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[MCHB/DHSPS](#)
April 2008
**Care Coordination Reform:
Connecting at Risk to Care**
April 15, 2008

Moderator:
Johannie Escarne

Connecting at Risk to Care



[HRSA - Webcast](#)
April 15th, 2008

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1

Find at Risk



2

Treat



3

Measure



1

Care Coordination
Engage and
Connect at
Risk Individual



2

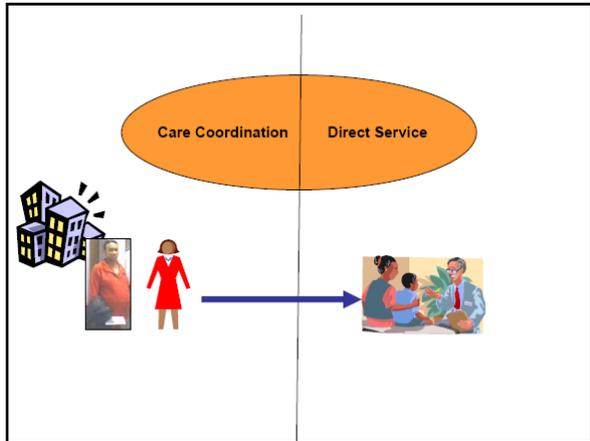
Direct Service
Confirm
Evidence
Based Service



3

Measure Outcome
Health
Improvement
Cost Savings









Horace Mann
1859 Commencement Speech
Antioch College

**“Be ashamed to die before
you have won some victory
for humanity.”**

MSNBC Home » Health » Children's Health **The lower 48 is not doing so well!**

U.S. gets poor grades for newborns' survival

Nation ranks near bottom among modern nations, better only than Latvia

AP Associated Press
Updated: 9:05 a.m. ET May 9, 2006

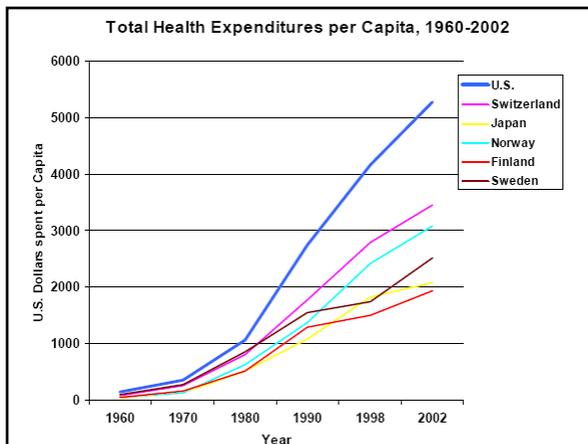
CHICAGO - America may be the world's superpower, but its survival rate for newborn babies ranks near the bottom among modern nations, better only than Latvia.

Among 33 industrialized nations, the United States is tied with Hungary, Malta, Poland and Slovakia with a death rate of nearly 5 per 1,000 babies, according to a new report. Latvia's rate is 6 per 1,000.

"We are the wealthiest country in the world, but there are still pockets of our population who are not getting the health care they need," said Mary Beth Powers, a reproductive health adviser for the U.S.-based Save the Children, which compiled the rankings based on health data from countries and agencies worldwide.

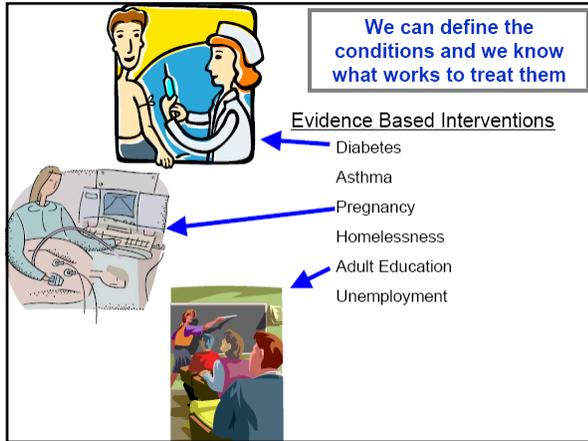
Most Popular

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Albert Einstein

“We can't solve today's problems by using the same kind of thinking we used when we created them .”



