



COALITION  N

Community Mental Health Center

Healthcare Homes

April 10, 2014

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Missouri Coalition of Community Mental Health Centers



Missouri's Healthcare Homes

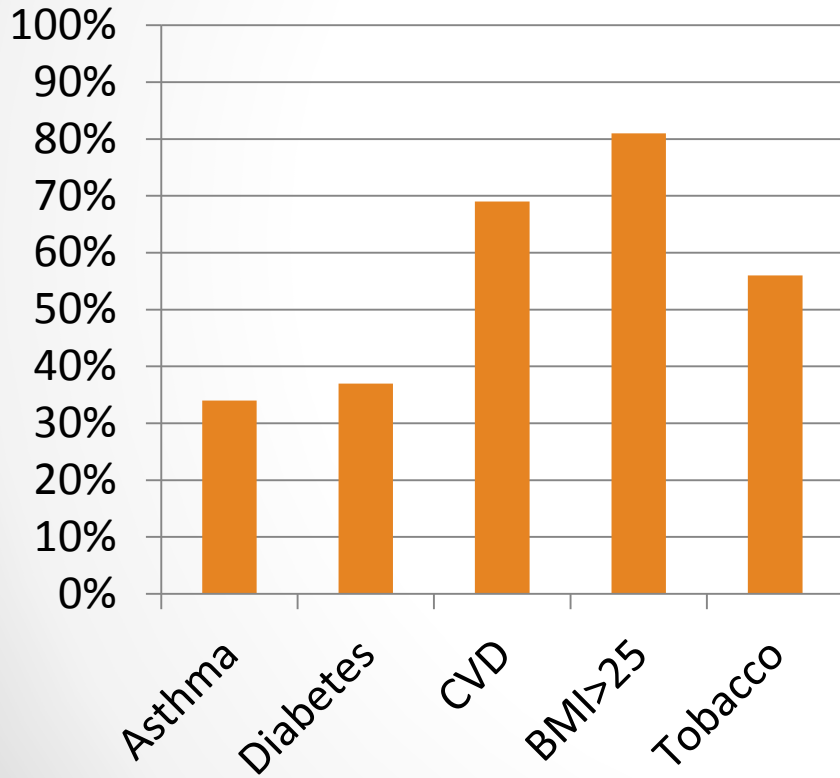
- Partners in Planning
 - Medicaid and Mental Health
 - FQHC and CMHC Associations
 - Hospital Association
 - Health Foundations
- Two Types of Health Homes
 1. ***Primary Care Health Homes***
 - 19 FQHCs, 5 Hospitals, 1 Rural Health Clinic
 - 15,954 Enrollees
 2. ***Community Mental Health Center Healthcare Homes***
 - 27 CMHCs
 - 19,065 Enrollees



