

Connecting Those At Risk To Care

Community Care Coordination Pathways in Rural Oregon

Who We Are

- Lisa Ladendorff, LCSW, Executive Director
- Pepper McColgan, Community Health Worker and Network Development Coordinator



Northeast Oregon Network

- We are a 501(c)3 health collaborative serving Union, Wallowa and Baker Counties, a frontier region in Northeast Oregon.
- Our mission is to increase access to and quality of integrated health care for all Northeast Oregon residents by identifying system gaps, facilitating community developed solutions, and advocating for health policy change.

What do we do?

We act as a resource for developing health and wellness capacity by providing

assessment,
facilitation,
coordination and
implementation

services to local and state wide partners.

What do we do?

In existence since 2004, we have a proven track record of:

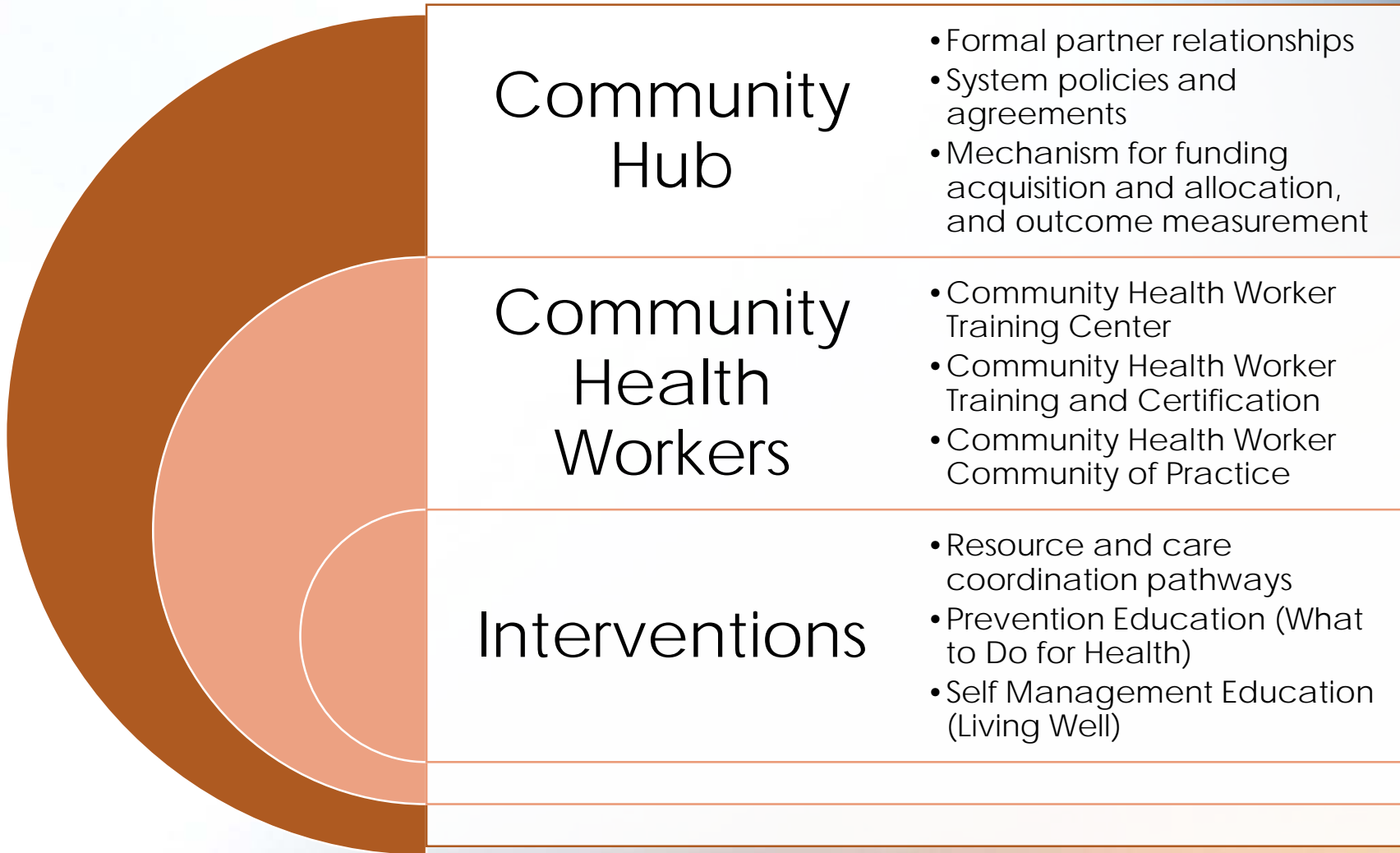
- locating opportunities for rural health,
- convening community groups for evidence based solution development,
- obtaining funding,
- marshalling political and content expert support,
- managing complex projects, and
- measuring outcomes and return on investment.

