

# ▶ The Annapolis Community Health Partnership

A <1,000 square foot remedy for a big  
problem

# ACHP

## Intervention Strategy and Goals

- Collaboration between Anne Arundel Medical Center and the Housing Authority of the City of Annapolis to insert a community health resource in public housing to serve the building's residents *and the surrounding underserved community* in two ways:
  - Primary care medical services at reduced cost (1,748 individuals served to date)
  - Navigational services for all at no cost: care coordination, coaching, education, advice, and support
- Primary Goal: Provide culturally and linguistically appropriate primary care services to the Morris Blum residents and surrounding community. **Accomplished!**
- Secondary Goal: Measurably reduce 911 calls, ED visits, admissions, readmissions of a defined population: Morris Blum residents. **Accomplished!**

# Lessons Learned: What Works

- On demand services: it's not about our schedule
- Team-based care: it's NOT all about the doctor!
- Fun health education events: it's all about THEM!
- Relationship building: a trusted, consistent team - NOT the "free clinic" parade of volunteers
- Psychosocial needs competently identified and addressed
- Navigational services, particularly for the newly insured
- Medication Therapy Management
- Health coaching, e.g. tobacco use cessation counseling

# What Works-continued

- Ready and willing referral network of behavioral health, dental, and medical subspecialty providers
- Integrated EMR
- Traditional and non traditional community partnerships to meet the non-medical needs-housing, EMS, police, food bank, etc.
- Welcoming, forgiving, tolerant atmosphere: NO JUDGEMENT-patients-family and staff!
- Ongoing staff training/coaching: annual retreat, daily team huddles, constant humor and good will

# Lessons Learned

- Just because you build it does not necessarily mean they will come! Trust and consistency are essential
- Inter-cultural conflicts can be overcome
- Newly insured individuals need to be oriented and navigated
- Awareness of and respect toward our hosts: we are in their living room
- Importance of hiring staff (all levels) that have passion and the skill set to work with a marginalized population

# Summary

- Right care is given at the right time in the right place, thus improving quality and cost-effectiveness of care.
- Chronic disease in marginalized populations is identified and treated earlier, thus decreasing preventable, costly complications.
- A trusted, community-based health care resource provides a better alternative to the ED.

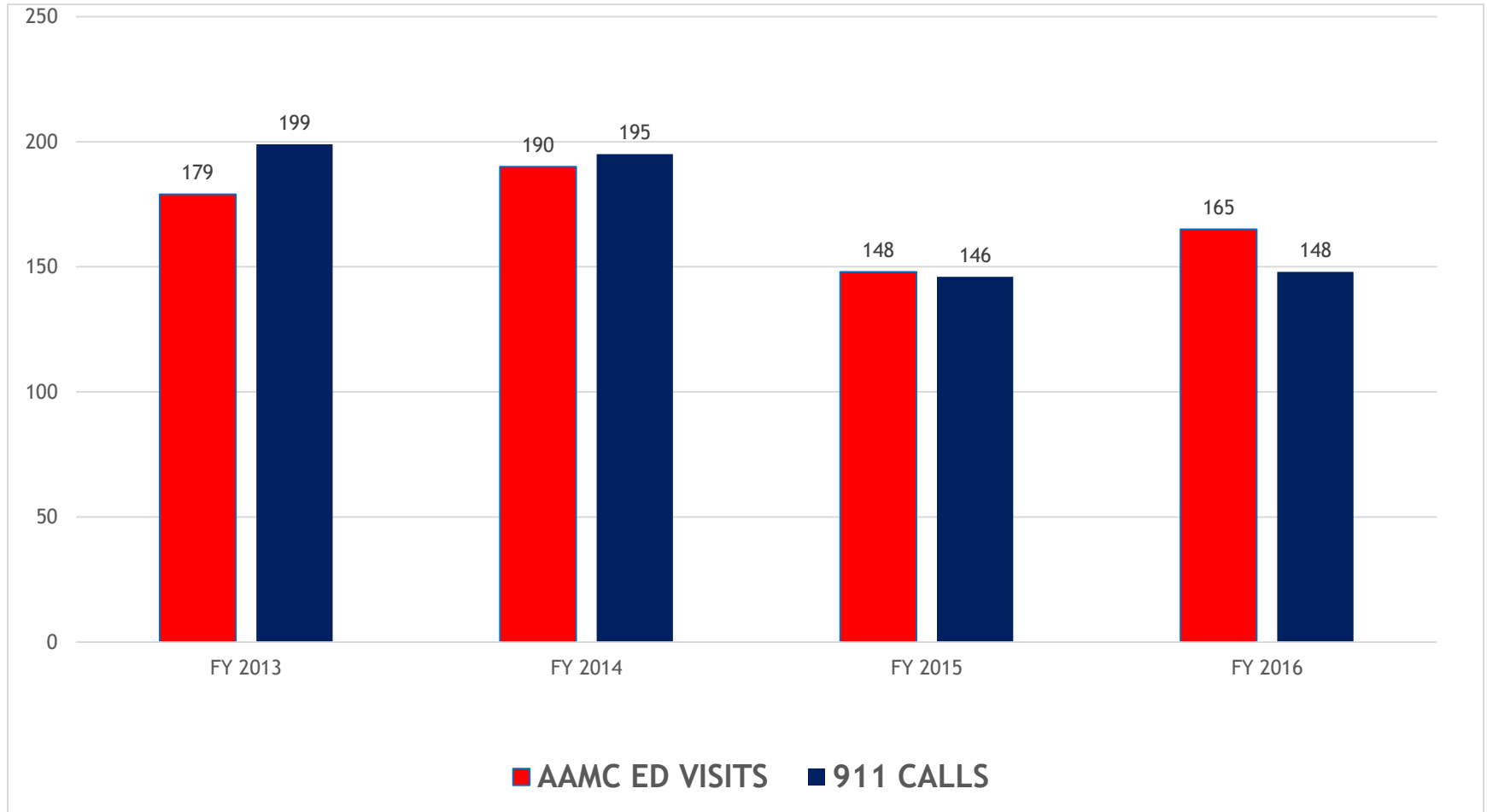
# Sustainability

- ACHP was and continues to be “the right thing to do”
  - Improve access to care
  - Reduce potentially avoidable hospital and ED utilization
  - Promote health as a priority
- Gaining the trust of marginalized populations is key to reducing disparities in care and promoting population health
  - We will continue our ACHP efforts
  - The program can be replicated by others elsewhere

- “Back Pocket Slides”



# AAMC ED Visits and 911 Calls



# AAMC Admission-Re-Admission Events

