Ambulatory Integration of the Medical and Social: The AIMS Model

**The issue:** Despite the intertwining medical and social needs of patients with multiple chronic physical and behavioral health conditions, medical and social services have long been fragmented. Important social factors that influence physical health—e.g. substance use disorder, depression and anxiety, financial concerns, and environmental factors—are often not screened for or addressed in primary care settings due to a lack of time or capacity to address such issues. As a result, many patients face difficulty meeting their medical plan of care due to socially- and environmentally-linked barriers that are not taken into account when addressing their physical needs—leading to exacerbated medical conditions, increased emergency department visits and hospitalization rates, and poor patient experience of care.

**Developing a solution:** The AIMS model, developed by Rush Health and Aging and recognized by the Agency for Healthcare Research and Quality’s Health Care Innovations Exchange and part of the interprofessional Nexus Innovations Network, assesses the needs of complex patients and provides risk-focused care coordination by master’s prepared social workers guided by a standardized protocol. The AIMS social worker, in collaboration with interprofessional practice staff, systematically identifies, addresses, and monitors the social, functional, environmental, cultural, and psychological issues impeding medical care. The intervention follows a five-step process:

1. Patient/caregiver engagement
2. Assessment and care plan development
3. Telephonic or in-person case management
4. Goal attainment
5. Ongoing care (if goals not attained or if additional goals are present)

**AIMS evidence suggests an impact on avoided hospitalizations and emergency department usage.** A retrospective analysis of the AIMS Model at Rush University Medical Center showed statistically-significant lower rates of admissions, 30-day readmissions, and emergency department visits for AIMS participants as compared to a similar patient population. A two-year quasi-experimental study of AIMS’s impact on patients’ health services use, health outcomes, and satisfaction with healthcare service delivery is currently underway.

AIMS has been replicated by Aging Network organizations in new and diverse geographic areas, and has been used to help practices meet NCQA Patient-Centered Medical Home criteria. Replication opportunities are available.

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To learn more, visit www.theAIMSmodel.org

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