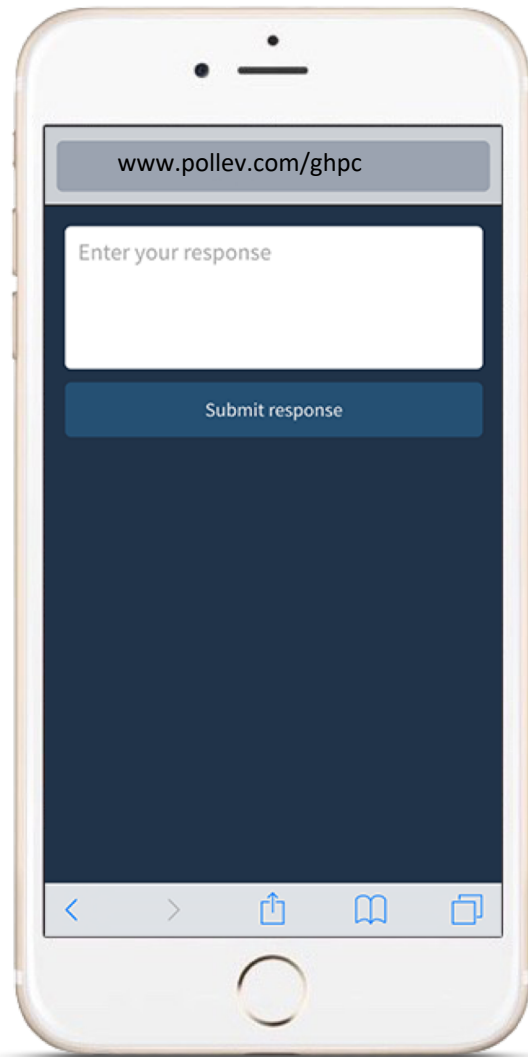


Participating with Poll Everywhere



[Join the Poll:](#)



www.pollev.com/ghpc

Or

Text GHPC to 22333 to join

[Let us know you are here:](#)

Enter your name and
organization



Who is here this morning? Share your name and organization!



ARCHI Quarterly Breakfast

September 11, 2019
8:00 a.m. – 11:00 a.m.

WELCOME & INTRODUCTIONS

Kathryn Lawler, ARCHI

AGENDA

- **Complex Care – Overview**
- **Patient's Perspective**
- **National framework: Camden Coalition and best practices**
- **Georgia's Work in Complex Care**
- **Updates & announcements**



