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MCH Innovations Database Practice Summary & Implementation Guidance

Pathways Community HUB

The Pathways Community HUB Institute® (PCHI®) Model helps communities build a transformative and sustainable community-based care coordination network. The PCHI Model provides the infrastructure to track risk factors from identification through mitigation and link payment directly to outcomes. The PCHI Model is a quality improvement framework for community to build their own robust network of community-based care coordination in partnership with local stakeholders to align resources and achieve positive outcomes.



Location

National



Topic Area

Service
Coordination/Integration



Setting

Community



Population Focus

Cross-Cutting/Systems Building



NPM

NA



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Section 1: Practice Summary

PRACTICE DESCRIPTION

Communities face many challenges, including: fragmentation of community resources; not enough resources for those who need them the most; lack of a strategy/workflow and funding mechanism to address the barriers faced by under resourced and marginalized populations.

The PCHI Model has been developed, evaluated, and scaled to many diverse communities over thirty years. It has been proven to effectively reduce costs while improving health and social outcomes for community members most at risk. It is a transformative and dramatic change from traditional care coordination, because PCHI puts the ownership of the process with communities instead of health care systems.

The PCHI Model was developed to address these challenges from the community-up, through a quality improvement framework. Utilizing the standards and tools of the PCHI Model, communities form Pathways Community HUBs (PCH) that leverage the skills of community health workers (CHW) to coordinate existing resources into sustainable care coordination networks, reducing duplication and identifying unmet needs through open Pathways. Pathways are tools used within the PCHI Model to track each identified risk factor from identification to elimination. PCHs engage community stakeholders to develop creative programmatic, policy, and system change initiatives to address the needs identified, with success measured by completed Pathways. To fund the enterprise, grant funding is braided with healthcare payer value-based contracts.

United by a commitment to health equity, there are now 48 communities in 18 states working through PCHI to implement the PCHI Model. PCHI provides communities with the road map and tools to leverage resources to meaningfully address complex health and social needs of people who are under-resourced and at greatest risk for poor health outcomes, often due to poverty, discrimination, and systemic barriers. At the individual and system level, the Pathways Community HUB Network collaborates to address the pressing needs of access to care, housing, transportation, education, employment and related basic needs to achieve improved health and well-being.

Through national certification, technical assistance, education, and training, PCHI innovates with communities to build capacity to create accountable networks designed to improve health, reduce cost, and advance health equity.

Pathways Community HUBs everywhere and at scale can have the greatest impact on health care quality and costs and enable states and counties to systematically manage the elimination of disparities. It all happens on the ground --- by and for communities! An investment in the Pathways Community HUB Institute infrastructure to support communities implementing the PCHI Model is an investment in improving health and quality of life for historically marginalized communities that will result in improve health, reduced cost of care emergency care, and health equity.

CORE COMPONENTS & PRACTICE ACTIVITES

The PCHI® Model provides a transformative, value-based, quality improvement framework requiring national certification and standardized health/social care data model to implement a community-based care coordination network, called a Pathways Community HUB (PCH).



Core Components & Practice Activities

Core Component	Activities	Operational Details
The PCHI® Model	<ul style="list-style-type: none"> - Establish a <i>Pathways Community HUB/Pathways Agency</i> in the community through the PCHI Academy - Use PCHI Model Licensed Content - Train PCH/PA staff and CCAs in the PCHI Model 	<p>CHW supports participant and household through regularly scheduled in person visits to identify, address, and track modifiable risk factors by person and household.</p> <ul style="list-style-type: none"> - PCH director/staff - Care Coordination Agencies (CCA) <ul style="list-style-type: none"> + CHWs + CHW supervisors - PCHI-approved trainer
Pathways Community HUB Institute Model Certification-Pathways Community HUB/Pathways Agency	<ul style="list-style-type: none"> - Apply for PCHI certification - Set up and operate PCH/PA according to certification standards - Submit evidence of compliance with PCHI Standard for certification review - Maintain certification status as an active PCH/PA 	<p>See PCHI PCH/PA certification requirements here.</p>