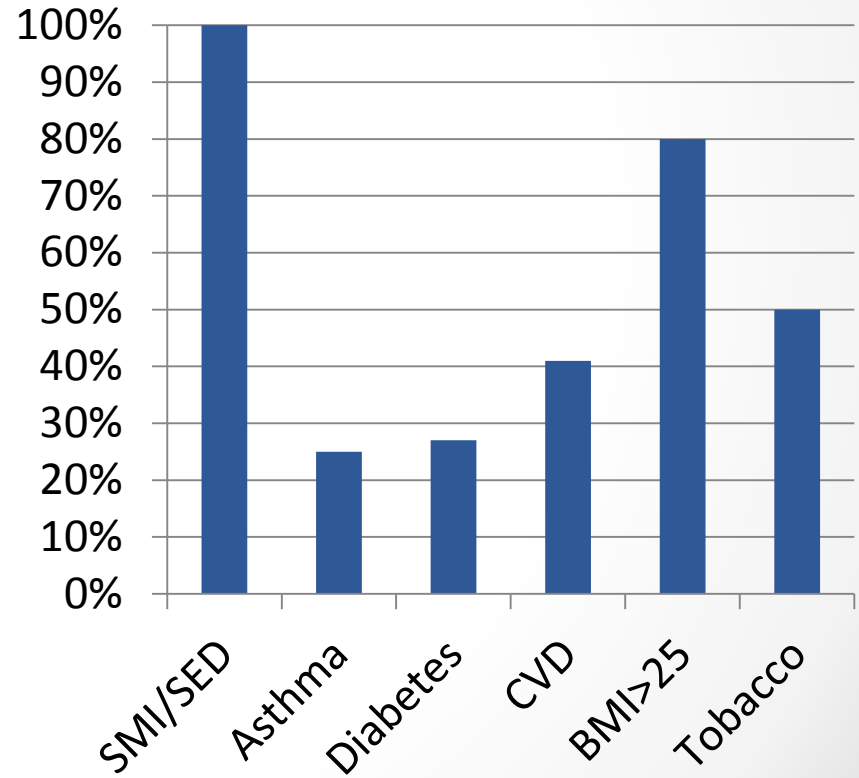
Missouri's Healthcare Homes

Chronic Condition Prevalence

Primary Care Health Homes



CMHC Healthcare Homes





CMHC Healthcare Homes

HCH Functions: Added Emphasis Above Medicaid Rehab Services

- Because Healthcare Homes take a **“whole person”** approach, we’ll continue and expand our emphasis on:
 - **Health and Wellness**
 - **Preventive and Primary Care**
 - **Chronic Physical Health Conditions**
 - **Hospital Admissions and Discharges**
 - **Health Technology**
 - **Education and Support**





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Reimbursement: Per Member Per Month (PMPM)



- PMPM: What It's Not
 - Capitation
 - No risk or reconciliation
 - A Case Rate
 - Reimbursement for individual services
- PMPM: Based on the cost of
 - Clinical staff capacity
 - Data monitoring and reporting
 - Administration



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Reimbursement: Per Member Per Month (PMPM)



- PMPM: \$80.31 (Year 1 = \$78.74)
 - Health Home Director
 - Primary Care Physician Consultant
 - Nurse Care Manager (1:250)
 - Care Coordinator/Clerical Support
 - Data monitoring and reporting
 - Training



Care Management Reports

- Based on Medicaid claims data; does not include Medicare or non-Med
 1. *Medication Adherence Report* – prescriptions filled?
 2. *Behavioral/Pharmacy Management Report* – prescribing outside best practice?
 3. *Disease Management Report* – Medicaid claims and metabolic screening data
 - Identifies individuals not meeting specific HEDIS measures
 - Asthma/COPD – have not been prescribed corticosteroids
 - Hypertension/CVD – do not have appropriate lipid or BP levels
 - Diabetes – do not have appropriate A1c or lipid levels

Lessons Learned and Changes Considered

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Evaluation: Complexity and Challenges

- Delays: Paid Claims Run Out
- Complexity of Systems
 - Multiple Provider Codes
 - Multiple Service Codes
 - Multiple Beneficiary Codes
 - Required vs. Optional Input
- Complexity of Assumptions
 - Cohorts
 - Periods and Times
- One Year Is Not Enough!



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Changes and Focus

- Administration
- Levels of Care
- Practice Coaches
- PMPM adjustments
- Nurse Care Manager caseload size
- Children & Youth
- Interventions to address weight issues, tobacco use and substance use
- Revisions to performance measures
- Continue to train and collaborate
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Program Outcomes

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Cost Savings



Missouri's Health Homes have saved an estimated **\$23.1 million**.

Community Mental Health Centers have saved Missouri an additional **\$22.3 million** for the 3,560 lives served in Disease Management 3700.



