

Replication of the Pathways Community HUB Model



Legislative Briefing
Ohio Commission on Minority Health
HUB Replication Team

Ohio Commission on Minority Health HUB Replication Team Participants

1. Angela Dawson, Ohio Commission on Minority Health
2. Dr. Mark Redding, Community Health Access Project,
National Pathways Community HUB Institute
3. Dr. Sarah Redding, Care Coordination Systems,
National Pathways Community HUB Institute
4. Jan Ruma, Hospital Council of Northwest Ohio
5. Judith Warren, Health Care Access Now

Invited Legislators

Finance Subcommittee– Health and Human Services

- ▶ Representative Robert Sprague – Chairman
- ▶ Representative Mark J. Romanchuk
- ▶ Representative Emilia Sykes

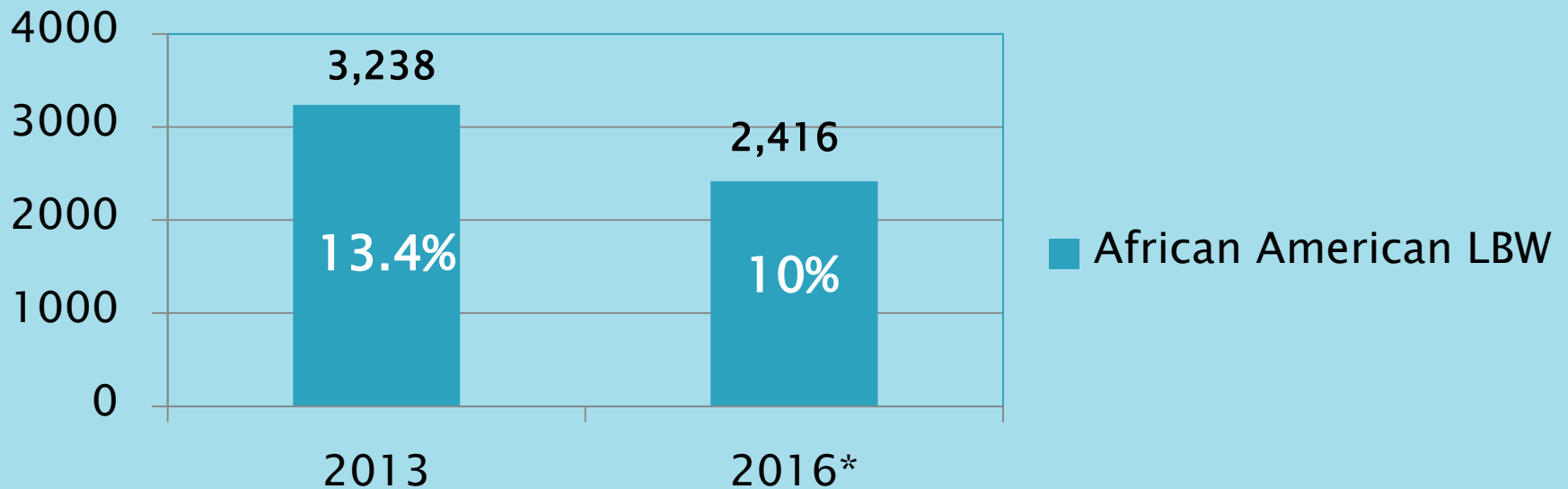
Senate Medicaid Committee

- ▶ Senator Shannon Jones
- ▶ Senator Charleta Tavares

Improving Health and Reducing Cost

Ohio is ranked 50th in the Nation for AA Infant Mortality

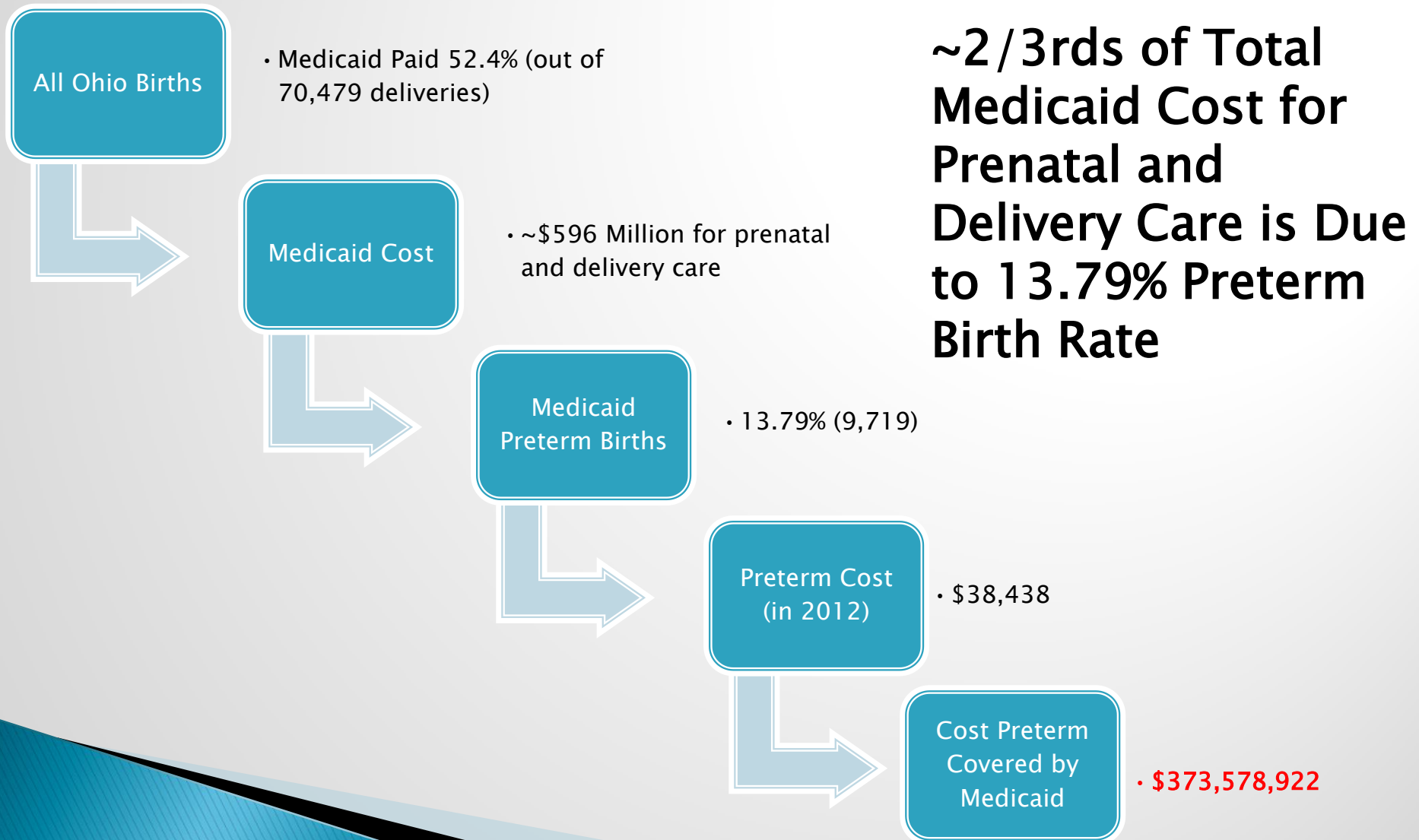
African American LBW



Reducing the African American Low Birth Weight rate to 10% by 2017 will prevent 822 Low Birth Weight Babies and will save \$28 million in healthcare costs alone.

