Kentucky Consortium for Accountable Health Communities (KC-AHC)

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Center for Health Services Research

Applying Research to Optimize Care©

University of Kentucky Center for Health Services Research Bridge Organization

CHSR Mission

- Applying evidence to optimize health in Kentucky and beyond©

CHSR Vision

- Become a national leader in advancing the science of health and health care delivery

Five key areas of health services research:

- Patient-Centered Outcomes and Comparative Effectiveness Research
- Population Health
- Social Determinants of Health and Healthcare Utilization
- Implementation Science
- Quality Measurement and Improvement

Accountable Health Communities Model (AHC)

The Accountable Communities Model is a 5-year model tests whether

- systematically identifying and addressing the health-related social needs of community-dwelling Medicare and Medicaid beneficiaries
- impacts health care quality, utilization and costs.

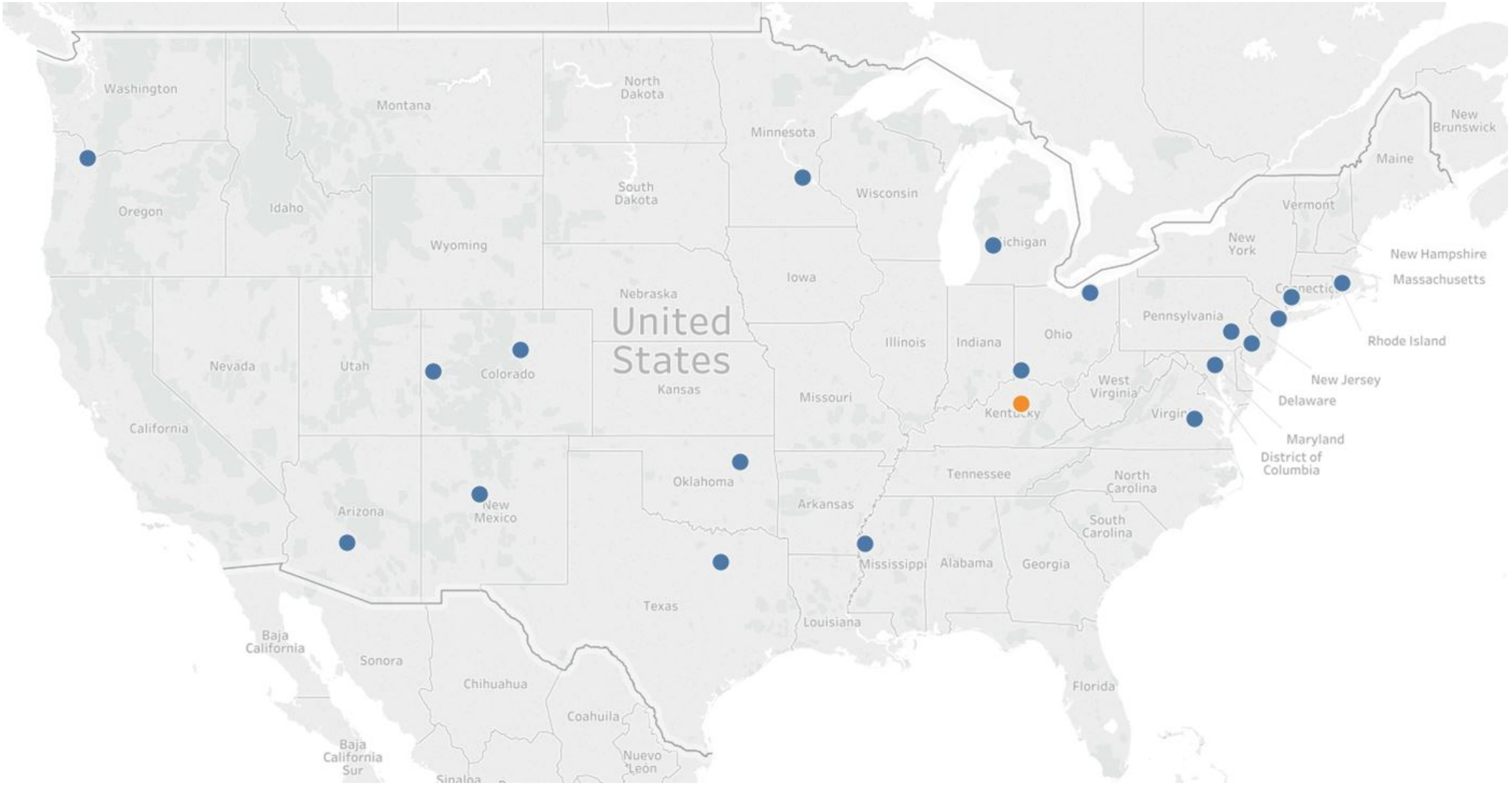
AHC Targeted Outcomes

- Increased beneficiary **awareness** of ***community resources***
