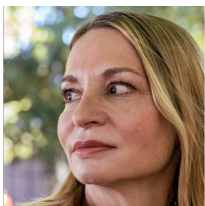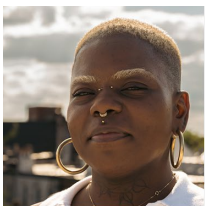# Innovation in Primary Care for Marginalized Communities

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Who we are

Cityblock is a healthcare provider whose mission is to rebuild trust, eliminate inequities, and improve outcomes for low-income and marginalized communities.

We built a scalable care delivery model to deliver comprehensive primary care, behavioral health and social services, 24/7/365.

Our value-based model incentivizes us to take on total cost of care risk and fundamentally shift how healthcare is provided for America's most vulnerable.

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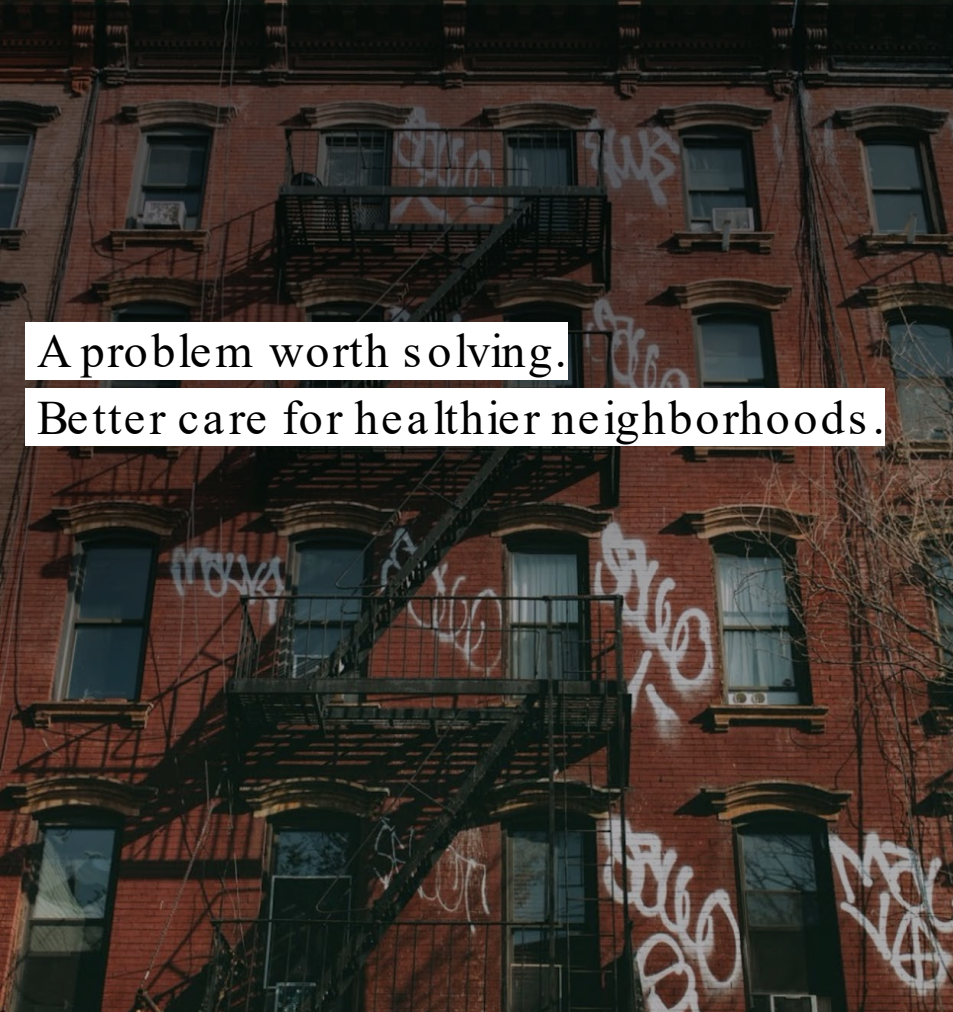
A problem worth solving.
Better care for healthier neighborhoods.

Low-income populations are falling through the cracks of America's social infrastructure.
Underserved communities are receiving suboptimal care, driving significant racial disparities in outcomes.

