

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
<p>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).</p>	<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.
<p>Convert to an Integrated Services Model, such as a CBO health home, federally qualified health center (FQHC), or medical home.</p>	<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.
<p>Merge with an HCO—An example of this approach is the merger of AIDS Action Committee and Fenway Health.²</p>	<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.
<p>Close and Transfer People to HCO, with staff and patient transferring to the HCO.</p>	<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>.