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Community Integrated Health in Practices: Partnerships with Impact

PCPCC Support & Alignment Network
YMCA of the USA
June 21, 2017

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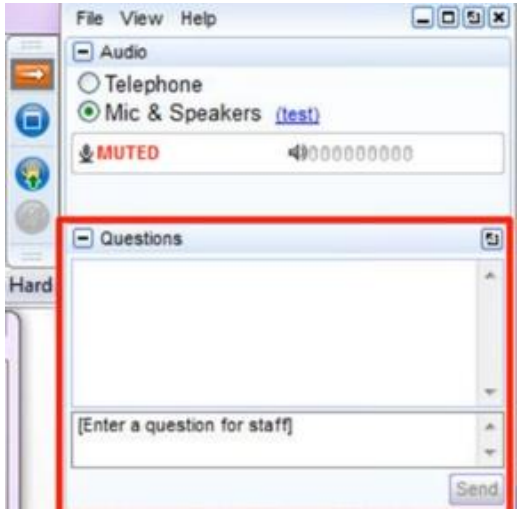
Housekeeping



We encourage you to participate in today's presentation!

Please type in your questions or comments into the Question pane in the GoToWebinar control panel.

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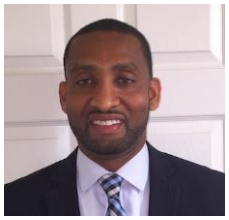
Welcome & Acknowledgements



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Today's Objectives

1. Provide an overview of the potential role that community based organizations (CBO) can serve as part of a comprehensive population health strategy
2. Discuss the steps to implementation for a sustainable clinical integration strategy between a practice undergoing transformation and a community-based organization, such as the Y
3. Identify actionable steps to pursuing clinical integration with a CBO

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Impact of Health Reform

- Health reform efforts are **shifting the financial incentives** from fee-for-service to health outcomes
  - Medical loss ratio requirements
  - Value-based payment contracting
  - Reward incentive programs
- Success in a value-based payment contract requires a **progressive population health strategy**
- Best practices in population health align health systems with community-based organizations to **synergize efforts to address targeted health risks** in the community

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Clinical Pathways Supporting Evidence-based Health Promotion Programs

- Clinical pathways that **fully implement primary, secondary, and tertiary prevention are essential** to success in quality performance and cost containment
- Community-based prevention efforts show **patients' improved ability to self-manage disease** and are essential to a comprehensive population health strategy
    - Improved MIPS and APM measure performance
    - Cost containment

