

Wake Forest Baptist Health capitalizes on relationships between environmental services staff and patients to drive coordinated care.

Overview

In late 2013, Wake Forest Baptist Health (WFBH) planned to cut costs by outsourcing environmental services. However, health system leaders sought an alternative that would save the same amount of money by creating new roles for environmental services staff that proactively engaged people in communities before they became patients.

WFBH recruited and collaborated with four of these environmental service workers to create a role and identify resources necessary to support patients post-discharge, including community resources, and ultimately designed a new role: community health worker. Nurses, social workers and other departments (including environmental services) refer to the program patients who identify a post-discharge need or vulnerability. Upon receiving a referral, the team provides a diverse array of services, including:

- Connecting patients to primary care providers and ensuring they attend (and are prepared for) scheduled appointments
- Providing access to resources for health insurance
- Providing access to support for medications (medication therapy management) and copayments
- Organizing transportation to medical appointments
- Identifying food resources
- Locating housing
- Assisting with in-home needs

The program now operates with a team of six full-time community health workers, including a referral coordinator who triages referrals.

Impact

The program has built trust among patients living in communities that have historically distrusted the health system. The trust comes from the community health workers' nonjudgmental approaches to caring for patients' concerns and their personal experiences of overcoming societal issues related to race, poverty and lack of community support.

Over its first two years, the program saved over \$1 million (16%) in charges to the health system, decreased emergency department visits by 28% and decreased inpatient charges by 17%. Because many of the patients were uninsured or self-pay, the intervention reduced uncompensated care. When providing the services to patients with insurance (private or public), WFBH achieved the same improvements in quality of care and care outcomes, even though it does not recognize the same savings.

Future Goals

WFBH will build from this experience to target services to vulnerable persons (a high number of emergency department visits, uninsured, underinsured, homeless) and those from vulnerable communities (high charity care ZIP codes in Winston-Salem). WFBH also plans to partner with Medicaid health plans to grow the program. The health system sees opportunity to leverage technology solutions that will free up staff time currently used to manually document the services into its medical records system.

For more information on this initiative, please visit:

- faithhealthnc.org/evs-winston-salem
- www.wakehealth.edu/Patient-and-Family-Resources/Support-Counseling-and-Continuing-Care/Faith-and-Health-Ministries