



FaithHealthNC

A Shared Mission of Healing

Engaging Communities through Supporters of Health

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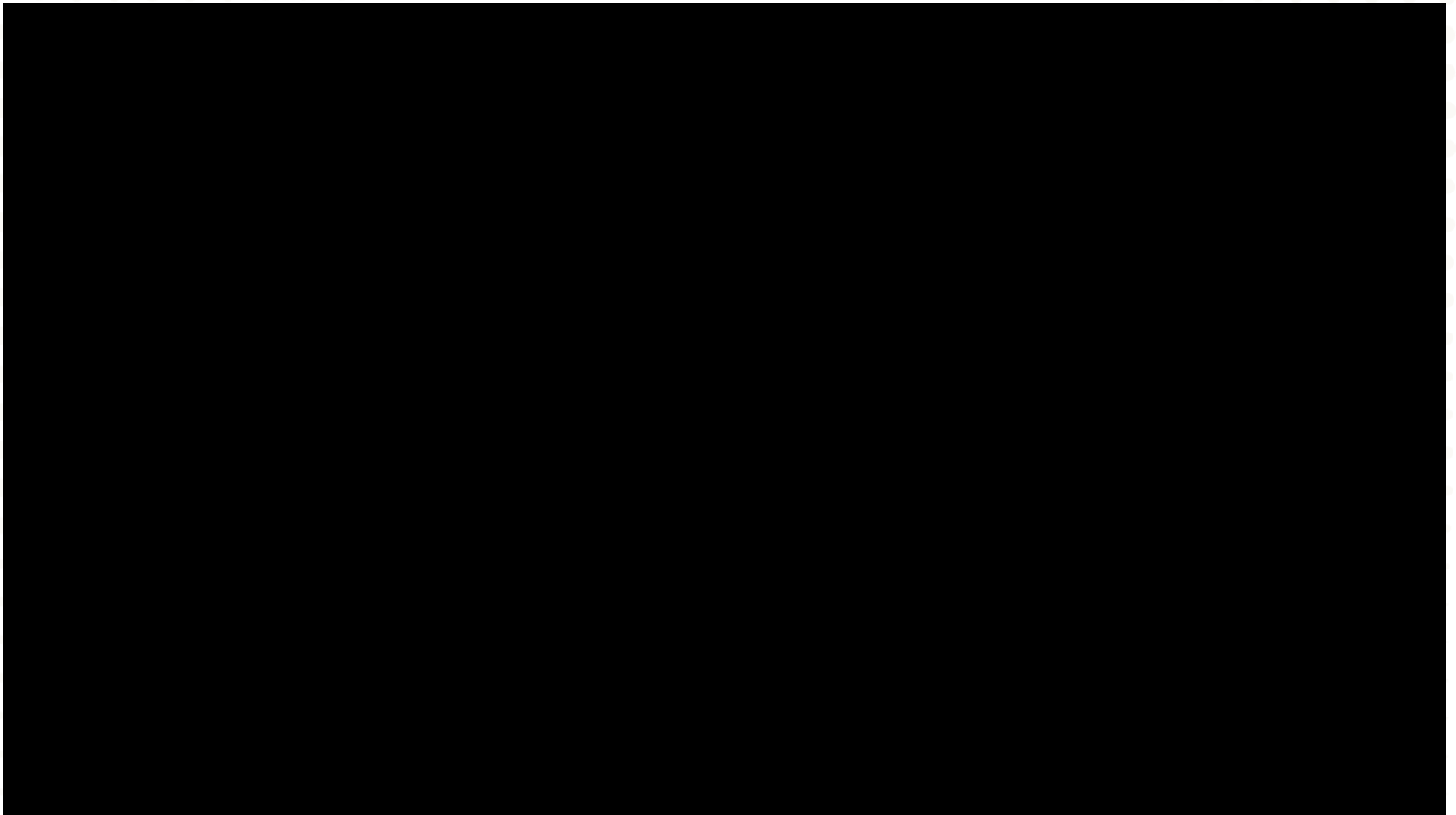
North Carolina Public Health Leaders' Conference

January 24, 2019





Enrique Catana Ramiro and Martin Sepulveda's Story



Two Beneficial Complexities that Make the Case

Population Health

Value

Community

Proactive

Social Drivers

Trust

Mission

Values

Community of Spirit

Mercy

Social

Love

“Proactive mercy is smarter and cheaper than reactive charity.”

