

10 Years of Community Integrated Health

A Perspective on the YMCA's Efforts from the 2010s

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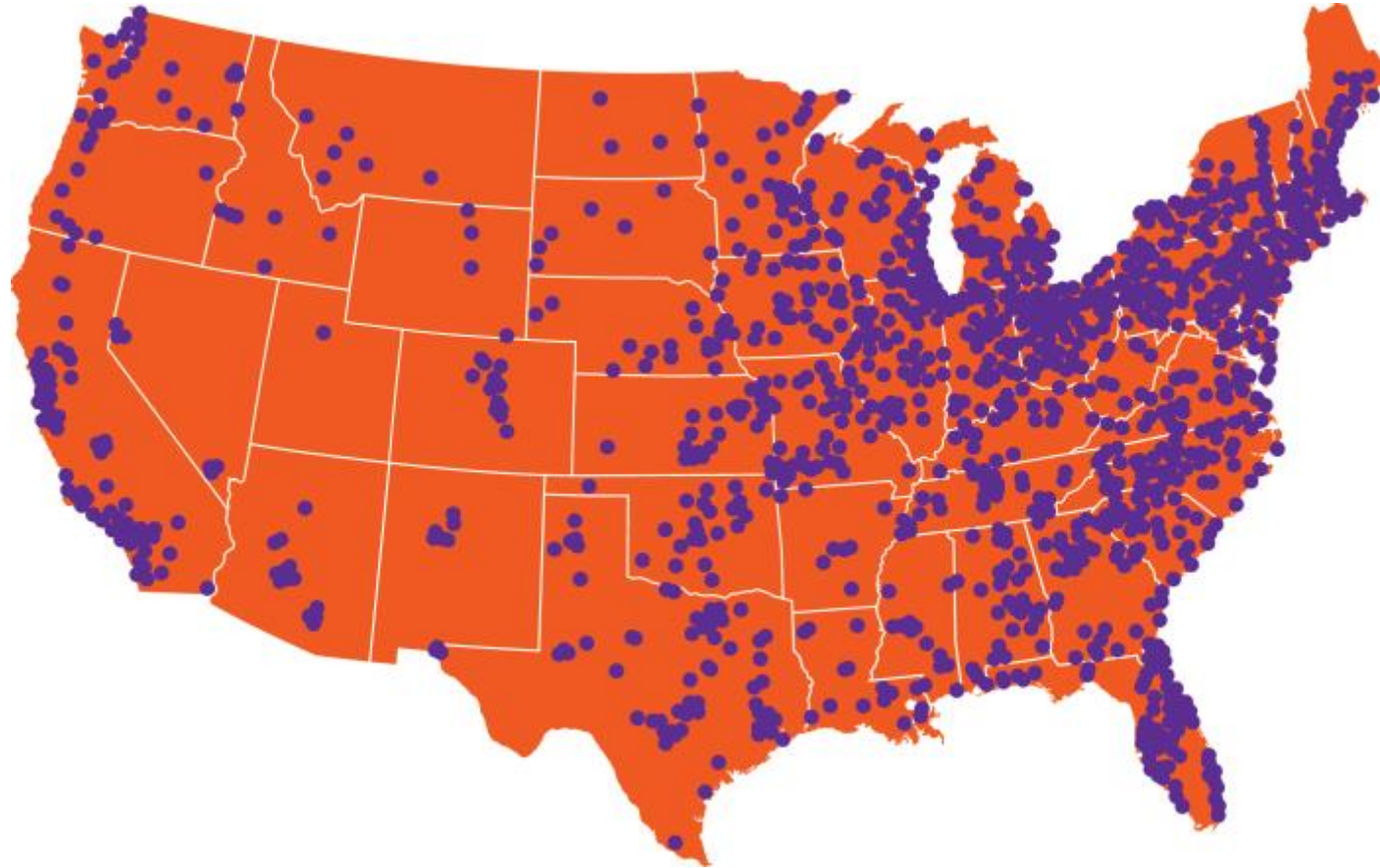
Community Care Hub National Learning Community (NLC)

February 23, 2023

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THE Y: ASSOCIATIONS & BRANCHES



