



Accountable Health Communities Model

Overview and Update

August 2019



Please go to

PollEV.com/SallyHenry057

and complete the questionnaire!

Anonymous responses will be
shared momentarily!

THE ACCOUNTABLE HEALTH COMMUNITIES MODEL: A FEDERAL EFFORT TO ADDRESS SDoH

CONVENING

A community infrastructure for supporting addressing social needs. Community Leads identify gaps in social needs and create partnerships to address gaps

SOCIAL NEEDS SCREENING

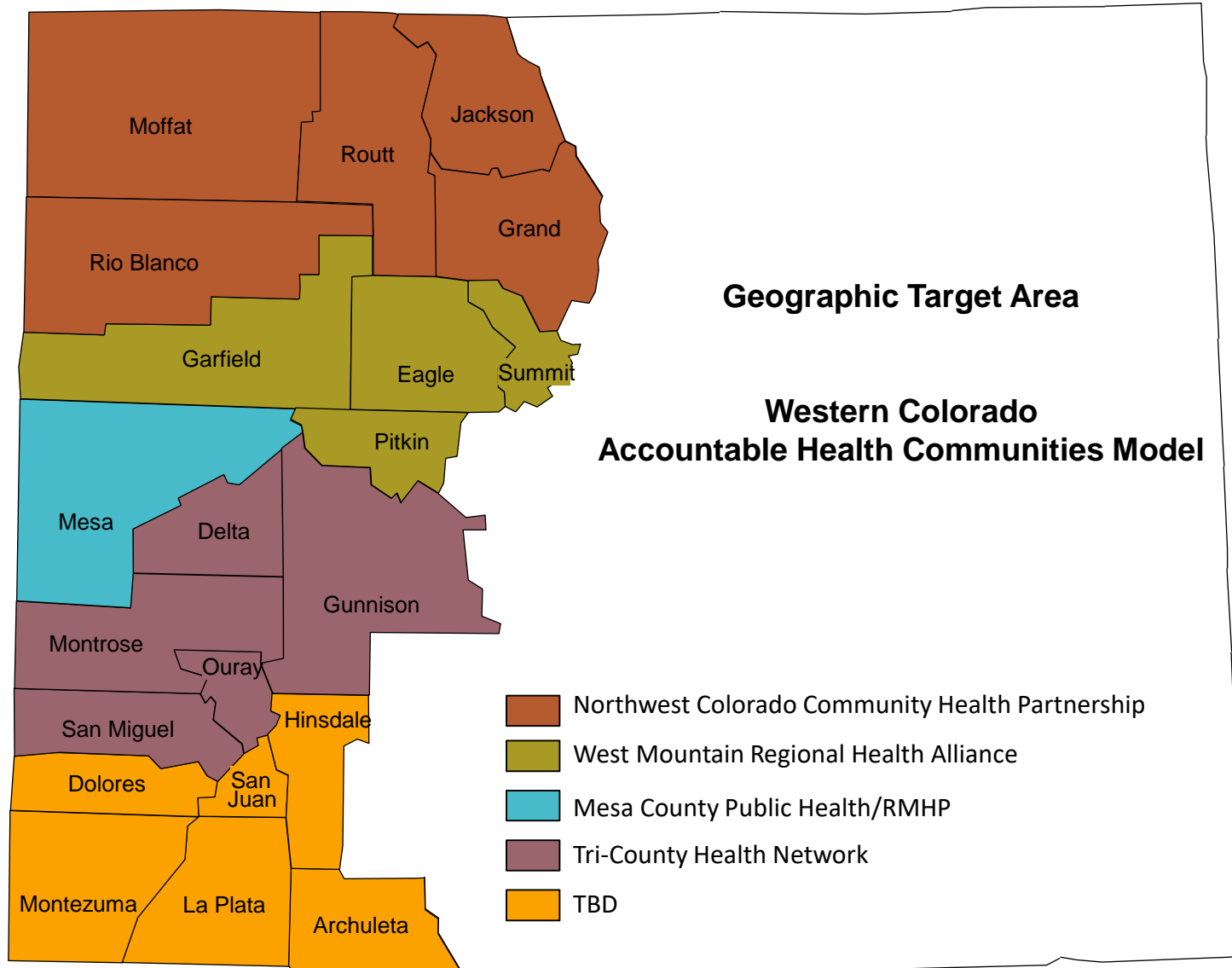
Screening for social needs for clinical sites and providing referrals

