

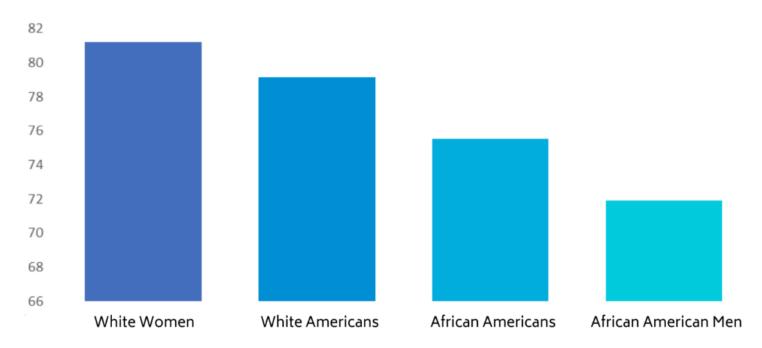
PCHI® Model Overview

ACL Community Care Hub Learning Collaborative

July 12, 2023

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.

Centers for Disease Control and Prevention



AVERAGE LIFE EXPECTANCY



Advance Health Equity

Pathways Community HUB Institute[®] provides the transformative, standardized and proven PCHI[®] Model to implement community driven care coordination networks.

A Proven Model

for community-based care coordination.

The Pathways Community HUB Institute® helps communities come together to support their under-resourced residents and to improve health and well-being.





PCHI-HUB.org

Improve Health Reduce Costs

Promote Health Equity

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CareNet CHW and Navigator Maria Hunter, left, with client Tammy McCoy.

"I'm very pleased to be associated with Maria. She's helped me a lot. ... I'm very grateful to her."

-Tammy McCoy, who is recovering from knee replacement surgery and receiving care coordination services from CareNet CHW Maria Hunter. Maria has assisted Tammy with finding housing, delivered meals, transportation and other needs.



"<u>I'd still be homeless.</u> I don't have a doubt. It was just a blessing. She didn't just help me and then leave me alone."





"I didn't know these services existed. <u>The help really goes</u> <u>deep.</u> It's wonderful."

Photos courtesy of Toledo-Lucas County CareNet, a care coordination agency of the NW Ohio Pathways HUB



National Certification

-----Model Fidelity-----

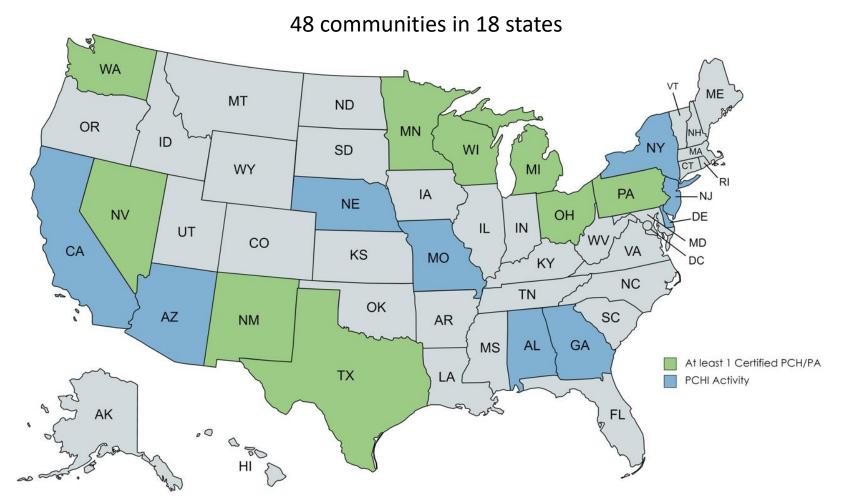
- Pathways Community HUBs
- Pathways Agencies
- Technology Vendors
- CHW Instructors

Academy

- Replication
- Optimizing Implementation
- Workforce Development
 - CHWs
 - Supervisors
 - PCHI Model Care Coordination
 - CLAS

