CONNXUS

Participant Engagement Committee

June 2026

Agenda

1. Connxus in the News
2. AHC Demonstration Project
3. AHC Evaluation Results
4. Q&A

Connxus In The News

Vidya Lakshminarayanan

News Updates

Press Releases

- Connxus CEO Eliel Oliveira Named Co-Chair of Federal ONC HITAC

Watershed

- Interface Live with CommUnity Care
- Ready to connect future participants once you sign an official Scope of Work (SOW)

Patient Access

- Eliel sent a position paper on patient access support last week.
- Any questions reach out by 6/30
  - Eliel@connxus.org
  - (512) 804-2090

Accountable Health Communities Demonstration Project

Vidya Lakshminarayanan, Connxus
Albert Casella, Dell Foundation

ACCOUNTABLE HEALTH COMMUNITIES (AHC) CMS INITIATIVE

Source: Centers for Medicare & Medicaid Services

Program Goal

Test whether systematically identifying and addressing health-related social needs (HRSNs) of Medicare and Medicaid beneficiaries through enhanced clinical-community linkages can improve health outcomes and reduce healthcare costs.

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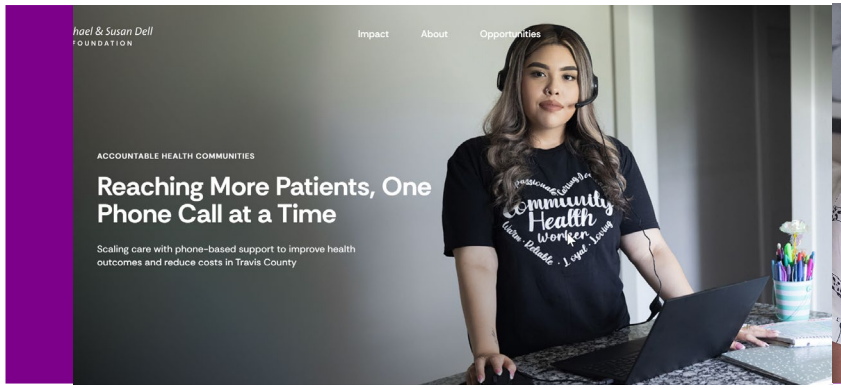
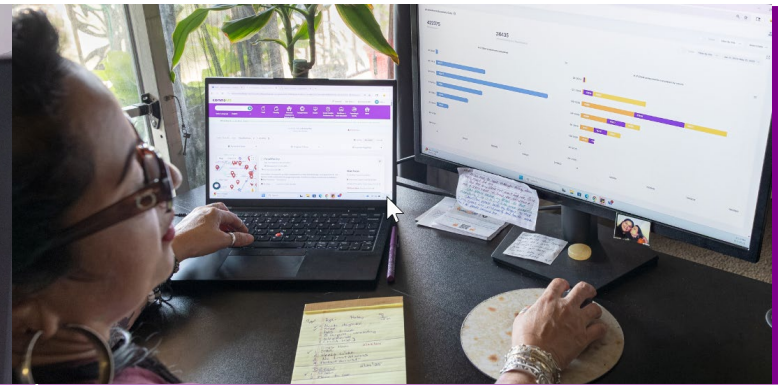
AHC Core Goals





REDUCE PREVENTABLE EMEREGENCY ROOM USE	REDUCE TOTAL COST OF CARE	BUILD PATIENT CAPACITY
Reconnect patients with **primary care** Assess and address **social needs**	Robust **CHW throughput** without sacrificing the **patient relationship** Prove that a **telephonic model** can resonate with patients and drive impact	Provide **trusted support and navigation** to timely resources that help

AHC Advisory Committee Partners

COMMUNITYCARE™ HEALTH CENTERS

Ascension

Lone ★ Star Circle of Care

PEOPLE'S COMMUNITY CLINIC

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Michael & Susan Dell FOUNDATION

CENTRAL HEALTH

A·R·C AUSTIN REGIONAL CLINIC

The University of Texas at Austin Dell Medical School

AHC Patient Outreach & Eligibility

Patient Outreach

- Screen patients for health-related social needs via telephonic workflow (modeled after Dallas AHC).
- If patient lacks or having trouble connecting to a PCP, CHWs will refer to local FQHCs.
- A critical goal is building strong connections between CHWs and primary care homes.

