CLINICAL SCHOLARS

Wake County Familiar Face Collaborative 2020-2023

Robert Wood Johnson Foundation (RWJF)

Clinical Scholars (CS)

Introduction

CLINICAL SCHOLARS

- Derrick J. Hoover MD, FAAFP
- Family Physician
- Duke Urgent Care/Duke Primary Care
- Robert Wood Johnson Clinical Scholar
- Special Interest in Homeless Medicine and Hepatitis C
- An interesting fact about me: I'm from the Bahamas

RWJF CS Program

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Clinical Scholars is a national leadership program for experienced health care providers supported by the Robert Wood Johnson Foundation.

Background RWJF CS

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- RWJF selects 35 people in the country each year.
- Only 8 projects were selected in the nation in 2020.
- During the program interdisciplinary teams consisting of 3-5 members work together to create equitable solutions for complex health challenges in our communities.
- Our team members all work for organizations with deep roots in the community.

Organizations

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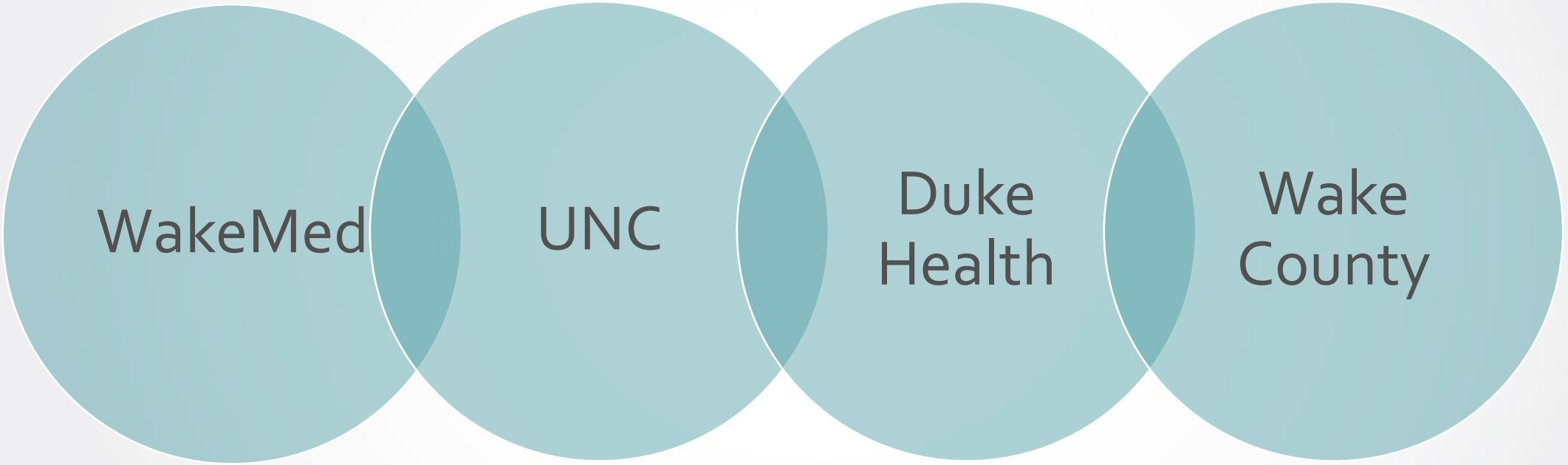

RWJF Clinical Scholar Fellows

TEAM MEMBERS

- José G Cabañas, MD, MPH
- Derrick Hoover, MD, FAAFP
- Keturah Beckham, MSW, LCSWA, CHC, CPA
- Thava Mahadevan, MS, LCAS
- Jason Wittes, PharmD

Who are Familiar Faces?

