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# ACCOUNTABLE HEALTH COMMUNITIES (AHC) MODEL

CENTERS FOR MEDICARE AND MEDICAID FUNDING OPPORTUNITY

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ACCOUNTABLE HEALTH COMMUNITIES GRANT MANAGER



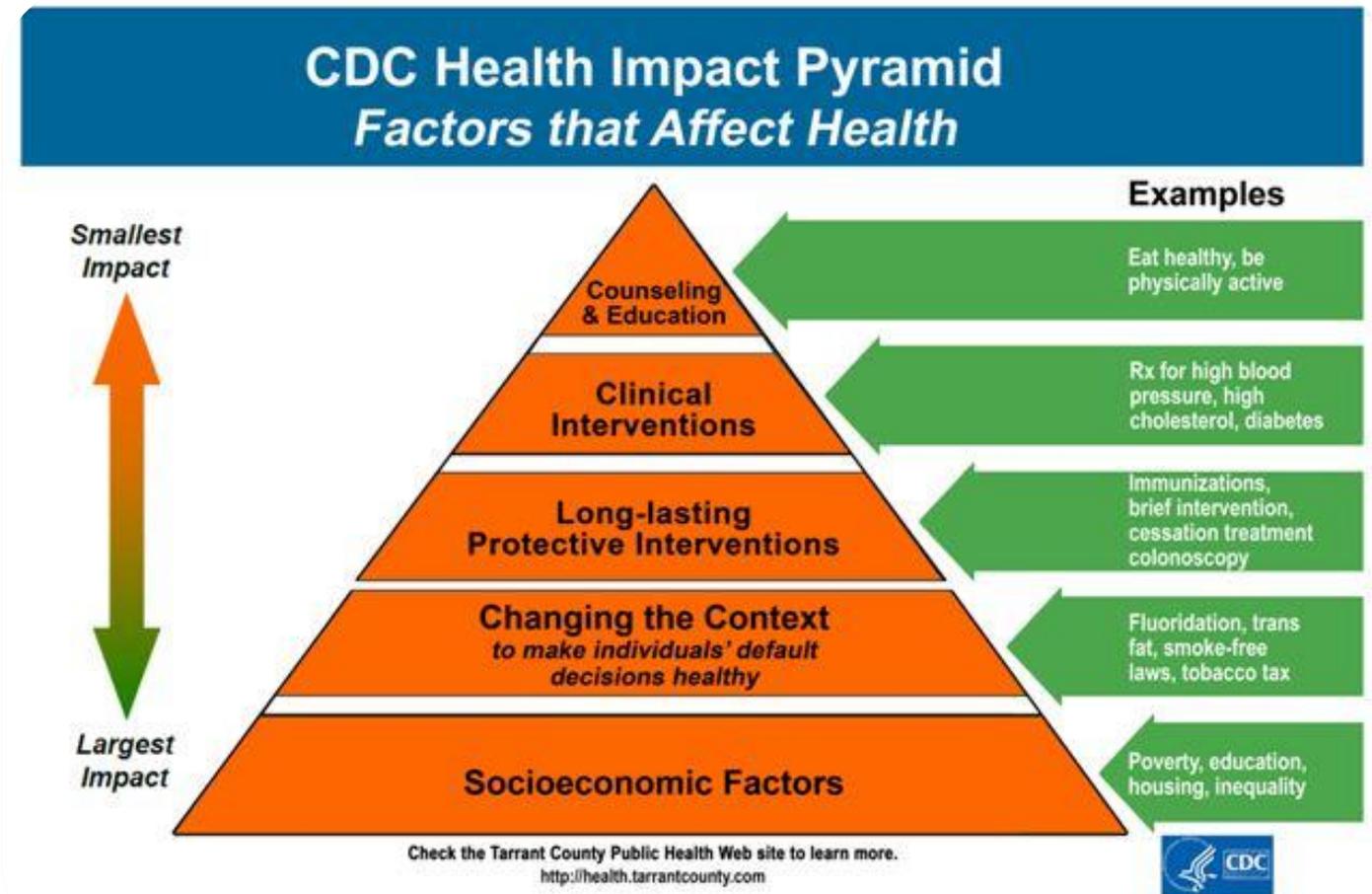
# WHAT IS THE ACCOUNTABLE HEALTH COMMUNITIES MODEL?

- Under the authority of *Section 3021 of the Affordable Care Act*, the Centers for Medicare and Medicaid/Health and Human Services Innovation Center developed the Accountable Health Communities Model as part of the Initiatives to Accelerate the Development and Testing of New Payment and Service Delivery Models.
- The Accountable Health Communities Model is based on emerging evidence that addressing health-related social needs through enhanced clinical-community linkages can improve health outcomes and reduce costs.



# FACTORS THAT AFFECT HEALTH

- The Centers for Disease Control (CDC) illustrates a similar concept using the Impact Pyramid.
- Shows that clinical care/medicine alone has a very small impact on one's health when considering the contextual and socioeconomic factors/barriers that impact one's health.