*assumes same number of births as 2013

Ohio Preterm Birth Costs – 2013



Birth Disparities: Ohio & Hamilton County

4/10 Births Insured by Medicaid

7/10 African-American Mothers Served by Medicaid



Hamilton Co. Moms Served by Medicaid

IMR 2.5x's Higher

3x's Likely to Receive Inadequate Prenatal Care

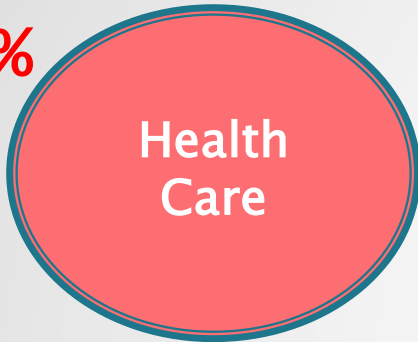


Hamilton Co. Medicaid Preterm Births

60% More Likely to Have a Preterm Birth

*Maternal and Infant Health Assessment Chartbook
Hamilton County, Ohio 2007-2009

10-15%



Health
Care

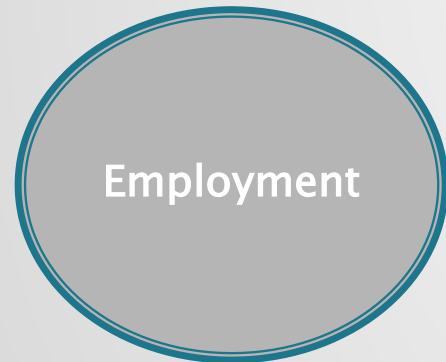


Behavioral
Health

Healthy



Substance use
Depression
Domestic Violence
Anxiety



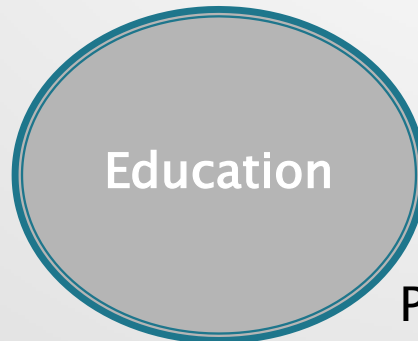
Employment



Social
Services

Food
Clothing
Housing
Utilities
Transportation

Job Readiness
Self Esteem
Application help
Resources



Education

Childhood
Adult
Personal Health
Employment

Pathways Model: A Tool to Measure Outcomes

1- Find

Target Population - Find
those at greatest risk

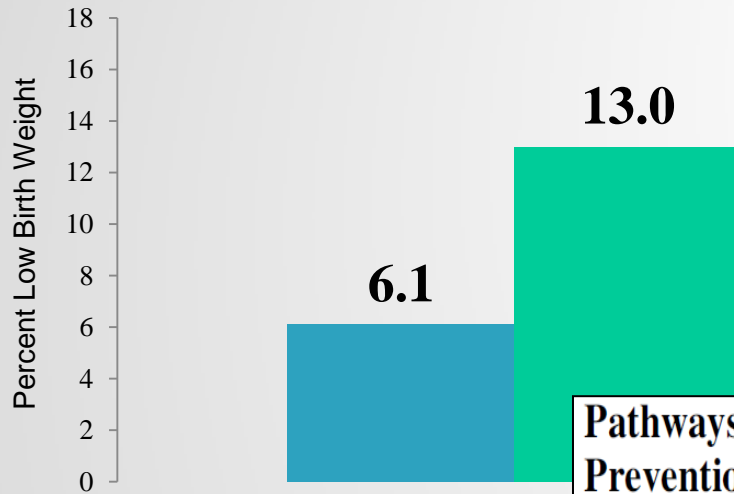
2 - Treat

Confirm connection to
evidence-based care

3 - Measure

