Terms you need to Know for a Successful Food Bank-Healthcare Partnership Updated November 2018

There are lots of ways food banks can connect with healthcare organizations, health systems, payors, and public health partners to support the health of your clients. Key to creating successful relationships with potential healthcare partners is to understand their motivations and speak their language as you work to determine how to support the health of the community. If you begin conversations by offering ways that the food bank can help healthcare organizations reach more patients, improve their health, or achieve their goals more effectively, you can create partnerships that work for both organizations, are attractive to funders, and are sustainable.

This document shares what Feeding America staff and some of our national health partners find to be key terms and concepts for these discussions. The list will be updated periodically. Share your suggestions with us at nutritionteam@feedingamerica.org.

1. Area Agencies on Aging (AAA) Area Agencies on Aging (AAA)

Area Agencies on Aging is a network of approximately 620 organizations nationwide which serve the elderly populations (60+) of their local communities. Most agencies serve a specific geographic area of several neighboring counties, although a few offer services statewide.

2. Accountable Care Organization (ACO)

Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high-quality care to their patients. The goal of an ACO is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors. When an ACO succeeds both in delivering high-quality care and spending health care dollars more wisely, it will share in the savings it achieves for the payor. ACOs exist for Medicare, Medicaid, and Commercial payors.

3. Affordable Care Act

The Affordable Care Act (sometimes called Obamacare) put in place comprehensive health insurance reforms to expand health insurance coverage, institute accountabilities for health insurance companies, and expand preventive health funding. The Affordable Care Act actually refers to two separate pieces of legislation — the Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152) — that, together expand Medicaid coverage to low-income Americans in states that and makes numerous improvements to both Medicaid and the Children's Health Insurance Program (CHIP).

4. Care Management/Case Management

Within the health insurance/payor setting, Care Management is the additional support provided for people who need extra assistance with managing their health, following a treatment plan, or meeting other goals. Through targeted outreach, Case Managers find members who may need extra assistance; engage those members to identify goals, needs and resources; and help members to take an active role in their health and health care by working together to coordinate high-quality and cost-effective care. Care Management departments may be particularly interested in working with food banks and other community based organizations to address social determinants of health such as food insecurity.

5. Centers for Medicare and Medicaid Services CMS

CMS is the federal agency within the US Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards. CMS is the governing body that approves waivers for state approaches to Medicaid and issues guidance for Medicare regulations. The Center for Medicare and Medicaid Innovation (CMI) is a department of CMS that supports the development and testing of innovative health care payment and service delivery models.

6. Community Health Needs Assessment and Community Health Improvement Plan (CHNA & CHIP)

The Affordable Care Act created new regulations requiring non-profit hospitals and some public health departments to complete a Community Health Needs Assessment (CHNA) every three years, assuring that they work with other healthcare and community-based organizations to truly understand the issues that are relevant to the health of individuals and families in the community. A Community Health Improvement Plan (CHIP) follows the CHNA, outlining steps that can be taken to address the identified needs.

CHNA and CHIP reports should be posted on hospital websites, so take a look at the priority areas that they have identified and think about how the food bank can support the goals that potential healthcare partners have already identified. Visit the CDC website at cdc.gov/chinav/index.htm for more information about the Community Health Needs Assessment process.

7. Community Health Worker (CHW)

Community health workers (CHWs) are frontline public health workers who have a close understanding of the community they serve. This trusting relationship enables them to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. Community health workers also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

8. Federally Qualified Health Center (FQHC)

A Federally Qualified Health Center (FQHC) is a community-based organization that provides comprehensive primary care and preventive care, including physical health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status. FQHC is a reimbursement designation from the Centers for Medicare and Medicaid Services

FQHCs are often called Community/Migrant Health Centers (C/MHC), or Community Health Centers (CHC). Because they primarily serve a low-income population and are community-based, FQHCs can be good partners for food bank-health care interventions.

