Accountable Health Communities Model awardees communicate the value of addressing health-related social needs

Accountable Health Communities (AHC) Model awardees used strategic communication both to convey the importance of addressing health-related social needs (HRSNs) to internal and external stakeholders and to increase participation in HRSN screening, referral, and community service navigation for eligible Medicare and Medicaid beneficiaries. This resource spotlights exemplary communication efforts from three organizations:

- **Reading Hospital**, an acute care hospital of Tower Health in West Reading, Pennsylvania
- **Health Net of West Michigan**, a nonprofit focused on connecting health care and social services
- **Ballad Health**, a health system serving the Appalachian Highlands of Virginia and Tennessee

To develop a successful communication initiative, each awardee set and conveyed a clear goal through their messaging, gained audience buy-in through tailored communications, and focused on continuous quality improvement. We describe how each awardee used these strategies further below.

**SETTING AND CONVEYING A CLEAR GOAL**

AHC awardees identified a community need that could benefit from a communications strategy, developed a targeted strategy and set goals for their communication efforts. Below we summarize the need and goal that each awardee identified. Awardee goals informed the audience for their communication, what they included in communication materials, and how they assessed their efforts.

**Figure 1. Awardees’ identified needs and goals for communication**

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<thead>
<tr>
<th>Awardee</th>
<th>Identified need</th>
<th>Goal(s) for communication</th>
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<tbody>
<tr>
<td>Reading Hospital</td>
<td>Found that patients ages 65 and older tended to be less receptive to HRSN screening and navigation services to address their social needs than those younger than age 65</td>
<td>Create an engagement strategy to highlight the value of HRSN screening in a way that resonates with this population and improves engagement</td>
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<td>Health Net of West Michigan</td>
<td>Recognized a need to increase awareness of its AHC Model activities within the community to draw in potential new clients</td>
<td>Create a community-wide awareness campaign to highlight the benefits of its work and demonstrate its impact in addressing residents’ HRSNs</td>
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<td>Ballad Health</td>
<td>Identified a need to increase provider awareness about how HRSN screening can improve patient care and health outcomes</td>
<td>Encourage an organizational culture shift toward whole-person care by developing a value-based care initiative focused on addressing all components of health, including social needs</td>
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GAINING AUDIENCE BUY IN THROUGH TAILORED COMMUNICATIONS

AHC awardees identified specific audiences (groups, populations, or organizations) they needed to reach to achieve their goals. Having identified their audiences' motivations, goals, priorities, and biases, awardees structured their communications accordingly. They also leveraged quantitative data, such as cost or health outcomes data, and patient success stories to encourage buy-in from their audiences.

**Reading Hospital**, as part of its engagement strategy, worked extensively to understand its patient population of people ages 65 and older, their perspective on HRSN screening, and why they might be hesitant to accept support to address HRSNs. Specifically, Reading used a strategy called journey mapping, which focuses on understanding and visualizing a person's experience with a process from beginning to end. In this case, Reading developed a journey map to visualize how people ages 65 and older experienced the introduction of HRSN screening and navigation during interactions with the health care system (Figure 2).

To develop the map, Reading conducted focus groups with staff from community-based organizations and clinical sites to walk through the steps in the screening and navigation process, understand when they noticed hesitance or tension when working with people ages 65 and older, consider the patients' perspectives, and propose strategies to mitigate these barriers.

**Figure 2. Reading Hospital’s journey map to understand the patient perspective**

### Steps in patient’s journey

- **The patient receives a phone call about HRSN screening after a doctor’s appointment**
- **Patient responds to HRSN screening questions**
- **Patient offered navigation services**
- **Patient has initial contact with community health worker who refers them to CBOs**

### Patient’s reactions

- **Worry:** Is this a scam? An emergency? Billing related issues? What does this have to do with my appointment?
- **Confusion:** I already answered screening questions at my appointment.
- **Frustration:** They are singling me out because of my age. Why are they asking me these personal questions? Why do I need to verify my identity again?
- **Skepticism:** What will this service cost? Is someone coming to my home?
- **Optimism:** I now have referrals to additional services I need.