– Gary Gunderson M.Div., D.Min., D.Div.
Vice President, FaithHealth Division



Program Design and Development

Timeline

- **July 2012**: Rev. Dr. Gary Gunderson appointed to oversee spiritual care services (later renamed FaithHealth) at WFBH – arrives from Methodist Le Bonheur Healthcare in Memphis, TN
- **January 2013**: Karen Huey, VP of Facilities, initiated discussions with Gunderson involving Human Resources and Transitional & Supportive Care in attempt to avoid outsourcing 267 Environmental Services for cost savings
 - **40% of EVS staff lived where 50% of hospitals charity care was concentrated in Winston-Salem**
 - **Outsourcing deferred with promise to save same amount \$ by cross-training some EVS staff as CHWs for proactive care management**
- **March 2013**: Formed design team with representatives from Environmental Services, FaithHealth, Care Coordination, Compliance, others – **participating EVS Staff named themselves Supporters of Health**
- **February 2014**: FaithHealth hired first full-time Supporter of Health – as a transfer from EVS

Katharine Luther, RN, MPM
Vice President
December 15, 2014 Blog

“A recent headline in the *Becker Hospital Review* states, ‘Detroit Medical Center May Outsource Housekeeping, Lay Off 565.’ While many organizations are considering similar decisions, **Wake Forest Baptist Medical Center (based in Winston-Salem, NC)** took a different approach. Although it looked at several options during a review of housekeeping operations, the leaders did some soul-searching, went back to the Medical Center’s roots as a faith-based organization, and ***decided the workers had a role to play in the lives, families, and communities of Environmental Services employees. Wake Forest Baptist leaders looked at where these individuals lived and saw a significant overlap between their neighborhoods and the most socially complex patients that Wake Forest serves.***”



Foundational Education & Training

- **Community Health Advocate Program**
 - Developed at Meharry Medical College in Nashville, TN
 - Adapted by University of Mississippi Medical Center
 - Foci: ***Roles, Health Literacy, Hypertension, Diabetes, Community Patterns, Skill Practice Sessions***



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- **Primary Care, Safety Net and Community Based Services Orientations**
- **Shadowing of HealthCare Access (a Care Share Health Alliance network member) Patient Navigator**– made home visits for uninsured to navigate them to medical and community services



- **HIPAA Compliance**
- **Additional Diabetes Education and Management (via national programs and local community nurses)**
- **Safety**

Supporter Expertise

• Relational, Life Experiences

- Medical resources and health information
- Behavioral health resources and basic assessment
- Social and community resources and referral processes
- Spiritual support and connection

Program Operations

A Shared Service for Inpatient and Outpatient Clinical Providers, and the Winston-Salem Community

Funding

- FaithHealth initially received funding from an internal hospital foundation (North Carolina Baptist Hospital Foundation) as a population health innovation for vulnerable communities:
 - **FaithHealth received \$1m**
 - **~\$300k funded 5 Supporter of Health positions**
- After achieving proof of concept, positions are now funded by health system operations as a corporate service along with Chaplaincy and our other FaithHealth departments

Staffing and Roles

- 6 Full-time Supporters of Health
 - 5 Community-Based (in community 4 days/week in office 1 day/week)
 - Visit client homes
 - Represent and advocate for clients in the community
 - Accompany clients to medical and community appointments
 - Provide education and encouragement for clients
 - 1 Office-Based
 - Receive and respond to medical provider referrals via:
 - Email
 - Consult orders (via EPIC Electronic Medical Record)
 - Phone
 - Receive and respond to client self-referrals and community referrals via:
 - Walk-ins
 - Phone
 - Website
 - Assess referrals based on patient criteria, department guidelines, patient/client permission, geographic coverage, etc.
 - Triage referrals to Community-Based Supporters of Health and FaithHealth Connectors (individuals connected with faith communities and networks)

Target Populations

- **Vulnerable Communities**

- High Charity Care Zip Codes in Winston-Salem
 - 27101
 - 27103
 - 27105
 - 27107
 - 27127

- **Vulnerable Persons**

- High # of ED Visits
- Uninsured
- Underinsured
- Homeless

Examples of Referral Sources

- Inpatient departments and services in healthcare system
 - Care Coordination (social workers, nurses)
 - Chaplaincy & Spiritual Care (also based in FaithHealth)
 - Cardiology
 - Oncology
 - Rehab
- Transitional Care and Outpatient providers
 - Northwest Community Care Network (Medicaid care managers)
 - Transitional & Supportive Care (Medicare, high risk readmissions)
 - Primary Care Nurse Navigators and Social Workers
 - Emergency Department Navigators
 - Department of Public Health (e.g., Nurse Family Partnership)
 - Behavioral Health (non severe)
 - **Note: we also assist patients who are patients of competing health systems**

