



Accountable Health Communities Model: Alignment Track social needs and goals

- 1. housing stability and quality
- 2. food security
- 3. utility needs
- 4. interpersonal safety (elder abuse, child abuse, domestic violence)
- 5. transportation



Primary: To integrate and align the screening and referral of Medicare and Medicaid beneficiaries from clinical care to community care.

Secondary: Reduce total health care costs and improve outcomes for community-dwelling beneficiaries by addressing unmet health-related social needs by April 30, 2022.





Accountable Health Communities Model: Alignment Track operations

- Screen community-dwelling Medicare and Medicaid beneficiaries.
- ➤ Each year, provide 2,925 beneficiaries with navigation services.
- Track and analyze data to understand the effects of the Accountable Health Community.
- DRCOG is the "bridge organization."

Designed to:

- lower costs for the Centers for Medicare and Medicaid
- improve patient outcomes
- streamline the referral of patients to community organizations
- identify and close "gaps" in community care services
- bridge the gap between clinical care and community care







Accountable Health Communities Model: Alignment Track partnerships

CLINICAL PARTNERS Provide cost and use data CLINICAL PARTNERS Provide process and outcome data MEDICAID Provides claims data CENTERS FOR MEDICARE AND MEDICAID SERVICES Provides evaluation data





THANK YOU!

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