Community Mental Health Center

Healthcare Homes

April 10, 2014

Brent McGinty, President/CEO
Missouri Coalition of Community Mental Health Centers
Missouri’s Healthcare Homes

• Partners in Planning
  o Medicaid and Mental Health
  o FQHC and CMHC Associations
  o Hospital Association
  o 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

<table>
<thead>
<tr>
<th>Primary Care Health Homes</th>
<th>CMHC Healthcare Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>SMI/SED</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Asthma</td>
</tr>
<tr>
<td>CVD</td>
<td>Diabetes</td>
</tr>
<tr>
<td>BMI&gt;25</td>
<td>CVD</td>
</tr>
<tr>
<td>Tobacco</td>
<td>BMI&gt;25</td>
</tr>
</tbody>
</table>

### Graphs:

- **Primary Care Health Homes**
  - **Asthma**: 30%
  - **Diabetes**: 40%
  - **CVD**: 70%
  - **BMI>25**: 100%
  - **Tobacco**: 50%

- **CMHC Healthcare Homes**
  - **SMI/SED**: 100%
  - **Asthma**: 90%
  - **Diabetes**: 20%
  - **CVD**: 40%
  - **BMI>25**: 80%
  - **Tobacco**: 60%
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
PMPM: What It’s Not
  o Capitation
    • No risk or reconciliation
  o A Case Rate
  o Reimbursement for individual services

PMPM: Based on the cost of
  o Clinical staff capacity
  o Data monitoring and reporting
  o Administration
CMHC Healthcare Homes

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
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
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!
CMHC Healthcare Homes

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
Program Outcomes
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.
## CMHC Healthcare Homes

### Performance Measures: 2 Year Health Outcomes

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

% of CMHC clients with at least 1 Hospitalization

CMHC HCH Implementation January 1, 2012

Year One ↓ 9.1%
• The Missouri budget setup:
  o CMCH HCHs are paid at the regular match from the Department of Mental Health (DMH) budget
  o State has done special draws to collect the 90% match but those proceeds have gone to General Revenue (GR)
  o So when the 90% expires on January 1, 2013 the funding to operate the program still resides in the DMH budget
  o 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
Missouri Health Home Resources

• MO CMHC Healthcare Home 18 Month Progress Report

• 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](http://dmh.mo.gov/about/chiefclinicalofficer/healthcarehome.htm)
  and
  ➤ [http://dmh.mo.gov/mentalillness/provider/HealthcareHome.htm](http://dmh.mo.gov/mentalillness/provider/HealthcareHome.htm)
## HEDIS Performance Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Persons Flagged</th>
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<tbody>
<tr>
<td><strong>Hypertension</strong></td>
<td>% of patients 18 years and older with a diagnosis of hypertension with a blood pressure &lt;140/90 mmHg, during the most recent office visit within a 12 month period.</td>
<td>Persons flagged have a diagnosis of hypertension, and have a blood pressure &gt;140/90 mmHg OR have no blood pressure result reported in the previous 12 months.</td>
</tr>
<tr>
<td><strong>Blood Pressure Control</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cardiovascular Disease</strong></td>
<td>% of patients 18-75 years of age with a diagnosis of CAD with lipid level adequately controlled (LDL &lt;100 mg/dL).</td>
<td>Persons flagged have a diagnosis of CVD or CAD, and whose lipid level is not currently controlled (LDL &gt;100 mg/dL) OR have no lipid level result reported in the previous 12 months.</td>
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<tr>
<td><strong>LDL Cholesterol Control</strong></td>
<td></td>
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## HEDIS Performance Measures

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<td><strong>Diabetes Blood Pressure Control</strong></td>
<td>% of patients 18-75 years of age with a diagnosis of diabetes (type 1 or type 2) who had a blood pressure &lt;140/90 mmHg.</td>
<td>Persons flagged have a documented blood pressure &gt;140/90 mmHg OR have no blood pressure result reported in the previous 12 months.</td>
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<tr>
<td><strong>Diabetes LDL Cholesterol Control</strong></td>
<td>% of patients 18-75 years of age with a diagnosis of diabetes (type 1 or type 2) who had LDL &lt;100 mg/dL.</td>
<td>Persons flagged have a documented LDL &gt;100 mg/dL OR have no lipid level result reported in the previous 12 months.</td>
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<tr>
<td><strong>Diabetes HbgA1c Control</strong> (adult and child)</td>
<td>% 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 &lt;8.0%.</td>
<td>Persons flagged have a documented HbgA1c &gt;8.0% OR have no HbgA1c result reported in the previous 12 months.</td>
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<td><strong>Asthma Medication (adult and child)</strong></td>
<td>% 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.</td>
<td>Persons flagged have a diagnosis of persistent asthma and are not currently prescribed a controller medication.</td>
</tr>
<tr>
<td><strong>Body Mass Index (BMI) Control (adult and child)</strong></td>
<td>% of patients 18-64 years of age (children under 18 years of age) with documented BMI between 18.5-24.9.</td>
<td>Persons flagged have a documented BMI of &gt;25.</td>
</tr>
<tr>
<td><strong>No Tobacco Use (adult and child)</strong></td>
<td>% of patients 18 years of age and older reporting (children under 18 years of age) no tobacco use in previous 12 months.</td>
<td>Persons flagged report tobacco use in the previous 12 months.</td>
</tr>
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</table>
CMHC Healthcare Home

Diabetes: 2 Year Outcomes
(2,434 continuously enrolled adults)

Good Cholesterol (<100 mg/dL)
- Feb'12: 22%
- Feb'13: 38%
- June'13: 47%
- Jan'14: 50%

Normal Blood Pressure (<140/90 mmHg)
- Feb'12: 27%
- Feb'13: 46%
- June'13: 59%
- Jan'14: 67%

Normal Blood Sugar (A1c <8.0%)
- Feb'12: 18%
- Feb'13: 42%
- June'13: 53%
- Jan'14: 57%
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Hypertension & Cardiovascular Disease: 2 Year Outcomes

- Good Cholesterol for Clients w/ CVD (<100 mg/dL) (302 clients)
  - Feb'12: 21%
  - Feb'13: 37%
  - June'13: 49%
  - Jan'14: 55%

- Normal Blood Pressure for Clients w/ HTN (<140/90 mmHg) (3,176 clients)
  - Feb'12: 24%
  - Feb'13: 41%
  - June'13: 55%
  - Jan'14: 62%
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Metabolic Syndrome Screenings: 2 Year Outcomes

Metabolic Syndrome Screening (All HCH Enrollees)

- Feb'12: 12%
- Feb'13: 46%
- June'13: 61%
- Jan'14: 74%
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Body Mass Index: Obesity Prevalence

- Underweight: 1%, 2%
- Normal: 18%, 27%
- Overweight: 23%, 35%
- Obese: 38%, 33%
- Extremely Obese: 20%, 3%

HCH Adults | Gen. Adult Pop.
CMHC Healthcare Homes

Percent of Follow Up Compared to # of Hospital Discharges

Jan-May, 2012
Jan-May, 2013