

The Value of Community and Clinical Collaborations

Marlin L. Williams, MBA

MAACME Annual Conference

11.15.18

Disclosure

Marlin L. Williams,
The Value of Community
and Clinical Collaborations

Disclosure:

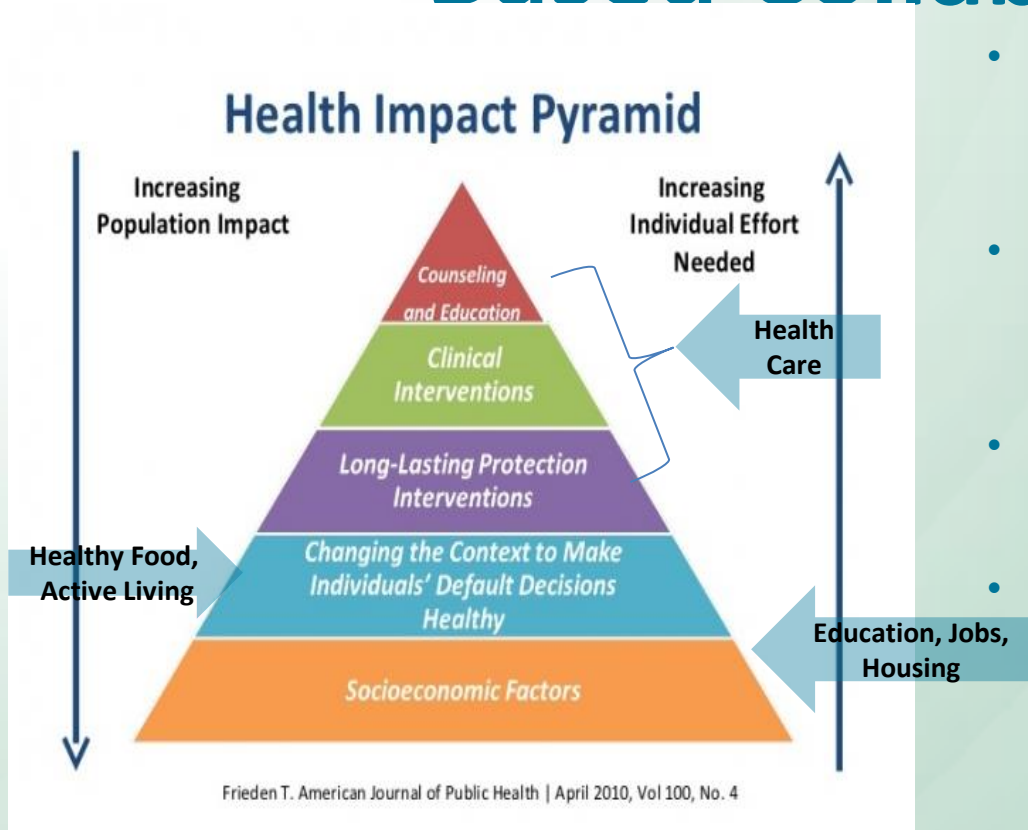
Mr. Williams has no relevant financial or nonfinancial relationships to disclose.

Objective

Discuss the impact of community and clinical collaboration on the quality of care, and how providers can incorporate principles of this work in their CME programs to address community/population health issues.



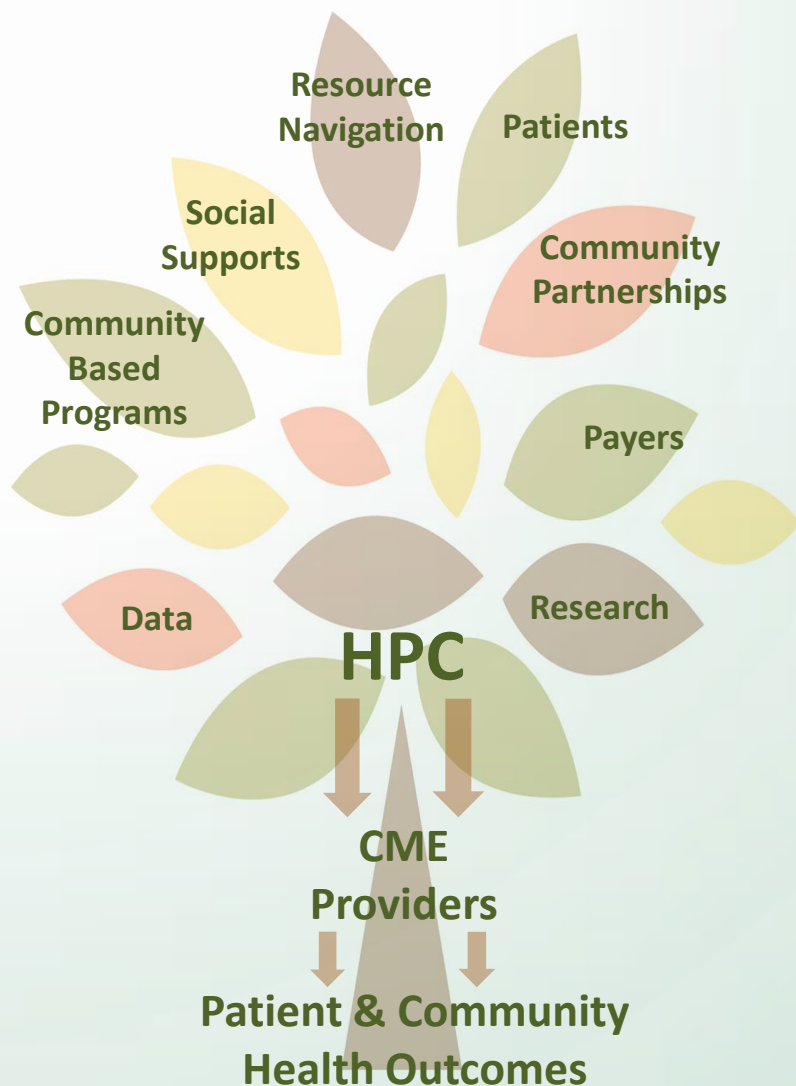
Why CME and Community Based Collaboration



