Accountable Health Communities Model
Almost Two Million Completed Social Needs Screenings

Addressing a Critical Gap

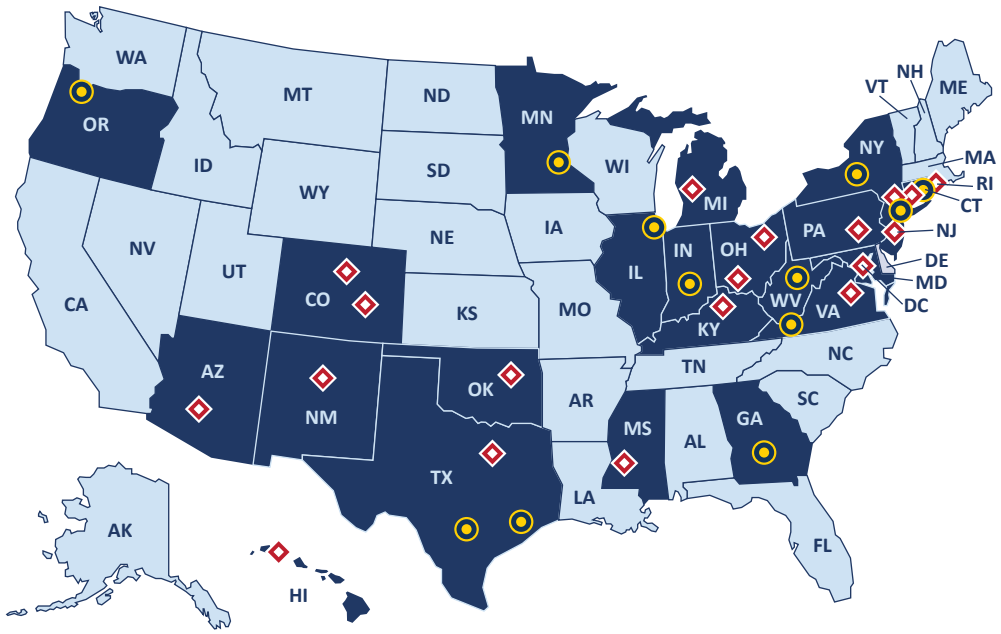
The **Accountable Health Communities (AHC) Model** addressed a critical gap between clinical care and community services in the health care delivery system. The model tested whether systematically identifying and addressing the health-related social needs (HRSN) of Medicare, Medicaid, and dual-eligible patients through screening, referral, and community navigation services would impact health care costs and reduce health care utilization.

All awardees screened community-dwelling patients to identify certain unmet HRSNs. **Assistance Track** awardees provided navigation services to high-risk patients, defined as those with one or more of the five core HRSNs and two or more emergency department (ED) visits in the 12 months before screening. **Alignment Track** awardees provided navigation services to high-risk patients and encouraged partner alignment to improve availability of community services in response to reported needs.

AHC Model Awardees

The findings in this document are based on data from the 31 awardees that implemented the AHC Model.[1] These awardees served patients in 22 states including both rural areas and 7 of the 10 largest U.S. cities. Awardees represented a diverse group of organizations, including:

- Hospitals, health systems, and health care organizations (22)
- Community-based or social service organizations (2)
- Health plans (2)
- University or research organizations (2)
- Health information exchanges (2)
- Local health department (1)



1 These findings report HRSN screenings and navigation cases for the 31 awardees that implemented the model from 2017 through 2023. Three awardees withdrew from the model before it ended.

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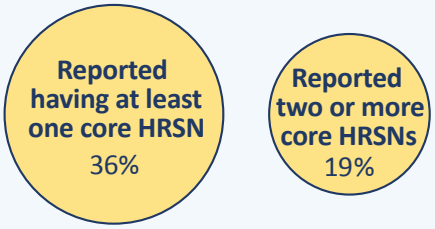
For more information visit: **https://www.cms.gov/priorities/innovation/innovation-models/AHCM**

Screening for Health-Related Social Needs

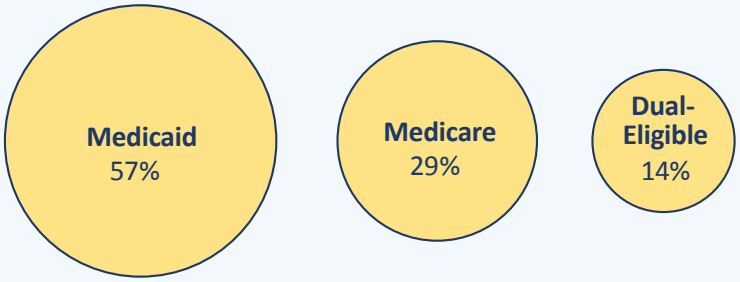
AHC awardees used the **AHC HRSN Screening Tool** to identify whether patients were experiencing one or more HRSNs, including the five core HRSNs:

- Housing instability
- Transportation problems
- Food insecurity
- Utility difficulties
- Interpersonal violence (safety)

Of the 1.1 million patients who completed nearly 2 million screenings[2]:



Of those patients who completed a screening and whose coverage status could be verified[3]:

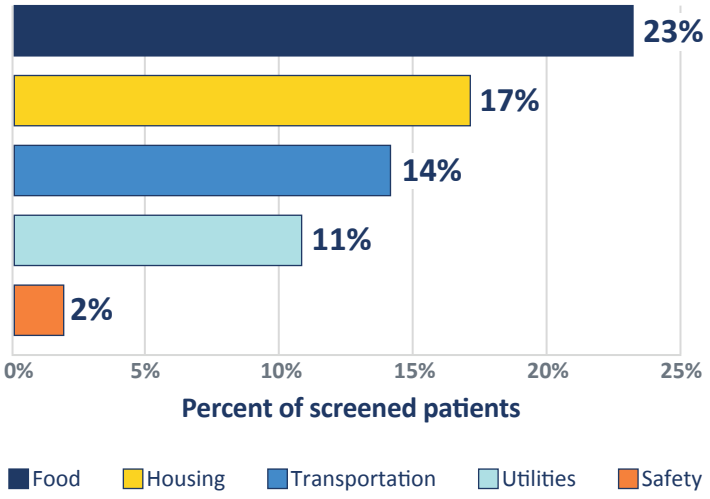


2 Patients could complete more than one screening, which explains why the total number of screenings is higher than the number of patients screened.

3 Verification includes matching a patient in the AHC program data to a patient in the Medicare Master Beneficiary Summary File and/or the Transformed Medicaid Statistical Information System Analytic File and that the patient's coverage status was active as of the month they were screened for eligibility to participate in the AHC Model.

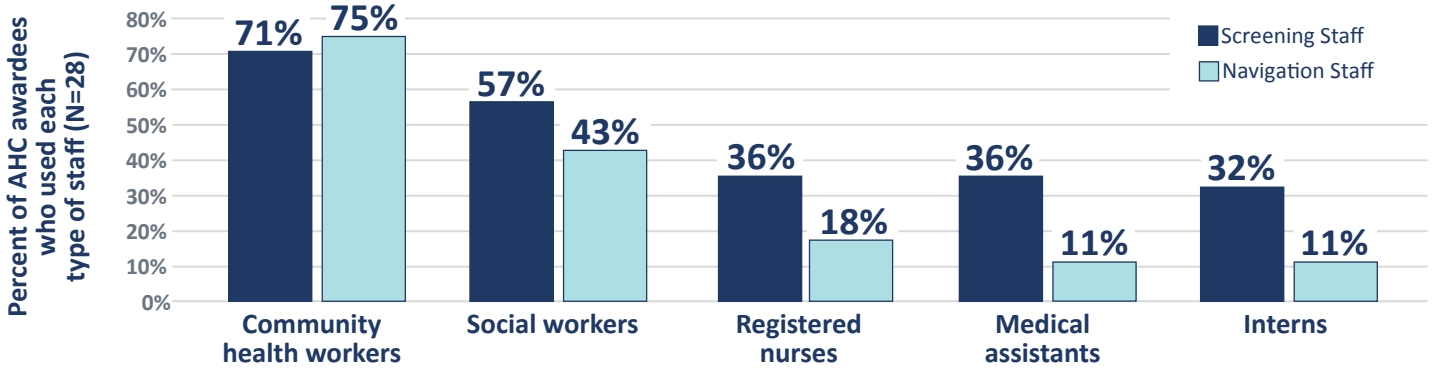
Food was the most common need among all screened patients, followed by housing

Among all patients who completed an HRSN screening, food insecurity was the most common need identified. Specifically, 23% of patients who completed a screening reported a food need.



Most awardees employed community health workers to conduct at least some HRSN screening or navigation

Most awardees used a combination of existing staff in clinical sites and newly hired screening staff to conduct screenings. Community health workers were the most common type of staff for both screening and navigation.