ATLANTA TRANSFORMATION SCENARIO



FAMILY PATHWAYS



EXPAND INSURANCE



INNOVATION FUNDS



GLOBAL BUDGETING



CARE COORDINATION



HEALTHY LIFESTYLES



CAPTURE AND REINVEST

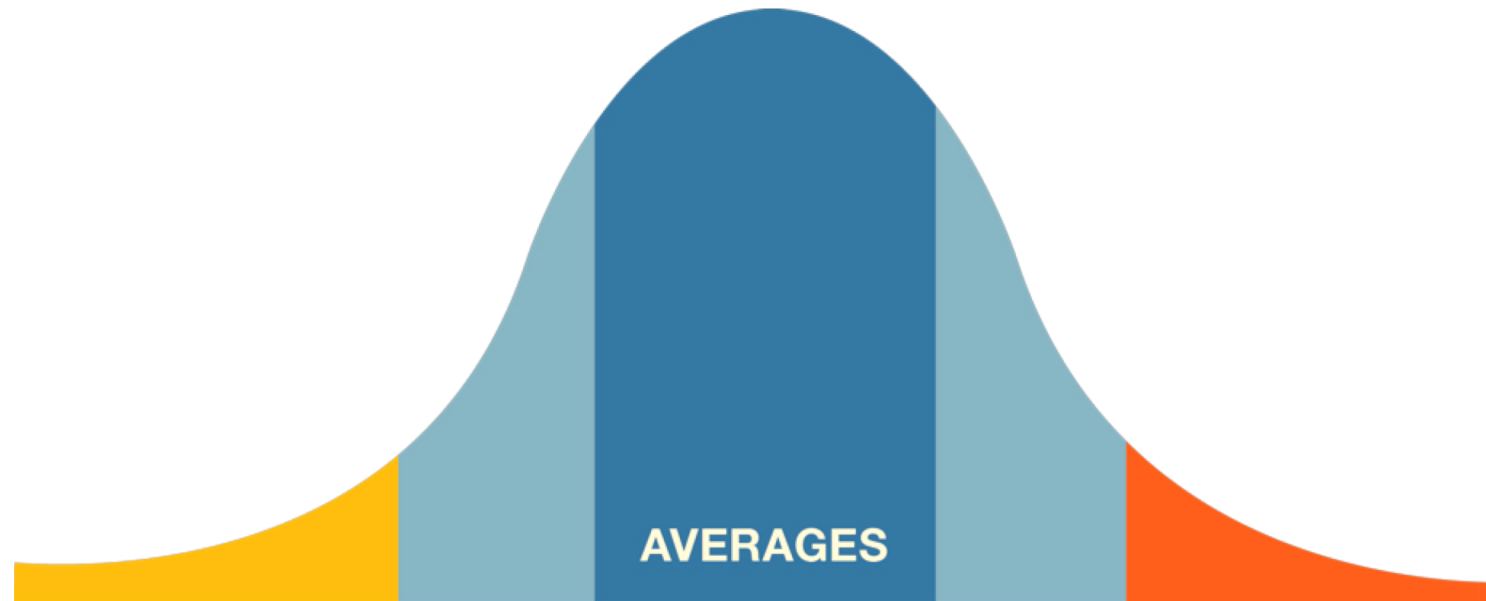
Health Equity

WHAT IS COMPLEX CARE?

