

Mapping Memphis Style

Building & Strengthening a System of Health

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MethodistSM
Healthcare
Faith & Health

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



IRHAP

International Religious Health Assets Programme

ARHAP African Religious Health Assets Programme

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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

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Le Bonheur Healthcare

- 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



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3 Safety Net Partners



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Memphis: **City of Assets**

B. B. King, The
Blues, Beale
Street

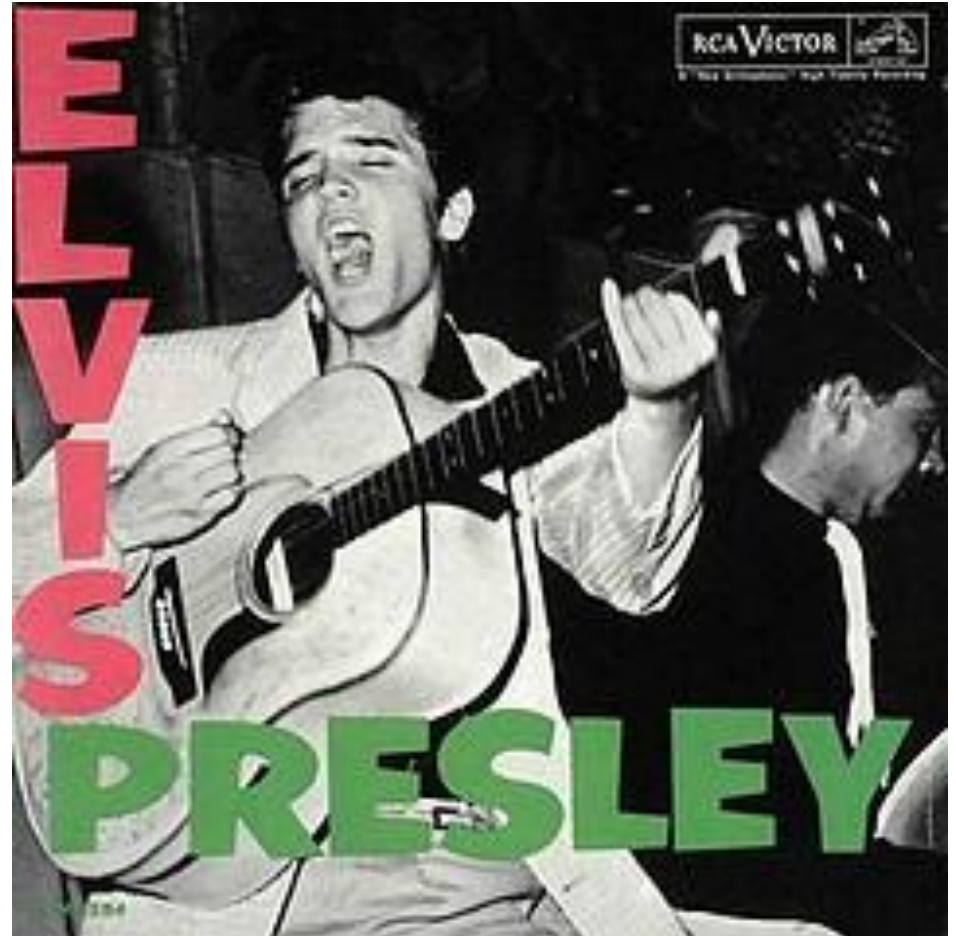


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Memphis: City of Assets

Elvis the King,
Graceland



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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



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Memphis: City of Disparity



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

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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?

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Like Elvis,

Methodist Healthcare

Has Left the Building!

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Congregational Health Network

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

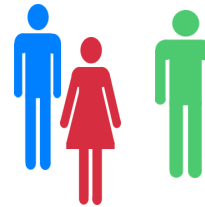
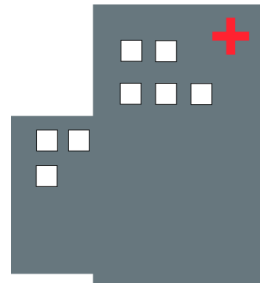


Dir. Faith & Community
Partnerships, Rev. Bobby Baker

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Person-Centered Journey of Health



