



The Plain Community

Meeting Their Health Care Needs in a Culturally Sensitive Manner

John M. Porter, Jr., Executive VP and COO

The Leadership Institute, May 17, 2019

WellSpan's SouthCentral Pennsylvania Community-Based Network:

- ✓ **1+ Million Population**
- ✓ Full continuum in each local system of care with **1,500+ providers** in WellSpan Medical Group
- ✓ Primary care and market share position: **35-65%**
- ✓ **170 patient care locations**
8 acute care hospitals
Level I Regional Trauma Center
- ✓ **2.2 million WellSpan Primary Care & Specialist Care Visits, FYE 2018**



WellSpan's Network (Con't)

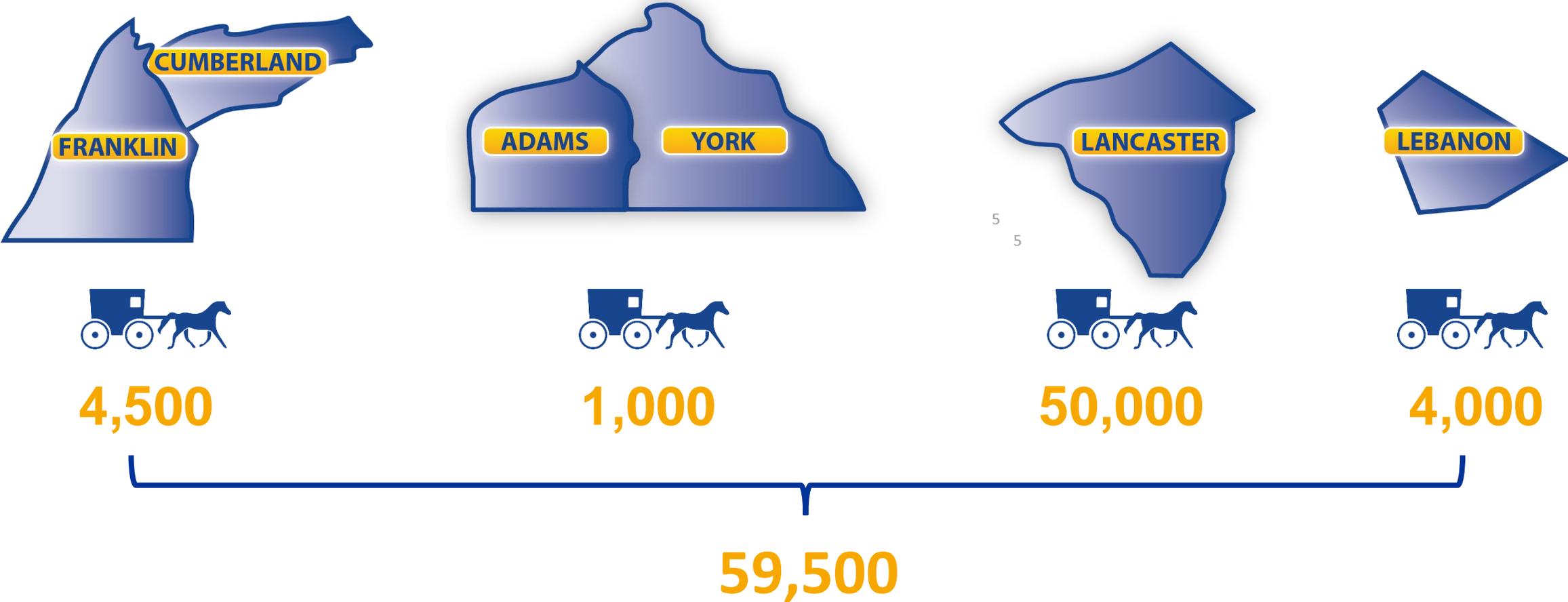
- ✓ 19,000 employees
- ✓ \$3 Billion Annual Revenues
- ✓ \$190 Million in Community Benefit (FYE 2018)
- ✓ Trained 650 medical residents & visiting medical students (FYE 2018)
- ✓ Partnerships with Johns Hopkins; Geisinger; Drexel; Maryland Proton Treatment Center





Plain Community Population in WellSpan's Service Area

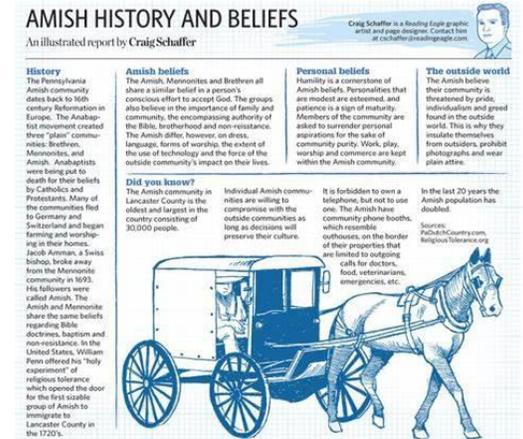
Amish + Conservative Mennonite Groups (Estimated #s By County)