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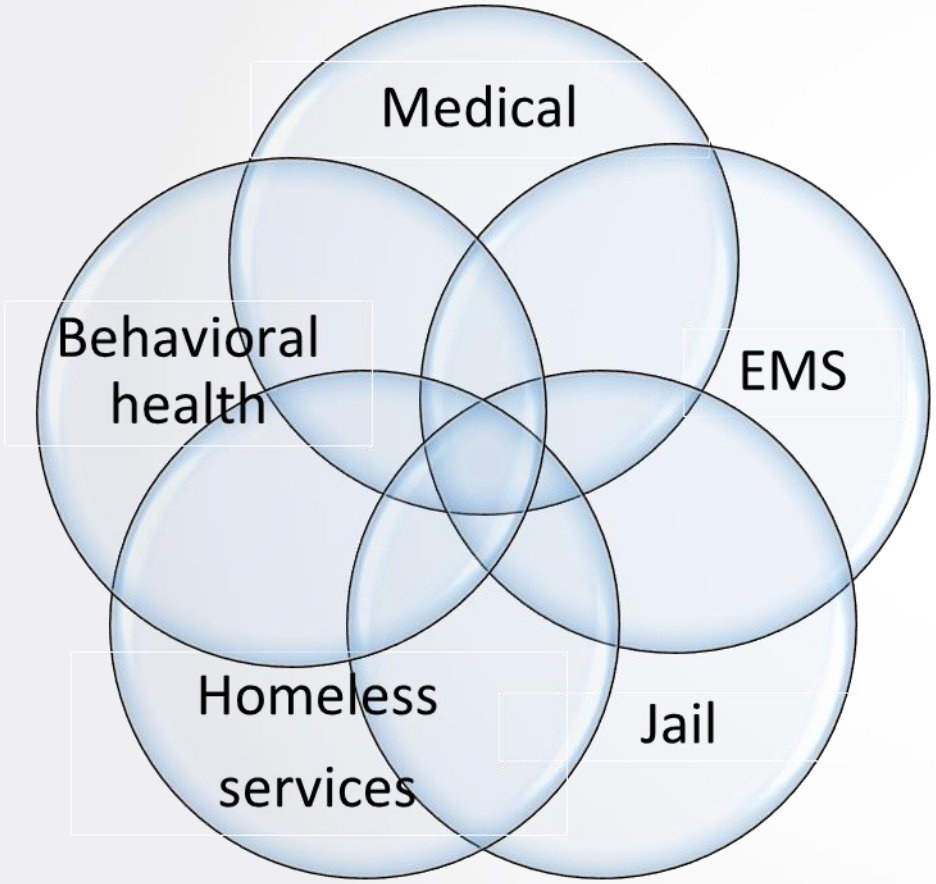

Step 1: How do we identify?

- There are significant legal privacy issues that limit sharing personal information.
- This makes it difficult to implement automated robust intuitive identification tools.
- Even if a patient wishes, it is difficult to share data across systems.
- A team of subject mater experts is working to address this in a way that balances privacy and better coordination of care.

Meet Mr. C

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- Friendly, obese, shirtless, African American gentleman laying on pink comforter under tree eating canned tuna.
- Brought from neighboring county and dropped outside Oak City Cares with his walker early on a Tuesday morning.
- Appears mildly short of breath with swollen ankles. (?CHF)
- Does not know his medical history other than OSA and ‘some cardiac problem’.
- He was robbed and meds were stolen more than 1 month ago.
- Doesn't remember medication names, wants help to get back on his meds.
- Wants to stay under tree again tonight until he can get into shelter tomorrow while awaiting COVID-19 test.

Mr. C

CLINICAL SCHOLARS

- 3 days later able to get meds, but pharmacy says 2 new meds added a few days ago in his bubble pack.
- PCP and specialists at health system A don't know about new meds.
- After much digging Mr. C remembers he was in the ER at Health system B the day prior to being dropped off at Oak City cares.
- In the ER some meds were stopped and new meds added.
- PCP unable to access to health system B's records despite having 'Care Everywhere'.
- Pharmacy puts all meds into bubble pack including the ones the ER stopped and added as they have no way to know meds were stopped.
- Patient does not know which meds added and which ones were stopped.

Mr. C

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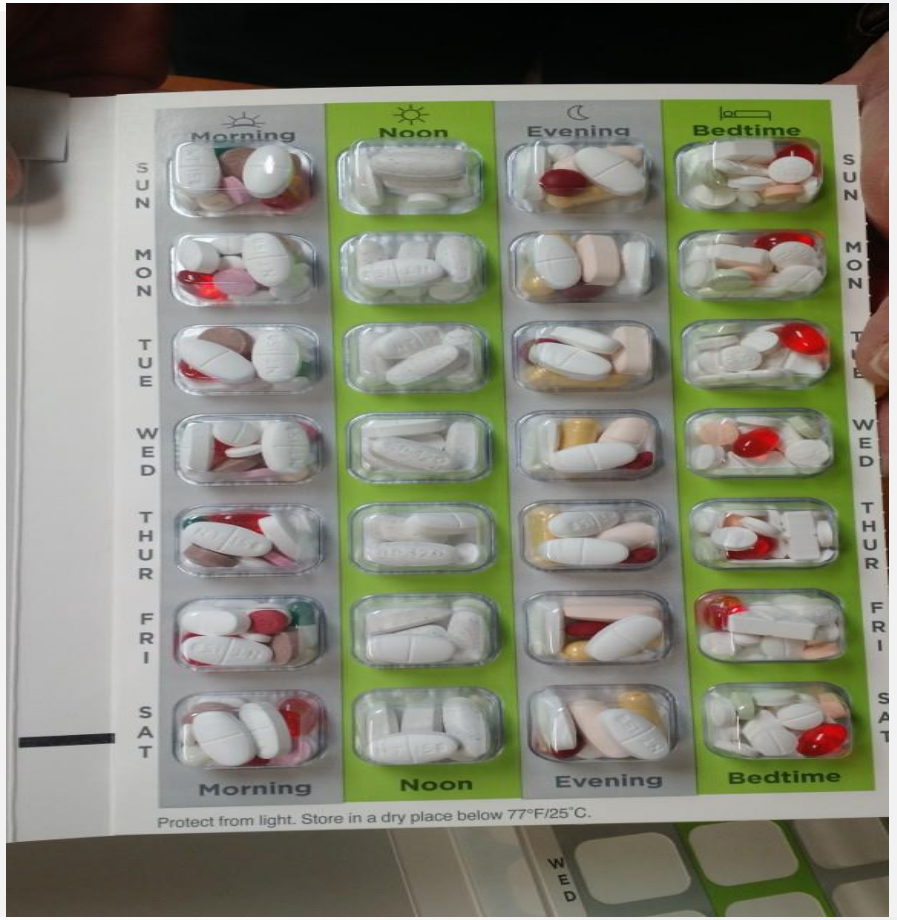
What to do?