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CHN

Director



1

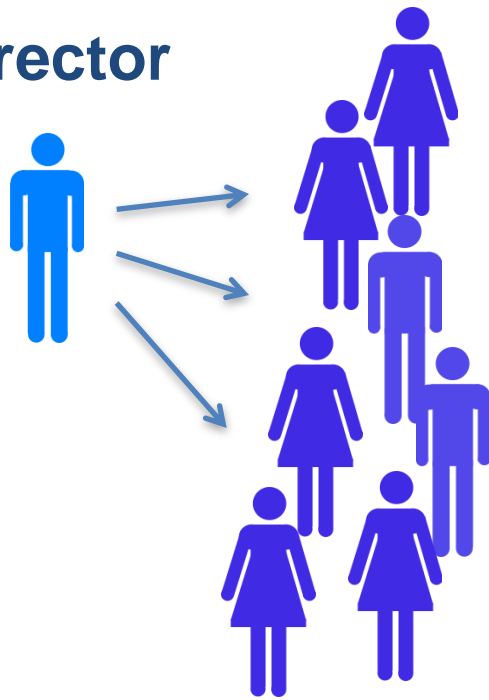
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CHN

Navigators

Director



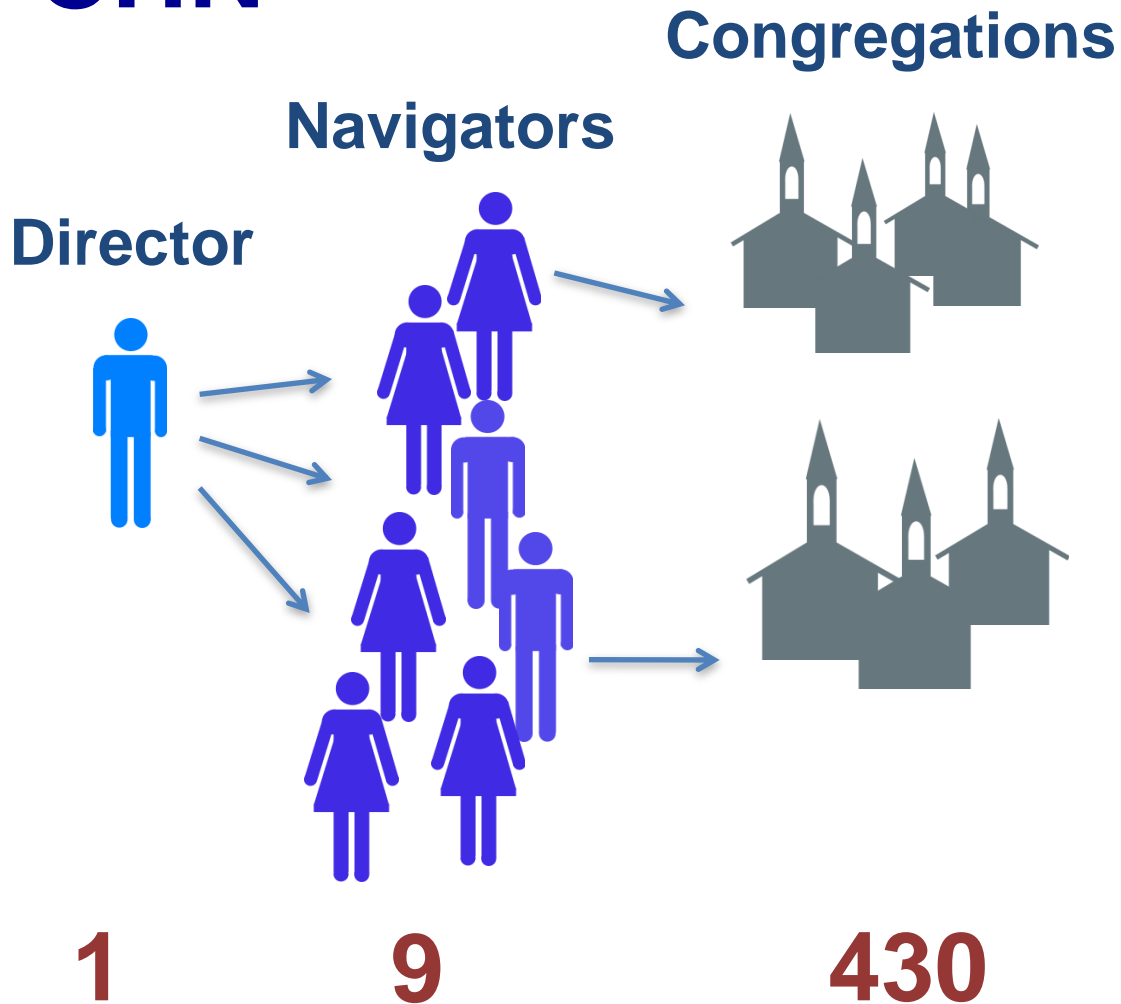
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9

Paid Staff

Be treated well.

