SNIN
Safety Net Innovation Network

CITYBLOCK

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Cityblock

May 2, 2018 • SNIN Spring Meeting

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CITYBLOCK

Cityblock is a personalized care delivery company for underserved populations

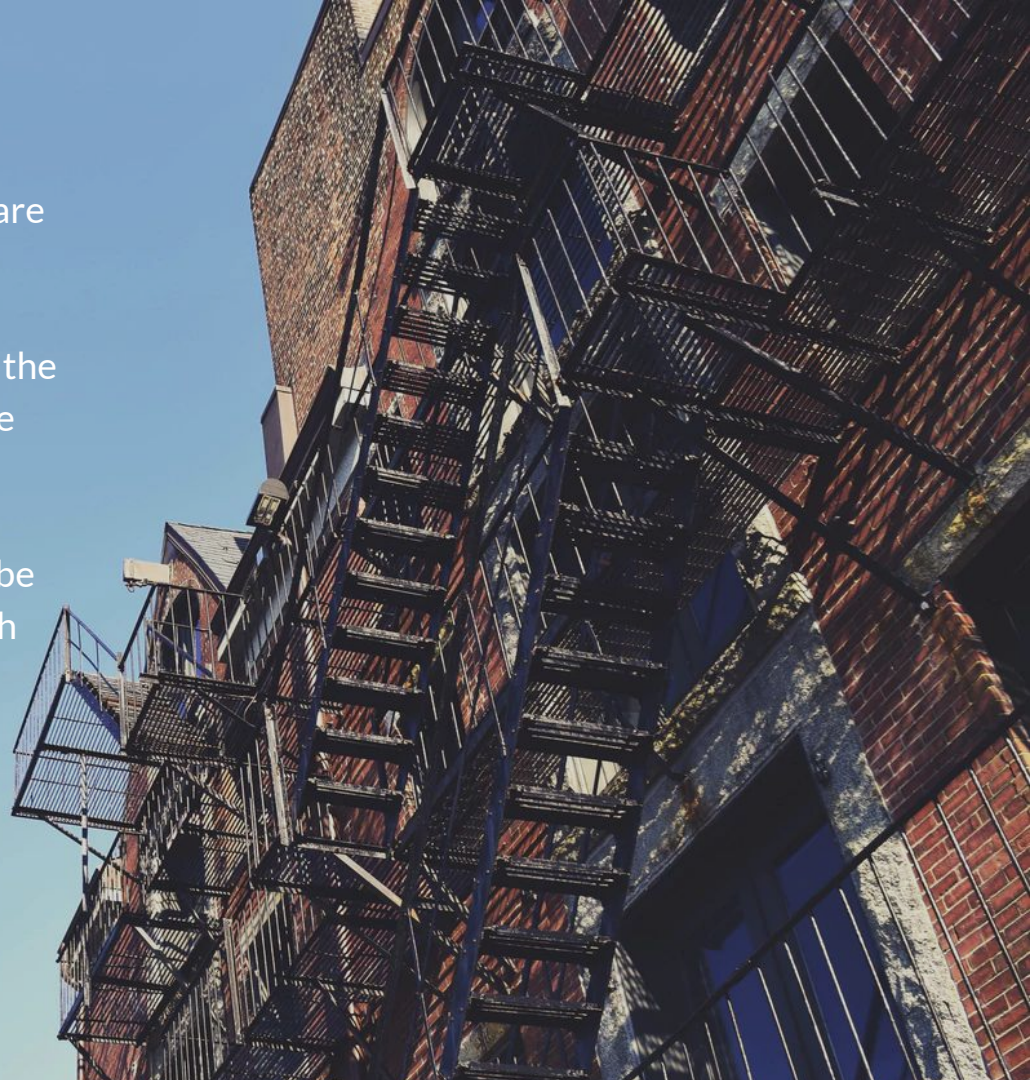
We are passionate about radically improving the health of urban communities, one block at a time

OVERVIEW

CONTEXT: How and why does our current healthcare system fail patients and communities?

THE TRANSFORMATION IMPERATIVE: What are the key policy and structural levers driving system-wide change and innovation?

RADICAL TRANSFORMATION: Where should we be innovating? What does a radically redesigned health system look like?



