Chaplains in Healthcare: Do We Make A Difference?

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Advocate Health Care

UNIVERSITY OF MICHIGAN

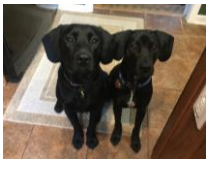
REGISTERED DENTAL HYGIENIST

LUTHER SEMINARY

SAGINAW VALLEY STATE UNIVERSITY 1963

METROPOLITAN CHICAGO SYNOD EVANGELICAL LUTHERAN CHURCH IN AMERICA

Evangelical Lutheran Church in America
God's work. Our hands.



SAINT LEO UNIVERSITY

THE BERYL INSTITUTE

STEPHEN MINISTRY

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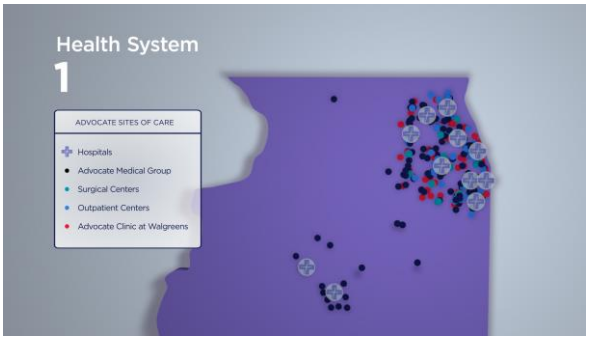
Advocate Health Care

Physicians/Ambulatory
1,400 employed + 400 APCs
Over 6,000 physicians
Over 450 sites of care
56 Advocate clinics at Walgreens

Hospitals (11)
4 teaching
1 children's
1 critical access
5 level 1 trauma centers
2 LTACH

Post-acute
Home health, hospice, SNF and palliative care



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Spiritual Care at Advocate

- Leaders of Mission and Spiritual Care at each site
- 45 permanent chaplains
- 40 registry chaplains
- 24/7 coverage
- 10 accredited CPE sites with 16 faculty

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Chaplains in Healthcare:

Do We Make A Difference?

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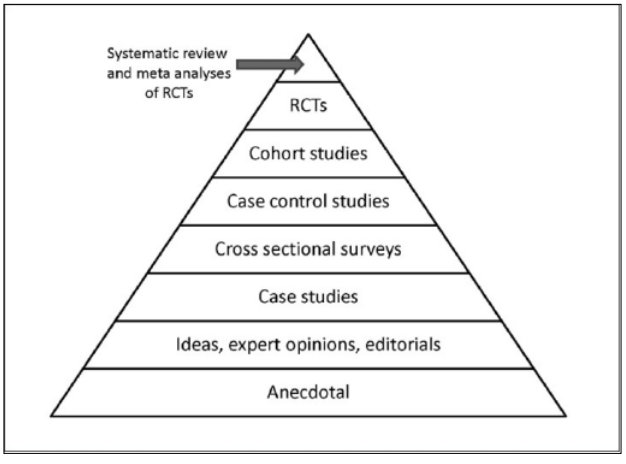

Critical appraisal skills are essential to informed decision-making. Mhaskar R, Emmanuel P, Mishra S, Patel S, Naik E, Kumar A - Indian J Sex Transm Dis (2009)

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1. Care for Associates and Physicians
2. Impact on Patient Safety and Health Outcomes
3. Care for Patients: Patient Loyalty

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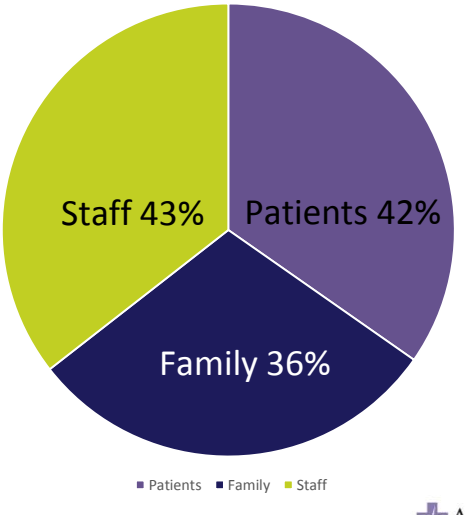
Chaplain Time Allocation (n=244)



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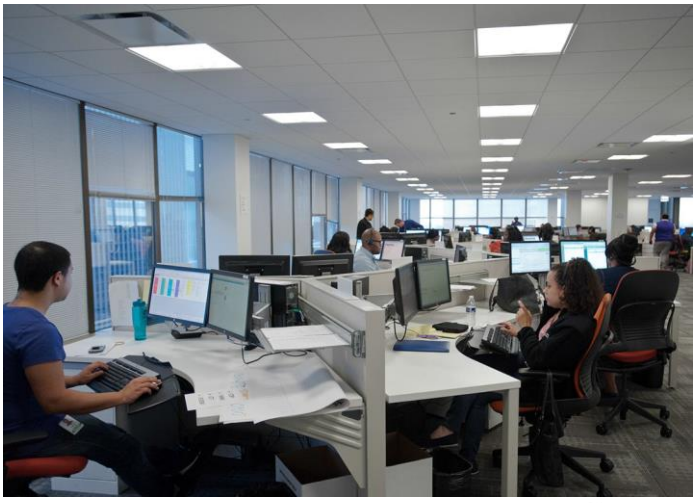
Advocate Contact Center



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Inspiring medicine. Changing lives.