OUR REACH

FACTS

YMCAs
2,700

YMCAs IN COMMUNITIES
WHERE HOUSEHOLD INCOME IS
BELOW THE NATIONAL AVERAGE
58%

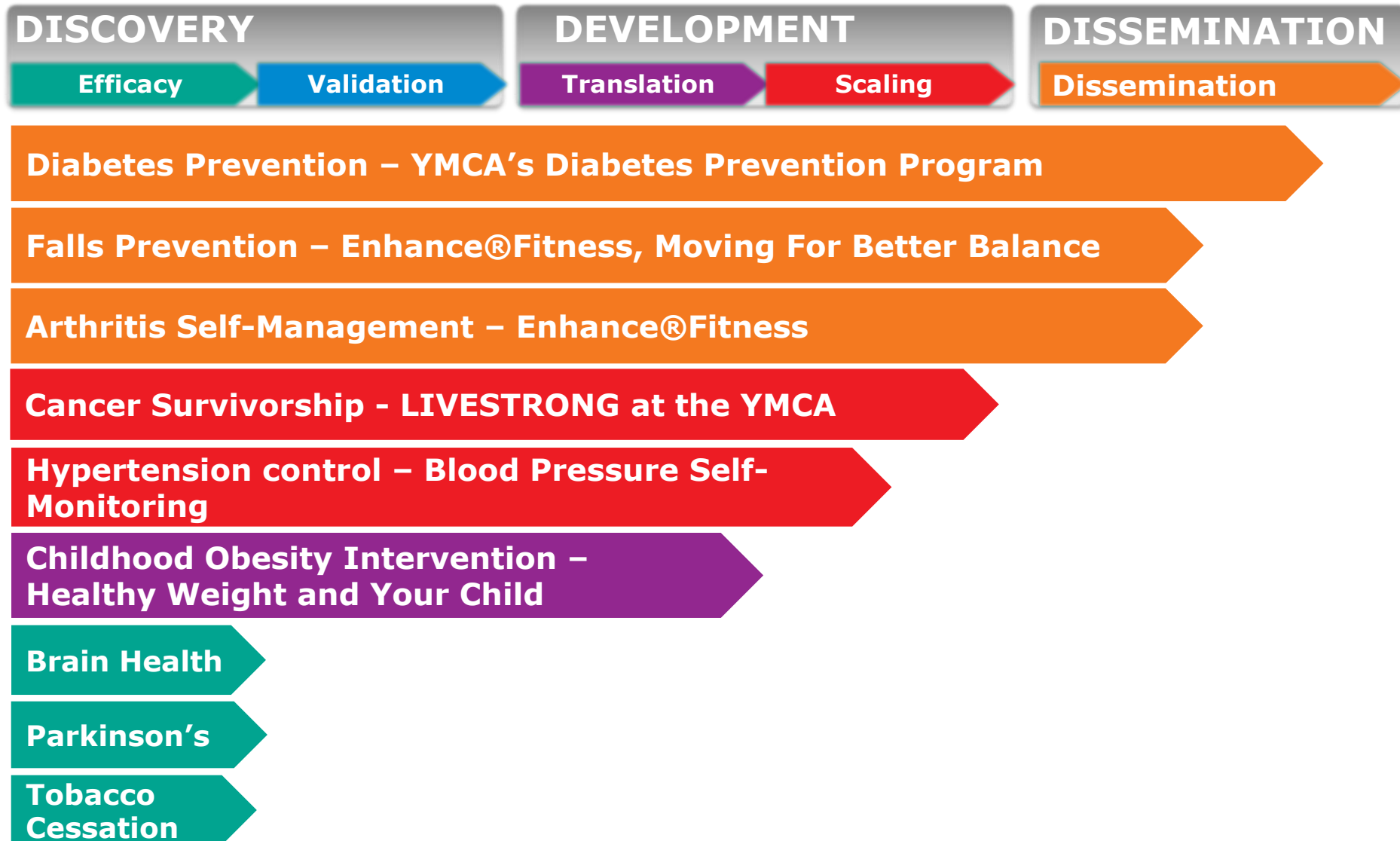
COMMUNITIES SERVED
10,000

STATES
50 plus
District of Columbia
and Puerto Rico

COMMUNITY INTEGRATED HEALTH



THE Y'S PIPELINE OF EVIDENCE-BASED HEALTH INTERVENTIONS (RCT – PROVEN)



PROGRAM REACH (2017)

PROGRAMS	HWYC	EF	DPP	MFBB	LS	BPSM
Participants attending at least one session	1,164	22,267	55,963	642	50,257	3,938
Number of Y associations offering the program	19	188	266	43	244	73
Number of program sites	51	383	1,134	43	616	139
Number of states	20	41	47	17	41	30

