

Changing Healthcare  
Collaboratively



# ANNUAL REPORT

## 2022

**Western New York  
Integrated Care Collaborative, Inc.**

# TABLE OF CONTENTS

<b>Leading the Network</b> .....	<b>3</b>
Letter From Executive Director .....	3
WNYICC Values.....	3
<b>WNYICC Network Highlights</b> .....	<b>4</b>
Network Membership .....	4
Network Development.....	5
<b>Operating Highlights</b> .....	<b>6</b>
Program Development .....	6
Contracting Highlights .....	9
<b>National, State, Local Forums</b> .....	<b>10</b>
WNYICC featured in publications .....	10
<b>WNYICC Team</b> .....	<b>11</b>
Internal Team.....	11
Consultants .....	11
<b>Financial Report</b> .....	<b>12</b>
Revenue .....	12
Expenses.....	12
<b>Looking Ahead</b> .....	<b>13</b>
Strategic Planning .....	13
Goals .....	13
<b>Thank You to Vendors</b> .....	<b>14</b>
<b>WNYICC Board of Directors</b> .....	<b>15</b>



## LEADING THE NETWORK

### Letter From our Executive Director

Nikki Kmicinski



#### Reflections on 2022

The theme of our Annual Report is **“Changing Healthcare Collaboratively”**. Western New York Integrated Care Collaborative lives up to our name as we are both **a Collaborative** or Network **AND** we are committed to ensuring our efforts in all areas of our business and organization are **Collaborative in Nature**. In 2022, WNYICC continued to expand and develop our Network infrastructure and systems – listening to our Network Members and helping them reduce administrative burden, while simultaneously increasing contracting opportunities for them. Our Network Membership grew from 32 members to 40 members in 2022 – 65% of them are **collaborating** with us through contracts to deliver programs. Throughout this report, we have featured pictures of our Network Members locations and efforts in the community. We have seen our Internal Team at WNYICC grow to 6 staff – all of whom are a joy to **collaborate** with! It has been a wonderful learning experience to participate in 2 national learning forums this year. The U.S. Administration for Community Living’s Community Care Hub Learning Coalition and the National Council On Aging’s Financial Acumen Learning **Collaborative** have provided opportunities for WNYICC to learn from and **collaborate** with our national Community Care Hub colleagues and mentors. We have also expanded our partnerships with health care plans, **collaboratively** co-designing more innovative programs to help our region address health disparities. I am excited for the growing momentum we are seeing from federal, state, and local policy makers and leaders elevating the opportunities for partnership and **collaboration** between clinical care and social care especially around health equity! 2023 is promising to bring WNYICC more **collaborations** – we look forward to leading our region in innovation and integration of health care for our Western New York community.



## Western New York Integrated Care Collaborative Values



#### Improving the Health of our Communities:

Our programs improve health outcomes and compliance of participants by addressing their Social Determinants of Health



#### Flexibility:

Flexible business and contracting - able to add Network Partners to fill gaps; Outcome tracking customized to partner needs



#### Sustainability:

Bringing revenue earning opportunities to the Network; Monitoring trends; Seeking innovative funding opportunities



#### Trust and Respect:

Network Partners are trusted, local organizations with long track records of working with the WNY community



#### Quality:

Suite of evidence-based, high-quality health promotion programs and robust Quality Assurance program



#### Diversity, Equity, and Inclusion:

In all policies and practices - We embrace these pillars of excellence as crucial to healthy people and healthy communities



#### Support:

Providing guidance, tech support, training for our Network Members



#### Collaboration:

Healthy, positive working relationships with Network Partners, cross-sector stakeholders, contractual partners, & team members



#### Excellence and Innovation:

Striving for excellence and innovation throughout all aspects of our organization and programs

## WNYICC Network Highlights

Western New York Integrated Care Collaborative is the **Network Lead Entity** for our regional **Community Integrated Health Network**.

**40** Network Members (as of 12.31.22\*)

**15** counties served (+1 in 2022)

**8** New Network Members in 2022

**25%** increase in Membership

**100%** are non-profit agencies providing community-based services in the western NY region.

**65%** of Network Members have at least one contract to provide WNYICC programs and services

Build a network of people who *inspire, challenge, and motivate* you to make *bold, fearless* moves.  
— Jo Miller