9. Health Insurance Portability and Accountability Act (HIPAA)

HIPAA is the acronym for the Health Insurance Portability and Accountability Act that was passed by Congress in 1996. HIPAA does the following:

- Provides the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs;
- Reduces health care fraud and abuse;
- Mandates industry-wide standards for health care information on electronic billing and other processes; and
- Requires the protection and confidential handling of protected health information

Visit Hungerandhealth.org for the Feeding America and the Center for Health Law and Policy Innovation (CHLPI) at Harvard Law School report, *Food Banks As Partners in Health Promotion: How HIPAA and Concerns about Protecting Patient Information Affect Your Partnership located on hungerandhealth.org.*

10. Patient-Centered Medical Home (PCMH)

There are over 13,000 medical practices across the nation that are accredited as PCMH model through National Committee for Quality Assurance (NCQA) qualification. These are evidenced-based healthcare models that employ a multi-disciplinary approach to healthcare, typically include Social Determinant of Health assessments, and is patient-centered and patient-driven. Increasing health literacy so that patients can make decisions about their health and develop realistic health outcomes and goals is a central tenant of a PCMH model along with care coordination and care teams (which may also include non-traditional partners such as a homeless shelter or a food pantry). More healthcare clinics are moving toward medical home models.

Visit www.ncqa.org/programs/health-care-providers-practices/patient-centered-medical-home-pcmh/ to learn more about the PCMH model.

11. Population Health

Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. These groups are often geographic populations such as nations or communities, but can also be other groups such as employees, ethnic groups, disabled persons, prisoners, or any other defined group. The health outcomes of such groups are of relevance to policy makers in both the public and private sectors. Population health is not just the overall health of a population but also includes the distribution of health. Overall health could be quite high if the majority of the population is relatively healthy—even though a minority of the population is much less healthy. Ideally such differences would be eliminated or at least substantially reduced.

12. Protected health information (PHI)

Protected Health Information is individually identifiable health information that is maintained or transmitted in any form or medium and is protected under HIPAA. When food banks and health care partners share PHI as

part of a referral process, patients must give permission for them to do so and this information must be stored and transmitted securely.

13. Quality Measures & Reimbursement Rates: *Or more specifically, 30-day readmission rates*

The Affordable Care Act also includes a provision that requires the Centers for Medicare and Medicaid Services (CMS) to reduce reimbursement payments to hospitals with poor quality measures, with a specific focus on rates of hospital readmission within 30 days of discharge.
This provision provides hospitals with an incentive to address the causes of readmission and develop partnerships community-based organizations to provide supportive services that help patients recover from hospitalization. Ask healthcare partners about their efforts to reduce readmission rates and consider how addressing food insecurity might be part of that solution.

14. Registry

A patient registry is a collection of standardized information about a group of patients who share a condition or experience. For example, health systems may keep a registry of patients with diabetes or a registry of high-utilizers. Quality improvement and population health efforts often focus on a patient sub-population by using this registry.

15. Social Determinants of Health (SDOH)

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Food insecurity is a key SDOH that can be addressed in the health setting.

16. Triple Aim of HealthCare (or Quadruple Aim of HealthCare)

The Institute for Healthcare Improvement developed a framework, known as the Triple Aim Initiative to guide hospitals and healthcare organizations to take accountability for pursuing three dimensions simultaneously:

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care

With this directive to improve the quality of patient care and their reach into the community at a lower cost, hospitals and clinics are unlikely to be open to discussing direct funding for food bank programs. However, they are much more likely to be open to brainstorming innovative approaches to augment their patient care and education through supporting the food security status of existing patients or bringing proven, preventive health education efforts to food bank clients.

Over the last few years, several organizations have added a fourth quadrant, turning the Triple Aim into the "Quadruple Aim". Many organizations define this fourth aim as the pursuit of healthy equity, others focus on attaining join at work, while others highlight other priorities. Understand what framework your health care partner is using as this defines what matters to them in their work and partnerships.

For more about the Triple Aim, visit the Institute for Healthcare Improvement at www.ihi.org