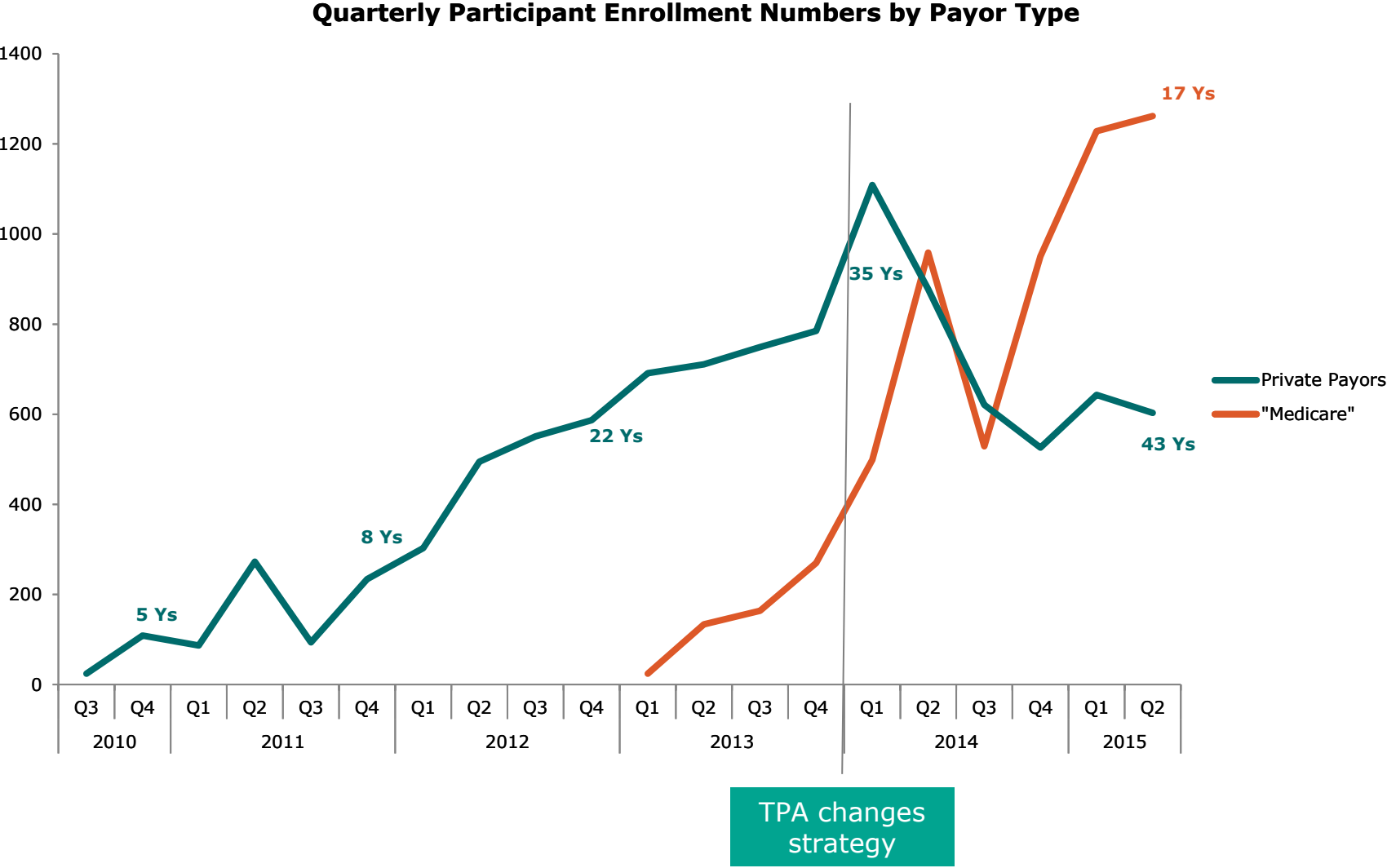
Total: 134,231 participants

HISTORIC RESULTS

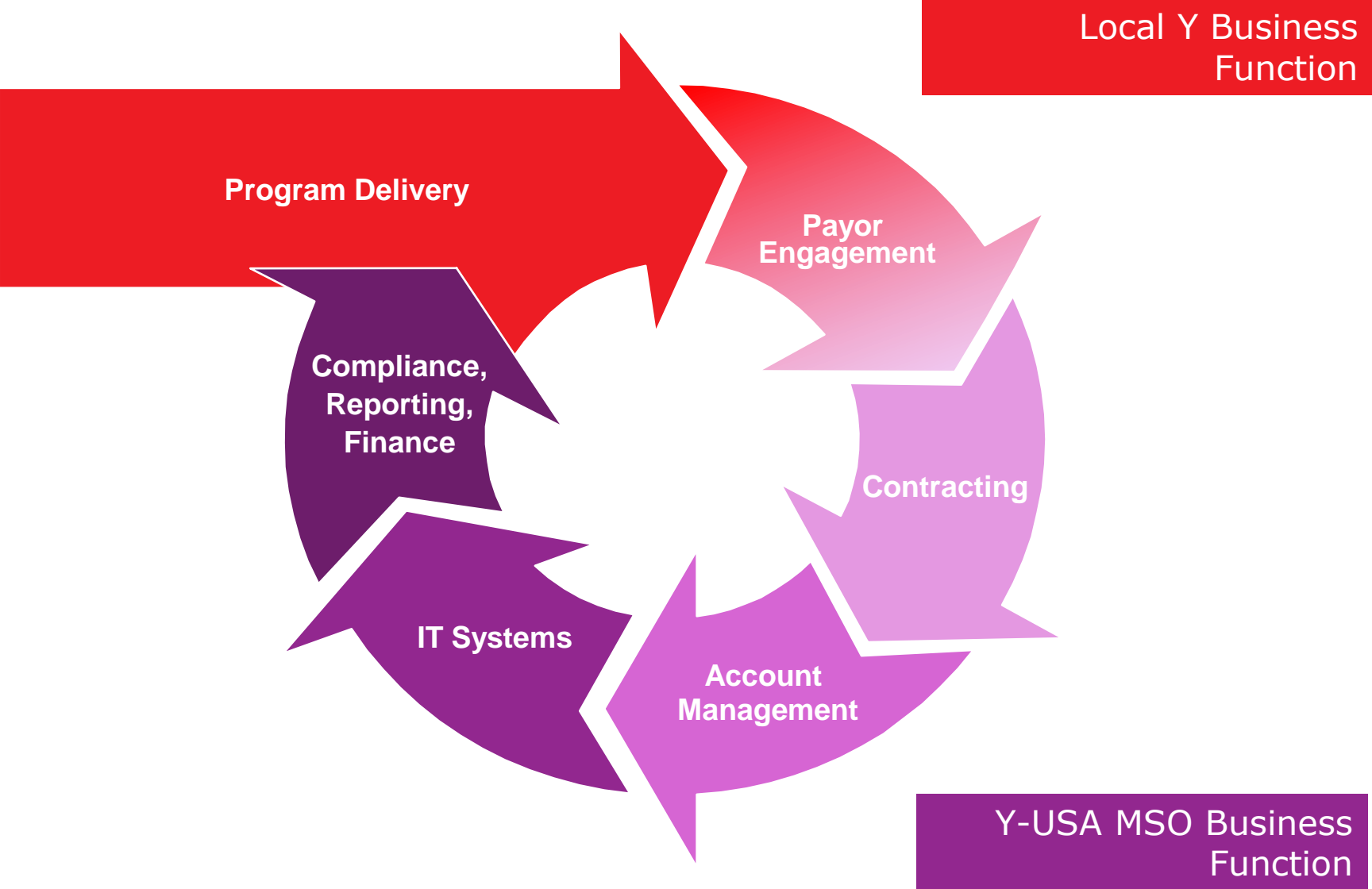


- When compared with similar beneficiaries not in the program, **Medicare estimated savings of \$2,650 for each enrollee in the Diabetes Prevention Program over a 15-month period, more than enough to cover the cost of the program.**

KEY LEARNING: Ys with Payers Helped More People



FACILITATING STRONG COMMUNITY PARTNERSHIPS



Y-USA'S MSO TO CATALYZE MORE GROWTH


In 2016, Y-USA assumed functions of a **Management Services Organization ("MSO")** -- providing **administrative, business, and technology services** to local Ys to enable them to receive third party payment for the delivery of the YMCA's DPP and other chronic disease prevention programs.

Existing Structure

Local Ys	Chronic Disease Prevention Program Team
<ul style="list-style-type: none">• Program delivery• Track participant outcomes in technology system• Raise funds to assist with sustainability in absence of 3rd party payors.	<ul style="list-style-type: none">• Train Ys to deliver DPP• Management and administration support• Coordinate with existing TPA for technology support• Provide reporting technical assistance to Ys for reporting to partners, CDC, etc.