The Community Hub Project

An Overview

The Community Hub Project

- Establish a community hub for chronic disease prevention and management with a minimum of 15 organizational participants, reaching 5,000 individuals.
 - Increase the number of people with access to Certified Community Health Workers from 0 to 5,000 by training 80 CHWs.
 - Increase the number of partners integrating the Living Well With Chronic Conditions Self Management Model into their organizational service offerings from 3 to 13, reaching 200 individuals.
 - Increase partners who integrate the What to Do For Health series curriculum into their organizational services from 1 to 20, reaching 11,858 individuals.
 - Evaluate the program impact on cardiac health outcomes for the 22,058 individuals touched by the project.
 - Serve 400 patients in three years with Pathways specifically.



The Pathways Community Hub

- An Agency for Healthcare Research and Quality (AHRQ) best practice.
- Developed by the Community Health Access Project (CHAP) in Ohio, Drs. Sarah and Mark Redding
- Here is the link to the guide, and AHRQ Quality Tool
- <http://www.innovations.ahrq.gov/content.aspx?id=2956>



Connecting Those at Risk to Care

The Quick Start Guide to Developing
Community Care Coordination
Pathways

The Hub is a **SYSTEM**

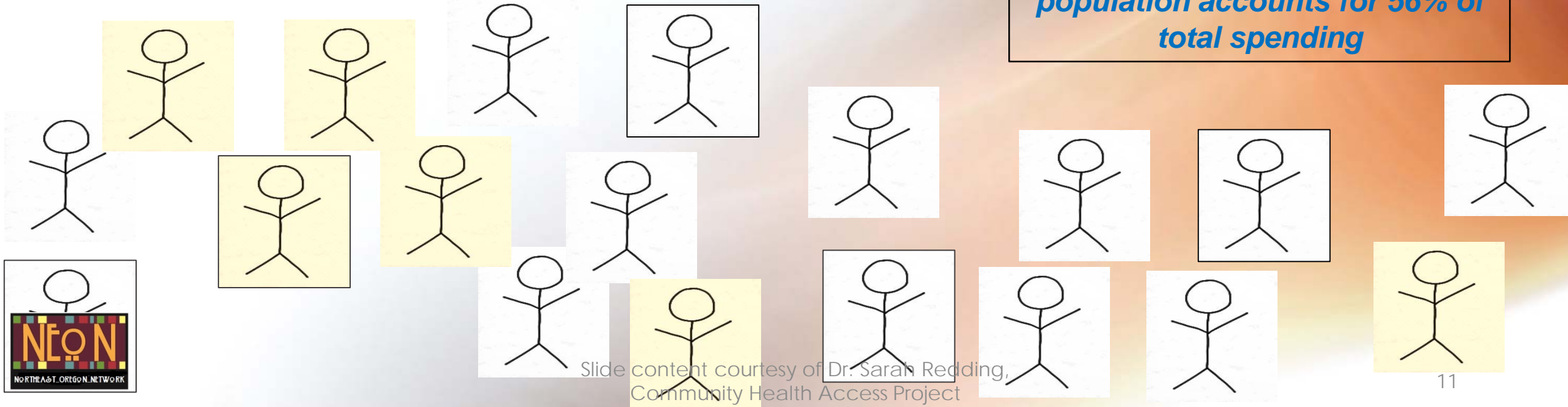
- We know where the most at-risk individuals are.
- We have the interventions that can help them.
- **We don't have the community delivery system that will make sure they connect to care!**

Need to identify the most “at risk”.

Risk determination can be based upon:

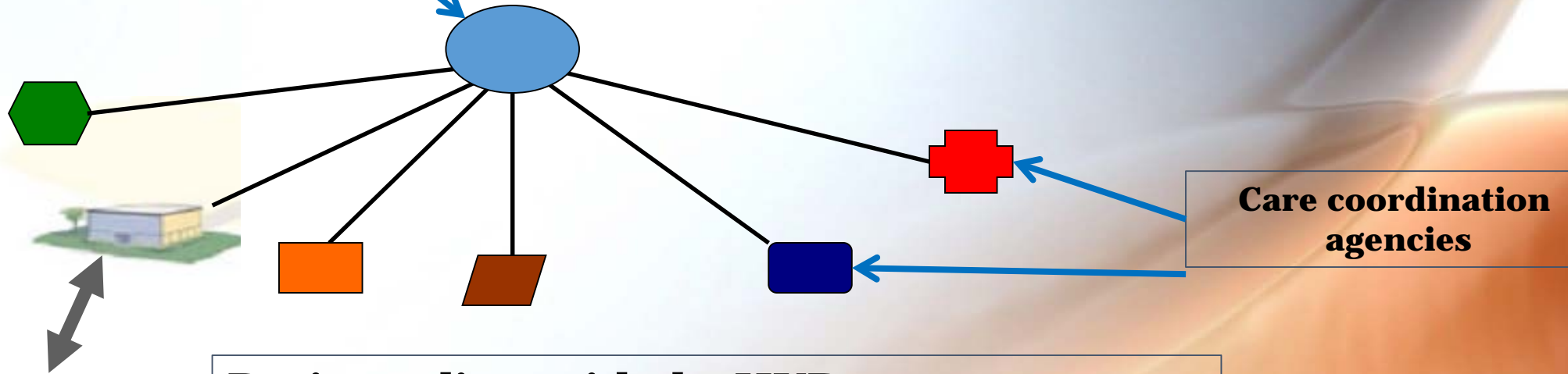
- **Geography** = Hot-spotting, poverty data, birth data or other outcome data by census tract / census block
- **Risk Scoring** = Multiple strategies, current and future risk, specific to age and condition
- **Combination of both?**

5% of the Ohio Medicaid population accounts for 56% of total spending



Community HUB

Regional organization and tracking of care coordination



Register client with the HUB

- Complete initial demographic intake and checklist
- Work with supervisor to assign Pathways
- Repeat home visits and checklists - working through Pathways
- Discharge client from care coordination



HUB Primary Principles - Certification

The following principles are essential components which are necessary to achieve **fidelity to the HUB Model**, and when operationalized in a community can assure greater potential for achieving the desired outcomes.

- **Risk Focus:** Identify and target at risk population
- **Personal relationship** with trusted Community Health Worker or community care coordinator - - well trained and adequately supervised
- **Centralized infrastructure:** Neutral Hub Agency with sustainable funding and key staff; coordinates all Hub activities including contracting & invoicing funders; has a community advisory group
- **Formal agreements with community agencies** to coordinate and integrate HUB activities across the community for optimal outcomes and elimination of duplication
- **Defined Core Pathways and Checklists** that assure connection to evidence based interventions that both address social and health needs
- **Linked to primary care:** Hub process linked to the client's primary care practice team
- **Robust Data/Tracking System** (can be paper or IT) for documentation, continuous quality improvement, demonstrating outcomes
- **Accountability:** Link payment with outcomes

Community Health Workers

Community Health Workers Power the
System!



Goals of the Community Health Worker Program

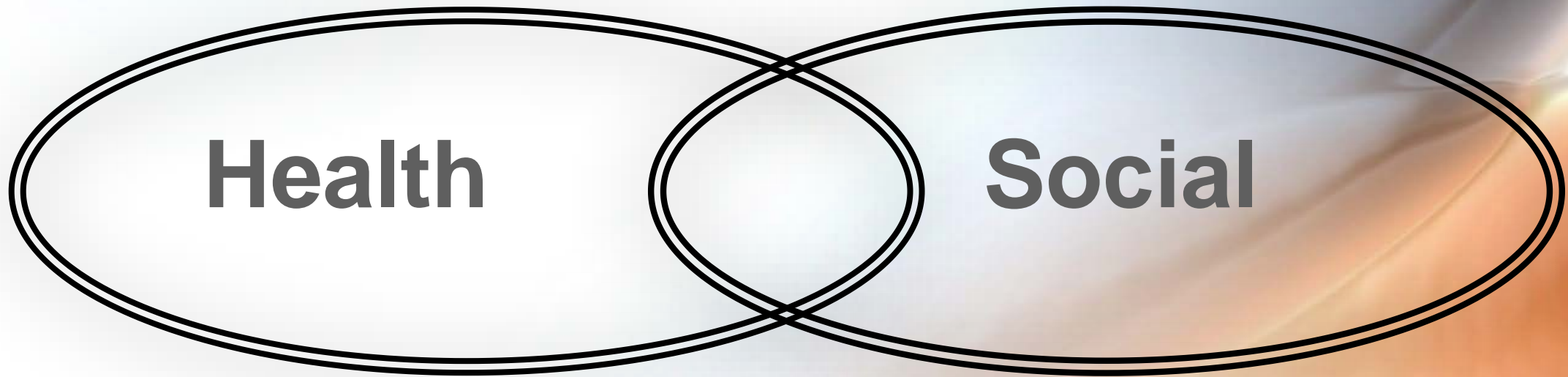
- Train 80 Community Health Workers in Eastern Oregon
- Prioritize training existing work force to increase skills and credibility for what they do.
- Prioritize training new work force from health disparity populations.
- Support Community Health Workers with an ongoing community of practice.
- Support organizations in integrating CHWs into workflow.

