COMMUNITY CARE NAVIGATION

BEACON

COMMUNITY CONNECTIONS

Beacon Community Connections is a new non-profit focused on community connections.

We understand the importance of human connection for a thriving community.

We believe we are better together and together we can improve our community.

Beacon Community Connections

Community Care Navigation

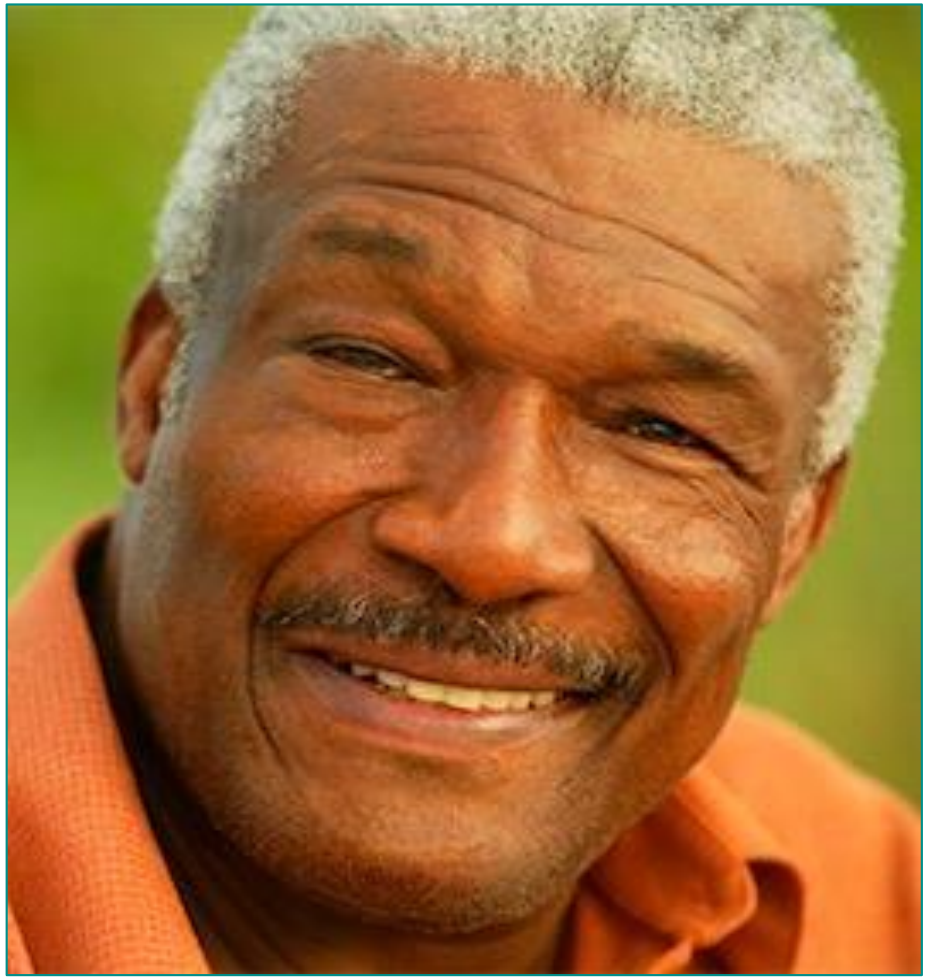
- Community Care Navigation is non-clinical case management to address an individual's social functioning for improve health and well-being.
- Clients are contacted regularly via phone calls for an average of 90 days.
- They are connected to community resources with follow-up to ensure needs are met.

Identification of Gap and Solution

- In Acadiana, social determinants of health are not actively addressed.
- After discharge from the hospital, many people's lifestyle and living conditions may exacerbate their health conditions causing them to return to hospital care.
- Community Care Navigators step in post discharge to address social service needs.

Who is a good candidate for Beacon?

- Anyone can be a good candidate for a Beacon Referral.
- The client does not have to be homeless.
- Clinical Case Managers determine if their patient has one or several social determinants of health which warrants a Beacon Referral.
- The only eligibility requirements we have for accepting clients is that they are returning home. We currently do not assist people who are being discharged to skilled nursing facilities or inpatient rehabs.
- We accept clients of all backgrounds, ethnicities, and ages.



