

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

Prince George's County Public Forum
February 2015



Goal and Agenda

- ◆ To describe best practices for partnerships between health and faith institutions
- ◆ To discuss the possibility of creating a Maryland Faith Community Health Network

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 benefits.

- 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: _____ **Date:** _____

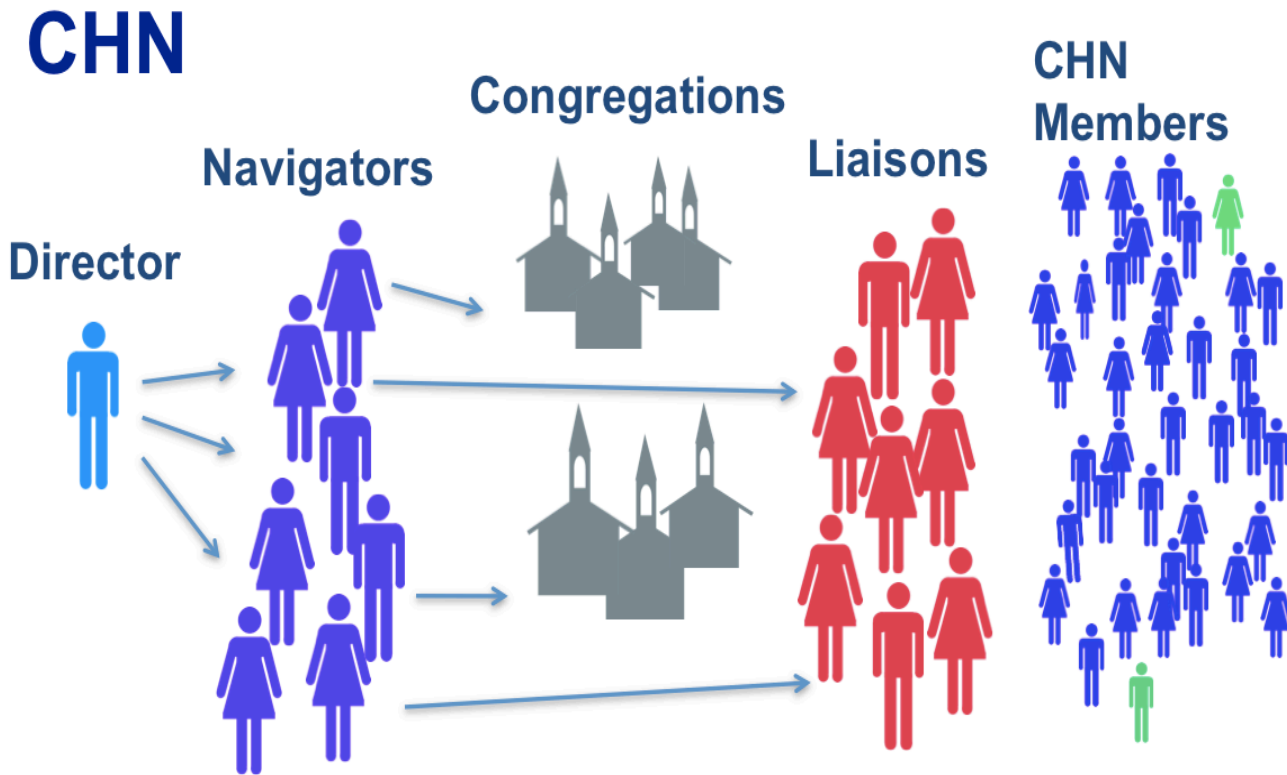
Worship Address: _____
street address city, state, zip

Mailing Address (if different): _____
address city, state, zip

Phone number: _____ **Email:** _____

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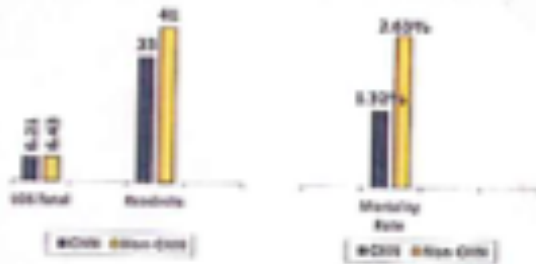
Congregational Health Network



Congregational Health Network

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

CROSS-SECTIONAL SNAPSHOT AT 25 MONTHS INTO THE WORK OF CHN



LOS - No difference between cohorts

Readmits and Mortality Rates - Significant difference in favor of CHN

CHN vs. Non-CHN CHF, Septicemia, Stroke and DM Charges

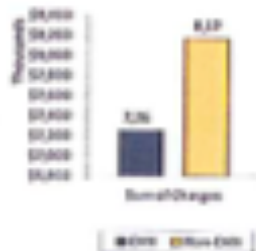
CROSS-SECTIONAL SNAPSHOT AT 25 MONTHS INTO THE WORK OF CHN



CHN vs. Non-CHN: Per Capita Charges

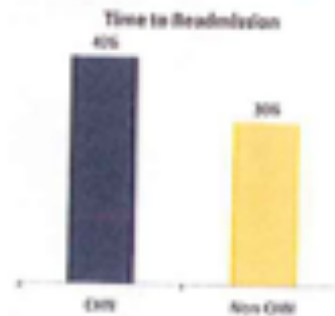
CROSS-SECTIONAL SNAPSHOT AT 25 MONTHS INTO THE WORK OF CHN

Aggregate savings of charges for the CHN patients that accrue to both payor and hospital



All CHN Patients Have A Longer Time-to-Readmission

CONDITIONAL DATABASE (2005-2010)



Regardless of diagnosis or condition, all patients in the Congregational Health Network had significantly longer time-to-readmission than matched patients out of the network (CHN=426 vs. Non-CHN=306 days) from 2008 through 2011, first quarter.

Thank you!

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