Unique Healthcare Challenges

CULTURAL

- **Health Care Preferences:** Non-traditional/complementary (herbal/chiropractic)
- **Language Preference:** In many cases Pennsylvania Dutch (German) spoken at home, though all speak English
- **Health Literacy:** Formal education ends at 8th Grade; minimal focus on science / health
- **Transportation:** Horse and buggy for the most conservative groups; they will hire drivers to travel greater distances
- **Communication:** Many do not have phones in the home; most do not use cell phones or Internet ... yet this is changing for business reasons
- **Bureaucracy:** Prefer simple, uncomplicated transactions



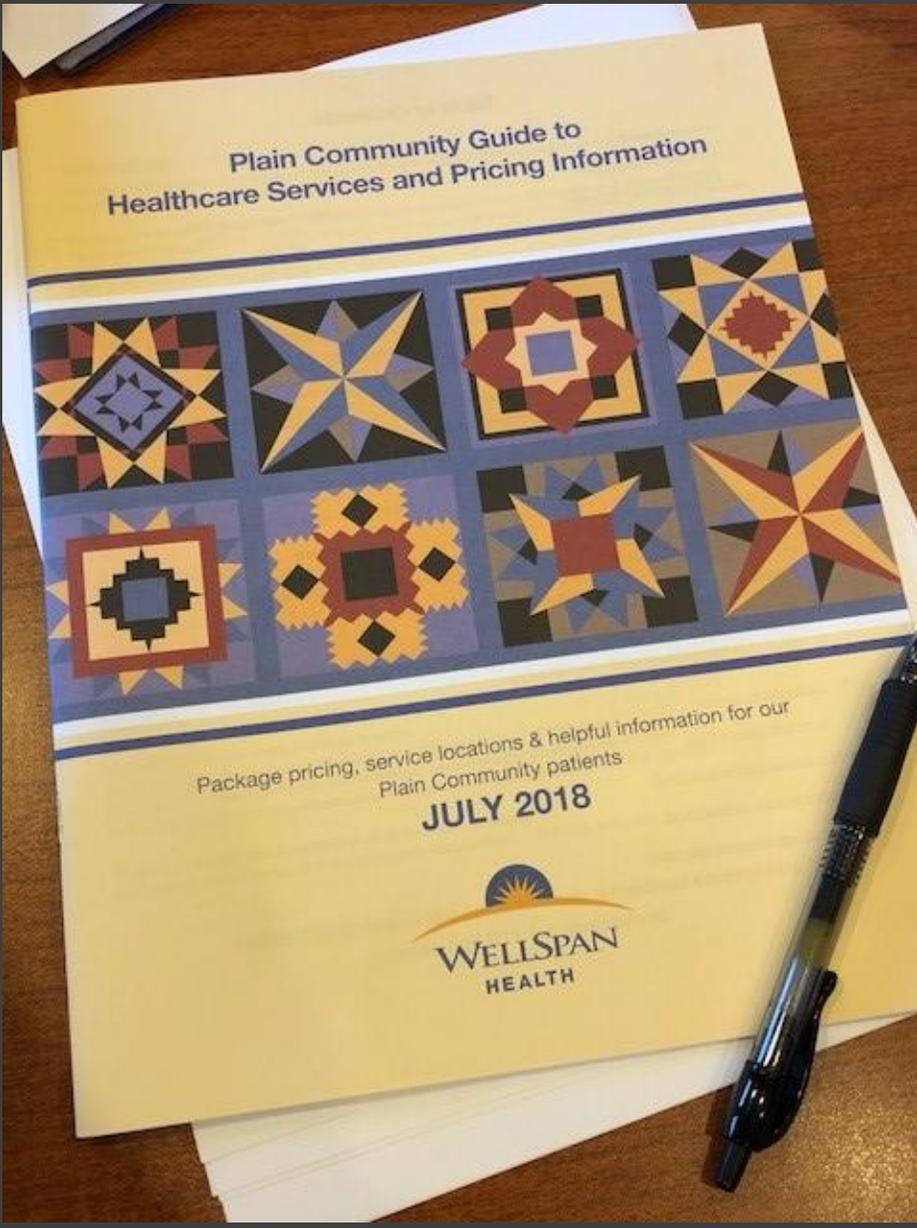
Building Bridges



FINANCIAL

- Patient population **does not utilize health insurance** or any government aid
- **Cash-only** payers
- Church congregation works with patient's family to **guarantee full payment**
- Developed **150 cash-only discounted bundles**
