

# Community Care Hubs

An Emerging and Evolving  
Community Health Improvement Strategy

Tennessee Health Disparities Task Force Meeting  
August 31, 2023







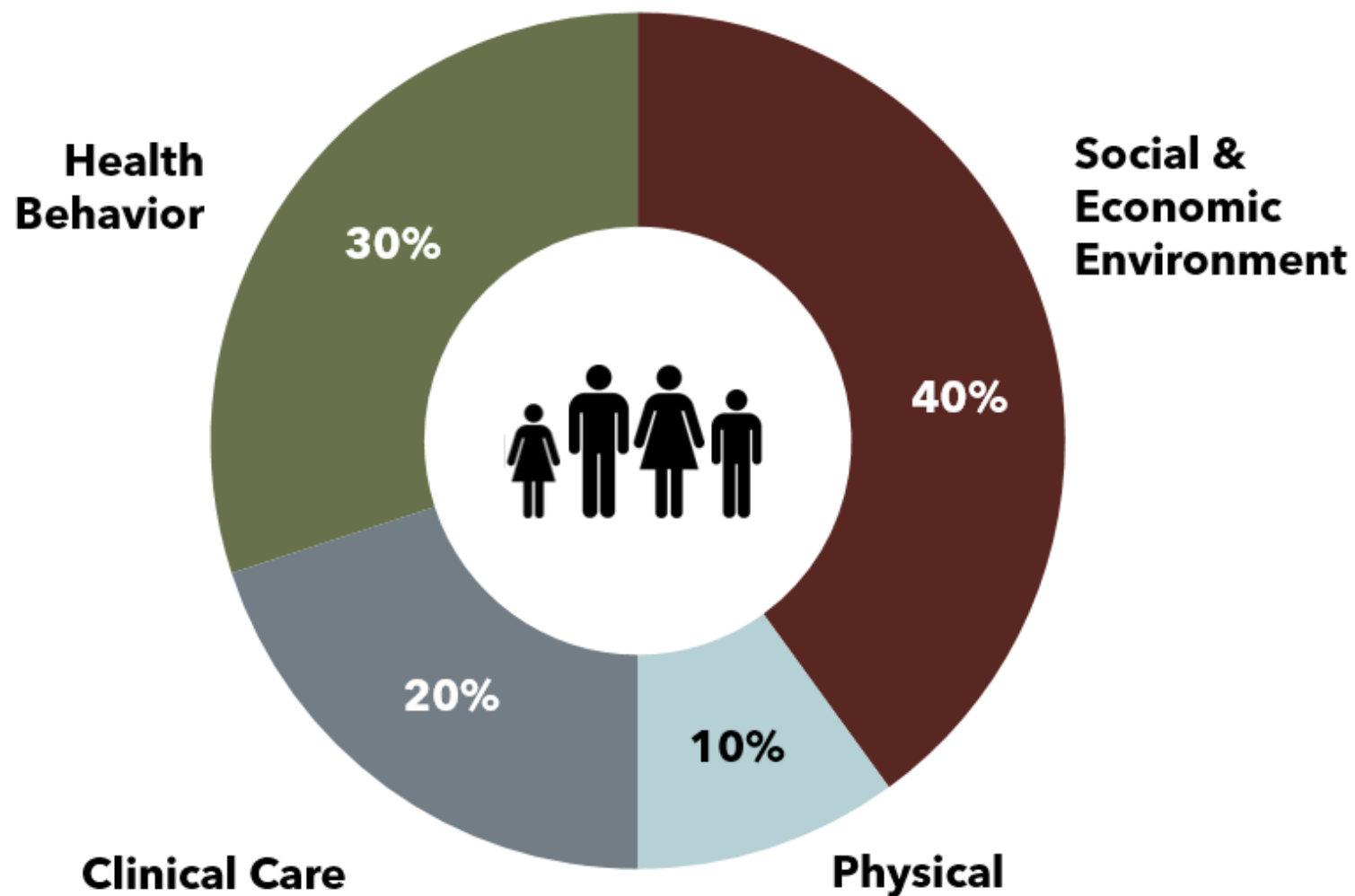
**We can't fix what's  
wrong in health  
care until we fix  
our **communities**.**

**Dr. Kurt Strange, M.D, Ph.D.**  
**Case Western University**  
**Director, Center for Community Health Integration.**  
**Professor of Family Medicine & Community Health,**  
**Population & Quantitative Health Sciences, Sociology and**  
**Oncology**