- Increased beneficiary **access** to community resources
- Optimized **community capacity** to address health-related social needs
- Reduced inpatient and outpatient **health care utilization** and total cost of health care

KENTUCKY CONSORTIUM FOR ACCOUNTABLE HEALTH COMMUNITIES

Kentucky Consortium for Accountable Health Communities (KC-AHC)

- One of 20 organizations across the country selected by the Centers for Medicare and Medicaid Services (CMS) for **Track 3: Alignment** – encourage partner alignment to ensure that community services are available and responsive to the needs of of the community-dwelling beneficiaries.
- Reach the most vulnerable beneficiaries in the Commonwealth of Kentucky by targeting a diverse range of **economically distressed** and **medically underserved** geographic areas in ***Appalachia.***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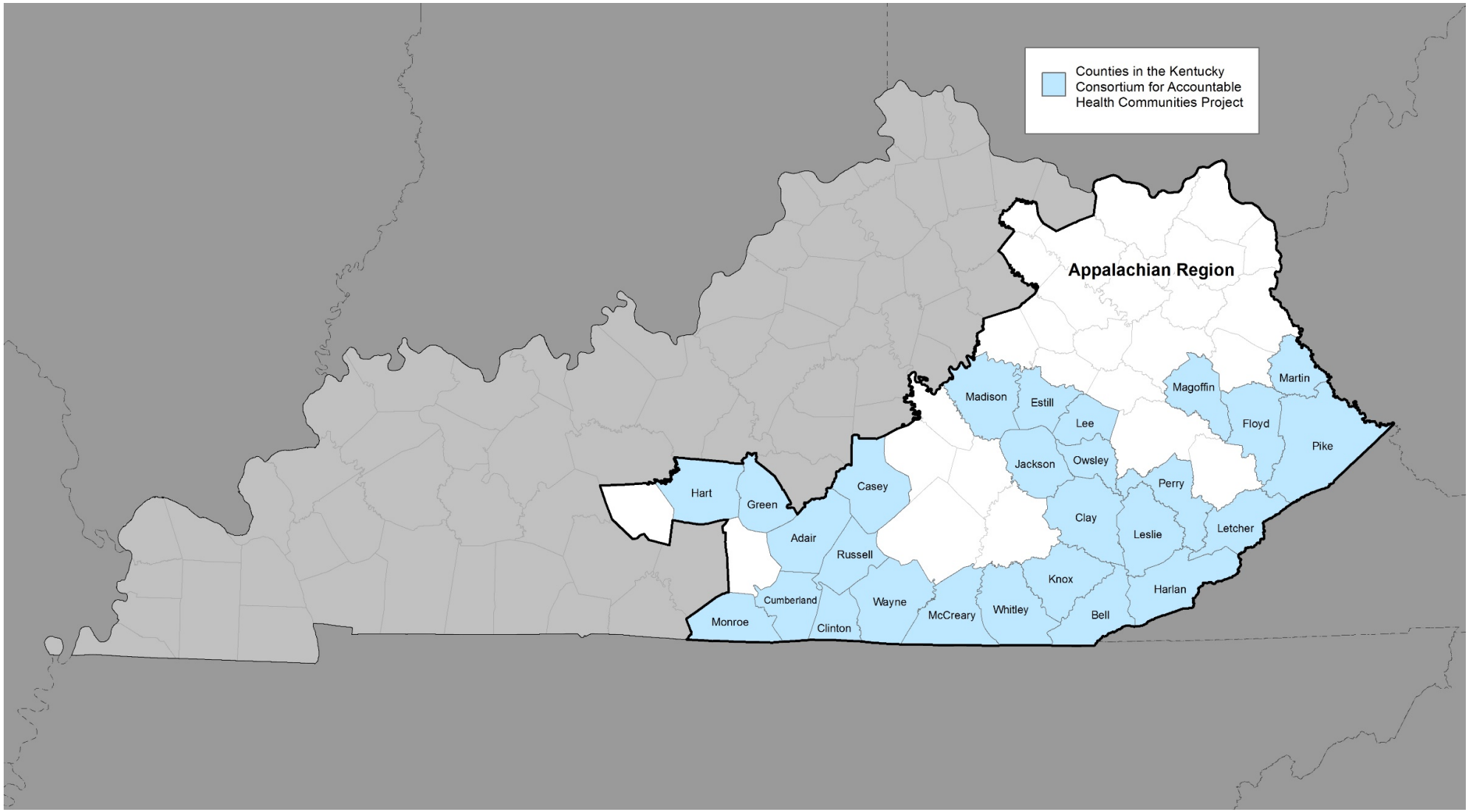
North Carolina
South Carolina
Mississippi
Alabama
Georgia
Florida
Texas
Louisiana
Baja California
Sonora
Chihuahua
Coahuila
Nuevo León
Baja California Sur
Sinaloa