Measure the results:
OUTCOMES

Published Study on Results



Cost Savings: \$3.36 for 1st year of life; \$5.59 long-term for every \$1 spent

Pathway intervention over 4 years

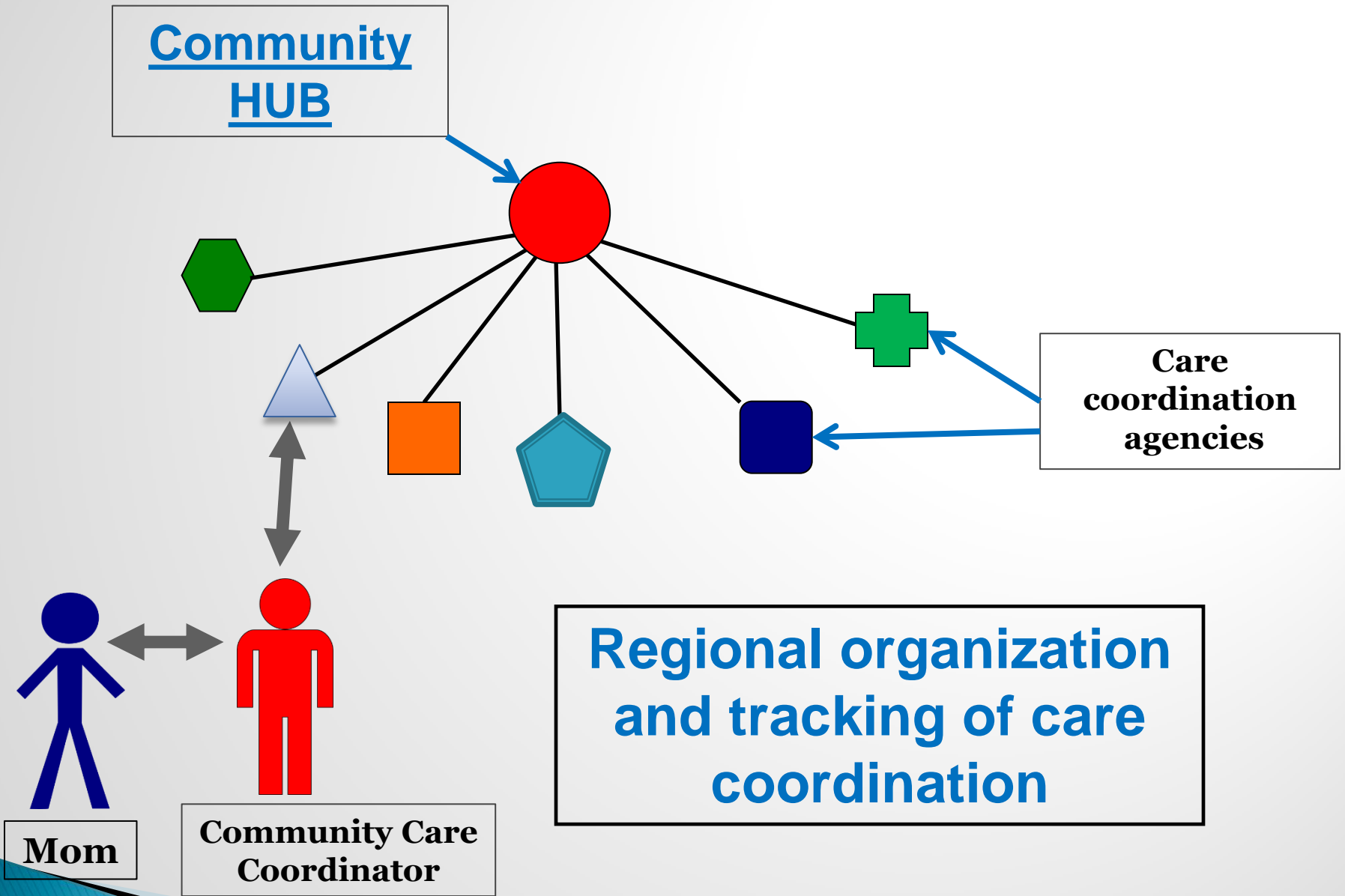
Pathways Community Care Coordination in Low Birth Weight Prevention

Sarah Redding · Elizabeth Conrey ·
Kyle Porter · John Paulson · Karen Hughes ·
Mark Redding

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Abstract The evidence is limited on the effectiveness of home visiting care coordination in addressing poor birth outcome, including low birth weight (LBW). The Community Health Access Project (CHAP) utilizes community health workers (CHWs) to identify women at risk of having poor birth outcomes, connect them to health and social

Women participating in CHAP and having a live birth in 2001 through 2004 constituted the intervention group. Using birth certificate records, each CHAP birth was matched through propensity score to a control birth from the same census tract and year. Logistic regression was used to examine the association of CHAP participation



