NEON Pathways Community Hub

Pathways Training

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Agenda

- Introductions
- Documents to return for Pathways
- Pathways Overview
- Opioid Risk Tool/Health Eligibility
- How Pathways Works
- Individual Pathways
- Bringing it Back to Your Work: Short and Long Term Goals
- NEON File Share

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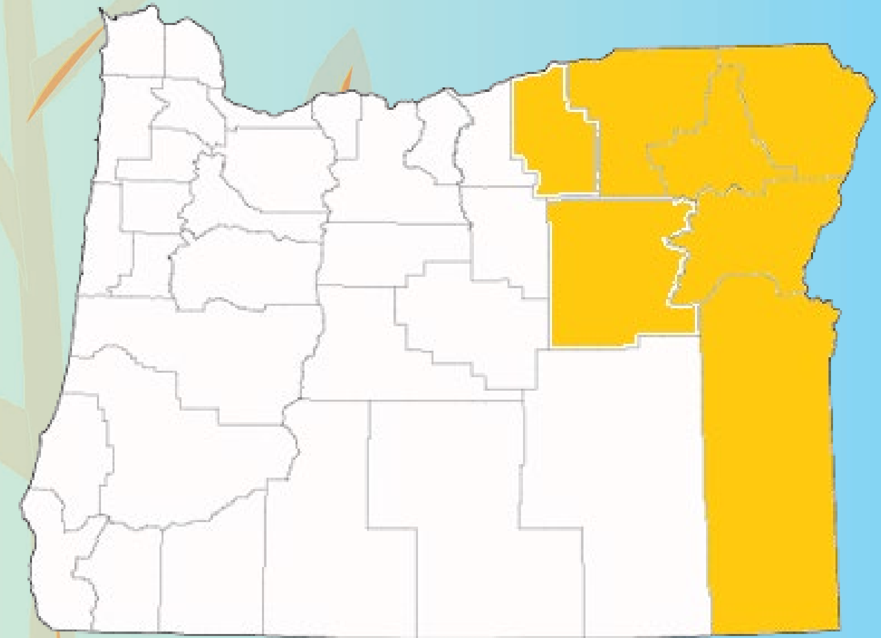
Pathways Hubs in the US

- Pioneered by Mark and Sarah Redding in Ohio as the Community Health Access program
- Originally served mothers and babies with the goal of improving outcomes and reducing infant mortality
- The model has been replicated across the nation
- The Pathways Hub model provides structure and support for CHWs and organizations that employ them while aggregating data collection and measuring health outcomes
- Often funded by insurance payers, especially Medicaid in many states
- Hub serve as third party payers and usually do not employ CHWs directly, as they are integrated into teams at the host sites.

The NEON Pathways Community Hub

- Currently contracts with 11 organizations including hospitals, clinics, behavioral health, and social service with 15-20 active CHWs
- Serves a 7-county region in Eastern Oregon
- Specifically serves individuals at risk for or addicted to opiates and parents or parents to be with young children
- Currently federally funded but has been supported by foundations and local funding sources. Nationally, Hubs are often supported by insurance payers, especially Medicaid



Pathways Completed by CHWs in the Hub

Enrollment Assessments – This is not a pathway, but payment is linked to completing this process

Health Insurance - Helping the Community Member to obtain Health Insurance

Medical Home – Helping a Community Member establish with a Primary Care Provider

Medical Referral - Linkage with any appropriate medical referral and assisting and encouraging them to follow through with the scheduled first appointment

Medication Assessment - Working with the Community Member to ensure appropriate use of medication through a medication interview

Social Service Referral - Linkage with any social services that might break down health barriers, including ensuring that they actually receive the service or resource

Medication Management – A defined process to help a Community Member work with a provider to address any medication issues

Tobacco Cessation – Helping the Community Member to quit using tobacco for at least 30 days

Lead Screening Referral – Linkage to medical provider to conduct a lead screening test for children

Developmental Referral – Linkage to medical provider if developmental concerns identified

Pregnancy – Assisting a Community Member establish with a provider and encouraging them to attend all prenatal appointments until they give birth