Meet Patti: a true story of a patient who fell through the cracks

Patti, 41, single mother

Two children with learning difficulties and asthma

Subsidized housing in a violent neighborhood, with poor schools and no subway close by

Did not complete high school

Does not have a steady job

Severe asthma

Multiple allergies

Post traumatic stress disorder and depression

10+ prescriptions to manage

Uses pain pills and street drugs

Not engaged in mental health and addiction treatment

**Name and other identifying features have been modified to protect confidentiality*

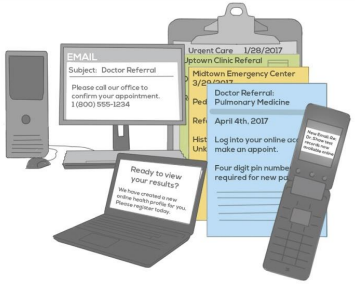
Today's health system was simply not equipped to meet her needs

Rushed visits by primary care practices who are incentivized for throughput

Limited mental health or addiction treatment leaves Patti to struggle alone

Care Management, if done at all, is over the telephone… and infrequently

Social challenges in Patti's life are not identified, certainly not addressed



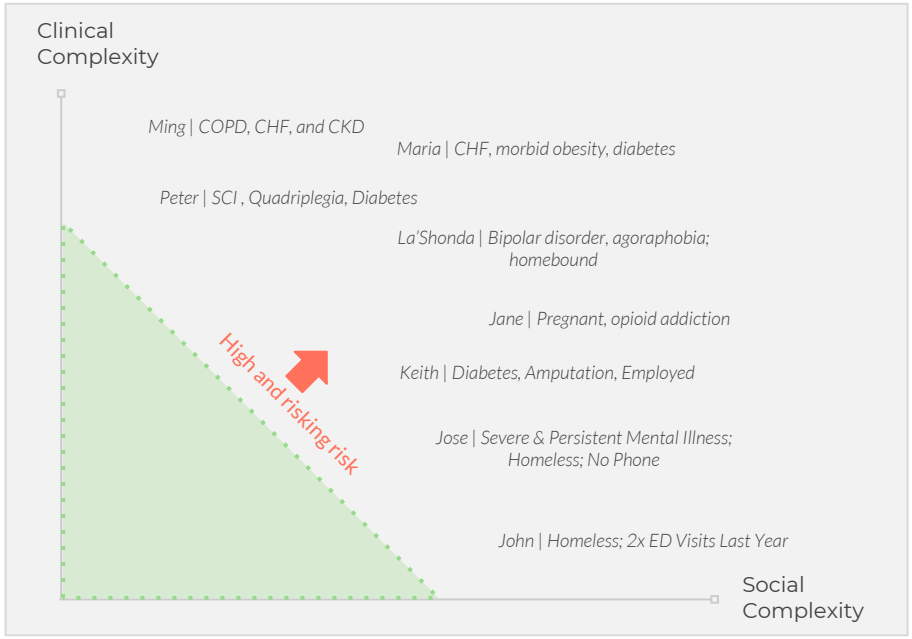
Health record / data scattered across multiple different systems

No clear owner of the relationship; no one accountable for outcomes

Patti died prematurely at age 44,

orphaning her two young children — who are likely to repeat the cycle of poverty and poor health

Individuals like Patti have **disproportionately worse outcomes**, and represent the major cost-drivers for our health system



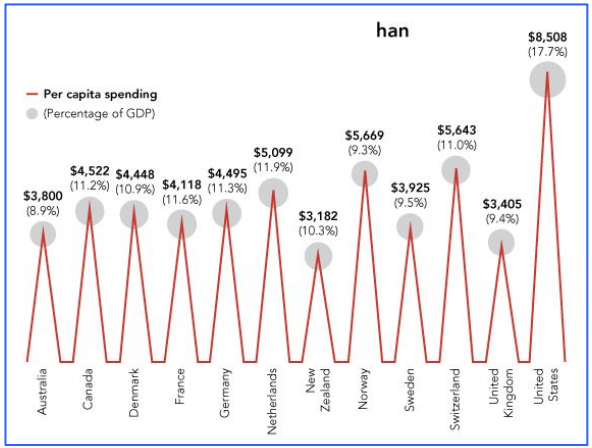
What do these individuals have in common?

- Poor prior experiences, low institutional trust
- Needs that cannot be solved in 10-minute PCP visits or a 12-hour work day
- High risk of rapid clinical and financial escalation
- Reams of data scattered across providers and systems without a common owner or narrative
- Well-documented, statistically worse outcomes across every domain -- by orders of magnitude
- Cost and utilization patterns that have not been attenuated by traditional disease or care management approaches

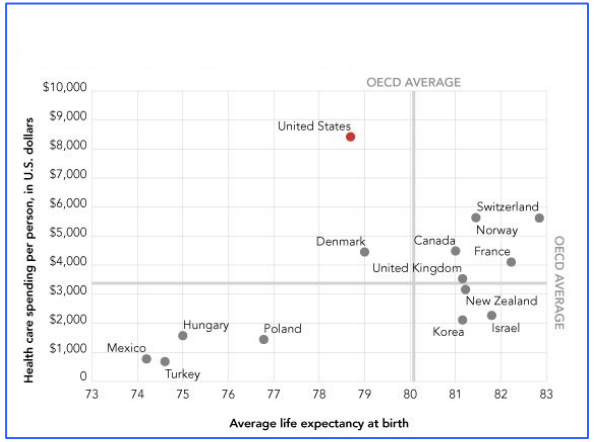
A problem worth solving

Our healthcare system is sick

Costs are unsustainably high...