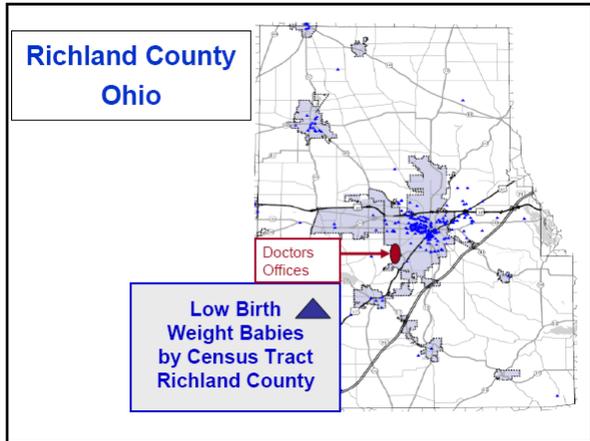
We can define the conditions and we know what works to treat them

Evidence Based Interventions

- Diabetes
- Asthma
- Pregnancy
- Homelessness
- Adult Education
- Unemployment

Care Coordination





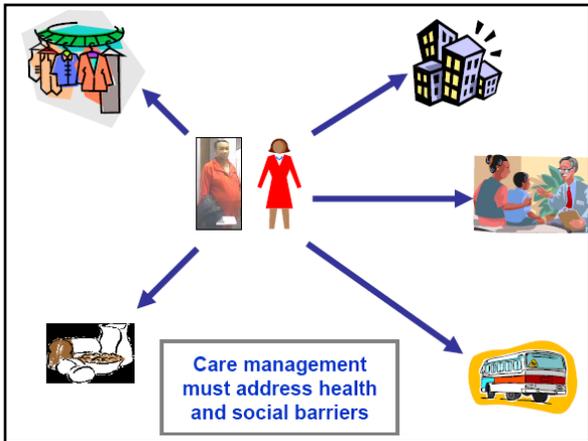


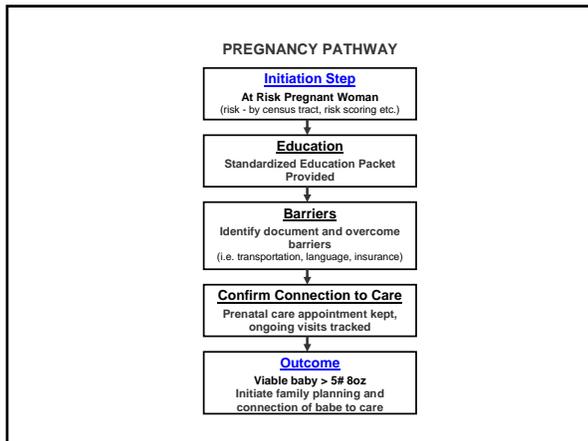


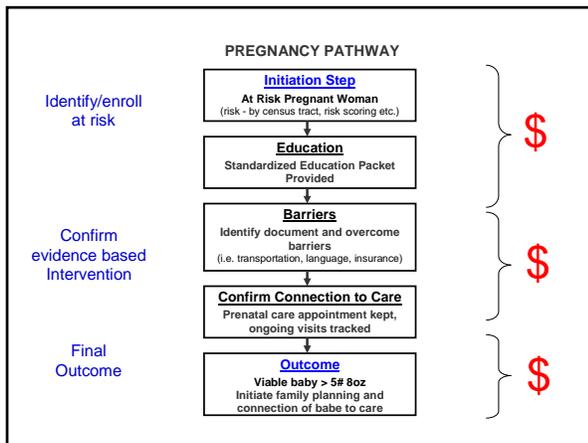
Barriers to Care











The Pathways Case Management Process and Definitions

CHECKLIST

Yes	No	Question
	<input checked="" type="checkbox"/>	Do you need a primary medical provider?
<input checked="" type="checkbox"/>		Do you need health insurance?
	<input checked="" type="checkbox"/>	Do you smoke cigarettes?
<input checked="" type="checkbox"/>		Do you need food or clothing?

Definition:
Checklists are groups of questions designed to evaluate the client's:

- Home stability
- Mental health
- Substance abuse
- Medical home
- Insurance
- Domestic violence

 A "yes" answer would indicate that there is a problem. Another way to think of this is that a "yes" answer usually triggers a Pathway (outcome production process).
 Client specific checklists (pregnant client, newborn, etc.) are developed to be used at home visits.

Pathways

```

      graph TD
        A[Needs Insurance] --> B[Assess eligibility]
        B --> C[Assist with forms]
        C --> D[Confirm submission]
        D --> E[Check for insurance  
and determine if  
insurable]
      
```

Definition:
Each Pathway defines the problem to be addressed (Initiation Step), the evidence-based steps to address the problem, and the positive, measurable outcome (Completion Step). Pathways are not credited as complete unless the final outcome is achieved.
 Pathways differ from standard protocols in being an outcome production model of accountability. If you follow a protocol and the client is "lost to follow-up", then there are no consequences. A Pathway is only complete if the desired outcome is achieved.
 Each client may have multiple Pathways - which are focused on, prioritized, and completed - one at a time.