HEALTH EQUITY

The PCHI Model is designed to focus on individuals in the community that are under-resourced and underrepresented. The foundation of the Model is the **community health worker** – a member from the same community that is receiving services. As communities work towards implementing the PCHI Model, they are held to a variety of Standards that incorporate these principles. Standard #9 requires that the Pathways Community HUB and its care coordination agency members are culturally sensitive organizations that provide culturally and linguistically appropriate services. To support this, PCHI has developed training on the **National Culturally and Linguistically Appropriate Services (CLAS) Standards**, available to PCHs applying for certification. As a Pathways Community HUB goes through the certification process, reviewers specifically look for organizational policies and training on CLAS Standards for all staff. Certification Standard #4 requires that a Pathways Community HUB engages and is advised by a **Community Advisory Council (CAC)**. The list of CAC members is reviewed during certification to ensure that all facets of the community are represented, including community members. The CAC examines the data gathered by community health workers, including demographic data on participants served. PCHI also reviews this data as the Pathways Community HUB submits their Quality Benchmark Report each quarter.



EVIDENCE OF EFFECTIVENESS

The PCHI® Model has a strong track record of community impact through formal and informal studies providing evidence of both out-come improvement and cost savings. The PCHI Model is recognized by payers and policy makers as a standardized, value-based approach to address all drivers of health. A study in the Maternal and Child Health Journal, “Pathways community care coordination in low-birth-weight prevention” [1] showed a 60 percent reduction in low birth weight for high-risk mothers compared to case matched controls within the same neighborhood. Centene (Buckeye Health Plan in Ohio) reported an overall 236% return on investment for babies first year of life costs [2] and reduced need for neonatal intensive care [3] when pregnant members were enrolled in a PCH. The Association of Maternal & Child Health Programs (AMCHP) reviewed PCHI’s research and designated the PCHI Model as a 'best practice' in the following areas: Service Coordination & Integration, and Workforce Development & Leadership. [4] The PCHI Model was recognized by the Medicaid Innovation Accelerator Program (IAP) as a care delivery model with a unique value-based payment approach that has demonstrated improvements in maternal and infant health care delivery outcomes [5]. A 2021 study on a Pathways Community HUB found mothers’ relationships with their CHWs were central to stress reduction, which significantly increased their feelings of security, safety, and hope [6]. The PCHI Model is based on addressing individually modifiable risk factors, and this work facilitated the development of a published registry of modifiable risks in Preventive Medicine [7].

Please visit <https://www.pchi-hub.org/impact> for full articles on the PCHI Model.

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.



For every \$1 spent on PCH for Centene members there was a savings of \$2.36.



Newborns born to mothers at high risk enrolled in the PCH have a PMPM cost savings of \$403 during the first year of life compared to those born to mothers not enrolled in the PCH at delivery.



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Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

The Pathways Community HUB Institute innovates with communities by implementing the PCHI Model - a transformative, standardized, and proven approach to community driven care coordination that measurably improves health and well-being. PCHI provides access to the core components of this practice to communities that commit to implementing the PCHI Model of Care Coordination and completing the PCHI Certification Program.

Practice Collaborators and Partners			
Partner/ Collaborator	How are they involved in decision-making throughout practice processes?	How are you partnering with this group?	Does this stakeholder have lived experience/come from a community impacted by the practice?
Care coordination agencies (CCA)	Community-based organizations that employ CHWs, contract with PCH, and may inform operational components of Model implementation	The PCH contracts with these community-based organizations that employ CHWs to provide comprehensive, care coordination services using the PCHI Model	yes
Community Health Workers (CHW)	CHWs are the vehicles by which the Model is implemented. They provide direct feedback and primary data concerning the practice and provide input to the PCH/PA entity	CHWs are the vehicles by which the Model is implemented. The PCH may provide training, workforce development and secondary supervision as it relates to the PCHI Model.	yes
Referral partners	Provide stream of eligible program prospects based on referral partner's program requirements and shared eligibility criteria	Provide stream of eligible program prospects based on referral partner's program requirements	varies