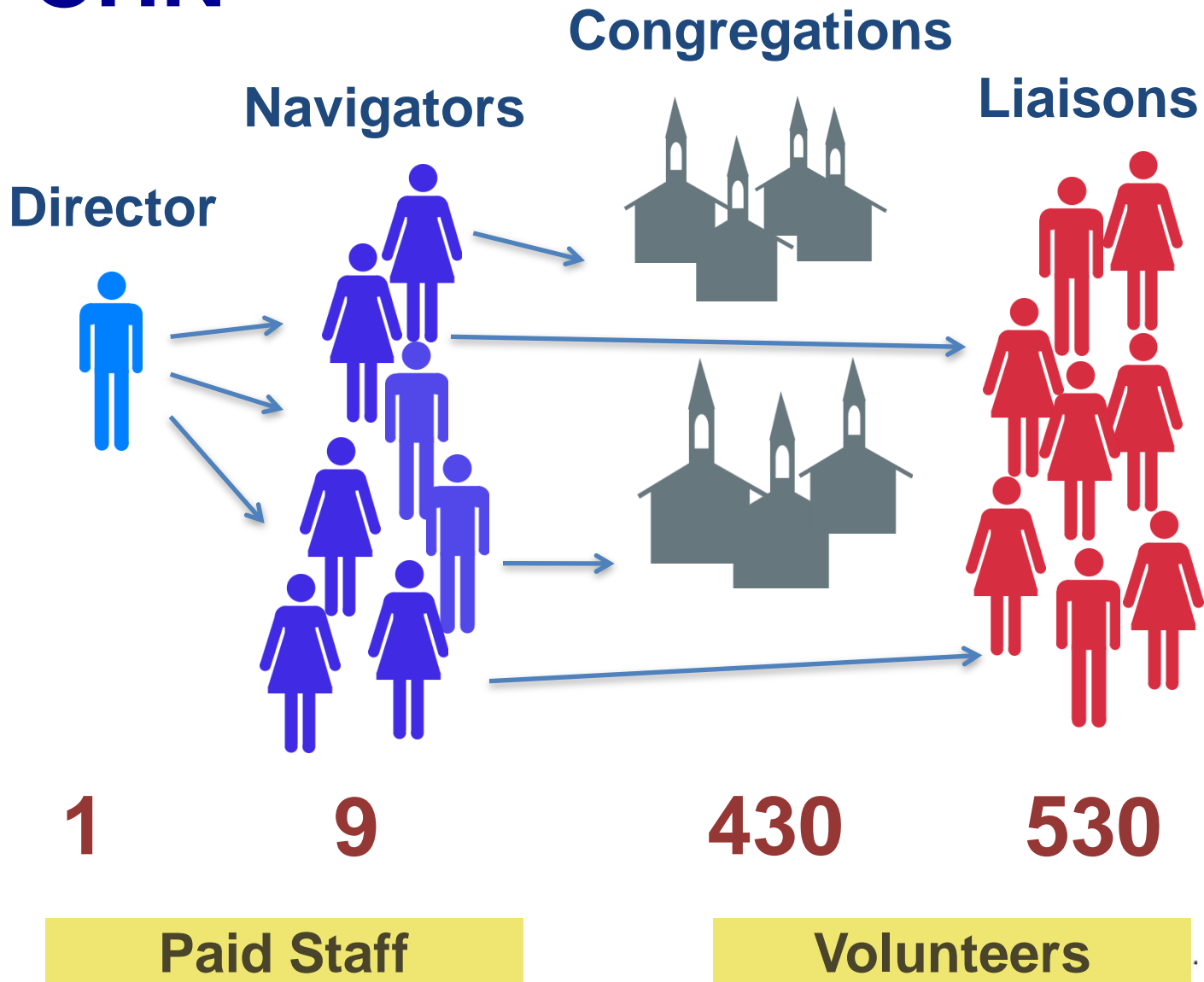
CHN



