RIVERSTAR | Velagro Technology

COMMUNITY CARE HUB ENABLES IMPROVED HEALTH & ECONOMIC OUTCOMES

Research has shown that an exposure to the lack of resources for Social Determinants of Health (SDOH) can cause poverty and have a demonstrated, significant, direct impact on the health and economic self-sufficiency of the individual and the community1. The Community Care Hub gives organizations the ability address SDOH and to increase the coordination of care while providing recurring billable services that create sustained revenue and sustainable services — all with the goal of improving overall community health, one person at a time.

UNDERSTANDING THE PROBLEM

SOCIAL DETERMINANTS OF HEALTH (SDOH)

Evidence shows that a lack of resources for social determinants negatively impact both an individual's financial situation as well as their health.

EXAMPLES OF SOCIAL FACTORS impacting poverty and health:

- Food
- Housing
- Education
- Access to Healthcare
- Employment
- Transportation

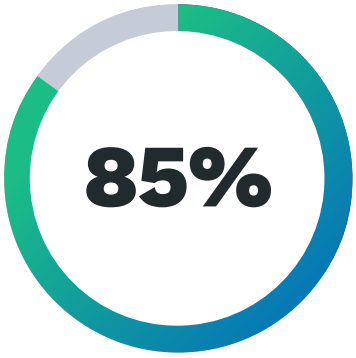
Estimated costs related to health disparities for racial and ethnic minority groups:[1]

DIRECT

$230 BILLION

INDIRECT

$1 TRILLION



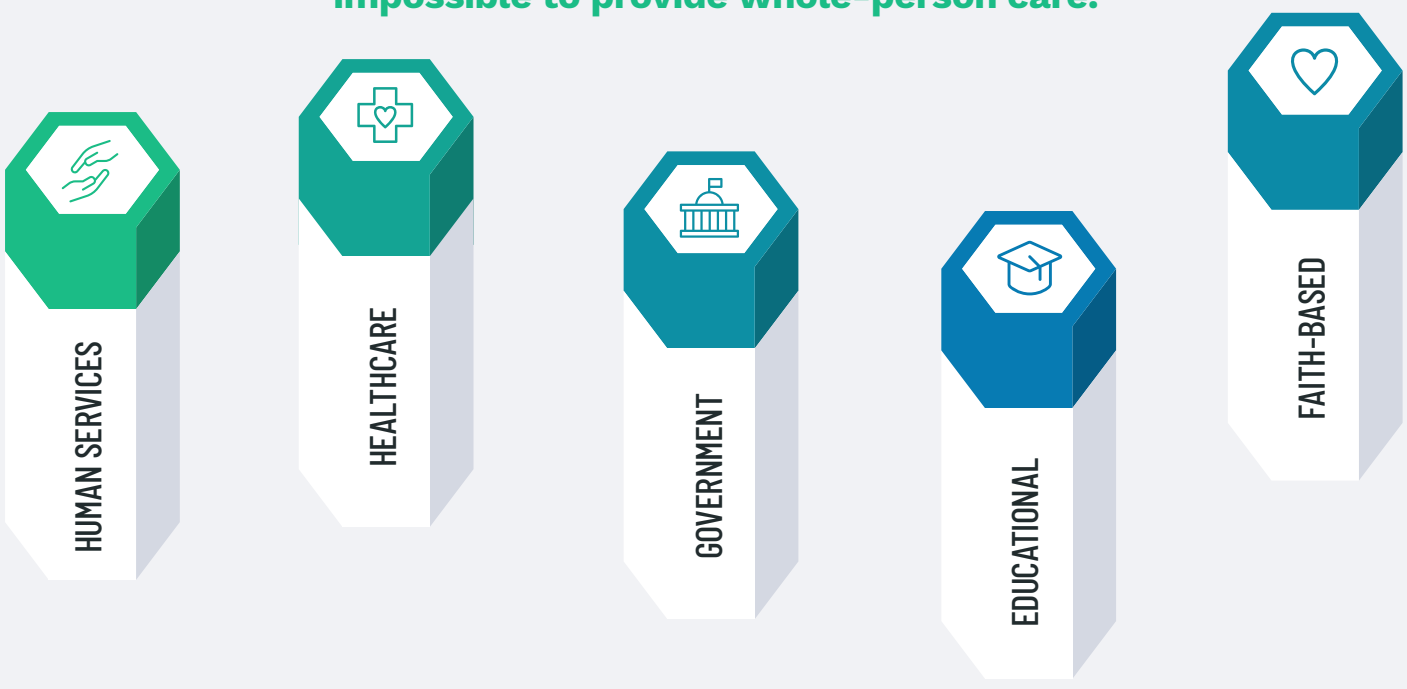
85% of primary care providers believe that **unmet social needs tie directly to declining health**[2]