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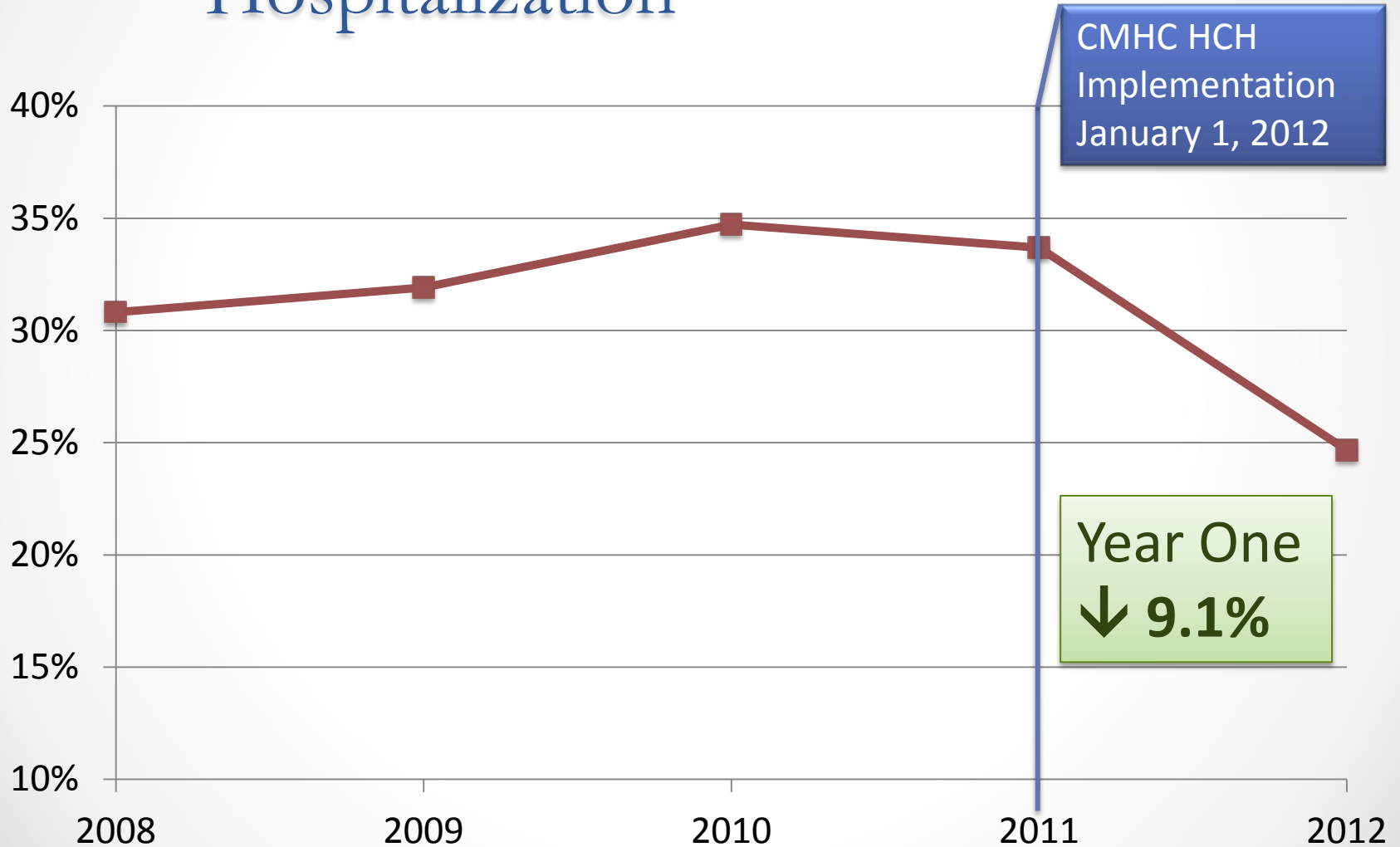
Performance Measures: 2 Year Health Outcomes

Measure	Baseline	12 Months	18 Months	2 Years	% ↑
Hypertension Blood Pressure in Control (BP <140/90 mmHg)	24%	41%	55%	62%	38%
Cardiovascular Cholesterol in Control (LDL <100 mg/dL)	21%	37%	49%	55%	34%
Diabetes Blood Pressure in Control (BP <140/90 mmHg)	27%	46%	59%	67%	40%
Diabetes Cholesterol in Control (LDL <100 mg/dL)	22%	38%	47%	50%	28%
Diabetes Blood Sugar in Control (A1c <8.0%)	18%	42%	53%	57%	39%