Patient Eligibility Criteria

2 or more ED visits in the previous 12 months

Medicaid (STAR and CHIP) for Dell Children's patients, and Medicaid or MAP insurance status for Dell Seton patients

Reside in Travis County, with a cell phone and an address

Exclusion Criteria

- Primary diagnosis of mental/behavioral health or substance abuse
- Individuals experiencing homelessness and those who reside in shelters

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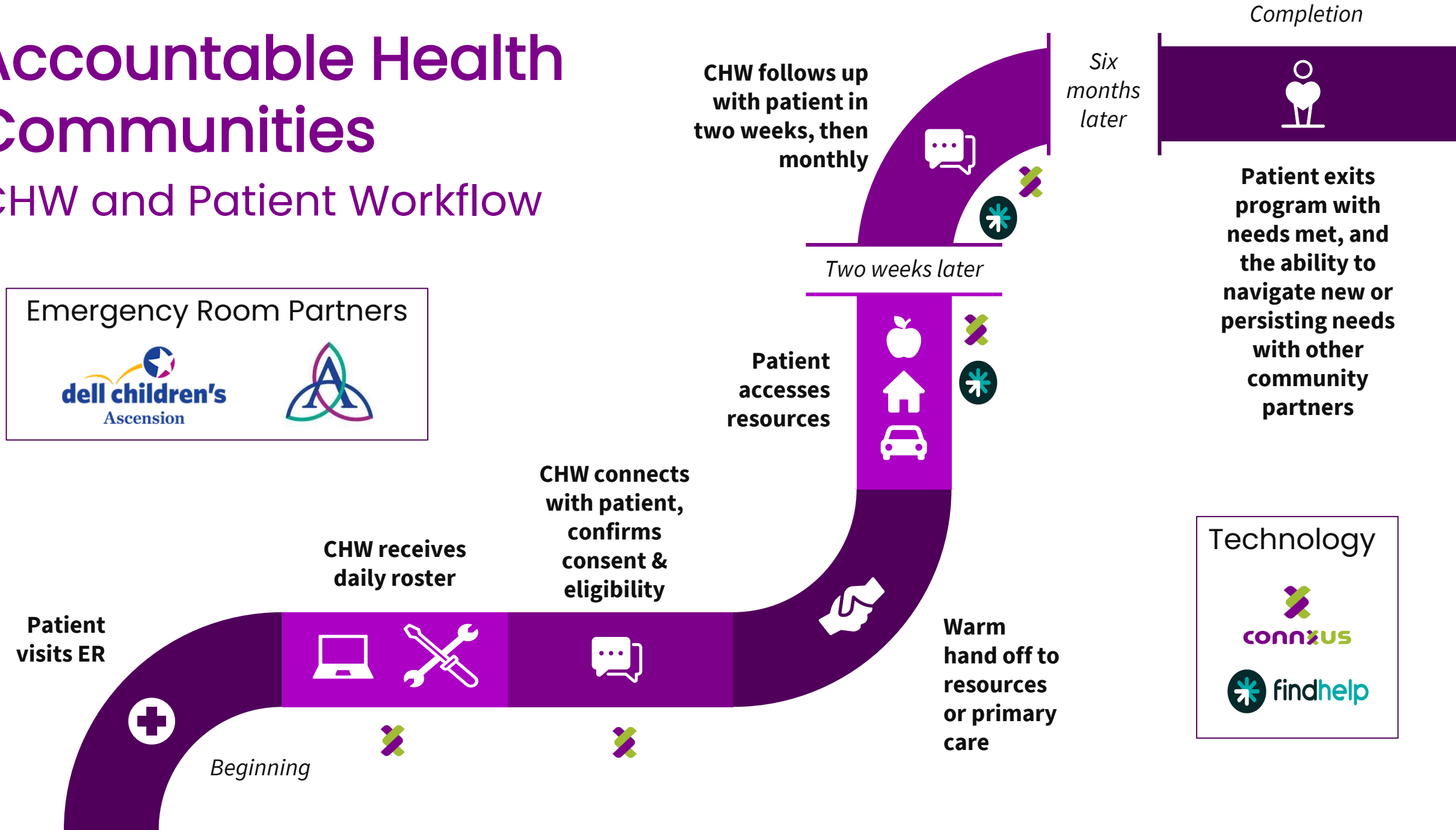
***MAP (Medical Access Program)**: Health coverage program for eligible patients in Travis County who are low-income and uninsured*