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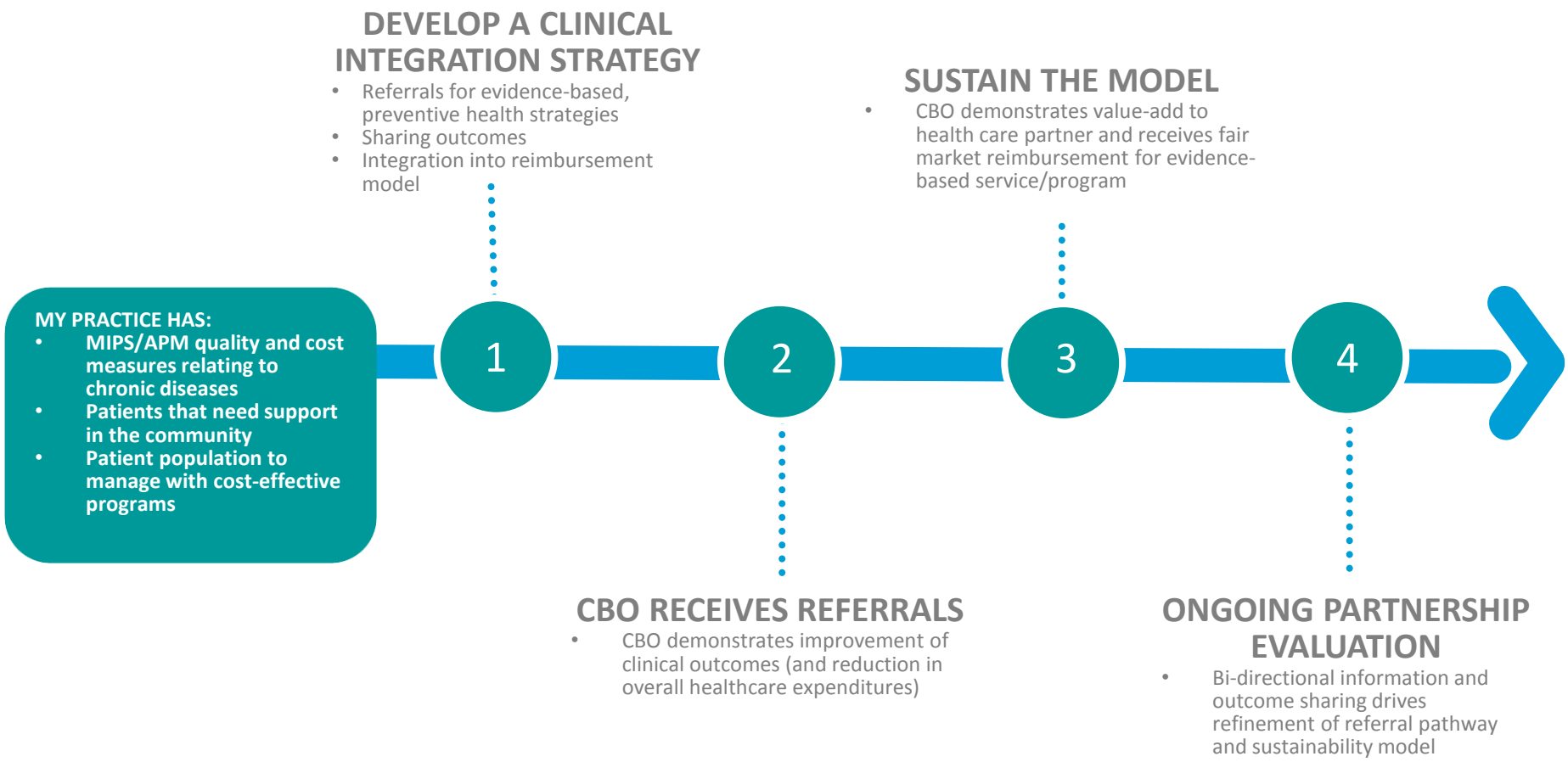
Clinical Integration Roadmap with CBOs



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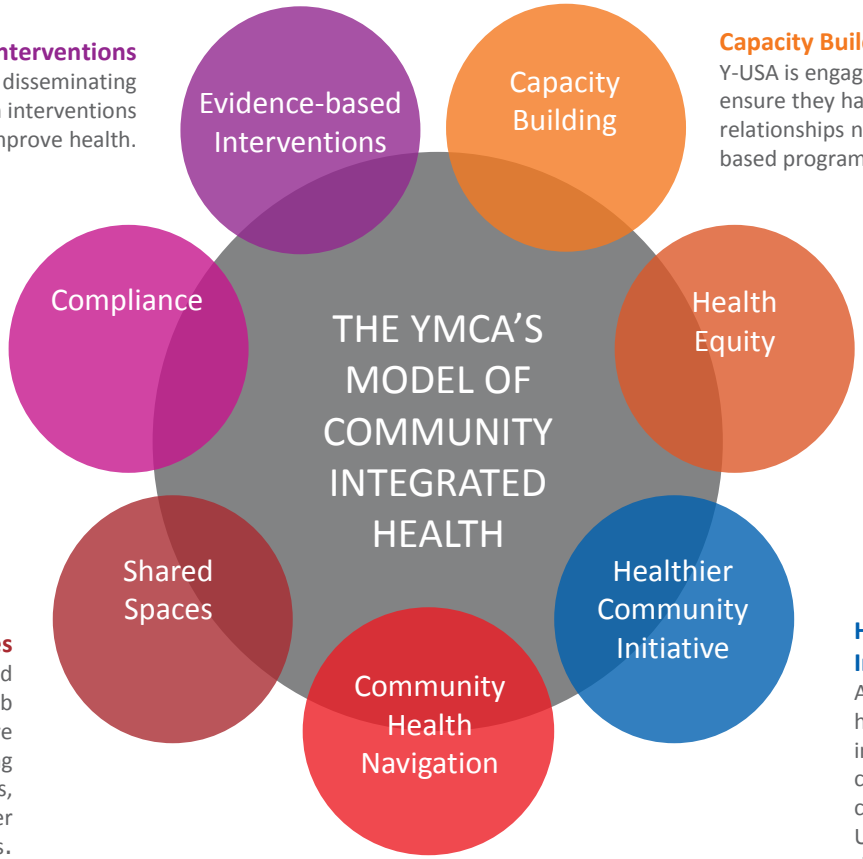

Evidence-based Interventions
Ys are discovering, developing, and disseminating research-tested, high-fidelity health interventions to improve health.