		and shared eligibility criteria	
Funders/Payers	Provides financial support for capacity-building, sustainability, and to address specific goals through outcome-based contracting methodology	PCH executes contracts for outcome-based payments, capacity, and sustainability for the PCH and/or CCAs.	varies
Health systems	Community needs assessment data; helps identify areas of need; collaborate to provide services and support; may assist with access to funding	May provide financial support, referrals, support services or act as a CCA for the PCH.	varies
Public Health	Community needs assessment data; helps identify areas of need; collaborate to provide services and support; may assist with access to funding	May provide financial support, referrals, support services or act as a CCA for the PCH.	yes
Social Service providers	Provide information on processes and target populations; aid in reducing/eliminating barriers to successfully addressing modifiable risk factors	Social service provider may act as a bidirectional referral partner for the PCH	Varies
Community Advisory Council	To ensure the PCH understands and meets the needs of those who are at risk, the PCH leverages existing community resources and seeks to add value to the community. Local leaders, therefore, need to be meaningfully engaged and empowered to guide and advise the strategies of the Pathways Community HUB.	The PCH provides regular updates and reports to the CAC which aids the PCH in addressing community and organizational level needs.	yes



REPLICATION

To assure fidelity to the PCHI Model and to support communities in implementing all components of this comprehensive community-based care coordination model, PCHI licenses the PCHI Model content to organizations committed to achieving/maintaining national certification in the PCHI Model, demonstrated through executed certification agreements with PCHI. The PCHI Model Certification outlines specific Standards to guide communities as they build a PCH/PA to fidelity. A nationally certified PCH/PA improves health, reduces costs, and promotes health equity.

Developing a Pathways Community HUB or Pathways Agency (PA) within a community can be an important first step to improving community-based care coordination. PCHs/PAs are established at the community level and are responsive to local conditions and needs, resources and goals. Since the PCHI Model uses a whole-person approach to supporting positive health outcomes, it can be used to support various populations- for example- Infant/maternal, Medicaid/Medicare eligible or recipients, or specific demographics, conditions such as chronic disease or mental health, and geographic locations-urban, suburban, rural. Further, policies, processes, and programs may be developed or strengthened because of the PCH/PA efforts to identify and reduce modifiable risks that impact health outcomes.

The following graphic of entities using the PCHI Model is current as of August 2023. Please contact PCHI at Info@pchi-hub.org for updates and information.



Pathways Community HUB Institute®

Pathways Community HUB and Pathways Agency Certification Pipeline

19 Certified

- MI 1 Community Connections HUB
- NM 1 ROAMS Pathways Agency
- NV 1 Dignity Health Pathways Agency
- MN 1 Winona Community HUB
- OH 10 Northwest Ohio Pathway HUB
Better Health Partnership Pathways HUB
Community Action Pathways HUB
Pathways HUB Community Action
Community Health Access Project
Bridges to Wellness
Mahoning Valley Pathways HUB
Health Care Access Now
Central Ohio Pathways HUB
Dayton Regional Pathways HUB
- PA 1 Community Care HUB
- TX 1 Grow Healthy Together PCH
- WA 1 Community Care Port HUB
- WI 2 UniteWI
Great Rivers HUB

**18 Applied
10 Emerging**

- AL 1 Tuskegee
- AZ 2 **Phoenix (East/ West Valley)**
- CA 3 **Fresno
Stockton
Napa**
- DE 6 TBD
- GA 1 Atlanta
- MN 1 **Minneapolis**
- MO 1 **Moberly**
- NE 1 **Omaha**
- NJ 1 **Paterson**
- NM 2 **Albuquerque
Espanola**
- NV 1 **Las Vegas**
- NY 2 **Brooklyn
Syracuse**
- OH 3 **Ashtabula
Athens
Lorain**
- TX 3 **Bryan
Georgetown
Houston**



INTERNAL CAPACITY

Internal capacity needs will vary among communities and as the PCH/PA becomes established. Therefore, the following information is just a guide and may not fully represent initial and ongoing capacity requirements.

The Pathways Community HUB

The Pathways Community HUB (PCH) is a legal entity that has the legal capacity to enter into agreements or contracts, assume obligations, incur and pay debts, sue and be sued, and to be held responsible for its actions. The PCH can be an association, corporation, partnership, proprietorship, or trust that has legal standing in the eyes of the law. The PCH will need to ensure that it is able to fulfill all legal and administrative duties and requirements of a 501c3 organization and of the PCHI Certification Standards. Additionally, a director must be in place before the PCH can begin the implementation process with PCHI.