Accountable Health Communities

CHW and Patient Workflow



Technology Infrastructure

SHIP (Social and Health Information Platform) **Technology**

- Review Daily Roster
- Manual Quality Check for Exclusions
- Outreach Call & Documentation
- Assign to CHW
- Document Pre-Registration & Registration

Findhelp Platform

- HRSN Screening (Survey Form)
- Consent & Interview
- Referral to CBOs
- Follow-Up Tracking (Referral Outcomes)
- Exit Form & Satisfaction

CHW Navigation Showing High Success Rates

	Eligible	Called	Reached	Consented	Screened	Navigated
All patients	17247	6099 (35%)	4456 (73%)	3648 (82%)	3439 (94%)	3386 (98%)
Pediatrics	10864	3125 (29%)	2573 (82%)	2218 (86%)	2134 (96%)	2115 (99%)

** Data is for 7/1/24 – 5/31/26 **

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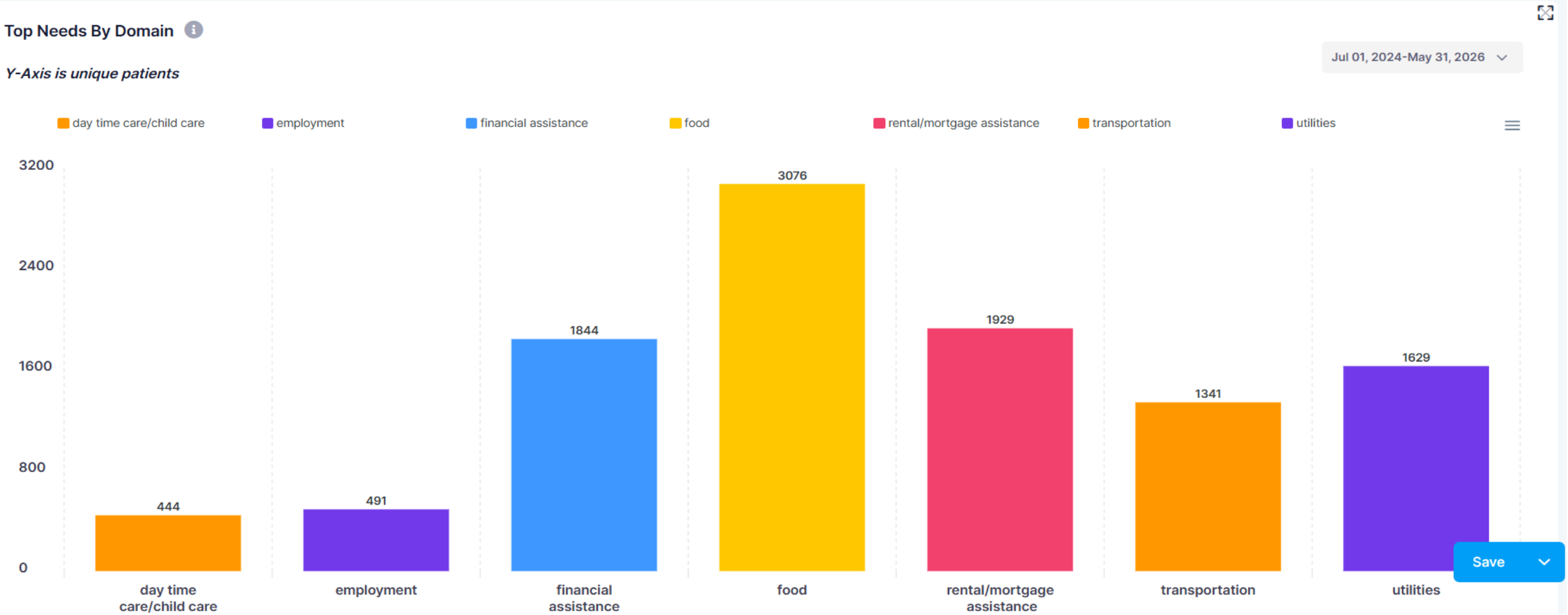
Top Social Needs Categories



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AHC Surpassing Projected Goals

Headline Outcomes

We have seen tremendous uptake of navigation services from the target population – **73% of patients are contacted and 82% consent to screening**

AHC has surveyed **3,439 patients** for non-medical drivers of health needs and primary care homes