Composite Case Studies

- Loneliness and isolation can greatly impact your health.
- Many Beacon clients appreciated the weekly contacts and support more than any other part of the process.

Beacon Project – Pilot Program

A pilot project was launched at Lafayette General Health hospitals through a collaborative initiative to provide community care navigation.

- Lafayette General Medical Center
- University Hospital and Clinics
- LA Behavioral Health Unit
- Acadia General Hospital
- St. Martin Hospital

"Your help took a huge burden off of me so I could care for my son who is in the hospital."

- Ms. L, Beacon Client

Pilot Project Formative Results

- Hospitals referred 758 potential clients.
- The project accepted 569 clients.
- Navigators made 3,962 contacts in the 12 month period.
- Navigators made an average of 7 contacts per client.

"You helped me find employment and if not for you I would have never been able to afford a new, safer apartment."

-Mr. Q, Beacon Client

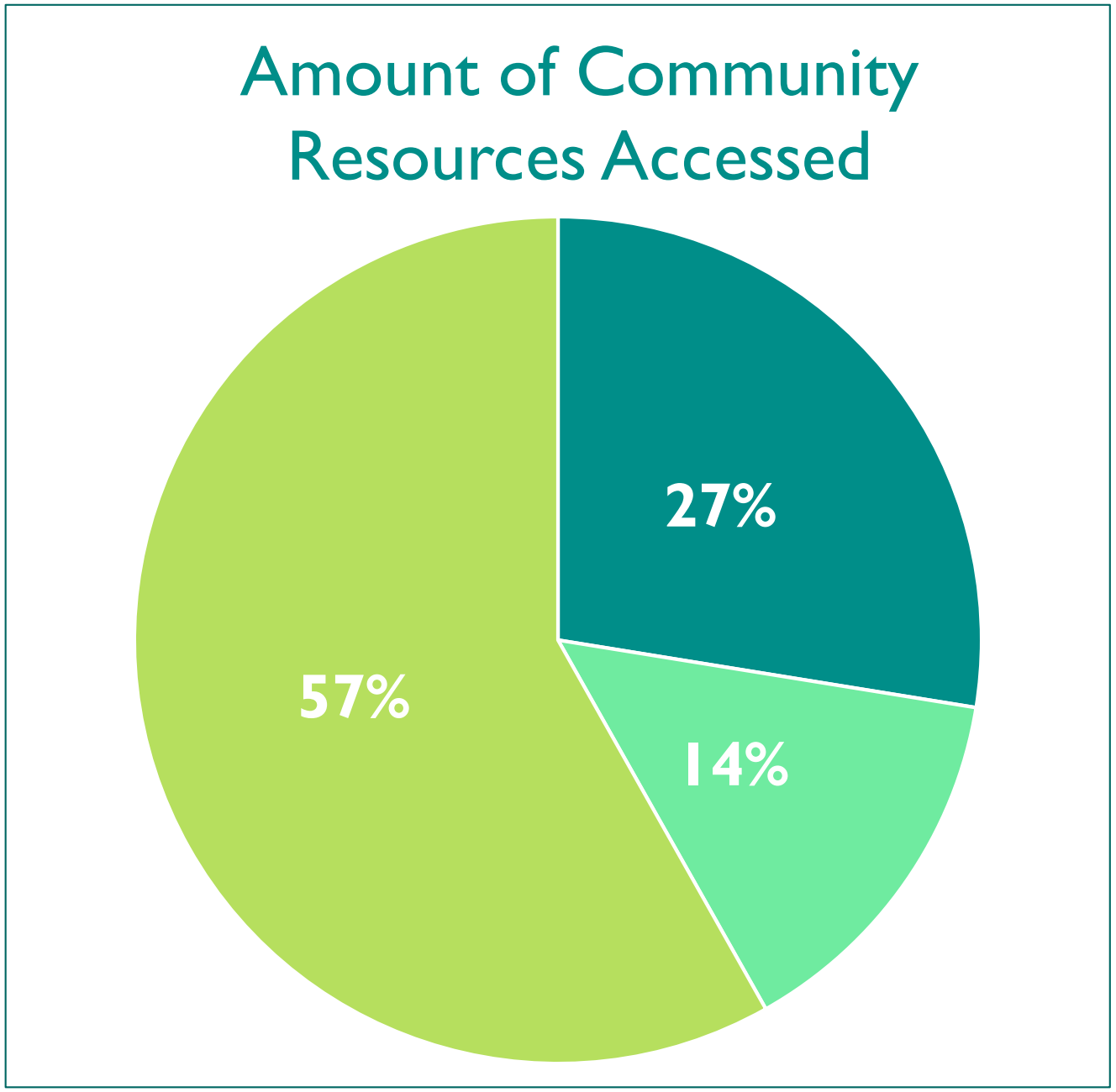
Pilot Project Summative Results

- Over 80% of clients accessed one or more services during the pilot.
- Only 4.4% of patients were readmitted to a participating hospital within 30 days.
- 92.3% of patients remained in the community for 90 days after discharge.