# PURPOSE OF ACCOUNTABLE HEALTH COMMUNITIES MODEL

- “The Accountable Health Communities Model addresses a critical gap between clinical care and community services in the current health care delivery system by testing whether systematically identifying and addressing the health-related social needs of Medicare and Medicaid beneficiaries’ through screening, referral, and community navigation services will impact health care costs and reduce health care utilization.”
- The model aims to identify and address beneficiaries’ health-related social needs in at least the following core areas:
  - Housing instability and quality,
  - Food insecurity,
  - Utility needs,
  - Interpersonal violence, and
  - Transportation needs beyond medical transportation.
- .....*But HOW?*



# Accountable Health Communities Model Driver Diagram

*Theory of what accelerates improvement for addressing beneficiaries' health-related social needs*



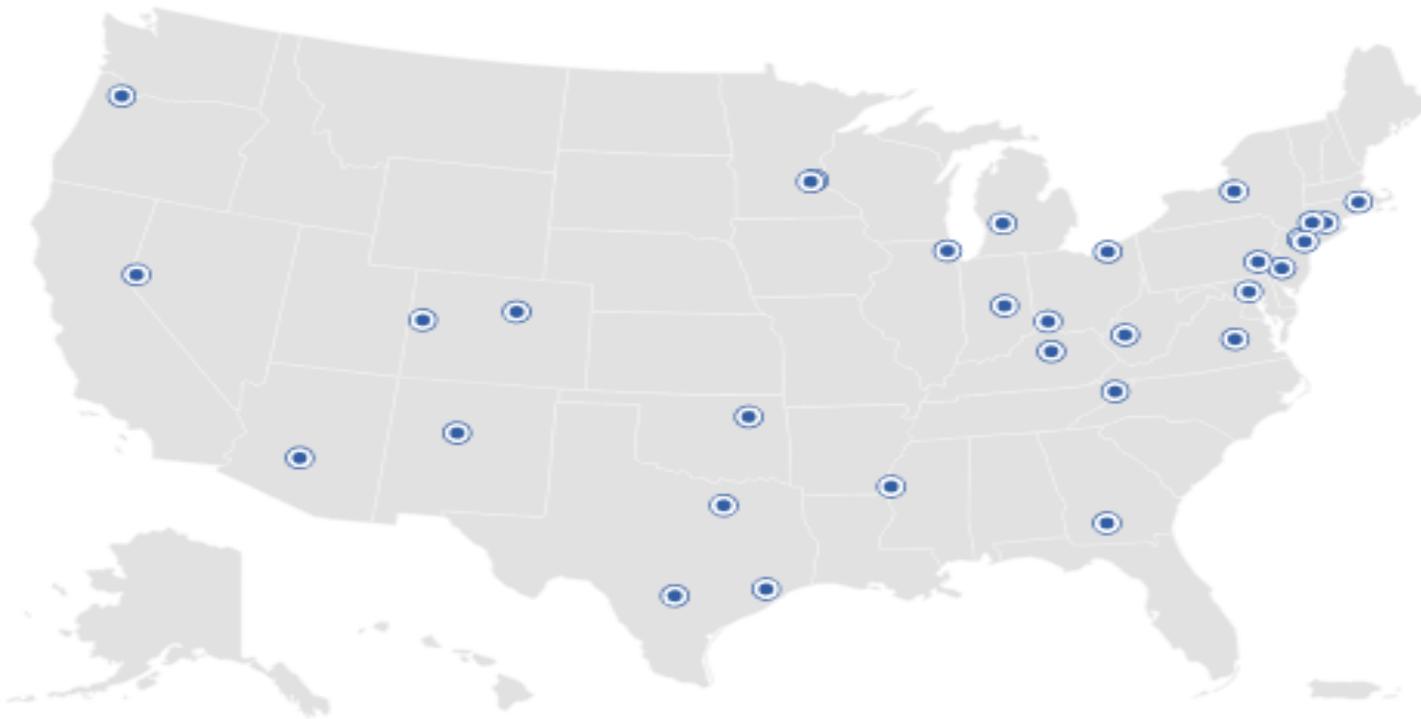
# ACCOUNTABLE HEALTH COMMUNITIES GRANT: TRACK 2

- **Screening** of community-dwelling beneficiaries to identify certain unmet health-related social needs;
  - **Referral** of community-dwelling beneficiaries to increase awareness of community services;
  - Provision of navigation services to assist high-risk community-dwelling beneficiaries with accessing community services; and
  - Encouragement of alignment between clinical and community services to ensure that community services are available and responsive to the needs of community-dwelling beneficiaries
- **Identify and partner** with clinical delivery sites (e.g., physician practices, behavioral health providers, clinics, hospitals) to conduct systematic health-related social needs screenings of all beneficiaries and make referrals to community services that may be able to address the identified health-related social needs;
  - **Coordinate and connect** beneficiaries to community service providers through community service navigation