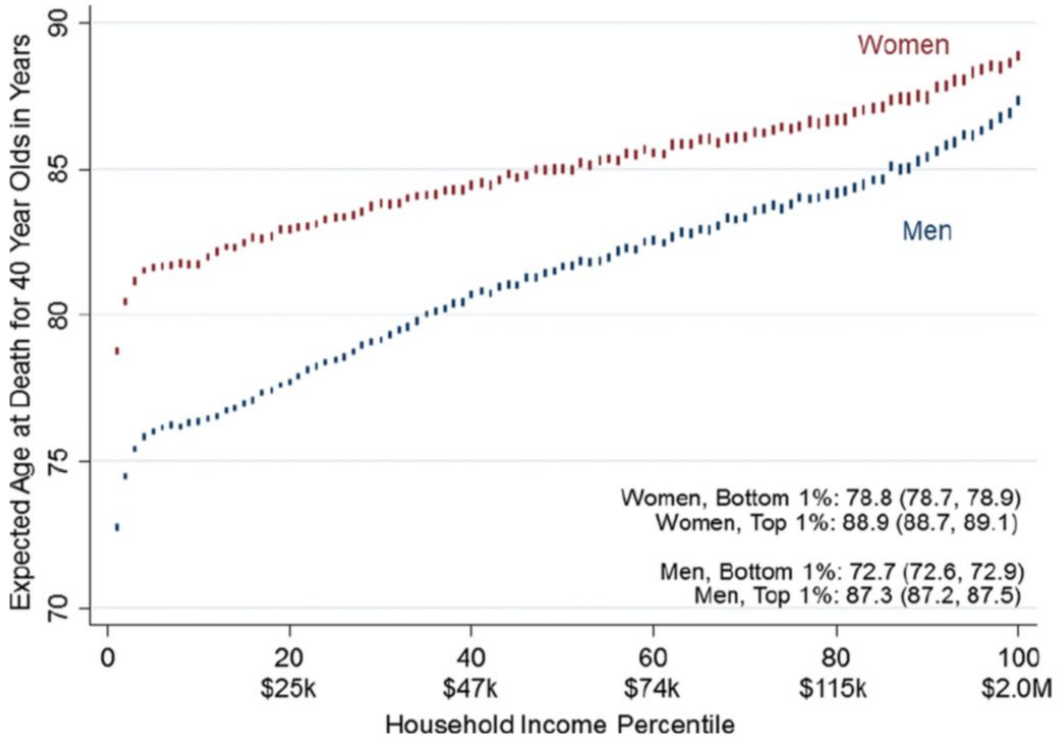


...yet we don't get value for our investment



Disparities in health outcomes reflect our society's ambivalence about the right to health and wellbeing for all

