Every person in our community deserves to have the best healthcare experience possible—one that is high-quality, well-coordinated, and affordable.

At the Healthcare Collaborative of Greater Columbus (HCGC), we are committed to improving the quality, delivery, and value of healthcare and the overall health of all people in the Columbus region.

To do this, we know that the best healthcare cannot be delivered in isolation—it takes many partners working collaboratively together. HCGC is proud to serve as a convener for our region, bringing public and private providers, public health and social services, payers, purchasers, and consumers together to learn and share information around innovative best practices, the latest research and policies, and lessons learned for patient and provider impact.

Through our collaborative process and partnerships, we are able to foster greater awareness, commitment, trust, and impact between diverse groups of healthcare providers. Together, we are able to have greater impact.

This report is designed to provide our stakeholders with a summary of our impact for 2019 in three strategic focus areas—value-based primary care, quality improvement, and care coordination/population health. While there is much more work to be done, we take great pride in the contributions we’ve made to help improve the health of the people in our community and the way healthcare is delivered in our region.

Carrie Baker
President and CEO

“As healthcare transforms around us, HCGC provides unique opportunities for all of us—providers, purchasers, patients, etc.—to explore new ways of thinking about health and healthcare in our community, to work together to achieve more than we would alone, and to ultimately improve the overall health of everyone in the region.”

Sarah M. Durfee, RN, Senior Health Care Advisor, Ohio Public Employees Retirement System

“Occupying a unique niche in our community, this public-private partnership continues to act as an enabler for its constituencies interested and engaged in helping make us healthier.”

Bruce Wall, Senior Medical Director, Aetna

“HCGC is a place where stakeholders in the community can put aside competitive interests and think about community-wide issues and how to address them. The HUB is a wonderful example of collaboration that creates wins for patients and stakeholders alike.”

Greg Sawchyn, Vice President, Population Health, Sound Health
Patient Family Advisory Councils (PFACs)

As the focus on value-based care continues, many primary care and specialty practices are developing PFACs as a way to partner with patients and family members to improve the quality of care, services provided, and the overall patient and family experience.

<table>
<thead>
<tr>
<th>PFACs</th>
<th>PFACs attendees</th>
<th>PFAC average attendance</th>
<th>Practices coached</th>
<th>Patient lives impacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>343</td>
<td>1,701</td>
<td>189 patients/family members</td>
<td>551</td>
<td>3.5 M</td>
</tr>
</tbody>
</table>

Value-based Primary Care

Primary care providers are a critical gateway to optimal health and value in our region and should be supported in their quest to deliver the right care, at the right time, for the best outcomes, and lowest cost.

Comprehensive Primary Care Plus (CPC+)

In partnership with The Learning Collaborative, our sister regional healthcare improvement collaborative (RHIC) in Cincinnati, HCGC provides coaching to CPC+ practices in Ohio and northern Kentucky. CPC+ is a national, advanced primary care medical home model that aims to strengthen primary care through regionally-based, multi-payer payment reform and care delivery transformation.

Patient lives impacted: 3.5 M

Decrease in emergency department utilization (among CPC+ practice patients): 10%

From year 1 to year 2: 10% more practices completed screenings for unmet social needs

SDoH

Patient voices

“HCGC staff were very helpful in giving us fresh ideas for our PFAC. As a solo practice with limited staff and space, HCGC staff were able to see our limitations and offered ideas specific to our setting.”

PFAC Attendee

“The CPC+ coaching we received gave us the opportunity to review emergency department over-utilizers by name, and see how complex they are as patients. It is good for our practice to be able to elaborate on individual patients instead of just looking at data. Data doesn’t tell the whole story!”

CPC+ Participating Practice

Healthcare Collaborative of Greater Columbus
Quality Improvement

HCGC believes that health and healthcare are local, and that improvement and innovation happen when partners are given a safe space to collaborate openly, and when improvement can be measured, analyzed, and shared among multiple audiences.

To do this, HCGC collects, analyzes, and reports nationally recognized quality measure data from healthcare providers, and learns from and shares research and best practices that maximize transparent, data-driven quality improvement in nine areas.

