PCHI

Health Equity

through partnership and collaboration

Hospital System Guide

Transformative | Community Based | CHW Care Coordination

www.pchi-hub.org

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Care Coordination, A Missing Equity Piece, and A Solution

A Guide for Hospital Systems In Addressing Equity

The Value the Model Delivers

Founded on Three Simple Principles.

A more than 30-year journey has resulted in what is now known as the Pathways Community HUB Institute® Model (PCHI Model). The PCHI Model is helping communities across the United States to connect with and support their at-risk residents. PCHI understands that for care coordination to be successful it needs to focus on the whole person and work in partnership with multiple community stakeholders to align efforts to reach the common goal of good health for all.

A Standardized Community Infrastructure

Communities across the U.S. are championing the PCHI Model for building a true community infrastructure and a standardized approach that leverages existing resources to address health disparities.

Improve
Health Outcomes

Reduce
Disparities

Achieve
Health Equity

Our Approach

The PCHI® Model guides communities in designing and developing infrastructure to link community resources together in a community-based care coordination network. The Model is designed to help communities address individually modifiable risk factors - medical, social, behavioral, educational, and safety - for its most vulnerable residents.

Central to the Model are community health workers (CHWs) who are employed by community-based organizations and trained to reach out and engage individuals. CHWs use PCHI's data collection tools and 21 Standard Pathways to identify risk factors and track each risk to elimination. A completed Pathway means that a risk factor has been successfully addressed.

Once a Pathway is successfully completed, the agency employing the CHW is paid according to an established payment contract tied to the achieved outcome(s). The PCHI Model utilizes a braided funding strategy that includes securing grants and philanthropic funding for startup and operational costs of the central Pathways Community HUB (PCH), as well as ongoing contracts with payers that compensate the PCH for engagement with clients and successfully addressing risk factors ("Pathway completion").

A Step in the Right Direction

This work is not easy. There is no simple answer to addressing complex health and social issues. But PCHI is here because we've seen first-hand the impact that a community-designed care coordination network can have on individuals and their families. It means these individuals - once connected to routine health, wellness and social services – can lead healthier, more fulfilling lives. As more hospitals and health systems are held to rigorous quality improvement metrics and outcomes, having a standardized, community led care coordination approach is critical. The PCHI Model assists communities in breaking down barriers, engaging partners and increasing positive patient outcomes– it's a win-win approach for everyone involved.

Addressing Risk Factors

- Medical
- Social
- Behavioral
- Educational
- Safety

The PCHI® Model

A transformative, value-based, quality improvement framework.

Pathways Community HUBs (PCHs) work with organizations, agencies, and providers in the community, to build a large network of available services.

Trained CHWs from the communities they serve meet regularly with clients, build relationships, and assess needs and risks based on the Model's 21 Standard Pathways.

Key Elements of the Model

Pathways Community HUB (PCH)
The central organization connecting resources and organizations.

Pathways Agency (PA)
If a PCH doesn't exist yet, a single agency can adopted the PCHI Model as a PA.

Community Health Workers (CHWs)
Essential workers from the community that are PCHI trained and meet regularly with individuals, build relationships, and assess needs and risks based off of the 21 Standard Pathways of the PCHI Model.

The 21 Standard Pathways
Pathways are used by CHWs to determine needs and risks which are then mapped to common social determinants of health and healthcare access domains.

PCHI Certifications
PCHI has developed a nationally recognized certification program to ensure fidelity to the PCHI Model.

CHWs help participants develop plans to address identified risks and connect them to needed services.

PCHs use a robust, sustainable, braided funding model that links payment directly to the successful completion of Pathways that address clients needs.

A Guide for Hospital Systems

For hospitals and health systems, the PCHI Model® provides a direct opportunity to partner with the community to address the whole picture of patient care – medical, social and behavioral – in a financially sustainable way. Partnership and collaboration are key to the PCHI Model's success. Complex social needs that high-risk patients experience are not simple to address, and it takes a whole community approach to be successful. As a participant in a PCH network, healthcare providers can better address patients' non-clinical needs, improve health outcomes and reduce health disparities.