What do CHWS Do?

- Implement Pathways
- Conduct "What to Do for Health" Education
- Self Health Management Programs



From the client's perspective



social issues are just as important as health issues, and BOTH must be addressed.

Pathway Model: A Tool to Measure Outcomes

- Find
- Treat
- Measure

Find

- **Target Population - Find those at greatest risk**

Treat

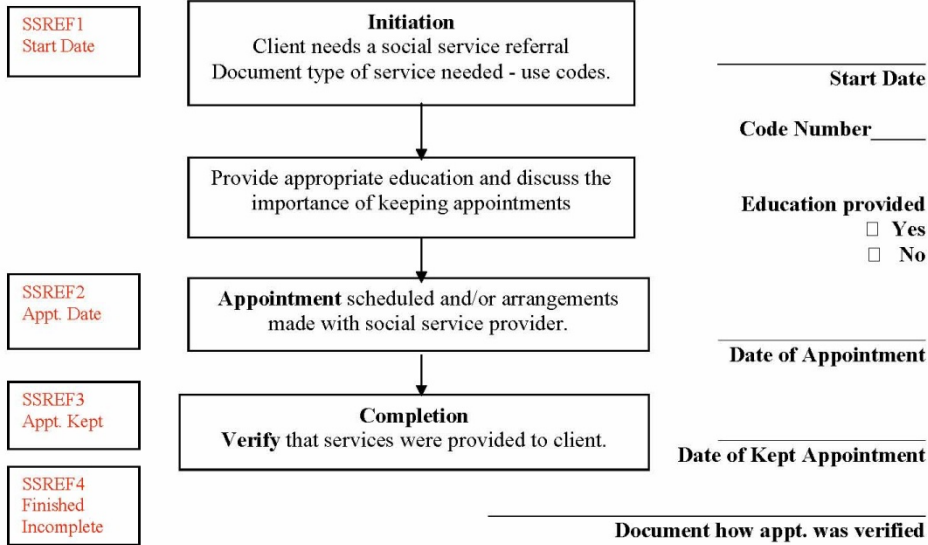
- **Confirm connection to evidence-based care**

Measure

- **Measure the results**

Client Name _____
 Date of Birth _____
 Care Manager _____

Social Service Referral Pathway



Reason finished incomplete:

Code Numbers for Type of Service

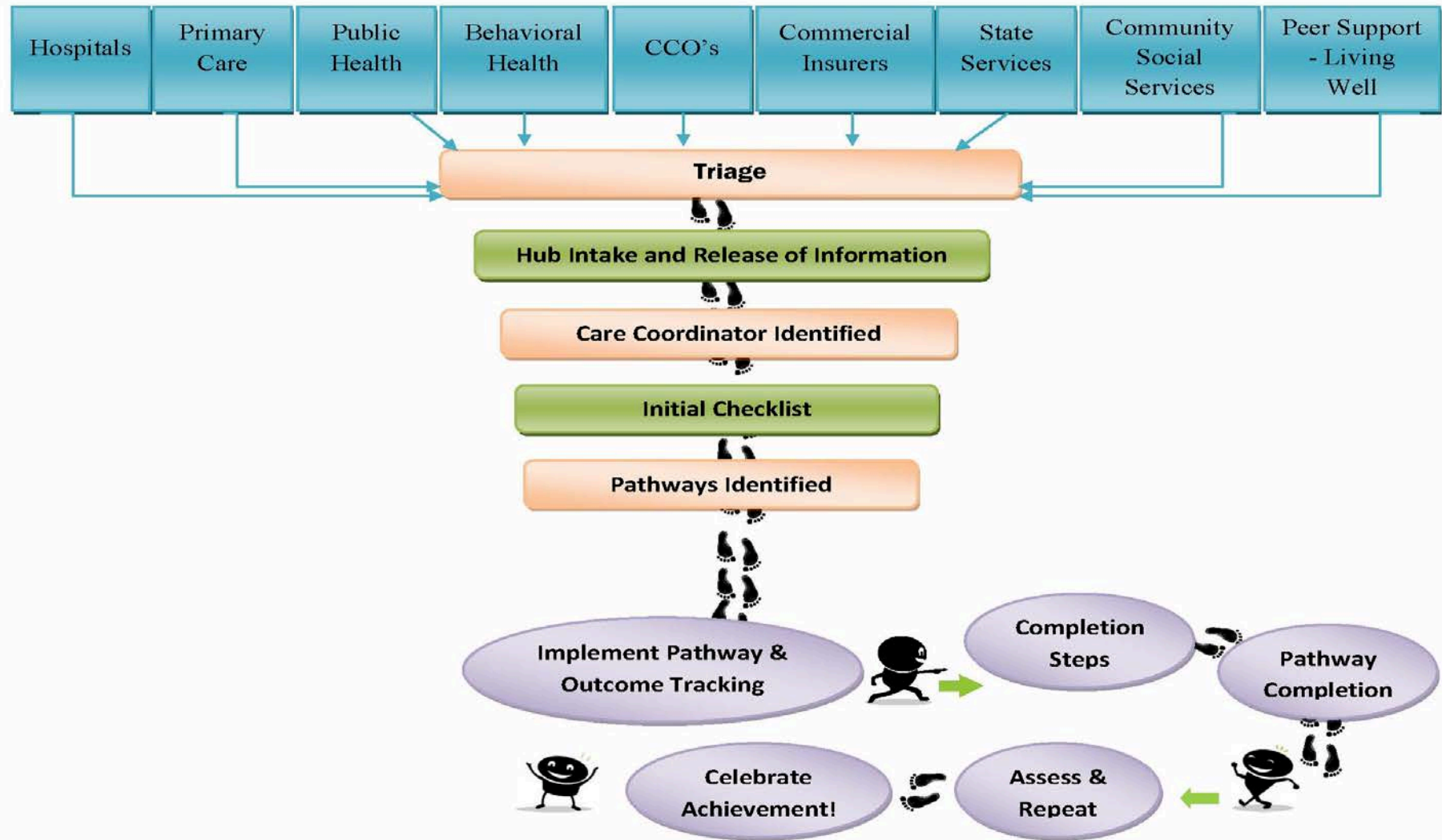
1. Child Assistance
2. Family Assistance
3. Food Assistance / WIC
4. Housing Assistance
5. Insurance Assistance
6. Financial Assistance
7. Medication Assistance
8. Transportation Assistance
9. Job/Employment Assistance
10. Education Assistance
11. Medical Debt Assistance
12. Legal Assistance
13. Parent Education Assistance
14. Domestic Violence Assistance
15. Clothing Assistance
16. Utilities Assistance
17. Translation Assistance
18. Other: _____

Pathways Example



PATHWAYS FLOW CHART

Access Points



Community Hub Pathways

NEON Project Pathways

- Health Insurance
- Medical Home
- Medical Referral
- Social Service Referral
- Medication Assessment
- Medication Management
- Smoking Cessation

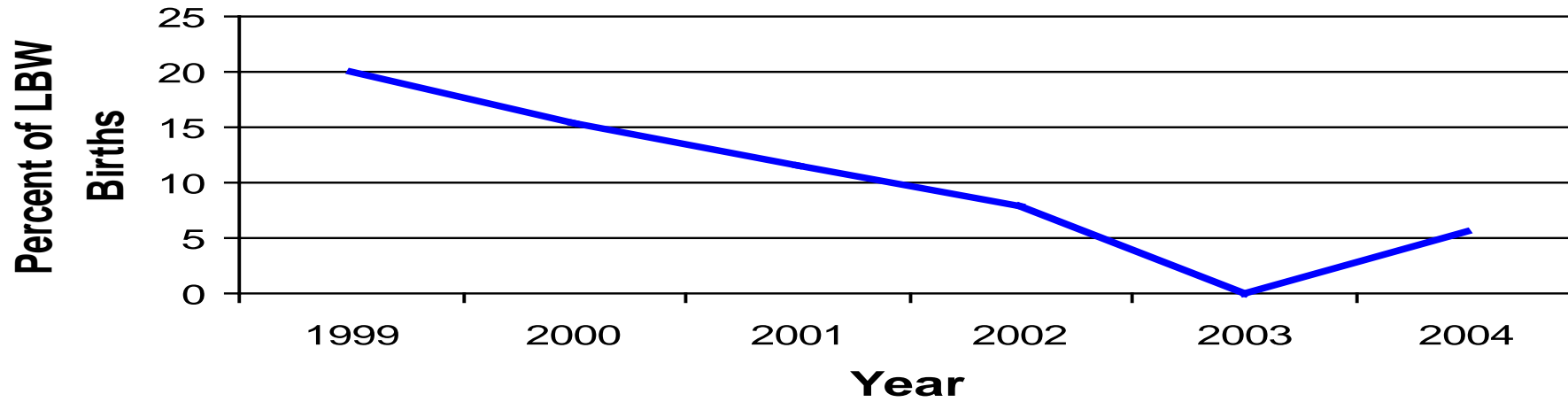
Complete Evidence Based List

- Pregnancy
- Postpartum
- Family Planning
- Immunization Screening
- Immunization Referral
- Developmental Screening
- Developmental Referral
- Lead Screening
- Behavioral Health Referral

What is the Outcome?