CHALLENGES OF SUSTAINABLE CHANGE

Physiological, social and economic factors make sustainable healthcare change difficult.

PHYSIOLOGICAL **SOCIAL** **ECONOMIC**

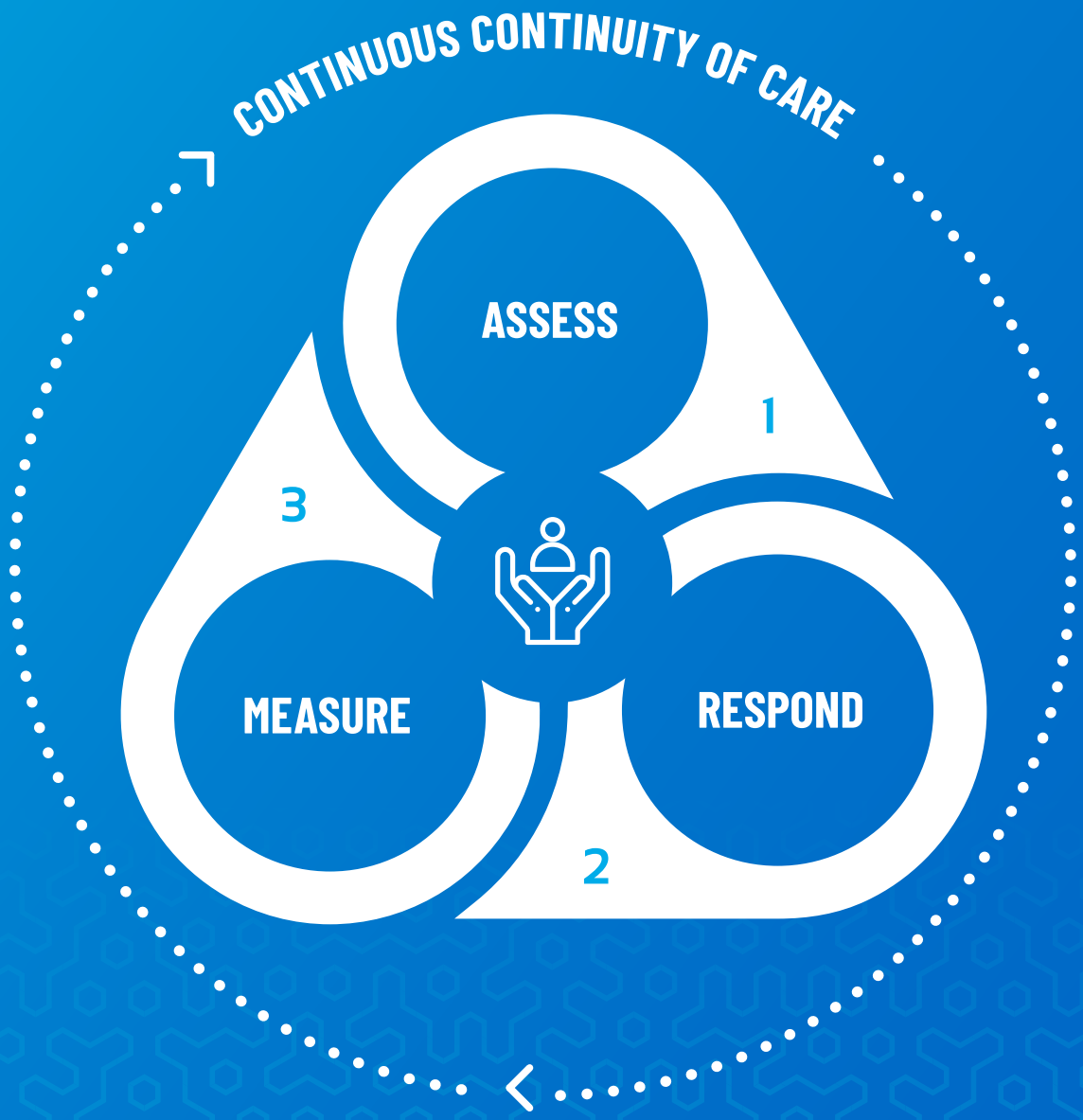
Siloed care environments make it nearly impossible to provide whole-person care.