Evaluation and Quality Assurance

Pathways/Month by Outreach Worker

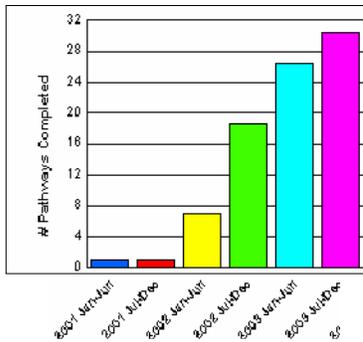
Name	Immz.	Insurance	Preg.
Johnson	5	2	10
Reed	1	3	4
Pickens	9	15	18

Pathways/Month by Site

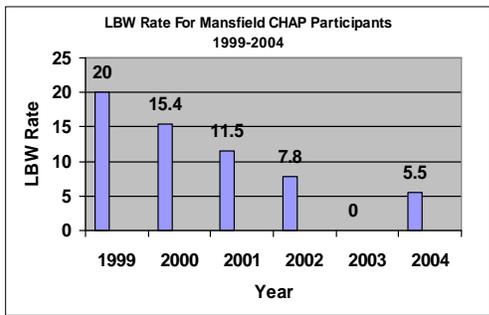
Site	Immz.	Insurance	Preg.
Johnsville	50	25	22
Elkins	64	17	35
Dunville	40	32	19

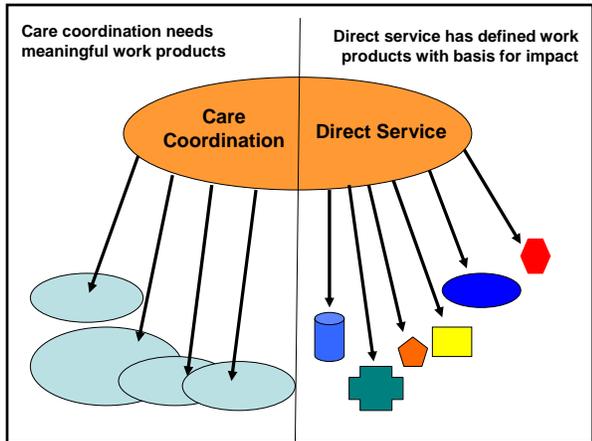
Evaluation - Remove Disparities:
 Pathway production can be evaluated from many perspectives. Focus on specific outcome production can be brought to the level of each case worker. Their results can be compared to others in similar settings. This allows strengths and weaknesses to be identified.
 The focus is not to be punitive, but to try to help increase the production of positive outcomes. Barrier steps can be identified and focused on to increase production. Education and specific interventions can be deployed, and then outcome production can be reevaluated to assess the impact.
 Positive outcomes are not always brought about by global changes. Placing the accountability and focus on one individual, one outcome at a time, may actually have a greater impact on health disparities.

Youngstown – Healthy Moms Healthy Babies
Health and Social Service Referral Pathways Produced
Per Six Month Period Per CHW



Outcome Based Accountability and Care Management Make a Difference





Care Coordination

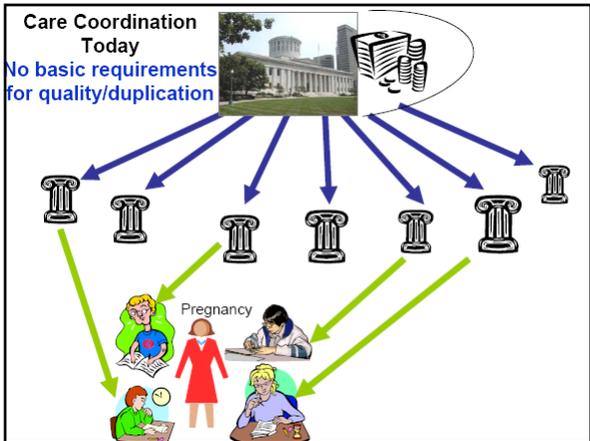
Meaningful Work Products

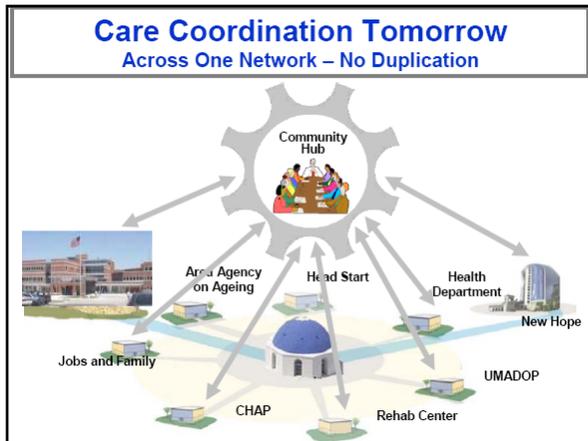
Not Meaningful	Meaningful
<ul style="list-style-type: none"> • On a list • Phone call • Hour of service • Chart documentation 	<ul style="list-style-type: none"> • Focus on at risk • Evidence based intervention received • Evidence based education received • Housing, food clothing, education, employment received

