

# Making the Business Case for Addressing Health-Related Social Needs

Reading Hospital is the flagship hospital of Tower Health in Reading, Pennsylvania. The hospital's Community Wellness department created the Community Connections Program (CCP) to implement the Accountable Health Communities (AHC) Model, through which Reading conducts screening, referral, and community service navigation for Medicare and Medicaid patients' health-related social needs (HRSNs) at 29 clinical delivery sites. This spotlight describes how Reading's CCP staff secured internal funding to sustain HRSN screening, referral, and navigation activities beyond their participation in the AHC Model.



## DEFINING AND ASSESSING RETURN ON INVESTMENT FOR HRSN SCREENING, REFERRAL, AND NAVIGATION

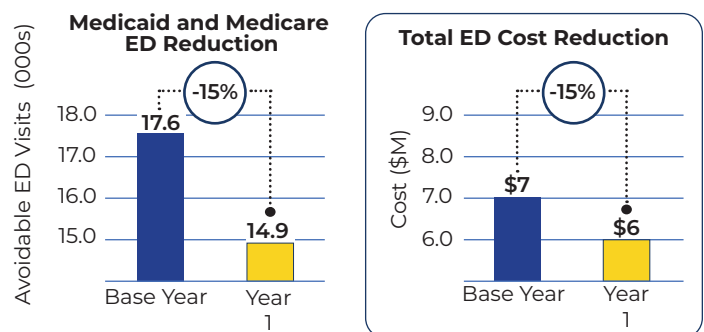
Funding HRSN screening, referral, and navigation beyond the AHC Model Cooperative Agreement required approval from the hospital's leaders, including the chief executive officer and chief financial officer. The CCP recognized that the hospital's leaders would be most receptive to data on the financial impact of the program because of their responsibility for the organization's financial health. From the beginning, they focused on estimating cost savings enabled by HRSN screening, referral, and navigation.

The CCP identified avoidable emergency department (ED) use as the metric that would be most meaningful to the hospital's leaders because the hospital has the busiest ED in Pennsylvania. Reading understood that HRSNs are common among patients who frequently use the ED, particularly among those with chronic conditions. The AHC Model offers referral and community navigation services to patients with at least one HRSN and two or more ED visits in the 12 months prior to screening. For this reason, the CCP team anticipated these activities would have a significant impact on this metric.

Reading collaborated with its closed-loop referral platform vendor, Healthify, to explore, define, calculate, and share the return on investment (ROI) in terms of cost savings from AHC Model screening, referral, and navigation activities in the ED. Working closely with its internal business intelligence analysts, Reading mined data from its electronic health record, such as ED use, to understand whether patients eligible for AHC Model screening had reduced avoidable ED visits or "visits that could have been handled in a different setting as well as visits that could have been avoided through more appropriate preventive or chronic care."<sup>1</sup> Results from Reading's ROI assessment demonstrated that in the first AHC Model performance year (2018–2019), avoidable ED visits declined by 15 percent among Medicare and Medicaid patients eligible for AHC Model screening. The CCP team partnered with Reading's finance department to quantify the cost savings that would result from

such a dramatic improvement and found an estimated savings of \$1 million in one year.<sup>2</sup> Although these results are preliminary, they represent the potential of HRSN screening, referral, and navigation to lower costs.

**Figure 1. Reduced Avoidable ED Visits and Cost Savings**



**Baseline:** May 1, 2017 to April 30, 2018 - AHC Model Planning Year  
**Year 1:** May 1, 2018 to April 30, 2019 - AHC Model Implementation and Go-Live

In addition to the financial metrics, the CCP highlighted the benefits of this holistic approach to patient care by sharing patient success stories with hospital leadership and clinical staff. These stories demonstrated how screening, referral, and navigation benefit patients and staff by addressing patients' underlying HRSNs and improving transitions of care.



### Making an impact: Patient success story

During a clinical visit, a patient completed a screening via the CCP and reported food insecurity and lack of adequate transportation and housing. After receiving assistance from the CCP through referral and navigation services, the patient successfully accessed a reliable source of food, transportation assistance, and a reasonable place to live.

<sup>1</sup> Reducing Unnecessary Emergency Department Visits. Innovation.Cms.Gov, 2022, <https://innovation.cms.gov/files/x/tcpi-changepkgmod-edvisits.pdf>.  
<sup>2</sup> The results presented in this spotlight were provided by Reading Hospital; they may not be consistent with the findings of the AHC Model's national independent evaluation. Results are based on Reading Hospital's interpretation of internal metrics and are not drawn from AHC data alone.