2 Year Vaccinations – Linkage to getting 2-year-old up to date with all vaccinations

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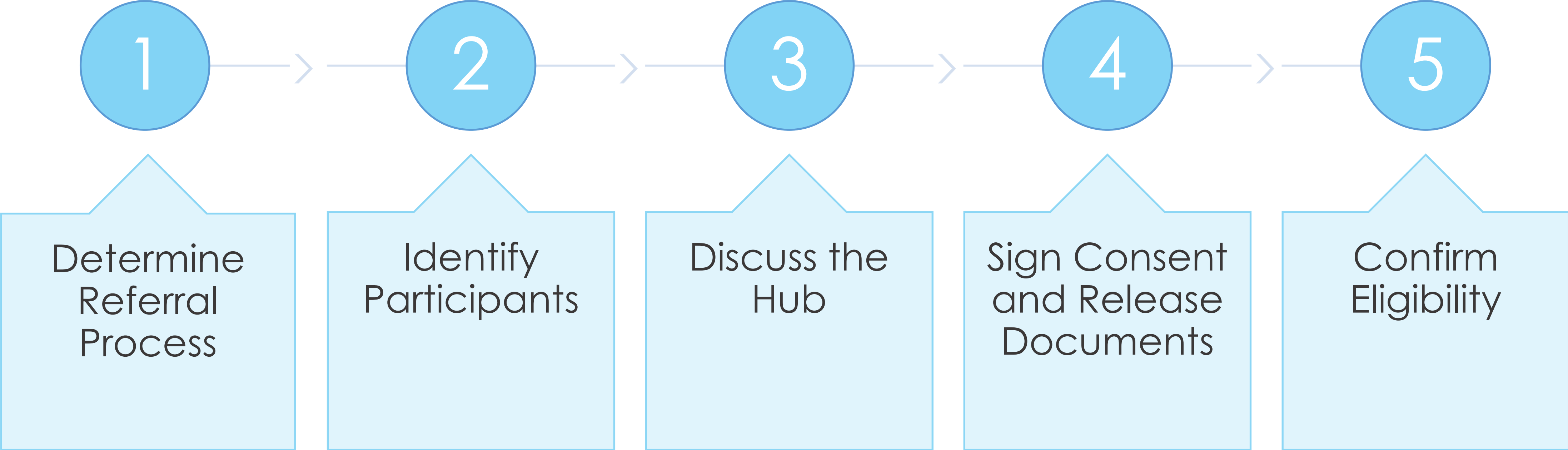
Community Member Recruitment



Hub Eligibility

Opioid Misuse Program (internal term only)

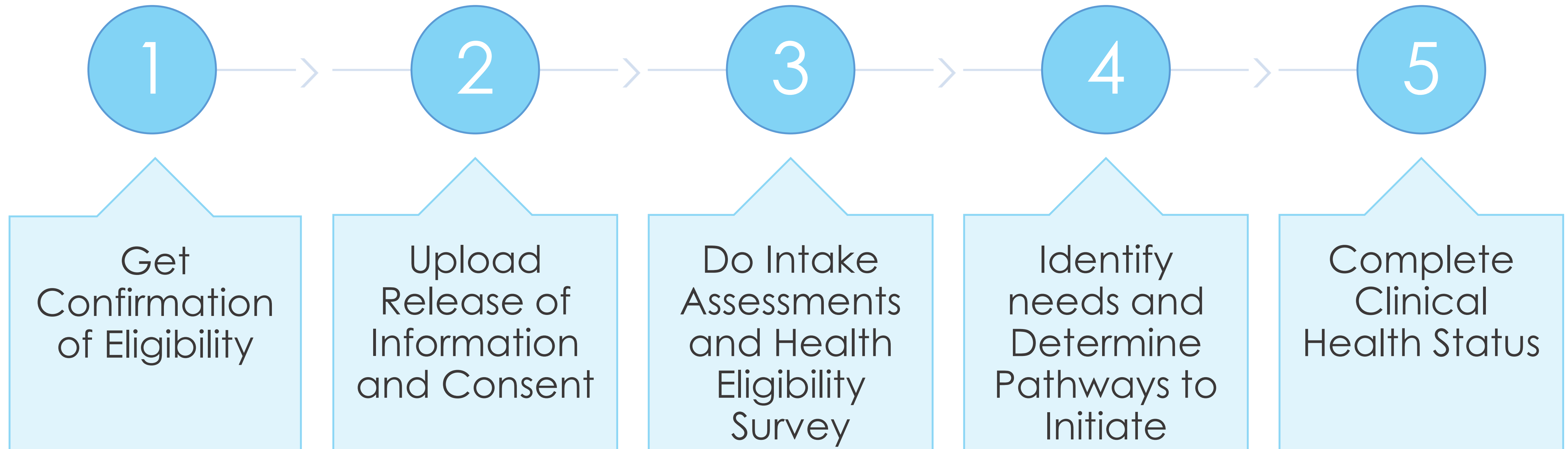
- Age 14 and up
- Must have a score of 4 or more on the Opioid Risk Tool/Health Eligibility **OR** any history of opioid misuse **OR** a prescription for opiates in the last 24 months.
- Must reside in Oregon (very limited case by case exceptions for patients residing in HRSA designated rural counties exist)
- Has need for CHW services
- Not end-stage in any illness

