Corner Health’s innovative approach to care for underserved youth

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In today’s episode of Moving Medicine, AMA Chief Experience Officer Todd Unger talks with Jack Billi, MD, a retired professor of internal medicine at the University of Michigan Medical School and Versell Smith Jr., executive director of the Corner Health Center in Ypsilanti, Michigan, about Corner Health’s innovative approach to care for underserved youth from 12 to 25 years old.

Speakers

- Jack Billi, MD, retired professor of internal medicine, University of Michigan Medical School
- Versell Smith Jr., executive director, Corner Health Center

Transcript

Unger: Hello, this is the American Medical Association's Moving Medicine video and podcast. Today I'm joined by Dr. Jack Billi, a retired professor of internal medicine at the University of Michigan Medical School in Ann Arbor and Versell Smith Jr., executive director of the Corner Health Center in Ypsilanti, Michigan, about Corner Health's innovative approach to care for underserved youth from 12-to 25-years-old. I'm Todd Unger, AMA's chief experience officer in Chicago.

Thank you both for joining us this morning. We're going to first talk a little bit about Corner Health and get some background on its mission. Mr. Smith, what is Corner Health trying to accomplish?

Smith: So, the Corner Health Center is the first school-based health center in the state of Michigan and we've always been at the forefront of innovation. From our early beginnings, our mission has been to inspire young people, and specifically those in the age range of 12 to 25 and their children to
achieve and sustain healthy lives by providing judgment-free, affordable health and wellness care, and education. So, at the core of our mission is really empowering youth so that through our service delivery model, we are able to become the provider of choice to these young people in Ypsilanti and beyond.

**Unger:** When you think about that model of care, it's an integrated approach. What defines that for you?

**Smith:** So, what defines that is that we are, under one roof, able to have primary care as well as mental health and behavioral health services, unlike many other institutions, which is why I said we were the first to launch this integrated care model in Michigan for young people. And what that means is that a young person, if say for example they're with their physician and there is a need for social work; they can be walked right down the hallway to one of our social workers. We also have a SWOD, which is the social worker of the day. Someone is on call the entire day for those special enhanced needs where we can refer them to services or even get them signed up for therapy if that is their need.

**Unger:** That kind of behavioral health integration, operationally, is very hot topic these days.

**Smith:** Yes, indeed it is. And we find that even after COVID ... I mean, once COVID-19 occurred and of course it's still here, we saw a heightened and increased demand for that. And our patients, many of our patients are at or below the poverty level and they suffer from various forms of trauma. So, when one looks at the social determinants of health, it is even more important to mitigate any of the barriers that may be there, perceived or real, for them as barriers to care.

So, the fact that they can come to the corner, we have three buildings, three levels and within this building we can provide them with primary care mental health services and wraparound services. So for example, we partner with the county so that if they need WIC services, they can enroll for WIC services on site. So, when you think of a young person who perhaps doesn't have transportation, does not have babysitting support or child care support; then for them to make one stop shop ... If you think of that, that sounds really commercial but if there's one place where they can go and not only receive their primary care but also receive these wraparound services to help support them, it's been tremendous. We hear directly from our patients how much they really do value this innovative care model.

**Unger:** That's an exciting model. Dr. Billi, you're on the board now of Corner Health, which has been around, believe it or not, for 38 years and still innovating. Talk a little bit about how the center first came about and what drew you to it personally.

**Dr. Billi:** Well, the Corner Health Center started as a school-based clinic in Ypsilanti. Interestingly, it was before there was even legislation for school-based clinics or funding, so they were the first one in the state of Michigan. They provided services to kids in Ypsilanti High School but they moved outside
the school because of restrictions on which kinds of health issues they could discuss and The Corner wanted to be a complete full service adolescent health center. So as a result, they moved into some storefronts and over the ensuing 38 years, they’ve managed to expand to a total of three storefronts right now, right in the middle of the downtown area of this little town next to Ann Arbor.

So, they now provide a full spectrum of services, including as Versell mentioned, behavioral health. So, they can walk a client right down the hall to a social worker, substance use, reproductive services and a variety of other wraparound services.

So, I first got involved when the founding medical director, Dr. David Share, invited me to a mission tour and I was blown away by the spectrum of services they provided. A store, food pantry, counseling, theater troop, trips to the farmer's market, educational kitchen. At that point, they were videoing children interacting with their parents and playing them back for the parents so these young parents could learn about how they're interacting with their children. Just such a incredible spectrum of services and meeting the needs of a population that had so much difficulty trying to get health care through the regular traditional approach. So, I started a relationship with the Medical School at the University of Michigan at that point and we've been providing physicians to The Corner Health Center throughout its entire time.