### \*52 Network Members as of May 01, 2023:

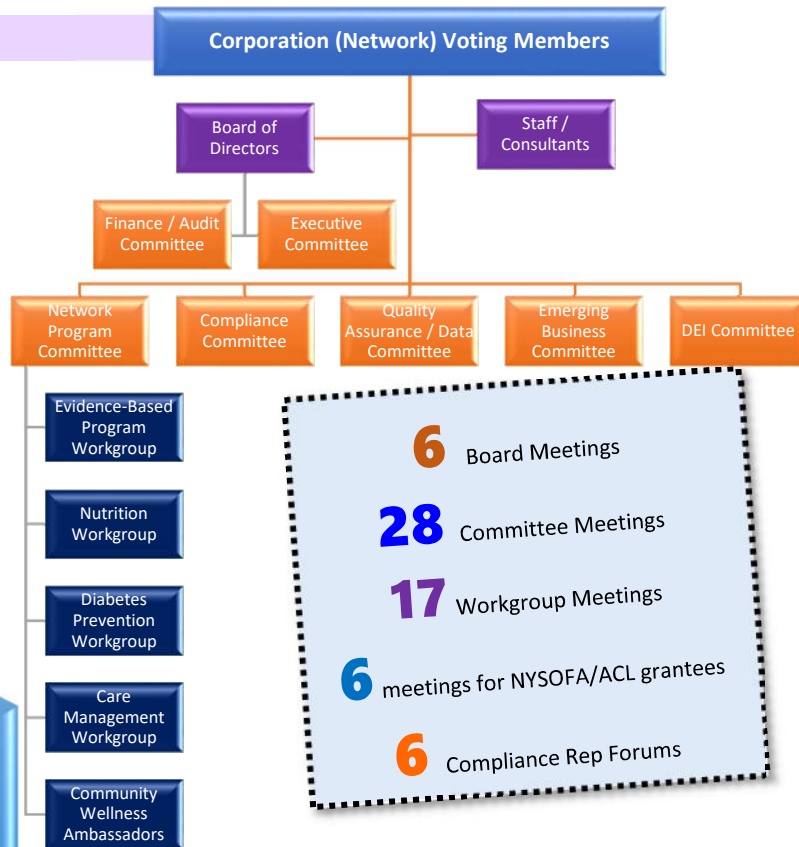


“Having the ability to be a part of such a resourceful and comprehensive network has enhanced Erie Niagara AHEC’s ability achieve our mission in enhancing cultural competence with local health care providers and mitigating health disparities.”  
*Danise Wilson, Executive Director Erie-Niagara AHEC*



## Network Development

2022 saw WNYICC continue to advance our Network Infrastructure. We continually seek feedback from Network, Board, and Team Members to modernize our systems and reduce administrative burden for our members. This year we helped contracted partners streamline the invoice process and we improved the documentation process to allow partner staff more time delivering services to the community and less time documenting and billing.



## WNYICC Training Academy

Free Trainings are a valued benefit for the Community-Based Organizations in our Network.

The WNYICC Training Academy provided **43** trainings in 2022:

- ★ **7** New Network Member On-Boarding Trainings
- ★ **17** Program Trainings
- ★ **13** Compliance Trainings
- ★ **6** Cultural Competency Trainings delivered by Network member, Erie-Niagara AHEC.



*"Nikki and her team are always so helpful, great communicators and quick to respond to questions. I really like the new portal they have launched for the referral process for meals. The turnaround time for receiving funds is quick, with no issues."*

Barb Hendershott, Services Manager

*"We have enjoyed our relationship with WNYICC since the start and are expanding the interactions. We have two new endeavors with WNYICC: 1) A contract that provides a Registered Dietitian for our nutrition program. We have been very happy with this arrangement and really enjoy working with all of the staff at WNYICC! 2) We are going to work to get one of our staff certified in Tai Chi. We are so excited about the potential of this opportunity!"*

Diana Fox, LCSW, Director Genesee County Office for the Aging



## Operation Highlights Program Development

### Meal Delivery Program

This program was co-designed with Independent Health for several of their Medicare Advantage Plans. Eligible Members receive 2 weeks of meals delivered by WNYICC Delivery Partners to their home after an admission of at least 1-night at an acute care facility.

#### 2022 Meal Delivery Program Statistics:

**89.34%** of survey respondents gave a **positive rating of the meals program**

**72.91%** of respondents: **the meals allowed them to avoid readmission**



#### Comments from Meal Delivery Participants:

- "The volunteers were prompt and reliable. They also were friendly."
- "Very appreciated. Especially when I first got home from the hospital."
- "The meals were adequate. Some tastier than others, but I was grateful to have them. Thank you!"
- "They come on time."
- "Timely delivery."
- "Very helpful for recovery. Delivery people are very pleasant."
- "We are so satisfied! Meals, delivery, people are awesome!"
- "Very sweet, kind, thoughtful & timely service. Food good, meals tasty."
- "Right on time delivery. I appreciate this service. Thank you."
- "Spoke to the contact person and meals were delivered as promised within the time frame by friendly people."
- "I am a picky eater. Some meals good, many so-so."
- "I don't think over the course of meals there was ever a duplicate. It was great! I miss them."
- "I have found all the meals very good. Keep up the good work."
- "I liked most of the food, excellent delivery."