The PCH must also have adequate infrastructure to track and document the delivery of services to those at risk and must have the ability to document the Pathways process and outcomes, process payments to care coordination agencies, and contract with and invoice payers.

The PCH Director must have diverse competencies to ensure the success and sustainability of the Pathways Community HUB. Key competencies include, but are not limited to:

- Engaging and partnering with community care coordination agencies serving at-risk populations; and
- Developing and maintaining relationships with diverse stakeholders, including care coordination agency members, community members, referral partners, providers, and payers; and
- Developing and managing contractual relationships with payers; and
- Developing and managing performance outcomes and contractual compliance.

The Pathways Agency

The Pathways Agency (PA) is a legal entity that has the legal capacity to enter into agreements or contracts, assume obligations, incur and pay debts, sue and be sued, and to be held responsible for its actions. The PCH can be an association, corporation, partnership, proprietorship, or trust that has legal standing in the eyes of the law.

The Pathways Agency should demonstrate its resourcefulness and benefit to the community by having the capacity to provide services to a reasonable caseload that reflects its efficiency and effectiveness in connecting at-risk populations to appropriate health, behavioral health, and social services.

PRACTICE TIMELINE

The following table provides an approximate timeline for startup of a Pathways Community HUB. Implementation phase timing will vary by community and may be influenced by local resources, startup funding, level of community engagement, and other environmental factors. The timeline for a Pathways Agency is significantly less as it does not include the development and management of a care coordination network.



Phase: Planning/Pre-Implementation

Activity Description	Time Needed	Responsible Party
EXPLORATION		
<ul style="list-style-type: none"> - Learn about PCHI model - Secure technical assistance from PCHI/participate in <i>PCHI Academy-Exploration</i> - Engage community stakeholders - Identify a PCH - Plan initial budget - Submit initial PCHI Model certification application 	3-12 months	<ul style="list-style-type: none"> - Stakeholders - Shareholders - Entities interested in advancing health equity by bringing the PCHI model to the community
PREPARATION		
<ul style="list-style-type: none"> - Secure access to PCHI resources - Participate in <i>PCHI Academy-Implementation</i> - Hire PCH director - Continue community engagement and education - Engage potential Community Advisory Council (CAC) members 	3-12 months	<ul style="list-style-type: none"> - PCH core team - PCH entity/PCH Director



Phase: Implementation

Activity Description	Time Needed	Responsible Party
PLANNING		
<ul style="list-style-type: none"> - Develop implementation timeline - complete PCHI Model training - develop operations and QI processes - contract discussions with CCA and outcome-based payors 	3-12 months	<ul style="list-style-type: none"> - PCH Core Team - PCH entity/PCH Director
OPERATING		
<ul style="list-style-type: none"> - Establish data collection and management method - Execute contracts with CCAs - Complete PCHI-specific training - Deploy CHWs - Activate QI plan - CAC meets - Submit PCHI model certification review application 	Minimum of 3-6 months	<ul style="list-style-type: none"> - PCH Director/staff - CCA supervisors - CCA CHWs - CAC

Phase: Sustainability

Activity Description	Time Needed	Responsible Party
OPTIMIZATION		



<ul style="list-style-type: none"> - Engage in continuous quality improvement - analyze data and present to CAC - review and update operations manual and processes, no less than annually - implement PCHI Model updates - participate in PCHI Academy enhancement and development workshops - Continue to build and expand funding and sustainability support 	<p>6 months+</p>	<ul style="list-style-type: none"> - PCH Director/staff - CCA supervisors - CCA CHWs - CAC
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PRACTICE COST

The PCHI Model includes a braided funding, outcome-based payment strategy. The following provides general demonstration of startup costs for a PCH. Pathways Agency starting costs are significantly less and typically include costs associated with employing CHWs such as salary/benefits, mileage/travel, office supplies and equipment, training, and supervisor salary/benefits..

