



C3 CARES
COMMUNITY CONCIERGE CARE

From Concept to Creation: The Evolution of The C3 Cares Model

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Founder and CEO

My Nursing Career

Clinician

- Registered Nurse (26 years)
- Community Health Nurse (25 years)
- Nurse Practitioner (20 years)
- Clinical Director UMC “Wellness on Wheels” (2 years)

Educator

- Nurse and Public Health faculty educator (12 years)

Scholar

- Community Engaged Scholar (6 years)
- RWJF Clinical Scholar (3 years)

Innovator

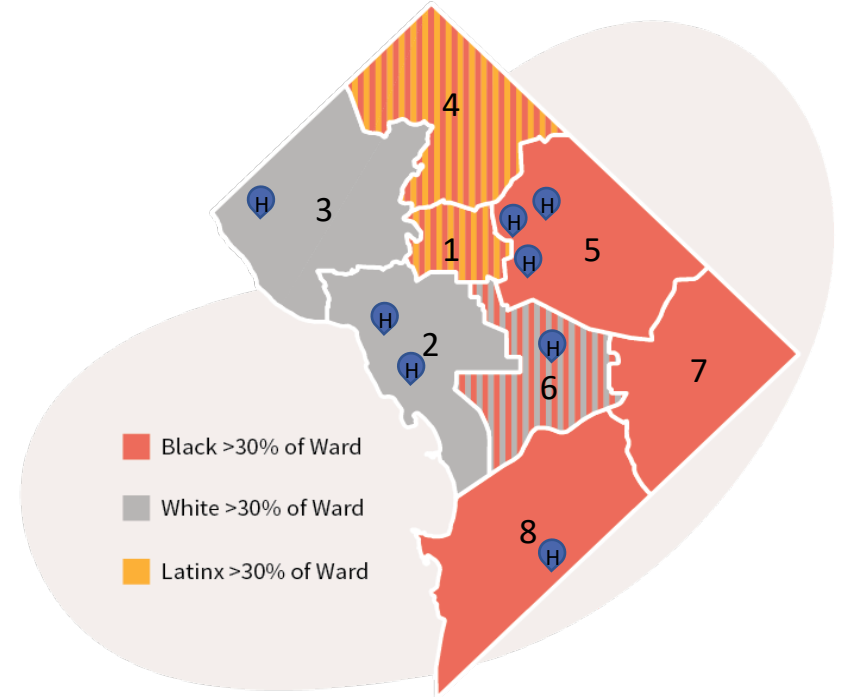
- 2020 MHI STREET and Youth Initiative
- 2021 J&J Quickfire Challenge Award Winner



Lessons from the East Side of Washington, DC

Healthcare services do not meet the needs of the population:

- Zip code more important than Genetic Code
- Outdated and inconvenient model of healthcare
- Primary Care is fragmented, not coordinated or integrated
- The DC Healthy Community's Needs assessment (2016, 2019)
 1. Place-based care
 2. Mental Health services
 3. Care coordination/Navigation
 4. Health literacy



Access to care is some of the problem.
Engagement in care is most of the problem.

Source: dckidscount.org

HEALTH CARE INDUSTRY CHALLENGES

Current State

- **Costs** are reaching **unsustainable** levels
- Care is **delivered in the highest-cost** settings
- Care is **provided by the highest-cost providers**