- 1 month of meds placed in bubble pack making it very difficult to remove meds that were supposed to be stopped.
- Patient has been out of meds for over a month, needs to restart asap.
- Patient at significant risk for complication from taking meds that should have been stopped in addition to new meds.
- No easy/quick way to find what meds were stopped and why.



Mr. C facts

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- He has mobility issues, cardiomyopathy (25%), OSA, COPD, HTN, mental health issues and known substance abuse disorder.
- He is known to the criminal justice system.
- Stays between 2 counties, has no transportation and is homeless.
- Receiving care from **at least** 8 organizations just this week!
- Thinks his PCP is at Health System A, but PCP actually at FQHC in neighboring county.
- His heart and lung doctors are at Health System A.
- Meds changed in ER at Health System B.
- He uses a community pharmacy not affiliated with his care providers.
- **He is insured**.
- **He is not yet a Familiar Face**!

Wicked Problem

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- The lack of integrated services for those most vulnerable within a community leads to **poor outcomes** and **costly human suffering**.
- Systems working in silos without robust communication tools.
- **Right hand** does not know what left hand is doing and in some cases **does not even know left hand exists.**

Objectives

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- To engage vulnerable community members and front-line service providers to understand barriers and challenges associated with service delivery and support systems for this population.
- Develop **sustainable** care models to better serve this population thereby increasing quality, efficiency and decreasing societal cost of care, but more importantly **decreasing preventable suffering**.

STRATEGIES AND INITIATIVES: FAMILIAR FACES

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Stabilize frequent users of crisis services.	
A	Develop an early intervention approach to provide prevention services and calculate return on investment for these services.
B	Implement a data system that identifies high utilizers and helps coordinate services for them.
C	Develop an approach that prioritizes those in highest need for services.
D	Assign high risk individuals to a coordinated team who will take responsibility for aligned care and continuity of services.
E	Provide front line responders with needed information about these individuals and close the gap between front-line responders and case managers.
F	Work to improve the use of NC Care 360 as a tool to help meet identified gaps in social determinants of health.

Familiar Face perspectives

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- Many of us think of Familiar Faces from our perspective as some one who is a ‘High Utilizer’ of services.
- From this patient perspective we are the ‘Familiar Face’.
- They need a ‘Familiar Face’ to help them navigate these convoluted systems currently in place.
- They need a ‘Familiar Face’ they can turn to and depend on.

Sneak peak: Bridge housing pilot

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- Bridge housing for 3 individuals with complex health needs.
- Supported by a case manager and a peer support specialist.
- Currently working on a fair identification/selection criteria.
- Evaluate needs and gaps in care.
- Develop/design/facilitate better system for **patient centered** coordination of care.

Heat and Eat meal program

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- We received an additional COVID Rapid response grant from RWJF in January 2021.
- Deliver 100 healthy nutritious Heat and Eat meals weekly to individuals with severe mental illness, health risk factors and those living unsheltered.
- Restaurants like Breakaway café prepare and package meals to be picked up and delivered in person by ACT team staff and peer support specialists.
- The restaurant incorporates fresh produce and vegetables (seasonal) from the Farm at Penny Lane and other local farms.

Goal of meal program

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- Provide healthy meals to strengthen immune system to help prevent and fight COVID-19.
- Address loneliness (worsened by pandemic).
- Engage reclusive unsheltered population.
- Build rapport and **trust**.
- Provide access to resources.

Meal program to date:

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- Started 2/11/21 (able to mobilize quickly and effectively).
- So far over 700 meals delivered.
- Collaborating with other local outreach teams.
- Received 2nd grant to expand and collaborate with CS team from Harvard.
- Starting to build rapport - helping with vaccination efforts.

Glass Window Bridge Eleuthera, Bahamas

Thank You!