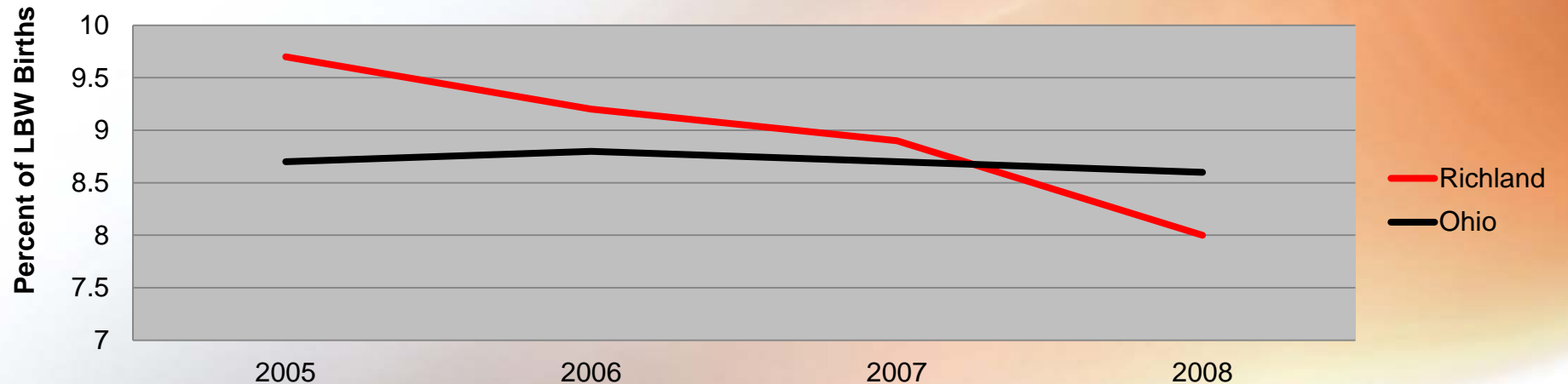
Planned Evaluation Metrics

Low Birth Weight - CHAP: 1999 - 2004



Healthy People
2010 Goal – 5%

Low Birth Weight Rates in Ohio and Richland County: 2005-2008



Evidence Base

- An evidence based practice for early childhood health outcomes.
- An innovative practice for adult chronic disease.
- Michigan was awarded a CMS Innovation Grant to apply the Pathways Project with an adult chronic disease population.
- NEON was awarded a CDC grant to apply the Pathways Project with an adult chronic disease population.
- Both sites are working with the model developers, and conducting evaluations to add to the evidence base of this model for an adult chronic disease population.

Evaluation Plan

- Measures focus on improved blood pressure and cholesterol measures.
- Additional measures focus on connection to a medical home, improved nutrition and improved physical activity.
- All outcomes will be analyzed by race/ethnicity, economic status, gender, geography, primary language, and uninsurance status.
- Primary ROI Measure is a reduction in the total cost of care.
- Primary utilization measures are number of pathways completed and number of visits to complete them, and reduction in ER visits.
- We will also measure any global changes in the hospital uncompensated care rate.
- ROI measures are extremely important for Hub sustainability.

Measurement Source

- All outcome metrics are pulled from an externally validated source (Healthy People 2020, Meaningful Use, Patient Centered Primary Care Home, etc)
- Primary Care Practices have signed agreements for bi-annual chart reviews to glean baseline and year one and year two follow up data from patient charts.
- Clara, by Vistalogic, a cloud based care management system will be used to track Hub patients' demographics and pathways progress
- Total cost of care data is being sought directly from payers

What does it take to sustain it?

Sustainability Plan

How do people get paid? (CHW, Agency, HUB)

- The community health worker gets paid by the care coordination agency; may have incentives based on Pathways.
- The care coordination agency gets paid through subcontract with the HUB.
- The HUB gets paid through contracts with payers (percentage from Pathway payments etc.)

What is the value to the purchaser?