By championing, investing in, and supporting the PCHI Model, providers can support their communities in building the infrastructure that is missing for coordinated and non-duplicative community-based care coordination. The Pathways Community HUB network is designed to identify and address gaps at the community and system levels. Capacity is built through workforce and system development. This cross-sector network leverages existing resources to address health disparities in a standardized quality improvement framework and ultimately assists residents with complex needs to improve their health and quality of life.

The PCHI Model is a positive step for all community members. Community organizations gain more capacity to meet their mission; payers improve their members quality of life becausethey are meeting their health and social care needs; and providers are seeing a decrease in poor health outcomes and an increase in utilization of preventive services, because their patients' basic needs are being addressed.

Want to learn more about the model?

Contact us directly at: info@pchi-hub.org or visit www.pchi-hub.org

For hospitals and health systems there are multiple ways to be involved.

If a Pathways Community HUB currently exist:
Hospitals and health systems can lean into the HUB and:

- Refer patients eligible for PCH services to your local HUB.
- Become a Care Coordination Agency for your local PCH adopting the PCHI Model for use by your CHWs and sustain your CHW workforce through PCH contracts.
- Contract with your PCH as a payer for a specific patient population to improve health outcomes and achieve quality measures.
- Utilize data from the PCH to guide your community benefit investments to address needs (i.e. Create a fund for housing deposits or a food pantry, for those enrolled in the PCH, etc.).
- Identify expanding the PCH as a key strategy in your community's health improvement plan.
- Participate in the PCH's Community Advisory Council to assist in quality improvement efforts and alignment of resources.

If no PCH currently exists:

- Consider partnering with community agencies to explore the feasibility of establishing a PCH and invest time and resources in its development.
- Become a certified Pathways Agency (PA) and implement the Model with your own workforce of CHWs. By becoming a PA within your community, you'll have access to training, the 21 Standard Pathways, data collection tools and other support to manage and successfully deploy CHWs across your organization. This will build community understanding of the PCHI Model and serve as a catalyst for a Pathways Community HUB to emerge—the ultimate goal.

The Model in Action

ProMedica Case Study

ProMedica joins with Northwest Ohio Pathways HUB

ProMedica – a health and well-being organization with hospitals in northwest Ohio and southeast Michigan – is committed to its mission of improving the health and well-being of its patients and communities. An early subscriber to the concept that non-clinical factors impact peoples' physical health, ProMedica decided it could no longer simply address the clinical health of its patients but that social health was just as critical.

> At ProMedica we recognized there needed to be a cultural shift in the care model where we didn't just look through the clinical lens but also focus on the factors outside our walls that affect health and well-being," said Kate Sommerfeld, President, Social Determinants of Health, ProMedica. "By looking at the social determinants of health, we're working to address the root of what makes individuals healthy which includes their lifestyle, access to food, financial stability, employment, etc. While this work is not easy, health systems can no longer simply sit in silos to try and create solutions. Rather, it takes a village and integration across all sectors of a community to work together to support under-resourced individuals.

While this is a heavy lift for communities, the Pathway Community HUB Institute® Model provides communities with the framework, support and infrastructure needed to be successful. ProMedica is a key partner of PCHI and also serves as a care coordination agency affiliated with the Northwest Ohio Pathways HUB – a neutral entity that brings hospitals, organizations and payers together to successfully impact health and well-being. As a contracted care coordination agency, ProMedica employs CHWs who support individuals referred by the Northwest Ohio PCH and is paid for completed Pathways through contracts held by the PCH with several payers.

The PCHI® Model enabled ProMedica to successfully implement and deploy CHWs across its system in a standardized way. According to Katie Ward, Associate Vice President, Care Coordination, ProMedica, the model allows ProMedica to onboard and train CHWs efficiently and to ensure their work is successfully documented and compensated.

> "Clinical health and social health have to go together. And CHWs are critical in making this happen. They are already members of our communities and usually have similar life experiences as those we're trying to reach," Katie said. "CHWs build trust-based relationships with at-risk individuals and connect them with the resources and services they need."

Both Kate and Katie shared that what sets the PCHI Model apart from any other model is the fully established structure already in place.

> "PCHI has done the legwork, figured out the 'how' to do this successfully in communities across the U.S. and how to ensure the work is continuously funded. As health systems and communities, we cannot afford to not implement this model. Our under-resourced residents deserve better support and access. Together, we can and are making a difference."

