Mapping Memphis Style
Building & Strengthening a System of Health

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Mapping Memphis Style

ARHAP “mapping” aligns and leverages existing assets — integrating congregational and community caregiving with traditional healthcare to create a system of health built on webs of trust.
Mapping Memphis Style

Our CHNA, Community Health “Assets” Mapping Partnership (CHAMP) and ongoing engagement process, aligns with re-admission prevention, Charity Care management and other hospital initiatives.
• 7 hospital system, $1.4 billion, 10,000+ employees
• State’s largest provider of indigent care
• UMC Arkansas, Memphis, and Mississippi Conferences
• Viewed as caring about community
3 Safety Net Partners

- MIFA
- Christ Community Health Services
- Church Health Center
Memphis: City of Assets

B. B. King, The Blues, Beale Street
Memphis: **City of Assets**

Elvis the King, Graceland
Memphis: City of Assets

Jesus the King

2,000+ Congregations
Mostly Christian
Memphis: City of Disparity

Martin Luther King, Jr.
1968 Assassination
City filled with racism, elitism, disparity
Memphis: City of Disparity

Egregious disparity: Income, Heart Disease, Diabetes, Cancer, Suicide/Homicide, Limb Amputation
The Big Question

In a place with such inequity, distrust and disparities in health,

could MLH possibly help Memphis become a community of justice, compassion, trust and wholeness?
Like Elvis,

Methodist Healthcare

Has Left the Building!
Congregational Health Network

2006: MLH partners with congregations & community organizations to improve access and health status for all.

Dir. Faith & Community Partnerships, Rev. Bobby Baker
Person-Centered Journey of Health
CHN

Navigators

Director

Paid Staff

1 9
CHN

Navigators

Director

Congregations

1 9 430

Paid Staff
CHN

Navigators

Director

Congregations

Liaisons

CHN Members

Paid Staff

Volunteers

1

9

430

530

12,300
Memphis Model: **Theory**

**Distinctions in Mapping/Community Health Engagement Process**

- Eye for Assets
- Build webs of trust (relational vs. hospital-centric) that supports the person’s journey of health
- Grounded on intelligence of the Black Church
Memphis Model: **Theory**

- GIS, data, technical and quality hospital initiatives (e.g., prevent re-admissions) support and serve the network’s **relational and connectional** quality
- **Community scale** change rather than specific cases of disease intervention
- Community transformation through **partnership** and open sharing of results — **invitation and transparency**
Memphis Model: **Theory**

- Honors blended intelligence of stakeholders and all partners
- Integrates learning from qualitative and quantitative data streams to improve the person’s journey of health and engage healthcare leaders
Data Stream Synergy

• **Weaves data** from hospital (clinical, marketing, quality and financial metrics), as well as public health, social science, faith community (theology and religious studies) perspectives.
Data Stream Synergy

In Hospital Work: CHN invited to:

• Prevent re-admissions
• Manage charity care
• Improve quality of care in CHF/Stroke/PNI
• Ambulatory care ACO
• Electronic Medical Record outcome data & process data from CHN growth
Data Stream Synergy

- **Outside hospital**: Community mapping assets; CHN liaison and member stories and record keeping; community indicators
- **Integrating thread/bridging the hospital and community work**: navigating and improving the person-centered journey of health
2007: African Trainers in Memphis
Data Inputs/Process

- **GIS formal map preparation** with 31 categories, including beauty and barber shops
- In-depth interviews with clergy and laity about health ministries (Leadership Engagement)
Data Inputs/Process

- Recruit participants and sustain engagement through CHN partnership
- **Participatory Mapping** workshops: 11 general; 3 specialty (eldercare, mental health, care pathways)
- **Case Study**: Orange Mound
Five under-served areas:

11 PIRHANA workshops, 3 specialty
CHAMP
Community Health Assets Mapping Partnership

Data Outputs and Resource Sharing:
• Change name to highlight long-term collaboration
• Use community intelligence to create and leverage public, user-friendly data container that’s dynamic & interactive, to share maps, reports and ministry scan data
• Reports posted: www.memphischamp.org
Ongoing Grassroots Leadership Engagement:

- Follow-up meetings keep participants engaged and **build virtual teams** on the ground.
- Integrate leadership networks into ongoing initiatives in community: **No One Dies Alone** (vigiling at end-of-life).
- Or in-hospital efforts like **Charity Care**.
40% of all Charity care is in the blue.