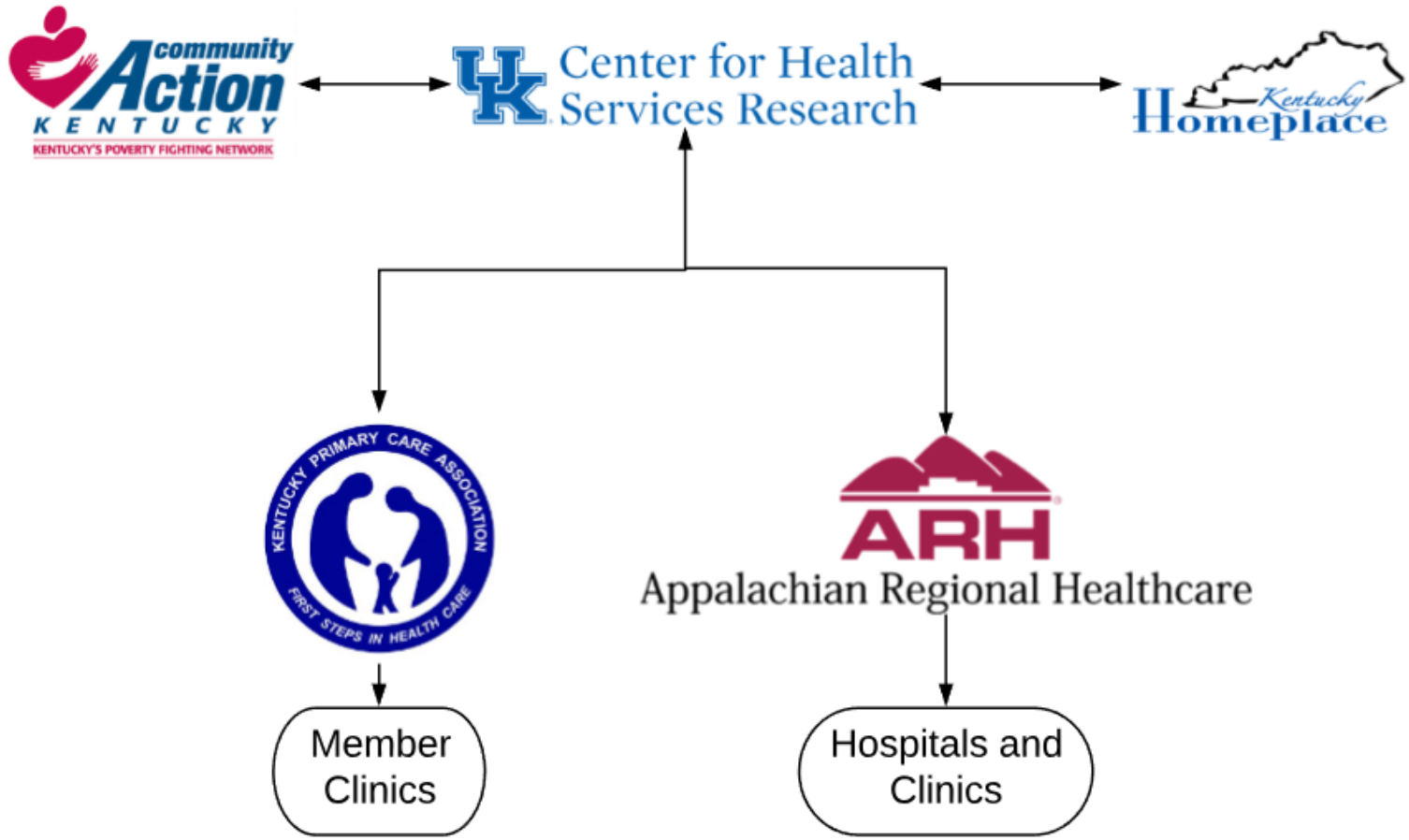
KC-AHC Health–Related Social Needs

Core Needs (Required by CMS)	Supplemental Needs
Housing Instability Utility Needs Food Insecurity Safety Transportation	Family & Community Support

KC-AHC Targeted Counties



KC-AHC Partners



Advisory Board – Community Alignment

What Makes KC-AHC Different? - *Reality*

Unique challenges (while also opportunities)

- Geographic dispersion – 27 counties
- Underserved population – rural, Appalachian region
- Unique local communities
- Different practice models
  - health system clinics, community health centers (CHCs), rural health clinics (RHCs), and federally qualified health centers (FQHCs)