# Today's Agenda

- Community Health Improvement...what we know, and the opportunity improvement gaps
  - The Macro – Community Health
  - The Mezzo – Community-Based Human and Social Service Organizations
  - The Micro – Individual Community Residents and their Families
- Building the Infrastructure for System Alignment for Health
  - Community Care Hubs
- Community ConneXor
  - About Us
  - Our Micro-community Hub and Spoke Approach
  - Baseline Features
  - Macro-Mezzo-Micro Value

# THE DRIVERS OF HEALTH

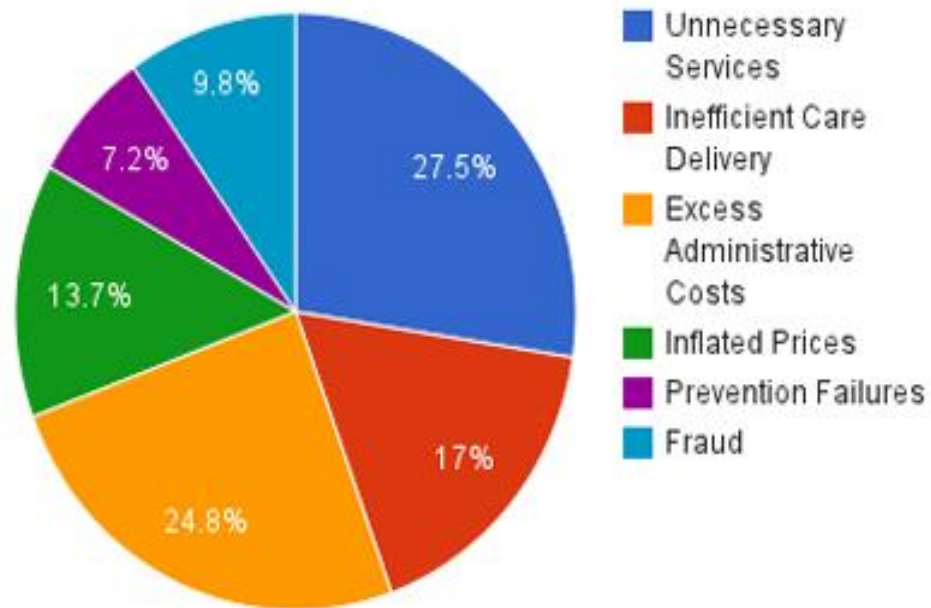


# The Macro



Community Health

# What's wrong in our health care system?



# What's wrong in our communities?





# The Opportunity Gap

**\$1.7 Trillion**

Avoidable health care spending  
annually  
associated with  
**unmet basic needs.**

# The Mezzo



Community-Based Human and  
Social Service Organizations

# The Opportunity Gap

Community-based human and social service organizations are not setup to participate in **seamless, coordinated multi-agency and cross-sector person-centric holistic service delivery.**