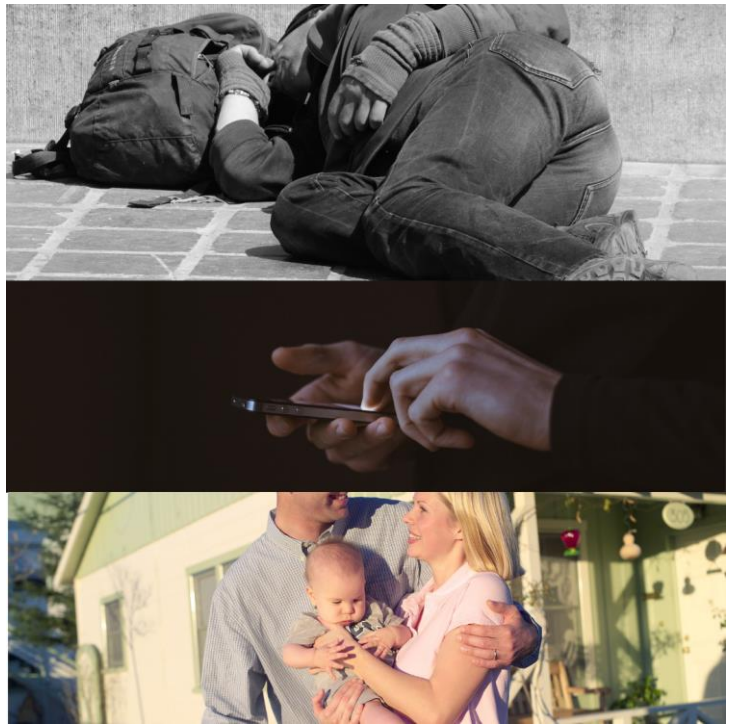
Access to Community Resources

Legend

- Accessed 1 service
- Accessed 2 services
- Accessed 3+ services



Access to Community Resources



Type of Resources Accessed

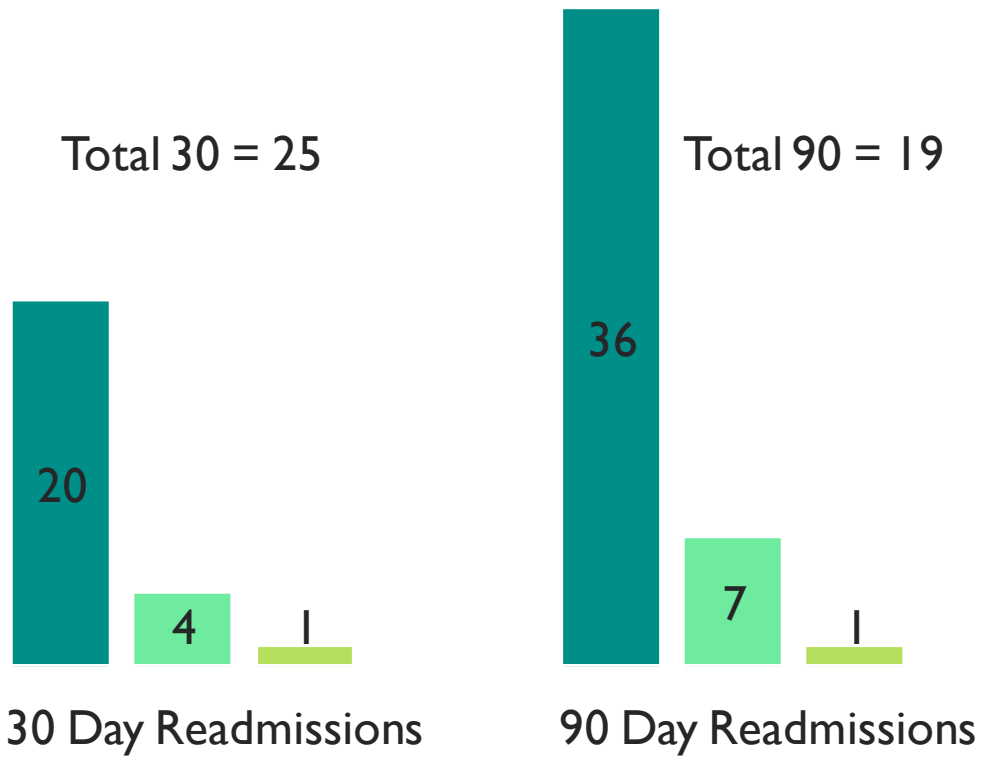
Service	Percentage
Housing/Shelter	55.2%
Food	52.2%
Transportation	44.8%
Utilities	40.1%
Health Supportive Services	33.4%

Readmission Rates

Legend

- Readmitted once (1x)
- Readmitted twice (2x)
- Readmitted three or more times (3+x)

Readmission Rates for 30 Days and 90 Days Post Discharge



Total Readmissions = 44 of 569 or 7.7%

Economic Impact Analysis

All Payers

Financial Data Source	Pre-Beacon Project Charges	Post-Beacon Project Charges	Difference
Master Charge List	$18,965,317	$7,093,541	($11,871,776)
			62.6% reduction
Insurance Reimbursement	$3,441,286	$1,269,939	($2,171,347)
			63.1% reduction

Economic Impact Analysis

Medicaid

Financial Data Source	Pre-Beacon Project Charges	Post-Beacon Project Charges	Difference
Master Charge List	$9,993,985	$4,453,287	($5,540,698)
			55.4% reduction
Insurance Reimbursement	$1,487,475	$561,151	($926,324)
			62.2% reduction

Economic Impact Analysis

Medicare

Financial Data Source	Pre-Beacon Project Charges	Post-Beacon Project Charges	Difference
Master Charge List	$5,049,100	$1,560,818	($3,488,282)
			69.1% reduction
Insurance Reimbursement	$1,508,541	$526,200	($982,341)
			65.1% reduction