- Multiple electronic health record (EHR) systems (6)

KC-AHC Participating Clinical Sites

Appalachian Regional Health (ARH) Sites

- Harlan Hospital
- Medical Associates Daniel Boone Clinic - Harlan
- Tri-City Medical Center
- Hazard Clinic
- Whitesburg Clinic
- McDowell Clinic
- Middlesboro Internal Medicine Clinic
- Women's & Family Health Center – Middlesboro
- Cumberland Valley Medical & Surgical Associates
- Hyden Clinic (Mary Breckinridge Hospital Clinic)

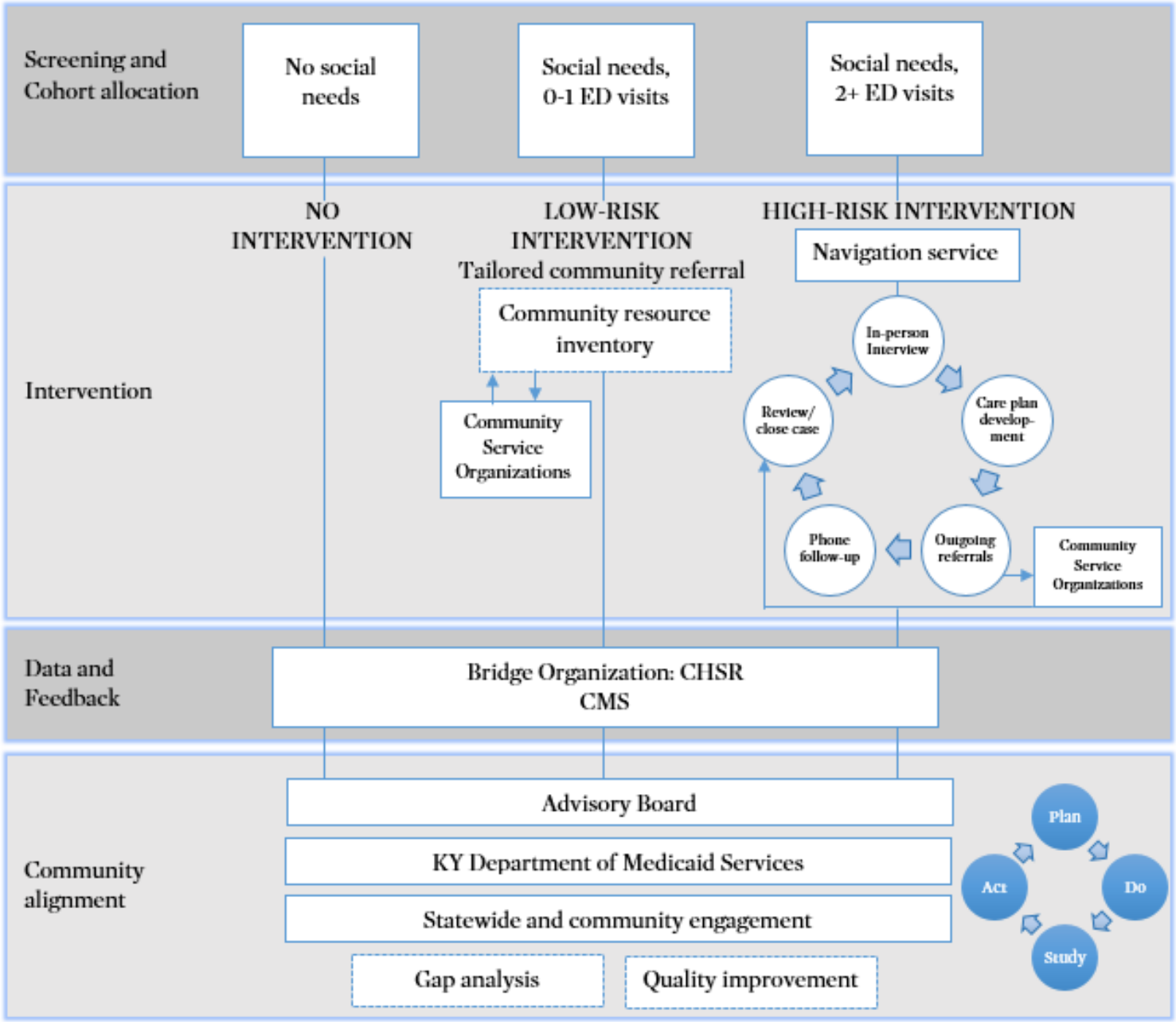
Kentucky Primary Care Association (KPCA) Member Clinics