- Completed work units (Pathways) that are meaningful to the individual served.
- The ability to focus services on those who need them the most.
- The tools to improve efficiency over time – increased efficiency; more results for less money.
- Pay for your part and look to others to pay for their part(s).

Estimated Cost and Payment per Pathway

	Initial Assessment	Health Coverage	Medical Home	Medical Referral	Social Services Referral	Medication Assessment	Medication Management	Smoking Cessation	Average cost of all pathways, assuming even rate of completion
Est. Visits to completion of pathway	1.00	3.00	2.00	3.00	3.00	1.00	5.00	5.00	
CHW Hours to completion	2.10	6.30	4.20	6.30	6.30	2.10	10.50	10.50	
CHW hourly Wage and benefit cost	\$22.71	\$22.71	\$22.71	\$22.71	\$22.71	\$22.71	\$22.71	\$22.71	
Est. Hourly overhead cost for CHW	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	
Total Estimated CHW and associated cost to pathway completion	\$60.29	\$180.87	\$120.58	\$180.87	\$180.87	\$60.29	\$301.46	\$301.46	
Est. home visit travel cost for CHW	\$11.40	\$11.40	\$11.40	\$11.40	\$11.40	\$11.40	\$11.40	\$11.40	
Total Travel cost per completion of pathway	\$11.40	\$34.20	\$22.80	\$34.20	\$34.20	\$11.40	\$57.00	\$57.00	
Total Partner Pathway Cost	\$71.69	\$215.07	\$143.38	\$215.07	\$215.07	\$71.69	\$358.46	\$358.46	\$206.11
Est. NEON Cost per pathway	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00
Total Pathway Cost	\$141.69	\$285.07	\$213.38	\$285.07	\$285.07	\$141.69	\$428.46	\$428.46	\$276.11
Payment Rates	\$225.00	\$375.00	\$250.00	\$375.00	\$375.00	\$200.00	\$600.00	\$600.00	\$375.00
75% paid to partners	\$168.75	\$281.25	\$187.50	\$281.25	\$281.25	\$150.00	\$450.00	\$450.00	\$281.25
25% retained by Hub	\$56.25	\$93.75	\$62.50	\$93.75	\$93.75	\$50.00	\$150.00	\$150.00	\$93.75

NEON Community Hub Four Year Projected Budget

FY 5/1/2014 to 4/30/2018

ESTIMATED REVENUE	Year 1	Year 2	Year 3	Year 4	4 Year Total
Beginning of Year Balance		\$130,791	\$100,465	\$40,564	\$271,820
In Kind Non Monetary					\$0
NEON					\$0
Donations-Cash					\$0
Grants					\$0
Moda Transformation Grant					\$0
HRSA Network Development Grant	\$300,000	\$300,000	\$300,000		\$900,000
Foundation Grants (Meyer and Collins)	\$50,000	\$50,000			\$100,000
CDC Grant	\$119,328				\$119,328
Investments					\$0
Bank Account Interest					\$0
Pathways Outcome Payment Income		\$48,750	\$307,500	\$1,125,000	\$1,481,250
Hub CHW training revenue					
TOTAL HUB REVENUE	\$469,328	\$529,541	\$707,965	\$1,165,564	\$2,872,398

ESTIMATED EXPENSES

Pathways Partner Payments

Pathways Outcome Payments	\$90,000	\$132,480	\$324,300	\$843,000	\$1,389,780
Total Outcome Payments	\$90,000	\$132,480	\$324,300	\$843,000	\$1,389,780

Meeting Expenses

Food	\$500	\$500	\$500	\$500	\$2,000
Room Rentals/Fees					\$0
Total Meeting	\$500	\$500	\$500	\$500	\$2,000

Operating Expenses

Employee Special Benefit	\$1,500	\$1,500	\$1,500	\$1,500	\$6,000
Subscription/Prof Library	\$600	\$600	\$600	\$600	\$2,400

Office Furniture & Equip	\$2,000	\$2,000	\$2,000	\$2,000	\$8,000
Insurance (liability and D&O)	\$4,600	\$4,600	\$4,600	\$4,600	\$18,400
Hardware/Software	\$3,000	\$3,000	\$3,000	\$3,000	\$12,000
Advertising/Marketing	\$1,800	\$1,800	\$1,800	\$1,800	\$7,200
Association/Dues	\$2,200	\$2,200	\$2,200	\$2,200	\$8,800
Education & Outreach Materials	\$5,000	\$5,000	\$5,000	\$5,000	\$20,000
Postage & Mailing Services	\$1,000	\$1,000	\$1,000	\$1,000	\$4,000
Printing and Copying	\$1,000	\$1,000	\$1,000	\$1,000	\$4,000
Web/Server Hosting	\$1,200	\$1,200	\$1,200	\$1,200	\$4,800
Supplies	\$4,000	\$4,000	\$4,000	\$4,000	\$16,000
Operating Expense Other	\$200	\$200	\$200	\$200	\$800
Total Operating	\$28,100	\$28,100	\$28,100	\$28,100	\$112,400