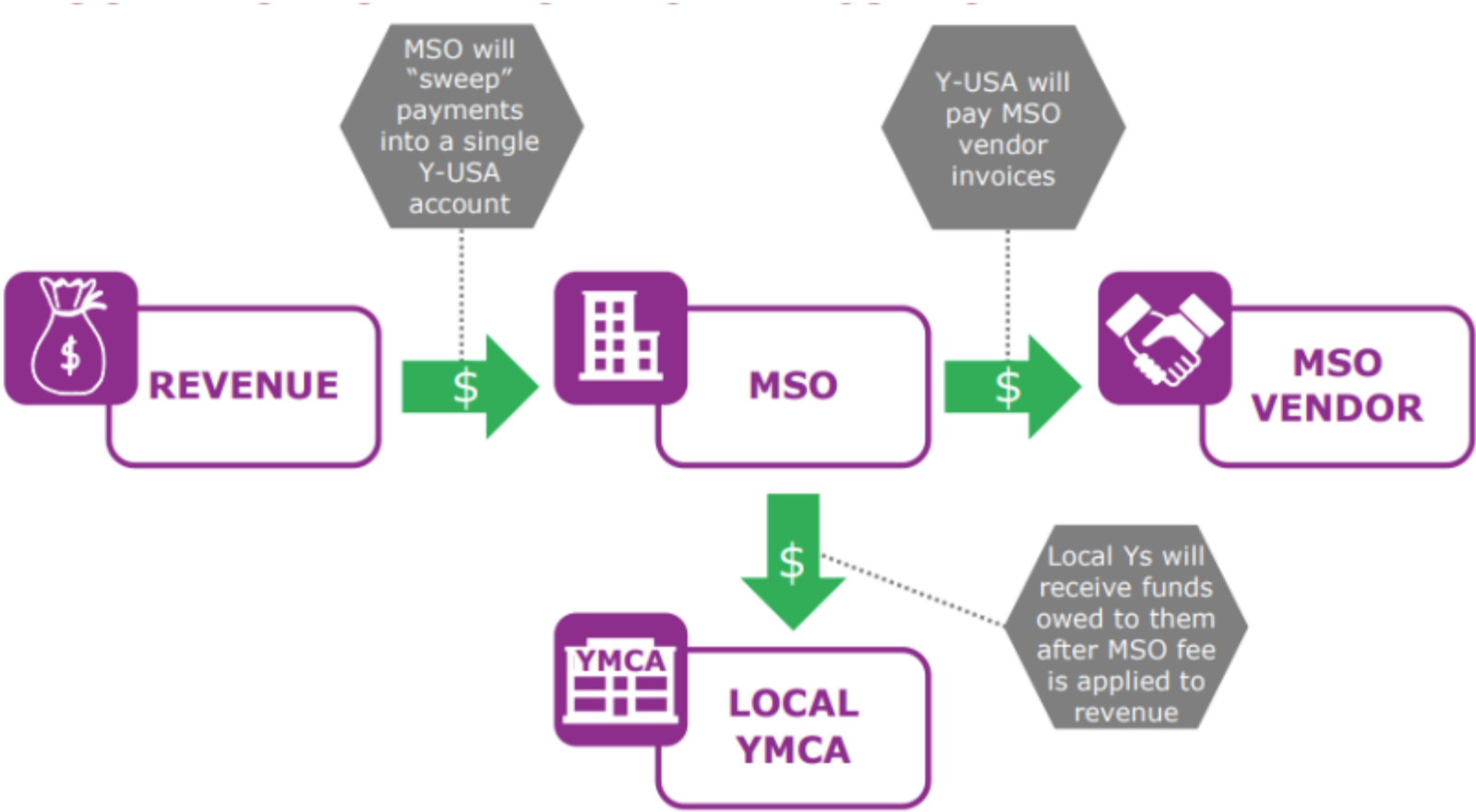
New Additional Structure

Healthy Living Department MSO	
Employs staffs for: <ul style="list-style-type: none">• Payor Engagement• Contracting• Account Management• Technology support• Compliance• Reporting• Finance	Contracts with vendors for: <ul style="list-style-type: none">• Technology platform• Billing / revenue cycle management 

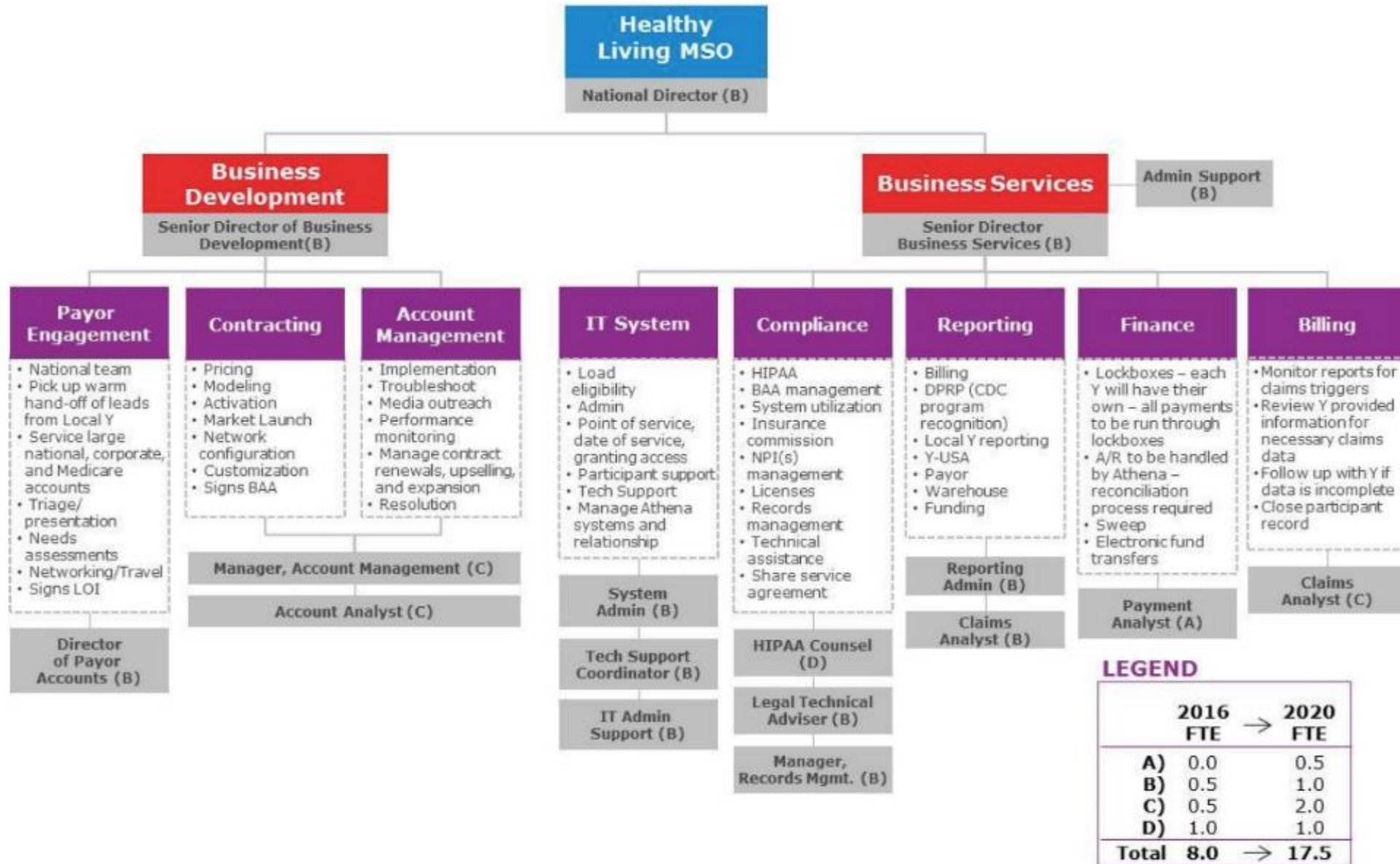
"Build"