Examples of Proactive Outreach

- Personal relationships, word of mouth, consistent community presence
- Food pantries
- Congregations
- Non Profit Community Service Providers (e.g., Crisis Ministry, Salvation Army)
- Via health insurance navigation
- Senior retirement communities
- Public housing communities
- Health fairs and screenings
- Homeless shelters
- Free clinics

Program Monitoring and Evaluation – Metrics, Client Tracking, and Outcomes

Two Tiered Data Approach

Supporters of Health Cohort

- Measure impact of the Supporters of Health work, within their small cohort: process and financial metrics (with other partners' work)
- Case studies, combining qualitative and quantitative data

Overall Charity Care

- Measure Overall Aggregate Self-Pay Costs to the system, trending by FY, comparing our 5 target zip codes to other zip codes

Supporters of Health Encounters Feb. 19, 2014 – Mar. 31, 2018

- 2,043 Phone Calls



- 901 Home Visits



- 185 Hospital Visits



- **3,128 Total Encounters**

Supporter of Health Findings

- Total People Seen as of Dec. 2019: **594 Unique Persons**
 - Mean Age: 51.9 years (range from newborn to 94 years)
 - 52% Uninsured
 - 23% Medicaid
 - 12% Medicare & Medicaid
 - 9% Medicare
- Average Time Per Contact: 2 – 3 Hours by Phone and/or Face to Face
- Early Findings (Feb. 2014 – Mar. 2018)
 - Referral Sources:
 - **58% community**
 - 42% health system

Supporter of Health Findings Cont.

- Top 3 Referral Navigation Destinations:
 - **Department of Social Services**
 - **Food Pantries and Other Resources**
 - **Transportation Services**
- **23% Scheduled for follow up Primary Care Provider Visit**
- **83% Claim No Faith Home**
- Medicaid Potential Return on Investment:
 - **94 Persons Enrolled** in collaboration with Patient Financial Counseling
 - Minimum Revenue Increase: **\$414,258** if these individuals come back to the hospital for one visit in the following Fiscal Year

Supporters of Health 6 and 12 Month Metrics

Gross Return on Investment for 6 month and 12 month enrollment

ROI Calculated by comparing the pre-enrollment/post-enrollment difference in charges for cohort served minus the salary, fringe and benefits of Supporters' staff

6 Month = \$871,750 (N=130)

12 Month = \$1,087,383 (N=272)

- **16% decrease in charges**
- **28% decrease in ED visits**
- **17% decrease in inpatient discharges**

WFBMC FY12-17 Self-Pay Costs, 5 Key Forsyth County Zips

Fiscal Year	Unique Patients (N)	Total Cost (\$)*	Cost Per Life (\$)	Variable Cost Per Encounter (\$)	Total Population
FY12	11,661	18,552,721	99	202	175,551
FY13	13,456	19,954,359	93	201	176,938
FY14	12,510	17,924,637	99	193	178,324
FY15	12,218	17,512,262	92	200	179,722
FY16	12,212	16,654,021	90	178	179,722
FY17	10,850	15,760,874	88	203	179,722

From FY12 to FY17, self-pay costs decreased by **\$2,791,847**

Lessons Learned

Early Lessons Learned

- Enrolling for nutritional programs (e.g. Meals on Wheels, food stamps, etc.), bill assistance, and housing were common needs
- Managing expectations of participants about what needs can be met is critical, particularly with regard to bill payments
- Homelessness was a bigger issue than expected
- Medical providers and support staff see Supporters of Health as a huge utility in serving this population

Early Lessons Learned Cont.

- Time to complete paperwork, get persons to safety nets, etc., takes an average of 2 hours, but outlying cases can take days to manage
- Learning internal rules/criteria for service agencies is critical
- Many persons are not members of church - reporting no faith home
- The most resource limited churches help clients the most
- Unexpected community champions appear

Continuing Education and Training Refinement

- **Northwest Area Health Education Center (NWAHEC):** provided funding and expertise to enhance Supporter of Health training with following elements:
 - Intro to FaithHealth
 - Community Health Advocate Training – session led by Michael Jones of Univ. of Mississippi
 - Community Health Resources
 - Pastoral Care in Community and Congregations
 - Sleep Management
 - Motivational Interviewing
 - Behavioral Pain Management
 - Overview of Mental Health in the Community
 - Resiliency
- **Durham Technical Community College: 5 Supporters Completed 48 Hour Community Health Worker Course**

Durham Technical Community College Course