### Brainstorming opportunities for improvements

- Ensure phone number appears with a hospital-related caller ID
- Ensure that scripting is conversational but sets clear expectations
- Provide prompts during the questionnaire to communicate the purpose of questions and provide opportunities to decline
- Ensure script provides a comprehensive overview that answers frequently asked questions
- Ensure scripting provides specific details and aligns with services that are being provided at the CBOs

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CBO = community-based organization; HRSN = health-related social need.
Through its journey mapping work, Reading identified that patients ages 65 and older were concerned about their independence. Sometimes they felt that HRSN screening and navigation offers questioned their independence, and words like “help” or “need” had a negative connotation. Instead, they responded more positively to terms such as “entitlement” and “support” that reframed screening and navigation for HRSNs as a benefit. Reading incorporated these lessons into its marketing materials to make them more applicable to people ages 65 and older. In addition, Reading found that there was a general mistrust and fear of scams when conversations occurred telephonically. To address these concerns, Reading tailored the scripts that staff use to introduce HRSN screening to people ages 65 and older by phone to ensure that they:

- Started with the purpose of the call so patients weren't fearful that the call was about billing or a diagnosis
- Included the department name to establish legitimacy and reduce the perception of a scam
- Used a conversational tone and focused on building rapport with the patients
- Framed screening and support for addressing HRSNs as a benefit and entitlement

Reading also trained staff on strategies for communicating with this population and incorporating revised scripting into its approach.

Health Net of West Michigan recognized that reaching a wide audience with its awareness campaign required a communication approach that could work for multiple types of people, including patients and community members who were unfamiliar with the AHC program. Those unfamiliar with the program benefited from a succinct and catchy introduction to AHC’s mission and its impact in the community. To better understand what messaging might resonate with potential patients, the team asked frontline staff and supervisors at screening sites to provide input on the types of messages that would be of interest to their patient populations. Health Net tailored its message to be simple and quick to consume, highlighting how HRSN screening, referral, and navigation works and the positive effect it can have on people’s lives. To deliver its message, Health Net created short videos showing the success stories of patients who received assistance addressing their HRSNs. Health Net posted the videos in a publicly available online format that was easily accessible to a broad audience, including potential patients. Health Net also shared the videos with existing contacts through electronic newsletters and worked with clinics to show the videos on TVs in their waiting rooms.

Figure 3. Creating powerful short videos: Health Net of West Michigan’s process

- Select AHC patient success stories on a quarterly basis
- Create de-identified narrative describing the story
- Create animated video depicting the narrative using available software
- Case managers record a voice-over narration of the video
- Encourage participation in HRSN screening and navigation
- Videos highlight the connection between addressing HRSNs and positive health outcomes for patients

Videos play in lobbies of clinical delivery sites
Disseminate videos in other mediums, like newsletters
Ballad Health wanted to use its participation in the AHC Model to lay the foundation for HRSN screening system-wide, and scale and spread HRSN screening beyond the model. As part of its value-based care initiative, Ballad planned and led a series of meetings, or Value-Based Summits, to bring together key decision makers from across the health system, who often worked in silos, to foster collaboration around a common vision. This meeting format allowed the Ballad team to facilitate collaboration and provide education on the value of addressing social needs as part of whole-person care. Because the summit participants did not typically see the impact of HRSN screening directly, Ballad highlighted patient success stories using a short video that featured a patient and a navigator. This helped connect decision makers to the patient experience and underscored the impact of whole-person care and HRSN screening on peoples’ lives. Given the number of different groups it had to engage as part of its value-based care initiative, Ballad understood that it would have to reframe the same message in a way that resonated for each of these groups and their different priorities. For example, Ballad tailored its communication to the priorities of audiences in clinical roles and in leadership, finance, and administration (Figure 4).

**Figure 4. Ballad Health’s tailored messaging based on audience priorities**

<table>
<thead>
<tr>
<th>Audience</th>
<th>Leadership, finance, and administrative teams</th>
<th>Clinicians</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Messaging</strong></td>
<td>Ballad highlighted the financial impact that whole-person care and HRSN screening might have</td>
<td>Ballad emphasized how HRSN screening can impact the patient experience and health outcomes</td>
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**FOCUSING ON CONTINUOUS QUALITY IMPROVEMENT**

AHC awardees monitored their efforts to understand the reach and impact of their communication efforts and identify opportunities for improvement.

- **Reading Hospital** collected data to monitor progress on its engagement strategy throughout its testing period. Before revamping its marketing materials and scripting, Reading developed baseline metrics to track progress against its initial communication goal. These metrics included the number of offers to screen for HRSNs and the number of patients who completed screening and agreed to receive navigation services to address their HRSNs. After implementation of its engagement strategy, Reading found there was an increase in screening and navigation engagement for patients 65 years and older.

- **Health Net of West Michigan** used feedback from its awareness campaign to identify successes and opportunities to improve future communication efforts. For example, clinics shared that the videos were successful in increasing awareness of AHC services; some patients referenced the waiting room videos when they were offered HRSN screening. Clinics also suggested that shorter videos would be more effective in the busy primary care clinic environment.

- **Ballad Health** incorporated quality improvement techniques into its value-based care initiative to continuously evaluate its Value-Based Summits and improve subsequent summits. After each summit, it surveyed attendees to collect feedback. Participants described long educational sessions as tedious. To make the sessions more engaging, Ballad incorporated videos of patient experiences and brought in different experts to discuss or present as part of the educational component.

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