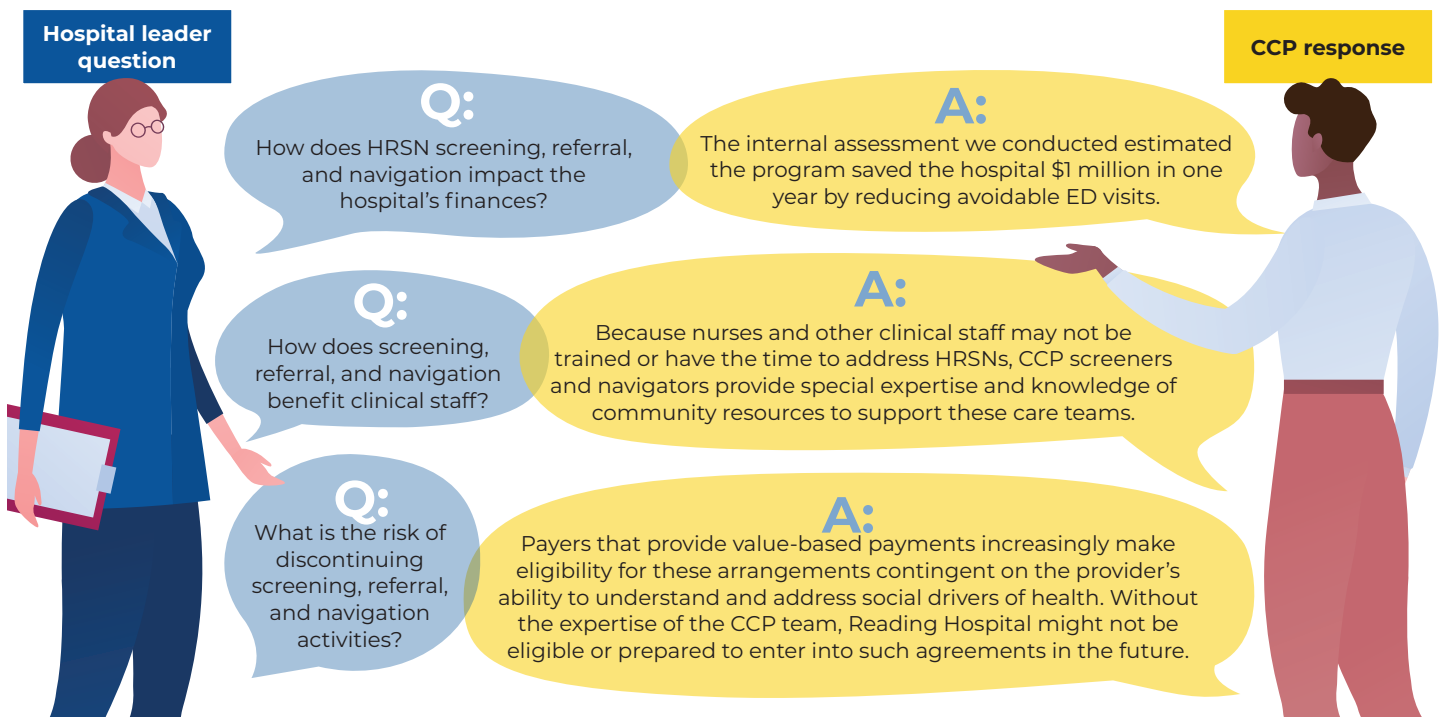
## COMMUNICATING THE VALUE OF ADDRESSING HRSNS

Healthify and the CCP team developed a short, easily digestible case study that they could use to present their initial findings about return on investment to hospital leaders and community partners.<sup>3</sup> The CCP team consistently highlighted the value of HRSN screening, referral, and navigation during weekly meetings with hospital leaders to ensure the ROI of these services garnered attention, even though they reduced costs rather than generated revenue. Over time, the CCP built a suite of resources and expertise it could use to address questions related to the value of screening, referral, and navigation services for patients, providers, and hospital leaders.

To broaden awareness and support for its work across the organization, the CCP also educated other

departments on the prevalence of HRSNs, their effect on health, and the expertise available to the departments through the screeners and navigators. Importantly, the CCP tailored its communication style to each department. Although hospital leaders found the cost savings that resulted from screening, referral, and navigation most compelling, clinical teams valued the benefits to patients' health outcomes. In its engagement with clinical teams, the CCP strived to make screeners and navigators an integral part of whole-person care. As providers have become increasingly aware of HRSNs, CCP staff developed a reputation within the organization as experts on the social drivers of health.

Figure 2. Demonstrating the importance of addressing HRSNs



## SECURING ONGOING FUNDING FOR HRSN SCREENING, REFERRAL, AND NAVIGATION

Ultimately, Reading's chief executive officer and chief financial officer agreed to fund HRSN screening, referral, and navigation work based on the demonstrated cost savings of reducing avoidable ED visits, the benefits to patients, and the critical expertise gained by staff trained to address HRSNs. The CCP team determined the budget required to sustain screening, referral, and navigation work, and it was able to reduce the cost of these services

by streamlining and integrating some workflows and staff into existing hospital activities and eliminating the costs of meeting grant requirements. Reading's example shows the potential of HRSN screening, referral, and navigation to lower costs and improve care, and how other organizations supporting these activities can effectively communicate the importance of HRSNs to different audiences.

<sup>3</sup> Healthify. The impact of cross-sector collaboration on health outcomes: ROI associated with addressing social determinants of health, Case study: Reading Hospital. May 2021. <https://get.healthify.us/case-study-roi-of-addressing-social-determinants-of-health>

**Acknowledgments:** This spotlight 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. We are grateful to Desha Dickson and Tanieka Mason at Reading Hospital for participating in the spotlight.