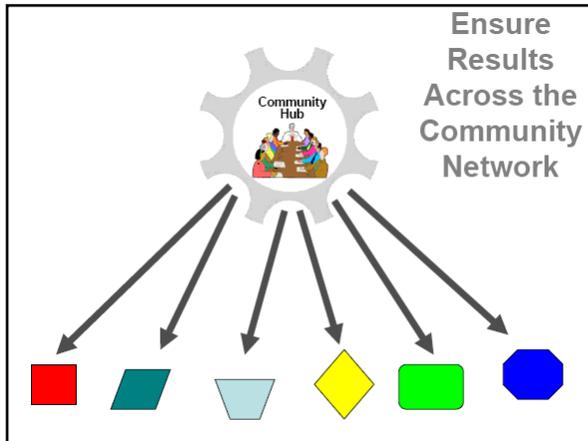
Delivery System

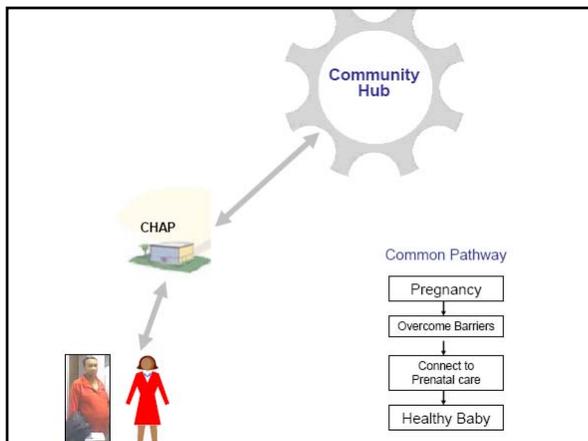
- We can define the work products
- Needed –

A delivery system to provide care coordination work products across the community









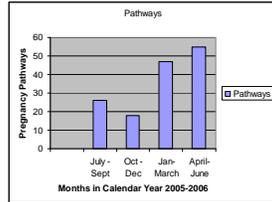
Pathways Across the Community
No Duplication

2004-2005

Contracting for Process

19 At Risk Served

2005-2006 – and forward
 Dollars tied to Results
 Duplication Removed
146 At Risk Served



Collaborating With

- **HRSA**
Health Resources and Services Administration
- **AHRQ**
Agency for Health Quality and Research
- **AAP**
American Academy of Pediatrics

Communities Implementing Community Hubs as Part of a Learning Network



1 Find at Risk 

2 Treat 

3 Measure 

Where is the Challenge?

Funders and Policy Makers

- What is the cost per person served including Administrative fees?
- Do you address care coordination duplication?
- Do you purchase work products that are meaningful to the individual served?
- Is there a focus on those most at risk?

[Please change the care coordination contracts to purchase meaningful work products at market value, without duplication, focused on those most at risk.](#)

Disparity Awaits

Core Functions of Public Health

1. Assessment – Identify those at risk
2. Assurance – Assure each one is reached and connected to proven intervention
3. Policy Change - Result measured and the system improved – faster, greater quality and less cost.



Specific Steps to Begin

1. Establish Your Coalition
2. Define the Health and Social Conditions You Will Address
3. Define Those at Greatest Risk
4. Build your Pathways, Your Measures
5. Build your contracts, quality guidelines and measurement system
6. Throw the Switch, Measure and Improve

Resources Available

www.CHAP-Ohio.com

- Pathways Manual
 - Building Your Community Hub
 - Become Part of a Learning Network
 - Ohio Board of Nursing
<http://codes.ohio.gov/oac/4723-26-13>
- Thank you! Mark Redding – reddingz@att.net

Mother Teresa

“None of us can do anything great.”

“We can each, working together
with great love, do something
beautiful for God.”

Questions & Answers

Thank you for attending this event.

Please complete the evaluation directly
following the webcast.

Archives of the event are located at,
<http://www.mchcom.com>