SOLVING THE PROBLEM:

POVERTY IS A TREATABLE ISSUE

The condition of poverty can be addressed it as a treatable issue, responding to the social determinants of health and coordinating care across healthcare, human services, government, faith-based organizations and educational organizations.



STEP 1 ASSESS

COORDINATED SCREENINGS & ASSESSMENTS

By leveraging a HIPPA compliant health and wellness screening assessment provided by Melagro Technology, providers can pinpoint issues related to the following. All screenings, assessments and interviews are billable for reimbursement.

Melagro Technology

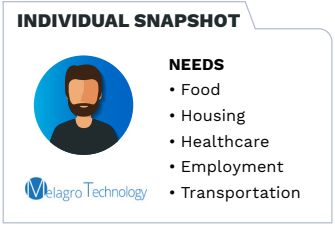
BEHAVORIAL HEALTH

NIH Approved
Population Stratification
Child & Adult Screening
DSM-V Disorders

SUBSTANCE ABUSE

SOCIAL DETERMINANTS

Once the screening is complete, a profile is created that reflects the individual's needs.

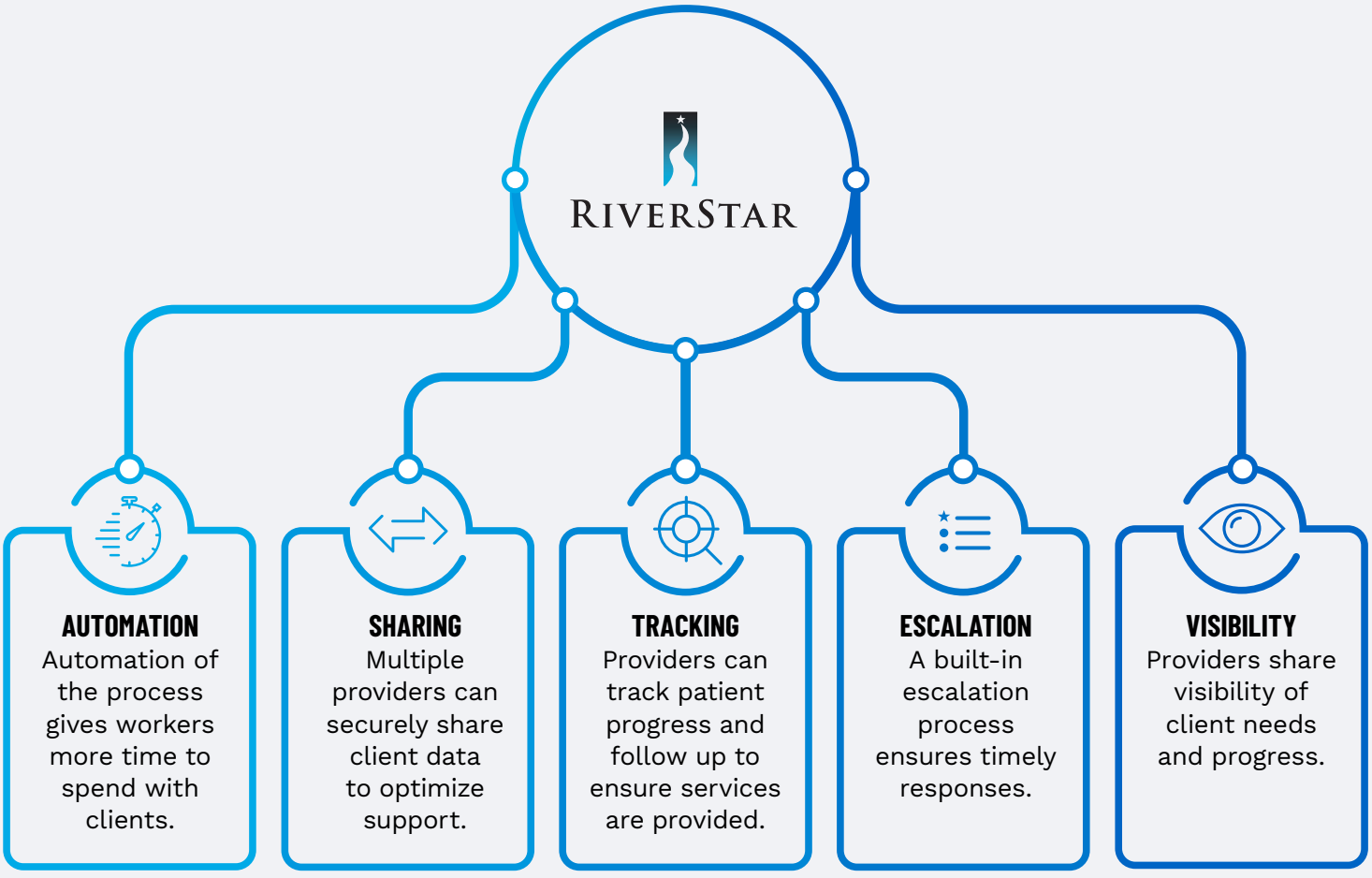


STEP 2 RESPOND

COLLABORATIVE, COORDINATED AND COHESIVE ASSISTANCE

Riverstar's Community Care Hub automatically processes the screening results to identify needs, identify resources to meet those needs, and make resource referrals to address them.

BENEFITS OF RIVERSTAR'S COMMUNITY CARE HUB



STEP 3 MEASURE

INTEGRATED DATA ANALYTICS AND REPORTING

