Accountable Health Communities

Model Overview and Track 1 Requirements

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Agenda

• Accountable Health Communities (AHC) Model Design
  – Model Overview & Structure
  – Track 2 & 3 Updates

• Track 1
  – Overview
  – Requirements

• Application Process
  – Eligibility Criteria
CMS Aims

**Better Care:** We have an opportunity to realign the practice of medicine with the ideals of the profession—keeping the focus on patient health and the best care possible.

**Smarter Spending:** Health care costs consume a significant portion of state, federal, family, and business budgets, and we can find ways to spend those dollars more wisely.

**Healthier People:** Giving providers the opportunity to focus on patient-centered care and to be accountable for quality and cost means keeping people healthier for longer.
Successful efforts to improve social determinants of health and access to appropriate healthcare rely on deploying evidence-based interventions through strong partnerships between local healthcare providers, public health professionals, community and social service agencies, and individuals.*

— CMS Quality Strategy, 2015

Accountable Health Communities Model Overview & Structure
Many of the largest drivers of health care costs fall outside the clinical care environment.

Social and economic determinants, health behaviors and the physical environment significantly drive utilization and costs.

There is emerging evidence that addressing health-related social needs through enhanced clinical-community linkages can improve health outcomes and impact costs.
## The Vision for Enhanced Clinical and Community Linkages

<table>
<thead>
<tr>
<th>Care Process</th>
<th>Today’s Care</th>
<th>Future Care</th>
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</thead>
<tbody>
<tr>
<td>Identification of health-related social need</td>
<td>Ad hoc, depending on whether patient raises concern in clinical encounter</td>
<td>Systematic screening of all Medicare and Medicaid beneficiaries</td>
</tr>
<tr>
<td>Provider response to health-related social need</td>
<td>Ad hoc, depending on whether provider is aware of resources in the community</td>
<td>Systematic connection to community services through referral or community service navigation</td>
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<tr>
<td>Availability of support to help patient resolve</td>
<td>Ad hoc, depending on whether case manager is available and has capacity</td>
<td>Community service navigation designed to help high-risk beneficiaries overcome barriers to accessing services</td>
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<tr>
<td>health-related social need</td>
<td>given case load and care coordination responsibilities</td>
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<tr>
<td>Availability of community services to address</td>
<td>Dependent on fragmented community service system not aligned with beneficiary</td>
<td>Aligned community services, data-driven continuous quality improvement and community collaborations to assess and build service capacity</td>
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<tr>
<td>health-related social needs</td>
<td>needs, often resulting in wait lists or difficulty accessing services</td>
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The Accountable Health Communities Model is a 5-year model that tests whether systematically identifying and addressing the health-related social needs of community-dwelling Medicare and Medicaid beneficiaries impacts total health care costs and utilization.
Key Innovations

• **Systematic screening** of all Medicare and Medicaid beneficiaries to identify unmet health-related social needs

• Testing the **effectiveness of referrals** to increase beneficiary awareness of community services using a rigorous mixed method evaluative approach

• Testing the **effectiveness of community services navigation** to provide assistance to beneficiaries in accessing services using a...
Key Definitions for Purposes of AHC Model

• **Community-Dwelling Beneficiary** – a Medicare or Medicaid beneficiary, regardless of age, functional status, and cultural or linguistic diversity, who is not residing in a correctional facility or long-term care institution (e.g., nursing facility) when accessing care at a participating clinical delivery site

• **Community Services** – a range of public health and social service supports that aim to address health-related social needs, and include many home and community-based services
Key Definitions for Purposes of AHC Model

- **Health-Related Social Need** – refers to community services need that can be linked to health care, including the cost of care and inpatient and outpatient utilization of care.

- **Usual Care** – describes the routinely provided clinical care received by patients for the prevention or treatment of disease or injury.
# Health-Related Social Needs

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<tr>
<th>Core Needs</th>
<th>*Supplemental Needs</th>
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<tr>
<td>Housing Instability</td>
<td>Family &amp; Social Supports</td>
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<td>Utility Needs</td>
<td>Education</td>
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<tr>
<td>Food Insecurity</td>
<td>Employment &amp; Income</td>
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<tr>
<td>Interpersonal Violence</td>
<td>Health Behaviors</td>
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<td>Transportation</td>
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* This list is not inclusive
The AHC model will fund award recipients, called bridge organizations, to serve as “hubs”.

These bridge organizations will be responsible for coordinating AHC efforts to:

- Identify and partner with clinical delivery sites
- Conduct systematic health-related social needs screenings and make referrals
- Coordinate and connect community-dwelling beneficiaries who screen positive for certain unmet health-related social needs to community service providers that might be able to address those needs
- Align model partners to optimize community capacity to address health-related social needs
Accountable Health Communities Model
Structure
Accountable Health Communities Model

Intervention Approaches: Summary of the Three Tracks

• **Track 1: Awareness** – Increase beneficiary awareness of available community services through information dissemination and referral

• **Track 2: Assistance** – Provide community service navigation services to assist high-risk beneficiaries with accessing services

• **Track 3: Alignment** – Encourage partner alignment to ensure that community services are available and responsive to the needs of beneficiaries
Track 2 & 3 Updates

• The initial application period for Tracks 1, 2, and 3 closed in May 2016.
• Applications for Tracks 2 & 3 are currently under review.
• CMS anticipates awards will be announced in Spring 2017.
• All applicants, including those who applied to Tracks 1, 2 or 3 in the previous Funding Opportunity Announcement (FOA), are eligible to apply to this FOA.
• Successful applicants will be selected to participate in a single track only.