"Ken-Ton Meals on Wheels has benefited greatly from our relationship with WNYICC. The meal program has been an excellent additional revenue source and we have also transitioned many of the clients into permanent delivery status. The opportunity to reach additional clients is such a blessing"  
- Jessica Nowak, Executive Director Ken-Ton Meals on Wheels

**Delivery Partners** for the Meals Program include: Allegany County Office for the Aging (OFA), Cattaraugus Co. Dept. of Aging, Chautauqua Co. OFA, FeedMore of WNY, Homestyle Direct, Genesee Co. OFA, Ken-Ton Meals on Wheels, Orleans Co. OFA, Twin Cities Meals on Wheels

## Community Health Coaching Program

#### Examples of Goals Set by Community Health Coaching Participants:

- Client and Health Coach will work to get linked to home mental health counseling.
- Client will attend Bone Density Scan appt.
- Client will attend Water Aerobics Class 2-3x per week.
- Client and health coach will work to identify tripping hazards in the home.
- Client will attend Orthopedic appointment for fractured shoulder.
- Client will explore assistive programs (e.g., HEAP, Meals on Wheels, etc.)
- Client will enroll in co-pay assistance programs.
- Client will explore programs to assist with medical bills.
- Client will continue to address mental health symptoms/coping skills with her Psychiatric Nurse when needed.
- Health coach will talk to Going Places supervisor about enrolling client.
- Health Coach will help find an aid to help client with daily activities.



The Community Health Coaching Program is designed to empower individuals to better manage their health-related social needs and improve their quality of life, through the assistance of a Health Coach.

Each eligible member is teamed up with a personal Community Health Coach. **Health Coach conducts Social Determinants of Health (SDoH) assessment of client's needs.** Health coach develops Person-Centered Care Plan and assists member address SDoH needs and set goals to improve self-efficacy of health conditions.



**Delivery Partner Agencies in 2022:**  
Catholic Charities of Buffalo, Erie County Dept. of Senior Services, Harmonia Collaborative Care, Healthy Community Alliance, The Dale Association



#### Social Determinants of Health

- 46%** had needs with **Physical Environment / Housing**
- 46%** had needs with **Food/Nutrition**
- 40%** had needs with **Transportation**
- 38%** had needs with **Community / Social**
- 16%** had needs with **Economic Stability**
- 70%** had needs with **Health Education/Literacy**
- 31%** had needs with **Health Care System**

## Healthy IDEAS Program



# Healthy IDEAS

**Delivery Partner Agencies in 2022:** Catholic Charities of Buffalo, Erie County Department of Senior Services, Harmonia Collaborative Care, Healthy Community Alliance, The Dale Association, Western New York Independent Living

Through WNYICC's **evidence-based community mental wellness** program, members are teamed up with a certified **Healthy IDEAS Coach** for up to (12) months.

Healthy IDEAS Program Includes:

- ✓ Screening
- ✓ Education
- ✓ Referrals and Linkages
- ✓ Behavioral Activation
- ✓ Re-Assessment

### How did you benefit from participating in the Health IDEAS Program?

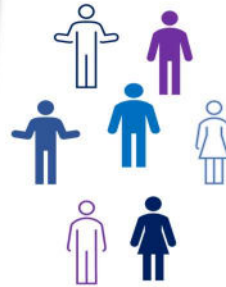
- ✓ "Starting to realize I can reconnect sometimes."
- ✓ "The Health Coach's encouragement to participate in outside activities."
- ✓ "The resources for mental health."
- ✓ "It was nice to know there are people willing to help you and especially listen to me."
- ✓ "Community opportunities."
- ✓ "Having someone guide me to the help I needed."
- ✓ "I am more open to expressing my feelings."

### Program Outcomes in 2022:

**85%** of participants improved either PHQ9 or UCLA Loneliness score by 15%.

**76%** of participants increased their physical and/or social activity through the program.

**57** referrals made to clinical providers: PCP, Mental Health providers or Registered Dietitians.



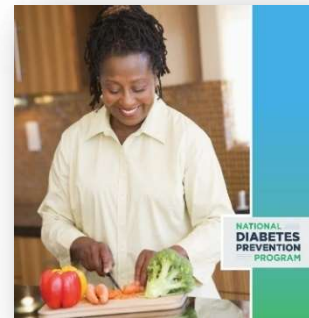
"The Dale Association is a founding member of Western New York Integrated Care Collaborative (WNYICC). We both have common goals of providing services to seniors that will result in better health outcomes and a quality of life that allows them to live independently in the community. As a community-based organization, The Dale Association has been able to reach more seniors through our collaboration with WNYICC." - Maureen A. Wendt, President/CEO, The Dale Association

## Diabetes Prevention Program (DPP)



### WNYICC's Diabetes Prevention Program

- **Evidence-based program** with proven results
- **Participants:** Adults with prediabetes or at high risk for developing Type 2 Diabetes
- **Full Recognition** from the CDC
- Facilitated by a certified Lifestyle Coach
- Delivered a **community locations** throughout western New York and virtually.
- Accepted by most health plans.