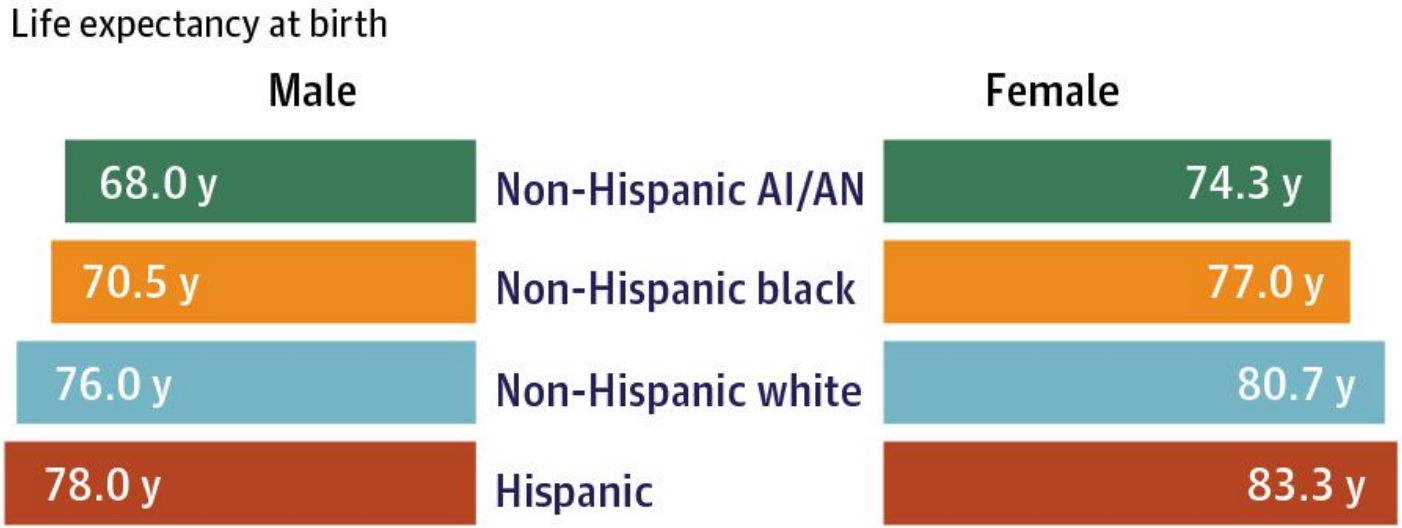
Income



Source: Chetty R, Stepner M, Abraham S, et al. The Association Between Income and Life Expectancy in the United States, 2001-2014. *JAMA*. 2016;315(16):1750–1766. doi:10.1001/jama.2016.4226

Disparities in health outcomes reflect our society's ambivalence about the right to health and wellbeing for all - race/ethnicity

Race/ethnicity



Source: Espey D, guest ed. American Indian and Alaska Native mortality. *Am J Public Health.* 2014;104(suppl 3):S251-S506.

Disparities in health outcomes reflect our society's ambivalence about the right to health and wellbeing for all

Illness/Disability

Table 4 Mortality risk in specific mental disorders compared to heavy smoking

Diagnosis	All-cause mortality (risk compared with the general population)	Prevalence ratio (risk compared with that for heavy smoking)
Post-partum psychiatric admission (at 1 year) (33)	19.5	7.7
Opioid use (6)	14.7	5.8
Amphetamine use (15)	6.2	2.4
Cocaine use (16)	6.0**	2.4
Anorexia nervosa (17)	5.9	2.3
Disruptive behaviour disorder* (34)	5.0***	1.9
Methamphetamine use (35)	4.7	1.8
Acute and transient psychotic disorder (36)	4.7	1.8
Alcohol use disorder (19)	4.6	1.8
Personality disorder (37)	4.2	1.7
Intellectual disability (moderate to profound) (39)	2.8	1.1
Heavy smoking (22)	**2.6****	**1.0**
Schizophrenia (1)	2.5	1.0
Bipolar disorder (40)	2.2**	0.8
Bulimia nervosa (17)	1.9	0.8
Eating disorder NOS (17)	1.9	0.8
Adults with childhood ADHD (41)	1.9	0.8
Depression (25)	1.6	0.6
Dysthymic disorder (27)	1.4	0.6
Comorbid anxiety/ depression (42)	1.4	0.6
Cannabis use (28)	1.2**,***	0.5

ADHD – attention-deficit/hyperactivity disorder, NOS – not otherwise specified *Mainly consists of conduct disorder and oppositional defiant disorder, **mid-point of range, ***mean value of male and female mortality

*Individuals with mental illness are at increased risk for early mortality, with, on average, a **reduced life expectancy of between 7 and 24 years** compared with those without mental illness.*

*In particular, people with serious mental illness have an increased risk of death from **coronary heart disease** and **stroke** that is not wholly explained by antipsychotic medication, smoking, or social deprivation.*

Source: Chesney E, Goodwin GM, Fazel S. Risks of all-cause and suicide mortality in mental disorders: a meta-review. World Psychiatry 2014; 13: 153–60

Social circumstances are increasingly recognized as a major driver of wellbeing

4

Non-medical factors contribute more significantly to an individual's overall well-being than their genome, disease burden, or even the quality of the medical care they receive.

