Hospital Council of Northwest Ohio

Project Abstract:

In Ohio, the leading cause of infants dying before their first birthday is poor birth outcomes. In Northwest Ohio, and especially Toledo, huge disparities in birth outcomes exist based on race, ethnicity, and residence.

Since 2007, the Northwest Ohio Pathways HUB has successfully implemented the Pathways Community HUB Model to decrease the rates of poor birth outcomes among Women at greatest risk. To date, the HUB has served more than 2,000 pregnant women and demonstrated a lower percentage of African American low birth weight babies born into the program (9.5% in 2013 and 2014) than the county (13.2% in 2013) and the state (13.4% in 2013).

In order to achieve these outcomes, the Northwest Ohio Pathways HUB, one of only 3 provisionally certified HUBs in the country, contracts with eight community agencies that employ Community Health Workers (CHW's) whose job is to find predominantly minority, low income, high risk, pregnant women and assist them with needed connections to prenatal care, social services, and education. The goal of the program is for women enrolled to have a full term, healthy birth weight baby, attend a postpartum visit 21-56 days after delivery, and ensure the infant is connected to a medical home. In order to achieve these goals, CHW's assist clients in removing barriers to care by accessing services such as housing, food, transportation, substance abuse treatment and mental health services.

The HUB utilizes a "fee for performance" payment model, where care coordinating agencies are paid based on specific, measurable outcomes they achieve with their clients. Currently, the HUB contracts with three Medicaid Managed Care Plans (MCP) who pay for these outcomes for their high risk pregnant population. Grant funding is also secured from a number of organizations to pay clients who are either insured, or are on a MCP that does not contract with the HUB.

While the program has seen great success in the community that it serves, funding restrictions have inhibited its ability to enroll all low income women at risk for poor birth outcomes. Therefore, funding provided by this grant will enhance the HUBs overall service delivery capacity by: 1) enrolling 200 pregnant women into the program during the first grant cycle; 2) Adding 2 new Community Health Workers working through the HUB to decrease infant mortality both within Lucas County as well as in the surrounding Northwest Ohio counties; 3) transitioning CHW's serving pregnant women from the current tracking method of paper, fax machines and Microsoft Excel spreadsheets to the Care Coordination Systems (CCS) electronic database; 4) maintaining HUB certification status; and 4) furthering the Pathway Community HUB Model by training new HUBs across the state.

Health Care Access Now

Project Abstract:

Health Care Access Now (HCAN) seeks to address the social determinants of health in order to improve birth outcomes and overall health among minority populations. Birth outcomes in turn affect not only the life expectancy but also the cost of health care in the future. African American families are disproportionally affected by the devastating loss of their children in the first year of life both nationally and locally. This is especially true in Hamilton County, Ohio, where the infant mortality rate for African Americans is nearly triple that of whites- 16.5 per 1,000 live births, compared to 6.1. The preterm birth rate for African American mothers in Hamilton County is nearly double that of white mothers – 18.3% compared to 10.1%.

Purpose:
The funding for expansion of the certified pathways Community HUB model will allow HCAN to expand strategically so that we can more effectively target outreach and services to minority women.

With this grant, Health Care Access Now intends to:

- Expand the Pathways Community HUB into targeted ZIP codes/ neighborhoods that document infant mortality rates (IMR) above the county/state averages and which include at least 60% African American or Hispanics populations with Cincinnati/Hamilton and Butler County by June 31, 2016.
- Reduce and eliminate social determinates that serve as barriers to the women served by the Pathway Program
- Purchase and install Care Coordination Systems software, train staff and partners in its use, generate and submit reports.
- Fulfill requirements for retaining HUB certification and mentor designated new HUBs.

Funding from this proposal would allow Health Care Access Now to:

- Expand outreach and recruitment of additional minority women in targeted ZIP codes of Hamilton County that document IMR above the county and state of Ohio.
- Expand recruitment of minority women in additional neighborhoods in the towns of Hamilton and Fairfield, in Butler County, Ohio.
- add a dedicated person for consumer engagement and provision of interpreter services, so that we can reach and serve the Hispanic community in targeted areas
- Offer cultural competency in-service workshops to HUB agency partners.
- Purchase the integrated data software, Care Coordination Systems, which will enable Community Care Coordinators to operate more efficiently.

Mahoning County District Board of Health

Project Abstract

The Mahoning County District Board of Health and the Youngstown City Health District are collaborating to create a Community Pathways HUB to serve the residents of Mahoning County. A HUB is an independent centralized referral and service coordination site with the mission to reduce infant mortality by eliminating the barriers to health and wellbeing for at-risk pregnant women. By creating a bridge between clinical health and social services the HUB works through a network of community partners to identify and meet all the needs of at-risk pregnant women. Utilizing community care coordinators, the HUB contracts with managed care providers to support performance and reward improved health outcomes. During the 2015-2016, the Mahoning County Pathways HUB will serve no less than 50 pregnant women most disparately impacted by the social determinants of health.

United Way of Central Ohio, Inc.

Project Abstract:

Through this proposal, United Way of Central Ohio will implement the Franklin County Pathways Community HUB to reduce incidence of infant mortality among minority women in Franklin County. The Franklin County Pathways Community HUB will be developed as a model that provides a community-wide care coordination delivery system that ties payment to outcomes. It will use standardized tools and strategies across a network of community based agencies and service providers to ensure at-risk individuals can access services and resources in a timely, coordinated manner. In year one of implementation (FY 16), the Franklin County Pathways Community HUB will coordinate care for no less than 50 at-risk pregnant women (prioritizing minority populations) with a focus on ensuring key objectives related to healthy birth outcomes received. In year two of implementation (FY 17), the Franklin County Pathways Community HUB will coordinate care for no less 125 at-risk pregnant women. Throughout years one and two, the Franklin County Pathways Community HUB will ensure care coordination helps reduce and eliminate social determinates of health affecting health and birth outcomes. The Care Coordinators will initially focus their efforts on the three areas with the highest rates of infant mortality: South Linden, Near East side, and Near South side. During year two, three additional high-risk areas will be targeted.