"Buy"

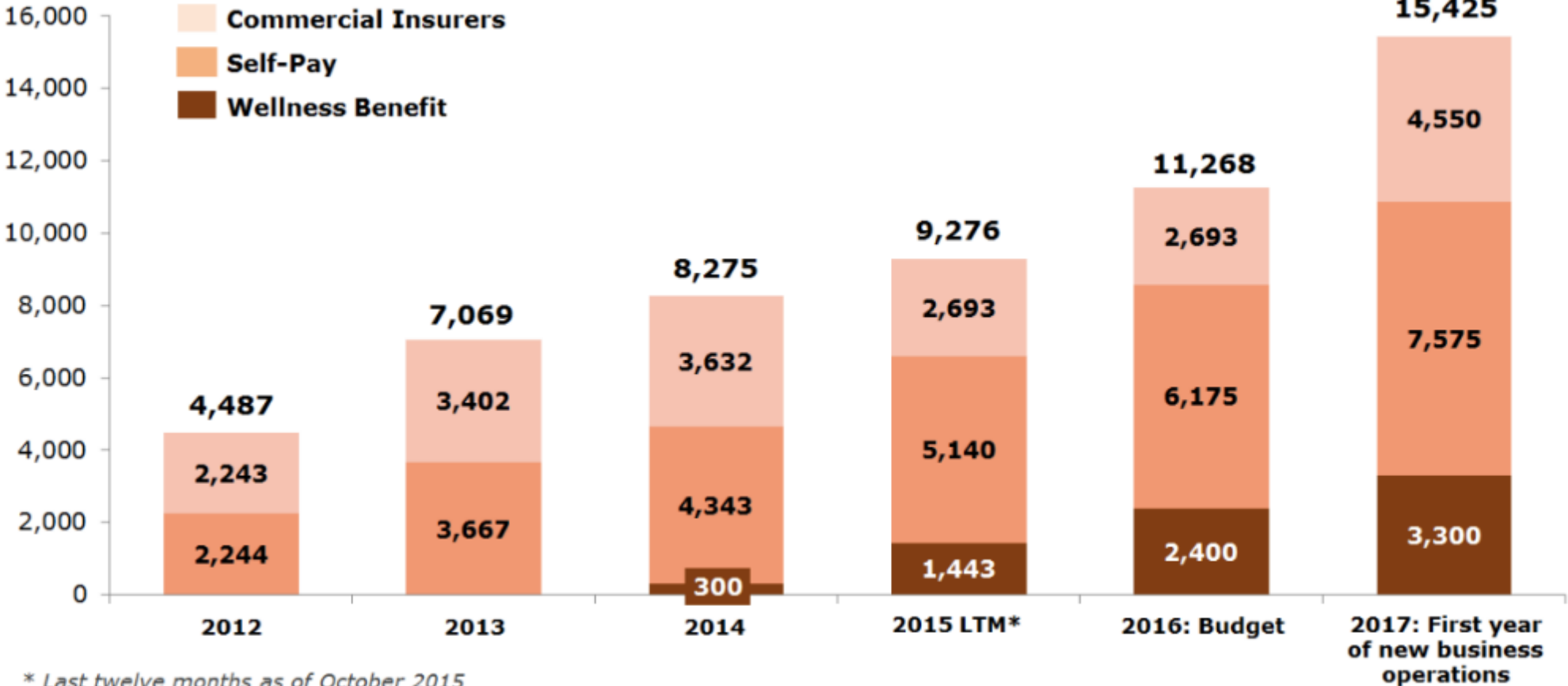
FUELING SCALING AND SUSTAINABILITY



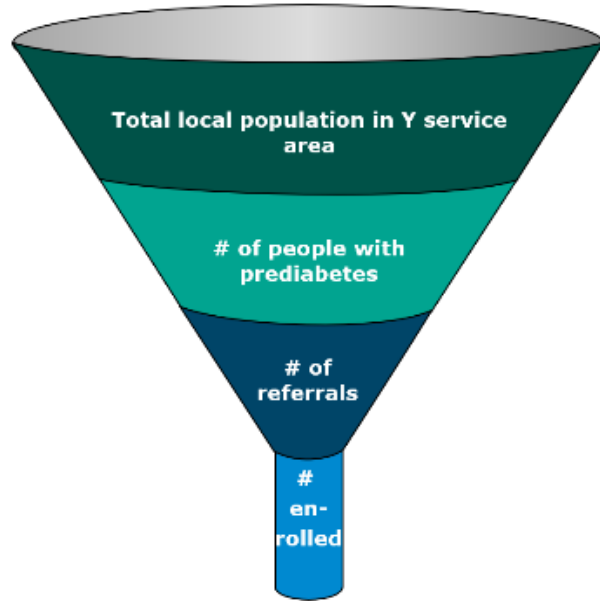
MSO ORGANIZATIONAL CHART AND FUNCTIONS



WE ALLOWED FOR MULTIPLE SOURCES OF PAYMENT



"MARKET POTENTIAL" DROVE LOCAL SELF-PAY MODELS



Filters	Initial assumptions
Total local population in Y service area	<ul style="list-style-type: none"> Total adult population located within <u>12 minute</u> drive
# of adults with prediabetes	<ul style="list-style-type: none"> Local pop x County prediabetes rate
# of referrals	<ul style="list-style-type: none"> 10% of all adults with prediabetes (over 10-year program life) Individuals remain in recruitment pool until enrollment occurs, with additional outreach each year
# enrolled	<ul style="list-style-type: none"> 20% of those referred

YMCA's Diabetes Prevention Program Projection Tool

Output
IMPORTANT Instructions: Please adjust information in the yellow cells to suit your Y. All other values will be calculated automatically; please do not input data into non-yellow cells.