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% of CMHC clients with at least 1 Hospitalization





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Program Sustainability

- The Missouri budget setup:
 - CMCH HCHs are paid at the regular match from the Department of Mental Health (DMH) budget
 - State has done special draws to collect the 90% match but those proceeds have gone to General Revenue (GR)
 - So when the 90% expires on January 1, 2013 the funding to operate the program still resides in the DMH budget
 - The additional \$5 million or so GR has collected to the credit of the HCH program just becomes a blip in the Consensus Revenue Projection for FY 14/15



Thank You!



CMHC Healthcare Home Supplemental Info

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Missouri Health Home Resources

- MO CMHC Healthcare Home 18 Month Progress Report
 - ▶ <http://dmh.mo.gov/docs/mentalillness/18MonthReport.pdf>
- Additional Information for Missouri's Health Homes can be found on the Department of Mental Health Website:



- ▶ <http://dmh.mo.gov/about/chiefclinicalofficer/healthcarehome.htm>
- and
- ▶ <http://dmh.mo.gov/mentalillness/provider/HealthcareHome.htm>



HEDIS Performance Measures

Measure	Description	Persons Flagged
<p>Hypertension Blood Pressure Control Goal: 60%</p>	<p>% of patients 18 years and older with a diagnosis of hypertension with a blood pressure <140/90 mmHg, during the most recent office visit within a 12 month period.</p>	<p>Persons flagged have a diagnosis of hypertension, and have a blood pressure >140/90 mmHg OR have <u>no</u> blood pressure result reported in the previous 12 months.</p>
<p>Cardiovascular Disease LDL Cholesterol Control Goal: 70%</p>	<p>% of patients 18-75 years of age with a diagnosis of CAD with lipid level adequately controlled (LDL <100 mg/dL).</p>	<p>Persons flagged have a diagnosis of CVD or CAD, and whose lipid level is <u>not</u> currently controlled (LDL >100 mg/dL) OR have <u>no</u> lipid level result reported in the previous 12 months.</p>



HEDIS Performance Measures

Measure	Description	Persons Flagged
Diabetes Blood Pressure Control Goal: 65%	% of patients 18-75 years of age with a diagnosis of diabetes (type 1 or type 2) who had a blood pressure <140/90 mmHg.	Persons flagged have a documented blood pressure >140/90 mmHg OR have <u>no</u> blood pressure result reported in the previous 12 months.
Diabetes LDL Cholesterol Control Goal: 36%	% of patients 18-75 years of age with a diagnosis of diabetes (type 1 or type 2) who had LDL <100 mg/dL.	Persons flagged have a documented LDL >100 mg/dL OR have <u>no</u> lipid level result reported in the previous 12 months.
Diabetes HbgA1c Control (adult and child) Goal: 60%	% of patients 18-75 years of age (children under 18 years of age) with a diagnosis of diabetes (type 1 or type 2) who had an HbgA1c <8.0%.	Persons flagged have a documented HbgA1c >8.0% OR have <u>no</u> HbgA1c result reported in the previous 12 months.