--Research & Advocacy--

PCHI® Model Implementation



Ohio Pathways Community HUBs

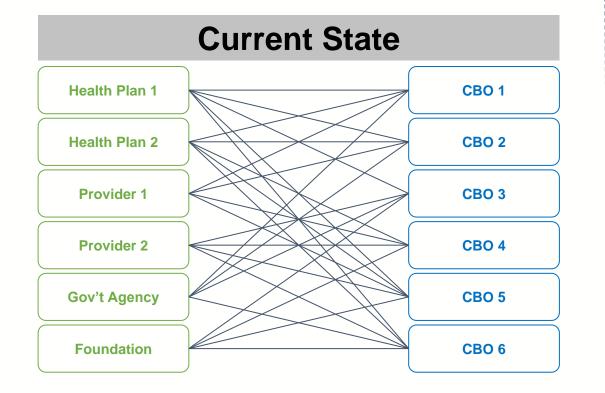


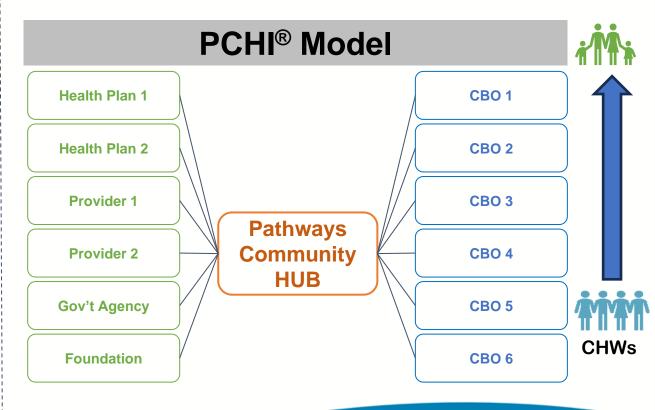
- All Medicaid Managed Care Plans contract
- Required by Ohio Department of Medicaid
- Infrastructure support Ohio Commission on Minority Health

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Redesigning the Delivery System from the Community Up