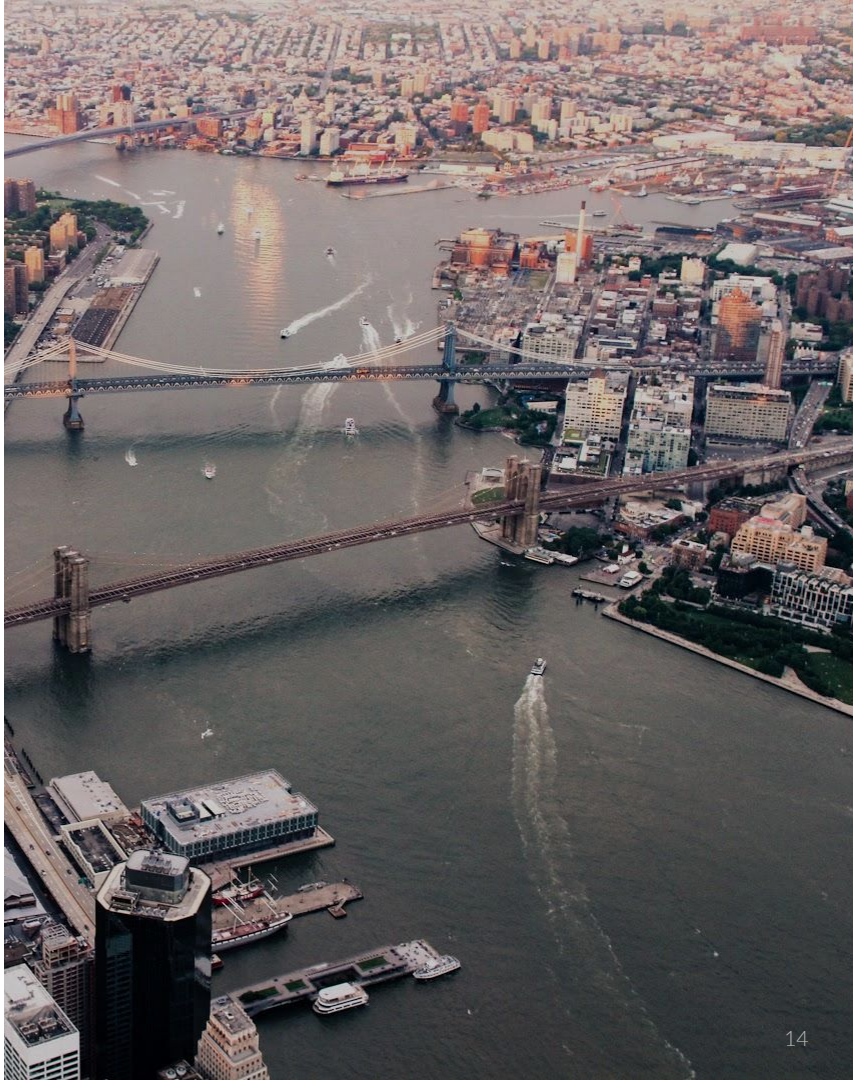
Yet despite this, very few traditional healthcare models are equipped to fully address these non-medical factors that drive health

The Transformation Imperative

Why now?

Health is in the balance for millions of people. More of the same won't work

1. **Spend is out of control**. Government and health plans are desperate for solutions; federal waivers and policy flexibility explicitly aimed at spurring innovation in improving outcomes
2. **Demographic shifts**. Wave of aging baby boomers, rising urban density, and an increasing inequality gap
3. **Consumers are demanding more**. Increasing recognition of unacceptable health disparities, over time will result in a more discerning popular understanding of the drivers of health
4. **Provider burnout and shortage.** Decades of rearranging the deck-chairs style innovation and mis-applied technology has contributed to widespread provider dissatisfaction



Improving health today requires a whole new systems approach

PAYMENT REFORM IS ALIGNING INCENTIVES

PROVIDERS NOT SWIMMING UPSTREAM FAST ENOUGH

TECH REMAINS LARGELY UNTAPPED

Despite the profound need, most safety-net and traditional providers are not innovating quickly enough to meet the needs of their patients and communities, and to adapt to meet this changing new world

Radical Transformation

Patients and populations with complex needs require specialized models of care. Solutions must be custom-designed for this need

The difference between equality and equity is key in building systems of care that are effective and sustainable