COMMUNITY NAVIGATION

All screened individuals who have 2 or more ER visits in the last year and a social need should receive community navigation



THE AHCM COMMUNITIES & LEADS



Community Lead Quality Improvement

- *Housing*
 - West Mountain Regional Health Alliance
- *Food*
 - Northwest Colorado Community
 - Tri-County Health Network
 - Mesa County Public Health



AHCM SCREENING

We aim to screen 100,000:

Medicare Enrollees

Medicare-Medicaid Enrollees

Medicaid Enrollees

In Clinical Settings including:

Primary Care

Behavioral Health

Hospitals

For six social needs:

Food

Housing

Transportation

Utilities

Interpersonal Violence

Social Isolation

Using the:

Quality Health Network
Community Resource Network



AHCM SCREENING

“The last time I looked in my textbook, the specific therapy for malnutrition was, in fact, food”

– Dr. Jack Geiger

Identify social needs to enhance
clinical care planning



AHCM SCREENING

County	% Eligible but Not Enrolled in SNAP	County	% Eligible but Not Enrolled in SNAP
Mesa	44%	La Plata	49%
Archuleta	56%	Moffat	31%
Delta	46%	Montezuma	37%
Dolores	69%	Montrose	44%
Eagle	75%	Ouray	71%
Garfield	45%	Pitkin	86%
Grand	77%	Rio Blanco	53%
Gunnison	68%	Routt	73%
Jackson	56%	San Miguel	72%