HEDIS Performance Measures

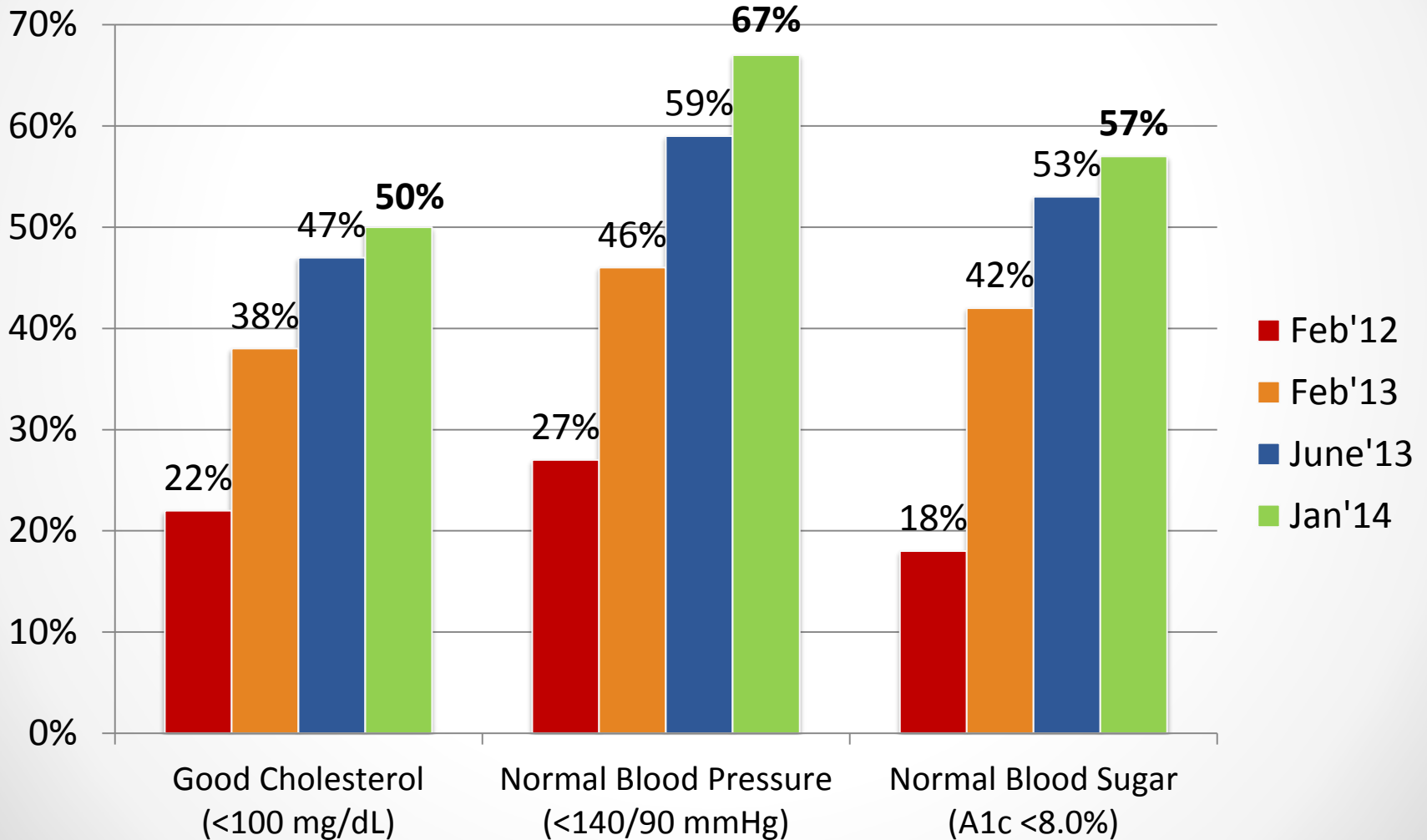
Measure	Description	Persons Flagged
Asthma Medication (adult and child) Goal: 70%	% of patients 18-64 years of age (children 5-17 years of age) who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.	Persons flagged have a diagnosis of persistent asthma and are <u>not</u> currently prescribed a controller medication.
Body Mass Index (BMI) Control (adult and child) Goal: 37%	% of patients 18-64 years of age (children under 18 years of age) with documented BMI between 18.5-24.9.	Persons flagged have a documented BMI of >25.
No Tobacco Use (adult and child) Goal: 44%	% of patients 18 years of age and older reporting (children under 18 years of age) <u>no</u> tobacco use in previous 12 months.	Persons flagged report tobacco use in the previous 12 months.