A TRAINED  
LIFESTYLE COACH



CDC-APPROVED  
CURRICULUM



GROUP SUPPORT OVER  
THE COURSE OF A YEAR



### WNYICC DPP Delivery Partners 2022

- YMCA Buffalo Niagara
- Jewish Community Center Buffalo
- The Dale Association, Lockport
- Erie County Dept. of Senior Services
- Niagara Co. Dept. of Public Health

### Program Statistics 2022

- **5** Cohorts
- **36** Participants
- **86 %** Completed Program
- **75%** with at least 5% weight loss
- **20%** with at least 9% weight loss

## CHOOSE HEALTHY WNY Self-Management Programs



WNYICC's evidence-based **CHOOSE HEALTHY WNY** programs were developed by Stanford-University and are licensed through NY State Office of the Aging from the Self-Management Resource Center.

- The **CHOOSE HEALTHY Diabetes** program is part of our Diabetes Self-Management Program accredited under the Association of Diabetes Care and Education Specialists (ADCES).
- The **CHOOSE HEALTHY Chronic Disease and Chronic Pain** programs are incorporated into our Community Health Coaching, Falls Prevention and Caregiver Support Programs.



### 2022 Delivery Partners:

Ardent Solutions,  
Erie Co. Dept. of Senior Services  
WNY Independent Living,  
Niagara Co. Dept. of Health,  
People Inc.



### 2022 Program Statistics

- ★ **22** Workshops
- ★ **172** Participants
- ★ **71.5%** completed program (attended 4 of 6 sessions)
- ★ **70%** increased physical activity
- ★ **17%** reduced feelings of isolation
- ★ **26%** ave. increase in ability to find resources to help manage health



## Medical Nutrition Therapy

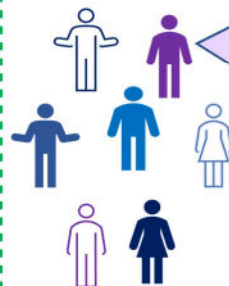


**New in 2022!** WNYICC's **Medical Nutrition Therapy** is one of our **Food As Medicine** programs helping to address nutrition and food insecurity. Members receive individual appointments with our licensed, credentialed Registered Dietitians.



### Program Statistics in 2022:

- ★ **100%** of completers increased vegetable intake.
- ★ **92%** made changes in eating habits
- ★ **62%** increased amount of physical activity
- ★ **67%** of those at risk for malnutrition improved to Normal nutrition status.
- ★ **62%** created meal plan with help from RD



### Examples of Participant Survey Answers to: What eating changes did you make as a result of working with the RD?

- ★ "Choosing foods on the low potassium list and limiting foods on the high potassium list."
- ★ "Being more strict on reading food labels to limit high sodium items."
- ★ "Reading food labels to become familiar with how much protein is in items to ensure adequate protein intake but prevent consuming too much protein"

Organizations providing MNT in 2022: FeedMore WNY, WNYICC

## COMMUNITY WELLNESS AMBASSADOR Program



**New in 2022!** Past participants of WNYICC Programs continue learning and share their successes through our new **Community Wellness Ambassador Program**.

Our Kickoff event was held at the Buffalo Zoo to thank our initial Wellness Ambassadors for joining.

Wellness Ambassadors meet quarterly for **on-going connection and learning** and attend community outreach events with our WNYICC Team to **share their stories** and promote the WNYICC Programs.



### New Programs Launching in 2023!

**Falls Prevention Program**  
**Caregiver Support Program**  
**Medically Tailored Meals**

Thank You Ambassadors!



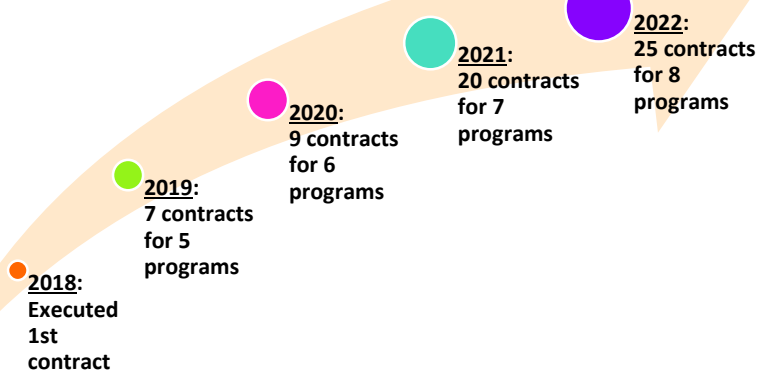


## Contracting Highlights

### Contracting Partners

Western New York Integrated Care Collaborative has strong partnerships with several regional health plans. In 2022, we had 25 executed contracts with health plans to deliver service care programs to their members.

