



Case study

Flagler Health+ and Care Connect+

Partnering with community organizations to
address social determinants of health

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About Flagler Health+ and Care Connect+

Flagler Health+ is a total-care enterprise aimed at advancing the physical, social and economic health of Northeast Florida communities. From serving as the lead agency for the Continuum of Care with an aim to end homelessness, to bringing a new concept in health villages throughout the region, Flagler Health+ serves as a partner to patients on the journey of life. Flagler Health+ and Care Connect+ are extensions of Flagler Hospital, which has a 130-year legacy of caring for the community. The 335-bed hospital has been named among America's 100 Best Hospitals out of nearly 4,500 nationwide. Flagler Hospital has also earned the Gold Seal of Approval™ from the Joint Commission for primary stroke care centers, national accreditation for its total hip and total knee replacement programs, accreditation from the American College of Surgeons' Commission on Cancer, Center of Excellence designation for its bariatric surgery center, and magnet status from the American Nurses Credentialing Center for nursing excellence.

Learn more at flaglerhealth.org.

In 2017, the leadership of Flagler Health+ found themselves in a perfect storm of industry change and investment decisions. They were facing new requirements associated with the Hospital Value-Based Purchasing (VBP) Program. They were considering new care coordination investments. And, they were interested in an Accountable Health Communities grant from the Centers for Medicare & Medicaid Services (CMS) to serve as a local hub linking clinical and community services. While they were ineligible to pursue the grant, the hospital leadership decided this was simply the right thing to do and began the research to determine how to move forward.

Flagler Health+ notes, "When it comes to improving the health and well-being of our community, growing research shows us that up to 60% of our overall health is determined by social/environmental factors and individual behaviors..."¹

They also state that inadequate housing, food insecurity, unemployment / underemployment, and other unmet social needs are tied to increased illness and higher health care spending – particularly through emergency department use and hospital admissions and readmissions.²

As Flagler Health+ conducted their research, which included the community health needs assessment (CHNA) required by the Patient Protection and Affordable Care Act for tax-exempt hospitals, they noted a few key challenges. Two of the main challenges were:

- 60 percent of their emergency department visits were completely inappropriate; and
- The network of different service providers available to community members when leaving the hospital was complex, disjointed, and difficult to navigate.

In order to address these challenges, Flagler Health+ created Care Connect+ in 2018, a community alliance that "connects residents with services and addresses social determinants of health in a coordinated way" in St. John's County.



What is Hospital Value-Based Purchasing?

The Centers for Medicare & Medicaid Services (CMS) created the Hospital Value-Based Purchasing (VBP) Program as part of its larger quality strategy to reform the delivery and payment of care.³ It rewards acute-care hospitals with incentive payments for quality care rather than the volume of care. This has led hospitals to look at changing the way they operate, including the consideration of social determinants of health as a means of improving outcomes.

Care Connect+ and WellSky Community Services

Flagler Health+ also became the lead agency for the St. Johns County Continuum of Care (CoC) in 2017. CoCs are established across the country by the U.S. Department of Housing & Urban Development (HUD) to coordinate community responses to homelessness.



Care Connect uses WellSky Community Services for:

- Intake
- Assessment
- Eligibility screening
- Referral
- Care coordination

To build out the Care Connect+ network, Flagler Health+ started with organizations that were already participating in the CoC network and those that were receiving funding through their community health improvement fund. Care Connect+ built its intake system on the platform already used by the CoC network: WellSky Community Services,.

A resident in St. John's County can go to any participating organization, complete their intake, and be referred to any other Care Connect+ organization. WellSky Community Services not only provides the capabilities to do a single intake assessment across all participating organizations, it also provides visibility into the needs of the community. For example, it can track the number of referrals for rent payment assistance versus food pantries or dental care. This helps Care Connect+ prioritize investments and look for providers to fill service gaps.