Social factors underpin the majority of spend, but are ignored by traditional healthcare.
Traditional providers struggle to help members access social services that underpin health, and are not incentivized to do so.

Healthcare has yet to unlock delivering care at scale, augmented by enabling technology.
Technology has not been built with the needs of highly diverse, multi-generational, multilingual families. Barriers such as internet access and literacy are systematically ignored.

COVID-19, its advent, its progression, and its aftermath, is disproportionately impacting these populations

Shift the paradigm of how care is delivered.

Our members need integrated care, and they need it in the home
The populations we serve are frail, sick, low-income, and were disproportionately burdened by COVID-19. This group will continue to receive care at home and drive a long-term shift healthcare access. We believe that at least half of primary care will be delivered digitally and in person at home, forever.

Telehealth usage is exploding, and it is here to stay
The last year has fast-forwarded market fit for virtual modalities: utilization of telehealth has increased by orders of magnitude as millions of Americans had their first telehealth visit in 2020. Virtual modalities are here to stay, not as point solutions, but smoothly integrated with in-home escalation.

Consumers will vote with their feet, seeking new ways of consuming healthcare
This consumerization of healthcare is coming; Medicaid needs an option. This is when big brands are made and when customer loyalty is cemented. It's time that we show what healthcare should look like, and it's time to lean into the revolution in how care is delivered to populations who have been left behind.

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A Typology of Innovations in Primary Care

This figure presents a classification system for primary care models, as well as care enablement models. We offer a non-exhaustive list of representative firms and practices based on the authors' understanding of the organizations' strategies at time of publication. Where no example is listed, the ellipses (...) indicate that none exists or is known to the authors.

Type of service	Scope of offering	Financial Model	Target Segments	Care Model Spectrum			Innovation Type*
				Virtual-first / home-based	Traditional	Intensive	
Care Delivery	Comprehensive: segmenters	Capitation / risk contracts	High-need Medicare	...	...	Oak Street, ChenMed, Iora	Segmented populations
			Medicaid / duals	...	...	Cityblock	
			Employer groups	Firefly, Amazon Care, NavigateNOW	Crossover	...	
	Comprehensive: fee-based	Enrollment + FFS	Employer groups and consumers	...	One Medical	...	Membership model
			Consumers	...	Direct primary care, concierge care practices	...	
	Limited: urgent care	Enrollment + FFS	Employer groups and consumers	Teladoc, 98.6	CVS (MinuteClinic), PhysicianOne	...	Convenient care
	Limited: chronic care	Enrollment + risk	Employer groups	Livongo, Omada, Onduo	CVS Health Hub	...	Chronic disease focus
Care Enablement	Wraparound services	Capitation / risk contracts	Risk-bearing providers	Landmark, Accolade	...	...	Value-based care enablers
	Management partners	Fee + risk	Risk-bearing providers	Agilon, VillageMD, Aledade			
	Patient navigation	Enrollment + FFS	Employer groups	Grand Rounds, Quantum Health			

FFS = Fee for service

The organizations listed are representative of the type, not called out for any other special reason.

*Our typology provides what might be considered modal types, but also recognizes the potential for substantial overlap among the different approaches, especially as innovative primary care organizations scale and diversify.

Source: The authors' analysis

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Cityblock's Services and Care Model

What We Deliver

We provide our members with 24/7/365 support across:

- **Advanced Primary Care:** Augment existing PCP services with high-touch support and after-hours availability
- **Behavioral Health:** Deliver evidence-based treatments fully integrated into our primary care services and team

- **Social Services:** Leverage a network of community partnerships to connect members to social supports that inform their health outcomes (e.g., transportation, housing)
- **Care Coordination:** Communicate across clinical and non-clinical stakeholders to ensure care is streamlined and comprehensive

Who Delivers It

We staff our interdisciplinary care teams to meet the acuity-adjusted caseloads required to serve the vulnerable populations we support

- **Clinical staff:** MD, RN, NP, PA, BH specialists, LCSW, EMT, Paramedic
- **Medical assistants** flex to support clinical and administrative efforts
- **Non-clinical staff:** Community Health Partners lead member engagement and serve as central points of contact across care team
- We hire directly from the **communities we serve**

How We Deliver It

We meet members where they are and deliver care across multiple channels:

- Boots-on-the-ground **outreach and engagement**
- Supporting members through **transitions of care**
- Data integration and insights:
  - Real-time alerts and insights within workflows to identify **gaps in care** and **rising risk** members
  - **360° member view** with Clinical, SDoH, and Behavioral Health data

Where We Deliver It

Cityblock Virtual Care
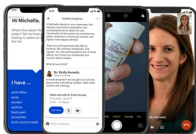
In-Home Care

Cityblock Mobile Clinic "Blocky"

Cityblock Neighborhood Hubs

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For our highest acute care needs, mobile teams enable us to engage members with locally delivered, centrally managed care

Virtual Urgent Care

Video and telephone visits for urgent clinical needs

ED@Home

Evaluation and treatment in the home for hospital-level concerns

Facilitated Primary Care

In-home clinical visits, including point of care labs, testing, and treatment for pain or discomfort, as well as tablets to connect members virtually with centrally-located primary and behavioral health providers
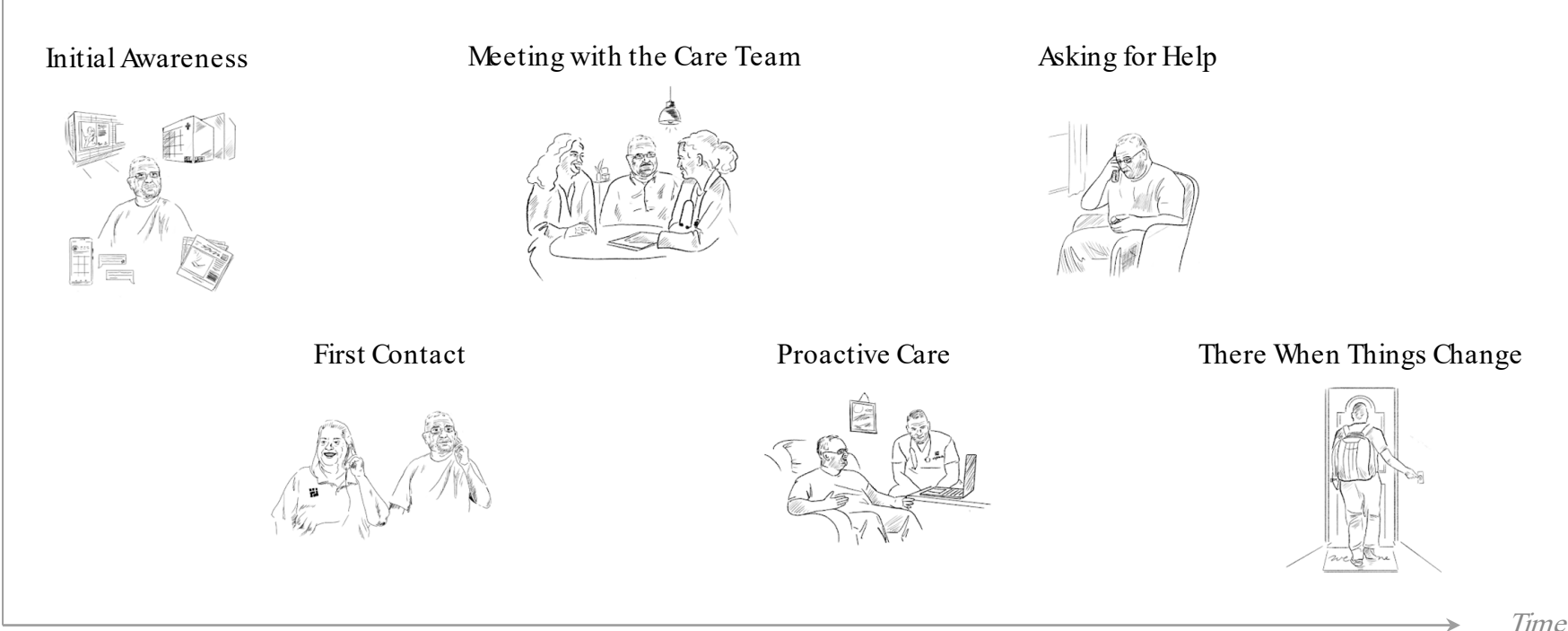

INSIGHTS

- Members seen by our Urgent Care services have disproportionately high ED and inpatient utilization, and are **more likely to be in our highest physical health risk segment.**

- Cityblock provided high-intensity services in the Virtual and home-based setting to avoid an otherwise unnecessary admission. When evaluating longitudinal claims data, **in the majority of our Urgent Care visits, the member in fact did not go to the emergency room within 30 days of our visit**[1].

