ADVANCING POPULATION HEALTH TRANSFORMATION THROUGH COMMUNITY
AT THE YMCA

WA DEPARTMENT OF HEALTH
OCTOBER 12, 2017
EXPANDING PERCEPTIONS OF WHERE “CARE” OCCURS

• **Clinical Integration**: integrating YMCA evidence-based chronic disease prevention/management programs operationally and financially into clinical care through
  • Electronic referral pathways
  • Integration into standards of care/treatment pathways
  • Integration into reimbursement models/health plans

• **Community Integrated Health**: integrating our physical and behavioral health programs and various social services into broader collaborative efforts to support families & communities

• **Health Equity**: bringing our familiarity and relationships with communities we serve to the forefront of local, state and national efforts to serve populations experiencing health disparities due to income, race, country of origin, physical/cognitive/mental abilities, etc.
ELEMENTS OF EVIDENCE-BASED PROGRAMS THAT ARE ADOPTED BY Y-USA

• Practices and programs are based on peer-reviewed studies that demonstrate outcomes (not just outputs)
• Practices and programs that are scalable
• Expectation (by participants, partners, funders, colleagues) of fidelity to program delivery methods
• Supported by national technical assistance for capacity building, quality improvement, sustainability, etc.
• Ongoing data collection, reporting, and use in quality improvement
THE Y’S PIPELINE OF EVIDENCE-BASED & EVIDENCE-INFORMED PROGRAMS

- Diabetes Prevention - YMCA’s Diabetes Prevention Program
- Weight Management – Lose to Win
- Youth Obesity Prevention – ACT! Actively Changing Together
- Cancer Survivorship - LIVESTRONG at the YMCA
- Falls Prevention – Moving for Better Balance & EnhanceFitness
- Arthritis Management - EnhanceFitness
- Blood Pressure Self-Monitoring
- Brain Health & Behavioral Health
- Parkinson’s
- Tobacco Cessation
3 Key Studies:

- NIH Randomized Control Trial: established evidence based for DPP focused on making lifestyle changes to reduce risk.
- Deploy Study: translating DPP to community settings.
- CMMI Study: proving efficacy for Medicare beneficiaries and leading to CMS decisions to cover DPP starting April 2018.

**WA State Public Employees Benefit Board (PEBB)**

- Governor Jay Inslee Executive Order 13-06.

**DPP** – NIH-led randomized clinical trial to prevent type 2 diabetes in persons at high risk.
COMMUNITY-INTEGRATED HEALTH GRANT FROM THE ROBERT WOOD JOHNSON FOUNDATION

- Washington State Alliance of YMCAs is one of four chosen states to receive the statewide CIH grant from Y-USA/RWJF!

  1. Washington
  2. Massachusetts
  3. Tennessee
  4. Michigan

- 7 focus areas/sets of deliverables (following Y-USA’s CIH Wheel)
THE Y AS A HEALTHCARE RESOURCE
POLICY EFFORTS TO ENFORCE VALUE-BASED CARE

FEDERAL LEVEL:

2010: ACA establishes CMMI and the Prevention & Public Health Fund to support efforts to identify innovative, cost-saving health promotion strategies (including DPP national translation study with YMCAs)

2015: MACRA (separate from affordable care) law requires all Medicare providers (93% of US PCPs) to enter into value-based care payment contracts with CMS by 2017 (independently or as groups of providers)

STATE LEVEL:

2014: House Bill 2572 requires (30% of state population) 80% of HCA reimbursements to providers serving Medicaid or state employees be made through value-based contracts by 2020, and 90% by 2021

2017: CMS approves Washington State’s 1115 Medicaid Demonstration Waiver application allowing for $1.8 billion of Medicaid funds to be rerouted into innovative value-based care models serving Medicaid population (various opportunities for Y involvement). Funded Projects approved September 2017.
HOW IS HEALTHCARE CHANGING?

The Health Care Triple Aim:

Value-Based Payment Reform/Delivery “Transformation”:

\[\text{Improved Patient Experience} \rightarrow \text{Reduced Cost} \rightarrow \text{Improved Population Health} = \text{Fee For Service} \rightarrow \text{Value-Based Care} = \text{Patient Health} \]
WHAT IS “HEALTH INTEGRATION?”

Definition: The management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system. (WHO 2008)

An Integrated Health Care approach seeks to mitigate the negative effects of poverty, race, and neighborhood on access to resources and ultimate health outcomes, by making care more coordinated, accessible and affordable.
WHY INVOLVE COMMUNITY-BASED ORGANIZATIONS?