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Diabetes: 2 Year Outcomes

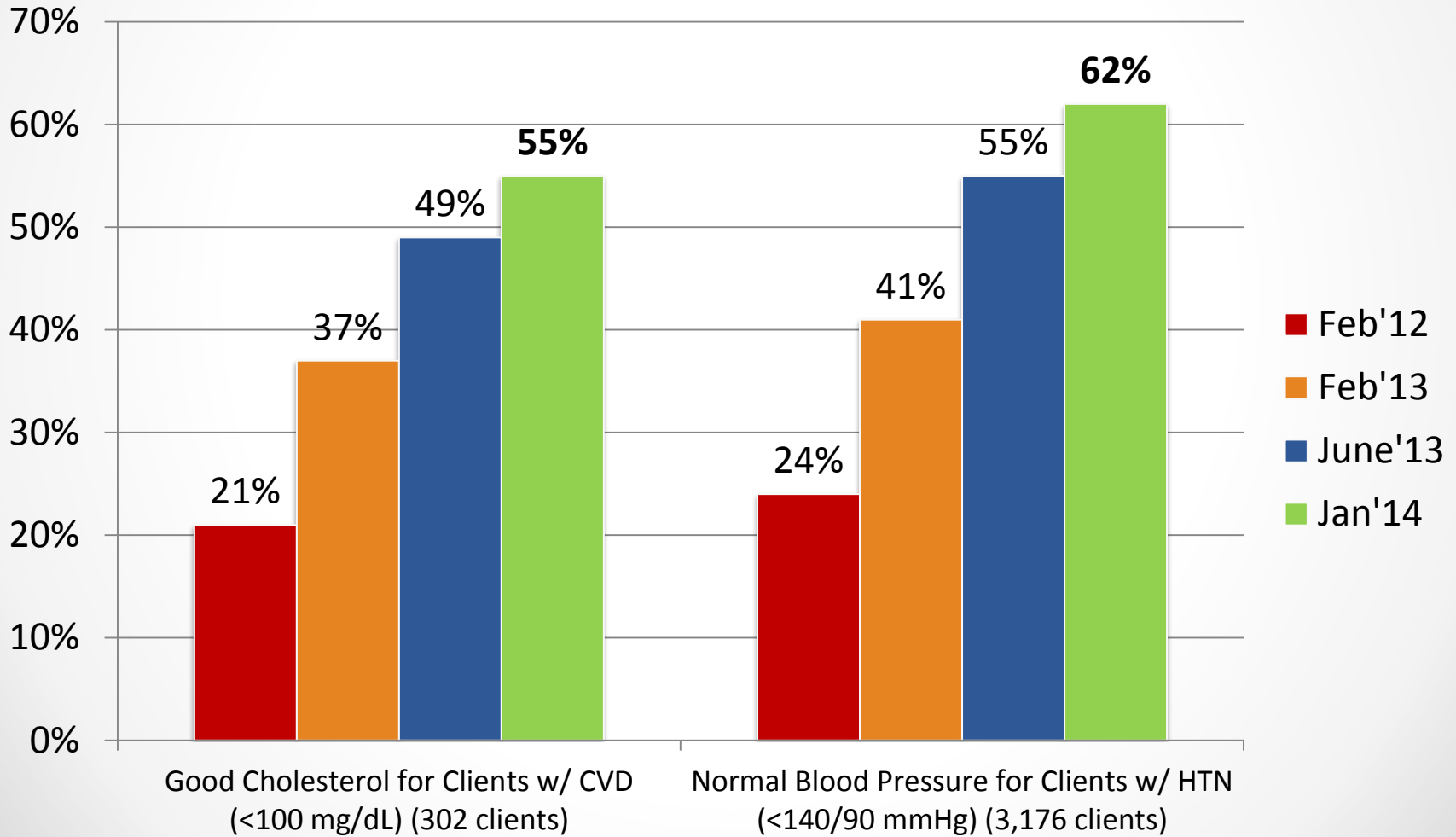
(2,434 continuously enrolled adults)