1 Your Y's information

1) State of Y association:

2) Y association name:

3) Estimated adult population within several miles* of all facilities in your Y association:

*.3 mile radius for multi-site Ys in urban areas
 *.5 mile radius for multi-site Ys in suburban/rural areas
 *.8 mile radius for single site Ys

If you feel that the above number is not accurate, please enter a different population here:

2 Volume

Estimated participant volume per year at steady state in gr 5:

Program Size	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Participants	310	686	1,394	2,301	3,429	8,120
Classes	62	114	199	288	381	1,044

4 Economics

Percentage of participants who are pager-enrolled

	No pager	33% Pager-enrolled	67% Pager-enrolled
One-time fundraising necessary to reach steady state (in first 5 yrs):	\$257,000	\$134,000	\$56,000
Ongoing funding needed annually at steady state in gr 5:	\$1,000	None	None

Total program fee you expect to charge, assuming 35% of all fees are covered by financial assistance:

	Members	Non-members
	\$250	\$325

Adjust fees above as desired

No Pager scenario (\$K)

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total costs	\$114	\$197	\$323	\$471	\$626	\$1,736
Fixed costs	\$50	\$76	\$100	\$146	\$180	\$552
Variable costs	\$64	\$121	\$213	\$324	\$446	\$1,170
Total revenue	\$56	\$125	\$204	\$319	\$434	\$1,138
Net surplus/(loss)	-\$58	-\$72	-\$75	-\$52	-\$91	-\$258

33% Pager-enrolled scenario

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total costs	\$113	\$194	\$322	\$457	\$598	\$1,684
Fixed costs	\$50	\$76	\$100	\$146	\$177	\$552
Variable costs	\$62	\$118	\$212	\$311	\$421	\$1,124
Total revenue	\$95	\$134	\$221	\$347	\$478	\$1,683
Net surplus/(loss)	-\$14	-\$60	-\$41	\$21	\$109	\$5

67% Pager-enrolled scenario

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total costs	\$112	\$192	\$316	\$444	\$571	\$1,634
Fixed costs	\$50	\$76	\$100	\$144	\$176	\$552
Variable costs	\$62	\$117	\$216	\$300	\$395	\$1,087
Total revenue	\$80	\$139	\$236	\$352	\$462	\$1,609
Net surplus/(loss)	-\$32	-\$53	-\$19	\$68	\$231	\$175

3 Operational model

Operation model matched to your expected volume:

This model has the following characteristics:

- Recruits & serves several hundred (or more) participants per year
- Aggressively pursues relationships with insurance companies & employers in order to engage them as payers & referrers
- Salaried Program Coordinator who focuses on pager/employer development
- Salaried admin. support with focus on process activities
- Salaried coach supervisory support to provide coach oversight and assist with enrollment
- Hourly coaches paid for a designated amount of hours/week/class and 2 hrs/month maintenance session
- Achieves a completion rate over 75% and over 5% weight loss for more than half of DPCA-enrolled participants by gr 5
- Achieves an average of 9 participants per class

Adjust below as desired

This operational model has the following staffing structure:

Staffing	Year 1	Year 2	Year 3	Year 4	Year 5	Staffing Unit	Salary/Wage
Program Coordinator	0.5	0.5	0.5	0.5	0.5	Salaried FTEs	\$40,000.00
Administrative support	0.0	0.2	0.4	0.6	0.8	Salaried FTEs	\$25,000.00
Coach supervision	0.0	0.2	0.3	0.5	0.6	Salaried FTEs	\$30,000.00
Coaches	21	38	66	96	127	Hourly workers	\$12.50

In this model, coaches spend the following number of hours per week per class:

PAYER MODEL PROJECTIONS ASSUMED LOW UTILIZATION

Commercial Insurance Participants	2017	2018	2019	2020	2021	2022
Covered lives	6.5M	9.5M	13.0M	15.5M	17.5M	19.5M
Covered lives with prediabetes (35% of Covered lives)	2.3M	3.3M	4.6M	5.4M	6.1M	6.8M
Referred to YDPP (10% of those with prediabetes)	228K	333K	455K	543K	613K	683K
% Referrals → Participants (% of referred)	2%	3%	5%	5%	5%	5%
Commercial Insurance Participants reflected in the pro forma	4,550	9,975	22,750	27,125	30,625	34,125
% of overall Covered lives participating in YDPP	0.07%	0.11%	0.18%	0.18%	0.18%	0.18%

WE LOOKED FOR SUSTAINABILITY WHEREVER WE COULD

Chronic Disease Prevention Program	% of program participants who start as non-members	% of non-members who become members
YMCA's Diabetes Prevention Program*	72%	50%
LIVESTRONG at the YMCA*	73%	45%
EnhanceFitness+	25%	69%
Blood Pressure Monitoring+	30%	25%