20 Core Pathways – National Certification

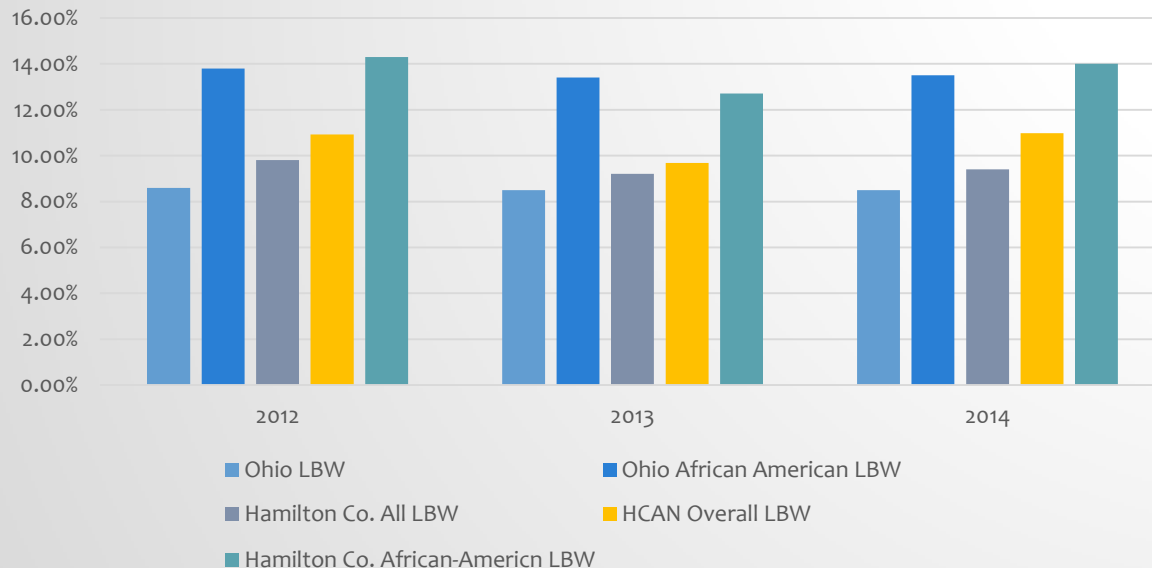
- Adult Education
- Employment
- Health Insurance
- Housing
- Medical Home
- Medical Referral
- Medication Assessment
- Medication Management
- Smoking Cessation
- Social Service Referral
- Behavioral Referral
- Developmental Screening
- Developmental Referral
- Education
- Family Planning
- Immunization Screening
- Immunization Referral
- Lead Screening
- Pregnancy
- Postpartum

Pathways Community HUB Model

- ▶ Removes “silos” and fragmentation
- ▶ Uses existing community resources efficiently and effectively
- ▶ Focuses on common metrics to identify & track risks (risk reduction)
- ▶ Holistic community care coordination
- ▶ Pays for outcomes – sustainable
- ▶ Owned by the community/region

HCAN Achieves Better Low Birth Weight Outcomes

Low Birth Weight Comparisons

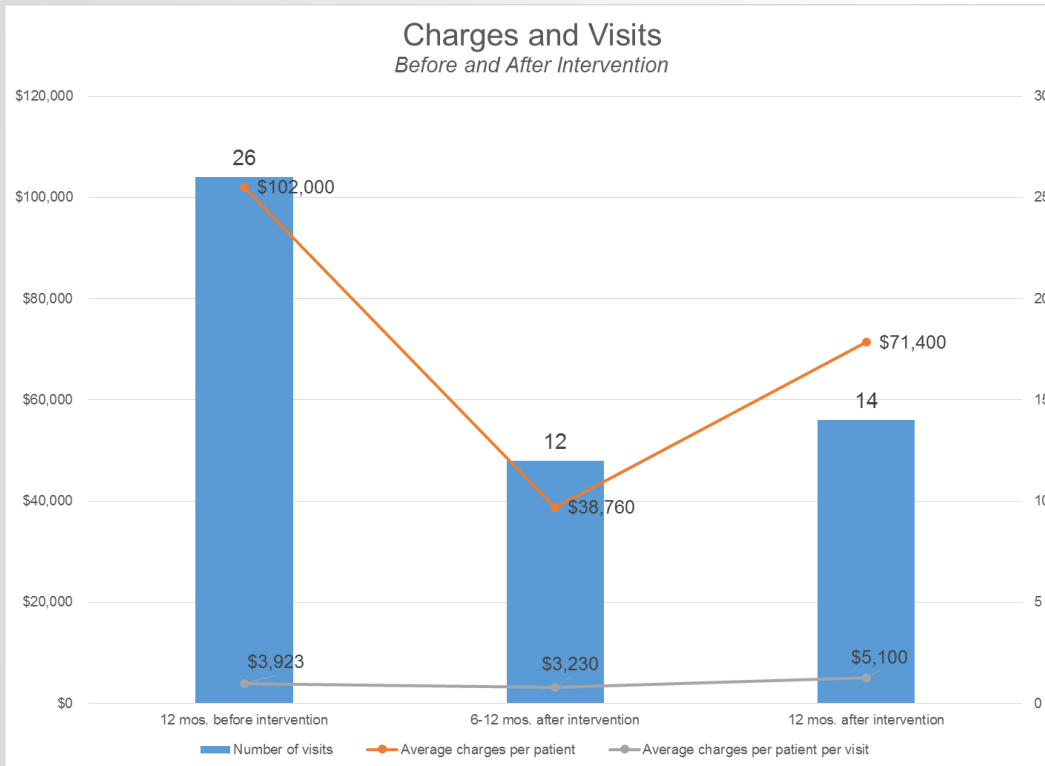


- Nearly all low birth weight babies need specialized care in the NICU
- <http://www.stanfordchildrens.org/en/topic/default?id=low-birthweight-90-P02382>
- HCAN's lower rates of LBW for its prenatal clients is helping to reduce LBW births and generate Medicaid savings for high cost/high risk babies as compared to similar populations