Our largest partnership is with **Independent Health**. Independent Health has been a strong supporter of WNYICC



since 2018. We now have 8 contracted programs with Independent Health. Independent Health and WNYICC meet every week to discuss how we can grow and continuously improve these programs for their members. WNYICC and Independent Health's innovative contracting arrangements were featured in a number webinars and publications (See Page 10).

Additionally, WNYICC has value-based contracts with **iCircle** Medicaid Managed Long-Term Care (MLTC) plan for both Healthy IDEAS and Falls Prevention. We also had executed contracts with 2 additional MLTC's which were paused due to Covid: **Elderwood and Fallon-Weinberg**.

WNYICC contracts with several plans for our diabetes programs. **Univera** Medicare Advantage and Commercial plans contract with WNYICC for our Diabetes Prevention Program (DPP) and our Choose Healthy Diabetes Self-Management Program (DSMES). Other plans contracted with WNYICC to provide DPP include: **Highmark/Blue Cross Blue Shield** Medicare Advantage and Medicaid plans, and **Fidelis** Medicaid Managed Care plan.

*"Western New York Integrated Care Collaborative provides a community-based resource that is known to our members and trusted through recognizable partners under the WNYICC umbrella. Members appreciate and engage through meaningful connection provided via access to benefits they otherwise might not have considered using. Members are able to use the benefits during recovery and then continue to do so because of the comfort and safety it provides for continued aging in the home. Members also appreciate the value of having someone they can turn to who understands their unique needs as a western New Yorker." - Dawn Odrywolski, VP Medicare Programs, Independent Health Association*

## National, State, and Local Forums

WNYICC's role as the Community Care Hub includes **advocating for community-based organizations** and staying informed on trends and policies which may effect Network Members. To that end, WNYICC participates in a number of national, state, and local forums. An additional benefit of WNYICC's involvement is increased recognition for the innovative network and contracting we have accomplished.

WNYICC is recognized as a leading Community Care Hub in the nation by the U.S. Administration for Community Living (ACL) being awarded a 2-year grant: *Scaling the Network Lead Entity* from the **Administration for Community Living (ACL)** in September 2021.



### National Forums

- **Partnership to Align Social Care (P2ASC):**

The *Partnership* includes senior leaders from community-based organizations, health plans, health systems, national associations, and federal agencies collaborating to co-design a strategy to enable successful partnerships between health care organizations and networks of community-based organizations (CBOs) delivering social care services. WNYICC sits on the **Contracting and Billing and Coding Workgroups**.

- **U.S. Administration for Community Living (ACL) Community**

**Care Hub Learning Coalition:** WNYICC is a member of the Network Expansion Track receiving Technical Assistance to further expand and develop the WNYICC Network.

- **National Council on Aging (NCOA) Financial Acumen Learning**

**Collaborative:** WNYICC was accepted into this 6 month Learning Collaborative Jan – Jun 2022. Learning topics included: Costing/pricing social care programs; break even analysis; determining value and value propositions.

Partnership  
to Align Social Care

A National Learning  
& Action Network



WNYICC's: *Scaling the Network Lead Entity* grant from the **Administration for Community Living (ACL)**

Deliverables for this grant include:



**Strategic Planning** In 2022, completed 2-year Strategic plan for 2023-2024.



**Update Referral, Outreach, Billing, and Reporting processes** In 2022, updated referral process with secure links on website, improved outreach, billing and report to increase efficiencies by 20%



**Cultural Competency training** – In 2022 partnered with Erie-Niagara AHEC to provide a Cultural Competency series for all Network Members.



**Increase Contracting** – In 2022, increased contracts with 2 new programs, 5 new plans, and expanded existing pilots to full programs.