Hub Eligibility

Wellness in Early Life Program

- Age 14 and up
- Must be a family or caregiver expecting a child **OR** families with at least one child age 0-4
- Must reside in Oregon (very limited case by case exceptions for patients residing in HRSA designated rural counties exist)
- Has need for CHW services
- Not end-stage in any illness

Community Member Enrollment

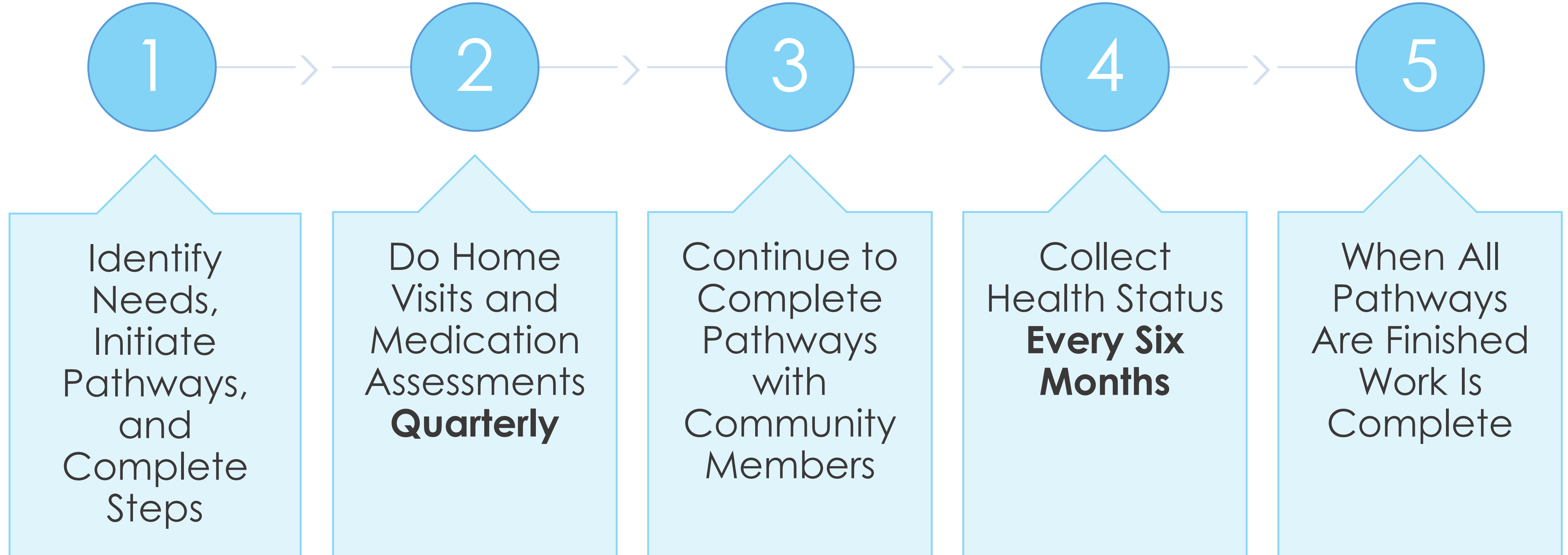


Key Documents

- Consent to Participate and Release of Information OR

  Combined Consent and Release
- Hub Enrollment Application
- Intake Assessment
- Health Status
- Health Risk Eligibility (Opioid Risk Assessment)
- Home Visit Checklist

Care Coordination



Outcome Payments

- The NEON Pathways Community Hub pays for Outcomes – not number of hours or individuals worked with
- Outcome Payments are based on documentation entered into Activate Care system
- Payments are triggered by the completion of pathways – the completion step survey must be done, and comments should follow the prompts and adequately explain completed work
- The Hub Coordinator checks work completed monthly and clarifies that everything was properly completed by the 15th of the next month
- NEON sends out invoices for approval
- Checks are cut to Contracted Organizations for work completed the month prior

Pathways Overview

What is a Pathway?

- Pathways are procedures that define steps to remove a significant barrier to health, including documentation needs.
- If successful, they culminate in a specific outcome that triggers a payment to the Contracted Organization
- Pathways will take varying levels of time, depending on the Community Member and their situation. Some Pathways may not be successful, but others may take less than the budgeted time to complete.