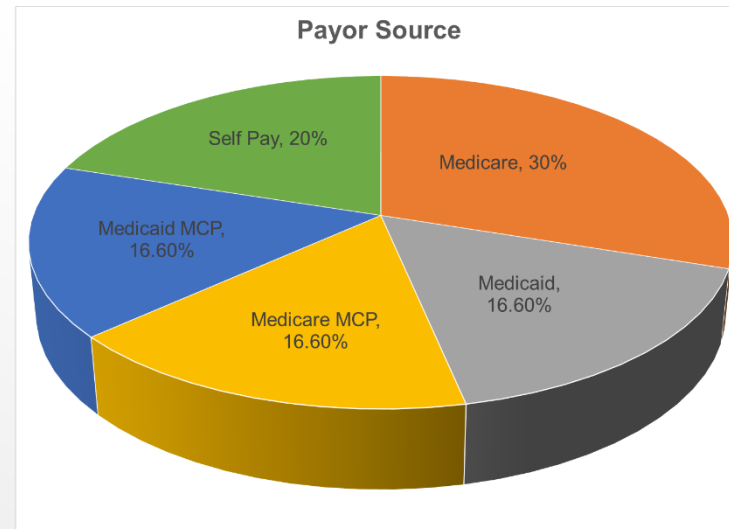
HCAN averaged ~80% African-American mothers during these years (showing overall LBW for all races in the pregnancy pathway).

HCAN ED Super Utilizer Results – 2014

(n=30)

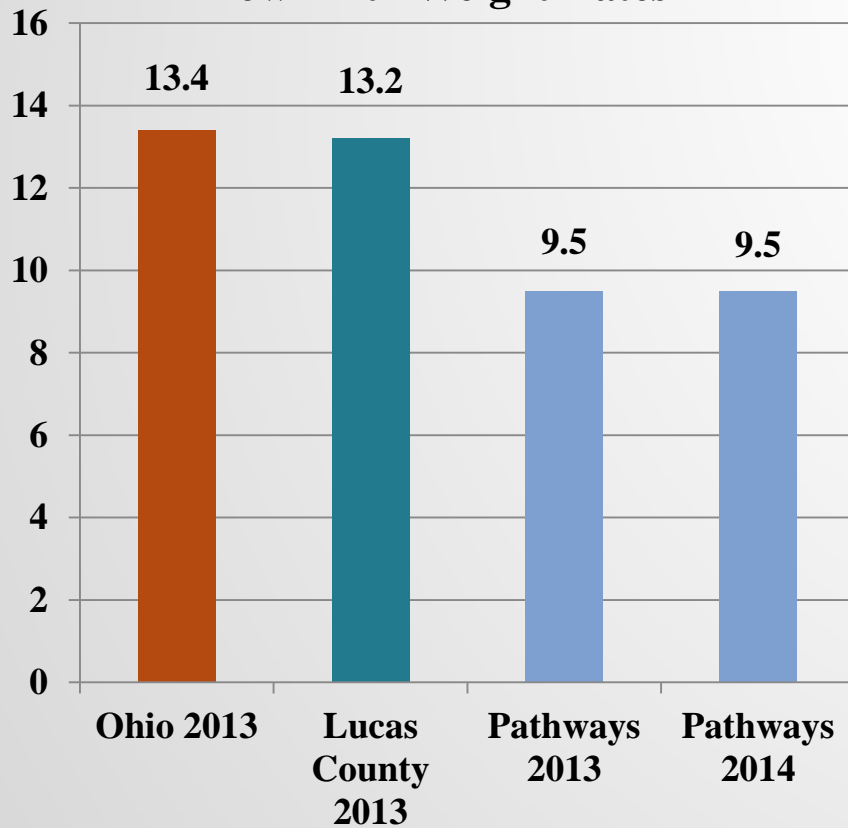


The average charge per visit suggests that visits that were reduced (or avoided) may have been lower acuity and therefore avoidable. The increase in the average charge after 12 months suggests that the intensity of services for those visits was higher; making it more likely that it was an appropriate ED visit. Further data analyses are needed to explore these assumptions.