Grace Notes

Inspirational Reflections from the Office of Mission & Spiritual Care

None of us, including me, ever do great things.
But we can all do small things, with great love,
and together we can do something wonderful.

Mother Teresa

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Resident Burn Out

- 7 times more likely to make treatment or medication errors
- 3.5 times more likely not to fully discuss options or answer questions
- 4 times more likely to discharge inappropriately
- 10 times less likely to pay attention to the social/personal impact of patient's illness
- 6 times more likely to feel guilty about their treatment of a patient

Vital Hearts

- 8 trainings since 2014
- Over 182 participants; 95% from pediatric settings
- 2 trainings focused on clinical managers, APNs and physicians
- 90% of participants would highly recommend to colleagues
- 4 chaplains trained as facilitators thus far
- Waiting lists are large!

Advocate's Safety Journey

S1	We are First & Foremost a Safe Clinical Enterprise: Position Patient Safety as the Foundation for All Care
S2	Leadership = Ownership: Lead to Patient Safety
S3	Patient Safety Starts with Me: Enable the Front Line to Address Safety Issues
S4	Nothing About Me Without Me: Engage Patients and Families in Patient Safety

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Changing Paradigm of Healthcare Chaplains:

from "non revenue producing"

to "revenue protecting"

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Taxonomy Intended Effects

- Aligning Care With Patient Values
- Preserving Dignity and Respect
- Meaning Making
- Promoting a Sense of Peace

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Advocate Care Center

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Purpose

The AdvocateCare® Center (ACC) care model is a patient-centric chronic condition management solution for the elderly poly-chronic population, aimed at improving clinical and financial outcomes for Advocate's at-risk Medicare lives.

GOALS

1. *Improve care **outcome measures*** (medical, pharmaceutical, social, functional, behavioral) within the ACC population and across sites of care
2. *Reduce **acute utilization rates*** for ACC patients by preventing avoidable hospitalizations and ER visits
3. *Reduce **total cost of care relative*** to like populations not treated in the ACC model
4. *Improve the **patient experience, patient, caregiver, and clinician satisfaction*** through a differentiated, holistic care model

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What Does This Look Like?

- Improve care outcome measures (medical, pharmaceutical, social, functional, behavioral) within the IDT population and across sites of care
- Reduce acute utilization rates for IDT patients by preventing avoidable hospitalizations and ER visits
- Reduce total cost of care relative to like populations not treated in the IDT model
- Improve the patient experience through a differentiated, holistic care model that increases patient, caregiver, and clinician satisfaction

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What Makes This Different?

	Typical Enhanced Primary Care	AdvocateCare® Center
Culture	• Commitment to exceptional care delivery • Constrained by reimbursement criteria and limited time and resources	• Commitment to deep relationship building • Few boundaries to 'doing what's right'
Physician	• Primary care physician lead • Physician is the 'captain of the ship' • **Physician sees 20+ patients, 15-20 minutes each**	• New chronic care specialty; requires highly empathetic physician with entrepreneurial / leadership skill set • **One of several driving patient care – patient may not see a physician during a visit** • **MD sees 8 - 10 patients, ranging from 30 - 90 minutes**
Core patient profile	• **Wide variety of patients from young and healthy to chronically ill**	• **Only patients with serious health needs; multiple chronic conditions**
Care team	• MD & nursing staff; embedded care managers • Supplemented by support from Advocate programs	• **Integrated, co-located clinical team, including behavioral health, social work, dietician, spiritual care, and others**
Care coordination	• Highly dedicated, in-office care delivery • Coordinated hand-offs via referrals and follow-ups • Focus / reliance on "body part" medicine	• Dedicated care delivered *cross-continuum* • Health Advocate follows patients across locations • Panel management – and "whole person" medicine
Embedded services	• Health navigation and care management • Refer out for specialty services	• In-house patient services include navigation, Behavioral Health, strength training, Pharmacy, Nutrition, etc. • Embedded chronic care services (e.g. wound care, infusion)
Staffing ratios	• **1 physician per 1,500 – 2,500 patients**	• **1 physician per ~400 chronically ill patients** • 2 Health Advocates and 1 APN per physician
Clinic space	• Physician office • Standard design principles	• Purpose-built clinic for chronic care • Designed for access and comfort (e.g. 1st floor, easy access and parking, community room)
Economic model	• Services billed	• Non-billing (covered benefit / MA-focused)