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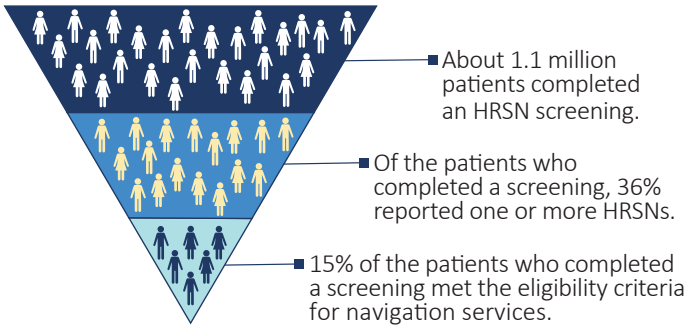
Community Navigation Services

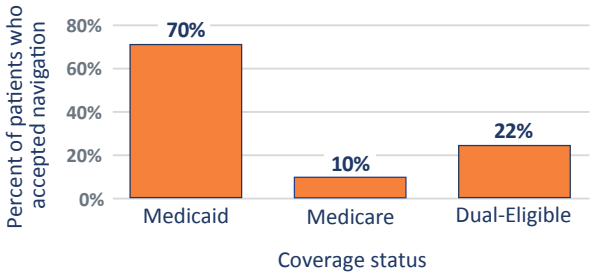
Awardees offered navigation services to community-dwelling patients who met the following criteria: identified one or more core HRSNs, and had two or more ED visits in the last year. To connect patients to community services, AHC navigators conducted an in-depth interview with each patient and created a patientized action plan to help resolve their reported needs.

Eligibility



Accepting Navigation Services

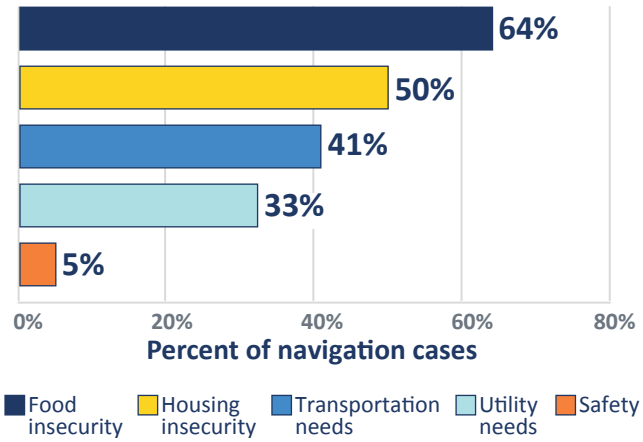
Medicaid patients represented a majority of those who accepted navigation[4]



4 These percentages are among patients who completed screening and whose coverage status could be verified.

Most Navigation Cases Addressed Food Insecurity and Nearly Half Addressed Housing Instability

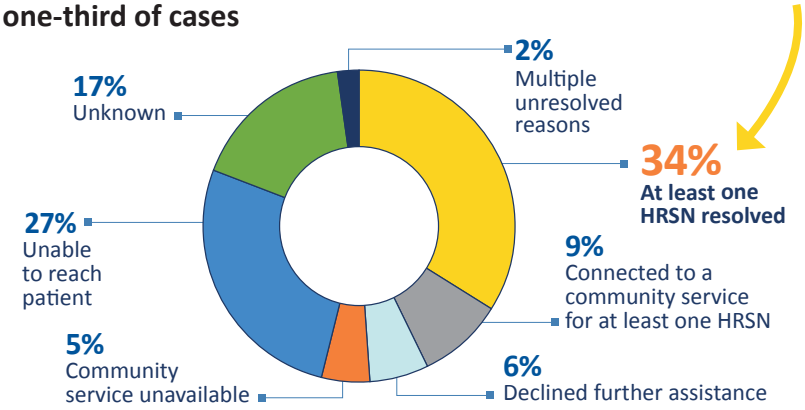
After a patient accepted assistance, the navigator opened a navigation case. The navigator then worked with the patient to connect to community services to address each HRSN. Navigation cases were often complex, and 61% of cases involved multiple needs. Nearly two thirds of all cases addressed food insecurity, the most common HRSN in navigation cases.



Resolving Health-Related Social Needs

AHC navigators followed up with patients receiving navigation services until the patient reported their needs were resolved or until the remaining HRSNs were documented as unresolvable. To fully address patients' complex needs, they were eligible to receive navigation services for one year. In more than one third of navigation cases that listed a final status for each HRSN, patients reported that at least one core HRSN was resolved.[5,6] Awardees encountered many challenges in resolving their patients' HRSNs including difficulty reaching patients and limited capacity among community service providers that were not directly funded by the AHC Model.

Navigation services helped resolve at least one HRSN in about one-third of cases



5 Model policy required patients who opted into navigation to report to the navigator when they were connected to a community service and/or had their need resolved.

6 These data represent navigation cases across 29 awardees. Data exclude two awardees due to voluntary withdrawal from the model before completing 12 months of implementation. Data include patients served in the final implementation year if they received at least three months of navigation services.

Acknowledgements: This resource was prepared on behalf of the Centers for Medicare & Medicaid Services by Mathematica under the AHC Model Implementation, Learning System, Technical Assistance, and Monitoring contract.

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