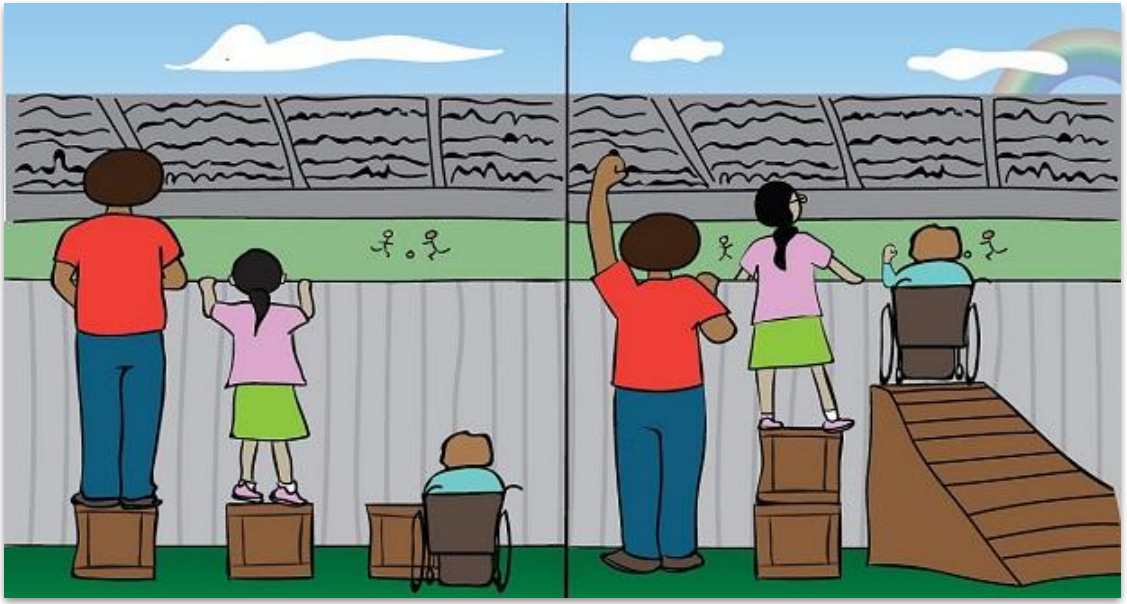
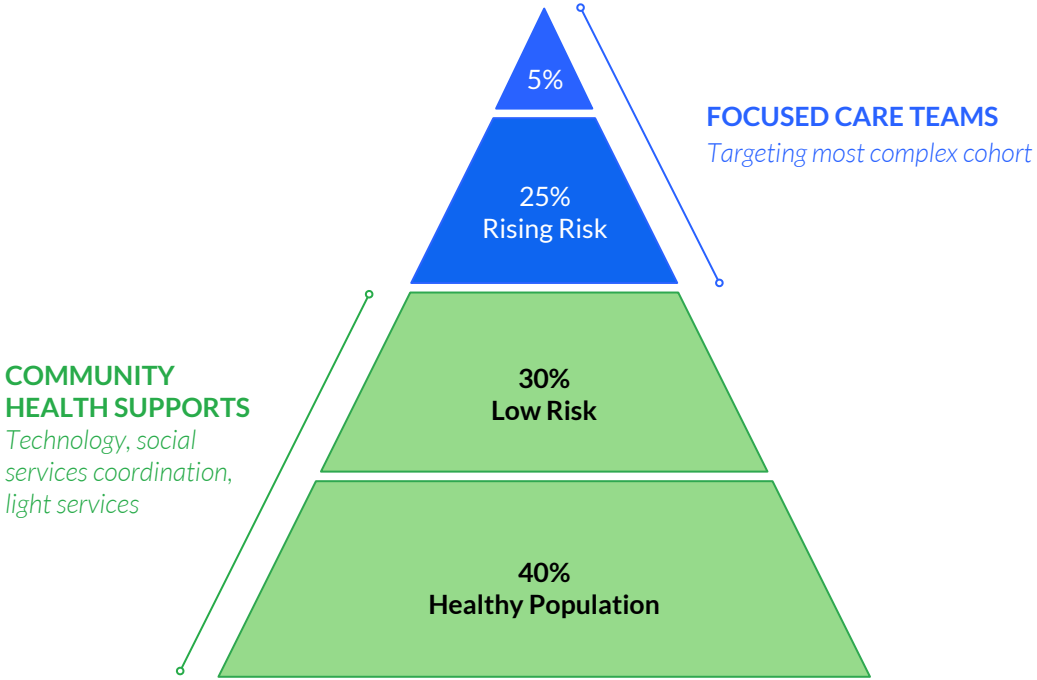


Photo Credit: The Second Line Innovation Blog

One size fits all

Individually-tailored models geared towards high-impact outcomes

Effective stratification enables the identification of patients (and families) at high or rising risk



Identifying high and rising risk patients for tailored clinical services:

- Proactive instead of reactive care delivery
- No one size fits all
- The highest-need segment of the population will require very frequent touch-points with the health system
- Transition from simply predicting high-risk patients to identifying impactable opportunities to intervene

Refactoring care teams to focus on trust, engagement and relationships

We **must flip the hierarchy** of traditional physician-centered care models and create space for a new and powerful workforce:

- Recruited for empathy, emotional intelligence, problem-solving, accountability, and tenacity
- Build and nurture trusting relationships
- Connect patients to social services and resources
- Engage patients with motivational interviewing, coaching, education and skills-building
- Equal partners alongside physicians, nurses and advanced-practice clinicians

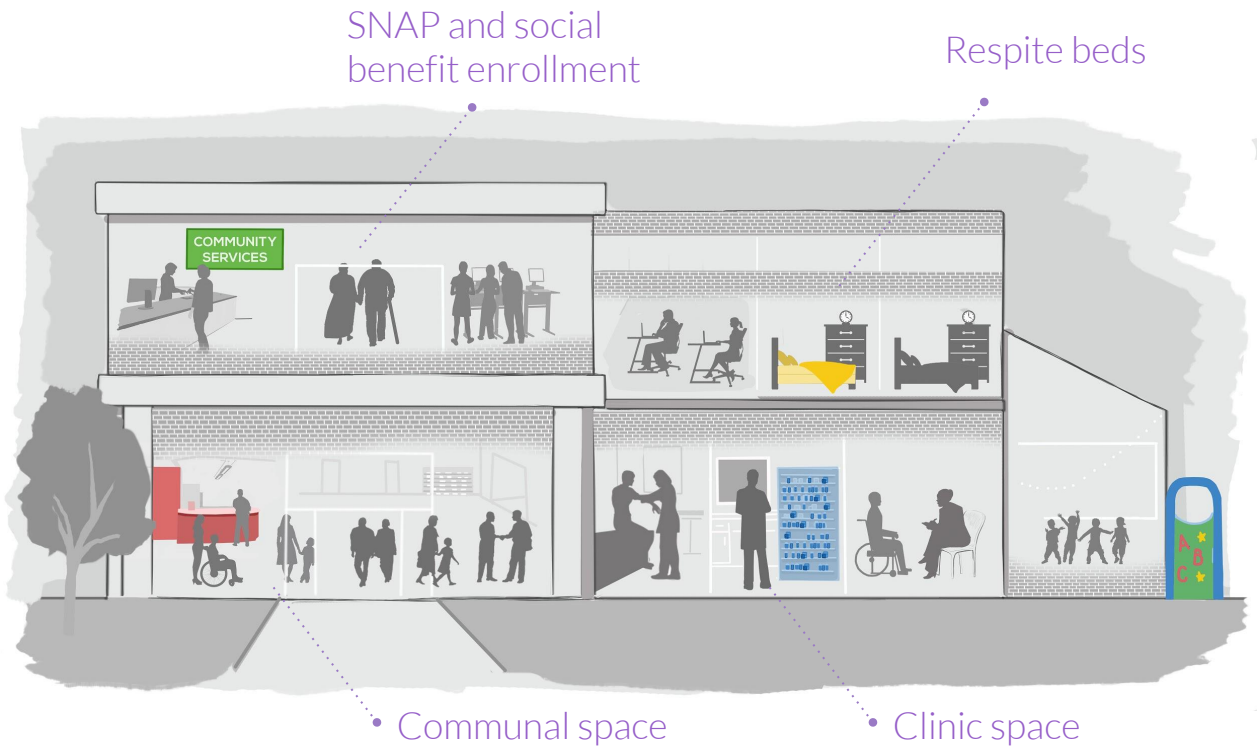
The care team builds trust through persistent, respectful outreach to members, meeting them wherever they are without judgment or stigma.

The interdisciplinary care team must be equipped to provide a fully comprehensive care experience

Care teams include primary care, behavioral health providers, rehabilitation, nursing, pharmacy and community health partners actively collaborating

- 24/7/365 after-hours and in-home response
- Individualized Member Action Plans prioritize what matters to each person, focusing the care team on achieving clear goals together
- Advance care planning and palliative care integrated as part of normative primary care
- Specific attention to care transitions as a particularly vulnerable time in a patient's journey
- Screening and rapid referral to treatment for mental illness and substance use disorder