Provide information on
community resources

Identify social needs to enhance
care planning



AHCM SCREENING



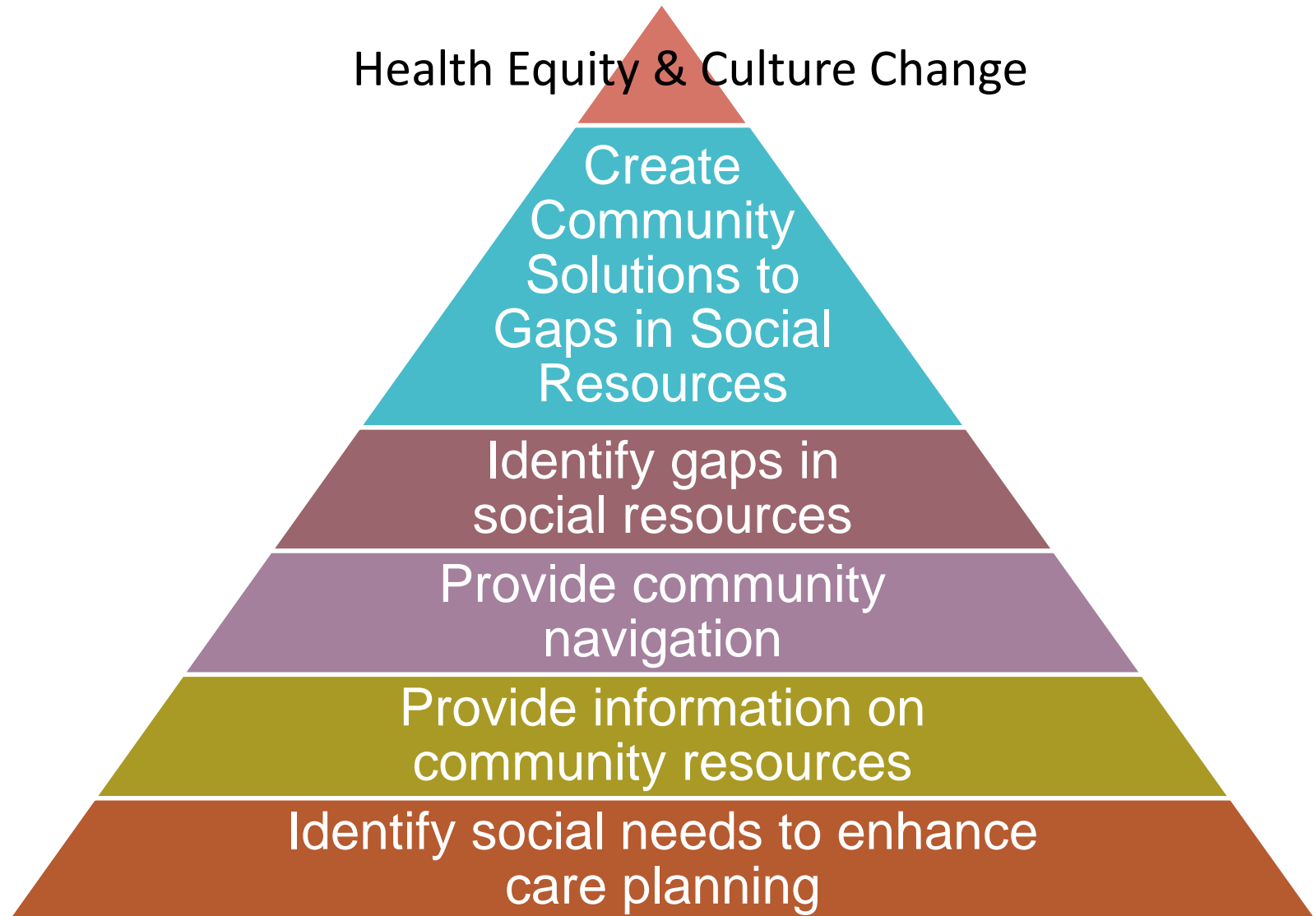
AHCM SCREENING



AHCM SCREENING



AHCM SCREENING



Practices/Clinics Currently Screening

*River Valley Family Medicine-Delta,
Montrose, Olathe*

Mountain Family-Basalt, Glenwood, Rifle

Gunnison Valley Health

Mid Valley Practice

Northwest Colorado Health

*Pioneers Hospital ER & Outpatient
(formerly Meeker Family Health Center)*

Ebert Family Clinic

Memorial Regional Health-Craig

Summit Care Clinic

Foresight Family Physicians

Pediatric Partners of SW

Pediatric Assoc. of Durango

A Kidz Clinic

Aspen Valley Hospital

Primary Care Partners

Valley View Hospital

Rangely District Hospital

Northside Health Center

Center for Mental Health

MindSprings Health

Glenwood Medical Associates

Surface Creek

Uncompahgre Medical Center

Axis Health System

*Four Corners Youth Clinic/ Every
Child Pediatrics*

Grand River Hospital Practices

Castle Valley Children's Clinic

Marillac Clinic

DinoPeds

Basin Clinic

Dr. Jennifer Stroh, D.O.

*Mercy Regional Medical –LINK/Case
Workers/Internal Medicine*

*Delta County Memorial Hospital-Internal
Medicine, Premiere Women's Clinic*

Montrose Memorial Hospital-Alpine

Women's Clinic

Western Valley Family Practice

Peak Family Medicine

Telluride Medical Center

Vail Health

Eagle County Paramedic Services

Roaring Fork Family Physicians

41 Organizations

60 Locations



Clinics/Systems in the process of joining the project...

- *Community Health Services, Garfield County*
- *St. Anthony Summit Medical Center*
- *High Country Healthcare*
- *Selah*
- *Mind Springs Craig, Eagle, Frisco*
- *UC Health ED (Yampa Valley Medical Center)*
- *Rio Blanco Dept. of Public Health & Environment*

