People Centered Care: Community Care Coordination

Bringing health capacity to the community through partnerships, coalitions and hospital community benefit programs.

HEALTH PROJECT

A COMMUNITY BENEFIT OFFICE OF MERCY HEALTH

Innovation Platform.

Health Project launched in 1993
- W. K. Kellogg Foundation partnership to mobilize community around health;
  * Improve community health status
  * Extend coverage and access to care – Access Health and MIChild
  * Address disparity
- Acquisition 2008 – 2010
- Functions as external Community Benefit Office for Mercy Health
- Develops and tests innovations for Trinity Health

Our Commitment.

- Work to improve the health of the broader community
- Coordinate or provide services for the poor and underserved
Health of the Community.

- Education
  - Lakeshore Lung Program
  - Chronic Disease Self-Management
  - Advocacy
- Prevention
  - Drug Free Communities
  - Medication Disposal Program
- Community Engagement
  - Communicable Disease Coalition
    - 1 in 21
    - Coalition development, facilitation and support
- Program for the poor and underserved
  - Community Outreach
    - Wheels of Mercy
    - Special events
  - Enrollment Assistance
    - Health Coverage + Counseling
    - Hospital Financial Support + other Social Support Programs
    - Pharmaceutical Access Program
  - Care Coordination
    - Community Health Workers
    - Community Hub Model
Healthcare is Changing
Healthcare has CHANGED

- Vulnerable populations have to meet in their own environment
- Significant needs require out-of-the-box thinking
- People live in environments that don’t support them
- How do we coordinate that care across the multiple health silos?

Community Health Workers

Are indigenous to the community in which they work. Assist patients with navigating a complex healthcare system and accompany patients through treatment, monitoring social service needs, and helping them overcome obstacles to their own health and ability to follow treatment from the medical community. Advocate for vulnerable individuals and communities.

The Hub.

Administrative support ensures quality, customer service and timely assignment of referral

Clinical Oversight coordinates community-based care with medical plan of care for coordinated treatment and chronic disease management
The Process

Our Tools.
- **Checklists** assess eligibility and identify access to care, financial issues and health improvement barriers.
- **Pathways** work through barriers, provide documentation and accountability for the patient, agency and health system.

Sample Pathways
- Medical Home
- Medical Referral
- Health Coverage
- Social Service
- Transportation
- Pregnancy
- Smoking Cessation
5

How it fits.

Ambulatory Case Management
Inpatient Case Management
Specialty Case Management
Community Care Coordination

Who We Serve

1 in 5 is a Teenager
Racial/Ethnic Minorities 58%
81% Low Income
2 in 3 are Unplanned Pregnancies
1 in 5 is homeless
1 in 4 have a mental illness
43% Start in 1st Trimester

https://www.youtube.com/watch?v=zwpOMdntRY
Clinical Outcomes

Pathways to a Healthy Pregnancy enrolled moms from the highest risk group in Muskegon County and made their outcomes equal with that of the general population.

Only 5 Low Birth Weight Babies in this Cohort

Clinical Outcomes

Only 5 Low Birth Weight Babies in this Cohort

ROI Analysis

Table 2A

<table>
<thead>
<tr>
<th></th>
<th>Cost Comparisons, Avoided Low Birth Weight Newborns &amp; Savings for both Newborns and Moms (through delivery stay)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average LBW Cost for Medicaid (non-participants)</td>
<td>$(6,790.17)</td>
</tr>
<tr>
<td>Average Pathways Newborn Cost</td>
<td>$(4,358.86)</td>
</tr>
<tr>
<td>Avoided per avoided LBW newborn</td>
<td>$(2,431.31)</td>
</tr>
<tr>
<td>TOTAL Avoided Low Birth Weight Newborns (Low-Middle-upper)*</td>
<td>L: $34,038.34</td>
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<tr>
<td></td>
<td>M= $54,058.34</td>
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<tr>
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<td>H= $70,207.99</td>
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</tbody>
</table>

*Based on Table 1, of Final ROI Analysis, Lower equals 14 avoided LBW births, Middle equals 23 avoided LBW births, and Upper equals 29 avoided LBW births.

After all savings and costs were calculated, the actual cost per completed Pathways participant was between $301.93 and $388.29. This is based on average savings for the Pathways and Medicaid across the range after delivery as well as newborns through the first 18 months of life. **

** Claim #1 of Return on Investment Findings.

Questions?

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