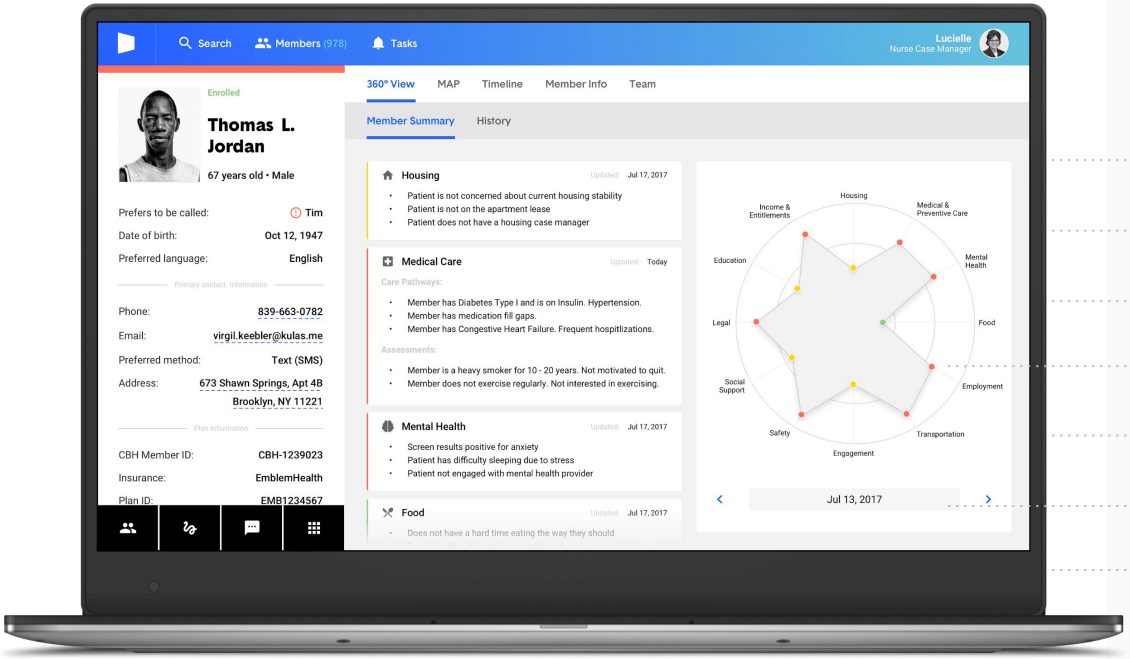
Physical space is powerful, and can be transformed to serve as safe community spaces, social access centers, in addition to clinical and therapeutic environments



Space features

- Co-located community-based organizations
- Care team office space
- On-site x-ray & basic labs
- On-site pharmacy
- Convenient & walkable

Technology can be a powerful enabler of a clinical model; but never a replacement for trusted personal connections



A complete view of each patient's lived experience.

- Comprehensive risk assessment
- User-centered design
- Capture 360° clinical and non-clinical data
- Seamless coordination and accountability
- Proven patient engagement tools
- Continuous real-time contact
- Focus on quality

In order to improve health outcomes, quality and cost for high-need populations, we must broaden our focus to include the roots of health

Food

Nutrition assistance for high-risk women, infants, and children, as well as older adults and people with disabilities are associated with decreased acute and post-acute care days (for seniors), and improved newborn health outcomes.

Housing

The evidence demonstrating a direct relationship between housing supports and improved health outcomes is incontrovertible, and growing.

Cost savings range from $9K - 30K PMPY depending on the population targeted

Connectivity

Up to 60% of new SIM registrations are defunct within 90 days. Pay-as-you-go phones are popular but churn.

Early studies suggest that providing high-risk individuals with data reduces missed appointments, particularly at the end of the month.

Care Coordination

Evidence suggests that vulnerable populations (in particular low-income families and frail seniors) experience health gains and decreased acute care utilization when their care is coordinated across primary, specialty, behavioral, and social services.

Transportation

Providing non-emergency medical transportation has been proven to improve appointment adherence, and, potentially, acute care utilization among high-need populations.

Home Health

Investments in long-term services and supports, particularly for frail and homebound seniors, and individuals in disabilities, can reduce acute care utilization by as much as 25%.

Family Engagement

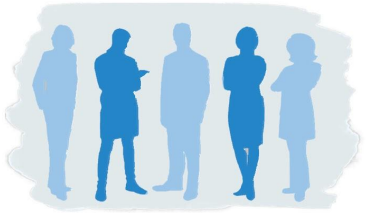
Family and caregiver engagement in care models improves chronic disease management.

Additionally, family engagement is associated with fewer medical errors and shorter hospital length of stay.

Financial Security

Direct financial support, especially in the form of government entitlement programs, has been associated with better health outcomes for individuals who qualify.

The result for Patti, and for the many individuals like her, will be a radically different care experience



An integrated team of caregivers look after Patti and her family

Deep relationship with a community health partner, who comes to her home

Community health partner focuses on addressing underlying social needs

Community health partner focuses on addressing underlying social needs

Patti's meds are reconciled.
Fewer meds = less risk for complications

Early identification of addiction and connection to treatment

Every additional year of quality life gained would have had dramatic implications for her children & community

CITYBLOCK

Thank You

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