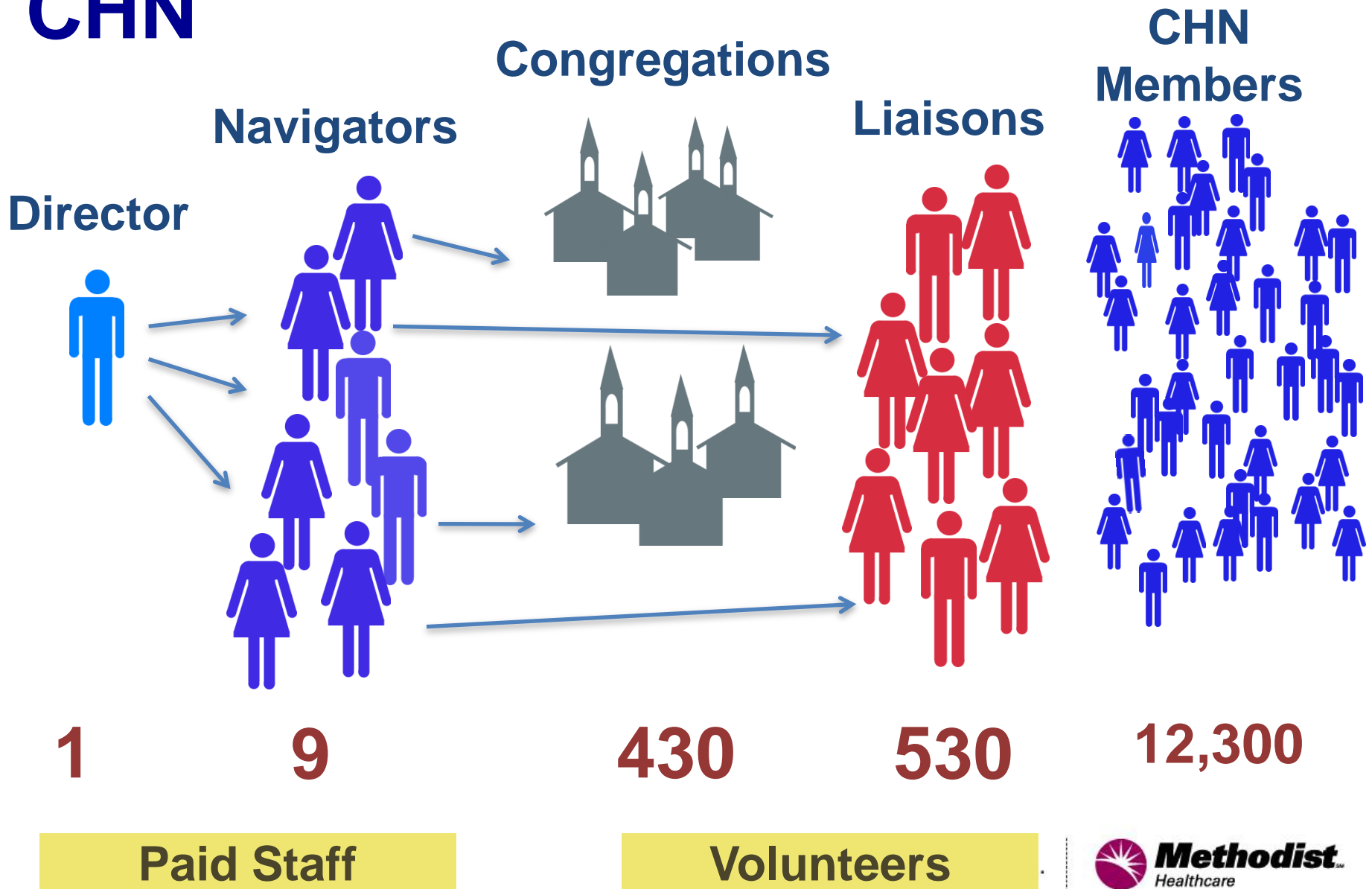
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