Unger: See, I lived in Ann Arbor for a couple years and so that's why I know how to say Ypsilanti. Versell, you mentioned some of the things up front about just the sheer convenience of being able to have that kind of integrated care in one place. Talk a little bit about other barriers that you find with this particular age group and population that you're able to address in a different way than maybe a traditional health system would.

Smith: Oh, certainly. So, when one thinks about this age group, they're not always the first to advocate for themselves and for their health care needs. So, I mentioned empowerment a little earlier. So, providing education to them and providing guidance so that they are better informed about the health care services that we provide but also the fear that receiving care is cost prohibitive is first of mind for us. So, we see every patient regardless of their ability to pay. So, that's uninsured and underinsured patients. Some patients, by law, can receive confidential services and in those cases, they would not be on their parents’ insurance. So those are costs that we absorb but we want them to feel comfortable and we don't send them to collections. We have a pay as you go, if you can but there's still a high amount of dignity and respecting the situation and helping them to address their needs.

For example, travel and communication are huge challenges for them as well. So, we have launched telehealth services to help support them. For some of our patients, for example, for some of our OB patients, we purchased and delivered blood pressure cuffs for them so that they could monitor their blood pressure at home in the cases where the apparatus was not covered by their insurance. So, through our patient assistance program, we have on staff a care manager, as well as support for them...
so that if they can’t afford their meds, then we cover of those for them as well. And so, when we look at those barriers, we have found a way to address them.

**Unger:** Excellent. Dr. Billi, some of these services, as we’ve been discussing, could be difficult for young people to talk about what their physicians in a traditional model of care. As you think about Corner Health’s model itself, is there anything that physicians can learn from and adjust within their own practices to be deal better with this particular population?

**Dr. Billi:** Yeah. So, I think that the Corner Health Center was way ahead of the curve on creating team-based, physician-led care. So they have social workers, care managers, nurse practitioners, counselors for maternal and infant health, lactation counselors, nutritionists—all on site. And that’s the kind of thing that as we looked at the patient-centered medical home movement over the last decade that’s reached traditional primary care, The Corner is the place we look to. That’s actually been doing this all along. That is trying to understand needs of their population, including the social determinants of health. Do they have problems with transportation? Do they have stable housing? Do they have food insecurity? And The Corner works in collaboration with other agencies to try and address those. So, I think the rest of us in traditional medicine are trying to catch up with these very innovative centers. We can look to them and learn from their experience about the challenges of trying to deliver care.

For example, The Corner, understanding its population, has special evening events for the young, indestructible, adolescent male who’s never going into a clinic. So, they'll have a special night that's a boys night only. They have tremendous programs for the LGBTQ+ population. They have a trans program for transgender youth who come from all across the state of Michigan to use services at The Corner because they know they have a welcoming environment. And a lot of times, these kids are from small towns and there’s literally no one in the town they can talk to comfortably about the challenges that they’re going through.

**Unger:** Do you think this is the future of medicine? And if so, how do physicians support or even help start something like Corner in their own communities?

**Dr. Billi:** So, I think that two aspects of what The Corner does are the future of medicine. One is trying to understand a very vulnerable population that is, as Versell said—teens, they’re often not advocating for themselves. Sometimes they're in very difficult social circumstances, depending on what their home environment looks like. So, trying to understand the needs of an adolescent population because every primary care physician has some patients in their population that are in this age range, and trying to make sure that they really understand their needs and make services available.

And the second thing is, as I mentioned, the physician-led team-based care where we have physicians involved intensively as the captain of the ship but working in complete partnership with nurse practitioners, physician assistants.
So, I'm often asked, "How many patients can a primary care physician actually manage? What's their panel size?" And my first question to them is, "What does the model look like?" Because if I'm there by myself and I just have a person managing the phones and I'm trying to run my in-basket, then it's going to be pretty small. But if I've got nurses, social workers, nutritionists, care managers, then I'm going to be able to handle a lot bigger population a lot better than if I could on my own.

And many payers now are reimbursing extra reimbursement for this. And even all the advanced payment models that have payment for quality and for patient satisfaction, this makes for a much better experience. So, there's lots of ways to recover the resources, to try and cover these special supplementary services.

**Unger:** Dr. Billi Versell, thank you so much for joining us today in sharing the incredible and exciting work that you're doing at Corner Health.

That's it for today's episode, we'll be back with another Moving Medicine video and podcast soon. Be sure to click subscribe on the AMA's YouTube channel, Apple, Spotify or wherever you listen to your podcasts. You can find all our podcasts and video at ama-assn.org/podcasts. Thanks for joining us. Please take care.

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