Opportunity

Quality (health improvements) **can be achieved in multiple settings,**

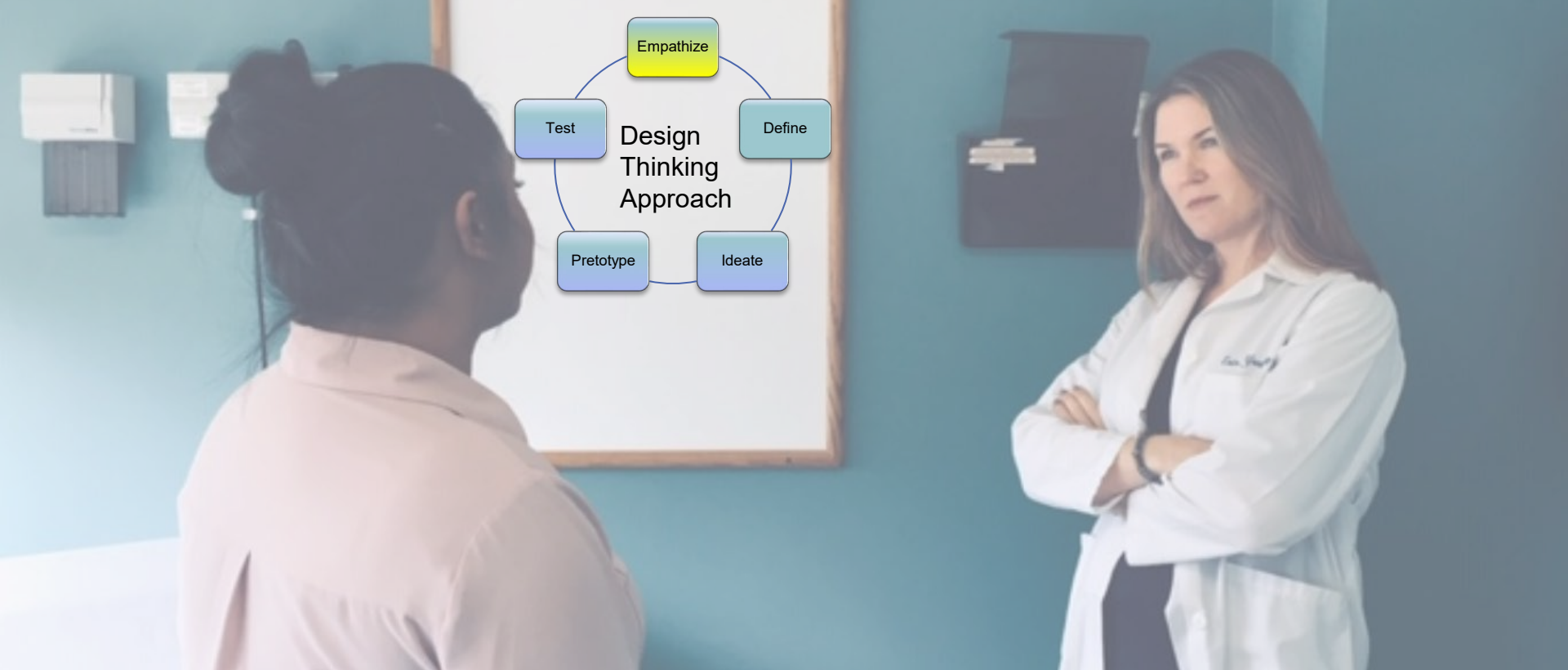
- Telemedicine, community channels, local organizations, etc.

Using multiple inputs, including non-medical services

- Navigators, counseling, behavioral interventions, etc.

Source: "NP Entrepreneur as Market Disrupter" September 28, 2017
Sara Larch, MSHA, FACMPE, Deloitte Consulting, Tara Koslov, JD, Office of Policy Planning, Federal Trade Commission, Barak Richman, JD, PhD, Fuqua School of Business at Duke University

Access to care is *some* of the problem.
Engagement in care is *most* of the problem.

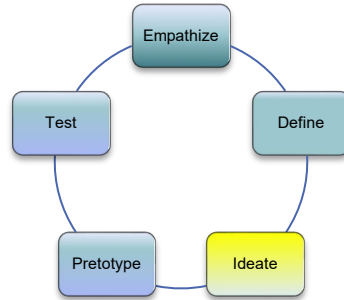


My patients, their experience with health care

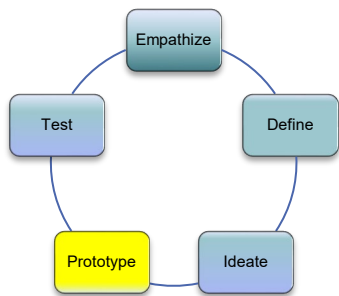
How can we meet people where they are in the community ?