### NY State Forums

- **New York State Office for the Aging (NYSOFA) Chronic Disease Self-Management**

**Programs Grantee:** WNYICC expanded CDSMES programming in WNY and mentored North Country

- **NY Social Care Network Coalition:** WNYICC convenes with other Community Care Hubs in NYS

- **NYS Food As Medicine Steering Committee:** Informing NYS policy on Food As Medicine programming and reimbursement

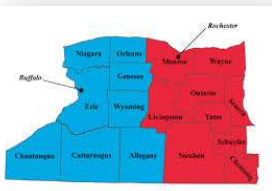


### WNY Regional Forums

- **WNY Medicaid 1115 Convening Meetings:** WNYICC presented on a panel in Dec. 2022 to describe our Community Integrated Health Network.
- **African-American Health Equity Taskforce:** addressing racial health equity in Buffalo
- **Health Leaders Fellow Program:** Nikki Kmicinski is in Cohort 10 on "Team Weasley". Her Team is developing a project to combat maternal mortality of black and brown pregnant people in our region.
- **Exhale Project:** CBO-developed Caregiver Respite Programs with funding from regional foundations
- **WNY Food As Medicine Coalition:** WNYICC sits on both the Research + Advocacy and Intervention workgroups.

### WNYICC is Featured in 3 National Publications in 2022:

- **Health Affairs** – November 2022  
<https://www.healthaffairs.org/content/forefront/improving-health-and-well-being-through-community-care-hubs?fbclid=IwAR25LZ8k1G-0i-WfGb94LzdAbdW0gjoP5eBHktEtuK2qMVRm5oCHvfqMteQ>
- **Manatt Health** – November 2022  
[https://www.manatt.com/Manatt/media/Documents/Articles/Manatt-CCH-Medicaid-Playbook\\_Final-11-17-22.pdf](https://www.manatt.com/Manatt/media/Documents/Articles/Manatt-CCH-Medicaid-Playbook_Final-11-17-22.pdf)
- **Partnership to Align Social Care** – October 2022  
[Background, Evolution, and Value Proposition of Working with a Local CBO Network Led by a Community Care Hub](#)



## WNYICC Internal Team



### Nikki Kmicinski, MS, RD, CDN

Executive Director

2022 Accomplishments:

- ★ Conducted **20+** external presentations to **2000+** attendees
- ★ Presented at **4** conferences on: contracting, network development, costing, and data sharing
- ★ Continued participation in Cohort 10 of Health Leaders Fellowship through Health Foundation of Western and Central NY. Team Weasley!

### Jordan Breckon, MPH

Operations Manager

2022 Accomplishments:

- ★ Led **17** trainings in **8** programs
- ★ Conducted **100+** chart reviews
- ★ Conducted **countless 1:1** meetings to support delivery partners

### Devin Hurley, MPH

Outreach Coordinator

2022 Accomplishments:

- ★ Outreached to **10+** Provider Offices/IPAs/Plans
- ★ Launched **Community Wellness Ambassador** Program

### Shawnte Wilson, MSW

Community Administrator – hired in December 2022 to increase Network engagement and help coordinate WNYICC Training Academy. Helped launch the WNYICC Network Matrix platform for Network members.

### Amy Wolowski

Business Services Manager – hired in 2023 to oversee referral, billing, surveys, and compliance programs.

### Miranda Bethin, MS, RD, CDN

Nutrition Program Manager – hired in 2023 to oversee WNYICC's Nutrition and Food Programs.

## WNYICC Consultants in 2022

### Timothy P. McNeill, RN, MPH

WNYICC Business Consultant, Founder/Owner Freedmen's Health

Mr. McNeill has led his firm's consulting efforts serving customers including the U.S. Department of Health and Human Services (HHS), U.S. Administration on Aging (AoA)/Administration for Community Living (ACL), USAging, and various Foundations and National Non-profit organizations. Tim has worked with WNYICC since its inception.

Tim is also the Co-Chair of the Partnership To Align Social Care.

### Tom Constantine, CPA

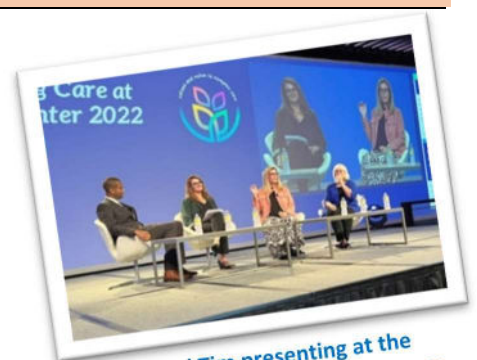
WNYICC Financial Consultant

Mr. Constantine oversees WNYICC's finances and accounting processes and reports.

### Lynne Scalzo, MPH

WNYICC Strategic Planning Consultant, Owner Lynne Scalzo Consulting, LLC

Lynne guided WNYICC's Staff, Board and Network through a rigorous Strategic Planning process in 2022 which resulted in a clear, informed plan for 2023+2024.