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Interdisciplinary Care Team

Role	Scope of services	Estimated Staffing Requirements *(for 800 patient center)*
ACC Physician	• Clinical leader for the patient's care	2 ACC Physicians
Advanced Practice Nurse	• Supports ACC Physician by evaluating and caring for patients as appropriate	2 Advanced Practice Nurses
Health Advocate	• Primary patient contact and care coordinator, drawn from the local community	4 Health Advocates
Nurse	• In-office patient care	1 Nurse
Behavioral Health LCPC	• Provides BH consultations (with BH Hub tele support)	1 LCPC
Pharmacist	• Assists in pharmacy and medication therapy management	1 Pharmacist
Social Worker	• Coordinates solutions to resolve home, family life, and financial issues	1 Social Worker
Dietitian	• Helps patients develop and maintain diets appropriate for their conditions	1 Dietician
Chaplain	• Provides spiritual care and support to patients	1 Chaplain
Trainer/Exercise Physiologist	• Provides strength and balance training to patients; experience working with geriatric population	1 Trainer/Exercise Physiologist

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Chaplain's Role

- Screening for Spiritual Distress
- Preparing and Reviewing Advance Directives
- Connecting/Reconnecting Patient With Their Faith Communities
- Assist with Patient Compliance

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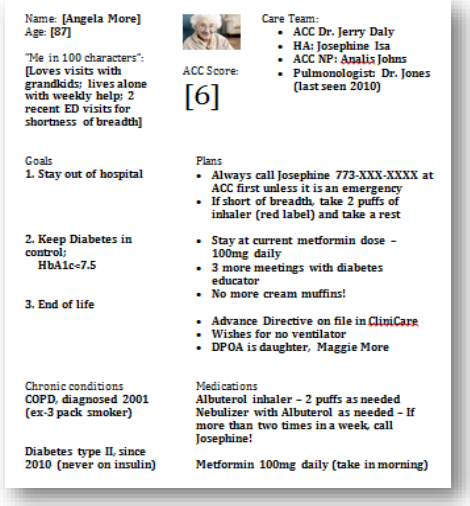
"Worry Score" → Shared Care Plan

The Patient Acuity Score is determined using subjective input from the Care Team, each score corresponding to different frequency of outreach

Objective: To assign each patient a score capturing the acuity of his/her condition and risk of readmission; patients with higher scores are prioritized for discussion during huddle

Score	Population	Freq of outreach
1	General pop	Annual
2	Single chronic condition, in control	Biannual
3		Every 4 mo.
4	Multiple chronic conditions, in control	Quarterly
5	Chronic condition, not in control	Monthly
6	Multiple chronic conditions, not in control and/or high risk for acute event/hospitalization	Biweekly
7	Very high risk for acute event/hospitalization	Weekly
8–10	Acute event/hospitalization in process	Daily



Name: **[Angela More]**
Age: **[87]**

"Me in 100 characters": **[Loves visits with grandkids; lives alone with weekly help; 2 recent ED visits for shortness of breadth]**

ACC Score: [6]

Care Team:
- ACC Dr. Jerry Daly
- HA: Josephine Isa
- ACC NP: Analis Johns
- Pulmonologist: Dr. Jones (last seen 2010)

Goals
1. Stay out of hospital

2. Keep Diabetes in control;
HbA1c<7.5

3. End of life

Plans
- Always call Josephine 773-XXX-XXXX at ACC first unless it is an emergency
- If short of breadth, take 2 puffs of inhaler (red label) and take a rest
- Stay at current metformin dose – 100mg daily
- 3 more meetings with diabetes educator
- No more cream muffins!
- Advance Directive on file in CliniCare
- Wishes for no ventilator
- DPOA is daughter, Maggie More

Chronic conditions
COPD, diagnosed 2001 (ex-3 pack smoker)

Diabetes type II, since 2010 (never on insulin)

Medications
Albuterol inhaler – 2 puffs as needed
Nebulizer with Albuterol as needed – If more than two times in a week, call Josephine!

Metformin 100mg daily (take in morning)

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2016 In Review

Measure	6 Months Before Admission to Program	6 Months After Admission to Program	% Change
No Of Hospital Admissions	38	20	47.37%
No Of Hospital Days	199	74	62.81%
Hospital Admits / 1000	1,434	755	47.37%
Hospital Days / 1000	7,509	2,792	62.81%
No Of ER Visits	89	37	58.43%
ER Visits / 1000	3,358	1,396	58.43%
Readmits within 30 Days	6	1	83.33%
Readmit Rate	15.8%	5.%	68.33%
OBSERVATIONS / 1000	302	264	12.50%

N = 53

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We've Come A Long Way,

but….still a long way to go!

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ABSOLUTELY!

Questions?