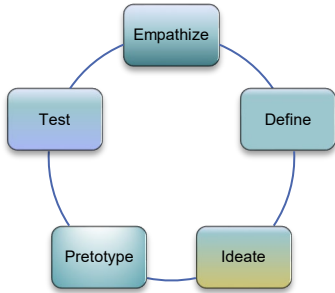
Ward 8 Health Council
(Local issues EOTR)



RWJF Clinical Scholars Program
(Wicked Problems)



- Embedded Education in Barbershops
- **Target a population who is hesitant to seek healthcare.**
- **Bring services to the community**



Numerous Challenges



Barbers busy in their shops



Fellowship ended



Lack of funding



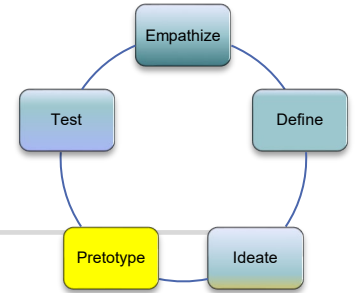
No permanent space in the shops

- How can we find another anchoring institution?
- How can we create something more sustainable?



The UMC Mobile bus in partnership with DCHA

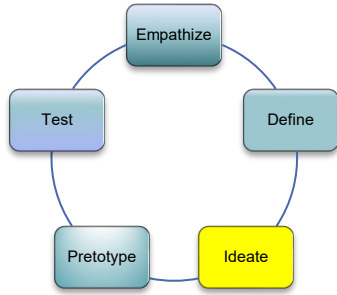
DCHA



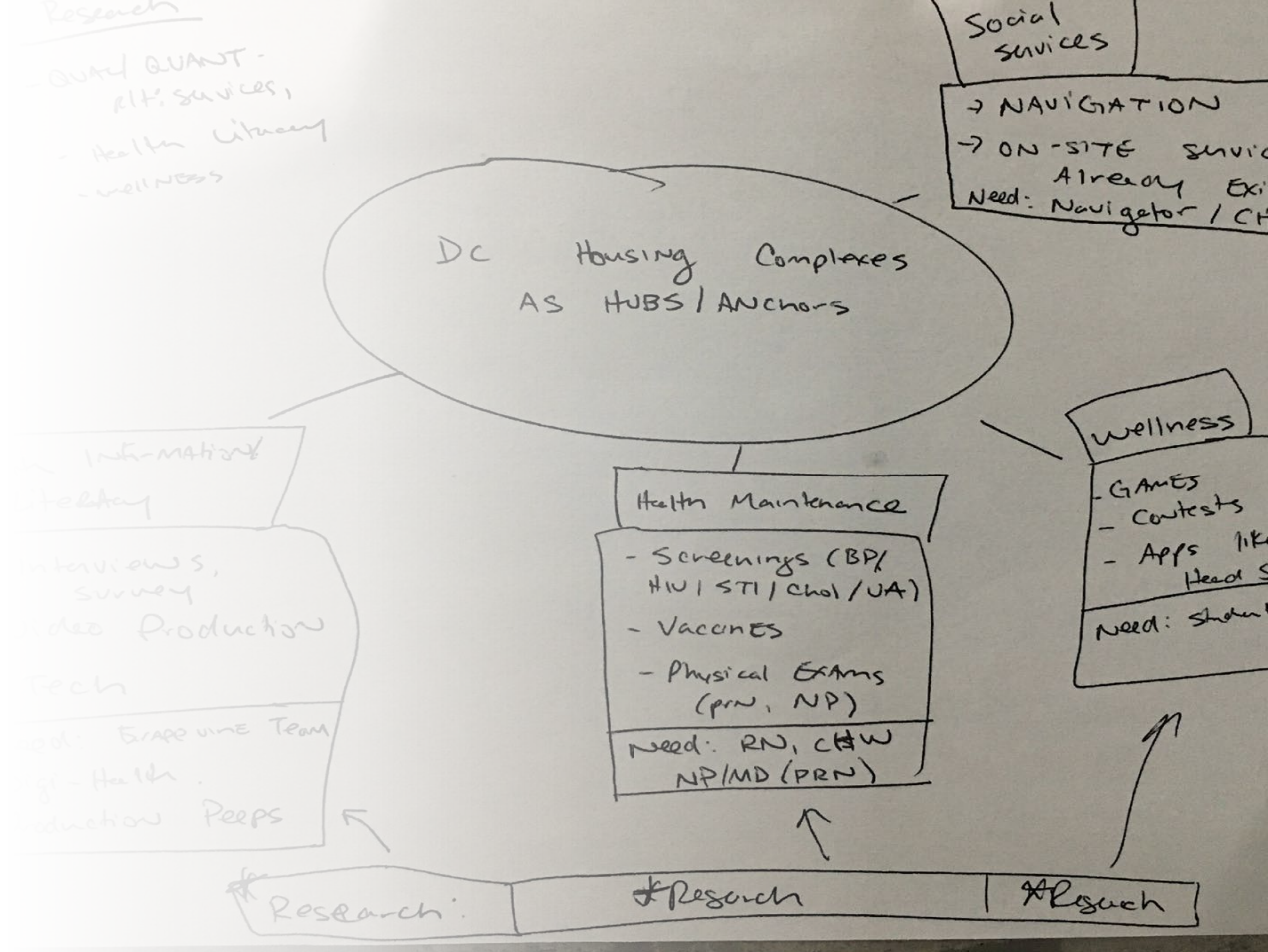
Issues- What we learned

- People loved the place-based services
- The mobile could only go to one place per day
- Mobile vehicles are expensive- maintenance, gas, CDL- licensed driver
- We may not need all the medical equipment

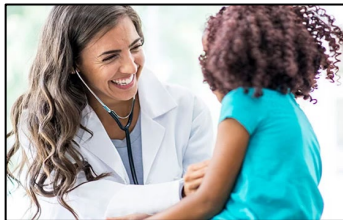




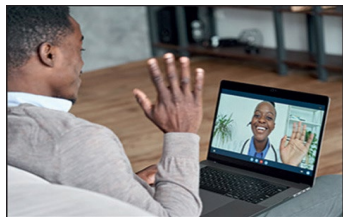
- How can we have more of a presence?
