EVOLVING PARTNERSHIPS TO IMPROVE HEALTH

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The Importance of Healthcare Services for Supporting Independent Living by Residents in Affordable Rental Housing

...The saying goes, “When you have your health, you have everything.” For seniors and people with disabilities, convenient access to healthcare services enables many to keep living productive, self-sufficient lives.
Overview

- Blood Pressure Checks and Podiatry visits every nine weeks is not enough anymore
- Why enter into a partnership for healthcare in housing?
- Pinnacle Health and PSL pilot program
- Shannon....BAYADA Home Health Care Medical Navigation Program
- What are the overall benefits for the affordable housing property?
Chronic Conditions and Barriers to Healthcare

- Eighty percent of Americans age 65 and over have at least one chronic condition
- Almost 50% have multiple chronic conditions (Albert, et. al, 2005)
- Barriers to healthcare:
  - Low income
  - Transportation
  - Older age
  - Lack of support (Fitzpatrick, et. al, 2004)
Partnerships for Population Health

**Community Health Network**

200 + partners to impact
50,000 + lives

**Community Health Clinics/ Keystone Project** - nearly 40,000+ clinic patient visits per year
- Kline Health Ctr.
- Hamilton Health
- Community Check Up
- Hope Within
- Bethesda Mission

**Congregational Health Network (8,000+ lives)**
- 47 Congregations engaged (8,000 lives)
- 7 Spanish speaking congregations (400 lives)

**Senior Living Services**
(1,300+ lives)
- Presbyterian Senior Living (165)
- Messiah Lifeways (700+)
- B’nai B’rith (195)
- Paxton Street Ministries (85)
- Morrison Towers (150)
- Lick Towers (150)

**Examples of Community Based Support Organizations**
- Harrisburg Dental Society
- Capital Area Coalition on Homelessness
- Dauphin County Poverty Forum
- Diversity Networking Forum
- Dauphin County Health Improvement Partnership

**Social Service Organizations**
- Dept. of Aging
- Human Services Agencies
- Shelters
- Food Bank
- HUD
- Dept. of Public Welfare
- Bureau of Drug & Alcohol
- CMU

**Other Populations (500+ lives)**
- Dental Access Pinnacle SMILES (300)
- Certified Application Counselors (200)
Overview of Pinnacle Health and PSL pilot project

Partnership between a health system and a 165-unit HUD affordable housing community

Key components
• Health navigation team consisting of staff from both organizations
  ✓ RN, social worker, physician, supportive services coordinator
• Combination of clinical and social supports both on-site and remotely
• Link with electronic health record to target services
• Development of a trust relationship and regular, consistent communication
A BRIDGE BETWEEN HOUSING AND HEALTHCARE

Presbyterian Senior Living

Social Service Coordinator
Property Manager

On-site physician access
ID of high utilizers in population (visits, costs)
Identify barriers to care with patient
Refer to appropriate social Service organization
Contact PCP to coordinate care
Assign clinic as PCP when appropriate

PinnacleHealth

Provides On Site Pilot Clinic
MD, RN, MSW

Remote Access to Records
Coordinate with PCP

Home Safety Evaluations
Community Paramedicine
Med Recs

Refer to appropriate social Service organization
Updated Outcomes

Presbyterian Senior Living

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<th>Period</th>
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<th>Inpatient Visits</th>
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Presbyterian Senior Living
ED Utilization
FY 2014 vs FY 2015

# of ED Visits

Month

2013-2014
2014-2015

March
April
May
June
July
August
September
October
November
December
January
February
Impact of pilot project - Pinnacle

- Evolving system focus on population health
- Expansion to additional PSL and non-PSL sites
- Integration with patient-centered medical home
- Continued integration with ACO and its medical director
- Early opportunity to learn how to partner
- Diversification from care settings
Lessons Learned

• Start with a common concern, local connection, mutual benefit

• Don’t be afraid to start small

• Track data to attract organizational resources and other partners

• Take time to understand each other - leverage expertise

• If at first you don’t succeed.....
Pennrose Management Company partnered with BAYADA after recognizing the importance of continued healthcare support for our seniors living in our independent housing communities.

We had our pilot site, which had incredible results, similar to the pilot programs previously mentioned, and our now in the process of launching the program companywide.
BAYADA Home Health Medical Navigation Program

• The BAYADA Medical Navigation Program is free to PMC and the residents. It is an innovative relationship that benefits everyone, but most importantly...our residents.

• As previously mentioned, the research has indicated that our residents experience less falls, ER visits and hospitalization with this enhanced healthcare relationship.
BAYADA Home Health Medical Navigation Program

• Highlights of the Program:
  ▫ BAYADA provides different educational/clinics throughout the month that can include fall prevention BINGO, blood pressure clinics, etc.
  ▫ BAYADA also provides 24 hour call centers staffed by nurses who can help residents assess their medical issues and navigate residents through the appropriate care or services needed.
  ▫ If residents experience hospitalization, upon the residents request, BAYADA will follow that resident through the hospital stay to ensure they receive the appropriate care in the hospital as well as the follow up care or services needed to allow the resident to return to independent living, safely and successfully.
  ▫ Even if a resident uses the medical navigation services, they are not required to use BAYADA for therapy or other services. If the resident chooses BAYADA as a provider, then Medicare or insurances will be billed.
BAYADA Home Health Care Medical Navigation Program

• As clearly stated with the previous programs, the benefits to the residents are invaluable.
• Did you know...studies have shown that the longer an individual remains at a rehab center, the less likely they are to return to independent living.
• Too often, insurance reimbursements determine someone's length of stay, rather than the need.
BAYADA Home Health Medical Navigation Program

- So, what are the benefits to the Property Management Company?...
  - The BAYADA Home Health Medical Navigation Program helps residents return to their independent living, successfully.
  - Less turnover, means a cost savings to the properties bottom line.
  - On average, each turnover costs $5,120.
- Healthcare initiatives in independent housing not only give our residents the best quality of life possible, but increases the bottom lines at our properties.
References

Acknowledgments

• Diane Burfeindt, VP
  Population Health
  Presbyterian Senior Living

• Sharon Kelly, Director
  Mission Integration
  PinnacleHealth System
Questions?