- Physical Environment
  - Environmental quality
  - Built environment
  - 20%

- Health Care
  - Access to Care
  - Quality of Care
  - 20%

- Socio-Economic Factors
  - Education
  - Employment
  - Income
  - Family/Social Support
  - Community Safety
  - 40%

- Health Behaviors
  - Tobacco use
  - Diet & Exercise
  - Alcohol use
  - Unsafe sex
  - 30%

- Total: 70%
FRAMEWORK FOR HEALTHY LIVING AT THE Y

To PROMOTE WELL-BEING (Primary)

To REDUCE RISK (Secondary)

To RECLAIM HEALTH (Tertiary)

To BUILD CAPACITY

**Tools, resources, partnerships and collaborations**

**Programs for INDIVIDUALS**
- Individual: facility memberships, chronic disease programming, counseling, connections to services → personal behavior change

**Programs for FAMILIES**
- Families: relationship building → social support

**Changes in ORGANIZATIONS**
- Organizations: contracts with employers and insurers, referrals from providers, community partnerships → institutional support

**Changes in COMMUNITIES**
- Community: member of local coalitions, host of community events, presence in community institutions → environmental change

**Changes in SOCIETY**
- Policy: WA State Alliance of YMCAs, local and national advocacy for equitable access to resources → systems change
ESTABLISHING CLINICAL REFERRAL PATHWAYS

- 5% placement rate
  - Program Brochure to Patient

- 24% placement rate
  - Direct Referral via Secured Fax or EMR

- 30% placement rate
  - Behavior Change Conversation and Direct Referral

- >30% placement rate
  - ?

Care Coordination/Readiness to Change Conversation between Y staff and Patient. Commitment to reach out to Pt at least 3x.

*Some programs tied to specific patient eligibility criteria

- e-Referral Grant from Y-USA/ CDC/AMA
  - Built-in Epic Referral Order (send/receive standard clinical documents, ie CCD/CCDA)
CARE COORDINATION AT A GLANCE

Provider education about YMCA programs & referral options

Provider Sends Referral

Received by YMCA and triaged to appropriate location

YMCA contacts patient according to care coordination workflow

Patient decides to enroll

Intake appointment scheduled and documented within AthenaNet

Provider added as a member of the care team

YMCA provides feedback letter to provider

OR

Patient decides not to enroll

YMCA provides feedback letter to provider
CARE COORDINATION—INTERNAL AND EXTERNAL

Health Integration at the YMCA of Greater Seattle

- Physical Health
  - Disease Prevention & Management—realistic, sustainable, person-centered lifestyle change programs
  - *Physical Therapy
  - *Primary Care/Wellness Services
  - *Screenings and Immunizations
  - *Nutrition Counseling

- Behavioral Health
  - Mental Health Counseling
  - Family Support
  - Crisis Response
  - Substance Abuse
  - Violence Prevention

- Connections to Resources/Social Services
  - Follow up on Clinical Referrals
  - Enrollment into Relevant Programming
  - Outreach to Patients and Participants
  - Long-term peer and relational support
  - Connections to breadth of services/partners

- Global Health
  - Events for specific communities (ex. Somali swim & gym nights)
  - New American Welcome Centers
  - ESL classes
  - Ys in other countries
  - Staff training in diversity, inclusion, equity and Listen First skills

- Care Coordination across Domains
  - Housing supportive services
  - Temporary lodging
  - Employment supportive services
  - Educational supportive services
  - Hunger Services
  - *Within Reach

- Policy/Advocacy
  - WA State Alliance of YMCAs: Statewide Pioneering Healthier Communities
  - Medicaid Transformation

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FEEDBACK TO PROVIDER

Adding Referring Provider to Care Team

Provider Feedback Letter

Enrollment/not; 8 and 16-wk progress letters
Increasing Participants’ Payment Options:

- Employer coverage (WA State Employees)
- Private insurance coverage (in progress)
- Public coverage (ex. Medicare & DPP in April 2018); conversations with Medicaid MCOs
- Self-pay (financial assistance available on a sliding scale based on ability to pay. NO ONE turned away for financial reasons!)

“DPP is available to you at NO cost if you meet following eligibility requirements”
REACH PEOPLE WHERE THEY ARE
REACH PEOPLE WHERE THEY ARE

Program can be located in:
- YMCA branches
- Work sites
- Schools
- Faith-based institutions
- Community centers
- Clinical facilities
- Public housing
- And more!

In various languages:
- English
- Spanish
- Somali
- Braille
- Mandarin

Hiring staff that:
- Reflect their communities
- Believe in providing individualized relationship-based support along someone’s health and wellness journey
- Are trained in motivational interviewing
- Are flexible to learning new skills and filling new roles
THE Y’S APPROACH

DIMENSIONS OF WELL-BEING

- Inspiration
- Health
- Achievement
- Belonging
- Relationship
- Meaning
- Safety
- Character
- Giving
PROGRAMS & SERVICES THAT MEET OUR COMMUNITY’S NEEDS

Group Description

The National YMCA Diverse Abilities Working Group
The purpose of the Diverse Abilities Working Group is to create a platform to share and develop best practices for the inclusion of individuals with diverse abilities in Y membership, programs, activities, employment and services in order to work collectively as a movement to provide the most inclusive environment possible for individuals of all abilities at and through the Y.

CONTACT: diversityandinclusion@ymca.net to get involved!
HOW THIS WORK CONNECTS TO TODAY’S CONVERSATION

• Increasing target population’s awareness of programs/resources at the Y
• Increasing access and promoting sustainability through removing cost barrier to participant
• Increasing awareness and access through clinical and community referral systems
• Promoting equity through tailoring programs and resources to meet people “where they are” and “who they are”
• Using the Y to fill gaps in community services/unmet needs
• Training Y staff to perform new roles/work responsibly with new groups of people
THANK YOU

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