Community care coordinators will work with clients to identify the problems to be addressed, key intervention steps required, and measurable outcomes to be achieved. The key intervention steps will adhere to the Pathways care coordination process and represent a standard protocol for service delivery. The Pathways will include payment milestones that create built-in incentives and allow care coordinators to prioritize client needs and ensure they are linked with appropriate services that fully meet their needs. All of these activities will be monitored, reported, and reimbursed using a robust IT system known as Care Coordination Systems.

Akron Summit Community Action

Project Abstact:

From 2000 to 2009, there were 66,859 live births to women that were residents of Summit County. 484 of those infants died before their first birthday, resulting in an average annual infant mortality rate of 7.24 per 1,000 live births in Summit County. Among Summit County residents, there exists a substantial disparity in the rate of infant mortality by maternal race/ethnicity, as non-Hispanic Black mothers experienced infant mortality at nearly two and a half times the rate of white peers. Through collaboration and inter-sectoral teamwork, Summit County, Ohio is proposing to address infant mortality, and reduce associated health disparities, by launching a Pathways Community HUB. The HUB will work to address the complex needs of at-risk pregnant mothers by improving access to a comprehensive set of coordinated clinical and non-clinical services. The service area will incorporate all of Summit County, with a primary focus on African-American women in child bearing age (13-40) living in the West and Central Akron clusters. These two areas represent the highest rate of infant mortality.

Summit County's HUB -Healthy Connections Network- will be operated by Akron Summit Community Action, Inc. (ASCA), a neutral 501(c)3 organization, with a mission to create a poverty-free society. ASCA is a trusted community-based organization with over 40 years of service to low-income residents of Summit County. Healthy Connections Network will comprehensively address the reduction and elimination of known risk factors for infant mortality through the implementation of the 20 evidence-based "Pathways". Additionally, the HUB will monitor these risk factors- as well as client outcomes- through data submissions in the required Care Coordination Support System network.

The HUB will launch with twelve founding care coordinating agencies, covering a broad spectrum of services, all with long-standing histories of partnering with at-risk pregnant women. A diverse and inclusive HUB Advisory Board has been established with representation from both care coordinating agencies as well as community members. This proposal has been developing in close consultation with the Summit County OEI coalition known as Summit County for Better Birth Outcomes. The HUB has secured an approved REEP evaluator for this project, with significant experience working with the Summit County Local Office on Minority Health.

Summit County has always had a rich history of collaboration in addressing complex health and social challenges. The Pathways Community HUB model of community-wide care coordination provides an opportunity to formalize these collaborations, and utilize data to drive improvement. We believe the HUB will transform our efforts to impact infant mortality, and holds the potential to grow in future years to further address health disparity and promote equity.

Community Health Access Project
Project Abstract:

The Community Health Access Project (CHAP) HUB is well positioned to implement and achieve the projected goals ofthe Ohio Commission on Minority Health's proposal to address infant mortality. The HUB supports the Commission's work in achieving the Healthy People 2020 goals of reducing the rate of all infant deaths and reducing preterm births by 10%. The HUB is committed to addressing early and adequate access to prenatal healthcare, timely postpartum visits, increasing safe sleep practices, improving access to behavioral health services and the provision of other services that decrease the social determinants of health risk factors that impact birth outcomes. These goals will be accomplished through the expansion of the Community Health Access Project (CHAP) HUB to improve outreach and care coordination services to pregnant women at risk.

The current HUB is an extension of the original prototype HUB which operated in Richland County from 2004-2008. This pilot HUB demonstrated a county-wide reduction in low birth weight (LBW) from 9.7% to 8.0% over four years, while Ohio's LBW remained steady at 8.6%. The HUB was provisionally certified as a Pathways Community HUB by the Rockville Institute in September 2015, and CHAP anticipates obtaining full certification status by the end of fiscal year 2016.

The HUB has the capacity to assess and monitor pregnant women at risk in the Central Ohio region and to provide quality care coordination services. Currently, the HUB partners with two experienced care coordination agencies that have Ohio Board of Nursing certified CHWs and work with minority populations. With the expansion of the HUB, at least two new care coordination agencies will be brought in to extend the reach and capacity of services to women at risk. A total of 125 pregnant women will be targeted in fiscal year 2016, and at least 100 (80%) of the women will be minority.

In fiscal year 2017, the HUB will expand into additional counties to become a regional HUB. CHAP has been using the Care Coordination System (CCS) since December 2013 to track all data gathered by care coordination agencies (CCAs). In addition, CHAP will partner with the two other existing Ohio HUBs in Toledo and Cincinnati to develop a robust qualitative evaluation of the Pathways Community HUB model and expansion.

The HUB currently has contracts with three Medicaid managed care plans in Ohio- Buckeye, CareSource and United Healthcare. CHAP is currently negotiating new contracts with the plans in order to expand the number of Pathways covered and the at risk population served. During fiscal year 2016, CHAP will work with Molina and Paramount to obtain contracts for care coordination services in Richland County as well as the five surrounding counties (Ashland, Crawford, Huron, Knox, and Morrow).

The HUB will be able to fully meet the goals set forth by the Commission of expansion to a regional HUB, full Pathways Community HUB certification, reduction of the infant mortality rate in Central Ohio and focus on the social determinants of health that can impact birth outcomes.