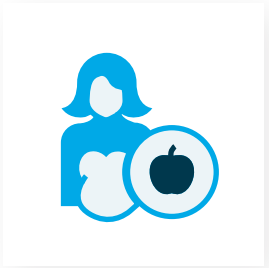
Why It Matters

Everyone from hospitals to community organizations to payers are looking at how to successfully address the social determinants of health and provide holistic wrap-around care to under-resourced residents. It cannot be done in silos or by duplicating efforts. ProMedica – a health and well-being organization based in Northwest Ohio – partners with PCHI® and serves as a care coordination agency affiliated with the Northwest Ohio Pathways HUB – a neutral entity that brings hospitals, organizations, and payers together to successfully impact health and well-being. By collaborating together across community organizations, health systems and sectors, Northwest Ohio is using the PCHI Model and collectively working together toward solutions that provide care and resources to residents and improve outcomes.

Addressing Health Related Social Needs

Education

Transportation



Prenatal Nutrition

Medications

Housing

Employment

A Collective Impact

As more and more communities across the country embrace the PCHI Model, a national learning community is emerging that respects the unique characteristics of each community while implementing a standardized health and social care data model and value-based purchasing strategy. This will result in a national framework of accountability to create health equity. Regional and national organizations will be positioned to plug in to support local communities with a standardized organizational strategy focused on outcomes.

The Model in Action

CommonSpirit Health Case Study

CommonSpirit launches PCHs in six communities

Across the country, communities are grappling with the same concern: how do they successfully connect under-resourced residents with services and care to improve health and well-being. For CommonSpirit Health – one of the largest health systems in the U.S. – it has witnessed first-hand the impact of when communities come together to provide holistic care and services - medical, social, behavioral - to residents, leading to healthier, more stable lives for all. With a mission rooted in advocacy for those who are historically underserved, the health system is now amplifying its efforts by assisting several communities - where it serves - simultaneously to create a sustainable care coordination structure that promotes health equity and serves residents where they are.

> "CommonSpirit believes that partnership and collaboration is key to furthering health and wellness of residents in the communities we serve. This work cannot be done by one organization alone. It takes all stakeholders in a community to come together to improve lives," said Ji Im, Senior Director of Community and Population Health for CommonSpirit. "The barriers to health are complicated and overcoming them often involves many agencies and organizations in the community. But navigating all of that can be overwhelming. In our experience with this work over the past decades, we've learned that in order to help people access the care and services they need, we have to meet them where they are and tailor support according to their particular circumstances."

According to Ji, PCHI and the PCHI Model complements and builds upon what the health system is already doing in its communities.

Through its partnership with the Pathways Community HUB Institute®, CommonSpirit is bringing the PCHI® Model to six communities in Arizona, California, Nebraska, Nevada, Texas, and Washington. This is the largest effort by a health system to champion the implementation of the PCHI Model across multiple states and cities at one time.

According to Ji, PCHI and the PCHI Model complements and builds upon what the health system is already doing in its communities. In fact, what drew CommonSpirit to the PCHI Model itself is that the infrastructure is already created and set up for community-based care coordination success. Thanks to standardized processes, Pathways, and tracking of outcomes, the Model gives communities the roadmap to implement an outcome-oriented, collaborative, community-based care coordination network.

