

Faith Community Health Networks

A resource to reduce potentially avoidable utilization

Executive Summary

For the full paper and more information about consumer engagement in implementation of Maryland's Modernized Medicare Waiver, please contact Maryland's Health Care for All! Coalition at 410-235-9000 or visit www.healthcareforall.com



Hospitals interested in reducing potentially avoidable utilization should invest in formal partnerships with existing local faith community health networks like the Congregational Health Network from Memphis, TN. Faith Community Health Networks offer unique resources to attend to the physical, mental, emotional and spiritual well-being of members of their community. These health networks may serve the community at large through additional outreach including but not limited to homeless shelters, or food pantries in addition to caring for the faith group's members.

A Maryland Faith Community Health Networks would provide:

- Existing, dynamic social support networks for providers and patients that may be particularly effective for super-utilizers
- Culturally competent holistic healing that can improve access to preventive care and support treatment compliance
- Access to highly skilled Faith Community Nurses and Health ministers, who, like secular Community Health Workers provide tailored services including, but not limited to health education, counseling, coordinating social support like transportation or meal delivery, serve as a trusted liaison between congregants and community health organizations.

"The Affordable Care Act has got a ton of money out there for community health workers and things like that. But what they will not be able to offer, that this concept does offer, is that when Mrs. Jones leaves the hospital the reason people in the church are going to be willing to do what we need to keep her healthy is they know Mrs. Jones. They care about Mrs. Jones and, the thing you cannot buy, they love Mrs. Jones."

--Dr. Scott Morris, Memphis



Increased coordination across hospitals within a region presents an opportunity to streamline the work of engaging faith community health networks to achieve shared goals of improved health and wellness in the community.

What could formal partnerships between Maryland hospitals and faith community health networks look like?

- Memphis model has unique liaison program with Congregational Health Network Card that activates social support benefits just as an insurance card activates payment for medical benefits
- Hospitals enter into a covenant with congregations. They hire staff who meet with the congregational member every day during their hospital stay and coordinate with the congregational liaison on a community care plan so that the patient can continue their healing process after discharge.

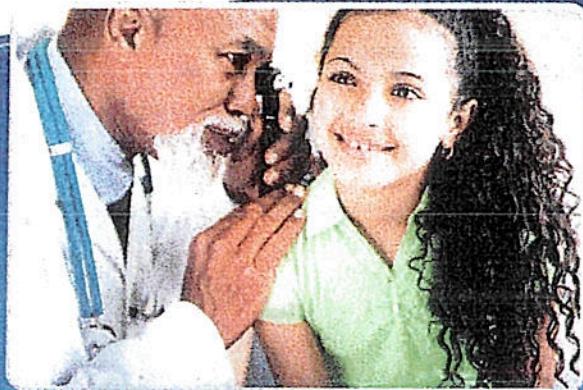


Resources for convening hospital and faith community health leaders

It is important for each hospital and region to consider if working with the faith community is a good fit for their community's needs. The Maryland Health Care for All! Coalition can support this work and help with bringing consumers and faith leaders in each region together to initiate partnerships for discernment, planning, implementation and evaluation.

Why is this model worth considering?

Because of the aggressive goals established by Maryland's Modernized Medicare waiver, hospitals will need to pilot innovative approaches to reduce potentially avoidable utilization. Many successful models exist in other states and it's likely their success may be replicated. Regardless of the shape collaborations take, it is important to note that faith leaders will likely play a key role in the success of other collaborations like getting more buy-in with advanced directives or value-based insurance design. It can be especially beneficial to engage faith leaders early on in any and all delivery reform.



This white paper will be available October 2014.
Please see other white papers in this series by
visiting www.healthcareforall.com.

Envisioning a Maryland Faith Community Health Network to support improved coordination of care

Baltimore County Public Forum
June 2015



Context

- Established at Methodist LeBonheur Hospital in Memphis, TN in 2006
- Entered into covenant with local congregations

Covenant Agreement

Congregational Health Network

I agree to partner with Methodist Le Bonheur Healthcare to address congregational/community health concerns and disparities.

I commit my participation and my congregation's participation in the Congregational Health Network as stated in the following Covenant:

Methodist Le Bonheur Healthcare Agrees to:

Extend partnering clergy the following benefit.

- Clergy wellness events and programs.
- Up to a 60% discount off the total Methodist Le Bonheur Healthcare charges (not to exceed the balance after payment by your insurance).
- Work with local and national academic partners to make health-related training experiences available and affordable to partner clergy.

To share in the work of aligning the mutual strengths of congregation and health system, we will:

- Provide a dedicated hospital Navigator assigned to work with partner congregations to coordinate and help train members on the partnership activities with the congregation.
- Work with expert partners, such as the Church Health Center and Memphis Theological Seminary to help assess, plan and build the education, prevention, intervention, treatment, and aftercare support that will be appropriate to the partnership congregations.
- Provide ongoing support, training, and appropriate resources for the partnership with the Partner Clergy.
- Partner to monitor, review, and expand the Congregational Health Network (CHN).