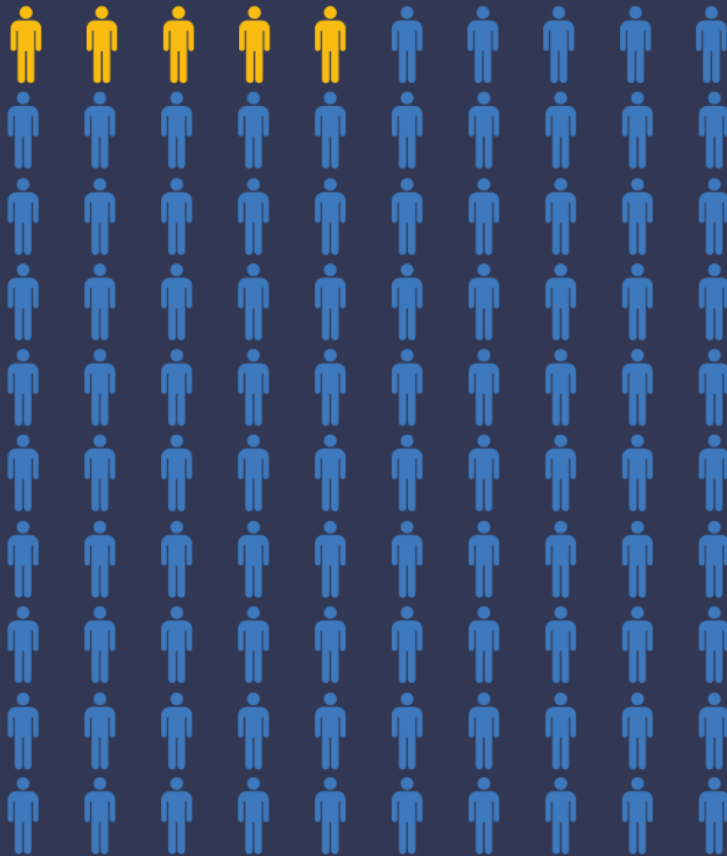
Rebecca Sax

National Center of Complex Care

UNITED STATES HEALTHCARE SYSTEM

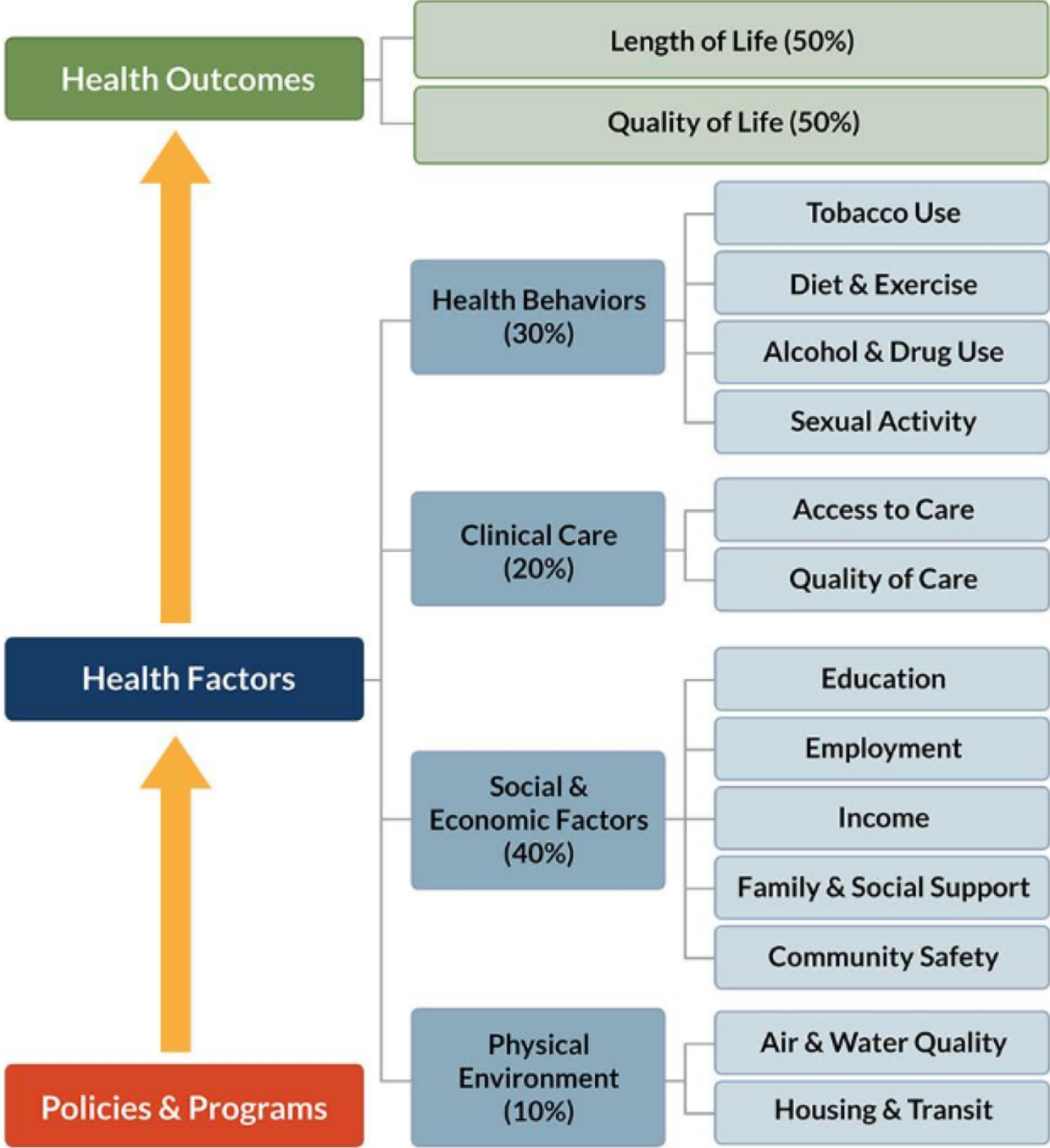


5% of the population
accounts for **50%** of the cost



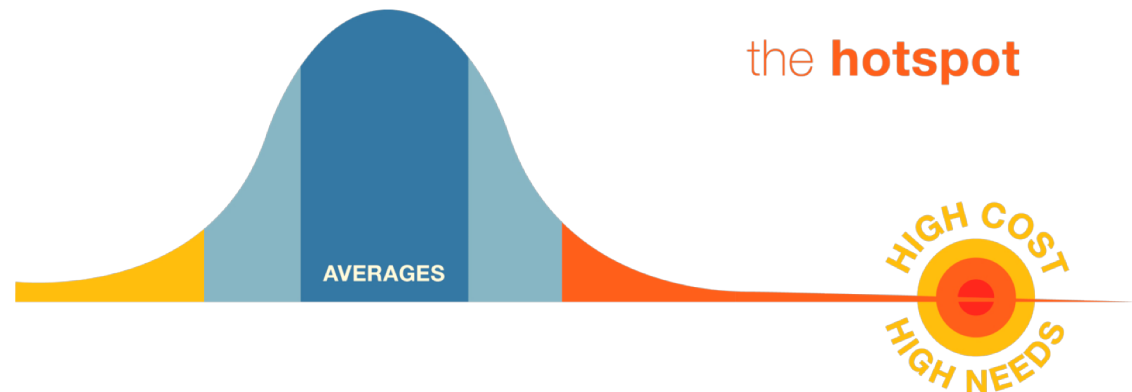
Source: United States Government Accountability Office - May 2015
<http://www.gao.gov/assets/680/670112.pdf>





WHAT IS COMPLEX CARE?

Complex care is a **person-centered approach** to address the needs of people who experience combinations of **medical, behavioral health, and social challenges** that result in **extreme patterns of healthcare utilization and cost**



WHO DOES COMPLEX CARE SERVE?

Complex care seeks to improve the health and well-being of a relatively small, heterogeneous group of people who repeatedly cycle through multiple health care, social service, and other systems **but do not derive lasting benefit**



NATIONAL CENTER FOR COMPLEX HEALTH AND SOCIAL NEEDS

The National Center serves as a professional home for individuals and organizations who serve people with complex health and social needs, uniting and amplifying their efforts to improve care nationwide.