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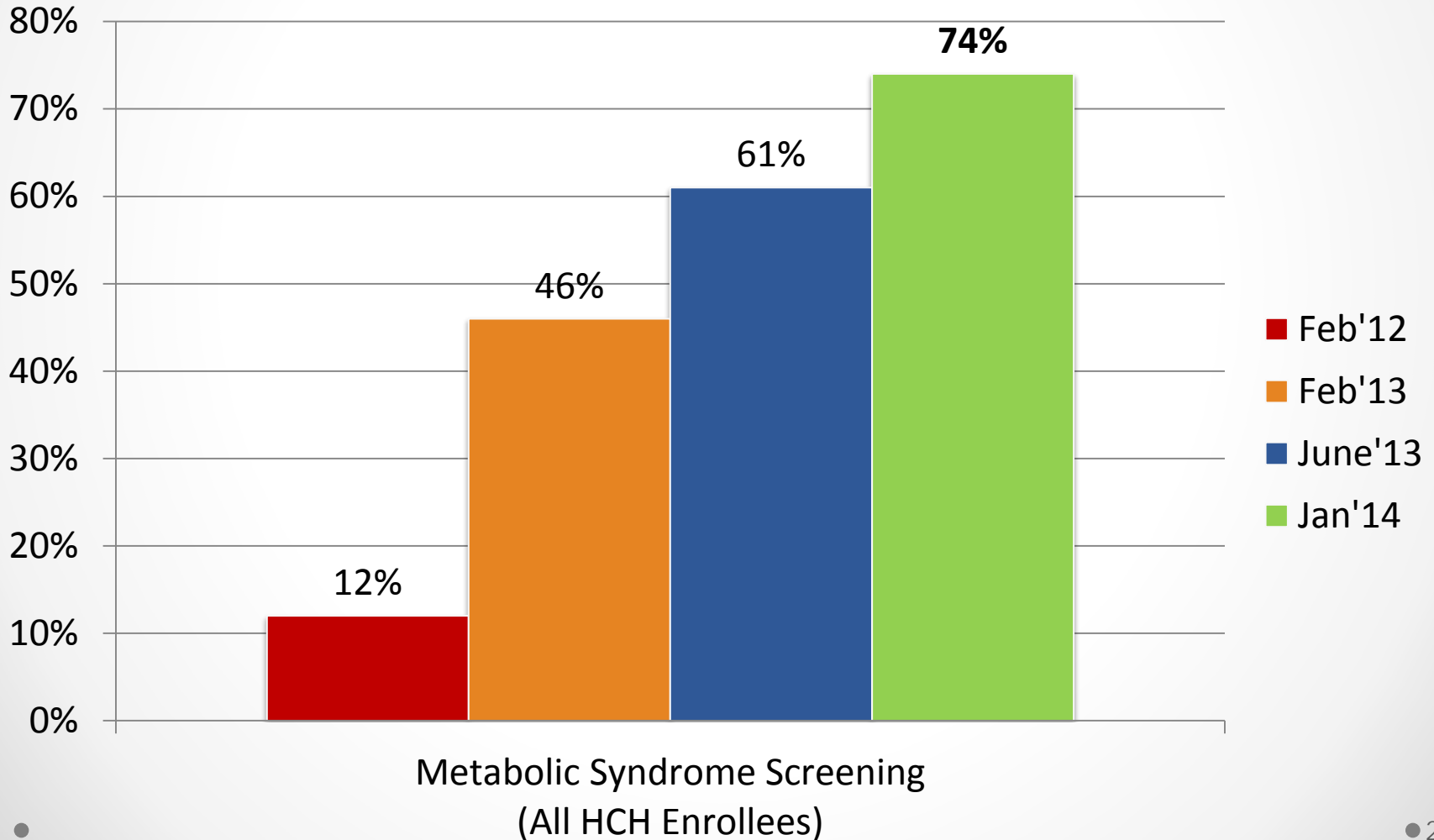
Hypertension & Cardiovascular Disease: 2 Year Outcomes