Capacity Building
Y-USA is engaging Ys from the earliest stages to ensure they have the staff, competencies, and relationships necessary to implement evidence-based programs.

Compliance
Y-USA is helping YMCAs and other community-based organizations comply with privacy laws and health care regulations.

Health Equity
Y-USA infuses principles of equity into services to ensure everyone has the opportunity to live their healthiest lives, and that underserved populations have access to health-promoting resources.

Shared Physical Spaces
Ys are exploring the value of shared spaces with health practices, rehab and cancer centers, primary care within Y facilities, retail programming space with health care systems, clinical facilities at camps, and other health services.

Healthier Communities Initiative
Across 247 communities, Ys have used a collective impact model to implement policy, system, and environmental changes so that healthy choices are the easy choices for all. Building on this knowledge, Y-USA's Talent and Knowledge Management department is testing new and advanced models of collaboration over the next three years.

Community Health Navigation
Ys help individuals develop the relationships necessary to manage health by conducting home visits, spreading awareness of recommended preventive services, and helping connect people to health care exchanges and marketplaces.

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The Y's Portfolio of Evidence-based (RCT Proven) Programs

- YMCA's Diabetes Prevention Program
- Enhance Fitness (Arthritis Self-Management)
- LIVESTRONG at the YMCA (Cancer Survivorship)
- Moving For Better Balance (Falls Prevention)
- Blood Pressure Self-Monitoring
- Childhood Obesity Intervention
- Brain Health
- Parkinson's
- Tobacco Cessation

Building the pool of the 21st century

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Y Evidence-Based Health Programs Supporting Quality Measures

- Ys can play an important role in supporting health care providers' fulfillment of their eCQMs for MIPS or APMs
- Alternative Payment Models provide financial incentives to achieve cost savings and improve clinical outcomes
- The APM model provides the ability to risk stratify the target population using clinical indicators and Medicare claims data
- Opportunities to impact MIPS performance categories
  - Quality: DM management outcomes, falls measures, preventive care for BMI, BP, tobacco use, etc.
  - Advancing care information: e-prescribing, request/accept summary of care, secure messaging (referral to community programs), etc.
  - Improvement activities: care transition documentation, chronic care and preventive care management, community engagement for health status improvement, etc.

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Implementation Case Study:

UW Medicine and the YMCA of Greater Seattle

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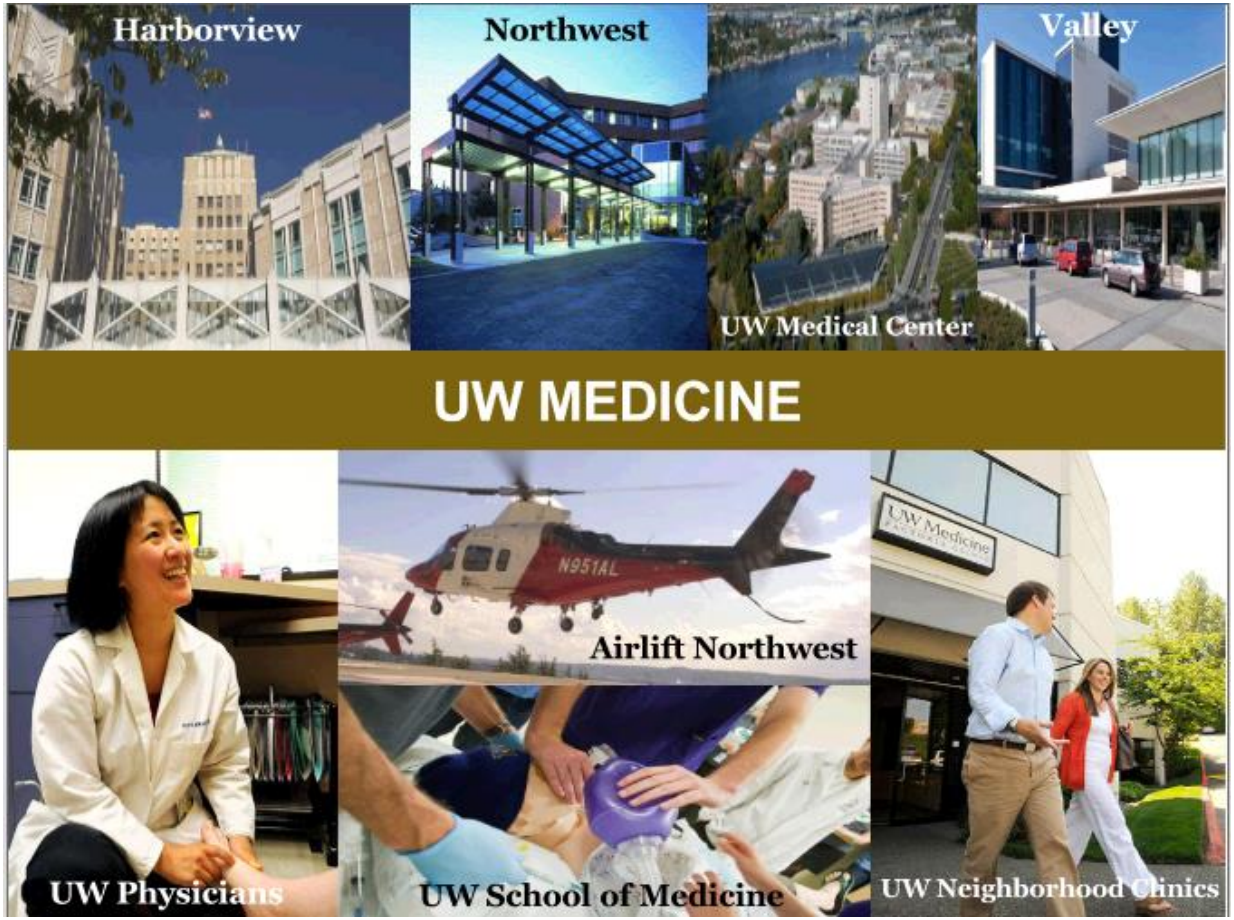
Establishing a Connection: UW Medicine Perspective



