

Toyin Ajayi, M.D., will be presenting at the virtual AMGA 2021 Annual Conference on April 20–22.

Local Hero

An interview with Toyin Ajayi, M.D., Co-founder and Chief Health Officer, Cityblock Health

Health is local—it starts in the communities where we live. And to improve health at the individual and community level, we must address all factors of health, including, critically, what is going on in patients’ daily lives. These social determinants of health—ranging from access to transportation, nutritious food, and stable housing to family situations and social isolation—have a significant impact on overall health and well-being. This is the idea that Brooklyn-based Cityblock Health, the first technology-driven provider for communities with complex needs, was founded on in 2017.

Cityblock brings together primary care, behavioral health care, and social services to address the root causes of health with technology co-designed by care teams and engineers working side-by-side. In doing so, Cityblock aims to deliver better care for healthier

communities—especially those that have historically had poor access to quality, affordable healthcare services. Since its launch, Cityblock has grown quickly, now serving thousands of members and their communities in New York and Connecticut.

In a recent interview with *Group Practice Journal*, Toyin Ajayi, M.D., Cityblock Health’s co-founder and chief health officer, shared her perspective on the need for providers and health plans to collaboratively shift to a value-based care model. She will also be presenting at AMGA’s 2021 Annual Conference, a virtual event on April 20–22, where she will give an overview of Cityblock’s care model and discuss how they leverage technology, multidisciplinary care teams, and a community-based approach to build a system of care that is worthy of members’ trust and is with them every step of the way in improving their health and well-being.



Group Practice Journal: *If you had the ability to instantaneously change one thing about our current healthcare institutions, what would you change and why?*

Toyin Ajayi: We need a fundamental shift in how our health care is funded and prioritized. If I could replace the fee-for-service model that still dominates the U.S. health-care system with a value-based model, I’d do it tomorrow.

GPJ: *What is unique about the Cityblock model that distinguishes it from other care delivery models?*

Ajayi: We are a value-based provider focused on improving



outcomes specifically for Medicaid populations. Our experience as a value-based provider has highlighted an alternative reality; one that must become the norm in order for health services to reach those in greatest need. Our financial structure squarely aligns the health needs of our members with our reimbursement—so that when our members need us the most, we're able to show up.

In response to the COVID-19 outbreak in some of the hardest-hit communities in New York City, we more than doubled our weekly member encounters, aided by new analytics models¹ to help us

identify those at highest risk of COVID-19.

While other practices have struggled to keep their doors open at all, we built new care models² to enhance our in-home urgent care capabilities, launched a pregnancy care program,³ grew our membership, and showed up for the communities we serve in novel and high-value ways.

We are able to do this because our relationships with our payer partners incentivize us to deliver outcomes and to do whatever it takes to ensure we're meeting our members where they are and improving their health.

GPJ: *You place a significant and necessary focus on underserved, low-income areas in need of transformative health care. What is the biggest challenge you've found in addressing the needs of these communities?*

Ajayi: Cityblock was founded with a mission to address *all* the drivers of health, including social factors and circumstances, because we know that staying healthy requires more than access to medical care. Improving health outcomes and minimizing the inequities in health care requires having access to things like nutritious food and the ability to safely care for yourself and others.

To keep our members healthy and out of the hospital, we must go beyond the typical understanding of physical drivers of health to address the fundamental barriers to health reflected by poverty.

So much of what determines health outcomes for individuals is rooted in the communities in which they live, work, and socialize. Well before the COVID-19 pandemic hit, providing social and behavioral health services to our members was core to our integrated care model. And during a pandemic, our members' needs for those services, and for social connection, increased at the same rate as their medical needs.

We also saw further crumbling of the social safety net amidst

COVID-19, and in particular, are bracing ourselves for the impact of the rapidly widening disparities gap in food access, housing stability, and education.

GPJ: *You emphasize a delivery model that naturally integrates behavioral and social services into patient care. Why do you think it has taken so long for health systems and medical groups to fully embrace this approach, and where do you feel this broader approach*

towards health care is headed in the coming years?

Ajaji: Under the fee-for-service care model, physicians get paid per patient they see and per treatment or test they prescribe. They're built to succeed in this model—and they've built practices, purchased equipment, and trained staff to fit this model. Making the transition to value requires a complete frame-shift in terms of where you choose to focus, how you monitor and measure success, and even the types of skills and backgrounds you have on your team. It's a tough shift, and takes a lot of resources.

I think the pandemic taught us some pretty important lessons about that fee-for-service model, though, and there should be more resources available for this shift to value-based models over the next few years. I anticipate that federal and state healthcare agencies will continue to increase the impetus for payers and providers to better align incentives with patient outcomes.

GPJ: *In regard to everyday Americans and their health care, what keeps you up at night?*

Ajaji: The systematic underinvestment in and undertreatment of communities of color.

So much of our health depends on our local community. And when disaster strikes, communities who have historically been oppressed—our Black and Brown brothers and sisters—will always suffer more.

COVID-19 is revealing the deep fractures of our society, the inequity of our social and health safety net, and the need for a radical transformation of community health.

GPJ: *How has the emergence and escalation of COVID upended your initiatives, and what solutions have you developed to maintain and further the progress you have made thus far?*

Ajaji: COVID is something we could never have anticipated. On a daily basis, we are filled with fear, pride, tears, unfathomable courage, and deepening rage. We'll never be the same again. And at the same time, even during the hardest moments, we continued to take comfort as a company in knowing that Cityblock was built to deliver care to the most marginalized communities, especially in their moments of greatest need. Our clinical and technical capabilities combined with our experience providing care to a truly underserved population has never been more needed.

