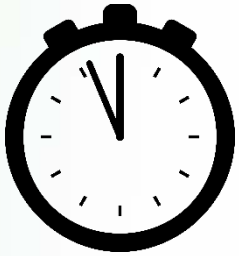
MISSOURI HOSPITAL ASSOCIATION

Missouri Health Home Initiative

Southern Legislative Conference, July 19, 2015

Development (2010-2011)



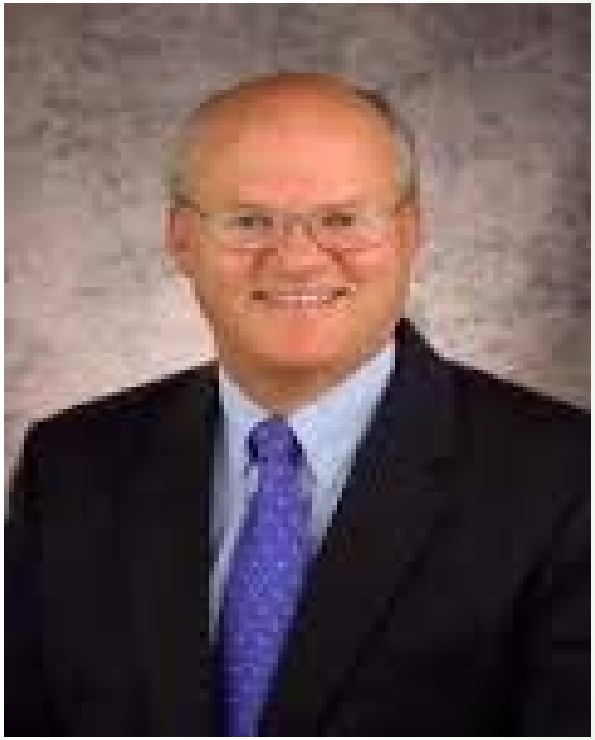
Time-limited enhanced federal funding

Recession-driven budgets

Frustration with current models/outcomes

“Fathers” of the Initiative

Joseph Parks, M.D.



Robert “Ian” McCaslin, M.D.

Behavioral Care Outcomes

- The mentally ill in public care lose 25 years of life expectancy, largely from poorly managed medical conditions

Smoking

Inactivity

Obesity

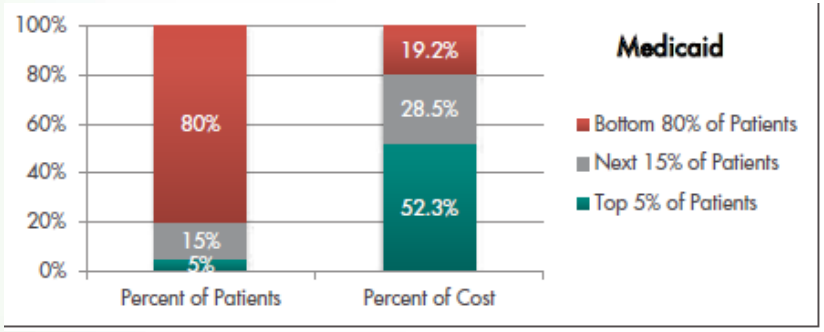
Underdiagnosis

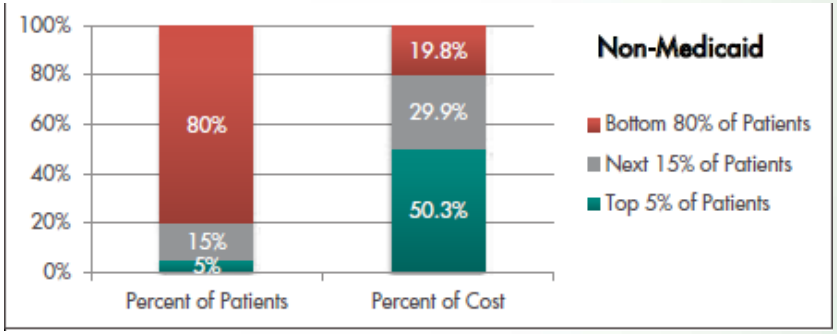
Polypharmacy

Inadequate treatment

Skewed Medicaid Cost Drivers

- 5 percent of non-elderly Missouri Medicaid enrollees generated 52.3 percent of Medicaid hospital costs in FY 2012.
- "Superutilizers" have significant health problems.
- Top priority task: identify them and better manage their care.





Implementation

- Behavioral Health Homes
  - 28 Community Mental Health Centers (120 clinic sites)
  - Enrollment: 19,780
  - Nurse manager arranges primary care services
- Incorporate management of DM 3700 demonstration project for high-cost (>$50K) schizophrenic, bipolar or depressive patients (about 3,500 patients)

Implementation

- Primary Care Health Homes
  - Initially, 18 FQHCs (67 clinic sites) plus 6 hospitals (36 clinic sites)
  - Enrollment: 14,981
  - Initial “zero sum” funding expectation
  - 2014 legislative authorization to add 11 providers

Defining Medical Conditions

- Medical cost > $2,600 and two or more of:
  - Diabetes
  - COPD/Asthma
  - Cardiovascular (blood pressure, lipids, CHF)
  - BMI > 25
  - Developmental disability
  - Tobacco use
- Behavioral – one of above with serious mental illness

Care Management Services

- PMPM payment for:
  - Health home director (1:2,500)
  - Nurse care manager (1:250)
  - Care coordinator (1:500)
  - Behavioral health consultant (primary care)
  - Primary care physician consultant (behavioral)
  - Administration
  - Health information system

18-Month Estimated Savings Evaluation

Health Home	Enrollees	PMPM Savings	Total Savings
CMHC	20,031	$76.33	$15.7M
PCHH	23,354	$30.79	$7.4M
Total	43,385	$51.75	$23.1M
DM 3700	3,560	$614.80	$22.3M

Lessons Learned

- Behavioral care offers savings and outcome improvement opportunities.
- Targeted populations should reflect the best opportunity for care improvement and savings.
- Local providers are the preferred source of care management services.
- Efforts to formalize external care collaboration arrangements may draw resistance.

Lessons Learned

- Trust among the various stakeholders is key.
- Effective sharing of data through HIT is needed.
- Primary care case management services require funding and plenty of training.
- The savings of health homes are extracted from hospital payments. Hospitals need to be committed to primary care alternatives.
- Savings accrue to the payer. Reinvesting some savings with providers would replicate the cycle.