

Testimony on House Bill 49

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Chairman Hackett and Members of the Committee, thank you for the opportunity to testify on House Bill 49. I am Sarah Redding, co-developer of the Pathways Community HUB Model, and Director of the Pathways Community HUB Institute. Currently, House Bill 49 contains proposed language changes to Substitute Senate Bill 332. These proposed changes will severely compromise the ability to provide consistent outcomes to address infant mortality through the expansion of the certified Pathways Community HUB model.

The HUB model has gained national recognition as a transformative approach to improving health outcomes while controlling costs. The model was recognized by the Agency for Healthcare Research and Quality (AHRQ), and chosen as the first national learning collaborative under their Innovations Exchange. For four years, 16 communities from across the country met to work on community-based care coordination and the HUB approach. At the conclusion of the learning collaborative, it was unanimously recommended that the model move forward for national certification.

It became clear that communities that followed the principles of the HUB model closely saw positive outcomes, and in comparison, communities that only implemented pieces of the model, did not see the same results. A collaborative group – Community Health Access Project, Communities Joined in Action, the Georgia Health Policy Institute and the Rockville Institute – received funding from the Kresge Foundation to develop national certification for the Pathways Community HUB Model. Over three years, a standardized approach was developed for communities to work towards certification, and today, certification is housed at the Rockville Institute in Maryland.

The Pathways Community HUB Model is designed to specifically target the most at-risk individuals in a community. 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 the five Medicaid managed care plans currently contract with HUBs for payment for Pathways.

In the same way that hospitals undergo Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reviews to ensure quality for patients, the Pathways Community HUB certification ensures fidelity to the model to produce consistent outcomes for individuals at risk. The proposed language in House Bill 49 removes the guarantee that HUBs established in Ohio meet the prerequisites and standards of the model. This proposed version of the language equates a certified Pathways Community HUB with any board of health without the requirement of adherence to the model's prerequisites, standards or certification.

Currently, in Ohio there is one local board of health that has replicated the HUB model and is active in the pursuit of HUB national certification. This is a prime example of how local boards can ensure fidelity to the model and produce consistent improved birth outcomes. It also demonstrates that there is nothing in the existing SB 332 language that prevents local health departments from replicating the model, adhering to standards and pursuing certification. For the five other HUBs in Ohio, local health departments serve as partners in the HUB service delivery network. Adherence to the Pathways model, standards and certification has proven a significant return on investment of improved birth outcomes and cost savings.

The Pathways Community HUB model depends on a variety of community-based care coordinators, including public health nurses and community health workers. The key is that the HUB itself does not do the care coordination, but functions to create a service delivery network that tracks common outcomes. If the model is implemented with fidelity, then improvements in birth outcomes are seen.

I am requesting that you return to the original language in Senate Bill 332 to expand certified Pathways Community HUBs across Ohio to improve birth outcomes and reduce the related costs.

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