Clergy Agree to:

- Provide ongoing leadership to monitor, review, and expand the CHN.
- Use clergy role to articulate and mirror the values and practices of a healthy lifestyle.
- Extend an opportunity for members/neighbors to be informed of the program and benefits and to become active participants.
- Provide leadership training for an active health ministry in my congregation. This group will be involved in education/prevention for members and neighbors. They will also have a role in intervention/aftercare should a member or neighbor be hospitalized.
- Assign at least two Congregation Liaisons to facilitate the program.
- Seek ways to help other clergy, health system staff and congregations to pursue healthy life styles and common goals.
- Continue to support the partnership in prayer and worship to become God's instruments for health and wholeness in our community.

Clergy Leader Signature:

Partner Congregation:

Clergy Leader:

Workshop Address:

city, state, zip

city, state, zip

Mailing Address (if different):

address

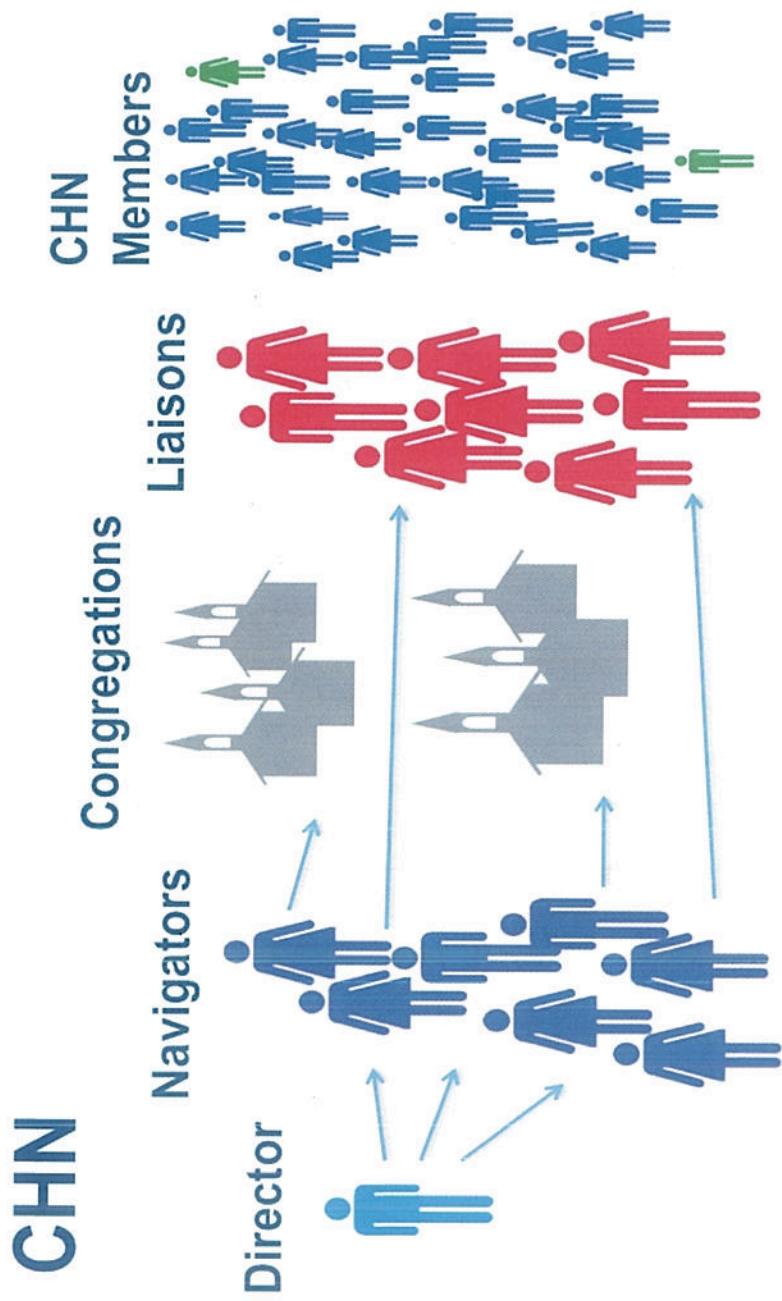
city, state, zip

Phone number:

Email:

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Congregational Health Network



Congregational Care Plan

Congregational Health Network

The purpose of this form is to collect information for your spiritual care during recovery upon your discharge from the hospital. The collected information does not obligate or hold the individual(s) responsible in any way and is not intended as such.