 - Provides simple, transparent transaction. Avoids “English” bureaucracy.
 - Include both inpatient & outpatient services
 - Bundles largely paid at time of service
- For services not bundled, a **45% discount** is offered
 - Payment for non-bundled services expected within 30 days of billing
- **Plain Community ID card** issued to all Plain Community patients to expedite care and billing





Building Bridges (con't)

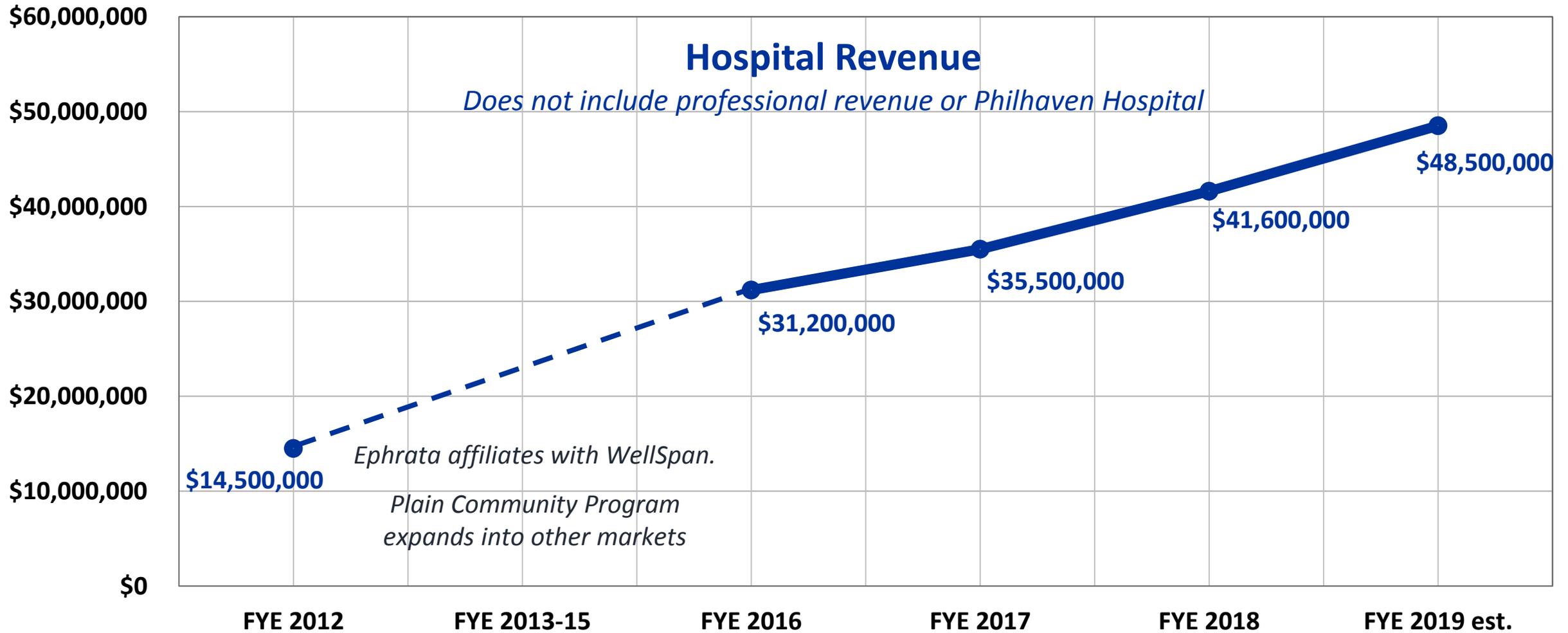


ORGANIZATIONAL

- Created **Director of Plain Community Relationships** position
- Established **navigators/liaisons** for personalized assistance to patients
 - Faster and easier for patients to access discounts/bundles
 - Removes unnecessary barriers to care
 - One Plain Community Liaison speaks Pennsylvania Dutch
- **Centralized billing function** for smoother processing and greater patient satisfaction
- **Horse shelters & hitching posts** added to many WellSpan care locations
- **Education to staff** (on process and cultural sensitivity)