Budget			
Activity/Item	Brief Description	Quantity	Total
Salary/benefits/ travel	PCH staff including Director, Coordinator, Admin Assistant	3 FTEs	\$210,000
PCHI Certification	Application fee, annual certification fee	1 annually	\$5,000
Technical Assistance, consulting, etc.	Could include: 501c3 formation cost, PCHI Implementation and/or Replication Academy, legal and financial services, etc.	Varies	\$25,000



IT Licenses and equipment	Varies-could include platform license, integration fees, training, equipment	1 license	\$50,000
Training and education	Varies-may include: PCHI Model training for PCH and CCA staff, CHW training, CLAS training, etc.	Varies	\$15,000
Facility and office supplies	Varies-could include: rent and utilities; office equipment and supplies	Varies	\$45,000
Total Amount:			\$350,000

LESSONS LEARNED

Engage the community early.

To advance health equity efforts, it's critical to engage the community and a diverse array of collaborators, early in the development of your PCH. Garner their approval and support in designing and developing the initiative.

Plan for sustainability throughout.

Although the implementation and development of a PCH may take a year or more, planning early for sustainability will encourage success.

Quality Improvement is vital.

Continuous Quality Improvement (CQI) is a requirement of the national standards for Pathways Community HUB Certification. Being accountable for the work of a network of agencies and their CHWs is challenging. Developing reporting, cross checks, and multiple approaches to assuring quality and accountability is essential. This must also be balanced with an approach that includes substantial encouragement, positive reinforcement, and emotional support for a workforce that is reaching out and intensely engaging the most at-risk families in your community.

Supporting CHWs is key.

Care coordination agencies (CCA) are often small community-based organizations that employ community and culturally connected CHWs who have the trust and relationship skills needed to accomplish the behavior change outcomes integral to the PCHI Model. However, they may also experience challenges to sustaining CHW positions due to inadequate funding or have been left out of major streams of funding support. Incentives are important to help overcome initial collaboration barriers and willingness to engage in this accountable and outcome driven model.



NEXT STEPS

The PCHI Model has grown in leaps and bounds since its initial development more than 30 years. Peer-reviewed evidence on Pathways Community HUBs (PCHs) has shown that the PCHI Model provides meaningful returns on investment to the communities that use it when the model is implemented and used with complete fidelity. In today's rapidly changing health and social care reimbursement environment, healthcare payers and other funders need information and evidence on the efficacy of any model they are funding for community-based care coordination to justify ongoing investment. The PCHI Model provides that.

Although originally open-sourced, after years of helping communities implement the Model and learning from their input, PCHI performed a significant update which includes standardized data collection tools, a data model to ensure the uniform capture of data and coding of risks, evidence-based learning materials, and standard reporting requirements. Consequently, PCHI only licenses the PCHI Model content to entities that are PCHI Model certified or in the certification process.

During the next phase of updates and optimization, we are prioritizing-

- Simplifying and updating the PCHI Model Certification Standards.
- Incorporating state based CHW payment.
- State-by-state expansion strategy in cooperation with state Medicaid programming.

RESOURCES PROVIDED

[1] Redding S, Conrey E, Porter K, Paulson J, Hughes K, Redding M. Pathways-community-care-coordination -in-low-birthweight-prevention. *Matern-Child-Health J.* 2015 Mar;19(3):643-50. doi: 10.1007/s10995-014-1554-4. PMID: 25138628; PMCID: PMC4326650. <https://shorturl.at/dmHR0>

[2] Lucas B & Detty A. Improved birth outcomes through health plan and community-hub-partnership, 2018. <https://bit.ly/40PtFOW>

[3] Lucas B & Detty A. Lower first year of life costs for babies through health plan and community-hub-partnership. *Buckeye Health Plan*, 2018. <https://shorturl.at/ckCDQ>

[4] Association of Maternal and Child Health's (AMCHP) Innovation Station. The PCHI® Model "best practice." <https://bit.ly/44790c5>

[5] Medicaid Innovation Accelerator Program (IAP). Improvements-in-maternal-and- infant-healthcare-delivery-outcomes. Search "Pathways-Community-HUB" for references: <https://shorturl.at/efjN8>

[6] Stronger pathways to infant vitality. Bowling Green State University, et al. <https://shorturl.at/lruyH>

[7] Lynn Falletta, Mark Redding, James Cairns, Mutlaq Albugmi, Sarah Redding, et al. Embracing the complexity of modifiable risk reduction: A registry of modifiable risks for 0-12 month infants, *Preventive Medicine*, Volume 137, 2020, 106118, ISSN 0091-7435,.2020.106118. <https://shorturl.at/FUX89>

