

Pathways Community HUB Workgroup Charter

Background

The Pathways Community HUB model uses a comprehensive risk identification and reduction mechanism in combination with a centralized infrastructure to coordinate care across a network of agencies serving at-risk clients. This allows communities to use resources more efficiently and effectively to address risk and improve health outcomes. The Pathways Community HUB does not replace, but rather supplements and supports, existing case managers, nurses, social workers, community health workers, care coordinators, etc. partnering with multi-sector community stakeholders.

At the foundation of the model the primary components of the Pathways Community HUB are:

1. Core Pathways: measurement tools to define the problem to be addressed (health or social issue), the desired measurable outcome, and the key intervention steps to achieve the outcome.
2. Community HUB: a regional point of registry and outcome tracking that networks together health care providers, social service agencies, and health care payers that implement these Pathways.
3. Pathway Payments: care coordination payments based on outcomes instead of activities.

In keeping with the mission of the NCACH to push resources into the community and catalyze long-term, sustainable transformation, the Governing Board has elected to contract with an existing community based organization to serve as the HUB lead agency. This will lead to long-term sustainability of the HUB that will last beyond the Demonstration and the NCACH.

Charge

The Pathways Community HUB Workgroup is chartered by the NCACH Governing Board to provide recommendations for the initial stages of HUB development (Attachment A: Phases and Steps of Building a Pathways Community HUB; steps 1, 2, 3 and 5). The Workgroup will provide specific recommendations to the Governing Board regarding the following:

- An organization to serve as the Pathways Community HUB lead agency
- Selected target population(s) informed by community needs assessments and other regional data sources
- Initial focus outcomes and related pathways
- Pathways Community HUB scaling efforts, including amplification of opportunities and mitigation or risks.

Composition

In order to be an efficient and effective Workgroup, membership will be approximately 15 members. Though the Workgroup size will be limited, broader input into the recommendations by the Workgroup will be sought from the County Coalitions for Health Improvement and the Whole Person Care Collaborative. The NCACH Executive Committee will select Workgroup members from a list of interested parties ensuring that following sectors are represented:

- Managed Care Organizations and Administrative Services Organization contracted to serve NCACH counties
- Physical Health and Behavioral Health
- Care Coordination
- NCACH Governing Board

- Social Determinants of Health partners

Membership of the above representatives must be filled by organizations located in and/or serving Chelan, Douglas, Grant, or Okanogan Counties. The Workgroup will have regular members, with ad hoc members joining as needed to provide input for specific discussion or issues. Members are expected to represent their sector on the Workgroup as well as the patient population that they serve. The Executive Director may appoint a Workgroup Chair if needed. The Workgroup is a sub-committee of the NCACH Governing Board and will be led by the Workgroup Chair, if appointed, and NCACH staff. A minimum of two Board members must serve on the Workgroup and additional NCACH Governing Board members may participate in Workgroup meetings.

Meetings and Duration

Workgroup Meetings will be held monthly for several hours, February 2018 through September 2018. Additional meetings (frequency of meetings or duration of the Workgroup) will be scheduled as needed. Meetings will be held in Chelan, Douglas, Grant, and Okanogan Counties; locations will vary and an effort will be made to hold meetings in each of the counties. Whenever possible, meetings will have an option to participate via teleconference, although in-person participation is encouraged. NCACH program staff and the Workgroup Chair shall be responsible for establishing the agendas. Notes for all meetings will be provided to the Workgroup by NCACH staff within two weeks of each meeting. Meetings will be open and meeting materials will be posted on the North Central Accountable Community of Health website (www.ncach.org).

Member Responsibilities

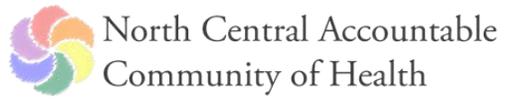
- Participate in 75% of Workgroup meetings.
- Commit to becoming well-informed on the Pathways Community HUB model of Care Coordination through readings, webinars, and trainings.
- Work with the HUB Lead Agency and NCACH staff to develop detailed project implementation plans for submission to HCA by September 2018, or sooner if possible.
- Ensure milestones, as described in the Medicaid Transformation Toolkit, are met on time.
- Assure that recommendations made by the Workgroup are in alignment with attaining national HUB certification through the Rockville Institute.
- Communicate with other members of your sector and the community to ensure broad input into the Workgroup recommendations.
- Use strategies, supported by regional data, to advance equity and reduce disparities in recommendations made to the Board.

Required Pathways Community HUB Guidelines

- [AHRQ's Pathways Community HUB Manual: A Guide to Identify and Address Risk Factors, Reduce Costs and Improve Outcomes](#)
- [AHRQ's Connecting Those at Risk to Care: The Quick Start Guide to Developing Community Care Coordination Pathways](#)
- [The Rockville Institute's Pathways Community HUB Certification Pre-requisites and Standards \(Revised February 2017\)](#)

Authority

The Workgroup will provide recommendations for approval by the NCACH Governing Board regarding the initial steps of building up a Pathways Community HUB. Recommendations and input



developed by the Workgroup will be shared in regular monthly progress reports to the NCACH Governing Board.