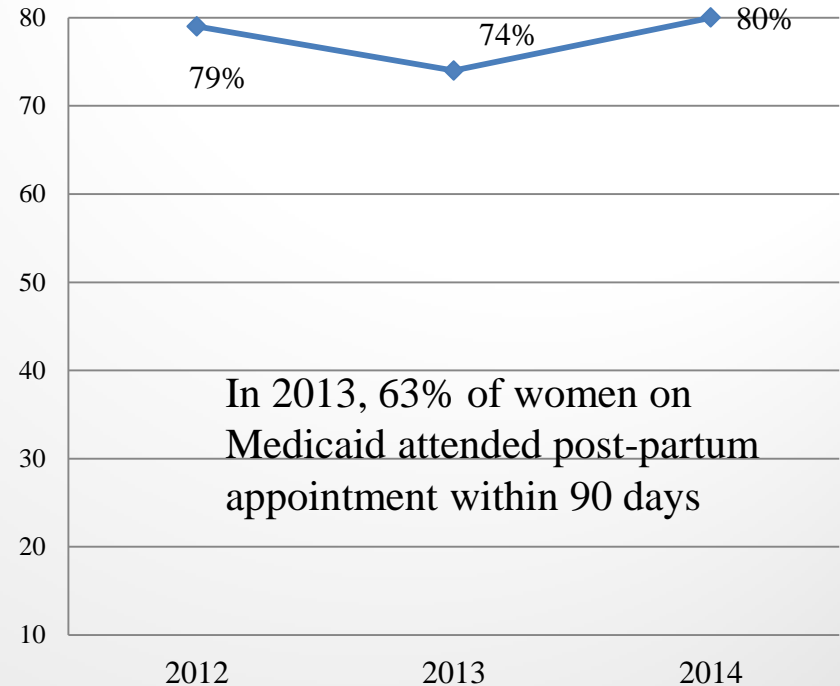


Source: Health Care Access Now, 2014

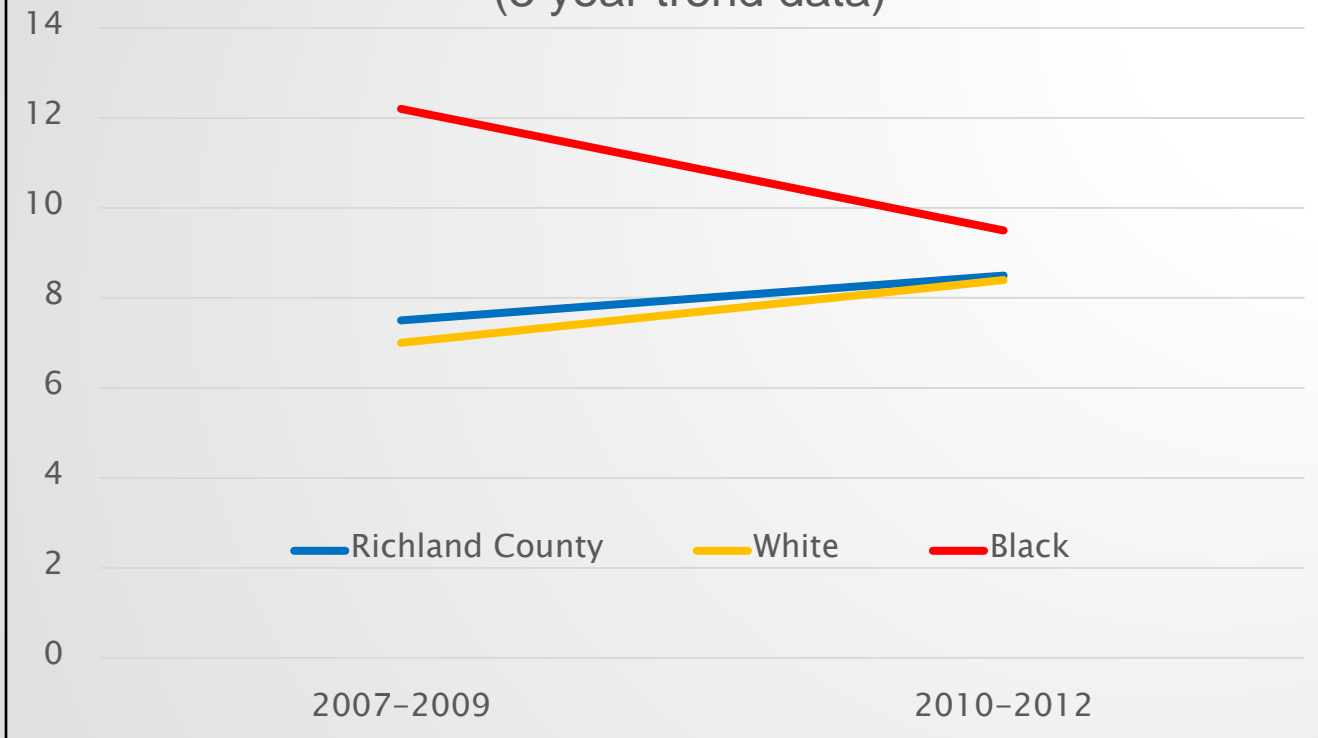
Lucas County African American Low Birth Weight Rates



Percentage of NW Ohio Pathways Clients Attending Post-Partum Appointment 2012-2014



Richland County Infant Mortality Rate 2007-2009 and 2010-2012 (3 year trend data)



	2007	2008	2009	2010	2011	2012
Infant Deaths Total	15	6	14	15	14	6
White Deaths	11	6	12	13	13	5
Black Deaths	4	0	2	2	1	1
Births, Total**	1,606	1,523	1,517	1,339	1,353	1,410
White Births	1,436	1,365	1,353	1,199	1,220	1,260
Black Births	170	158	164	140	133	150

Pathways Community HUB Model Endorsers



Ohio Commission On
Minority Health



Institute for
Healthcare
Improvement



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care



Ohio
Department of Health



National Science Foundation
WHERE DISCOVERIES BEGIN



National Institutes of Health
Turning Discovery Into Health

The CMS Innovation Center

National Certification

Form B: Certification Standards
Rockville Institute,
Kresge Grant: 245873



HUB Certification Pre-requisites & Standards

Pre-requisites

- 1) The Pathways Community HUB (HUB) must be an established community-based organization.
- 2) The HUB has utilized the HUB model for a minimum of six months.
- 3) The HUB is the only HUB in its regional service area.
- 4) The HUB has documentation of coordinating a network of agencies, comprised of a minimum of two agencies, each having at least one care coordinator with assigned caseloads of active at-risk clients identified within the agency's respective service area.
- 5) The HUB is able to contract with more than one payer on behalf of participating agencies.
- 6) The HUB is tracking outcomes using standard Pathways.
- 7) The HUB ties measured outcomes and results to dollars within financial contracts with payers.
- 8) The HUB has written program requirements and documentation to include client eligibility for services.
- 9) The HUB has written policies to ensure HIPAA-compliant client privacy and personal health information protections.
- 10) The HUB is an independent legal entity or an affiliated component of a legal entity.
- 11) The HUB is free of actual and perceived conflicts of interest (e.g., the HUB cannot employ care coordinators).

