



# COMMUNITY INTEGRATED HEALTH

CBOs and Health Systems Collaborating to Improve Population Health & Clinical Outcomes September 25, 2017



# THE EVOLUTION IS HAPPENING NOW

- CBOs have offered EBHI for decades
- The ACA mandated collaboration through CHAs & CHIPs
- MACRA & MIPS
- RWJF: 80% of health occurs outside the clinical environment
- CMS amends "incident to" requirements allowing for enhanced collaboration to improve management of chronic conditions



# FROM COOPERATION TO COLLABORATION

Who are you and why are you here?

- How will you address:
  - HIPAA
  - EMR access
  - Sustainability
  - Communication and care coordination

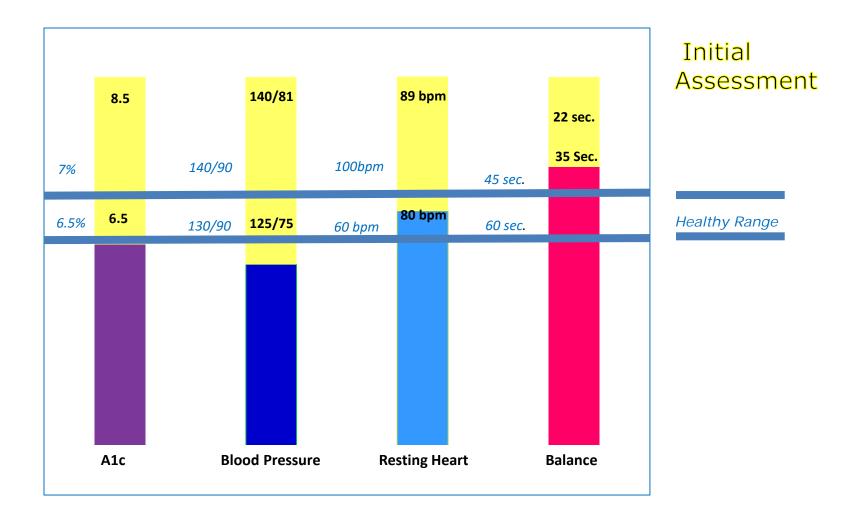


# WHAT DOES SUCCESS LOOK LIKE?

- Improved Clinical Outcomes
- Enhanced Patient Adherence
- Access to services in a community-setting
- Alleviation of lifestyle & socially determined barriers to health



#### **EXAMPLE: TAKING CONTROL OF TYPE 2 OUTCOMES**



#### **EXAMPLE: TAKING CONTROL OF TYPE 2 OUTCOMES CONT'D**

- Reduction or elimination of anti-hypertensive, cholesterol, and/or diabetic medications in 56.5% of participants
- Only 0.5% of participants have had a diabetes-related ED visit in the last year

\*National average was 20.7% in 2010

### PROVIDER BENEFITS

- Improved patient engagement
- Revenue neutral (potentially positive) fiscal impact
- Guaranteed patient access to holistic communitybased services
- Assistance in achieving QI measures (provider and ACO)
- Improved clinical outcomes in a variety of measures





# WHO IS ELIGIBLE FOR THESE SERVICES?

Medicare (Parts A, B, C)
Dual eligible individuals
Many commercial health plans

Eligible beneficiaries of CCM must have two or more chronic

conditions





# THANK YOU

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