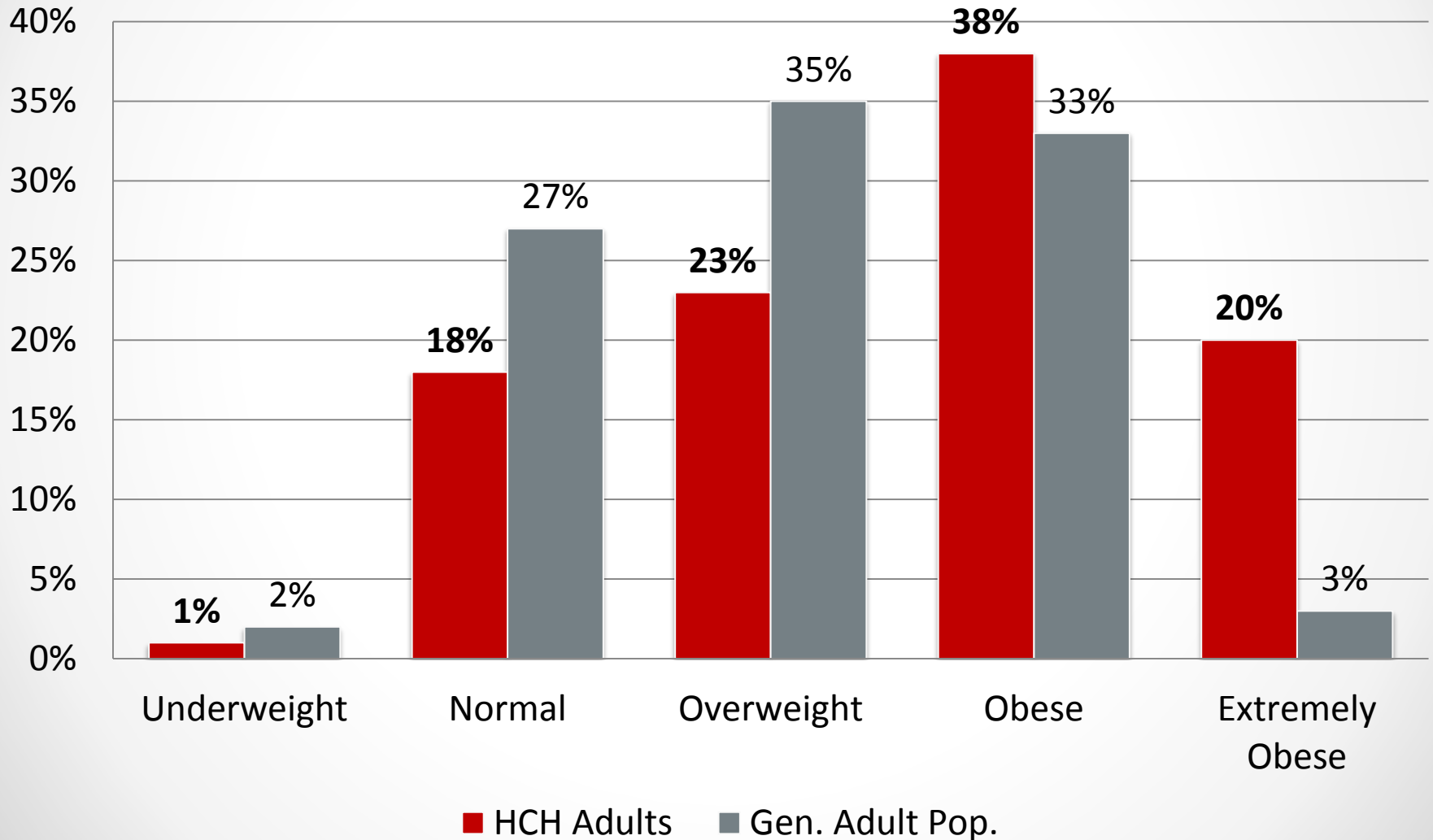
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Metabolic Syndrome Screenings: 2 Year Outcomes





Body Mass Index: Obesity Prevalence





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Percent of Follow Up Compared to # of Hospital Discharges