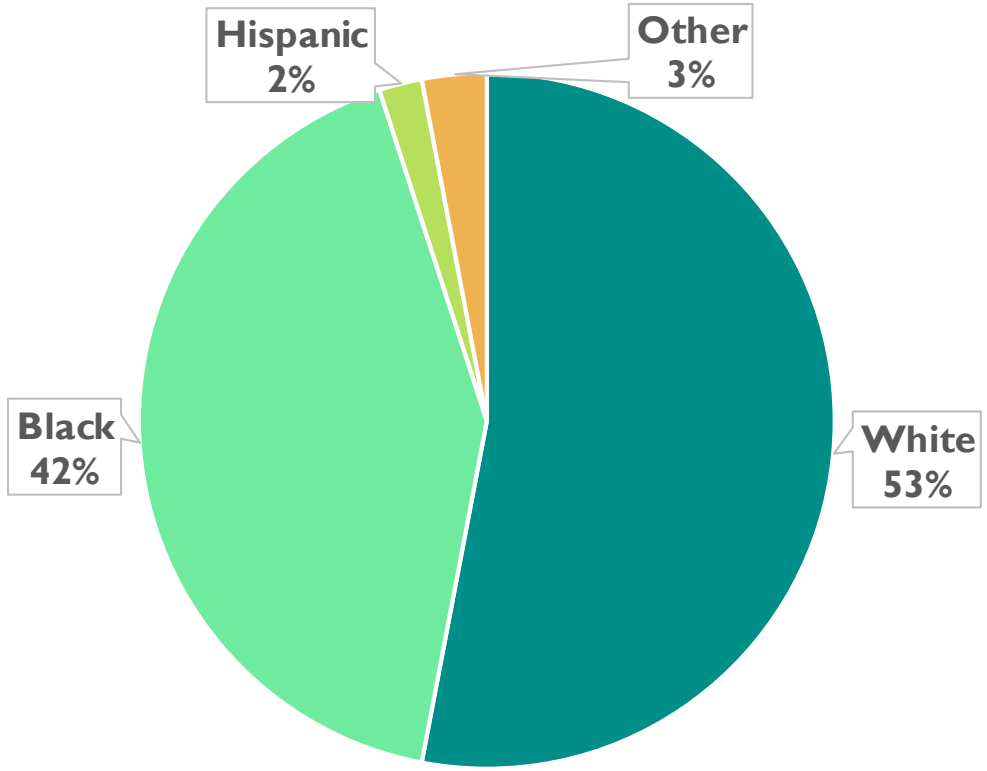
Client Profile

Client's Home Parish	
Parish	**Percentage**
Lafayette	57.5%
St. Martin	13.4%
Acadia	8.6%
St. Landry	6.5%
Iberia	5.1%
Vermilion	4.2%
Other	4.7%

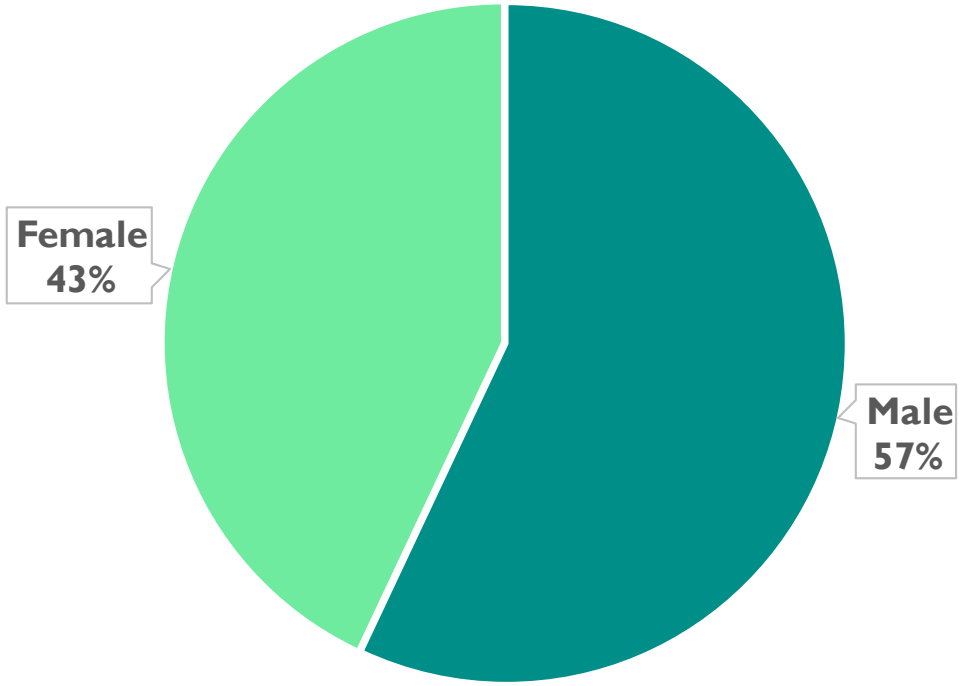
Client's Age Range	
Age Range	**Percentage**
0-12	0.4%
13-17	0.2%
18-24	7.7%
25-40	29.9%
41-59	33.6%
60+	28.1%
Unknown	0.2%

Client Profile

Demographics: Race/Ethnicity



Demographics: Gender



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