Controlling High Blood Pressure
Patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled*

Aggregate Performance Over Time:

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>68%</td>
<td>+5%</td>
<td>73%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Colorectal Cancer Screening
Patients 50–75 years of age who had appropriate screening for colorectal cancer

Aggregate Performance Over Time:

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>30%</td>
<td>+29%</td>
<td>59%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Depression: Remission at 12 Months
Adult patients age 18+ with major depression or dysthymia*

Aggregate Performance Over Time:

<table>
<thead>
<tr>
<th>Year</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>3%</td>
<td>+17%</td>
<td>20%</td>
</tr>
</tbody>
</table>

*Initial PHQ-9 score > 9 who demonstrate remission at 12 months defined as a PHQ-9 score less than 5.
Care Coordination, Population Health, and the Central Ohio Pathways HUB

Optimal health and value are not achieved in a medical office building alone. It takes medical, behavioral, social service, public health, and payer entities actively collaborating and coordinating care to meet the needs of all patients and achieve desired outcomes. The Central Ohio Pathways HUB (HUB) is a care coordination model, nationally certified and operated by HCGC for Franklin and surrounding counties. The HUB model utilizes partners within a community, called Care Coordination Agencies (CCAs), who deploy Community Health Workers (CHWs), to find and support clients.

CONNECTING PATIENTS AND PROVIDERS

Aligning funders and service providers to holistically and efficiently address clients' issues is a critical component of the care coordination model. HCGC is proud to partner with the following organizations to support the ongoing growth of the HUB.

CelebrateOne • Columbus Urban League • Franklin County Public Health • Heart of Ohio Family Health Centers • OhioHealth • PrimaryOne Health • Physicians CareConnection • The Breathing Association • Urban Strategies, Inc. • Wellness First

Since the launch of the HUB in March 15-November 15, 2019:

- **3,673** Pathways initiated
- **2,129** Pathways completed
- **93%** Increase in Community Health Workers (CHWs)
- **$90,000** provided to CCAs in central Ohio through managed care reimbursements and grant funding
- **530** clients served in 9 months
- **578%** Increase in pathways

SERVING MORE PEOPLE FOR GREATER IMPACT

The HUB has become one of the largest care coordination models in the country. Since March 2019, the number of pathways, or connections to care, has experienced steady growth each month. To meet the demand of this growth, the HUB has also increased the number of participating CCAs and the CHWs serving clients. HCGC is proud to support this innovative model for increased efficiency and better outcomes for all people in the Columbus region.

The top five pathways initiated for 2019:

1. **Social Service Referral**
   - Pathways initiated: 85
   - Families housed: 10
   - Average time to close pathway: 63 Days

2. **Education**
   - Pathways initiated: 166
   - Pathways completed: 53
   - Live births at healthy birth weight: 54
   - 45

3. **Medical Referral**
   - Pathways initiated: 486
   - Pathways completed: 240
   - Dental services completed: 124

4. **Medical Home**

5. **Pregnancy**

Plan    

Do    

Study    

Act
2019 In Review

JANUARY
• Officially took over management of Central Ohio Pathways HUB
• Onboarded 6 CCAs and 25+ CHWs into the HUB
• Received Patient-Centered Research Outcomes Institute (PCORI) Engagement Award
• Webinar: Introducing the HUB

FEBRUARY
• Webinar: Exploring cost and quality transparency

MARCH
• Launched HUB
• CHWs begin delivering care coordination services

APRIL
• HCGC Regional Learning Session: Population health
• Under HCGC’s leadership, Central Ohio Primary Care facilitated PFACs for 38 practices, with 250 patients participating

MAY
• Released bi-annual quality transparency report
• Webinar: Maternal depression
• Published report regarding central Ohio’s behavioral health system, in partnership with the Osteopathic Heritage Foundation

JUNE
• HUB opens 1,000th pathway
• Webinar: LBGTQ+/population health

JULY
• Issued second HUB RFP for new CCAs

AUGUST
• HUB opens 2,000th pathway
• Accepted 4 new CCAs into HUB
• HCGC Regional Learning Session: A community appreciative inquiry on population health in central Ohio & PCORI funded research on population health
• Received Columbus City Council grant for City Prosecutor’s Office Theft Diversion Program

SEPTEMBER
• Received grant in partnership with Franklin County Public Health from CDC for opioid diversion
• Received Ohio Commission on Minority Health grant for infant mortality efforts
• Webinar: Infant mortality

OCTOBER
• HUB opens 3,000th pathway
• HCGC Regional Learning Session: Data-driven population health
• Received Komen of Columbus grant for breast health education and referral
• Released bi-annual quality transparency report

NOVEMBER
• Disseminated 50+ nationally published pieces of research related to diverse topics to 7 unique audiences

DECEMBER
• Webinar: Screening tool for social determinants of health
• In 2019, convened 30+ face-to-face learning sessions, learning groups, and webinars at no cost to thousands of attendees

To access all meeting materials and resources, visit http://www.hcgc.org/additional-resources.html
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