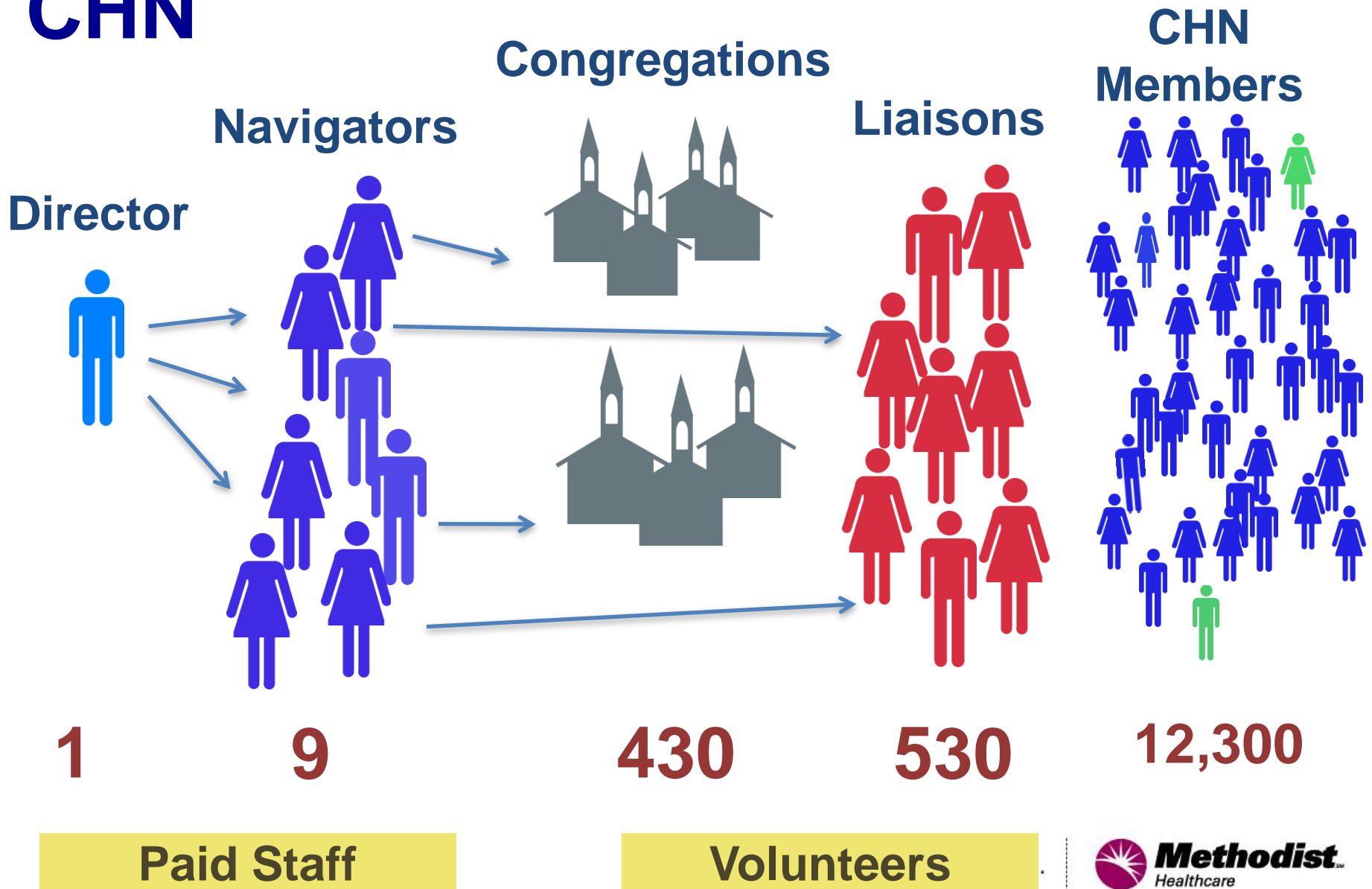
CHN