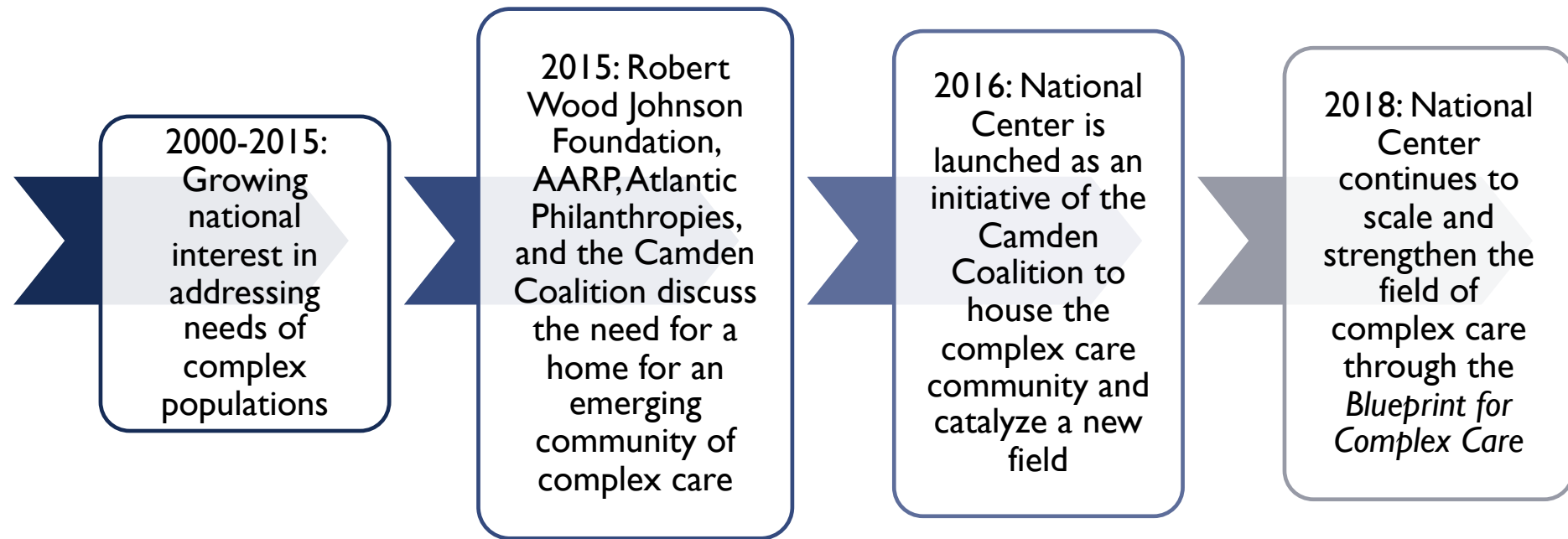


Goals of the National Center:

- Inspire people to join the complex care community
- Connect the complex care community
- Support the field with tools and resources



NATIONAL CENTER FOR COMPLEX HEALTH AND SOCIAL NEEDS



PUTTING CARE AT THE CENTER 2019

Memphis, TN
November 13-15

Registration open now!

Early Bird Admission: \$645
(through September 15th)

General Admission: \$745

Student Admission: \$350

www.centering.care



HELPFUL LINKS

- National Center for Complex Health and Social Needs
 - Regional Complex Care Convenings
 - Twitter: @natlcomplexcare
 - LinkedIn
 - Sign up for our newsletter!
- Blueprint for Complex Care
- Camden Coalition of Healthcare Providers



TODAY'S AGENDA

- Welcome & Introductions
- Complex Care- A Patient's Perspective
- National Complex Care Programs
- Georgia's Perspective- Complex Care in Many Departments
- Group Exercise
- ARCHI Updates & Announcements
- Adjourn



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The National Center serves as a professional home for individuals and organizations caring for people with complex health and social needs, uniting and amplifying their efforts to improve care nationwide.



- Goals of the National Center:
 - Inspire people to join the complex care community
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PATIENT'S PERSPECTIVE

Lori Anglin, Barnes Healthcare Services

Adrianne Proeller, Morehouse School of Medicine

Bree Robinson, Grady Health System

Christine Wiggins, DCH- Facilitator

DISCUSS:

Share the story of an individual your organization serves—what are their complex care challenges?

How are you addressing these needs now?

What else do you wish you could be doing?



COMPLEX CARE- SELECTED EXAMPLES

Rebecca Sax

National Center of Complex Care

CAMDEN COALITION OF HEALTHCARE PROVIDERS

- **Origin**
 - Primary care providers in Camden recognized patterns in the utilization of services by the highest-need residents and lack of systemic support for the population
- **Type of Organization**
 - Community-based nonprofit that convenes over 35 partners, including hospitals, primary care providers, and human services organizations
- **Population Served**
 - 2 or more inpatient admissions within the past 6 months
 - 2 or more physical chronic conditions and 2 or more barriers which may include, but are not limited to: lack of social support at home or in the community, housing instability, active drug use, significant mental health conditions



CAMDEN COALITION OF HEALTHCARE PROVIDERS, CTD.

