

May 13, 2019

Upham's Corner Health Committee, Inc.

Response to Shattuck Campus Redevelopment
Request for Information

#FY19SHATREDEVRFI



Introduction

This document is in response to the EOHHS Shattuck Campus Redevelopment Request for Information posted on April 18, 2019. The intent is to provide the Commonwealth a ground-level view of the challenges and opportunities as it relates to the major initiative of repurposing the Shattuck Campus.

Organizational Overview

The Upham's Corner Health Committee, Inc. (UCHC) oversee three major programs servicing the North Dorchester/Jamaica Plain/Roxbury communities and underserved populations across the City of Boston. Through the PACE, FQHC, and Home Care programs, UCHC is able to offer a wide range of physical and behavioral health care alongside social services to a diverse population with the greatest level of need. Program descriptions are below:

Upham's Elder Service Plan/Program of All-Inclusive Care for the Elderly (UESP/PACE)

Upham's Elder Service Plan, a Program of All-Inclusive for the Elderly (UESP/PACE), began operation in 1996. UESP is a comprehensive health plan designed to support elders living in the community. The program is a part of a national PACE Program, with comprehensive health care and social services. It focuses on coordinated, interdisciplinary geriatric care for people 55 years of age and older, who have medical needs and want to continue to live in the community for as long as possible. It has many services and advantages for those who need care and support to live safely at home and maintain independence. UESP/PACE has expanded over the years and currently consists of 3 sites in the service area, which includes most neighborhoods of Boston.

Our mission is to provide comprehensive and continuous health and social services that will support the independence and nurture the spirit of frail, older individuals. In cooperation with community and family caregivers, we will provide interdisciplinary care, with compassion, respect for dignity, and sensitivity to cultural differences.

UESP has a keen interest in the emerging, critical nexus of housing and services for vulnerable populations. It was the first PACE program to participate in the "Senior Surge", a 2016 housing stabilization initiative conducted in partnership with the City of Boston, the Boston Housing Authority, and Executive Office of Elder Affairs to end chronic homelessness. For vulnerable populations, UESP recognizes that housing is the number one medical problem that needs to be addressed. Since 2014, the program has partnered with the Boston Housing Authority to launch a supportive housing department that has effectively allowed for a decrease in hospitalizations, a decrease in falls, increases in medication compliance, and an overall enhanced quality of life while saving costs in the long-run.

Upham's Corner Health Center

Organized in 1971, Upham's Corner Health Committee, Inc. d/b/a Upham's Corner Health Center's mission is to provide comprehensive, culturally competent, community-based health and social services, so as to maintain and improve the health and well-being of residents of North Dorchester and the adjacent neighborhoods of Boston, Massachusetts.

Upham's Corner Health Center (UCHC) provides comprehensive primary care to meet the needs of the service area by offering a wide array of integrated medical services, including family-based primary care, OB/GYN, podiatry, dermatology, dentistry, eye care, behavioral health services, addiction services, social services (including crisis intervention, advocacy, and community outreach), HIV/AIDS services, urgent care, family planning, teen clinic services, health education, nutrition, pharmacy, and Women, Infants, and Children (WIC). Using a team-based approach, clinicians, paraprofessionals, and support staff work collaboratively to provide services for the entire age spectrum in a culturally sensitive, language appropriate manner. In providing quality care to all people who come to UCHC, we are affiliated with Brigham and Woman's Hospital (Partners); Boston Medical Center; and Boston Children's Hospital.

Upham's Home Health Care

The Home Care Department's mission is to provide quality, comprehensive and coordinated home care services to the residents of Dorchester and surrounding areas. Our staff has years of experience coordinating and delivering services needed to meet the patient's medical, physical and family needs.

A professional team of Nurses, Social Workers, Home Health Aides/ Homemakers, Occupational Therapists, and Physical Therapists provides comprehensive, coordinated and accountable in-home services to homebound clients who are chronically or terminally ill. The program focuses its services on low-income clients who face linguistic or cultural barriers and have physical and mental disabilities that cause them to be homebound.

Response

- 1. Provide information on the type of services that could be added to the Campus. Respondents do not need to have expertise in all program or service areas.***

In meeting the Commonwealth's vision of an innovative and person-centered space, UCHC encourages the inclusion of PACE driven supportive housing in order to meet the needs of the increasing senior population facing rising living costs within the City of Boston. According to the Aging in Boston Reportⁱ, the number of Boston residents age 60+ is projected to increase to anywhere between 120,000 and 130,000 by 2030. 48% between 2007 and 2011 lived in a rental residence, and 38% lived alone. 75% of Boston seniors, and 52% of elder couples had incomes below the Elder Economic Security Index. Furthermore, elder adults are an increasingly diverse group, and 20% reported limited English proficiency or no English proficiency, and 19% lived in a linguistically isolated home.