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Establishing a Connection: UW Medicine Perspective

- Synergy and momentum created around community-clinical linkages
- Confidence in the work of the Y to create lifestyle change
- UW Medicine contact connected Y to Medical Director of UW Neighborhood Clinics

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Establishing a Connection: YMCA Perspective

- YMCA crossed paths with UW Medicine through role on UW-HPRC Community Advisory Board
- YMCA actively partnered with state's Public Employee Benefit Board (PEBB) to make the YMCA's Diabetes Prevention Program a covered benefit
- YMCA success with separate healthcare partner (direct referral system, Kaizen process to identify physician needs) instilled confidence

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Creating a Clinical to Community Referral System

- Providers identified program needs (YMCA's Diabetes Prevention Program and Weight Loss program)
- Secure fax system implemented
- Provider education/awareness building
- Agreement on patient data exchange (methods and timeline) – closing the patient care loop
- Future: expand referral networks across all UW entities

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Expanding the Relationship

- Both parties interested in exploring innovative partnership possibilities:
  - Pre and post joint surgery optimization
  - Integrate Y services into UW Accountable Care Network services (as well as bundles and other value-based payment models)
  - Chronic Care Management (CCM) services at the Y
  - Expand Y program suite to meet UW interests including
  - YMCA behavioral health services

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Challenges & Operations: YMCA Perspective

- Competing, simultaneous demands on healthcare system
- Hesitancy to send patients “outside of their four walls”
- Widespread lack of coverage for wellness services
- Need for ongoing staff/provider education and refreshers

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Challenges & Opportunities: UW Medicine Perspective

- Continual need to raise provider and staff awareness of YMCA programs and services
- Structuring a sustainable framework and model – still early
  - Aligning compensation models :- from fee for service to fee for value
- Paving a way to test quality outcomes and quantify value of partnerships other than it is the right thing to do
- Ability to measure patient and provider satisfaction with outcomes and measure cost impact, if any.

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Summary

- Partnership is evolving
- Enthusiasm and willingness
- Committed to shared goals
- In 2017 look forward to:
  - Pilot e-referrals interoperability for the YMCA's Diabetes Prevention Program at one clinic with a plan to evaluate, scale, and spread
  - Pre/post surgery fitness optimization, manage prediabetes, lifestyle, diet and activity before elective joint and/or spine surgery

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Building a Community-Clinical Partnership: Steps to get started

- Go outside your walls
- Identify Champions
- Find the low-hanging fruit – where priorities match
- Set-up internal processes/logistics
- Provider education/awareness building
- Track patient utilization and health outcomes
- Communicate patient data back to the provider
- Evaluate and revise process continuously

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Questions?

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Contact Us!

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