

Accountable Health Communities– Overview

Bob Whitler

Executive Director for Partners In Health Network

A. Brianna Sheppard–Willis, PhD, MA

Program Coordinator, WVU Institute for Community and Rural Health

Adjunct Assistant Professor, Dept. of Social and Behavioral Sciences, WVU School of
Public Health

Lesley E. Cottrell, PhD

Professor and Vice Chair for Research, Dept. of Pediatrics, WVU School of Medicine

Professor, Dept. of Social and Behavioral Sciences, WVU School of Public Health

Director, WV Center for Excellence in Disabilities

Co–Director, Prevention Research Center

Christena Ross, MSM

Director of Research and Grants Administration

CAMC Health Education and Research Institute

AHC Collaborators

- ▶ **DHHR—Bureau for Medical Services**
- ▶ **WVU Center for Excellence in Disabilities**
- ▶ **WVU Institute for Community and Rural Health**
- ▶ **WV Family Resource Network**
- ▶ **Partners in Health Network–Bridge Organization**
- ▶ **West Virginia Medical Institute**
- ▶ **Try This West Virginia**

48 Clinical Delivery Sites

- ▶ Charleston Area Medical Center
- ▶ Community Care Of West Virginia
- ▶ Highland Hospital
- ▶ Jackson General Hospital
- ▶ Minnie Hamilton Health System
- ▶ Prestera Center
- ▶ Summersville Regional Medical Center
- ▶ West Virginia Health Right
- ▶ WVU Hospitals and WVU Medical Corporation

Thanks to all who participated

Christena Ross, Cindy Hanna, Mike Broce and Stephanie Atkins from the
CAMC Health Education and Research Institute

Josh Austin from State Innovation Model grant

Brianna Sheppard–Willis, Lesley Cottrell and Jacquelynn
Copenhaver from WVU

Kim Tieman, Benedum Foundation

Barb McKee and Brent Tomblin from PIHN

Special thank you to all of the clinical sites

Cooperative Agreement and Dates

- ▶ U.S. Dept. of Health and Human Services Centers for Medicare & Medicaid Services, Center for Medicare & Medicaid Innovation
- ▶ CMS-1P1-17-001
 - \$2.57 million over 5 years or \$ 514,00 per year
 - 10% indirect for duration of grant
 - Requires State Medicaid Agency participation
- ▶ Duration of agreement
 - Non-competitive yearly renewal for 5 years pending successful completion of milestones
 - Performance Period: April 1, 2017 to March 31, 2022
 - Includes 9-month start-up period
 - Application Deadline May 18, 2016

Grant Purpose

- ▶ Overarching goal is to bridge the divide between the clinical healthcare delivery system and community service providers to:
 - Address health-related social needs
 - Reduce the overall cost of healthcare
 - Increase health equity
- ▶ Systematically identify whether:
 - Health-related social needs of community-dwelling Medicare & Medicaid beneficiaries are being met
 - Addressing these identified needs impacts total healthcare costs and utilization of inpatient and outpatient services

Research Design

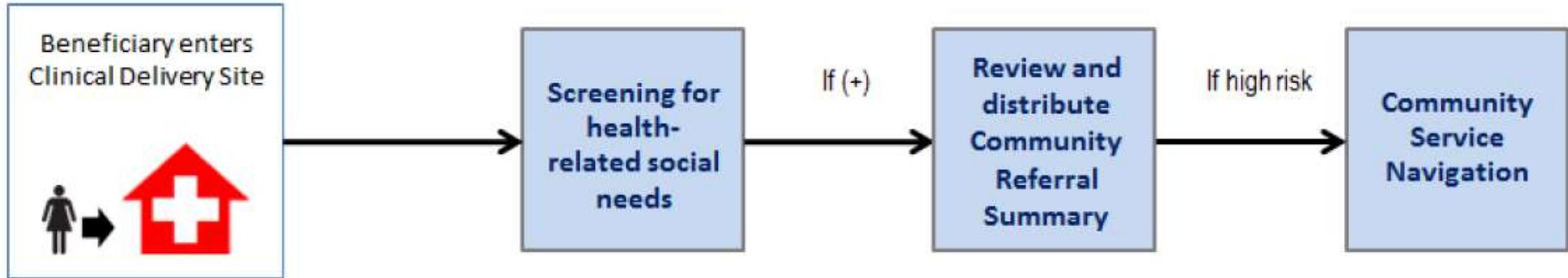


Figure 7. Track 2 – Assistance Intervention Pathway

Universal Screening

- ▶ Health-related social needs
 - **Core**: housing access and stability, utilities assistance, food insecurity, interpersonal violence, transportation
 - **Supplemental**: education, employment and income, health behaviors, access to needed medications

- ▶ Geographic target area
 - All 55 counties in WV
 - Medicare, Medicaid, Dual-Enrolled, CHIP
 - 296,208 potential offers to screen in WV—75,000 required by CMS

Community Resource Inventory

- ▶ Required inventory of local community service providers that provide direct services to meet health-related social needs
 - Build upon existing WV CED inventory
 - Updated every 6 months
- ▶ Module with the CAPGate system can produce required personalized community referral summary sheet
 - Explain the purpose of the referral and that these are local organizations at the time of the visit

Patient Navigation Services

- Provided to patients with ≥ 2 emergency department (ED) visits in the past 12 months who have screened positive for a health-related social need AND randomized into the intervention group
- Navigation services:
 - Personal interview
 - Develop an action plan
 - Follow-up(s)—Resolved or declared not resolvable
 - Documentation
 - Data collection

Accountable Health Communities 4Ls: Liked – Learned – Longed For – Lacked

Liked – *things we really liked about the process*

- Collaborators put the application need(s) ahead of organizational or self-interest to present the strongest product
- Fostered an environment where collaborators could freely share their ideas—privately and with the team—and act on those ideas
- Conducted a self-assessment and wrap up at the end of the process and memorialized lessons learned for future collaborations
- Celebrated victories and milestones—even small ones

Learned – *things we learned...*

- Sample budgets are important and should be discussed as soon as feasible with all collaborators (remember that no budget = no project)
- Consult with the legal department, institutional review board and government collaborators immediately, particularly on contracts, MOUs, etc.; research protocols and any political issues and letters of support
- Select a single POC to consistently answer questions, make requests, manage assignments, facilitate calls/meetings and handle internal communications
- Draft a short description of the application/grant to share with frontline collaborators, such as clinics, community partners, etc.; this document should include a POC with contact information
- Must identify and engage stakeholders ASAP in the planning process (i.e., convene interested parties)
- Forget pre-conceived notions about collaborators; they may (often frequently) surprise you 😊
- Assign each collaborator an application section or task that aligns with their organizational and/or professional strength(s) and skill set

Longed For – *things we desired or wished for...*

- Identify tools such as Sharepoint and Google Docs to allow collaborative editing/commentary and process flow
- Create a project management plan for the application and the possible award (i.e., prepare for success)

Lacked – *things we saw the team doing, but could have done better...*

- Ensure materials developed for outreach, such as MOUs, model letters of support, etc. are shared internally with all collaborators
- Set firm yet manageable deadlines and ensure the whole team knows what these are
- Allow at least one week to review final details of the application
- *Most collaborators* should be willing to contribute to writing the application—not just edit or provide comments
- Create a culture of transparency and respect by providing all collaborators a copy of the application and related materials at the conclusion of the process

Technique adapted from Mary Gorman and Ellen Gottesdiener, EBG Consulting, and www.furretrospectives.com.

Questions?

