

# PHYSICAL HEALTH ANALYSIS GUIDANCE

**Background:** The population of people experiencing homelessness in the United States is aging, and with this shift, extant housing typologies and service packages are not able to fully meet the complex needs of this population. This document serves as guidance for the clinical criteria that render someone both in need of and a best fit for enriched supportive housing programs (defined below). The purpose of this document is to provide a set of physical health indicators for health systems to identify clients who meet the threshold for enriched supportive housing.

**Medical complexity:** Overall, we assess individuals who have a progressive and chronic medical condition that is likely to worsen over time. Examples of conditions include, but are not limited to:

- End-stage organ failure, including
  - Heart failure: Objective measure includes an ejection fraction of less than 30%
  - Liver failure: Objective measures include reduced albumin, platelets, and elevated bilirubin and PTT/INR
  - Renal failure: Objective measures include creatinine greater than four and/or dialysis.
- Active cancer requiring ongoing treatment or history of cancer with complications of past treatment
- Progressive neurologic diseases such as Multiple Sclerosis, Amyotrophic Lateral Sclerosis, Parkinson's disease, Dementia, Alzheimer's and poorly controlled seizure disorder
- Advanced lung disease, such as COPD: Objective measure includes oxygen saturation of less than 90% on room air.
- Insulin-dependent diabetes
- Conditions of impaired circulation, such as venous stasis disease or arterial insufficiency resulting in amputations, chronic wounds,
- History of stroke or transient ischemic attack (TIA)
- Severe hypertension
- Recent history of blood clots such as deep vein thrombosis or pulmonary embolism
- Chronic arthritis and other musculoskeletal disorders with ongoing chronic pain
- HIV/AIDS: Objective measures include a CD4 nadir less than 200 and a consistently detectable viral load.

**Functional compromise:** Objective measures include reliance on mobility assist devices such as wheelchairs, walkers, or being bed-bound by illness or disability. This may also include a measure related to incontinence of urine or stool. Less visible conditions, such as severe and persistent mental illness, traumatic brain injury, chronic substance use disorders, and cognitive disabilities, can also lead to functional compromise. The inability to perform activities of daily living (ADLs) independently defines functional compromise. ADLs are defined as walking, feeding oneself, toileting, dressing, etc.

**High utilization:** While most medically complex disorders that are not adequately treated result in high utilization of emergency department, inpatient care, and/or skilled nursing services, some chronically homeless seniors do not access conventional systems of care due to individual and structural barriers, as well as past experiences of bias or poor treatment.