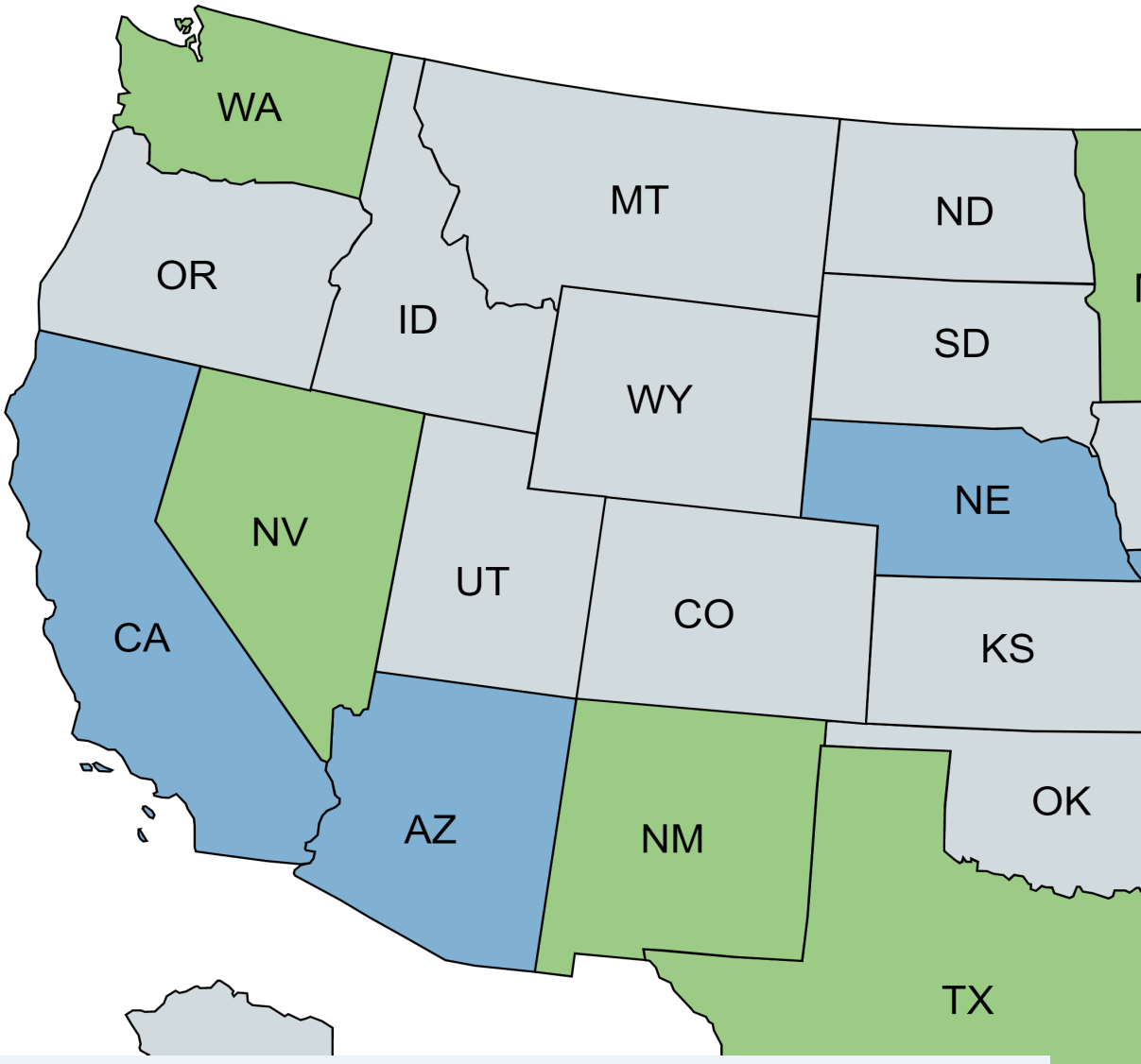
> "There's validity in the PCHI Model because it is the first community care coordination model to tie outcomes to payment. PCHI has engaged with health plans and providers to create a necessary funding model. And it provides structure around the work which utilizes community health workers to engage with residents and connect them to resources and care."

Because the work is tracked and outcomes are standardized, these Pathways measure success at overcoming risks and helping people receive what they need. This information can also help communities understand what is and isn't working so improvements can be made.

While CommonSpirit is initiating and co-funding the effort in the six communities, a neutral, community-based organization will implement each of the Pathways Community HUBs (PCHs) and will work to convene other funders and achieve national PCHI Certification. PCHI is serving as a technical advisor in each community to assist in the implementation of the PCHI Model.

> "We can now truly elevate care to our patients by looking at the whole picture of someone's health and wellness and have community coordination in place to address the root cause of that person's health struggles which may, in fact, be societal, such as housing concerns, food insecurity or lack of employment. It's imperative now more than ever that we become a proactive system of care."

Brian Li, System Director of Strategic Initiatives – Community Health for CommonSpirit.