# The Micro



Individual Community Residents  
and their Families

**The Resources  
are  
Available,  
Accessing them  
is  
Challenging**

Seeking services in current  
community ecosystem

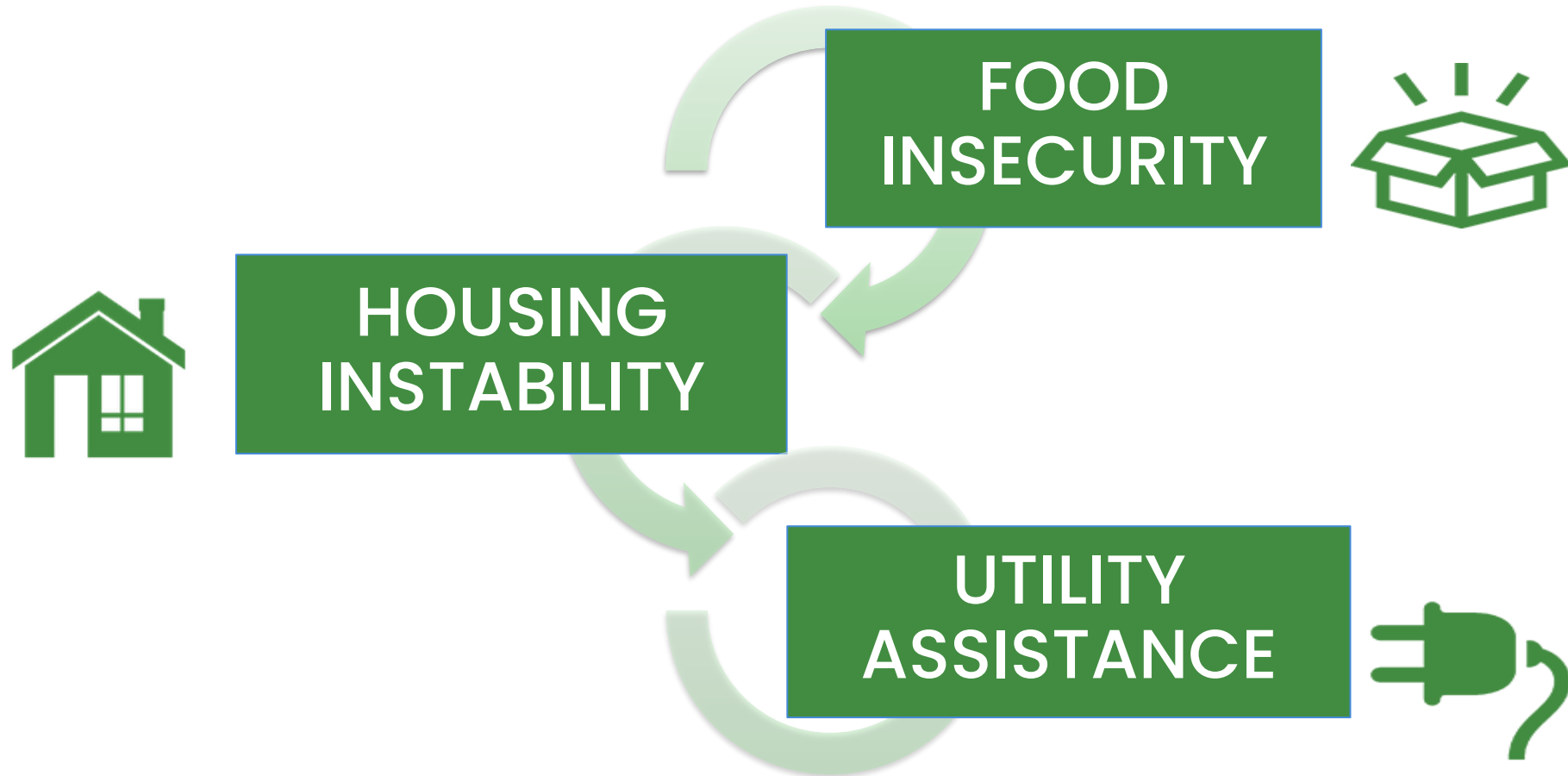


# Meet Naomi



Presents only for utility assistance, **but** has multiple other opportunities for improvement

# The Opportunity Gap



**Individual and Family Needs are Entwined.  
Service Delivery is **NOT** Interconnected.**

# Improvement Opportunities



## Social Service Organizations

- Relies on manual workflows
- Minimizes staff and organization efficiency and impact



## Vulnerable Clients

- Shifts access and navigation burden
- Creates barriers to services



## Community

- Increases incidence and severity of avoidable chronic diseases
- Drives up costs for all community employers



**“Every system is perfectly designed to get the result that it does.”**

Dr. W. Edward Deming



The greatest danger in the time of turbulence is not the turbulence. It is to act with yesterday's logic.

Peter Drucker



# Systems Alignment for Health





# **Community Infrastructure Building**

# Community Care Hubs

A lead entity managing the hub operates an overarching structure to support other CBO members by centralizing administrative functions.



# Community Care Hubs

Offer health care systems and payors a  
single point  
of contracting with CBOs of **all sizes**.



# Community Care Hubs

Enable CBOs and the communities they serve to have a seat at the table with health care providers in communities where **under-resourced** CBOs may not otherwise be included.



# Funding Sources

including Federal, State, Local, Philanthropic, and Private Funds

Community Health Workers may serve an important role in making connections between the various steps in this diagram.



## Community Care Hub

Coordinates administrative functions, funding, and operational infrastructure, including enabling health care contracting on behalf of a wider CBO network, to align care



### 1a - Presentation

Individual engages in-person or virtually with a local entity, such as a health care provider, school, CBO, or public health or other government agency.



### 2 - Screening

A local entity screens patient for social and/or medical needs and collects social or medical needs information (or refers to another provider for screening).



### 3 - Connection

The local entity connects patient to social or medical service provider who receives relevant social or medical needs information.



### 4 - Service Provision

Social or medical service provider engages individual, identifies applicable funding sources, and provides relevant services.



### 5 - Referral Feedback

Referred provider communicates to referring entity to create a feedback loop.



### 6 - Tracking Outcomes

Local entities track outcomes and share updates on progress to determine next steps.



### 1b - Proactive Outreach

Local entity uses available data to identify individual who may have social needs and reaches out.

• In practice, individuals may not move through this model in a linear fashion.