Community Health Workers have provided navigation for 3,386 patients – **98% of screened patients actively engage in navigation**

	Patient Intake	Closed Loop Rate
Targets	30 new patients per CHW per month, 90 total	80% of referrals have a successful closed loop
Current	50 – 60 new and 150 total patients per CHW per month	77.9% of referrals have a successful closed loop

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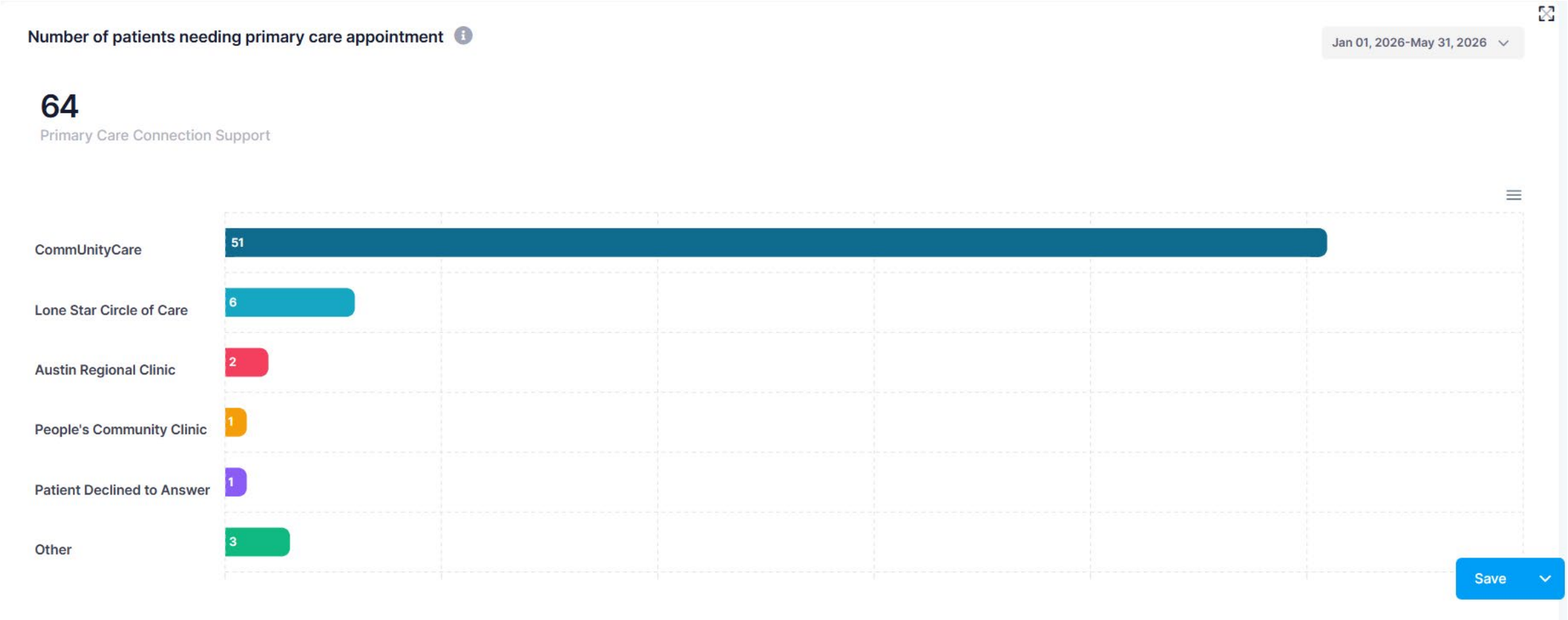
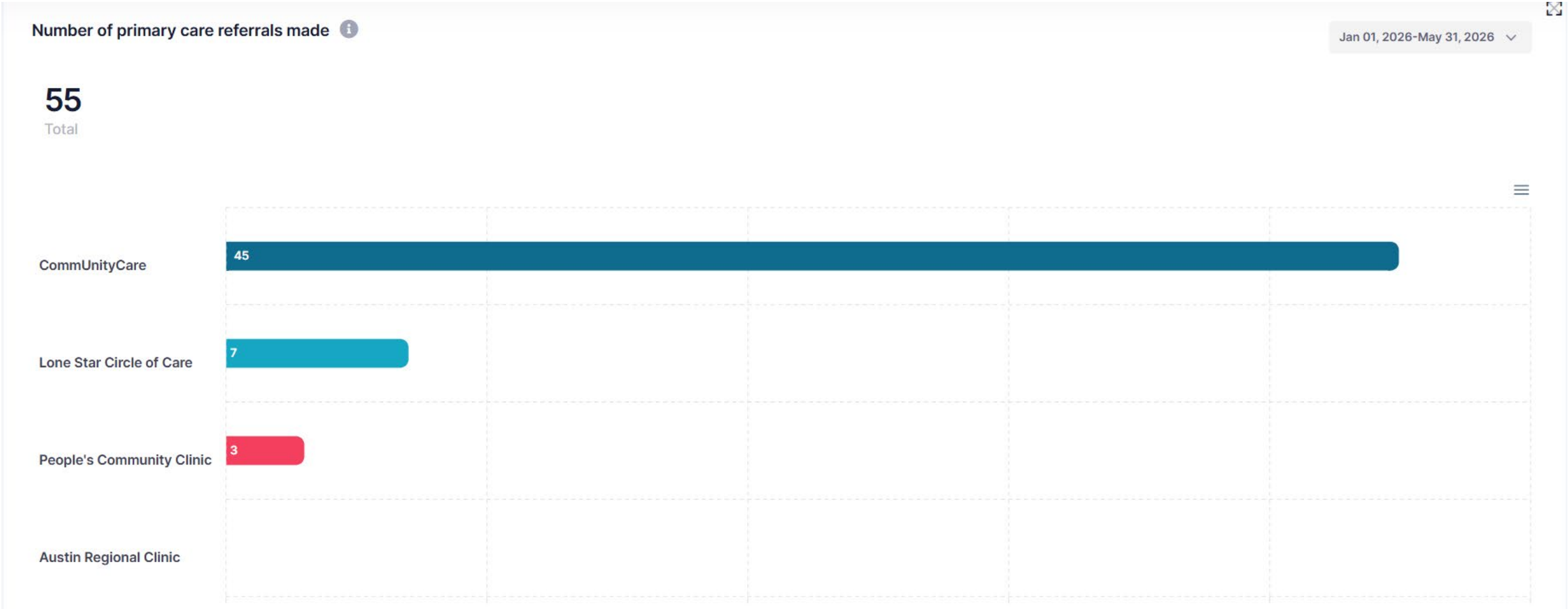
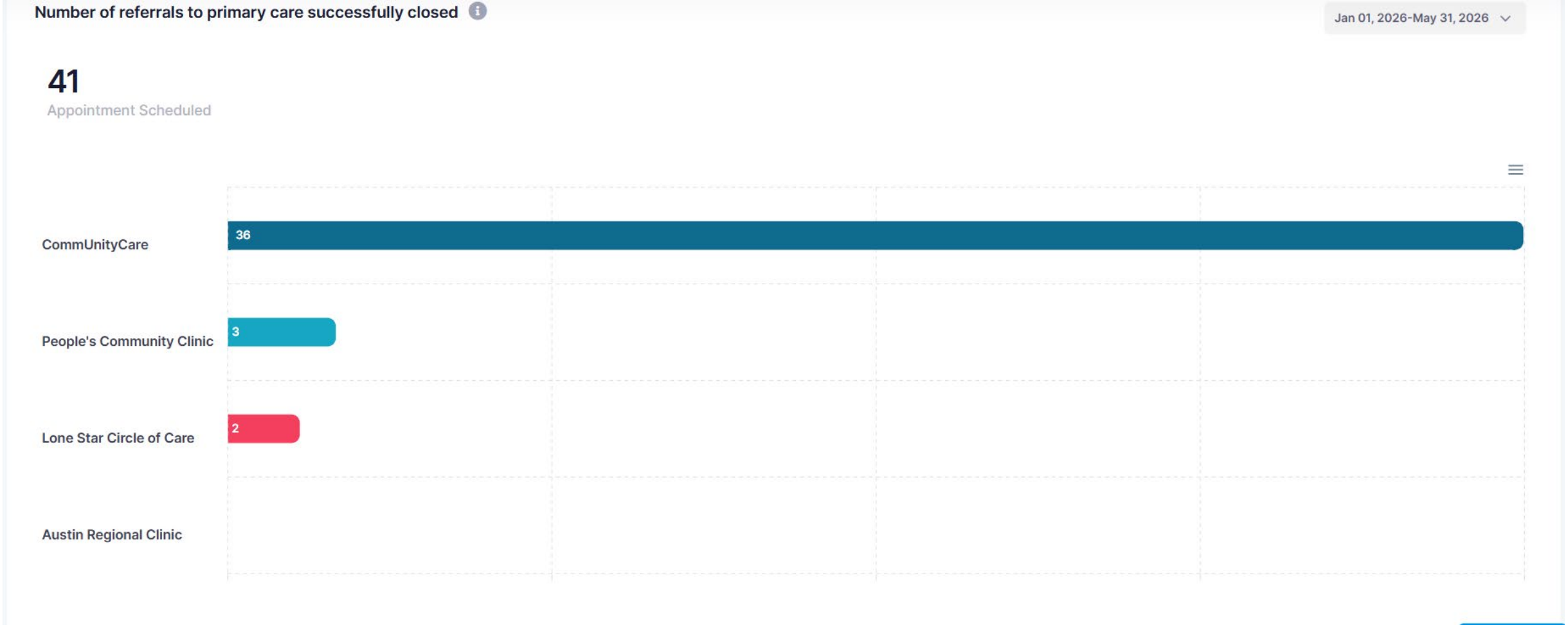
PCP Referral Assistance