Working with Pathways

- Community Members may not be ready to work on everything at once, but all needed Pathways should be initiated
- CHWs generally carry paper copies of Pathway documents and input data into Activate Care when they return to the office or no later than one week later
- In the course of working on a Pathway, further needed Pathways are often identified
- Pathways are finished when they are successful or judged to be unsuccessful.
- An opened Pathway may be unsuccessful if the Community Member is no longer interested in working on it or the Community Member does not qualify for the assistance.

Individual Pathways (Page 75)

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Pathway: Health Insurance Coverage

1

Initiate
Community Member Needs Health Insurance

What is the client's current insurance situation?

2

Determine
Which Insurance the Community Member is Most Likely to Be Eligible For

3

Assist
Community Member In Completing Forms As Directed And Submitting Them

Who completed the application with client? When was the application submitted?

4

Confirm
That All Forms Have Been Received and Were Completed Properly

When was the application approved or denied?

5

Verify
That the Community Member Was Approved For Insurance Coverage

How did you verify? Please certify that the individual now has health insurance and what type.

Pathway: Medical Home

1

Initiate Community Member needs a Medical Home, an Ongoing Source of Primary Medical Care

Why does the client need a new primary care provider?

2

Determine Payment Source for Health Care

3

Find Appropriate Medical Provider Options for Payment Source

4

Obtain Release of Information from Community Member, **Assist** Them in Scheduling an Appointment, and **Provide** Education About the Importance of Keeping the Appointment.

5

Confirm With the Medical Provider That the Appointment Was Kept

What date did they attend appointment? Were there any barriers to keeping the appointment?

Pathway: Medical Referral

1

Initiate
Community Member Needs a Medical Referral to Address a Significant Health Need

Why does the client need a medical referral?

2

Determine
The Appropriate Referral Type and Help Them Find a Provider

Where will they be referred to?

3

Provide
Appropriate Education and Discuss the Importance of Keeping Appointments

4

Assist
The Community Member in Scheduling An Appointment

What date is the appointment, and did they attend? Were there any barriers to keeping the appointment?

5

Verify
That the Appointment Was Kept

Please verify that the client attended their medical appointment (or 3 visits for behavioral health)

Medical Referral Pathways

- Behavioral Health/Mental Health (3 visits)
- Behavioral Health/Recovery Support (3 visits)
- Behavioral Health/Substance Abuse (3 visits)
- Behavioral Health/Substance Abuse Inpatient
- Behavioral Health/Substance Abuse Outpatient
- Dental Appointment
- Family Planning
- Hearing appointment
- Pharmacy
- Primary Care - Not Establishment
- Specialty Care/DME
- Specialty Care/Orthopedic
- Specialty Care/Other
- Specialty Care/Physical Therapy
- Speech and Language
- Vision Appointment

Pathway: Medication Assessment

1

Initiate
Community Member is Taking Prescribed Medications

2

Complete
The Medication Assessment Chart

Where was the assessment done?

3

Send
The Chart to the Community Member's Primary Care Provider

4

Document
That the Chart was Received and Whether There Are Any Issues

Did the provider note any issues?

5

Next Steps
If Any Issues Were Identified, Open a Medication Management Pathway

Pathway: Medication Management

1

Initiate
Community Member is Not Taking Medications as Prescribed – Usually Follows a Medication Assessment

2

Obtain
A List of All Medications the Community Member Should Be Taking

What sources did you obtain medication lists from?

3

Send
The Medication Assessment and Medication Lists to the Primary Care Provider or **Complete** a New Assessment if Needed and **Schedule** an Appointment

4

Document
That the Primary Care Provider completed a **Medication Reconciliation** Appointment With the Community Member and **Schedule a Home Visit Within Three Days**

This may take multiple appts. and home visits to complete

5

Complete
A Follow-Up Medication Assessment and **Verify** with the Provider that the Community Member is Now Taking Medications As Prescribed (May Take Several Appointments)

Pathway: Social Service Referral

1

Initiate
Community Member Needs a Social Service Referral to Address a Significant Barrier to Health

Why does the client need a social service referral?

2

Determine
The Appropriate Social Service Resource

Where will they be referred?

3

Provide
Appropriate Education and Discuss the Importance of Keeping Appointments

4

Assist
The Community Member in Scheduling An Appointment

What date is the appointment, and did they attend?

