Great Rivers HUB

A Pathways Community HUB & Systems Change Initiative

Great Rivers HUB Change Statement

Great Rivers HUB will bridge the gap between health care delivery and the social service sector for **cost savings**, **improved population health outcomes**, and **increased client experience and engagement**.

Current System vs HUB model

- Needs new medical hoı
- 2 ED visits this month
- No asthma action Plan
- Struggling at school

- Pregnant
- Lost job
- Can't pay rent
- Unreliable transportation

- One bedroom apartment
- Type 2 Diabetes
- 1 ½ ppd Smoker

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Agency A

Agency B

Agency C

Agency D

Agency E

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Pathways Community HUB Model

- Uses existing community resources (medical and social) more efficiently and effectively
- Focuses on common metrics to identify and track risks (risk reduction)
- Holistic community care coordination →one for the whole family
- Payments for outcomes (pathway completion) = service sustainability

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Target Populations

- Responsive to identified community needs
- Specific populations via referral portals
- Currently in La Crosse and Monroe County
- Current Target Populations:
  - Frequent ER utilizers
  - Pregnant women with SUD
  - Veterans with frequent recidivism
  - Type 2 Diabetes
  - Cardiovascular Disease (CVD)

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Referral Portals & CCAs

- **Care Coordination Agencies (CCAs)**
  - La Crosse County Health Department
  - Independent Living Resources (ILR)
  - Family & Children's Center (FCC)
  - La Crosse Area Veterans Mentorship Program (LAVMP)
  - YMCA
- **Gundersen Health System**
- **Mayo Clinic Health System-Franciscan Healthcare**

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Pathways

- Treat the “whole” person
- Each Risk = Pathway
- Each Pathway = Measured Outcome
- Completed Pathway = Outcome Achieved/Risk Reduced/Eliminated
- Outcome/value based payment for completed Pathways

- Adult Education
- Behavioral Health
- Developmental Referral
- Development Screening
- Education
- Employment
- Family Planning
- Health Insurance
- Housing
- Immunization Referral
- Immunization Screening
- Lead
- Medical Home
- Medical Referral
- Medication Assessment Chart/ Medication Assessment Pathway
- Medication Management
- Postpartum
- Pregnancy
- Smoking Cessation
- Social Services Referral

Real-Time Database

- Track outcomes in real-time
- Track Pathway completion
- Data shared with the community to identify needs

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Current Data & Outcomes

Pathway	Initiated	Finished Incomplete	Completed
Social Service Referral	1454	314	973
Education	878	7	834
Medical Referral	299	64	186
Housing	164	57	37
Medication Assessment	128	18	80
Tobacco Cessation	117	54	3
Medical Home	90	13	47
Immunization Screening	74	1	59
Employment	67	37	14
Behavioral Health	54	19	23
Pregnancy	49	8	34
Health Insurance	48	10	24
Family Planning	35	7	17
Postpartum	25	2	17
Developmental Screening	16	2	14
Adult Learning	14	7	0
Immunization Referral	11	4	5
Medication Management	11	0	6
Lead	7	5	2
Total:	**3541**	**629**	**2375**

2375 Successfully Completed Pathways

35 Pregnancies resulted in a normal birth weight baby

340 total clients served since 2017

Current average Pathways opened per client = 12

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Data from 2-12-20

National Endorsers of the Pathways Community HUB Model

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Institute *for* Healthcare Improvement

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

National Science Foundation
WHERE DISCOVERIES BEGIN

National Institutes of Health
Turning Discovery Into Health

AHRQ
Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov

Center for Medicare & Medicaid
INNOVATION

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Questions?

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