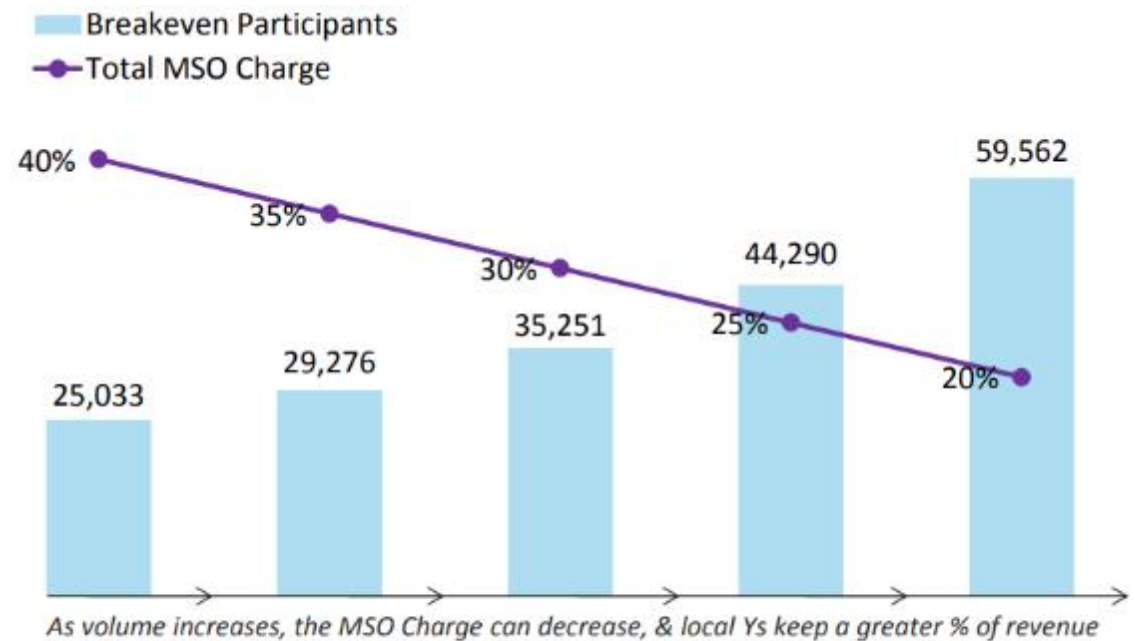
* reported by Ys

+ reported by participants on evaluation

MSO Infrastructure was launched with ~\$6M Cash Reserves from RWJF

- Sustained by Local Y Program Fees/Claims

	Period Start date End date	2016	2017	2018	2019	2020	2021	2022
		Jan 1, 2016 Dec 31, 2016	Jan 1, 2017 Dec 31, 2017	Jan 1, 2018 Dec 31, 2018	Jan 1, 2019 Dec 31, 2019	Jan 1, 2020 Dec 31, 2020	Jan 1, 2021 Dec 31, 2021	Jan 1, 2022 Dec 31, 2022
PARTICIPANTS								
Commercial Insured: DPP	\$	-	4,550	9,875	22,750	27,125	30,620	34,125
Wellness Benefit: DPP	\$	-	3,300	4,200	5,577	7,417	8,745	9,900
Self-pay: DPP	\$	-	7,375	8,825	9,123	9,750	10,250	10,750
Total Participants	\$	-	15,225	22,900	37,450	44,292	49,615	54,775
PROGRAM REVENUE								
Commercial Insured: DPP	\$	-	2,537,235	4,804,706	11,105,175	13,337,363	15,058,313	16,779,263
Wellness Benefit: DPP	\$	-	1,415,700	1,840,410	2,392,533	3,152,059	3,761,605	4,247,100
Self-pay: DPP	\$	-	1,285,025	1,440,315	1,525,873	1,628,250	1,711,750	1,799,250
Total Program Revenue	\$	-	5,237,960	8,085,431	15,023,581	18,117,672	20,531,668	22,825,613
MSO Charge	\$	-	983,592	1,837,009	3,020,517	3,629,536	4,104,334	4,564,823
MSO Charge (% of revenue)	%	-	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%
MSO Infrastructure Investment	\$	-	983,592	818,549	705,129	607,384	1,025,063	670,540
MSO Infrastructure Investment (% of revenue)	%	-	20.0%	10.0%	5.0%	3.0%	5.0%	2.9%
Total MSO Charge	\$	-	1,967,184	2,655,558	3,725,646	4,236,920	5,129,397	5,235,363
MSO EXPENSES								
Attorneys/ vendor admin fee	\$	-	(270,468)	(450,202)	(600,642)	(850,122)	(1,128,592)	(1,255,188)
Personnel, wages & benefits	\$	(1,222,283)	(2,335,788)	(2,304,184)	(2,734,034)	(2,802,341)	(2,885,453)	(2,973,048)
Media/Marketing Campaigns	\$	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(318,270)
Contractual Services	\$	(855,000)	(85,820)	(49,700)	(49,700)	(49,700)	(51,191)	(52,727)
Administrative overhead, other	\$	(348,799)	(445,642)	(455,921)	(547,163)	(639,953)	(655,193)	(672,879)
Total MSO Expenses	\$	(2,676,692)	(3,437,738)	(3,660,007)	(4,461,669)	(4,690,197)	(4,831,628)	(5,172,111)
Operating Net Income	\$	(2,226,692)	(1,479,254)	(1,194,368)	(685,314)	(153,277)	198,663	(37,246)
Robert Wood Johnson (RWJ), grants	\$	2,526,692	2,000,000	2,000,000	-	-	-	-
Cash Flow	\$	-	529,448	805,632	(685,314)	(153,277)	198,663	(37,246)
WORKING CAPITAL RESERVE								
Beginning balance	\$	-	-	529,448	1,335,087	649,173	495,596	694,755
Cash flow during period	\$	-	529,448	805,632	(685,314)	(153,277)	198,663	(37,246)
Ending Working Capital Balance	\$	-	529,448	1,335,087	649,173	495,596	694,755	657,509
LOCAL Y REVENUE COMPARISON								
Local Y Revenue	\$	-	2,850,276	5,729,645	11,326,937	13,610,761	15,391,251	17,066,750
Local Y Revenue, if under current agreement	\$	-	3,564,397	4,658,849	7,871,278	9,454,692	10,694,300	11,870,577
Difference under new organization	\$	-	(684,621)	1,080,996	3,455,659	4,146,069	4,696,951	5,196,173
LOCAL Y REVENUE PER PARTICIPANT								
Local Y Revenue - per participant	\$ per partcip	-	191	250	302	307	310	323
Local Y Revenue, if under current agreement	\$ per partcip	-	198	204	210	214	216	217

