Bridging Communities to Health Systems: Moving from Programs to Strategy

Saint Francis: Beginning

SISTERTALK HARTFORD (1980's)

SISTERTALK NEW YORK (2010)

The translational phase

- Supportive context of the church
- Promote trust through CBPR with church leaders
- Enhance motivation through translation of principles into language of faith
- Enhance self-efficacy by peer delivery of message
- Promote dissemination through user friendly kit
Pastoral Counseling Training (1990’s – Ongoing)

The Men’s Health Institute
The Health Equity Team

The Premise

• Population health management required a dedicated community site with easy and free access, where a dedicated group of professionals would focus solely on health equity priorities (informed by the community, stakeholders and Saint Francis). This meant bridging between health resources and the community. Led by a culturally diverse team.
• Focus groups, partnership meetings, sustained liaison with outreach sites.
• A “platform” to engage service lines to understand and reach the community they serve.

The Strategy

• Collection and Use of REAL Data
• Greater Diversity on Governance and Management
• Cultural and Inclusiveness Training
• Advocacy
• Community Engagement (including Partnerships)
• Research (CBPR)
• Community Needs Assessments
• Implementation Plan
Strategic Priorities for Community Benefits:

**Improve Communication**
Example: Work with a new immigrant group to better understand.

**Remove Barriers to Healthcare**
Example: Collaboration with community agency improves health outcomes (patient).

**Provide Coordinated Care**
Example: A patient with complex health issues gets the services needed to maintain health.

**Target Social Determinants of Health**
Example: a manual counselor helps patient enroll in needed health insurance.

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**EQUITY Model**
Empower and Engage the Community

- Yield partnerships for equity
- Quantify the level of inequities
- Advance
- Advocate
- Integrate equity goals into programs, policies and services
- Understand root causes of inequities
- Inform Tools for Research

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**CDRCE Engagement Model for Existing Wellness Program**
COMMUNITY SOLUTIONS

2011
8,020 residents visit ED at St Francis Hospital
• Total of 13,347 visits
• Average cost: $1,318
• Median cost: $515
Estimated annualized neighborhood ED cost: $17,591,300
2012
• 1% of all ED patients at St Francis account for 10.3% of ED visits
• 5% of all ED patients at St Francis account for 20.2% of ED visits
• More than 60 Northeast residents use ED > 6 times

Question to Cigna Team From Community Solutions and St. Francis
What if this was a client whose business you just won. What would you do, how would you solve the problem and improve health, wealth and life?

<table>
<thead>
<tr>
<th>Key Objectives</th>
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<tbody>
<tr>
<td>Increase life expectancy</td>
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<tr>
<td>Make effective and efficient use of health care resources</td>
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<tr>
<td>Improve scores on the &quot;Well-Being&quot; index</td>
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Actions

- Establish neighborhood and community relationships and partnerships, including patients, physicians, hospitals, community, etc., to understand the challenges and opportunities.
- Build longitudinal person-centered care.
- Collect all available public health, community, consumer, access, and health-related data in an accessible, comprehensive platform.

Deep Partnerships with Key Enrollment Partners
- Strengthen existing Community Solutions Charter with engaged key partners, including, state ACOs, city, St. Francis, etc.

SHACOYA: NORTHEAST HARTFORD, CT

About Shacoya
Shacoya, a 25-year-old single mother, was referred to our team after visiting the Emergency Room 20 times in 9 months with poorly managed stomach pain.

CST Team
- Identified risks of primary care environment including education, access, and social problems
- Facilitated together existing resources

Hospital
- Physician Assessment of 18 month
- Lifestyle

Primary Care
- Urgent care
- Inpatient support of substance use disorders

Job Center
- Assisted with employment
- Effectively aligned with proper utilities

Mother
- Provided stability
- Urging housing issues

11 Months Later
- 14 visits from 911
- Increased employment full-time
- Staying in school
- Engaged in community
- Son and daughter stable toward

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COMMUNITY SOLUTIONS/SFH – 9 MONTH TEST CASE ER COST IMPACT

- 9 Month ED Utilization
  - Pre and Post-Intervention
  - Pre-Intervention: 112 ED Visits
  - Post-Intervention: 48 ED Visits
  - Reduction in ED Visits: 57%
  - Pre-Intervention Cost: ~$150k
  - Post-Intervention Cost: ~$60k

SHACOYA: NORTHEAST HARTFORD, CT

About Shacoya
- Shacoya, a 21-year-old single mother, was referred to our team after visiting the Emergency Room 25 times in 9 months with poorly managed stomach pain.

11 MONTHS LATER
- ER usage down 76%
- Shacoya employed full-time
- Applying to night school
- Successfully engaged in pain management
- Mother and daughter stably housed

HOSPITAL
- Prevented hospitalization, treated in ER

PHARMACY
- Taught how to manage pain

PHARMACY
- Helped taper off addictive medication

JOB CENTER
- Helped find work to afford apartment with proper utilities

MOTHER
- Provided childcare during working hours

CS TEAM
- Identified lack of primary care and substandard housing as roots of health problems
- Pulled together existing services

COMMUNITY SOLUTIONS APPROACH

WHAT WE DO
- Efficient, scalable solutions to homelessness and housing instability
- Neighborhood-level strategies to address unmet needs
- Insights-driven consulting around complex social problems

HOW WE THINK
- People and communities deserve and demand smart, inclusive design thinking
- A focus on outliers—the hardest, costliest cases—can yield lasting solutions that work for everyone
- Better outcomes are possible at lower public cost

HOW IT WORKS
- Insights to identify systemic breakdowns (direct & indirect)
- Understand diverse local experiences
- Connect and optimize resources & services around common objectives and goals

KEY INITIATIVES
- Homelessness: Zero—by 2016 end chronic and veteran homelessness nationally
- Neighborhood Transformation: Northeast, Hartford, CT and Brownsville, Brooklyn, NY
- Consulting: Extending insights to local communities throughout US
MIRACLES XXVI Gala
Saturday, September 19, 2015
6:00 PM – Midnight

Connecticut Convention Center
100 Columbus Boulevard
Hartford, CT 06103

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Saturday, September 19, 2015
Connecticut Convention Center, Hartford, CT

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