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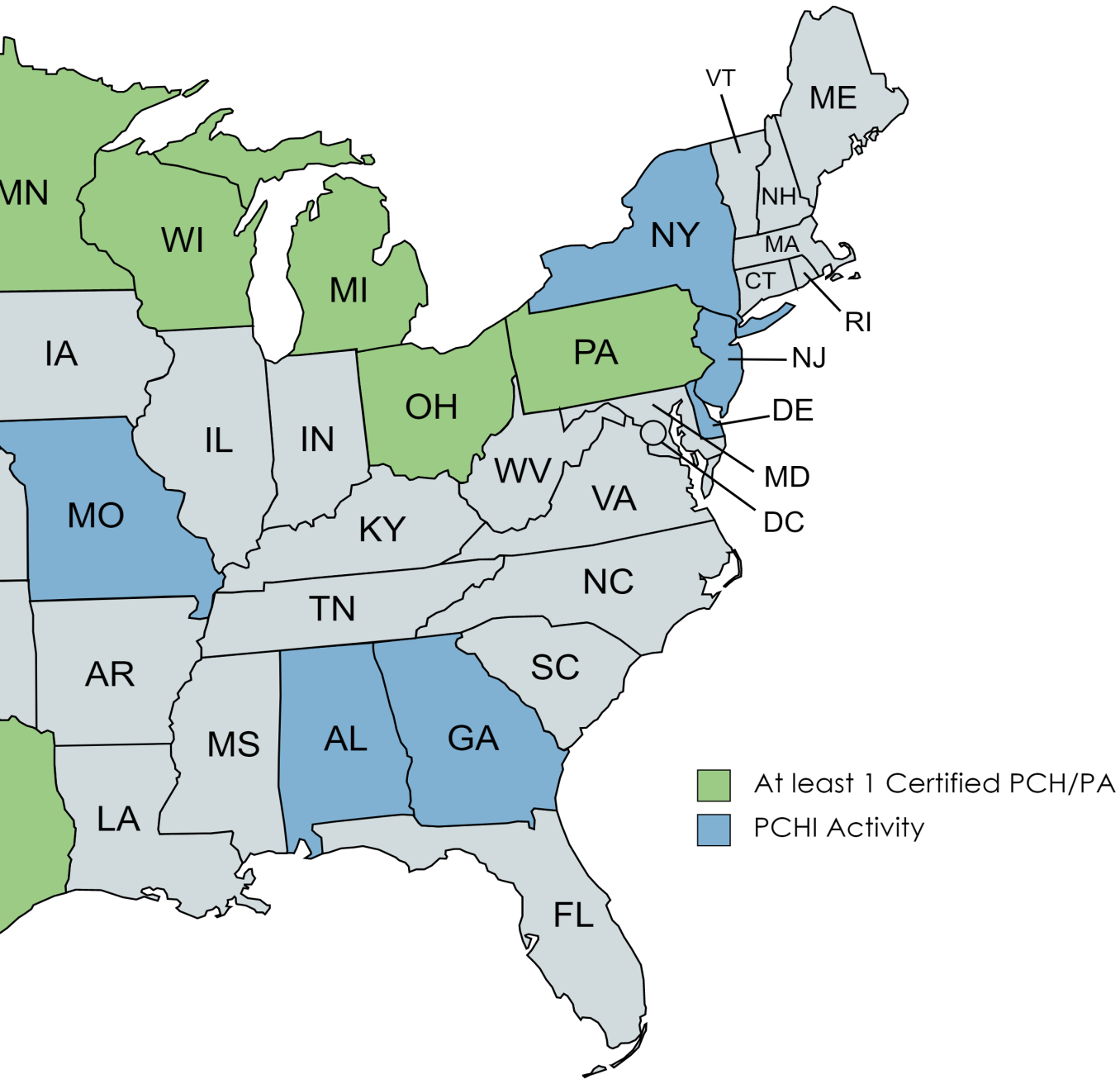
Why It Matters

Scaling the Model across multiple cities and states is not only possible, but necessary if communities are going to come together to support its most under resourced residents achieve health equity. However, it does require commitment and partnership across community organizations, healthcare providers, payers, and others to define roles and contributions toward the solution.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At least 1 Certified PCH/PA
PCHI Activity

The Value Delivered
by the PCHI® Model

CHWs serve as a lifeline for those in need. They were the reason that the Pathways Community HUB Institute® Model was originally designed in 2000. They play a vital role in the Model because CHWs are uniquely able to engage with under-resourced residents who are at risk for poor health and social outcomes. They're trusted members of the community and usually have a close understanding of residents' needs. The PCHI Model provides not only the infrastructure but also the training and tools for CHWs to be able to identify risk factors, work towards eliminating them, track outcomes and obtain payment for those outcomes. The Model provides a mechanism to fund the work of CHWs while providing CHWs with the tools they need to identify and address the needs of residents.