- Big Sandy Health Care, Inc.
- Clover Fork Outpatient Medical Center
- Cumberland Family Medical Center Inc.
- Estill Medical Clinic
- Grace Community Health Center, Inc.
- Juniper Health Inc.
- Little Flower
- Primary Care Centers of Eastern Kentucky, LLC
- UK North Fork Valley Community Health Center
- White House Clinics

Community Service Provider

- Outreach offices in every county throughout Kentucky
- Local decisions/control meeting individual community needs
- Partnering with low-income citizens, businesses and elected officials
- Create opportunities to change people's lives
- Helping people help themselves
- Promote family and economic security
- Programs: workforce development, education, child development, head start, youth programs, senior programs, housing programs, heating assistance, weatherization, food security, transportation services…

KC-AHC Alignment Intervention



Screening & Navigation

- Screening for health-related social needs is offered to all Medicare and Medicaid patients 18+ years old, regardless of language, literacy level, or disability status.
  - Years 2-4: Screen 75,000 Medicaid/Medicare patients
    - ➢ Provide navigation services to 2,925 eligible patients
  - Year 5: Screen 37,500 beneficiaries
    - ➢ Provide navigation services to 1,463 eligible patients

- High Risk Beneficiaries (>= 2 ED visits in past 12 months) receive navigation service, including:
  - Conduct a personal interview
  - Develop an action plan and connect the patient to the appropriate community service program(s)
  - Perform follow-up with patient and community service program
  - Collect data and document each navigation encounter

Community Resource Inventory (CRI)

- Initial goals
  - Identify a minimum of 3 services/programs for each HRSN in each targeted county
  - Verify services through direct communication and gather additional information that may be beneficial to navigators and patients
    - Eligibility criteria
    - Hours of operation
    - Cost
  - Seek support from partnering clinical sites to verify and enrich the list of resources
- KC-AHC has developed the ***Community Asset Registry For the Empowerment of Kentucky*** **(CARE KY)** as an open-resource, web-based platform that can be used to search for either free or reduced-cost programs to connect the residents living in KC-AHC target counties to the resources they need.

