

Testimony in Support of Senate Bill 9

Sarah A. Redding, MD, MPH, Co-Developer of the Pathways Community HUB Model, and Pathways Community HUB Institute member

Chairman Burke, Vice Chair Manning, Ranking Minority Member Cafaro and Members of the Committee, thank you for the opportunity to testify in support of Senate Bill 9. I'm Sarah Redding, co-developer of the Pathways Community HUB Model, and member of the National Pathways Community HUB Institute.

I would like to offer my support to Senator Jones and Senate Bill 9 which seeks to reduce infant mortality and poor health outcomes in Ohio through expansion of the Pathways Community HUB model. As co-developer of the model and a preventive medicine physician in Ohio, I am grateful for Senator Jones's insight into innovative solutions to solve issues of health disparities.

The HUB model has gained national recognition as a transformative approach to improving health outcomes while controlling costs. The model has been endorsed by the Agency for Healthcare Research and Quality (AHRQ), the Institute for Healthcare Improvement (IHI), the Centers for Medicare and Medicaid Services (CMS), and many others as a leading strategy to address health disparities. The model was developed with the support of local and state government here in Ohio, and I strongly believe that Ohio has the ability to replicate the model and be an example for the nation.

The Pathways Community HUB Model is designed to specifically target the most at-risk individuals in a community. Nationally, five percent of the population spends almost fifty percent of the health care dollars and the HUB is designed to reach out to the most vulnerable. In Ohio, the model has been used for women at risk for poor birth outcomes, but other states have addressed adults with chronic conditions. Pathways are the tools used to track each

identified health or social issue through to a measurable completion or outcome. Contracts are developed between the HUB and funders with payment tied to specific Pathway benchmarks and Pathway completions; a “pay-for-performance” methodology. This model provides infrastructure in communities to link together care coordination agencies and eliminate duplication of services. The HUB uses existing community resources more efficiently and effectively to improve health outcomes. Payment is based on value and not volume or activities, and four out of the five Medicaid managed care plans currently contract with HUBs for payment for Pathways.

The results have been impressive. A recent article published in the Maternal and Child Health Journal showed that this intervention reduced the low birth weight rate to 6.1 percent in a group of very at risk women in Richland County, Ohio. Similar at risk women from the same community had a low birth weight rate of 13 percent. My colleagues from Cincinnati and Toledo can share similar improvements with you around birth outcomes. Pathways Community HUBs in Michigan are showing a fifty percent reduction in per member per month costs for adults with two or more chronic conditions. Once the infrastructure is in place in a community, the HUB can expand to take care of that top five percent that are most at risk.

Funding from the Kresge Foundation has allowed for creation of a national certification process for the model. The Pathways Community HUB Institute has developed clearly defined prerequisites and standards for a community or region to become certified. The core Pathways and coding and billing strategies have been standardized to simplify implementation in new communities. The three existing HUBs in Ohio are certified or in the process of obtaining provisional certification. It is essential that all HUBs in the state meet certification criteria now and moving forward to meet the goal of reduced disparities and improved costs.

In addition, I have personally been involved in training over 500 community health workers here in Ohio. Our program, developed with North Central State College, was the first to be recognized in Ohio as a certified training center under the Ohio Board of Nursing. I have had the opportunity to work at the national level around issues of funding and sustainability for CHWs. I am currently working closely with other states to bring the Pathways Community HUB model as a solution to CHW funding. Minnesota is an example of a key state that has not been able to expand the CHW profession under Medicaid billing approaches and is looking at the HUB model as a solution.

I am requesting that you support Senate Bill 9 to expand certified Pathways Community HUBs across Ohio. In the process, you will also be supporting the development of community health workers as a profession. I know that we can make a profound difference in the lives of our most vulnerable citizens and be a leader in innovative transformation.

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