

CBO and HCO Service Integration

More community-based organizations (CBOs) and health care organizations (HCOs) are integrating CBO and HCO services as a way to improve care engagement, health, and other patient outcomes.

Steps to Choosing a Model for Integrating CBO and HCO Services

- 1) Identify and assess potential options for service integration that your organization might consider. The table below shows some examples.
- 2) Hold a board/leadership retreat to discuss the pros, cons, barriers, and opportunities for each of the options.¹
- 3) Hold additional conversations and gather more information as needed; and, decide which option your organization will pursue to improve outcomes for the people you serve.

Example Models for Integrating CBO and HCO Services and Reasons/Benefits

Example Service Integration Model	Potential Reasons/Benefits
Collaborate with an HCO , such as a health center or a health clinic. This could be an informal collaboration (e.g. information sharing, referrals) or a formal collaboration (e.g. co-location of services, MOU to collaborate on a project, or sharing staff).	<ul style="list-style-type: none"> • To meet individual’s unmet needs, leading to better quality of life and improved health. • To respond to a growth in biomedical interventions for HIV treatment and prevention • To qualify for funding programs that require CBOs to provide medical services directly or through partnership with a medical provider.
Convert to an Integrated Services Model , such as a CBO health home, federally qualified health center (FQHC), or medical home.	<ul style="list-style-type: none"> • To expand access to medical care for the community. • To participate in new state Medicaid programs promoting integrated care. • To ensure sustainability in situations of uncertainty about the future of Ryan White funding.
Merge with an HCO —An example of this approach is the merger of AIDS Action Committee and Fenway Health. ²	<ul style="list-style-type: none"> • To minimize duplication of services and increase efficiency. • To access new sources of revenue. • To expand the types of services offered. • To serve more people.
Close and Transfer People to HCO , with staff and patient transferring to the HCO.	<ul style="list-style-type: none"> • To ensure continuity of care when being a sustainable as a stand-alone CBO is difficult.³

Prepared by: Meaningful Evidence, LLC for NMAC’s Capacity Building Division

Sources

1. Catawba Care. “ACA Change Options for a Standalone HIV Organization.” Guide for Board of Directors Considering Changes to Adjust to the Affordable Care Act. Catawba Care, 2013. <https://careacttarget.org>.
2. Kramer, P. "AIDS Action Committee & Fenway Health: A New Vision for HIV/AIDS Services and Advocacy." Nonprofit Mergers That Made a Difference Case Collection. The Bridgespan Group, LaPlana Consulting, The Lodestar Foundation, & Catalyst Fund for Nonprofits. Mar 2014. www.bridgespan.org/.
3. Charles, V. Sector Transformation and Organizational Sustainability. Webinar. National Center for Innovation in HIV Care. Nov 13, 2014. <https://careacttarget.org>.