CARE KY

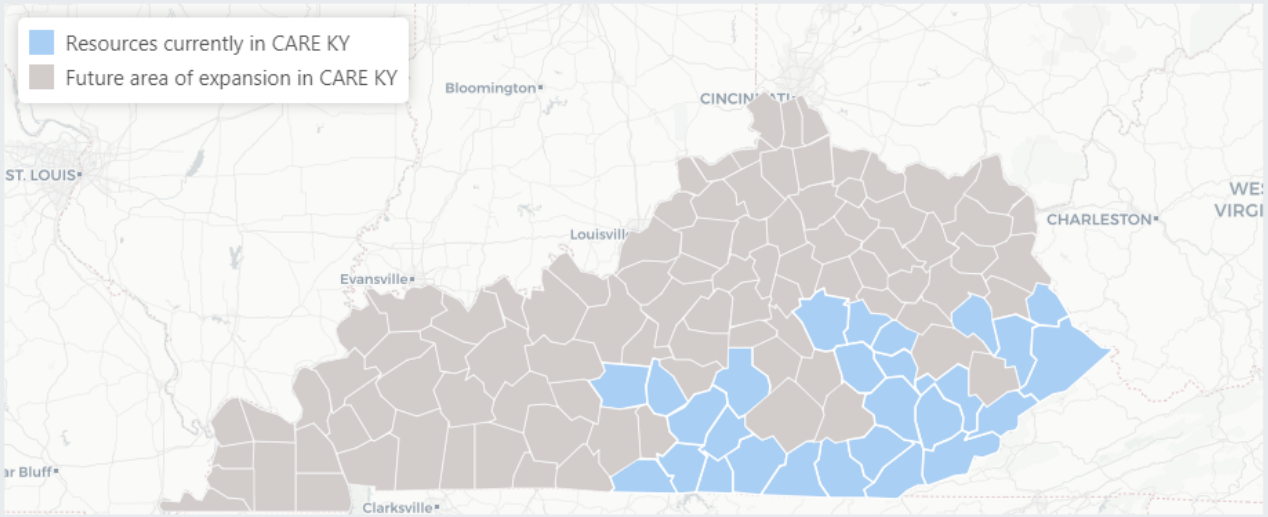
HOME SUBMIT PROGRAMS CONTACT US

Welcome to

CARE KY

Community Asset Registry for the Empowerment of Kentucky

Search CARE KY for free or reduced-cost programs that can help to meet your needs with things like food, housing, transportation, utilities, family and community support, and personal safety.



CARE KY was developed in collaboration with the Kentucky Consortium for Accountable Health Communities project. We aim to connect residents of 27 counties in Appalachia to the community resources they need.

Search by County ▲ | Harlan ▲ | Transportation ▲

Search

CARE KY

Cumberland County - Homecare Program

Provided By: Lake Cumberland Area Development District

Resource Needs: Community Support, Food, Transportation

Phone Number: (270)-866-4200

Address: 2384 Lakeway Drive, Russell Springs, KY, 42642

Description: Provides in-home services for individuals 60 and older with functional disabilities who are at-risk for requiring long-term, institutional care. Services include personal care, home management, home health aide, home-delivered meals, home repair, help with household chores, respite, escort and case management and assessment.

Cumberland County - Participant Directed Services

Provided By: Lake Cumberland Area Development District

Resource Needs: Community Support, Food, Transportation

Phone Number: (270)-866-4200

Address: 2384 Lakeway Drive, Russell Springs, KY, 42642

Description: Participant Directed Services (PDS), formerly Consumer Directed Options, allows

Community Alignment

- **KC-AHC Advisory Board –** Representatives from state Medicaid agency, local government, participating clinical delivery sites, community service providers, local health service payers, and beneficiaries and their caregivers.
- Facilitates structured communication to drive the processes of implementation, gap analysis, and quality improvement.
- Conducts structured assessments of:
  - priority needs among targeted population,
  - locations and scope of existing resource networks, and
  - service gaps and/or inefficiencies

Focusing on contextual, organizational, systems, and environmental aspects of the service process

Gap Analysis

- Two types of gaps
  - The gap in needs – nation/region/state comparison
  - The gap in service accessibility/availability
- Strategies
  - Community-based approach
  - Investigate publicly available data sources
  - Use existing efforts and/or documents
  - Leverage partners' resources and knowledge

Gap Analysis / Quality Improvement Plan

Through the community-based, data-driven approach and with the input received from Advisory Board members, the KC-AHC team identified three specific opportunities in the community service landscape for the coming years:

- Increase Medicare and Medicaid beneficiaries' awareness of existing community services designed to alleviate core health related social needs;
- Improve beneficiaries' experience in being referred and receiving community services; and,
- Enhance capacity and expand eligibility for transportation services, as inadequate transportation can impede access to health care and can adversely impact other health related social needs and associated services.

Where Are We Now?

- Started implementation of screening and navigation on August 1st
- Working with CAK and other Advisory Board members on identify and develop awareness strategies
- Working with state and several community colleges to explore the opportunity to involve student volunteers in screening and navigation process
- Planning March in-person meeting

Questions?

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KC-AHC Website: http://kcahc.med.uky.edu

CRI Website: http://care-ky.org