HUB Standards

HUB CHW WORKFORCE

- ▶ CHWs currently affiliated with Ohio HUBs
 - Northwest Ohio Pathways HUB – 13
 - Health Care Access Now (SW Ohio) – 18
 - Central Ohio Pathways HUB – 7
- ▶ 10 CHW Training Programs in Ohio
- ▶ CHWs in the pipeline –
MEDTAPP funded training
in FY 15 and projected
to increase for 2016
& 2017

New CHWs from Medicaid funded training at the University of Toledo 2015



Proposed distribution of Ohio HUBs

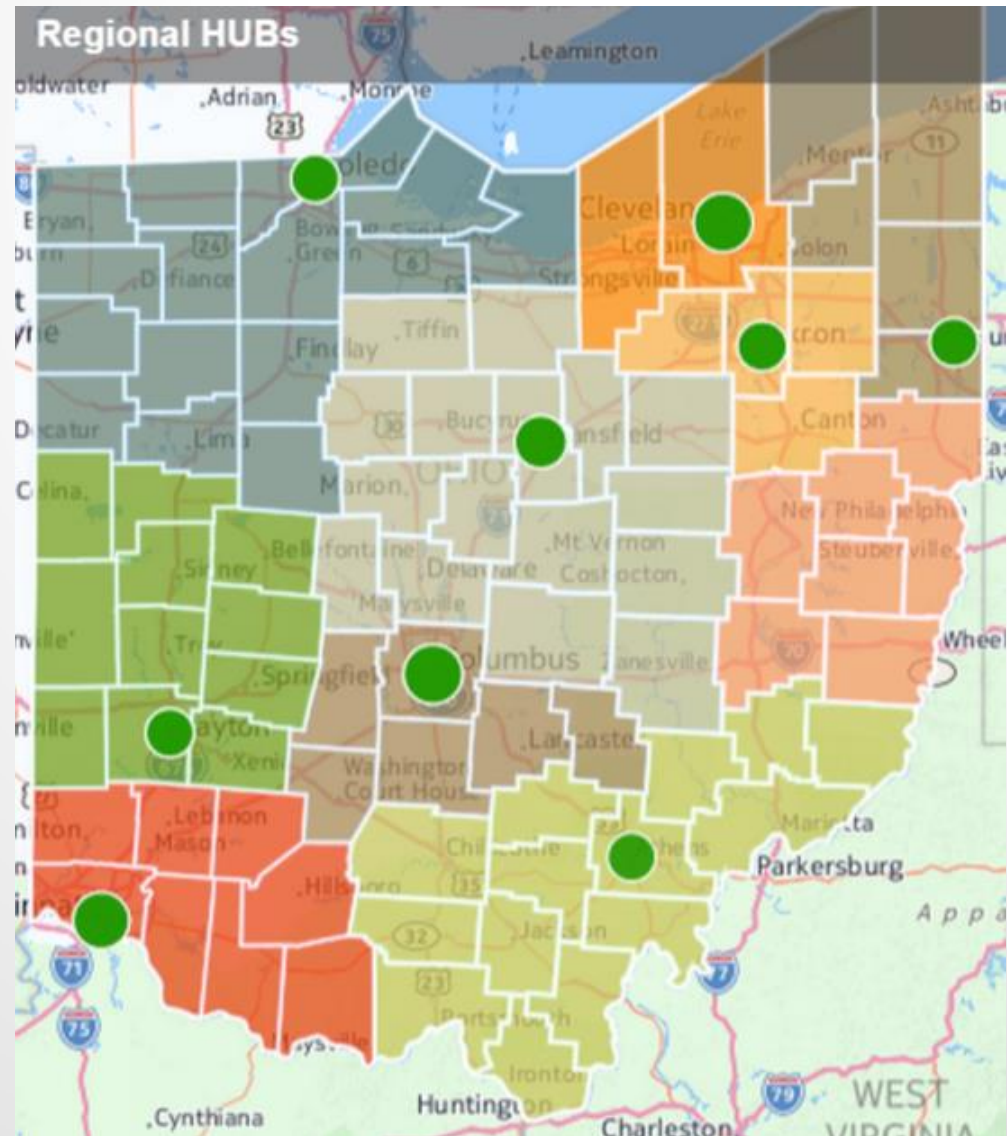
Existing HUBs:

1. Central Ohio
(Richland County)
2. Northwest Ohio
(Hamilton, Butler & Clermont County)
3. SW Ohio
(Hamilton, Butler & Clermont County)

Opportunity for HUBs*:

1. Cleveland
2. Columbus
3. Youngstown
4. Akron
5. Southeast
6. Dayton

*Funding will allow for the start-up of 3 additional HUBS



Creating and Sustaining Certified Regional HUBs Across Ohio

- ▶ Allocate funding through the OCMH grant program to expand or create certified regional HUBs.
- ▶ Ensure all Medicaid Managed Care Plans contract with Certified or “in process of certification” HUBs

Statewide HUB Grant Budget Request

Investment	Biennial Budget (2016/2017)
3 Grants for Start-Up HUBs	\$3,000,000 (\$500,000/year)
3 Grants for Certified/In Process HUBs	\$ 900,000 (\$150,000/year)
Statewide Technical Assistance	\$ 75,000
Grant Administration 4.3%	\$ 172,500
Total Recommended Budget	\$4,147,500