- How can we create a trusted space?
- How can we reach more people?
- How can we work with more community partners?



NURSE-LED WELLNESS HUBS EMBEDDED IN DC PUBLIC HOUSING



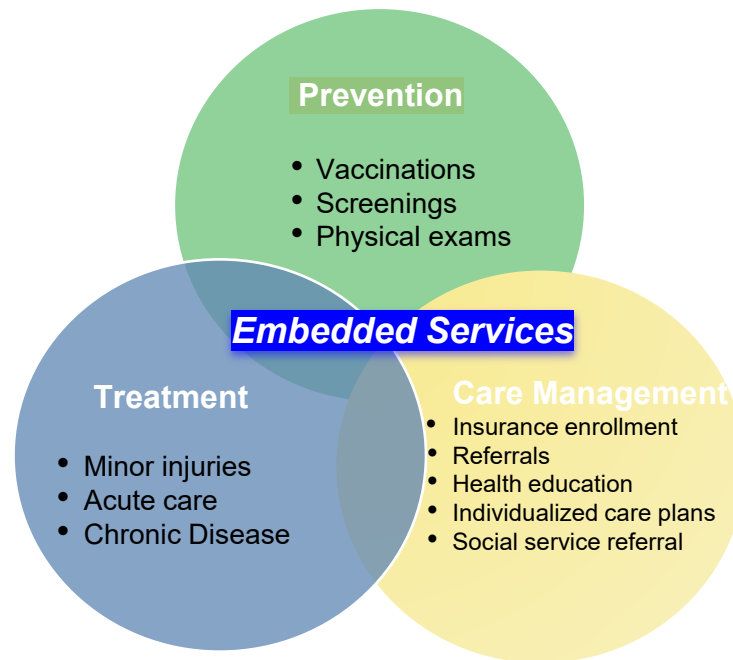
Onsite Registered Nurses and
Community Health Workers



Nurse Practitioners via
telehealth, in person, in
home and out in the
community

A Collaborative Care Model That Provides:

- Early, convenient access to clinical care
- Supportive services for care coordination and referrals
- Address health issues **Early**



<https://www.youtube.com/watch?v=AYD7hWU7w40>

Public Housing-based wellness hubs

Anchoring institutions in the community



A WIDER CIRCLE



Exodus Treatment Center Inc.



EXPECTED OUTCOME FROM THE IMPROVED INTEGRATED HEALTH MODEL



Reduce Emergency Room Visits and Hospital Readmissions



Improve Engagement in Care



Improve Coordination of Care



Increase Community Level of Trust in Health Care



Increase Health Literacy



Increase the Opportunities for Student and Community Learning

Any Questions?