CHN



CHN



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

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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**

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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

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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

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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

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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

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2007: African Trainers in Memphis



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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)



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Data Inputs/Process

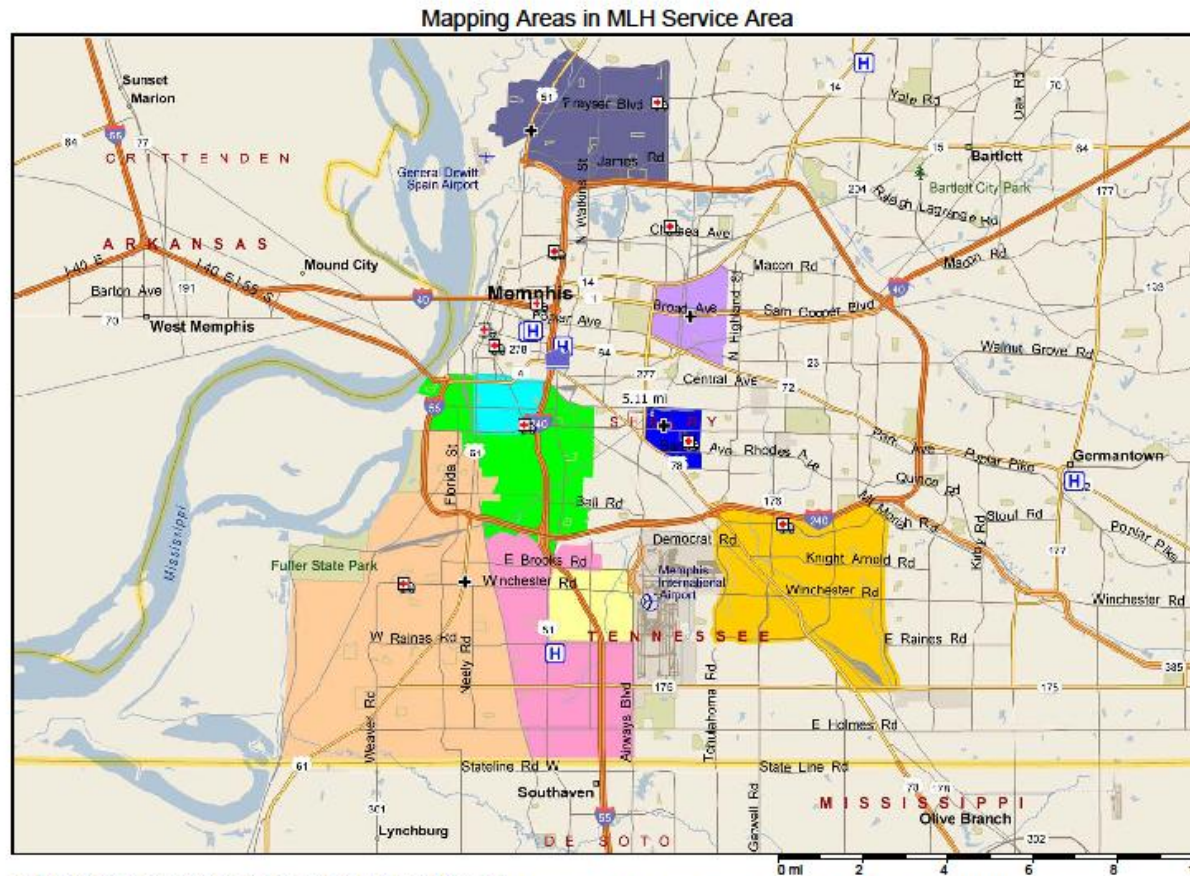
- Recruit participants and sustain engagement through CHN partnership
- **Participatory Mapping** workshops: 11 general; 3 specialty (eldercare, mental health, care pathways)
- **Case Study** : Orange Mound

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Five under-served areas:

11 PIRHANA workshops, 3 specialty



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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

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CHAMP

Community Health Assets Mapping Partnership

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**

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A map of the Memphis, Tennessee area and surrounding regions in Tennessee, Mississippi, and Alabama. The map is populated with numerous colored dots representing church locations. A large, irregularly shaped area in the center-left of the map is shaded in light blue and outlined with a thick black line. This shaded area covers parts of Memphis and the surrounding suburbs. Within this blue-shaded region, there is a high concentration of blue dots. Outside this region, there are many cyan dots and a few yellow dots. The map includes major highways (Interstates 40, 55, 240, 58, 78, 72, 175, 176, 178, 302, 309, 385, 204, 277, 64, 14, 193, 196, 57, 72, 302), airports (Charles W. Baker, General Dewitt Spain, Memphis International), and parks (Meeman-Shelby Forest State Park, Fuller State Park, Bartlett City Park). Labels for cities and towns include Memphis, Germantown, Collierville, Southaven, and others. State names are written in large, spaced-out letters: TENNESSEE, MISSISSIPPI, ALABAMA. The date '10-24-11' is in the bottom right corner.

