people and how much time needs to dedicate to SOAR
- iv. Hospital is interested in funding a SOAR position
 1. Looking at how to track reimbursements
 2. Will use the reimbursement information to make the case for a SOAR position at the hospital
- v. Looking to see if anyone else has a written referral system that Terri can use
 1. Liz Lumley- individuals are referred to LATCH from hospital
 2. Terri- Going to give two charts
 - a. Referral process
 - b. Then staffing chart for program
 - c. Possibly give chart on what it could look like with SOAR position
 3. Emily- would be more than happy to help Terri with this
- b. Emily Carmody- SOAR positions that are closely linked to hospitals have been put in jeopardy with grant funding running out and hospitals not willing to pay anything for the positions
- c. Emily Carmody- issues of private contracting firms working with hospitals already to apply for Medicaid
 - i. Hospital's Question: We already have an agency that does these applications, why should we fund you?
 - ii. Kristin- In Michigan, agency was able to look at how many individuals in a month came into the ER who was homeless
 1. Costing the hospital \$140,000 per month
 2. Conversation with private contractor about how they are doing in tracking people who are homeless
 3. Involving private contractor in the process discussion
 4. Challenge: How much is the population who is homeless costing the hospital?
 - iii. Liz Lumley- grant for position is up on June 13th
 1. Speaking to hospital about keeping position
 2. Have had issues with getting any information from private contracting company
 3. Hospital and private contractor are not tracking who is homeless, who they are not serving

4. Was able to show hospital how much SOAR position has saved the hospital in one year
 - a. \$1.25 million in one year
 - b. Hoping this figure would convince hospital to keep position
5. Liz has been meeting with the Patient Revenue Management Department at the hospital
- d. Emily- brings up a good point about thinking about how you will track and use your outcomes with the hospital
 - i. Medicaid reimbursement amounts
 - ii. How housing has impacted number of trips to the ER
 - iii. Liz Lumley-
 1. The money is the most important outcome to show the hospital
 2. Information about linking to services and houses is not as valued
- e. SOAR is part of a larger conversation with hospitals
 - i. Addressing the issue of high utilizers of ERs and inpatient services
 1. Health Care Reform adds a layer of oversight with hospitals where hospitals will be penalized for readmissions to the ER for the same condition
 2. With these penalties coming in the future, housing and services will be more important to hospitals
- f. Update on NC State Hospital systems
 - i. Emily met with Laura White and other DHHS staff this week
 - ii. Attempting to roll out a SOAR program within the hospital system
 - iii. Holding a Documenting Disability training for doctors at state hospitals to strengthen medical records
- g. TJ Reynolds-Emwanta- New relationship with PATH and Baptist Hospital
 - i. Baptist Hospital has been managing the PATH contract for the past year
 - ii. Improved access to records for clients, electronic and paper records
 - iii. Working with ER staff to refer homeless individuals who frequent the ER to refer to PATH

1. Hospital staff is now more familiar SOAR and what the program can do
 2. Hoping it will also strengthen relationships with doctors in order for them to sign Medical Summary Reports
- iv. Kristin-
1. Grady Hospital tracked how many times people came to the ER before receiving benefits vs. after getting connected to benefits
 - a. ER services are some of the most expensive services in the hospital
 - b. Do you see that as a possibility with PATH?
- v. TJ- Centerpoint LME's Homeless Coordinator has more access to the ER information
1. PATH has partnered with the Homeless Coordinator to get connected to homeless individuals coming to the ER
 2. Once PATH has more access to the ER, hoping to get ahold of that information
 3. Baptist Hospital does track who is homeless and coming to the ER
 4. Have had good experiences with connecting patients to benefits quickly which helps with establishing relationships with doctors
- h. Liz Lumley- starting to look at all the individuals who have been awarded benefits to see about ER usage
- i. Trying to prove that it lowers ER usage with benefits
 - ii. Emily- Please pass this information along to NCCEH so that we can have some data about costs vs. income with SSI/SSDI benefits
 - iii. Emily- NCCEH is trying to come up with standard formula about the average costs for individuals prior to receiving benefits
- i. Dazara Ware from PRA/SOAR program
- i. When working with hospitals, the bottom line is the money
 - ii. Tracking is imperative to increase collaboration with hospitals
 - iii. Data provides leverage to recruit other agencies to be a SOAR provider in communities

- iv. Emily will make sure to pass on information that is being tracked by other communities and agencies
 - j. Always important to think about outcomes from the beginning of the collaborative process
 - i. Terri- at first meeting with hospital, involved Billing Department
 - ii. Terri- now will be able to set up report about reimbursement and service usage

III. Other Issues and Questions in Communities

- a. None reported

IV. Next Phone Call, Friday, May 20, 10-11 am (change of regular day due to SOAR training)

- a. Judith Romanowski will be on the call to discuss collaborating with disability attorneys
- b. Register for the call by following this link: <http://ncceh.org/en/cev/428>

V. Future Topics

- a. Please contact Emily if you have any ideas for discussion topics
- b. Please contact Emily if you would like to present to the group about a topic