WellSpan's Plain Community Program Hospital Revenue, FYE 2012 - 2019



Plain Community Program Expansion



- Begun in Lancaster County at **WellSpan Ephrata Community Hospital**
- Expanded footprint into York & Adams County when ECH affiliated with WellSpan
- Evolved to **WellSpan Good Samaritan Hospital** and **WellSpan Philhaven** behavioral health hospital in Lebanon County
 - Program and discounts now available at **ALL** WellSpan Health inpatient and outpatient locations across southcentral Pennsylvania
 - **WellSpan Provider Network** – including independent physicians – are included in the Plain Community discount pricing program
- **Now Integrating with Summit Health** which has many of the same Plain Community Program principles in place
- Outreach to other **community providers** who serve this population
 - Independent clinics; Midwifery centers; Lay caregivers



Behavioral Health (BH)

- In **2016**, Philhaven, the 13th largest behavioral health organization in the US, affiliated with WellSpan
- Philhaven established in **1952** by the Mennonite Community to respond to the BH needs in the region
- In **2005**, the Old Order Amish and Mennonite Communities built “**Green Pasture**” on the Philhaven site:
 - A plain style **residential facility** built by Amish carpenters as a place for follow-up treatment following an inpatient stay at Philhaven and to serve other Plain Community needing outpatient BH care
 - A comfortable, culturally relevant setting where patients feel at home; served by a staff and volunteers who understand their culture
 - 16 beds; gardens; lawns; 2 acres of pasture; shops
 - Patients come from across the US



Lessons Learned

- ☑ **“One size does NOT fit all” – Focus on the patient**
 - Plain Community church groups have similar culture & beliefs
 - **BUT** ultimately each patient has his/her own individual needs

- ☑ **Price Transparency & Bundled Pricing**
 - The Plain Community asked for this ... and we delivered & sustained
 - A model for patients with high-deductible insurance plans, and those with limited resources

- ☑ **The Importance of building trusting relationships over time**
 - The value of Patient-centered, Personalized Assistance

- ☑ **Coordinate multiple appointments to save time and \$**



Lessons Learned (con't)

- ☑ **Understand Medical Tourism works both ways:**
 - Those attracted to your program from outside the region (word of mouth plays a big role)
 - Those attracted to healthcare services in other States and Mexico in pursuit of low price and “quality”

- ☑ **Continued education** to assist in making wise health care decisions

- ☑ **Meet the individual “where they are”** (*on how to navigate the HC System, their resources & limitations, where they live, etc.)* on their health care needs



Lessons Learned (con't)



Awareness of the Local and National Plain Community publications: *Die Botschaft*; *Plain Communities Business Exchange*; *The Fishwrapper*



SEPTEMBER 2017

Plain Communities BUSINESS EXCHANGE

VOLUME 24, No. 9

- 14 The lure of the hunt... Nationwide Scents
- 48 Blue Ridge Silos: Soaring to lofty heights...
- 92 Beekeeping Basics
- 122 An open discussion on burning green...

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April 2, 2019

The Fishwrapper

Vol. 24 Issue 7 Mailing / Online Edition - 6,078

LOVE IS THE WHOLE

Years ago, in a little house on the prairie (and nearly two miles from any other residence), lived some children all alone. There were three boys and three girls. The oldest girl was seventeen, and her oldest brother was a year younger. Their mother had died two or three years before and now their father grew sick, as well. The children were taking the best

sun. They lost but a few steps in going from room to room and never lacked for want of fresh air. They had no door-bell, but no guest was ever left waiting in the cold.

Their father was buried, and the children were left alone. The first night after the funeral, they took to their beds as soon as they could, when supper was finished. The next morning, George and Fanny found themselves the first to meet at the kitchen hearth. Each had tried to anticipate the other in making the morning fire. Both confessed to each other that there had been very little sleep, and that the night had seemed hopelessly long.

"I have thought it all over," said the brave, stout boy. "Father told us to stick together as long as we can. And I know I can manage it. The children will all do their best

he said. "Be kind to each other. Stick together, if you can. Or, if you happen to separate, love one another as if you were still together." He laid still with his eyes closed for a time. But every now and again, a sweet smile swept over his face, so that they knew he was still awake. At last, he roused up once more and said, "Love is the whole, George, love is the whole." And with that, he died.

Most would have thought it a strange little house. There was a little entry-way at one end, and two rooms opening on the right. A flight of steps went up into the loft where the boys slept on two

Future Opportunities

- Learning from the Plain Community Program
how can we begin to bundle the full care experience for commercial payers?
- How can we expand health education to this population and demonstrate how investments in preventive care can result in improved health status and reduced future health expenses?





Questions?