PCP Appointments Scheduled



Successfully Completed PCP Appointments



Research to Account for Preventability

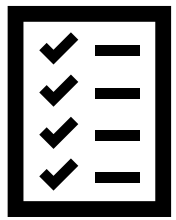
Accountable Health Communities Project

1. ED visit data (7k+ visits) of AHC participants
2. Diagnosis codes
3. Admission data

UTHealth Houston School of Public Health Center for Health Care Data

1. Applied algorithm to assign "preventability score" to the encounter
2. Returned ED visit data with preventability score

ED Preventability Score



Elements of Quantitative Evaluation

Preventability assessment

Activity: CHCD applies algorithm to assess E.D. visit preventability among AHC population.

Result: >25% of visits non-emergent

Matching variables

Patient demographics
Patient zip code
Visit dates
preventable ED visits in pre-period

Evaluation Design

Cohort: 7/1/24+, exit before 12/31/2024
Comparison: AHC eligible but not called
Match technique: CEM
Pre-post period: 1 year

Assess pre-post using difference in difference

Assess difference in count of prev. visits
OLS model
Linear probability model
Negative binomial model

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Negative Binomial Model

Count of preventable visits by arm

Incidence rate ratios; cluster-robust SE on matched subclass

Term	IRR	95% CI Low	95% CI High	p-value	
Under 18					
Treatment (vs Control)	0.880	0.750	1.032	0.116	
Post Period (vs Pre)	0.660	0.570	0.763	0.000	***
Age	0.970	0.947	0.992	0.009	**
Sex: Male	1.109	0.936	1.314	0.234	
Index Severity	1.001	0.827	1.211	0.992	
Treatment x Post (DiD)	**0.516**	**0.426**	**0.626**	**0.000**	***

IRR = incidence rate ratio (exponentiated coefficient). IRR < 1 = fewer visits.