**40% of all Charity care
is in the blue.**

**So are more than half
of CHN congregations.**

38104
or
38105

10-24-11

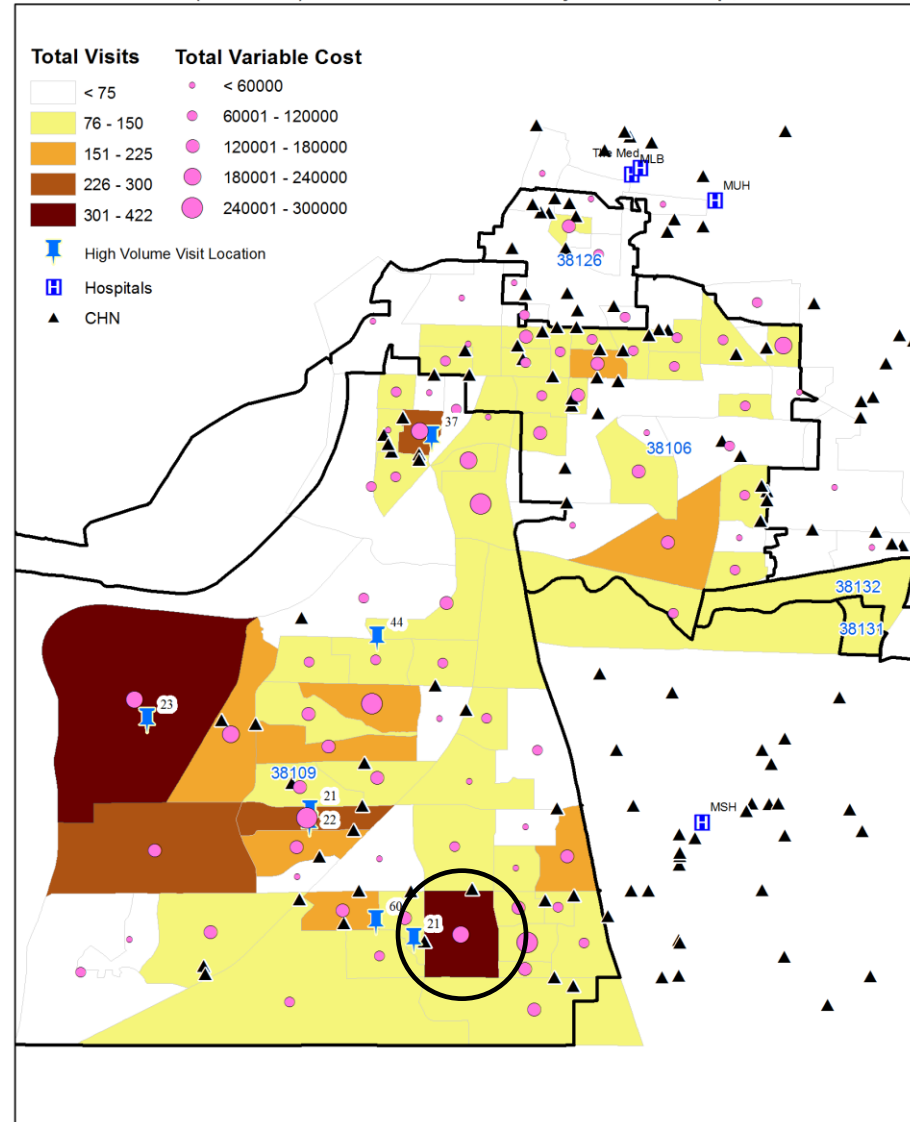
MLH 2010 CHARITY CARE WRITE OFF

Select Zip codes

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

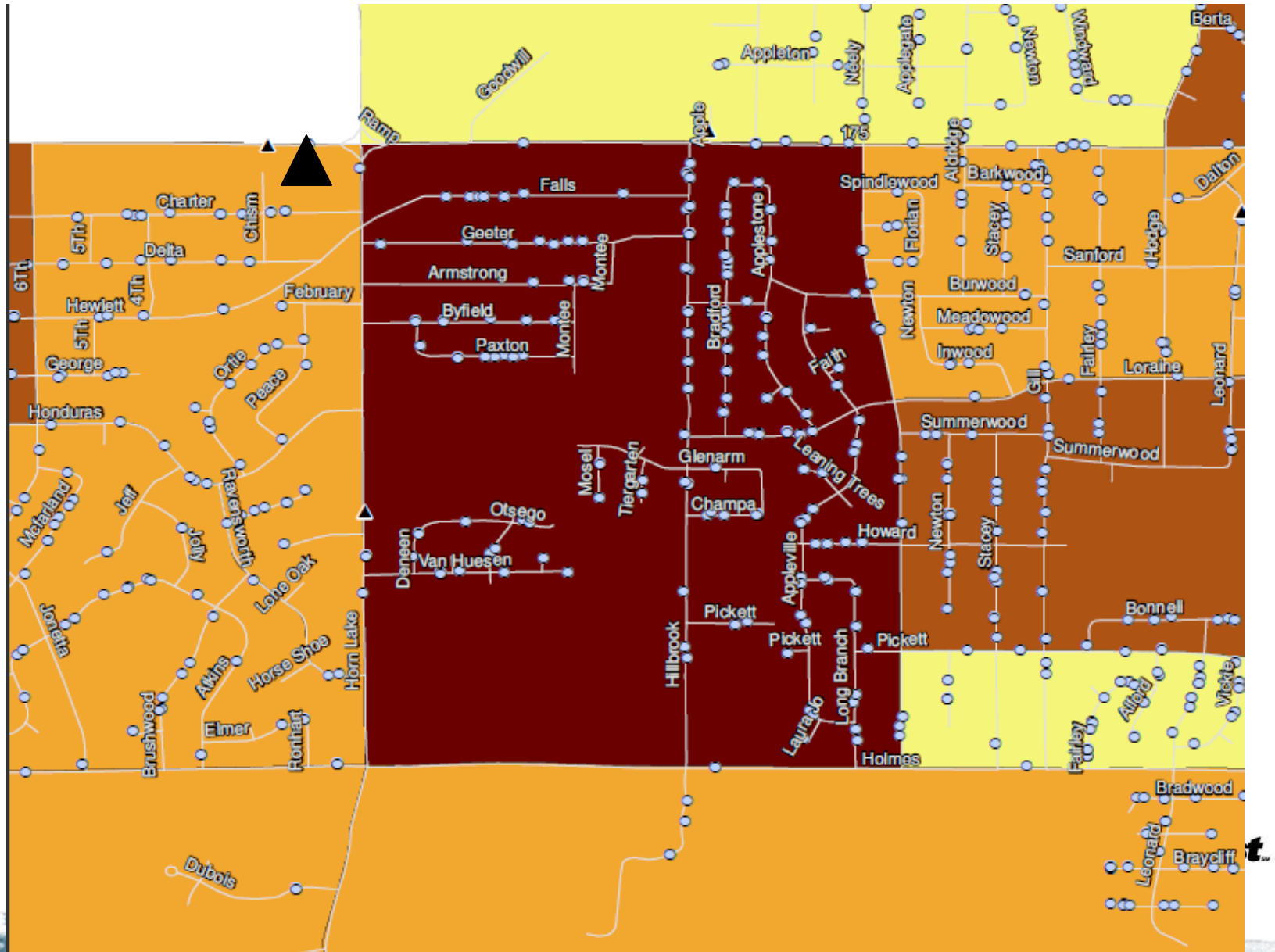
**38109
38126
38106
38132
38131**

Total Visits (IP & OP) and Variable Costs by Block Group, MHMH 2010



dist.

ZIP 38109 BLOCK GROUP STREET LEVEL DETAIL



OVERVIEW OF TOP 10 ED PATIENTS (BY VOLUME) IN ZIP 38109 (2010)

Patients	2010 Visits (MHS and MUH combined)	Christ Community in Area	Health Loop in Area	CHN Church in Area	Age	Visits*			Hospital
						2009	2010	2011 Annualized	
Patient #1	60				60	94	60	52	MHS
Patient #2	25	y	y	Bloomfield Baptist	50	21	20	5	MHS
Patient #3	23	y	y	Mt. Pisgah M.B.C	46	17	23	15	MHS
Patient #4	22	y	y	Maranatha Faith	59	18	18	8	MHS
Patient #5	21	y	y	Mt. Vernon Baptist	48	17	19	7	MUH
Patient #6	16	y	y	Mt. Vernon Baptist	50	10	12	3	MHS
Patient #7	12	y	y	Bloomfield Baptist	52	1	12	11	MUH
Patient #8	11				52	11	11	20	MUH
Patient #9	10	y	y	Rising Sun	53	0	6	1	MHS
Patient #10	9	y	y	Mt. Vernon Baptist	41	1	12	4	MHS

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

Faith & Health

*Three-year visit trend shows only the main location for the visits, if visits

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?

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Each City Will Have Different Assets



What might yours be?

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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)

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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....

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**Builds a community of justice,
compassion, trust and wholeness.**



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