By 2019 Care Connect+ had 40 participating organizations, all using a single intake system that increased coordination, access to resources, and holistic physical, social, and economic care in the community.⁴ By 2020, the number of organizations had grown to 65.



Eligibility module

Care Connect+ leverages the WellSky Community Services Eligibility module to determine a client's eligibility for service before the referral is made. This creates an efficient and effective process for both the clients and the community's service providers by ensuring referrals from Care Connect+ are appropriate.

Cutting response times

The single intake and referral system, along with consistent data capture across providers, enables Care Connect+ to track responsiveness. After one year, the network's providers addressed service needs five times faster. Since launching the program, their ability to get someone into Care Connect+ with access to services dropped from up to 10 days to less than 48 hours. And in 2020, the time from referral to first appointment decreased 66%. The goal is to provide near real-time access to services.

Streamlining referrals

The next step was to build out the process such that it becomes a virtual care navigation hub that can identify needs and not only determine eligibility, but also available resources in real-time. Bringing the different organizations together in a coordinated fashion has made the whole system more effective, and it will continue to improve.

With a focus on identifying and addressing unmet social needs, Care Connect+ has grown its utilization of the WellSky Community Services platform beyond traditional homeless service providers to include community-based organizations that provide medical, behavioral health, transportation, meal delivery, education, and other services. Because of this, Care Connect clients receive holistic and comprehensive resource planning and navigation, resulting in improved outcomes.

Ending homelessness

As the lead agency for the St. John's County CoC, Flagler Health+ closely tracks outcomes related to homelessness. In 2020, they saw progress in the following categories:

- 8 percent decrease in unsheltered chronic homelessness
- 20 percent decrease in unsheltered homeless who had been homeless 4 or more times
- 8 percent decrease in unsheltered homeless who were continuously homeless for 3 or more years

Care Connect+ has been so effective at addressing homelessness that the network has set a goal of ending Veteran homelessness in 2021. This means that when people enter the system, they will be helped and placed into housing within 30 days.

As part of this goal, Flagler Health+ will launch its first Permanent Supportive Housing Program specifically for veterans. The six-unit apartment is part of a strategic partnership with St. Johns County Housing Partnership, and will open in 2021.

Keeping people out of the hospital

Flagler Health+ has also seen an impact on post-acute care outcomes. Historically, 40 percent of patients receiving a hip or knee replacement were discharged to a skilled nursing facility and received home health services upon returning home. In 2019, that dropped to 18 percent. Their hospital re-admission rate for hip and knee replacement patients has dropped from 9.6 percent to 4.4 percent.

Helping Care Connect+ grow faster

Care Connect+ will continue to grow. As its story is shared, more organizations want to join the initiative. This created an unforeseen challenge – the network couldn't onboard new organizations fast enough to keep up with the interest.

Flagler Health+ engaged the WellSky professional services team to build an on-boarding process and toolkit that standardizes the forms and activities required for each step. **The team reduced the on-boarding process from six months to six days, enabling Care Connect+ to add more providers faster.**





“The data from the system is invaluable. Data available in the reporting tool in WellSky Community Services drove us to identify things like case management, housing, and medical services as the three highest unmet needs in the community.”

John Eaton, Executive Director,
Flagler Health+ Care Connect+





Saving lives though youth behavioral health

Shortly after its inception, Care Connect+ identified a specific challenge in St. John's County – their suicide rate among youth was 3.2 times higher than the national average. Just as clients transitioned from their hospital to a highly fragmented set of services, the youth population faced a fragmented behavioral health provider system consisting of many non-profit organizations with limited capacity.

Care Connect took the same principles of organizing providers into a cohesive network and applied them to youth behavioral health with the BRAVE program (BRAVE = Be Resilient And Voice Emotions). Care Connect+ provides a single intake for youth and refers them to services through care coordinators established in each of the 39 schools in St. John's County, all of whom have access to data and providers through WellSky Community Services.