1. The remaining ED@Home visits primarily treated acute care experiences that do not typically require ED admission

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Our care teams integrate with partners to deliver a seamless member experience – extending access and allowing our teams to work efficiently

MEMBER MOMENTS THAT MATTER

Initial Awareness

Meeting with the Care Team

Asking for Help

First Contact

Proactive Care

There When Things Change

Time

These moments are where our partnership collaboration comes to life - ensuring members feel heard, seen, and receive clear follow up

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Foundational Enablers

Our Care Model is Supported by a Foundation of Advanced Technologies and Administrative Tools

| Engagement Engine | Commons | athenaOne | Workforce Management | Reporting/Analytics |

A Cityblock founding principle was the idea that **technology could help create a patient-centered healthcare delivery system for underserved communities,** and that empathy and trust building can be scaled across an entire care team

We believe this vision remains true. While the available platforms that can power this vision have advanced since our founding, we believe thoughtfully applied technology that is deeply integrated within our service model can drive meaningful business and clinical impact at scale

We evaluate buy vs. build carefully. In many situations, we found we can achieve our goals by bringing in best-in-class market offerings, as we have with systems for EHR and Practice Management, Call Center, Business Intelligence, and the many other vendors we use today

However, **we have created advanced technology in areas that give us a competitive advantage,** such as in the areas of Engagement, Care Management and Collaboration. That decision was underwritten by our evaluation of the best stand-alone tools in market, and the determination that they fell short relative to what we need to solve for around our care model ambitions:
- Social/Behavioral concepts are insufficiently integrated with clinical care; data and workflow siloes exist where we want unification
- Collaborative care teams are insufficiently empowered, lacking context, leverage, and systems for teams to work as a unit
- Insufficient flexibility and data capture; our model is ever-evolving, and we need tight feedback loops for innovation
- Inability to embed proprietary algorithms deep into care delivery and operational workflows

This led us to develop our core platform, **Commons,** which serves as the foundation of our technology strategy. This system supports ~850 weekly active users, drove 18K care team workflows in March alone, has an 87% user satisfaction score, the highest of any platform we use

While we are always re-evaluating our investment decisions and looking at the latest technologies available in the market, we remain committed to using the best mix of market and proprietary technologies that allow us to achieve Cityblock's mission and financial goals

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Foundational Enablers: Engagement Engine

The **engagement engine** is Cityblock's proprietary outreach and trust building platform that combines best-in-class 3rd party systems with our behavioral research and custom segmentation algorithms in order intelligently and efficiently drive initial outreach and longitudinal engagement

- Our experience and research shows that a top engagement opportunity is to more intelligently use outreach modalities based on what we know about a member, and that channel orchestration (e.g., pre-call SMS/mail priming) paired with relevant marketing/clinical hooks drives engagement and outcomes
- The engagement engine is the platform we are investing in that **orchestrates a personalized, AI-driven journey** across the member experience. It delivers the right message at the right time and via the right modality – driving engagement at scale while using our people best
- **The engine gets smarter over time**, incorporating learnings from each opportunity and interaction to continuously optimize our engagement approach

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Foundational Enablers: Commons

Context

Commons is Cityblock's primary differentiated technology platform. Commons is our platform for longitudinal clinical and social care, which provides three unique capabilities:

- **Member summarization:** Commons comprehensively rationalizes context from our complex member ecosystem into a single legible surface, elevating critical social and behavioral context. Longitudinal care, especially for members with complex needs, necessarily relies on complex, varied, and imperfect data generated across organizational tools, and the surrounding healthcare ecosystem; Commons summarizes that information in an easy to digest, actionable way.
- **Scalable operations:** Commons allows us to lead, train, manage, and monitor at national scale. We take individual processes that we know work, and make them repeatable, observable, and controllable across thousands of employees working with 100,000+ members. Over time, as our model and company grow, we need to increasingly rely on systems of work and learning to drive operational control, decision support, and predictability.
- **Feedback loops:** Commons is a platform of learning; allowing Cityblock to observably test novel model approaches and see, in real time, what works. The way we deliver care is unique and ever evolving; we take our best insights and guidelines, bring those practices to our communities, test to see what works, and then double down when we see evidence that it does. Commons provides us the platform to truly understand what moves the TCOC, Trust, and member success outcomes we care deeply about.