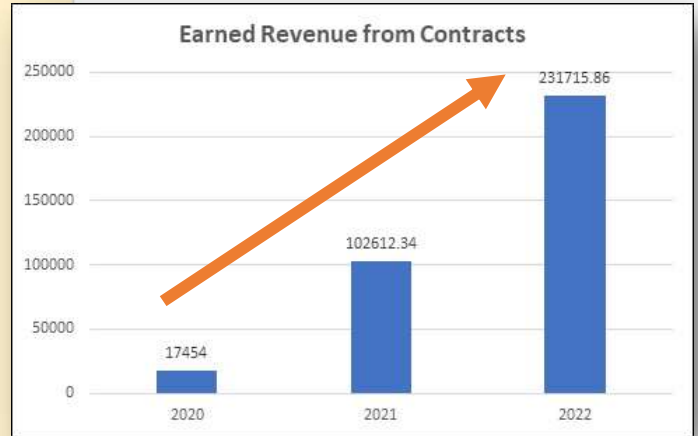
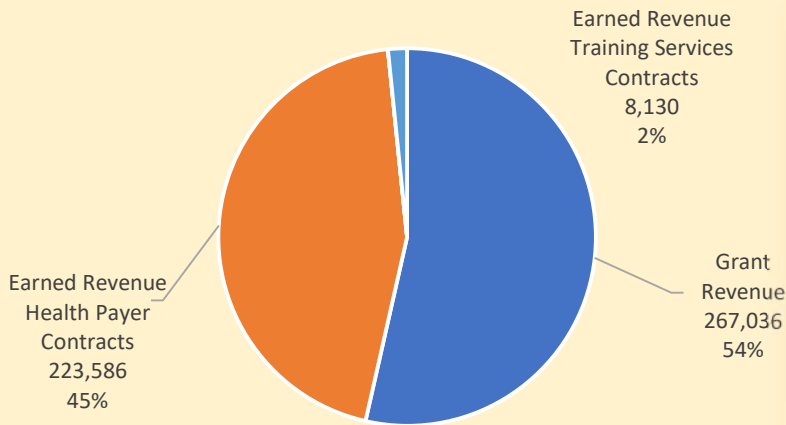


Nikki and Tim presenting at the Putting Care at the Center conference in Sacramento, CA – Sept, 2022

## FINANCIAL Report - 2022

Western New York Integrated Care Collaborative’s independent contractor accountant, **Thomas Constantine, CPA** provides accounting support to WNYICC to assist with accounts payable and receivable, preparation of financial reports, and fiscal policy guidance. Our reports are reviewed bi-monthly by the Board Treasurer, **Jerry Bartone**, and the Finance Committee – then presented to the Board for final review. WNYICC contracted with **Barbara Hauser, CPA** again in 2022 to conduct an independent Financial Review of WNYICC’s 2021 financials, as we do not yet qualify for a full financial audit. Ms. Hauser found WNYICC to be in strong financial position with best-practices in place.

### WNYICC Revenue 2022



### WNYICC Sees Financial Growth In 2022

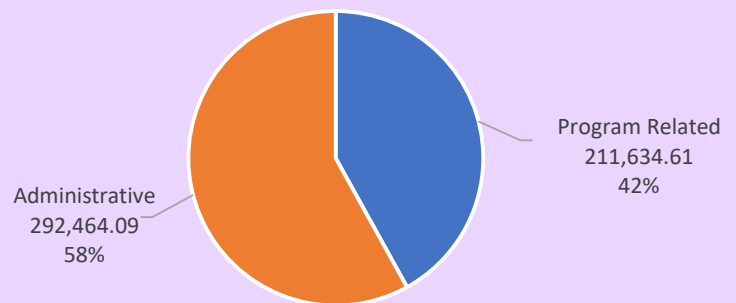
**125.8%**

increase in Revenue from Contracts in 2022

**120%**

increase in expenses allocated to Program Expenses – including reimbursements to Network Members delivering contracted programs.

### WNYICC Expenses 2022



## Looking Ahead

### Strategic Planning

Through funding from an ACL grant *Scaling the Network Lead Entity*, WNYICC underwent a rigorous strategic planning process in 2022 with **Lynne Scalzo Consulting**. The process started with stakeholder, staff, Board, and Network Member interviews and surveys. The Strategic Plan for 2023-2024 was approved by the Board in December with the goal to have a strong roadmap for our Network.



## NETWORK EXPANSION

WNYICC is actively growing the Network to include a variety of member agencies able to serve the diverse population of our region and potentially expanding our service region.

### New WNYICC Network Members in 2022:

- Lt. Co. Matt Urban Center
- Alden's Meals On Wheels
- EPIC: Every Person Influences Children
- Buffalo Urban League
- Buffalo Prenatal Perinatal Network
- Cayuga Community Health Network
- Buffalo City Mission
- VIA / 211-WNY

Welcome to the Network!

