MEASURABLE PROGRESS
UNLIMITED SUPPORT

CREATING PARTNERSHIPS BETWEEN PRACTICES AND COMMUNITY BASED ORGANIZATIONS

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OBJECTIVES

1. SHARE THE Y’S VISION FOR COMMUNITY INTEGRATED HEALTH

2. DISCUSS TECHNICAL ASSISTANCE PROVIDED TO LOCAL YS TO SUPPORT CLINICAL INTEGRATION

3. PROVIDE EXAMPLES OF HOW YS ARE INTEGRATING WITH HEALTH CARE PARTNERS

4. DESCRIBE HOW TO GET CONNECTED TO YOUR LOCAL Y AND ANSWER YOUR QUESTIONS
THE Y’S VISION FOR COMMUNITY INTEGRATED HEALTH
Y-USA’S STRATEGIC PLAN
IMPROVING THE NATION’S HEALTH AND WELL-BEING

Critical Social Issues Affecting Our Communities:
• High rates of chronic disease and obesity (child and adult)
• Needs associated with an aging population
• Health inequities among people of different backgrounds

Our Shared Intent:
To improve lifestyle health and health outcomes in the U.S., the Y will help lead the transformation of health and health care from a system largely focused on treatment of illnesses to a collaborative community approach that elevates well-being, prevention and health maintenance.

Our Desired Outcomes:
- People achieve their personal health and well-being goals
- People reduce the common risk factors associated with chronic disease
- The healthy choice is the easy, accessible and affordable choice, especially in communities with the greatest health disparities
- Ys emphasize prevention for all people, whether they are healthy, at-risk or reclaiming their health
- Ys partner with the key stakeholders who influence health and well-being
COMMUNITY INTEGRATED HEALTH

The Y’s Model of Community Integrated Health

- Evidence-based Interventions
- Compliance
- Capacity Building
- Shared Spaces
- Health Equity
- Community Health Navigation
- Healthier Communities Initiatives
75% OF U.S. HOUSEHOLDS ARE WITHIN 10 MILES OF A YMCA
Y-USA SUPPORT FOR CLINICAL INTEGRATION
TA PATHWAY TO SUPPORT CLINICAL INTEGRATION EFFORTS AT LOCAL YS

Information Gathering
- Y-USA Survey/Screener Tool
- Local Y Strategic Plan
- Partner Community Needs Assessment
- Alternative Payment Model opportunities

Information Sharing
- Conference call or face-to-face meeting

Strategy Development
- Local Y develops Value Proposition
- Y-USA helps local Y develop/define different pathways for partnership

Action
- Test and refine strategies
CLINICAL INTEGRATION IN ACTION
**SHARED SPACE EXAMPLES**

**YMCA of Greater Grand Rapids (Grand Rapids, MI)**

- Through partnership with a rehabilitation hospital, new Y built to meet Universal Design standards (intentional considerations to form and function to allow highest degree of accessibility).
- Able-bodied individuals and persons with disabilities are united under the pursuit of fully accessible sports, fitness, and general well-being.

**YMCA of the Pikes Peak Region (Colorado Springs, CO)**

- Partnership with local health system to build a new medical facility co-located with the Y
- Services include: primary care, urgent care, occupational medicine, imaging, physical therapy, pediatrics, women's services, behavioral health, & child watch

**Greater Naples YMCA (Naples, FL)**

- New Y facility built in partnership with multiple health care partners
- Services include: educational support for parents of children with special needs, early education programs, pediatrics, therapy (PT/OT/psychological), & child watch
REFERRAL
DEVELOPMENT
THE Y’S PORTFOLIO OF EVIDENCE-BASED (RCT PROVEN) PROGRAMS

**DISCOVERY**
- Efficacy
- Validation

**DEVELOPMENT**
- Translation
- Scaling

**DISSEMINATION**
- Dissemination

- 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
PROVIDER REFERRAL

PREVENTION FOR TYPE 2 DIABETES  MEET MART J. AMICK, MD

The Centers for Disease Control and Prevention estimates that, if current trends continue, one out of every three Americans in this country will have diabetes by 2050.

Dr. Amick is committed to reducing new cases of potentially preventable chronic diseases like type 2 diabetes. When he discovered the YMCA’s Diabetes Prevention Program, he was looking for something to help him effectively treat his patients with prediabetes.

Dr. Amick noticed many of his patients had preventable problems but were not sure about solutions. He found an answer at the Y. In this country, there is a growing need to strengthen links between the clinic and the community. As a leading nonprofit committed to strengthening communities in part through healthy living, the Y continues to advance efforts to make this happen. The YMCA’s Diabetes Prevention Program offered the evidence-based solution Dr. Amick was looking for and, before long, he began to witness improvements to the health of his patients who participated in the program.

The YMCA’s Diabetes Prevention Program is designed to help participants develop healthier lifestyles and reduce the risk diabetes and prediabetes pose to their health.
SIMPLIFYING THE REFERRAL PROCESS

Build it into the workflow

- Point of care
- Retrospective
- Electronic
- Feedback loop

Referral Sources

- Health care provider: 29.60%
- Marketing materials: 6.90%
- Staff member: 2.70%
- Family/friend or word of mouth: 29.40%
- Other: 10.50%
- Screening event or health fair: 10.50%
- Employer: 10.40%
RECRUITMENT PARTNERS

It takes a village:

• Health care systems and physicians
• Senior centers
• Community organizations
• Health plans
• Faith-based organizations
• Media

17% yield from health care referrals
TYPES OF REFERRALS

• Indirect referral at point-of-care
  • Marketing collateral provided by Y at clinic
  • Up to patient to follow through with referral and contact local Y

• Direct referral at point-of-care
  • Typically facilitated by a health care provider champion
  • Clinician must obtain consent from patient to share info with local Y
  • Marketing collateral provided by Y - promoted/shared in clinic
  • Secure transmission of referral form for each patient
TYPES OF REFERRALS, CONTINUED

• Retrospective query
  • Often facilitated by non-clinical team members (e.g., care coordinator)
  • Targeted communication developed collaboratively (letter, call, etc.) between practice and local Y
  • Next step outlined in communication
  • Successful strategy during YMCA’s Diabetes Prevention Program CMMI Project

• Track/evaluate referral process
LOOKING AHEAD: HOW THIS WILL BE ACHIEVED IN THE Y

Ys will use a single instance electronic medical record system provided by Athena Health to track participant outcomes and ease the burden of the referral on the health care provider.

The system will also allow for a transfer of information back into the health care provider’s record.
CONNECTING TO YOUR LOCAL Y
LOCATING YS PROVIDING EVIDENCE-BASED HEALTH INTERVENTIONS

- Systems being refined for some evidence-based health intervention public listings (e.g. Moving For Better Balance, Blood Pressure Self-Monitoring, & Healthy Weight and Your Child)

- However, you can find your local Y via [http://www.ymca.net/find-your-y](http://www.ymca.net/find-your-y) or identify contacts for the following programs, directly:
  - LIVESTRONG® at the YMCA (cancer survivorship): [www.livestrong.org/ymca](http://www.livestrong.org/ymca)
  - Enhance®Fitness (arthritis self-management & falls prevention): [www.projectenhance.org](http://www.projectenhance.org)
QUESTIONS?
THANK YOU!

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