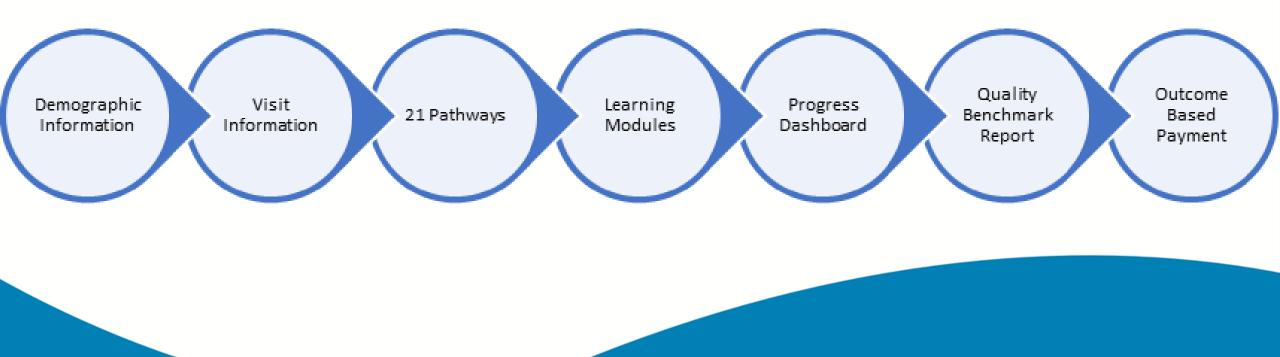




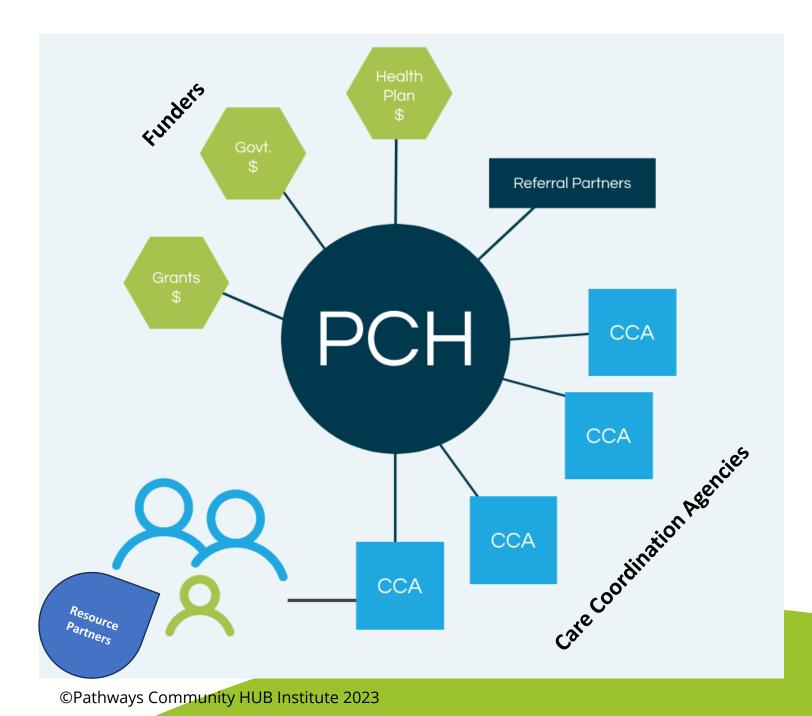


PCHI[®] Model

- Standardized community care hub structure
- Standardized CHW workflow & Quality Improvement Framework



The Pathways Community HUB (PCH)



Pathways Community HUB (PCH)

Neutral | Transparent | Accountable

- Based in community/region served
- Only one in a community/region
- Does not employ community health workers

PCH

- Is not a healthcare provider
- Commits to PCHI Certification
- PCHI licenses use of the Model to the PCH
- Guided by Community Advisory Council

- Secures resources
- Defines populations to serve
- Develops a care coordination network
- Uses PCHI standard data collection tools, Pathways, learning modules, data model, outcome based units & certified technology vendor
- Uses outcome-based contracting
- Operates in a quality improvement framework

Care Coordination Agencies (CCA)

Community based organization

CCA

- Contracts with the Pathways HUB
 - Employs Community Health Workers
 - Enter into a PCHI Model sublicense to be trained to use the PCHI Model to provide "whole person" and "whole family care"
 - Paid by PCH based on confirmed engagement and completed Pathways
 - Active member of network to improve outcomes





21 Standard Pathways

Social Needs

Pregnancy Specific

Postpartum

Pregnancy

Access to Care

Developmental Referral Healthcare Coverage Immunization Referral Medical Home 24 types of Medical Referral referrals Medication Adherence (3) Medication Reconciliation (2) Medication Screening (1) Mental Health Oral Health Substance Use

Funders

Sustainable Funding



Braided Funding

- Grants
- Philanthropy
- Value-Based Payer Contracts

Value-Based Contracting

- At least 50% of payment is tied to outcomes or completed Pathways each assigned Outcome Based Units.
- The other 50% is tied to confirmed engagement, measured by completed Visit Forms documenting home visits.
- If a participant is not engaged and Pathways are not completed, there is no payment.

Demonstrated Outcomes

Community Health Access Project

- 115 CHAP participants matched with 110 births with similar demographics
- CHAP participants common non-medical Pathways initiated included:
 - Employment (52%)
 - Adult Education (50%)
 - Smoking Cessation (39%)
 - Food Security (30%)
 - Housing (27%)
- No difference in utilization of prenatal care.

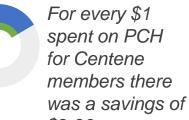
60% decrease in low birth rate

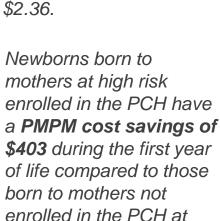


ROI: \$3.36 short term & \$5.59 long term.

Northwest Ohio Pathways Community HUB

- Project with Centene Ohio Plan focused on high-risk mothers.
- Found that high-risk mothers without PCH intervention were *1.6x* more likely to deliver a baby needing special care.





delivery.



Health Plans Contracting with PCHs

"The Pathways model enables us to provide high-quality support for at-risk patients while being reimbursed for CHW staff time by health plans. There are few other models in the social determinants of health space for reliable outcomes-based payment."

VP, ProMedica Social Determinants of Health Institute

Better Health Partnership Pathways HUB Presented by: Marie Velez, MPA Pathways HUB Supervisor







Collaborating for a healthy community

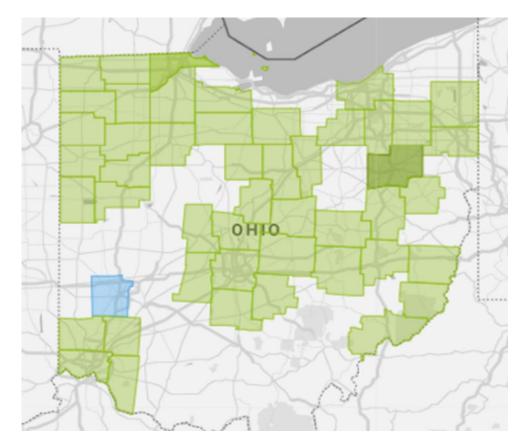
Better Health Partnership

Ohio Network of Certified Community HUBs

Member HUBs:

Better Health Pathways HUB, Cuyahoga County, OH Bridges to Wellness HUB Tuscarawas County, OH Central Ohio Pathways HUB Columbus, OH Community Action Pathways HUB Stark County, OH Community Health Access Project Mansfield, OH

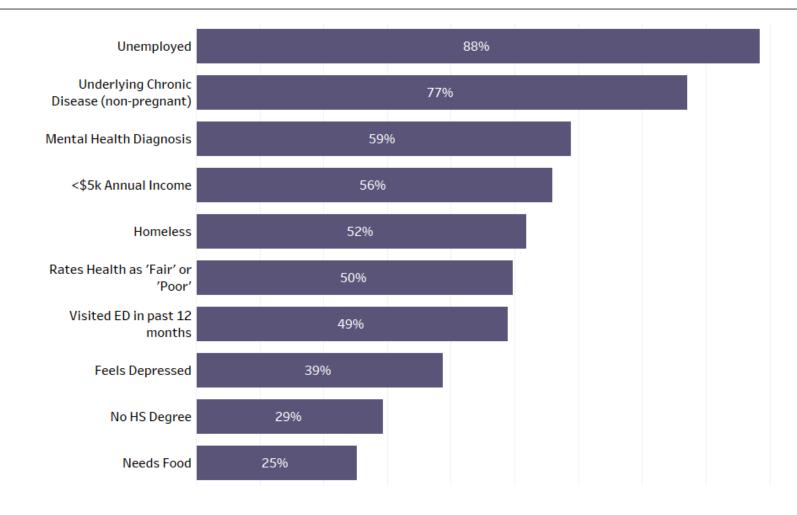
Health Care Access Now Cincinnati, OH Mahoning Valley Pathways HUB Youngstown, OH Northwest Ohio Pathways HUB Toledo, OH Pathways HUB Community Action Akron, OH Stark County THRIVE Canton, OH Lorain County



Setter Health Partnership

Risk Factors of Clients

% of Enrolled Adults with Underlying Issues (Jan. 2020 – March. 2023)





Outcome of Pathways

By Pathway Type (Jan. 2020- Q1 2023)

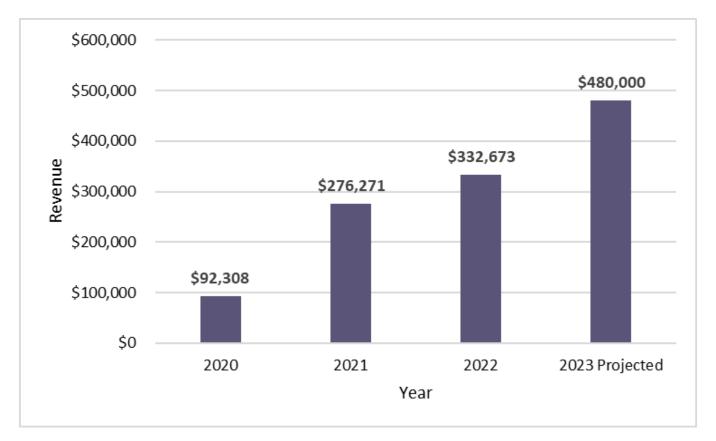
	Pathways 🖈	% Successfully Closed	
Medication Management	100	100%	
Medication Management	4	100%	
Immunization Screening	4	100%	
Immunization Referral			
Developmental Referral	1	100%	
Medication Assessment	244	100%	7
Education	2,932	99%	-
Social Service Referral	4,935	98%	р
Family Planning	58	96%	
Health Insurance	688	91%	C
Lead	124	90%	"s
Postpartum	218	83%	
Medical Home	2,125	67%	C
Housing	422	67%	
Behavioral Health	635	60%	
Medical Referral	3,115	53%	
Adult Learning	87	50%	
Pregnancy	684	50%	
Employment	201	44%	
Tobacco Cessation	172	41%	

74% of all pathways closed are "successfully closed"



Pathways HUB MCO Reimbursements for CHW Services and Outcomes

HUB Revenue by Year







Questions?

Jan Ruma, President & CEO janr@pchi-hub.org www.pchi-hub.org

427 W. Dussel Dr, #117 Maumee, OH 43537 419-740-0510