So are more than half of CHN congregations.
MLH 2010 CHARITY CARE WRITE OFF
Select Zip codes

IP AND OP VISITS & VARIABLE COST BY BLOCK GROUP FOR ZIPS:

38109
38126
38106
38132
38131

Data Source: MLH Ascent
OVERVIEW OF TOP 10 ED PATIENTS (BY VOLUME) IN ZIP 38109 (2010)

<table>
<thead>
<tr>
<th>Patients</th>
<th>2010 Visits (MHS and MUH combined)</th>
<th>Christ Community in Area</th>
<th>Health Loop in Area</th>
<th>CHN Church in Area</th>
<th>Age</th>
<th>Visits*</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient #1</td>
<td>60</td>
<td></td>
<td></td>
<td>Bloomfield Baptist</td>
<td>60</td>
<td>94 60 52</td>
<td>MHS</td>
</tr>
<tr>
<td>Patient #2</td>
<td>25</td>
<td>y</td>
<td>y</td>
<td></td>
<td>50</td>
<td>21 20 5</td>
<td>MHS</td>
</tr>
<tr>
<td>Patient #3</td>
<td>23</td>
<td>Y</td>
<td>Y</td>
<td>Mt. Pisgah M.B.C</td>
<td>46</td>
<td>17 23 15</td>
<td>MHS</td>
</tr>
<tr>
<td>Patient #4</td>
<td>22</td>
<td>y</td>
<td>y</td>
<td>Maranatha Faith</td>
<td>59</td>
<td>18 18 8</td>
<td>MHS</td>
</tr>
<tr>
<td>Patient #5</td>
<td>21</td>
<td>y</td>
<td>y</td>
<td>Mt. Vernon Baptist</td>
<td>48</td>
<td>17 19 7</td>
<td>MUH</td>
</tr>
<tr>
<td>Patient #6</td>
<td>16</td>
<td>y</td>
<td>y</td>
<td>Mt. Vernon Baptist</td>
<td>50</td>
<td>10 12 3</td>
<td>MHS</td>
</tr>
<tr>
<td>Patient #7</td>
<td>12</td>
<td>y</td>
<td>y</td>
<td>Bloomfield Baptist</td>
<td>52</td>
<td>1 12 11</td>
<td>MUH</td>
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<tr>
<td>Patient #8</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td>52</td>
<td>11 11 20</td>
<td>MUH</td>
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<tr>
<td>Patient #9</td>
<td>10</td>
<td>y</td>
<td>y</td>
<td>Rising Sun</td>
<td>53</td>
<td>0 6 1</td>
<td>MHS</td>
</tr>
<tr>
<td>Patient #10</td>
<td>9</td>
<td>y</td>
<td>y</td>
<td>Mt. Vernon Baptist</td>
<td>41</td>
<td>1 12 4</td>
<td>MHS</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Patients</th>
<th>Main reason for ED visits</th>
<th>Co-morbidities</th>
<th>Mental/Psych</th>
<th>Story</th>
<th>Essential Service needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient #1</td>
<td>Pain</td>
<td>Yes</td>
<td>Depression</td>
<td>Homeless</td>
<td>The Healing Center</td>
</tr>
<tr>
<td>Patient #2</td>
<td>Pain</td>
<td>Yes</td>
<td>Depression</td>
<td></td>
<td>The Healing Center</td>
</tr>
<tr>
<td>Patient #3</td>
<td>Alcohol intox</td>
<td>No</td>
<td>Mental illness</td>
<td></td>
<td>The Healing Center</td>
</tr>
<tr>
<td>Patient #4</td>
<td>COPD related</td>
<td>Yes</td>
<td>No</td>
<td>Self pay until 2011, Medicare since 2011</td>
<td>CCHS on Third</td>
</tr>
<tr>
<td>Patient #5</td>
<td>Suicidal ideations</td>
<td>No</td>
<td>Depression/Bipolar</td>
<td>Homeless?/Polysubstance abuse</td>
<td>The Healing Center</td>
</tr>
<tr>
<td>Patient #6</td>
<td>Back pain</td>
<td>Yes</td>
<td>Depression/Bipolar</td>
<td></td>
<td>The Healing Center</td>
</tr>
<tr>
<td>Patient #7</td>
<td>CHF/Chest pain</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td>CCHS on Third</td>
</tr>
<tr>
<td>Patient #8</td>
<td>Chronic Pain</td>
<td>Yes</td>
<td>Mental illness</td>
<td>Painkiller request</td>
<td>The Healing Center; CCHS</td>
</tr>
<tr>
<td>Patient #9</td>
<td>Sore throat</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td>CCHS on Third</td>
</tr>
<tr>
<td>Patient #10</td>
<td>Dizziness</td>
<td>Yes</td>
<td>No</td>
<td>Stopped taking medication. 2009 BCBS, 2010 self pay, 2011 TennCare</td>
<td>CCHS on Third</td>
</tr>
</tbody>
</table>

Data Source: MLH

*Three-year visit trend shows only the main location for the visits, if visits were at more than one hospital.
The question is no longer:
What could one hospital or congregation possibly do?

But what *couldn’t* 400 congregations & 530 liaisons & 12,000 members — with other players — do?
Each City Will Have Different Assets

What might yours be?
Could Any System Adapt the Memphis Model?

A move beyond requirements for a community health needs assessment that also:
1) Makes visible your local assets
2) Helps build your local system of health
3) Engages people in managing their own health (person-centric journey of health)
Could Any System Adapt the Memphis Model?

4) Better manages Charity Care costs/write-offs, prevent re-admissions, improve HCAHPS scores, navigates to more appropriate care level

5) Provides high levels of care to vulnerable populations while remaining solvent in the wake of healthcare reform

BUT, most importantly….
Builds a community of justice, compassion, trust and wholeness.