- **Program Elements**

- Real-time data feeds
- Bedside engagements & care planning
- Community-based care management and home visits
- Core team: LPN/Community Health Worker dyads, social worker consult

- **Funding**

- Philanthropy
- State & federal funding: Medicaid ACO → Regional Health Hubs, Accountable Health Communities
- Service revenue: technical assistance, hospital membership contributions

- **Impact**

- Facilitated connections to primary care is associated with fewer hospital admissions¹



COMMUNITY HEALTH PARTNERSHIP OF BALTIMORE

- **Origin**
 - Developed to address historical tensions between Johns Hopkins and the community of East Baltimore for the better health of local residents
- **Type of Organization**
 - Integrated program led by six hospitals and three community-based organizations
- **Population Served**
 - Payer: Medicare and/or Dual Eligible patients
 - Utilization: 3 or more hospital contacts over 12 months
 - Geography: 19 zip codes in partnering hospital catchment area



COMMUNITY HEALTH PARTNERSHIP OF BALTIMORE, CTD.

- **Program Elements**

- Community care teams
- Multi-disciplinary team focused on patients with complex behavioral health needs
- Convalescent care
- Neighborhood Navigators

- **Funding**

- State program to develop regional partnerships
- Billing for clinical services

- **Impact (Previous iteration)**

- Reductions in 90 day hospitalizations, emergency department visits, 30-day readmissions, avoidable hospitalizations, and total cost of care (all Medicaid)¹

¹ [HTTPS://JAMANETWORK.COM/JOURNALS/JAMANETWORKOPEN/FULLARTICLE/2712183](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2712183)



REGIONAL ONE HEALTH: ONE HEALTH

- **Type of Organization**
 - Safety net hospital-based program
- **Population Served**
 - Insurance Status: Uninsured
 - Utilization: 4+ hospital stays or 10+ emergency department visits in 2 years
- **Program Elements**
 - Patients identified through hospital datasets
 - Nurse/social worker dyad
 - Co-development of care plan with patient
 - Team facilitates case conferences with other health and human services providers



REGIONAL ONE HEALTH: ONE HEALTH, CTD

■ Funding

- Philanthropy
- Increased primary care visit revenue
- Soon to be funded solely by the hospital due to the cost avoidance

■ Impact

- Averted \$7.49 million in medical costs over a 15 month period²
- Reduced uninsured ED visits by 68.8 percent, inpatient admissions by 75.4 percent, and lengths-of-stay by 78.6 percent²

² [HTTPS://WWW.HEALTHAFFAIRS.ORG/DOI/10.1377/HLTHAFF.2019.00999](https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00999)



OVERALL TAKEAWAYS

- Patient engagement is key through person-centered care planning and authentic healing relationships
- Many programs operate in the community to meet the patient where they are
- Interdisciplinary teams create an ecosystem to help patients meet their needs
- Programs evolve over time:
 - Proof of concept → fully funded
 - Individual approach → system approach
- This work is hard but doable





QUESTIONS?



GEORGIA'S WORK IN COMPLEX CARE

Commissioner Robyn Crittenden, DHS

Commissioner Judy Fitzgerald, DBHDD

Assistant Chief Kelvin Holloway, DCH

Dr. Eve Byrd, Carter Center- Facilitator

TABLE DISCUSSION

List your organization/agency/institution

How are you currently working with others on issues of complex care?

How do you wish you were working with others on issues of complex care?





Name one theme that surfaced from your group discussion?



TABLE REPORT OUT





ANNOUNCEMENTS & CLOSING

Madelyn Adams, Kaiser Permanente

Through this session, did you gain clarity about how other communities are addressing the opportunity of coordination of non-clinical supports for improved health outcomes? Yes/No

Yes **A**

No **B**





After this session, what word describes how you feel about the opportunity to address coordination of non-clinical supports?

Curious

Eager

Hesitant

Inspired



After attending this session, how confident are you sharing the framework of complex care with others?