Contractual Expenses

Web Design	\$1,000	\$250	\$250	\$250	\$1,750
Program Evaluation	\$12,000	\$15,000	\$15,000	\$15,000	\$57,000
Clara Design and Development	\$5,000	\$5,000	\$5,000	\$2,000	\$17,000
Clara Monthly Hosting fees	\$6,000	\$6,000	\$6,000	\$10,000	\$28,000
Tech Support	\$1,500	\$1,500	\$1,500	\$1,500	\$6,000
Accounting	\$1,800	\$1,800	\$2,200	\$2,500	\$8,300
Auditor	\$8,000	\$8,000	\$9,000	\$10,000	\$35,000
Legal Fees	\$500	\$500	\$500	\$500	\$2,000
Outside Contracts	\$5,000	\$5,000	\$5,000	\$2,000	\$17,000
Total Contractual	\$39,800	\$42,800	\$44,200	\$43,500	\$170,300

Facility Expenses

Telephone, Telecommunications	\$4,635	\$4,635	\$4,635	\$4,635	\$18,540
Internet Expense	\$2,052	\$2,052	\$2,052	\$2,052	\$8,208
Rent	\$16,800	\$19,200	\$21,600	\$21,600	\$79,200
Facilities Maintenance	\$300	\$300	\$300	\$300	\$1,200

Janitorial	\$600	\$600	\$600	\$600	\$2,400
Total Facilities	\$24,387	\$26,787	\$29,187	\$29,187	\$109,548
Payroll Expenses					
Hub Director (.2 fte)	\$15,808	\$16,124	\$16,449	\$16,449	\$64,829
Hub Coordinator (1fte)	\$45,760	\$46,675	\$47,611	\$47,611	\$187,658
Operations Coordinator (.2 fte)	\$10,400	\$10,608	\$10,820	\$10,820	\$42,648
Training Coordinator (.5 fte)	\$23,920	\$24,398	\$24,877	\$24,877	\$98,072
Office Assistant/Bookkeeper (.2 fte)	\$5,408	\$5,516	\$5,624	\$5,624	\$22,173
Total Wages	\$101,296	\$103,322	\$105,381	\$105,381	\$415,380
Total Taxes and Benefits	\$30,389	\$30,997	\$31,614	\$31,614	\$124,614
TOTAL PAYROLL	\$131,685	\$134,318	\$136,995	\$136,995	\$539,994
Travel/Training Expenses					
Hotel/Airfare	\$1,500	\$1,500	\$1,500	\$1,500	\$6,000
Mileage	\$19,236	\$19,236	\$19,236	\$19,236	\$76,944
Conference Registration	\$1,317	\$1,343	\$1,370	\$1,370	\$5,400
Meals-Travel	\$1,512	\$1,512	\$1,512	\$1,512	\$6,048
Other Travel	\$500	\$500	\$500	\$500	\$2,000
Total Travel/Training	\$24,065	\$24,091	\$24,118	\$24,118	\$96,392
Reserves					
NEON Reserves	\$0	\$40,000	\$80,000	\$40,000	\$160,000
Total Reserves	\$0	\$40,000	\$80,000	\$40,000	\$160,000
TOTAL NEON EXPENSES					
	\$338,537	\$429,077	\$667,400	\$1,145,400	\$2,580,414
Revenue Minus Expenses	\$130,791	\$100,465	\$40,564	\$20,164	\$291,984
Hub Operating	\$248,537	\$296,597	\$343,100	\$302,400	\$1,190,634

Sustainability Assumptions

- Fully self sustainable by Year 4
- 600 patients a year completing pathways
- Average of 5 completed pathways per patient per year, for a total of 3000 completed pathways
- Approximately 15 CHWs completing 16 pathways a month, average patient load of 30 patients, over a three county area
- Average length of stay per patient is 6 months
- Average payment from payer of \$375 per pathway
- Average payment to CHW org of \$281 per pathway
- Average withhold of \$94 per pathway
- Assumes roughly a 2/3 success rate

Questions?

And Discussion



More Information

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Resources Available Upon Request

- Evaluation Plan
- Project Work Plan
- Brochures about NEON and our services are available