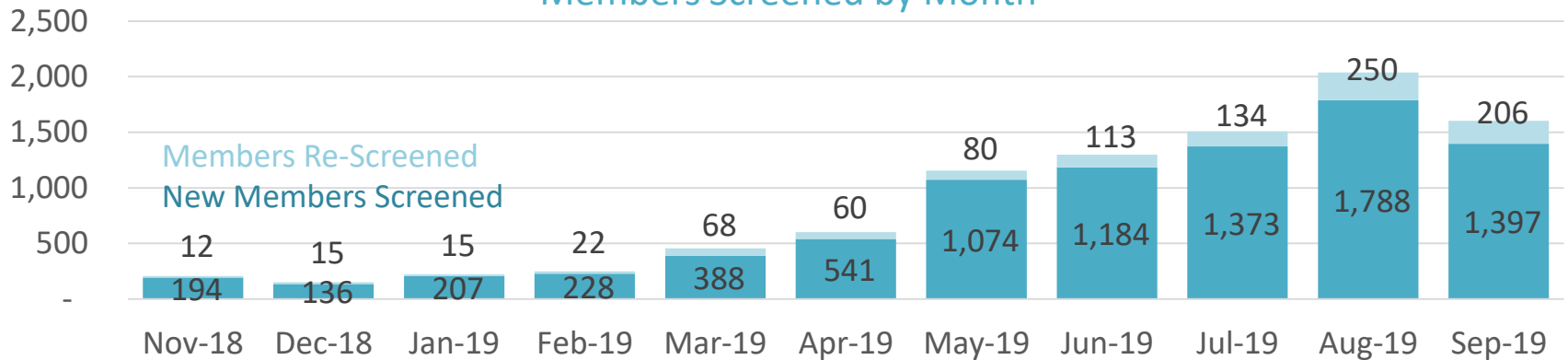


**Congratulations on our
Success on the CMMI
Challenge!!!**

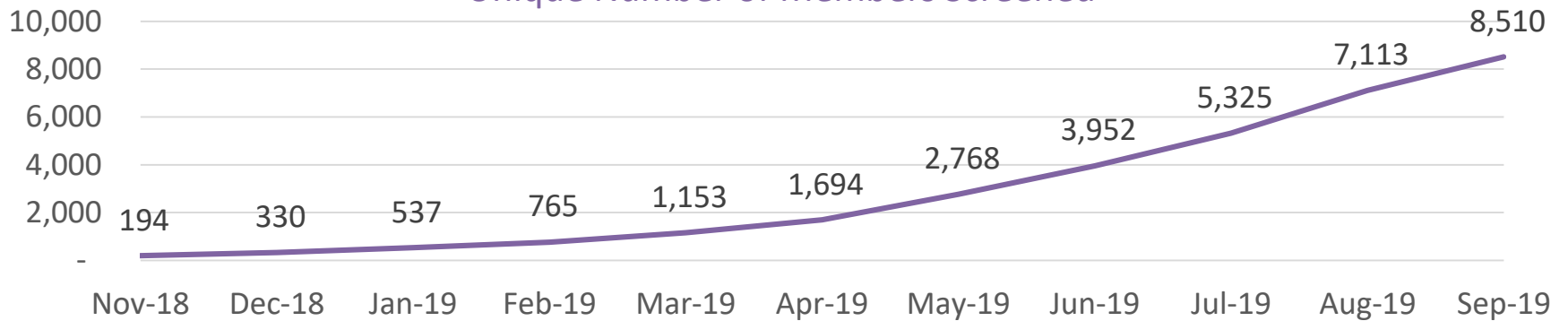


Members Screened

Members Screened by Month



Unique Number of Members Screened

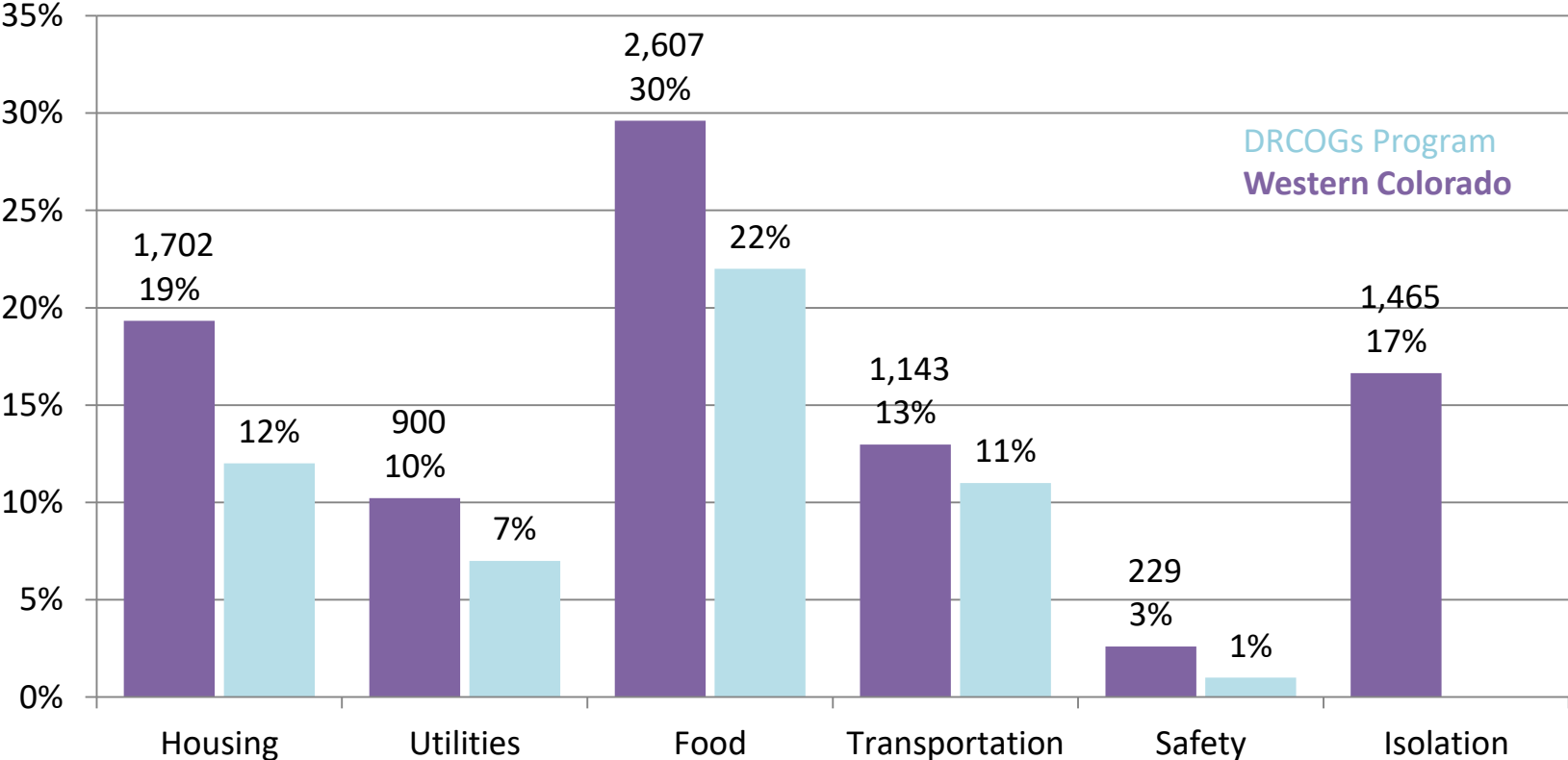


At our 2019 Q3 pace we will screen 18,232 unique Medicare and Medicaid Members each year and 23,112 total community members.



Prevalence of Social Needs

Percent of Members with Each SDoH Need



Needs by Income

Annual Income	Members Screened	Housing	Utilities	Food	Transportation	Interpersonal Violence	Social Isolation	Avg Number of Needs
< \$10,000	1,785	35%	14%	53%	29%	6%	34%	1.7
\$10,000 - \$15,000	866	28%	15%	45%	17%	3%	27%	1.3
\$15,000 - \$20,000	610	23%	14%	35%	14%	3%	20%	1.1
\$20,000 - \$25,000	540	21%	15%	31%	10%	2%	16%	1.0
\$25,000 - \$35,000	752	19%	11%	28%	8%	2%	16%	0.8