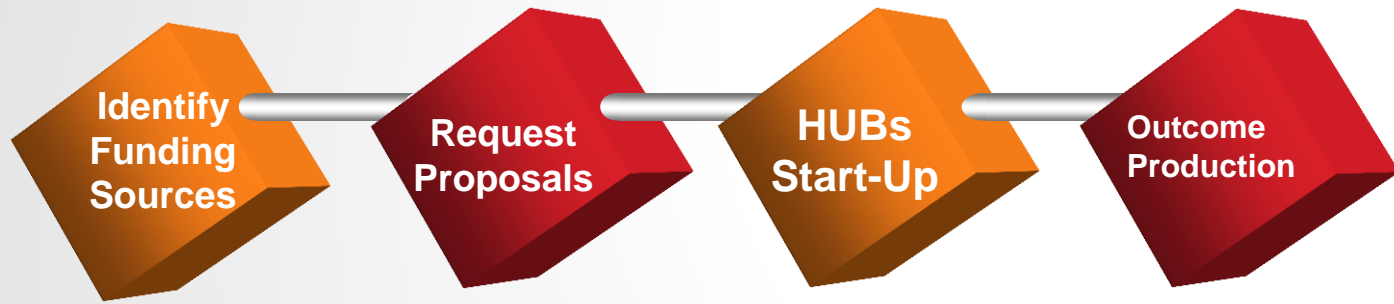
OCMH Proposed Funding Levels

- ▶ Start-Up HUB: \$500,000 annually per HUB to operate meeting Certified HUB Standards and to achieve certification.
- ▶ Certified/In Process HUB: \$300,000 annually per HUB to increase capacity, serve additional at-risk populations, mentor new HUBs, and continue to meet Certified HUB Standards.

OCMH Proposed Grant Application Criteria

- ▶ Applicants must be certified HUBs, in the process of certification, or agree to begin the certification process within 6 months of funding.
- ▶ Applicants must demonstrate 20% match.
- ▶ Applicants must demonstrate support from
 - prospective community based organizations to provide care coordinators/Community Health Workers.
 - prospective payers, such as Medicaid Managed Care indicating interest in contracting for outcomes.
- ▶ Applicants must budget for a HUB Director and staffing.
- ▶ Applicants must agree to participate in statewide sponsored training and technical assistance.

OCMH Proposed State Timeline



Now

- Identify \$4.1 million annually to build HUB infrastructure across Ohio through outcome oriented grants through the Ohio Commission on Minority Health

July-Sept 2015

- Finalize RFP
- Release RFP
- Hold Informational/TA Session for Applicants
- Proposals Due
- Proposals Scored

Oct-Dec 2015

- Funding Awarded
- HUBs begin to implement funded work
- Statewide Training & Technical Assistance
- Existing funded HUBs producing Outcomes

January 2016

- Care Coordinators in the field producing outcomes

July 2016

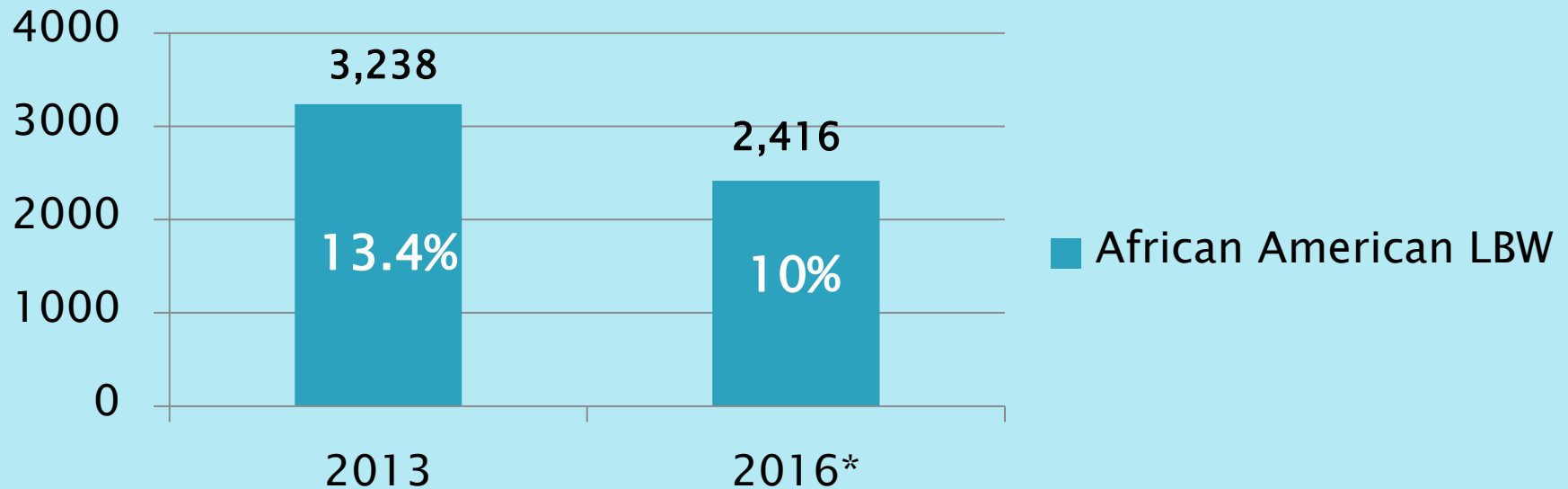
- Start-up HUBs meet 6 month implementation requirement for certification

OCMH HUB grant program continued funding will be contingent upon the compliance to special conditions, certification requirements and outcome expectations.

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- Questions and Answers

- Next Steps.....