Welcome! We will get started momentarily.

Please let us know who you are and where you are from in the chat box (click the chat icon at the bottom of your screen).
Housekeeping

• We want to hear from you! Share your questions, comments and “ah-ha’s” via the chat box.

• A recording and slides will be available within 24 hours - We’ll email you.
Our Time Today

• Welcome
• Speaker Presentation - Community as Medicine
• Audience Q&A/Moderated Discussion
Welcome
Our Presenters

Elizabeth Markle, Ph.D.
Co-Founder, Executive Director | Open Source Wellness

Benjamin Emmert-Aronson, Ph.D.
Co-Founder, Director of Operations | Open Source Wellness
COMMUNITY AS MEDICINE

ELIZABETH MARKLE, PH.D.
BEN EMMERT-ARONSON, PH.D.
OPEN SOURCE WELLNESS
CBHL WEBINAR, MAY 2022.
THE OPEN SOURCE WELLNESS COMMITMENTS

1. Deliver radically accessible, culturally-relevant, trauma-informed care.
2. Achieve Clinical Outcomes
3. Reduce Provider Burden
4. Generate Revenue
GOOD LUCK WITH THAT, I’LL SEE YOU IN 6 MONTHS!

Exercise more!
Eat better!
Reduce your stress!
Get some social support!
OPEN SOURCE WELLNESS

- Physical Activity
- Healthy Meals
- Social Support
- Stress Reduction

- Move
- Nourish
- Connect
- Be
WHAT DOES IT LOOK LIKE VIRTUALLY?
WHAT’S DIFFERENT?

1. Experiential!
2. Trans-diagnostic and Comprehensive
3. Culturally-flexible: Turnkey implementation
4. Powered by Connection
IMPLEMENTATION CONTEXTS

CLINICALLY-INTEGRATED
COMMUNITY-BASED
LOW-INCOME HOUSING
CORPORATE EMPLOYEE
PEER-RUN: GRADUATES
Behavioral Change

Daily Servings
Fruits and Vegetables

Pre: 4.3  
Post: 5.5

Weekly Minutes
Exercise

Pre: 74  
Post: 112

All p’s < .001, full sample, n = 744 and n = 755

Data from Alameda Health System, Native American Health Center, Tiburcio Vasquez Health Center, Family Medicine Associates, Lifelong Medical Care, and Prevention Institute partnerships
Mental Health
(PHQ-9, GAD-7, UCLA 3-Item Loneliness)

All p’s < .001, depressed subsample, n’s = 244, 142, and 241

Data from Alameda Health System, Native American Health Center, Tiburcio Vasquez Health Center, Family Medicine Associates, Lifelong Medical Care, and Prevention Institute partnerships
Blood Pressure

Systolic $p < .001$, Diastolic $p < .05$, hypertensive subsample, $n = 85$

Data from Alameda Health System, Native American Health Center, Tiburcio Vasquez Health Center, Family Medicine Associates, Lifelong Medical Care, and Prevention Institute partnerships
Acute Care
ED Visits/Unplanned Hospitalizations

Data from Alameda Health System, Native American Health Center, Tiburcio Vasquez Health Center, Family Medicine Associates, Lifelong Medical Care, and Prevention Institute partnerships

p = .14, chart pull subsample, n = 49
“THAT’S NICE; HOW DO I PAY FOR THIS?”

Value-Based Care Models

Fee For Service Models
Leveraging Group Medical Visits and “Micro-Medicine/Psychiatry”
CASE STUDY: VALUE BASED PARTNERSHIP

CBO
PAYOR
GOVERNMENT
FUNDING MECHANISM
HEALTH SYSTEM(S)
Recipe4Health Ingredients

- Food Farmacy
- Open Source Wellness
  Behavioral Pharmacy
- Food as Medicine Training:
  - Provider Nutrition Education
  - Clinic/EHR Workflow Integration
Ingredient #1: Food Farmacy

Regeneratively Grown Food
No pesticides, nutrient dense

Refrigerated Vans
Weekly food deliveries per patient x 4 months

99% Delivery Rate

Doorstep Delivery
Ingredient #2: Behavioral Pharmacy Group Medical Visits

Hybrid staffing partnership between Clinic and Open Source Wellness

Patients attend weekly for 4 months

Move

Nourish

Connect

Be
Ingredient #3: Food as Medicine training for health centers

Universal Food Insecurity Screening

Recipe4Health Prescriptions + Clinical Nutrition Training (8 hrs)

EPIC & Clinic Workflow Integration

Optimize CalFresh enrollment
Recipe4Health simultaneously addresses three goals:

- Food Insecurity & Other SDOH
- Chronic Conditions
- Health Equity

Policy/Systems Change: Health plans cover Recipe4Health interventions
CASE STUDY: FEE FOR SERVICE CLINICAL PARTNERSHIP
VIRTUAL GROUP MEDICAL VISITS

- Prescription to OSW
- Engagement, Onboarding
- Weekly, Experiential Group

Provider: Short individual medical visits; Bills E&M Codes 99212/3
Phone/Text support, accountability
Outcomes Data
FQHC REVENUE GENERATION

With OSW: 15.2 Patients

Without OSW: 7.5 Patients

Extra: 7.7 Patients/week/group

7.7 x ~$250/visit: $96,000 extra revenue/year

Minus OSW Contract ($81,000/year): $15,000 add’l revenue
"Patients love the experience, administrators appreciate the increased volume of patients seen, and providers like myself get to recover the joy of medicine when we practice this way."

- Dr. Steven Chen, Chief Medical Office, All-In Alameda County
WHAT’S HARD ABOUT STARTING AND MAINTAINING POWERFUL CLINICALLY-INTEGRATED WELLNESS GROUPS?
Common Challenges Distilled

Engagement/Retention
- “We can’t fill our groups”
- “Our groups don’t stay full“

Financial Sustainability
- “We’re not billing for enough visits”
- “Clinic leadership doesn’t support our groups”

Workload/Bandwidth/Leadership Sustainability
- “Our charismatic internal champion left/went on leave and the group fell apart”
- “Coming up with new material every week is exhausting!”
- “I’m a PCP, not a coach/meditation teacher/Zumba instructor/chef!”
KEYS TO SUSTAINABILITY

FUN addresses engagement and retention challenges.

FULL addresses financial sustainability challenges.

EASY addresses bandwidth / leadership challenges.
Experiential, not informational!

Vitality

Vulnerability

“Powered by Connection”
Transdiagnostic groups

Whole staff experiential launch:
Entire team refers

Engagement is about relationship-building!

Mid-week contact: Small group texting
EASY

Leverage community partnerships!

• Pieced together
• Full Implementation Partner
PARTNERSHIP WITH OPEN SOURCE WELLNESS

- Full Implementation
- Training and Licensing
- Consulting
SEEKING COLORADO IMPLEMENTATION PARTNERS!
THE REAL TEAM:
HEALTH COACHES AND PEER LEADERS
COMMUNITY IS MEDICINE
THANK YOU.
LET’S CONNECT.

Liz@OpenSourceWellness.org
Ben@OpenSourceWellness.org
www.OpenSourceWellness.org
Q&A

Please use the chat box or the “raise hand” feature to ask questions.
Contact

Holly Salazar,  CBHL CEO

hsalazar@leaders4health.org

www.leaders4health.org