For Mary Peavey, an Ohio certified CHW and CHW Supervisor for ProMedica's CHWs affiliated with the Northwest Ohio Pathways HUB in Toledo, Ohio, CHWs are critical to public health and social services. Without a CHW, these at-risk residents would continue to fall through the cracks and remain in a cycle of insecurity and unmet needs.

> "We're gap changers. CHWs close the gap that these individuals are dealing with, which can be a number of different things including secure housing, food security, behavioral health concerns, employment, etc. We are here to work with individuals to prioritize each concern and work with them to meet those goals to get to a stable place."

Trained CHWs meet regularly with clients, build relationships and assess needs and risks based on the 21 Standard Pathways. The PCHI Model provides a framework and a defined path to follow that sets CHWs up for success. Often CHWs' initial work may be with just one client, however, it can expand to the larger family unit as well. It's a full circle of care that provides care coordination services for all.

> "Sometimes we may start working with the client and then we discover that another member in the household or family is also in need of services. We then pivot to make sure all needs are being met so as to set everyone up for

successful outcomes," she said. "I am honored to do what I do and be a part of the process because our clients also educate us. Listening to clients you realize that we learn a lot from them, and they learn a lot from us, and it truly is a two-way relationship. "

Pregnant mother of two in economic distress gains access to resources and new opportunities

Libby*, was connected with a CHW in the Northwest Ohio HUB through a family member. She had twin boys and was two months pregnant. She wanted to alleviate stressors in her life and get connected to resources that would allow her to meet her young family's needs. Her initial goals were to obtain baby items, a birth certificate, breast pump, car seat, crib and food. At just 19-years-old she was living on her own - without assistance from her children's father - and working part-time but still finding it difficult to pay bills.

The PCHI Model is designed to help individuals like Libby – that don't have the resources to care for their children or themselves. In Libby's case the CHW opened several Pathways including Adult Education, Pregancy, Postpartum, Social Service Referral, and Employment.

Libby's CHW, using our Model, helped her obtain food assistance, education, a free crib, a car seat, a breast pump, child safety locks, a baby gate, and even a Doula to provide additional support during the pregnancy and post-partum period. Thanks to all the assistance and support coordinated by her CHW, Libby was able to deliver and care for a healthy baby. Once she recovered from childbirth, Libby contacted her CHW to discuss another goal: finding stable employment. Again, her CHW was able to connect her to an STNA course that she successfully completed. Currently, Libby is scheduling her State Tested Nursing Assistant test and was recently notified of an available position in a ProMedica facility.

This success is documented through the PCHI Model's Pathways - Pregnancy, Social Services, Adult Educatio and Employment. Her health insurance provider contracts with the PCH HUB and funded these community-based care coordination outcomes that helped result in a baby born at a healthy birth weight.

*named changed for privacy reasons

Return on Investment

Studies by Medicaid Managed Care plans that contract with certified PCHs have demonstrated a return on investment and measured health improvement for members who received PCHI® Model community-based care coordination. The Model exemplifies three key elements: standardized outcome measures, financial sustainability, and cultural diversity by leveraging the skills of community health workers (CHWs) in its approach to serve individuals who are under-resourced and at greatest risk for poor health outcomes.

For every dollar spent on the Pathways Community HUB intervention for its members there was a savings of $2.36. Additionally, for new babies born to high risk mothers enrolled in a PCH there was a per member per month cost savings of $403 during the first year of life compared to those born to mothers not enrolled at delivery.

236% ROI

Transformational outcomes produced through the Model can be found on the PCHI website, including an internal study by Centene Health Plan in Ohio that found high-risk mothers who were without PCH intervention were 1.6 times more likely to deliver a baby needing special care.

pchi-hub.org/impact

PCHI

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