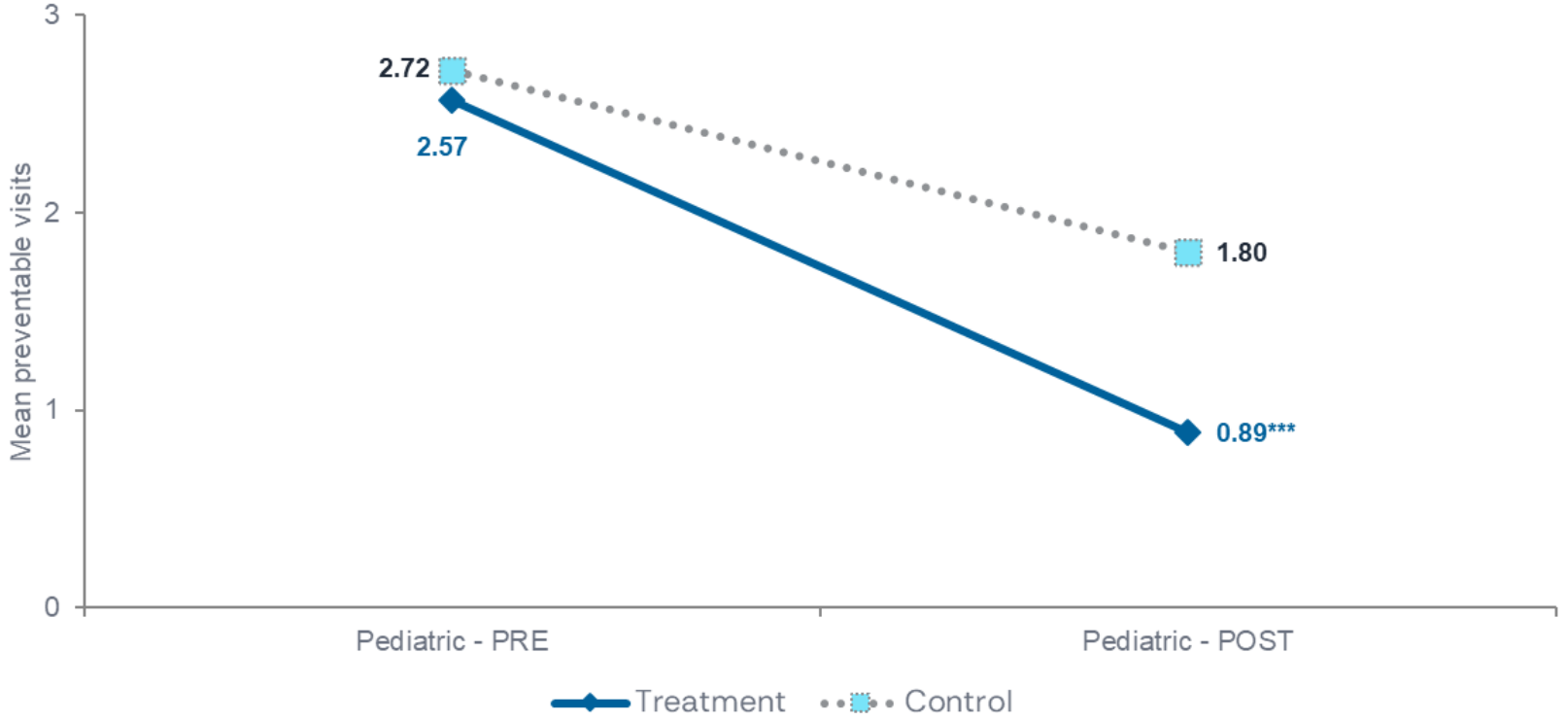
*** p<0.001 ** p<0.01 * p<0.05 . p<0.10

Results – Pediatric Population

Mean preventable visits per person

Pre-post comparison, pediatric population

Treatment	Matched control	Additional reduction beyond expected change (i.e. DiD)= 0.76 preventable visits per person (p<0.001)
N=204	N= 613	



Pediatric AHC participants experienced **reduction in preventable ED visits** compared to a matched group

49% of AHC pediatric patients experienced reduction to 0 preventable visits post AHC time period **versus 30% in control group**

Magnitude of change: **0.76 preventable visits** one year post AHC

Statistical power: 85%

Elements of Qualitative Evaluation

Patient Experience

- Barriers to accessing primary care
- Interacting with telephonic model
- Reasons for emergency department utilization
- Experience accessing social services
- Recommendations for improving the program

Community Health Worker Experience

- Navigating system with patients
- Operational challenges and constraints
- Experience engaging with clinical coordination
- Recommendations for improving the program

Improved Understanding of AHC System

- Where the current model works well and why
- Where the current model breaks down and why
- Implications for improving AHC for scale

Data collection: 19 patient participants (3 focus groups, 9 interviews) 5 CHW participants (5 interviews)

Results – Patient Experience

Theme	Primary Result
Barriers to accessing primary care	• Time without resolution felt too long in PCP setting • More prevalent among segments with children • PC clinics not considered proactive to patients
Interacting with telephonic model	• Overwhelmingly grateful for program. • CHWs referred to as “angels” who arrived just in time. • Tangible results including lowering price of care, financial strain relief, and meeting daily needs.
Reasons for emergency department utilization	• Not considered as routine care • Emergency room = Immediate care • Emergency room = Resolution • Clear care instruction, often with needed medicine vs PC • Experience regarding translation, discrimination at ED
Experience accessing social services	• CBO more trusted than govt. programs • Concern that services offered are trustworthy • Food banks/diapers most reliable service • Electricity and rent assistance unreliable but priority

QUESTIONS?


Thank You
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