

COORDINATING CARE FOR PATIENTS IN NEED

The Hospital Council of Northwest Ohio's Northwest Ohio Pathways HUB is a regional clinical-community linkages care coordination system that addresses the medical and social determinants of health.

The Pathways HUB is best known for helping low-income women have healthy pregnancies and healthy babies. Since 2007, the Pathways HUB has connected pregnant women to needed medical and social services – including food, housing, transportation, cribs and diapers. The Pathways HUB expanded in 2015 to help adults with diabetes, high blood pressure and other conditions get needed medical and social services.

The Pathways HUB system includes multiple care coordination agencies that employ community health workers and other care coordinators, who work with residents to identify their greatest risks and manage them one by one.

For a list of care coordination agencies, please visit hcno.org.



PATIENT REFERRALS

The Northwest Ohio Pathways HUB is seeking referrals for patients who either are Medicaid eligible or uninsured with income up to 200% of the federal poverty level, including:

- Adults with or at risk for chronic diseases, such as prediabetes, diabetes, high blood pressure and other heart conditions.
- Pregnant women.
- Women of child-bearing age.
- Adults with breast cancer or abnormal mammogram results.

To make a referral to the Pathways HUB, or if you have any questions, please call the Hospital Council of Northwest Ohio at 419-842-0800 or email pathways@hcno.org



Made possible with funding from the Centers for Disease Control and Prevention.

HOW PATHWAYS WORKS

The Northwest Ohio Pathways HUB is a certified Level 1 Pathways Community HUB, a model recognized by the Agency for Healthcare Research and Quality as a data-driven approach to identifying and addressing risk factors at the individual and community levels

Upon enrollment, every client meets with a community health worker (CHW), who completes a comprehensive risk assessment. Each risk is translated into a "pathway," including unmet needs for food, housing and other social services. Risks are addressed one at a time, with clients helping to determine priorities.

Pathways are tracked through completion in the electronic health information database, and this comprehensive approach and heightened level of accountability leads to improved outcomes and reduced cost, according to the Agency for Healthcare Research and Quality.

northwest ohio
pathways HUB

THE HOSPITAL
COUNCIL
of Northwest Ohio

Northwest Ohio Pathways HUB
Hospital Council of Northwest Ohio
3231 Central Park West, Suite 200
Toledo, Ohio 43617
419-842-0800
pathways@hcno.org
www.hcno.org

Client Information		
Name:	Date Of Birth:	Race/Ethnicity:
Address:	City, State, Zip:	
Home Phone:	Phone:	
Referred By:		
Name:	Agency:	
Phone:	Email:	

Please check all factors that apply:

Risk Factors	
<input type="checkbox"/> Alcohol/Substance Abuse:	<input type="checkbox"/> Medication Assistance
<input type="checkbox"/> Childcare	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Clothing	<input type="checkbox"/> Obese
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Physically Inactive
<input type="checkbox"/> Education Assistance	<input type="checkbox"/> Poor Diet
<input type="checkbox"/> Family History of Heart Disease/Diabetes	<input type="checkbox"/> Smoker/Tobacco User
<input type="checkbox"/> Financial Assistance	<input type="checkbox"/> Stress
<input type="checkbox"/> Food	<input type="checkbox"/> Transportation
<input type="checkbox"/> Housing	<input type="checkbox"/> Other:
<input type="checkbox"/> Insurance	
<input type="checkbox"/> Job/Employment	<input type="checkbox"/> Pregnant
<input type="checkbox"/> Legal	Estimated Due Date:
<input type="checkbox"/> Low Income	Gravida/Para: /

Insurance Status: Medicaid: Uninsured CareNet
 Medicaid #: _____ Private
 Medicare:

Please provide any additional information that may be helpful:

*By signing here, I consent for _____ (Referring Agency) to share the above information with the Northwest Ohio Pathways HUB for the purposes of enrollment into the Pathways Program.

Print Name: _____
 Signature: _____ Date: _____

Fax Referral to 419-842-0999 or email: pathways@hcno.org

