

Accountable Health Communities

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Thank you for your participation in the Accountable Health Communities (AHC) model. We are one of 32 communities across the country selected to participate in this five-year initiative of the Center for Medicare & Medicaid Innovation (CMMI). This initiative aims to bridge the critical gap between clinical and community service providers by addressing the health-related social needs of Medicare and Medicaid beneficiaries—namely, housing instability, food insecurity, utility needs, interpersonal violence, and transportation.

A growing body of evidence has shown the impact of unmet social needs on poorer health outcomes and a weaker health system performance. Studies have also shown that enhanced community partnerships can lead to improved health outcomes and lowered healthcare costs. By systematically identifying and addressing the health-related social needs of Medicare and Medicaid beneficiaries, we can cut healthcare costs, decrease healthcare utilization, and advance the health and quality of care of all patients.

Below is a quick reference guide about the AHC model and what it will mean for your participants, organization, and community:

Eligibility

Participants

Our AHC model will focus on the needs of all Medicare and Medicaid beneficiaries living in Camden, Burlington and Gloucester counties who are seeking healthcare at a participating clinical delivery site— regardless of age, functional status, and cultural or linguistic diversity. Beneficiaries residing in a correctional facility or a long-term care institution (e.g., nursing home), however, will not be able to participate in this model.

Clinical Delivery Sites and Community Service Providers

We welcome participation from the following organizations that serve Camden, Burlington, and Gloucester counties:

- Clinical delivery sites that provide clinical care to Medicare and Medicaid beneficiaries (e.g., physician practices, behavioral health providers, clinics and hospitals); and,
- Community service providers that increase access to services addressing the following health-related social needs of Medicare and Medicaid beneficiaries: housing instability, food insecurity, utility needs, interpersonal violence, and transportation.

Key Model Elements

The AHC model tests four primary elements: screening, referral, community navigation services, and alignment of regional partners.

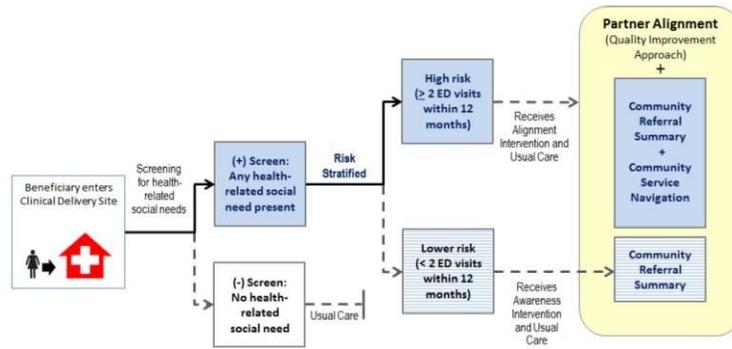


Figure 1. AHC Track 3 – Alignment Evaluation Diagram, Funding Opportunity Announcement, Page 43

Screening

Participating clinical delivery sites will conduct screenings of all Medicaid and Medicare beneficiaries who seek care at their sites for their health-related social needs. The participating sites will use a standardized screening tool developed by the Centers for Medicare and Medicaid Services.

Referral

Beneficiaries who screen positive for at least one health-related social need will receive a referral summary of community service providers who can possibly address each of the health-related social needs identified through their screening.

Community Navigation Services

Beneficiaries who: 1) screen positive for at least one health-related social need, and 2) have visited the Emergency Department more than once in the last 12 months will be offered navigation services from trained AHC navigators. The navigator will interview the beneficiary one-on-one to understand their needs, develop an action plan to address their identified needs, and follow up with beneficiaries on a monthly basis until their needs are met or cannot be resolved.

Regional Partner Alignment

Participants and participating organizations will have an opportunity to participate in a regional advisory board. The advisory board will consist of representatives from the New Jersey Medicaid office, local governments, clinical delivery sites, local payers and providers, beneficiaries and their caregivers, and at least one community service provider from each of the core health-related social needs categories (housing instability, food insecurity, utility needs, interpersonal violence, and transportation). The advisory board provides an opportunity for partners to align their goals and coordinate their resources to address service gaps in the region. The advisory board, in partnership with the Coalition, will perform an annual gaps analysis and develop a quality improvement plan.



Target Numbers at a Glance

In the first year of this five-year project, we will focus on planning and launching our start-up as a participating AHC hub. In subsequent years, our community together must meet the following goals for screening and navigation:

Annual screening:

- Years 2 to 4: Conduct 75,000 screens.
- Year 5: Conduct 37,500 screens.

Navigation services:

- Years 2 to 4: Provide navigation services to at least 2,925 high-risk beneficiaries annually.
- Year 5: Provide navigation services to at least 1,463 high-risk beneficiaries.

Camden Coalition's Role as Bridge Organization

The AHC model is a regional effort that requires significant coordination of partners and model elements. As the bridge organization, the Camden Coalition is accountable for administration of the model and deliverables designated by CMS. The Camden Coalition's primary responsibilities are: convening clinical and community partners around screening and navigation services, developing and maintaining a community resource inventory, monitoring the intervention at clinical delivery sites, program and financial management, data collection and reporting to CMS, and facilitating the gaps analysis, quality improvement planning, and coordination of advisory board activities.

We are excited to partner with you as a community of caregivers. Together, we can transform how whole person care is accessed and delivered in our region.

About the Camden Coalition of Healthcare Providers

The Camden Coalition of Healthcare Providers is a citywide coalition of over 25 hospitals, primary care providers and community organizations working together to deliver better healthcare to vulnerable citizens in Camden, NJ. Founded by Dr. Jeffrey Brenner in 2002, the Coalition knits together a fragmented healthcare system for patients with complex needs and repeated, ineffective and expensive hospitalizations, using smart data and holistic, multi-disciplinary team care. We believe if we can deliver better care at lower cost here in Camden, it can be done for everyone, everywhere in America.

Questions? Have ideas or know any partners who might be interested in participating in our AHC model? Please contact Andrew Katz at akatz@camdenhealth.org or Mingie Kang at mkang@camdenhealth.org.