## NYS MEDICAID 1115 (NYHER) WAIVER

NYS Medicaid's 1115 "NY Health Equity Reform" Waiver proposal was submitted to the Centers for Medicare and Medicaid (CMS) in Sept. 2022. WNYICC has followed this waiver closely. In 2022, we held Network-wide forums to solicit feedback from our Members. We submitted written and verbal comments both in April and October 2022.

### 2023 Goals:

- Hire Consultant to assist WNYICC in planning for waiver.
- Survey Network members for feedback.
- Hold regular meetings with Network to update on waiver.
- Attend convening meetings / webinars to stay informed.
- Apply as the Social Care Network lead entity for western New York region



## REACHING THE UNDERSERVED/ HEALTH EQUITY

An important value for WNYICC is ensuring that our programs are reaching all populations with a dedication to an equitable and inclusive opportunity to participate with WNYICC. We applied to participate in a national **Diversity, Equity, and Inclusion (DEI) Learning Collaborative** through the National Council on Aging and received grants from **Impact HQ and NYS Dept. of Health** to further racial health equity through our programs.

### 2023 Goals:

- Hire a DEI Consultant to further our DEI work
- Launch a new Diversity, Equity, Inclusion Committee and invite Network, Board and Team Members to join.



## SUSTAINABILITY

Becoming financially sustainable is an important pursuit for both WNYICC and our Network Members. We are continuing to work with health plans, systems, and funders to show the value of our collective services and partner with them to improve the health of our community.

### 2023 Goals:

- New and expanded contracts
- Following trends, policy, and opportunities
- Shared services
- Positioning the Network to be ready for a potential Medicaid 1115 waiver amendment
- Grant opportunities



## ADVANCE DATA and REPORTING SYSTEMS

An important function of a Community Care Hub is to ensure secure and compliant documentation, reporting and billing of the Network's social care interventions. WNYICC provides a centralized e-record documentation portal where all of our programs are documented, billed, and reported. In 2022 we began to look at methods for WNYICC to advance our reporting and analysis for internal, external partner, and Network Member data needs.

### 2023 Goals:

- Work with Network Member, CCNY, Inc. to build Quality Assurance Dashboards
- Convene a WNY Social Care Data Coalition
- Develop Data Reporting Dashboards for our Network Members



## Thank You to our Vendors who partnered with us this year!

**Barbara Hauser, CPA** – Financial Review

**Community Based Networks** – data dashboard development

**Evans Bank** – Banking, credit

**Evans Insurance** – Insurance, compliance

**HEALTHeLink** – HIPAA-secure data sharing + ADT Alerts

**Loptr** – Health information technology security

**Moran and Associates**, Alyssa M. Gross, Esq. – Legal

**PayChex** – Human resources, payroll

**rprt** – Digital referral process

**RLComputing** – Website, tech

**Thomas Constantine, CPA** – Accounting

**United Way of Buffalo and Erie County** – Office space, printing, mailing, Tech/IT support

**Welld Health** – Client record platform for referral process, program documentation, reporting, billing

# Thank You!



Wyoming Co. Office for the Aging



## WESTERN NEW YORK INTEGRATED CARE COLLABORATIVE, INC.

**BOARD OF DIRECTORS**

**President, Tish Brady** – former COO, Catholic Charities

**Vice-President, Maureen Wendt** – CEO, The Dale Association

**Treasurer, Jerry Bartone** – former CEO, Community Concern/Harmonia

**Secretary, Larry Waters, Esq** – Attorney, Neighborhood Legal Services

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**Valerie Nowak** – Executive Director, Harmonia Collaborative Care

**Danise Wilson** – former Executive Director, Erie-Niagara AHEC;

**Dr. Karen (Hall) Craik** – Sr. Dir. of Population Health, HEALTHeLINK

**Stephanie Orlando** – COO, Western NY Independent Living Centers *\*New in 2022*

**Diane Baerhe** – Executive Director, Empower *\*New in 2022*

**Angela Marinucci** – Commissioner, Erie Co. Dept. of Senior Services *\*New in 2022*

**Message from our Board President:**

Western New York Integrated Care Collaborative draws a composite picture of who we are but it doesn't capture the bubbling work of imaging, creating, story boarding at every level; and launching of programs and services that meet what our partners feel are best suited to the needs of their communities and as importantly, their organizations.

At every growth turn WNYICC's partners' and participants' voices are sought, heard, expanded upon sending our dedicated Board and tremendous team members into the local, statewide and federal cache of program possibilities grounded in health and social determinant of health solutions. In short, we remove barriers, create ladders and drive our programs and organization to scale always looking back for relevancy and positive outcome measures. I laud our partners' dedication and dynamic contributions while at the same time recognizing the herculean efforts of our Executive Director and her mighty team. I am honored to be of service to our organization and see endless possibilities ahead. - Tish Brady





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