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

Was the hospital patient care satisfactory? Yes _____ No _____

Explain _____

Do you understand the instructions given to you at the time of discharge? Yes _____ No _____

Do you need someone to assist you with daily chores during your recovery? Yes _____ No _____

If no, is there someone to assist you with daily chores during your recovery? Name: _____ Telephone: (_____) _____

Name: _____ Telephone: (_____) _____

Who is available to pick up your prescriptions? Name: _____ Telephone: (_____) _____ Clergy's Name: _____

Do you have a place of worship? Yes _____ Telephone: (_____) _____

No, do you have a religious preference you wish to be contacted? Address: _____ Telephone: (_____) _____

Do you serve or participate in a ministry or organization? Name: _____ Contact in your ministry? _____ Telephone: (_____) _____

List the name of person(s) you want contacted regarding your medical information and instruction? Name: _____ Telephone: (_____) _____

Name: _____ Telephone: (_____) _____

Please check all Areas as they apply to your needs in each category:

HOME

Housework Cooking Lawn Care Pet Care Daily Phone Call
 Personal Sitter

CHURCH

Bulletin Prayer Chain Musical Requests Liturgy Material
 Sunday School Material(s) Videos (audio visuals) Hm Bible Study

TRANSPORTATION

Grocery Store Church Community Svcs Pick-ups (school, doctor, etc.)
 Pharmacy

FAMILY

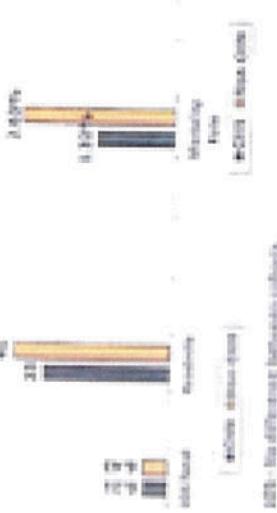
Letters of Encouragement Spiritual Conversations; Directions
 Spiritual Issue(s) Discussion (quality of life, faith conflicts, etc.)

MEDICAL

In Home Visitation(s) Help with Prescriptions
 Agency (aids, therapists, etc.) Interpretation of Medicines
 Additional Medical Attention(s)

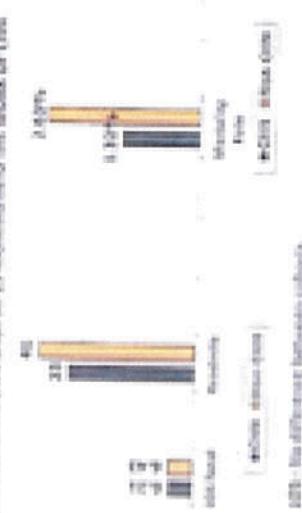
Congregational Health Network

CHN vs. Non-CHN Length of Stay, Readmissions and Mortality rate



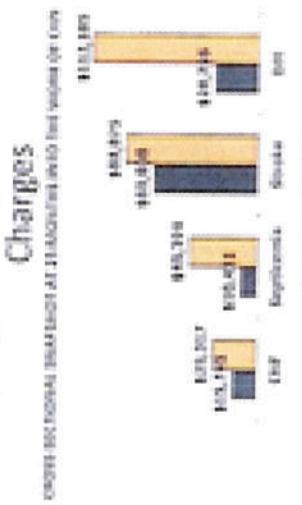
CHN had slightly higher length of stay, readmission rates and mortality rates.

CHN vs. Non-CHN Per Capita Charges



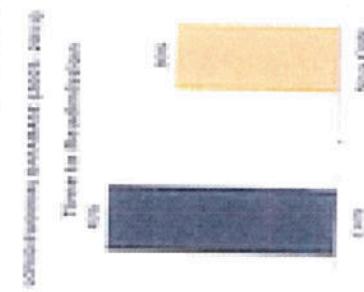
Non-CHN had slightly higher per capita charges than CHN.

CHF, Septicemia, Stroke and DM Charges

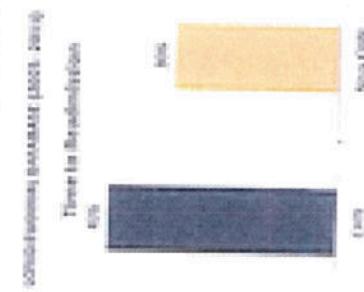


CHN and Non-CHN had similar charges for CHF, Septicemia, Stroke and DM.

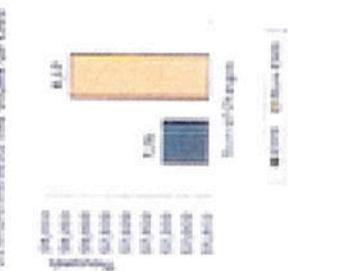
All CHN Patients Have A Longer Time-to-Readmission



Background information about CHN



Background information about Non-CHN



Background information about CHN

How might this work in Maryland?

- ◆ The Congregational Health Network model could be a mutually beneficial alliance and use of limited resources.
- ◆ Many Maryland hospitals already work with Faith Community Nurses.

Thank you!

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for ALL**



www.healthcareforall.com

(410)235-9000

Health Care for All!

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