Foundational Enablers: athenaOne

Context

The primary platform we use for episodic care and revenue cycle management is athenaOne from athenahealth, which we are seamlessly integrating with other key portions of our foundational tech platform in order to support our care teams' delivery of high quality, efficient care.

- We have developed the **Commons Companion** as a proprietary way to integrate non-EHR data at point of care workflows. This integration provides contextual information and alerting relating to care management, scheduling, quality, and risk scoring, and has been highlighted as an industry leading customer case study with athenahealth.
- **Bi-directional data feeds** pull athenaOne chart data into Commons and other systems, as well as allow for holistic management reporting that extends across our entire platform.
- Value-based care is complex, with standard industry tools generally limited to legacy fee-for-service business operations. Cityblock's flexible point-of-care integration in the EHR provides a **native experience for advanced value-based care** information and interventions that scale with our business, clinical data insights, and care model

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Foundational Enablers: Workforce Management

Context

Cityblock's **workforce management platform** is focused on deploying our most impactful and expensive resource, our people, in increasingly intelligent and optimal ways:

- Our **integrated care model** presents a unique workforce management challenge. We deploy our teams across 5 modalities: hub, phone, virtual, in-home and multi-modal (ex. home + virtual), with market level heterogeneity (ex. 60% of visits in NC are clinic-based and little in-home care, whereas in MA we deliver 25% of care in home, with no in-clinic care). While there are many 3rd party systems that manage a few of these well, none do all of these modalities well - because few care delivery organizations use all of these modalities in an integrated manner
- Some **services can be delivered centrally**, across markets (ex. virtual urgent care, facilitated primary care), whereas others are delivered in-market only. We also have the ability to flex our workforce across geographies - for example, a provider may see in-hub visits in one state, and then support virtual care in another in their down-time.
- In H1'24, we are focused on **establishing our integrated scheduling system** that will allow us to manage our workforce flexibly across the modalities and geographies, as well as fully integrate into our member engagement systems in order to drive schedule adherence. This also supports our management control and workforce deployment strategies, and ultimately our 2024 goal of **improving our unit economic model** of care delivery cost per activated member of 30%.

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Foundational Enablers: Reporting & Analytics

Context

Reporting & analytics provide the real-time insights needed for both strategic and tactical decision making, and all of our foundational platform components have been designed with this need in mind. This, combined with the new data platform, allow us to quickly embed reporting and data science in our business.

- Cityblock's analytics layer **enables observability in our care team activities** and ties our activities to our outcomes, including HEDIS metrics, clinical operations drivers, short- and long-term clinical outcomes, TCoC, gross margin and compliance. These insights and self-serve reporting are used by our operating teams to ensure that they are prioritizing resources appropriately and progressing against enterprise and market-level goals
- The analytics layer **aggregates data from different sources** - claims, quality data, vendor tools, ADT, Commons, etc. - to paint a comprehensive picture of our operations and impact, and take action to improve outcomes before claims materialize

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AI Roadmap: Key Sources of Value

Initiative	Overview	Expected Value
1. Growth	Expansion in TAM through determination of dually-eligible members; revenue enhancement through improved BOI detection and quality-based bonuses	TAM Expansion Revenue growth
2. Engagement	Improvements in our ability to outreach at the right time, in the right channel, with the right message in a way that quickly engages, build trust, and provides values to our members	CAC Reduction Longitudinal Engagement & Retention
3. Care Delivery	Give our team "super powers", enabling them to know who needs their focus, what their needs are, and provide the right contextual information for decision making	Gross Margin / TCOC Quality
4. Operations	Improve the efficiency and effectiveness of our operation, lowering our cost to serve and increasing impact in a way that our competitors cannot match	Contribution Margin Unit Economics
5. Back-Office	Improve the efficiency of our centralized, G&A functions, by leveraging AI capabilities	G&A as % of Revenue

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Thank you!

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