Glossary: Accountable Health Structures

There's a movement afoot to work collectively, across stakeholders, at the local level to study and address population health. A variety of acronyms are employed to describe this basic model.

Term	Acronym	Definition
Accountable Care Community	ACC	Similar to **Accountable Communities for Health**, ACCs are partnerships between counties or other localities with the private sector (e.g. health systems, employers, etc.) to align their services, programs and workforce to address the community's needs. They often focus on one or several specific goals such as obesity, education, safe streets, and/or economic vitality. This model stresses shared responsibility and involvement across all facets of the community.
Accountable Community for Health	ACH	An Accountable Community for Health (ACH) is a structured, cross-sectoral alliance of healthcare, public health, and other organizations that plans and implements strategies to improve population health and health equity for all residents in a geographic area.
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 Medicare patients. In ACO's providers alone are held responsible for better management of clinical conditions in a patient population.
Accountable Health Community	AHC	Explicitly funded through the Centers for Medicare and Medicaid Services (CMS), Accountable Health Communities are a model that "promotes clinical-community collaboration through identifying unmet health-related social needs and providing improved care coordination and alignment between medical and community resources. AHC's are different from other Accountable Communities for Health in that their funding mandates certain activities to be completed during their implementation.
Backbone Organization	BBO	A separate organization dedicated to coordinating the various dimensions and collaborators involved in a given multi-stakeholder collaboration.
Community-Based Organization	CBO	Community based organizations (CBO's) are nonprofit groups that work at a local level to improve life for residents, typically by providing social services such as housing support, nutrition services, and others.

Coordinated Care Organization	CCO	Similar to ACO's, coordinated care organizations are networks of all types of health care providers (physical health care, addictions and mental health care and dental care providers) who work together in their local communities to serve people who receive health care coverage under one payer. Oregon utilizes this model for its Medicaid program, Oregon Health Plan.
Delivery System Reform Incentive Payment	DSRIP	Delivery System Reform Incentive Payment (DSRIP) programs are a type of supplemental payment obtained through Medicaid Section 1115 Waivers that provide incentive payments for hospitals and other providers to undertake delivery system transformation efforts. Currently operating in several states, DSRIP projects are led by hospitals, but often involve collaborations with non-hospital providers. They generally fall into two categories—infrastructure development and care innovation and redesign. Payments are tied to corresponding improvements in health outcomes for Medicaid enrollees and the uninsured.
State Innovation Model	SIM	The State Innovation Models (SIM) initiative partners with states to advance multi-payer health care payment and delivery system reform models. Each state-led model aims to achieve better quality of care, lower costs, and improved health for the population of the participating states or territory. The initiative tests the ability of state governments to utilize policy and regulatory levers to accelerate health system transformation to meet these aims.
Social Medical Models of Care		The primary goal of these models is to systematically improve the quality of care that patients with multiple complex conditions receive while lowering the lifetime cost of treatment.