Very confident

Somewhat confident


Neutral

Somewhat not confident

Not confident at all:
Need more information



What additional information/training resources would be most helpful to you to gain more knowledge around complex care?



What type of networking did you do at the quarterly breakfast?

Exchanged contact information **A**

Discussed concrete ways to collaborate **B**

Scheduled a separate date and time to continue the conversation **C**

None of the above **D**

UPCOMING

The Black Mecca Project @theblackmeccaproject on Instagram

Health Connect South: September 26, 2019

www.healthconnectsouth.com

Resilience Movie Screening: September 26th

Just Health Summit- October 25-26th

Complex Care Workshop- November 7th

ARCHI Quarterly Breakfast: December 11, 2019

Registration will be available at www.archicollaborative.org

ARCHI PARTNERS

Alliant GMCF
American Cancer Society
American Diabetes Association
Arthur M. Blank Family Foundation
Atlanta Bicycle Coalition
Atlanta Community Food Bank
Atlanta Community Health Interfaith Partners
Atlanta Housing Authority
Atlanta Humane Society
Atlanta Neighborhood Development Partnership (ANDP)
Atlanta Regional Commission
Atlanta Relay Bike Share
Atlanta Volunteer Lawyers Foundation
BlueFlowers.org
CareSource
Carter Center
Charitable Connections
ChildKind
Children's Healthcare of Atlanta
CHRIS Kids, Inc.
Clayton State University, School of Nursing
Club E. Atlanta
Common Market Georgia
Community Foundation for Greater Atlanta, Inc.
Community Health interfaith Partners
Community of College Park
Concerned Black Clergy
DeKalb County Board of Health
DeKalb County Government
Diabetes Community Action Coalition, Inc.
Emory Fuqua Center for Late Life Depression
Emory Healthcare
Emory University - Partners for Equity in Child and Adolescent Health

Emory University – Urban Health Initiative
Enterprise Community Partners
Families First, Inc.
Friends of Refugees
Fulton County Government
Fulton and DeKalb Hospital Authority
Gateway Center
Georgia Alliance for Health Literacy
Georgia Center for Nonprofits
Georgia Department of Public Health
Georgia Global Health Alliance
Georgia Health Policy Center
Georgia Higher Arts and Technology Training Institute
Georgia Institute of Technology
Georgia Organics
Georgia Primary Care Association
Georgia State University
Georgia Supportive Housing Association
Georgia Watch
Get Georgia Reading
Global Dialogues
Grady Health System
Health Equity Advocacy & Resource Center
Health Management Associates
Health Promotion Action Coalition, Inc
Hillside
Historic Westside Gardens Atl, Inc
I Can Be The Change
Insure Georgia
Jesse Parker Williams Foundation
Jesus Set the Captive Free
Kaiser Permanente of Georgia
Ladybug for Girls Foundation, Inc.
Legacy Community Housing Corporation

Live Living International Foundation
Marcus Autism Center
Mental Health America of Georgia
Metro Atlanta Urban Farm
Metropolitan Counseling
Midtown Assistance Center
Morehouse School of Medicine
Muni Cares, Inc.
Oakhurst Medical Centers
Odyssey Family Counseling Center
One Talent Inc.
Open Hand Atlanta
Our House
Partnership for Southern Equity
Perkins & Will
Piedmont Healthcare
Resurgia Health Solutions
Rimidi, Inc
RiteAid Pharmacy
Saint Joseph's Health System/Mercy Care
Saving Our Sons & Sisters International
Shepherd Center, Inc.
SK Collaborative
South Fulton Human Services Coalition
Southside Medical Center
Susan G. Komen Greater Atlanta
TechBridge
TQIntelligence, Inc.
Truly Living Well
United Way of Greater Atlanta
Veterans Empowerment Organization
Visiting Nurse Health System
Voices of Georgia's Children
Wellcare
Wellstar Health System
West End Medical Center Inc.