\$35,000 - \$50,000	570	12%	9%	19%	5%	2%	11%	0.6
\$50,000 - \$75,000	311	12%	7%	10%	5%	0%	8%	0.4
< \$75,000	169	4%	2%	1%	2%	1%	2%	0.1



SDoH & Healthcare Utilization/Costs

Utilization Per Year*		Housing	Utilities	Food	Transportation	Interpersonal Violence	Social Isolation
ER Visits	w/ Need	6.8	6.6	6.7	7.6	7.5	6.3
	w/o Need	5.7	5.9	5.6	5.7	5.9	5.9
	Ratio	1.19x higher	1.12x higher	1.2x higher	1.33x higher	1.26x higher	1.08x higher

IP Admits	w/ Need	1.7	1.6	1.6	1.8	1.8	1.5
	w/o Need	1.4	1.4	1.4	1.4	1.4	1.4
	Ratio	1.24x higher	1.13x higher	1.2x higher	1.31x higher	1.24x higher	1.01x higher

Health Care Costs	w/ Need	\$12,427	\$13,089	\$12,307	\$12,796	\$13,928	\$12,163
	w/o Need	\$11,195	\$11,236	\$11,047	\$11,234	\$11,378	\$11,293
	Ratio	1.11x higher	1.16x higher	1.11x higher	1.14x higher	1.22x higher	1.08x higher

*Average annualized utilization for 12-months prior to initial screening.