# Connected Community Network



Financial  
Counseling



Legal



Point of Entry to a "No Wrong Door" Community Network



Case  
Management



SNAP  
Benefits





# Improvement Opportunities



## Social Service Organizations

- Relies on manual workflows
- Minimizes staff and organization efficiency and impact



## Vulnerable Clients

- Shifts access and navigation burden
- Creates barriers to services

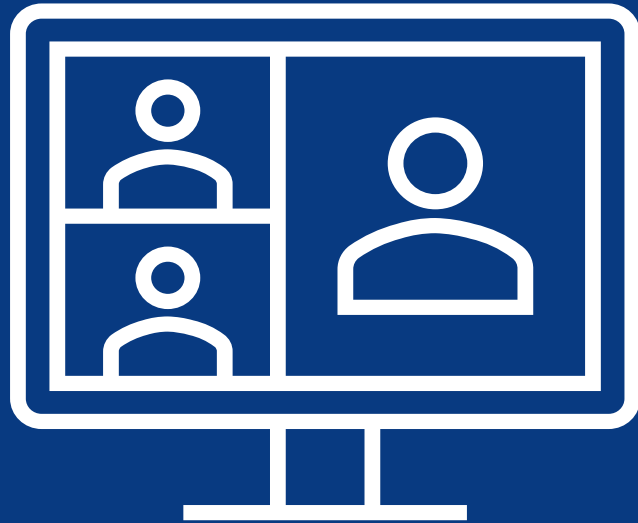


## Community

- Increases incidence and severity of avoidable chronic diseases
- Drives up costs for all community employers

# Our Solution

COMMUNITY RESOURCE  
MARKETPLACE



REFERRAL NETWORK  
SERVICES

# Community Resource Marketplace®



# Referral Network Services



**NETWORK PARTNER EDUCATION, RECRUITMENT & ONBOARDING**



**NETWORK GROWTH & SECURITY MONITORING**



**REGIONAL COMMUNITY RESOURCE DIRECTORY MAINTENANCE**



**NETWORK BUSINESS DEVELOPMENT & RESOURCES**

# Our Solution



## **Social Service Organizations**

- Operational efficiency
- Internal and external capabilities
- Positioning to derive billable recurring revenue from health care sector



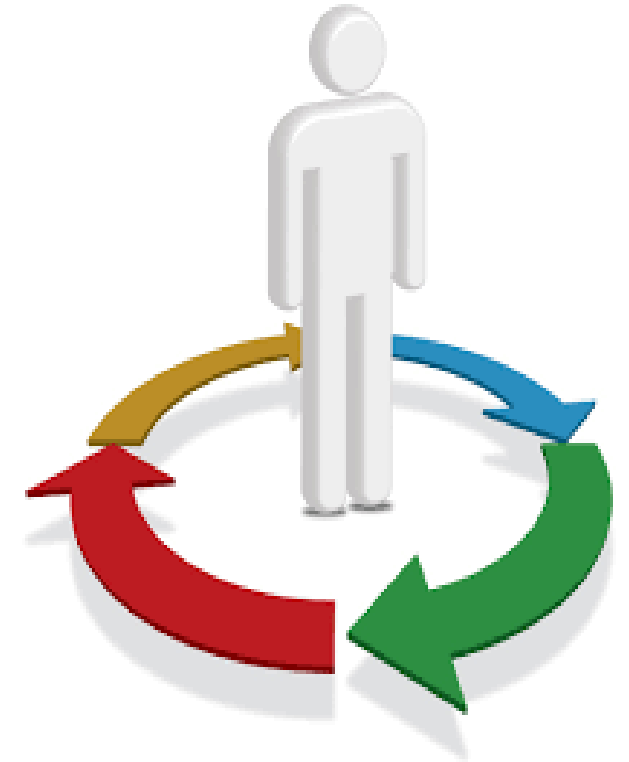
## **Vulnerable Clients**

- Access and navigation burden
- Risks of delays or not receiving basic need services



## **Community**

- Incidence and severity of avoidable chronic diseases
- Associated avoidable economic costs to health care organizations and all employers





# All Community Impacts



## Health Care Providers & Payors

### **AVOIDABLE UTILIZATION**

- Emergency visits
- Hospital admissions
- Hospital stay days

### **TOTAL COSTS**

### **CMS PENALTIES**

## All Industries

### **EMPLOYEE**

- Unplanned Absences
- Turnovers

### **EXPENSES**

- Employee Health Insurance Premiums
- Recruitment

What are your questions  
and thoughts?



Connecting and Improving  
Community Health

For more information contact:  
Vickie W. Harris, Founder and CEO  
[vharris@CommunityConneXOR.com](mailto:vharris@CommunityConneXOR.com)  
(615) 478-8753