The Community Care Hub stores living data, including supplemental assessments, allowing case workers and providers to:

MONITOR INDIVIDUAL CLIENT RECORDS to follow up on provider referrals, appointments and next steps to help guide the client on the journey to self-sufficiency

TRACK RESULTS for reporting outcomes to local, state and national agencies

ESTABLISH PROVIDER EFFECTIVENESS and conduct gap analysis assessments

MAP PROVIDERS GEOGRAPHICALLY to assist clients with provider selection and transportation options

MAP CLIENT POPULATIONS for research, planning and funding requests

AGGREGATE CLIENT DATA across time periods, geographic data, demographic variables and other variables for broader, agency-wide or district-wide reporting

LEARN MORE ABOUT DISRUPTING POVERTY AND IMPROVING COMMUNITY HEALTH

To learn more, download the white paper: How the Right Model and Unified Technology Can Bridge the Gap Between Healthcare and Social Determinants, Delivering Improved Outcomes and Sustainable Results.

www.riverstar.com/community-care
www.melagrotechnology.com/community-care

Sources
1 http://www.astho.org/Programs/Health-Equity/Economic-Case-Issue-Brief
2 https://www.rwjf.org/en/library/research/2011/12/health-care-s-blind-side.html
3 https://lnwprogram.org/content/reframing-poverty-transition-success