Food Insecurity & Health Outcomes

	Prevalence		
	Members w/ Food Insecurity	Members w/o Food Insecurity	Ratio
Annual Healthcare Costs	\$12,313	\$11,047	1.1x higher
ER Use (12 months prior to screening)	47%	40%	1.2x higher
IP Admit (12 months prior to screening)	13%	11%	1.2x higher
SUD	34%	20%	1.7x higher
Depression	20%	11%	1.9x higher
Anxiety	19%	10%	1.9x higher
Diabetes	10%	7%	1.5x higher
Heart Disease /Failure	2.1%	1.4%	1.6x higher



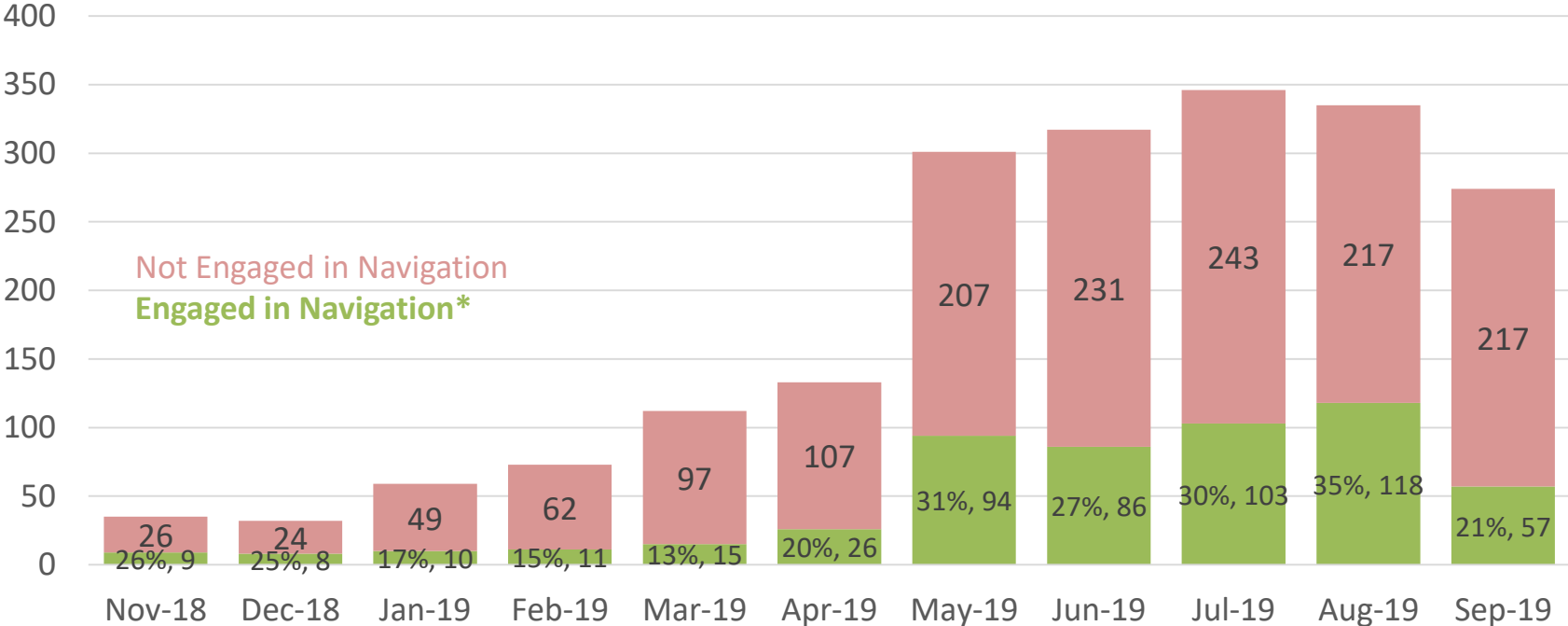
Needs by Practice

	Members Screen	Housing	Utilities	Food	Transportation	Interpersonal Violence	Social Isolation	Avg Number of Needs
Mountain Family Health Centers	1,058	24%	11%	36%	17%	3%	19%	1.1
Primary Care Partners, Inc	1,056	23%	14%	35%	14%	3%	24%	1.1
Marillac Clinic	906	30%	14%	50%	22%	5%	32%	1.5
Axis Health System	760	21%	10%	35%	18%	5%	28%	1.2
Summit Community Care Clinic	482	17%	6%	24%	14%	2%	16%	0.8
Surface Creek	369	12%	9%	21%	6%	1%	9%	0.6
Dinopeds	347	12%	10%	14%	5%	1%	3%	0.4
Castle Valley Children's Clinic	264	13%	8%	19%	3%	0%	6%	0.5
Northwest Colorado VNA-Community Health Center	201	29%	15%	36%	17%	4%	20%	1.2
Foresight Family Physicians	190	23%	8%	34%	13%	3%	28%	1.1
Uncompahgre Medical Center	119	19%	7%	20%	13%	2%	11%	0.7
RM ACO-Valley View Hospital	111	14%	4%	18%	10%	2%	7%	0.5
RM ACO-Rangely District Hospital	103	16%	13%	35%	18%	5%	17%	1.0
Basin Clinic	101	25%	14%	28%	18%	1%	14%	1.0
Pediatric Associates of Durango	98	12%	9%	24%	11%	2%	9%	0.7
RMACO-Memorial Hospital-Craig	70	23%	11%	46%	20%	3%	29%	1.3



Navigation Engagement

New Navigation Engagement By Month of First Screening



*Those Members with a person to person interaction with an AHCM navigator.

Navigation Outcomes

SDoH	Members Engaged In Navigation	Members with Resolved Needs	Resolution Rate
Housing	314	48	15.3%
Utilities	161	32	19.9%
Food	425	116	27.3%
Transportation	219	46	21.0%
Interpersonal Violence	41	6	14.6%
Social Isolation	230	9	3.9%
Average Number of Needs	2.54	0.52	20.5%