Prior to the BRAVE program, only 35 percent of students referred through district for assistance were making it to a behavioral health provider. Since BRAVE launched in September 2019,

- 92 percent of students referred to Care Connect+ with a need for behavioral health services are now connected to a provider.
- Average time to get a behavioral health appointment dropped from 90 days to 21.8 days.
- The parent acceptance rate for participation grew from 60% before the program started to 93% in 2020.

In addition, the data obtained by using the WellSky Community Services platform led to the award of a \$350,000 four-year grant from the Florida Blue Foundation to support the Care Connect+ Youth Behavioral Health Initiative. Regular reports demonstrate progress made in the community, help tell the success of Care Connect+, and set up the initiative up for future growth and impact.

Over 100 students attended the Inaugural BRAVE Summit, held virtually in November 2020. And In January 2021, BRAVE expanded to neighboring Putnam County and launched **Brave 2 Speak (Healthfully)**, an online community for youth to connect, access peer support, and connect with providers to promote mental health and wellbeing.

Fighting a pandemic

There's no better example of how Care Connect+ acts as a central hub to help St. Johns residents in need than the response to the COVID-19 pandemic. By acting as a single access point, Care Connect+ empowered its partners to quickly address immediate needs.

For residents with limited resources, being able to self-isolate or obtain crucial supplies wasn't always an option. The Care Connect+ team followed up with nearly 200 COVID patients in the area to ensure they had:

- A safe place to quarantine
- Access to food
- Ample supply of hard-to-obtain items like sanitizing wipes and paper goods
- Help with utilities, rent or other needs

This limited the local ER readmission rate for COVID patients with mild symptoms to just 2.7%.

During the pandemic, Care Connect+ and its 65 partners were able to::

- Serve 1,300 clients impacted by COVID-19
- Meet 4,000+ stated needs
- Fully meet the needs of 78% of residents, including rent/mortgage/utility payment assistance, and emergency food

Summary

When Flagler Health+ launched Care Connect with their community partners, they knew they weren't starting with all of the answers. Today, they are continuing to improve the sophistication of their use of data, which will make the program faster and smarter. Flagler Health+ leaders didn't wait to have all the answers. They identified the problems they needed to solve – like improving access to community resources and tracking data across providers. Then, they dove in and made an impact quickly. They have already seen tremendous results and are seeking to expand Care Connect to surrounding communities.

To get started, John Eaton, Executive Director of Flagler Health+ Care Connect recommends the following:

1. Rethink the definition of your care team. Invite others into your organization.
2. Find a way to meet your clients where they are rather than making them come to you.
3. Don't wait. Start with what you have and streamline your resources to make a bigger impact.

References

1. <https://www.stjohnscareconnect.com/>
2. Hospital Value-Based Purchasing Fact Sheet, CMS, September 2017
3. <https://www.stjohnscareconnect.com/about-us/>, viewed October 29, 2019
4. How Hospitals and Community-based Organizations Can Tackle Disparities in Health Equity, by John Eaton, presented at CareForum, September 10, 2019



About John Eaton

John is the Executive Director of Care Connect+. He is responsible for developing and overseeing the implementation of a community-wide health

improvement plan in St. Johns County, FL, identifying gaps in access to care, developing programs to meet those needs, and deploying health education and engagement strategies.

John holds a bachelor's degree in Health Education and Behavior from the University of Florida. He serves as the Co-Chair of the St. Johns County Health Leadership Council and on several Boards of Directors including, St. Johns County Continuum of Care, Community Partnership School Executive Board, Good Samaritan Health Centers and the St. Augustine Family YMCA.



WellSky is a technology company focused on realizing care's potential — including the potential to help people in greatest need. We're working to deliver data that leads to better outcomes. We connect human services organizations to the health care system. And we develop new care tools to help community-based organizations work smarter. When we work together to solve the problems that result from homelessness, aging, disability, addiction, abuse, and mental health, all of our communities can flourish.

Learn more! Contact your WellSky representative to learn more or schedule a demonstration.

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