5

Verify
That the Appointment Was Kept AND That the Community Member Is Now Receiving the Resource or Assistance

Verify they attended appointment or are now receiving services

Social Service Referral Pathways and Labels

- Child Assistance
- Clothing Assistance
- Domestic Violence Assistance
- Education/Caregiver
- Education/Diabetes
- Education/GED
- Education/Other
- Family Assistance
- Financial Assistance/Dental
- Financial Assistance/Hearing
- Financial Assistance/Medication
- Financial Assistance/Other
- Financial Assistance/Vision
- Food Assistance / WIC
- Food Assistance /Food Bank
- Food Assistance /SNAP
- Food Assistance/Other
- Home Care
- Housing Assistance
- Insurance (not-medical) Assistance
- Job/Employment Assistance
- Legal Assistance
- Medical Debt Assistance
- Medication Coverage Assistance
- Parent Education Assistance
- Translation Assistance
- Transportation/Agency-Provided
- Transportation/Medicaid Brokerage
- Transportation/Other
- Transportation/Public Transit
- Utilities Assistance

Pathway: Tobacco Cessation

1

Initiate
When the Community Member States That They Use Tobacco Products

2

Determine
Where the Community Member Is In the Behavior Change Model

How ready is the client to quit smoking? (Behavior of Change Model – pre-contemplator, contemplator, action, maintenance or relapse)

3

Discuss
The Need To Stop Using Tobacco At Each Visit

4

Refer
The Community Member To Educational Materials or Cessation Programs As Appropriate

5

Complete
When the Community Member Has Not Used Tobacco Products For 30 Days

What date did the client reach 30 days after smoking cessation? How many tries did it take? Certify client is no longer smoking

Pathway: 2 Year Vaccinations

1

Initiate
Community Member's 2 Year Old Child is Not Up to Date With Their Vaccinations

Where were immunization records obtained?

2

Determine
The Appropriate Referral Type and Help Them Find a Provider

3

Provide
Appropriate Education and Discuss the Importance of Keeping Appointments

4

Assist
The Community Member in Scheduling An Appointment

What dates are immunization appointments? Were there any barriers to keeping their appointment?

5

Verify
That the Appointment Was Kept

Verify they attended appts. And are up to date on their 2-year vaccinations. How did you verify they are up to date?

Pathway: Lead Screening Referral

1

Initiate
Community Members Child Needs a Referral for a Lead Screening Due To Possible Lead Exposure

Do the children in the home need lead testing? How was that determined?

2

Determine
The Appropriate Referral Type and Help Them Find a Provider

3

Provide
Appropriate Education and Discuss the Importance of Keeping Appointments

4

Assist
The Community Member in Scheduling An Appointment

What was the date of appt.? Any barriers to keeping the appointment?

5

Verify
That the Appointment Was Kept

Verify they attended appointment. How did you verify?

Pathway: Developmental Referral

1

Initiate
Community Member Needs a Referral to Address Developmental Concerns About Their Childs Development

Does the client have concerns about their child's development?

2

Determine
The Appropriate Referral Type and Help Them Find a Provider

Were you able to obtain verbal consent for a developmental screening referral?

3

Provide
Appropriate Education and Discuss the Importance of Keeping Appointments

4

Assist
The Community Member in Scheduling An Appointment

What was the date of appt.? Any barriers to keeping the appointment?

5

Verify
That the Appointment Was Kept

Verify they attended appointment. How did you verify?

Pathway: Pregnancy

1

Initiate
When the Community Member States That They Are Pregnant

2

Determine
The Appropriate Referral Type and Help Them Find a Provider

Did the client establish with a prenatal provider? Did you get a release of information with the provider?

3

Discuss
The Importance Of Keeping Prenatal Appointments and Provide Education

4

Verify
Community Member Attended Prenatal Appointments Throughout Pregnancy

Did the client have prenatal care throughout their pregnancy? How did you verify this

5

Complete
When the Community Member Gives Birth To A Healthy Birthweight Baby *(weighing more than 5lbs 8 oz.)*

What was the birthweight of baby and how was that confirmed?

Outcome Payment Information

How Payments Are Set

- Payment rates are set to take into account wages, benefits, overhead, and travel costs of employing Community Health Workers
- Each Contracted Organization will have different internal costs, which are not set by or required to be disclosed to NEON
- Rates are set in collaboration with the Leadership Team and may change over time
- Rates assume an average number of hours per pathway that may differ between CHWs and Organizations
- Refer to the Hub Manual for full rate calculations and assumptions

Current Partner Rates

- Initial Assessment - $168.75
- Health Insurance Coverage - $316.04
- Medical Home - $210.70
- Medical Referral - $ 316.04
- Medication Assessment - $150.00
- Medication Management - $526.74
- Social Service Referral - $ 316.04
- Tobacco Cessation - $ 526.74
- 2 Year Vaccinations - $210.70
- Pregnancy- $ 316.04
- Developmental Referral - $150.00
- Lead Screening Referral - $150.00

Thank You!

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