We created a COVID-19 screening tool for our teams to use while engaging with members that assessed needs related to food access, housing instability, access to medication/medical supplies, social support, interruption of home care services, transportation to urgent clinical needs, and screening questions around depression and anxiety. The tool also assessed for COVID-19 exposure, symptoms, and follow-up. Implementing standard questions allowed us to collect consistent data across our member population.

Access to food over the last few months has been difficult for so many of us. This was especially stressful for our members who couldn't get to the grocery store safely, didn't have a network to assist them, were experiencing financial hardship due to recent changes in household income, and/or needed to stay isolated to minimize exposure.

There were many community resources that were initially available, but they quickly tapped out, had long waits, or didn't have delivery capabilities.

We developed a volunteer food delivery program that included Cityblock employees, as well as a

COVID-19 is revealing the deep fractures of our society, the inequity of our social and health safety net, and the need for a radical transformation of community health.



network of existing volunteers in Brooklyn. With the help of these volunteers, we have been able to pack and deliver both shelf-stable groceries and fresh produce to more than 70 members for a total of 285 deliveries over the last three months.

We also launched a high-risk housing program. If a member does not have a stable place to stay, lives in an overcrowded home or in a congregate setting, they are at an increased risk of being exposed or exposing others to COVID-19. Our high-risk courier program was developed for similar reasons and utilized our internal volunteer program to ensure our members had the supplies that they needed.

GPJ: *What particular moment or memory do you recall having the biggest impact on your attitude toward the kind of health care you wanted to pursue?*

Ajayi: I learned so much about building trusted relationships with patients early in my career as a primary care doctor caring for underserved patient populations.

Even when they had access to health insurance and to academic medical centers and other centers of clinical excellence, so many of my patients would present to the hospital or to the clinic with advanced stages of illness that would undoubtedly have been easily managed or prevented with more timely health care.

I saw that the prevailing attitude toward these patients in the healthcare system was to blame the patient: Call them non-compliant or non-adherent; berate them for not having followed up on the screening test or treatment recommendation.

Yet when I stopped to actually talk to these patients—to understand what mattered to them and their perspectives on their path so far—it was very obvious that they

did not feel heard by so many of the health professionals they were encountering. The complexity of their lives, which was invisible to much of the health system, was a huge barrier to accessing and receiving the benefits of the health services available to them.

Building trust, trustworthy systems, seeking to understand what matters to folks, and to uncover and address the challenges they face is critical to delivering better outcomes.

GPJ: *What kind of initiatives and programs have you witnessed outside of your own organization that have inspired you or provided an example of the kind of health care we should be practicing and elevating?*

Ajayi: Community health workers—proven all over the world, particularly in developing countries—as a way to extend the health system, provide culturally competent access to services for marginalized populations, and build context and trust with communities.

A core member of our care team is our “Community Health Partner.” They’re our workforce for building trust and increasing engagement with our members. We seek to hire from the communities we serve, reflecting the socioeconomic, racial/ethnic, linguistic, and cultural backgrounds of enrollees. We empower our teams to guide member care, flipping the hierarchy of traditional health care and giving voice to those closest to the communities we serve.

References

1. A. Schnake-Mahl, L. Binder, and M. Carty. 2020. Aim for Understanding: Identifying Members with Increased Risk for Severe COVID-19 Complications. Cityblock Health, May 8, 2020. Accessed December 1, 2020 at medium.com/cityblock-health/aim-for-understanding-identifying-members-with-increased-risk-for-severe-covid-19-complications-87928798fe4f.
2. T. Ajayi, K. Baily, B. Gross, E. McCormick, and K. Talcott. 2020. Showing Up for Members Wherever They Are. Cityblock Health, April 29, 2020. Accessed December 1, 2020 at medium.com/cityblock-health/showing-up-for-our-members-wherever-they-are-c11c719ba4c6.
3. P. Mehta and M. Varciana. 2020. Pregnant During the Pandemic: Centering Black Mamas to Catalyze Change. Cityblock Health. April 19, 2020. Accessed December 1, 2020 at medium.com/cityblock-health/pregnant-during-the-pandemic-centering-black-mamas-to-catalyze-change-906bbc5889b3.

As a result, our engagement is 10 times that of most health plans, on par with top-tier concierge primary care companies.

GPJ: *What’s the biggest hurdle or roadblock for our health systems to evolve? Is it financial? Is it political? Or is it something more existential?*

Ajayi: It’s financial. Healthcare professionals *want* to be taking better care of their patients. We *have* to help them align the financial incentives—and it’s possible at scale.

The Cityblock care model is designed to solve these issues in combination with the right financial structures. We’ve aligned the health needs of our population with our financial structure and reimbursements, so that when folks need care, we are able to show up for them.

GPJ: *What do you hope attendees will take back to their organizations after your presentation at AMGA’s Annual Conference?*

Ajayi: Exactly that: There’s another way, and it’s possible! We need to align the health needs of our population with our financial structure and reimbursements—so that when folks need care, their providers are able to show up for them. **GPJ**

To hear more from Dr. Ajayi and many other noted healthcare professionals, plan on attending the AMGA 2021 Annual Conference on April 20–22. For more information, visit amga.org/ac21.