# ACCOUNTABLE HEALTH COMMUNITIES GRANT AWARDEES

- On April 6<sup>th</sup>, 2017 Center for Medicare and Medicaid announced that Tift Regional Medical Center was awarded the “Assistance Track” also known as Track 2 of the Accountable Health Communities (AHC) grant.
- Only 12 other organizations **in the nation** were awarded Track 2 of the AHC grant, and the Tift Regional Medical Center was the only organization in the Southeast to receive the award!
- The Accountable Health Communities model implementation and reporting period began May 1<sup>st</sup>, 2017, and will continue for the next 5 years as long as the annual milestones are met as required by the Centers for Medicare and Medicaid Services.
- The grant is budget neutral to the Tift Regional Hospital System

# ACCOUNTABLE HEALTH COMMUNITIES GRANT AWARDEES



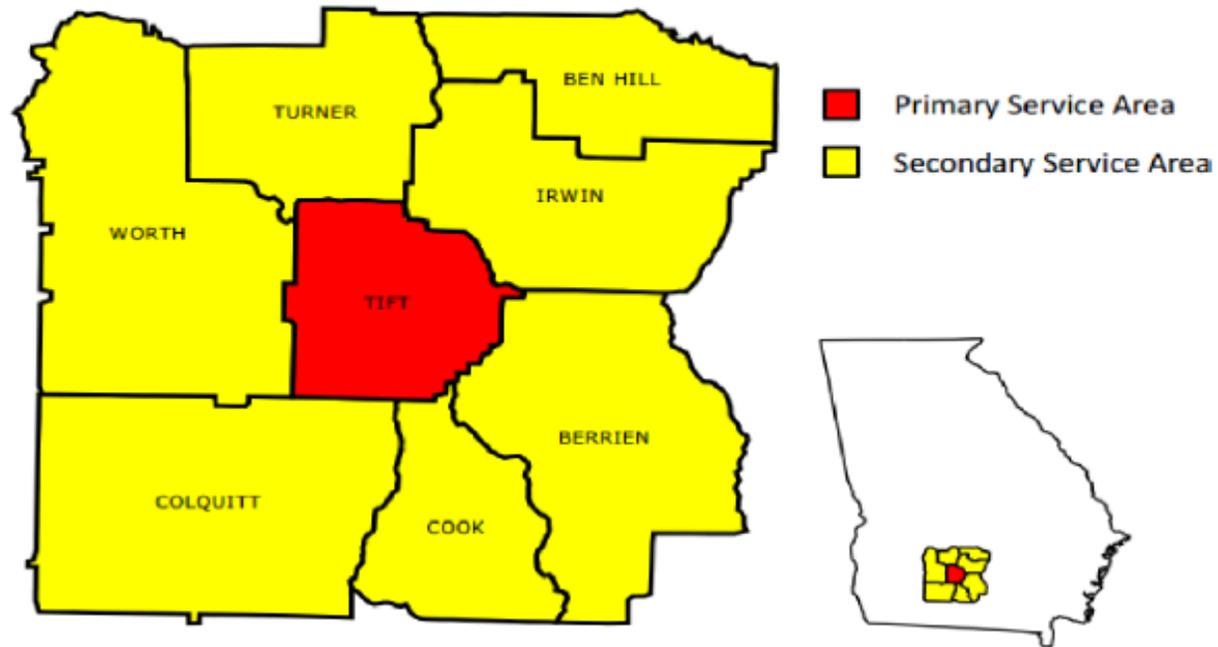
Source: Centers for Medicare & Medicaid Services

- Total of 32 organizations participating



# ACCOUNTABLE HEALTH COMMUNITIES TARGET AREA: TIFTON

**Figure 3 . Geographic Target Area Map – Tift County Hospital Authority  
Accountable Health Communities Model**



## WHO & WHEN

- Program Start Date: February 2 , 2018
- All Medicare and Medicaid Beneficiaries can be screened for the opportunity by completing either the electronic or paper version of the screening tool offered by any participating clinical site.
- Only high-risk beneficiaries will be eligible for randomization into the control group (30% of selected) or intervention group (70% of selected).
- Patients are considered high-risk if they report 2 or more visits to the emergency room (ER) within the last year are.

# ACCOUNTABLE HEALTH COMMUNITIES SERVICES

- Beneficiaries that are selected to receive the intervention will receive free patient navigation, which involves an in-depth assessment of the patient's social needs/barriers, as well as an action plan and follow-through of care that will address the needs.
- Those not selected will be placed in a raffle to win prizes each quarter.
- **The grant funding will not be used to pay for medical expenses, transportation costs, prescriptions, etc.**

# PARTICIPATING SITES

Tift Regional Medical Center

Ocilla Pediatrics

Tift Community Health Center

Cook Medical Center

Nashville Primary Care

Tifton Family Medicine

The Sylvia Barr Center

Sylvester Primary Care

Affinity Clinic

Cook Family Wellness Center

Ashburn Primary Care

Affinity Pediatrics

Cook Primary Care

Irwin Primary Care

## HOW DOES THIS AFFECT YOU?

- As it suggests in the name, part of being an accountable health community means that we must be **ACCOUNTABLE**.
- Cannot account for people's health or social needs without the people knowing about or participating in the program. If everyone in the community is well-informed, better the chances are in reaching and helping as many people as possible.
- Spread the word! Family, Friends, Coworkers...
- Partnerships



QUESTIONS?

## CONTACT ME

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