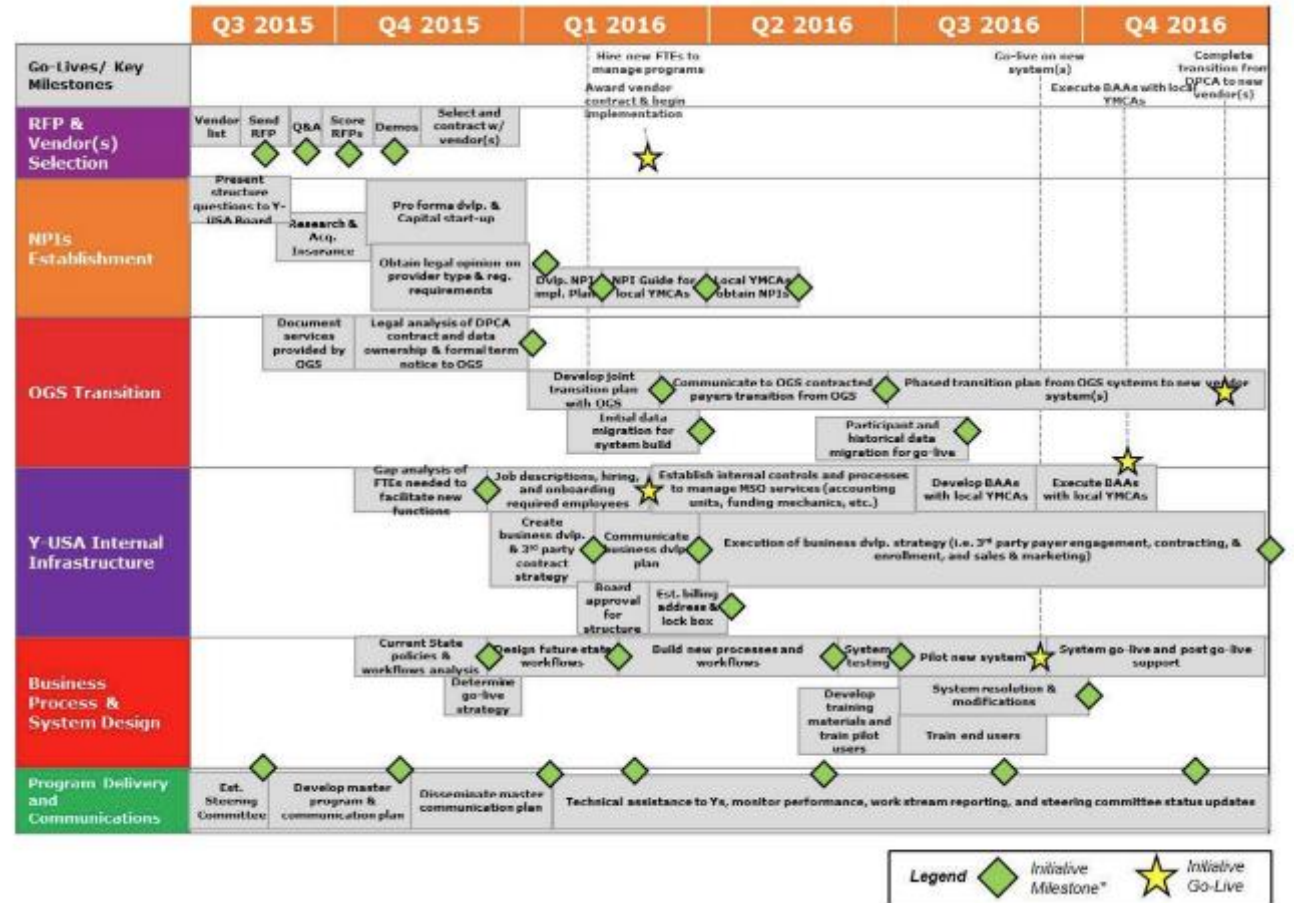


It Took Over A Year to Launch...

IMPLEMENTATION TIMELINE

In Q3 of 2015, Y-USA created cross-department work groups, each having a "team captain" responsible for achieving detailed milestones to successfully transition MSO services from OGS to the HL MSO by the end of 2016. The milestones and timeline were developed in partnership with Deloitte.

- RFP & Vendor(s) Selection** Identifying the vendor(s) that can provide the services needed to replace DPCA and facilitate additional Healthy Living Framework programs
- NPIs Establishment** Establishing protocol for applying for helping local Ys determine if they are ready for NPIs and securing NPIs on their behalf
- OGS Transition** Providing termination notice to OGS, data migration for existing / past DPP participants, and winding down services provided by OGS
- Y-USA Internal Infrastructure** Developing the internal Y-USA infrastructure required to establish MSO functions and manage the DPP and other Healthy Living Framework programs for both the vendor(s) and at the local YMCA Associations
- Business Process & System Design** Working with the vendor(s) and internal resources to implement the new systems, workflows, and processes needed to facilitate the DPP and other Healthy Living Framework programs
- Program Delivery & Communications** Monitoring the overall progress and success of the implementation of the new systems and processes, communications, and ensuring a smooth transition for Ys from OGS to future state



What Happened?

- Operationally, we made it happen!
 - Lawyers reviewed EVERYTHING.
 - The Y obtained a CPT III Code, ran a successful CMMI Demo, and sustained the loss of it's first Third-Party Administrator (TPA).
 - The transition to the MSO was bumpy, but the MSO went live on 1/1/17
 - Several payers were contracted
 - Multiple Blues plans, UHC, Humana, etc.
 - Ys were credentialed, HighTrust pressure tested, etc.
 - Local relationships with employers led to 'Direct Pay' payers
 - We were ready for Medicare to launch on 1/1/18
 - Endless TA, TA, TA....
- Local Ys were AMAZING, but also VERY challenged by coding
 - By far the largest provider of DPP
 - Highest proportion of low-income participants
 - Programs delivered by CHW-equivalents in many languages and settings

What Happened?

- Difficult, but we were ahead of the MDPP Market...
 - Being too early can be just as bad as being too late
 - CMMI/CMS Rulemaking and PFS Pricing were going on until mid 2017
 - CBO concerns about administrative burdens and price points largely ignored in PFS
 - Meeting CMS requirements and fee schedule came after years of training and TA
 - Changes doubled/tripled training costs after Ys were already frustrated
- The Movement lost patience after ~10 years of CIH

Lessons Learned

- It can be done! But the “juice has to be worth the squeeze” for all parties.
- Have to get the scale right, so risks can be managed (up and down)
 - Build for the biggest portfolio of services and programs
 - The SDoH / HRSN field is rapidly developing... but that comes with risks
 - 1/6/23 ILoS SMD sets the bar very high
- CCHs will need to be payer and provider agnostic.
- Silver Lining: A diaspora of talent, leadership, and thought
 - E.g., Catholic Health System, CDC, Common Spirit, NACDD, UniteUs, YMCA CEOs
 - The idea was a good one, and has evolved into other forms of MSOs
- CBO’s labor and perspectives in population health are consistently undervalued.
 - No one knows how to value CBO contributions to health
 - Health care has to value CBOs for this to work... build those relationships now!
 - Things move at the speed of trust and capacity

Thank you!

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“Engineering Program Innovations for Population Health”