Upcoming CMMI Challenge:

October 29 – November 27 210 Navigation Cases

January 1 – January 30 240 Navigation Cases

Social Needs Screening Learnings

- *focus on the **why***
- *think about your own **biases***
- *double down*
- *go **slow** before you go fast, and **double** the time*
- *the **paradox** of choice*
- *don't underestimate the electronic health record*
- *screening is only as good as what you do **after***



MAKING A DIFFERENCE IN WESTERN COLORADO



Poll

Who is in the room

- Staff of Clinical Organizations (hospitals, clinics, behavioral health)
- Community Organizations
- County Government (Public Health & Human Services)
- State Partners
- Other

Share with the person next to you why you went into this line of work.

If you were going to focus on one thing to improve your own health, what would it be?

- a) Exercise more/better/differently
- b) Eat healthier
- c) Sleep more
- d) Practice gratitude or engage in other mental practices like meditation
- e) Go to the doctor



Quiz Time

Poor adults are ____ times as likely as those with incomes above 400 percent of FPL to report being in poor or fair health.

- a) Two
- b) Three
- c) Four
- d) Five

Chronic Stress such as financial hardship can cause permanent changes to genes and hormones that increase the rates of chronic disease.

- TRUE
- FALSE

Life Expectancy in the US is lower than life expectancy in the following countries

- a) Slovenia
- b) Isreal
- c) Korea
- d) All of the above



Quiz Continued

What was the Poverty Rate for the US?

- a) 5%
- b) 10%
- c) 15%
- d) >20%

What is the United States investment in housing as a percent of GDP?

- a) .1
- b) .3
- c) .5
- d) .7

What is the US Investment in healthcare (Medicaid and Medicare) as a percent of GDP?

- a) 3%
- b) 5%
- c) 8.5%
- d) 10%



Poll

If you had to choose between spending federal funds on housing and healthcare, what would you chose?

Housing

Healthcare