- Factors outside of the clinical environment drive a significant portion of health care outcomes and costs.
- Payers and providers are seeking opportunities to better address “social determinants of health” (SDOH).
- Shift from payment for volume to payment for value.
- Metrics for quality and patient outcomes are driving the way supportive services are organized and delivered.

Criteria for Accommodation

CATEGORY	CRITERIA	RATIONALE
Promote Team-Based Education	Patient/public representatives engagement in the planning and delivery of CME	CME is enhanced when it incorporates the interests of the people who are served by the healthcare system. This can be achieved when patients and/or public representatives and are engaged in the planning and delivery of CME.
Addresses Public Health Priorities	Advancing the use of data for health care improvement	The collection, analysis and synthesis of health and practice data/information derived from the care of patients can contribute to patient safety, practice improvement, and quality improvement.
	Addressing factors beyond clinical care that affect the health of populations	Expanding CME programs beyond clinical care education to address factors affecting the health of populations.
	Collaborates with other organizations to address population health	Building collaborations with other organizations that enhance the effectiveness of the CME program in addressing community/population health issues.
Achieve Outcomes	Impact of CME program on patients or their communities	Demonstrate that the CME program contributed to improvements in health-related outcomes for patients or their communities.



- CBO's offer solutions to fill service and support gaps that threaten individual's health.
- MCOs, health systems and other payers are designing and testing new covered services that meet person-centered goals.
- CBOs are providing critical programs and services to patients in the community.
- Partnering with healthcare providers and payers.
- Partnering with CME providers to build education strategies that improve patient outcomes.

Health Promotion Council (HPC)

HPC is a non-profit whose mission is to promote health, prevent and manage chronic diseases, especially among vulnerable populations through community-based outreach, education, and advocacy.

- Over 30 years of experience community based health education, promotion and outreach.
- Reach over 22,000 people annually through direct service work; thousands more through training, capacity-building, policy & systems change.

Fulfill our mission through programs and services spanning socio-ecological model in:

- Direct Service
- **Capacity Building**
- Policy & Systems Change

Training & Capacity Building (TCAP)

- Training and Capacity Core (TCAP) works with individuals, organizations and communities to build partnerships that enhance capacity to address existing and emerging public health issues.
- Accomplished by leveraging partnerships, implementing evidence-based programs, developing health education materials and providing training and technical assistance.



Examples from the Field

Continuing Education Opportunities-

BE A BRIDGE: Statewide training and capacity building initiative, training and providing TA chronic disease and tobacco resources to interdisciplinary professionals. Over 600 interdisciplinary professionals from more than 300 organizations.



PA cAARds! (Diabetes, Asthma, Arthritis): Statewide and regional training and capacity building initiative, cross training multi-disciplinary professionals and para-professionals in a brief intervention model to address chronic disease. Over 400 individuals trained from more than 230 organizations resulting in more than 2200 referrals.

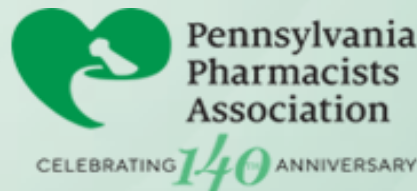


Examples from the Field (cont'd)

PA CCI: Statewide capacity building initiative, providing training and technical assistance to organizations in pursuit of national accreditation and recognition for Diabetes Self-Management Education.



CME Partners:



University of Pittsburgh

Community Clinical Collaboration

Managed Care Organizations:

Reimbursement Models for Diabetes Prevention

Home-based Medical Nutrition Therapy

Chronic Disease Self-Management

Home-based Asthma Self-Management

Health Systems :

TJUH – Innovations in Nutrition

Conemaugh Health System – Diabetes Prevention Integration

PA's Critical Access Hospitals serving Rural Communities

PA Association of Community Health Centers

Quality Insights of PA



Other Initiatives

Academic Partnerships:

Univ. of Penn

Temple University

Drexel University*



Other Resources:

PHMC Research and Evaluation Group

- Community Health Database
- Household Health Survey



How can you work with CBOs

Partnerships with CBOs can help to build CME programs and inform education strategies.

- Access to community based data
 - Data collection and research translations
- Community engagement in planning and delivering CMEs
- Non traditional collaborations that address community/population health and SDH



Questions?



THANK YOU!

Marlin L. Williams, MBA
Senior Director Operations
Health Promotion Council
215-731-6109
marlin@phmc.org