Community based PACE programs are ideal for this population living in supportive housing on the Shattuck campus. UESP prioritizes keeping participants in the community, and only 5% of individuals reside in an Assisted Living Facility or Nursing Home, despite the fact that participants must be nursing home certified to enroll. The program is ultimately responsible for the provisioning of all physical, behavioral, and social services, allowing it to offer seamless, fully coordinated care. PACE is also committed to culturally and linguistically appropriate care, tracing back to its roots in the On Lok system aimed at providing long term care services for immigrants from China and the Philippinesⁱⁱ. Finally, the capitated model of payment for PACE means not only a strong incentive to offer preventive services that disincentivizes hospital admissions and emergency room visits, it also allows the opportunity for innovation in its care delivery and forward capital to make investments in areas such as housing that offer a strong return on investment.

In addition to PACE, there is a notable lack of Primary Care services offered on the current Shattuck Campus. Primary Care is widely recognized as the foundation for health care both domestically and internationally and are linked to a wide range of improved health outcomes. Access to Primary Care has been linked to improvements in all-cause mortality, heart disease mortality, and cancer mortalityⁱⁱⁱ. It is particularly important in addressing disparities in health outcomes, with "higher ratios of primary care physicians to population [being] associated with relatively greater effects on various aspects of health in more socially deprived areas"^{iv}. In coordination with effective case management and support systems, Primary Care is also a cornerstone of caring for high need/high cost individuals^v, many of whom utilize, or are expected to utilize the Shattuck Campus. Community health centers are of particular

importance. In the United States, the Health Center Program provides care for 1 in 12 individuals, and very often those who are most vulnerable^{vi}. Altogether, UCHC believes there is a strong case for the delivery of Primary Care on-site, which would be at its most effective if fully integrated with the broad range of services both current and planned.

Finally, UCHC recommends additional facilities serving individuals with behavioral and mental health challenges, with the explicit inclusion of permanent supportive housing that specializes in the integration of this population with the broader community. A mixed housing model that includes lower-to-middle class affordable units and full social supports for those with behavioral needs would work significantly towards reducing barriers resulting from stigma and emphasizes a focus on holistic community wellness. The provisioning of new dedicated case management and behavioral health support, in addition to clear pathways to both Primary Care and existing ‘higher level’ services is crucial to the successful care of Shattuck residents. However, integration with the broader population is also a key element to creating “communities of care”^{vii}. For an example of this approach, please see the Broadway Housing Communities (<https://broadwayhousing.org/about/>), a non-profit that takes “high impact approaches to the challenges of inequality and homelessness in the underserved New York City neighborhoods of West Harlem and Washington Heights” through a model that is “rooted in community, and a commitment to insuring that adults, children and families... receive the support they need to live independent, stable lives”.

UCHC is in full agreement with the principles of community integration, housing, and a fully coordinated continuum of services outlined in the RFI. Furthermore, the organization believes that planning for the community integration component is necessary to provide the highest level of service and mitigate local resistance.

2. Describe any specific issues that would deter or encourage an organization from partnering with the Commonwealth. Integration of existing and new services should be a priority of the Commonwealth.

Sustainability is a key priority for any organization seeking to advance its mission through practice. While financial models may exist to support a half-measure approach, gaps in services due to insufficient funds for the target population lead to a high probability of systemic failure. Furthermore, successful implementation of the Commonwealth’s vision will require deliberate planning and coordination across health care providers, social service providers, and developers, in addition to the programs remaining in place. UCHC is in ongoing conversation with development agencies such as the Dorchester Bay Economic Development Corporation, but it is essential that communication from the Commonwealth is clear and provides sufficient

time to develop a properly planned out bid. Incentives, however available, should encourage a cross-sector approach acting on a cohesive vision for the Shattuck Campus.

3. *Identify what steps an organization would need to take to partner with the Commonwealth and a rough timeline for these steps.*

In order to partner with the Commonwealth on the Shattuck initiative, UCHC would require a detailed procurement process that communicates priorities and planned approach towards implementation. An opportunity to develop partnerships that fully satisfy those criteria is also essential for organizations to ultimately meet deliverables.

4. *Describe what resources, including funding and financing models, are necessary to enable a partner(s) to finance the design, permitting, leasing, and construction of the project and ongoing management of the site.*

For the permitting, leasing, and construction of a new site, it is essential for service providers to partner with a development agency or agencies, as well as real estate management professionals who bring expertise in their respective areas. At the same time, there is opportunity in developing partnerships with service delivery organizations early on. These early partnerships would allow for service delivery informed design, affirm an advance scope and scale of services, and reduce uncertainty resulting from sub-procurement.

On the service delivery side, organizations would need a sustainable financial operating model that results in a net-positive margin. As noted above, PACE programs are currently financed through a payment model that is in-line with the delivery of these services. Non-capitated programs, even those that are a value driven, shared savings model, must still have a fee-for-service component, or a volume based supplemental reimbursement mechanism, that allows for sustainable care delivery.

Contact Information

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