



# ACHIEVEMENTS OF MISSOURI'S CMHC HEALTHCARE HOMES

How far we've come

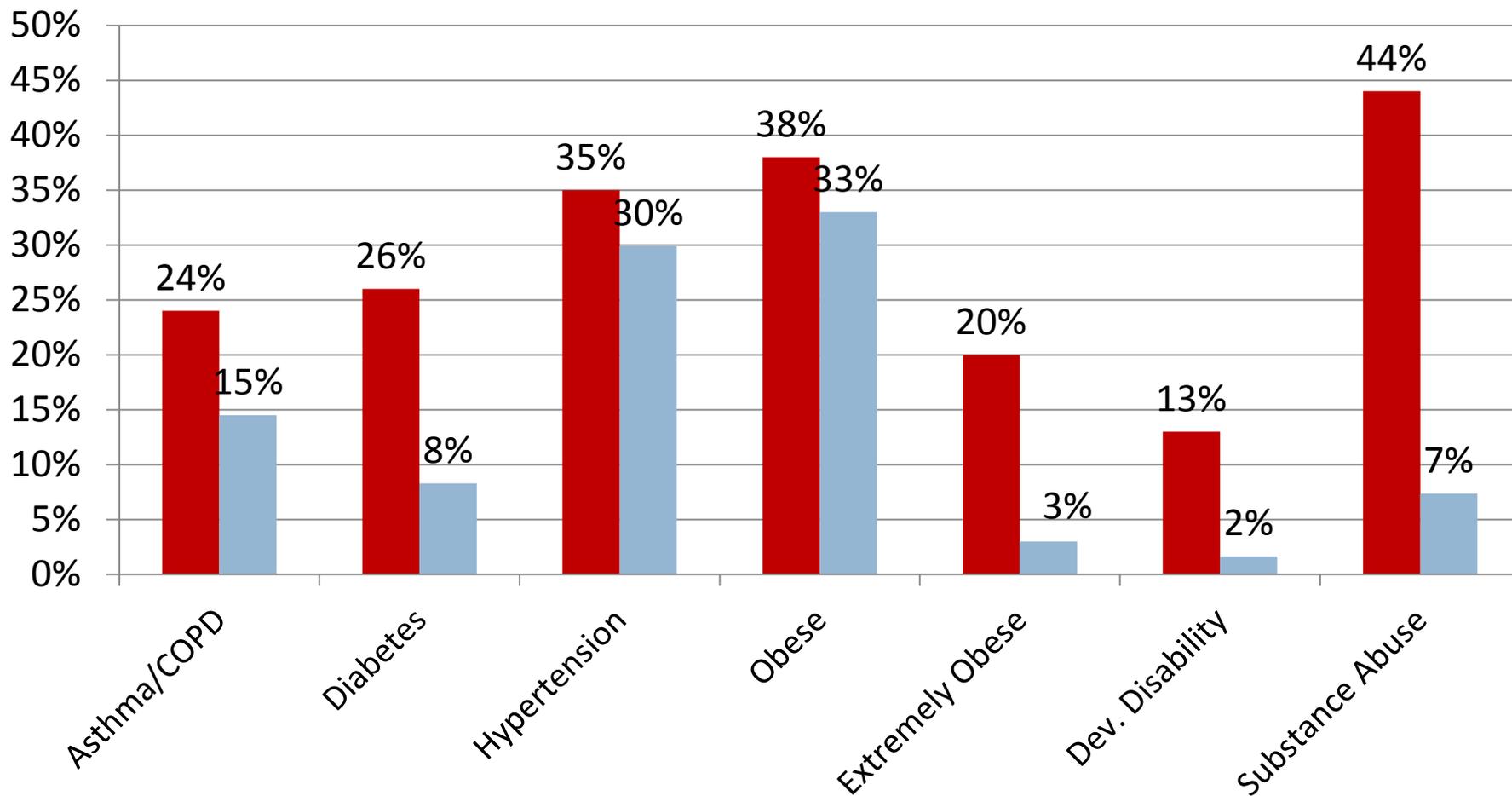
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Dr. Joe Parks, DSS, Medicaid Director



# Chronic Disease and At Risk HCH Adults

■ HCH Adults   ■ Gen. Adult Pop.



# Good News

## Small Changes Make a Big Difference

	Small Changes	= BIG Difference
<i>Blood cholesterol</i>	10% ↓	➤ 30% ↓ in CVD
<i>High Blood Pressure</i>	≈6 mmHg ↓	➤ 16% ↓ in CVD ➤ 42% ↓ in stroke
<i>HgbA1c</i>	1% ↓	➤ 21% ↓ in DM related deaths ➤ 14% ↓ in MI ➤ 37% ↓ in microvascular complications

Stratton, et al, BMJ 2000

Hennekens CH. *Circulation* 1998;97:1095-1102.

Rich-Edwards JW, et al. *N Engl J Med* 1995;332:1758-1766.

Bassuk SS, Manson JE. *J Appl Physiol* 2005;99:1193-1204



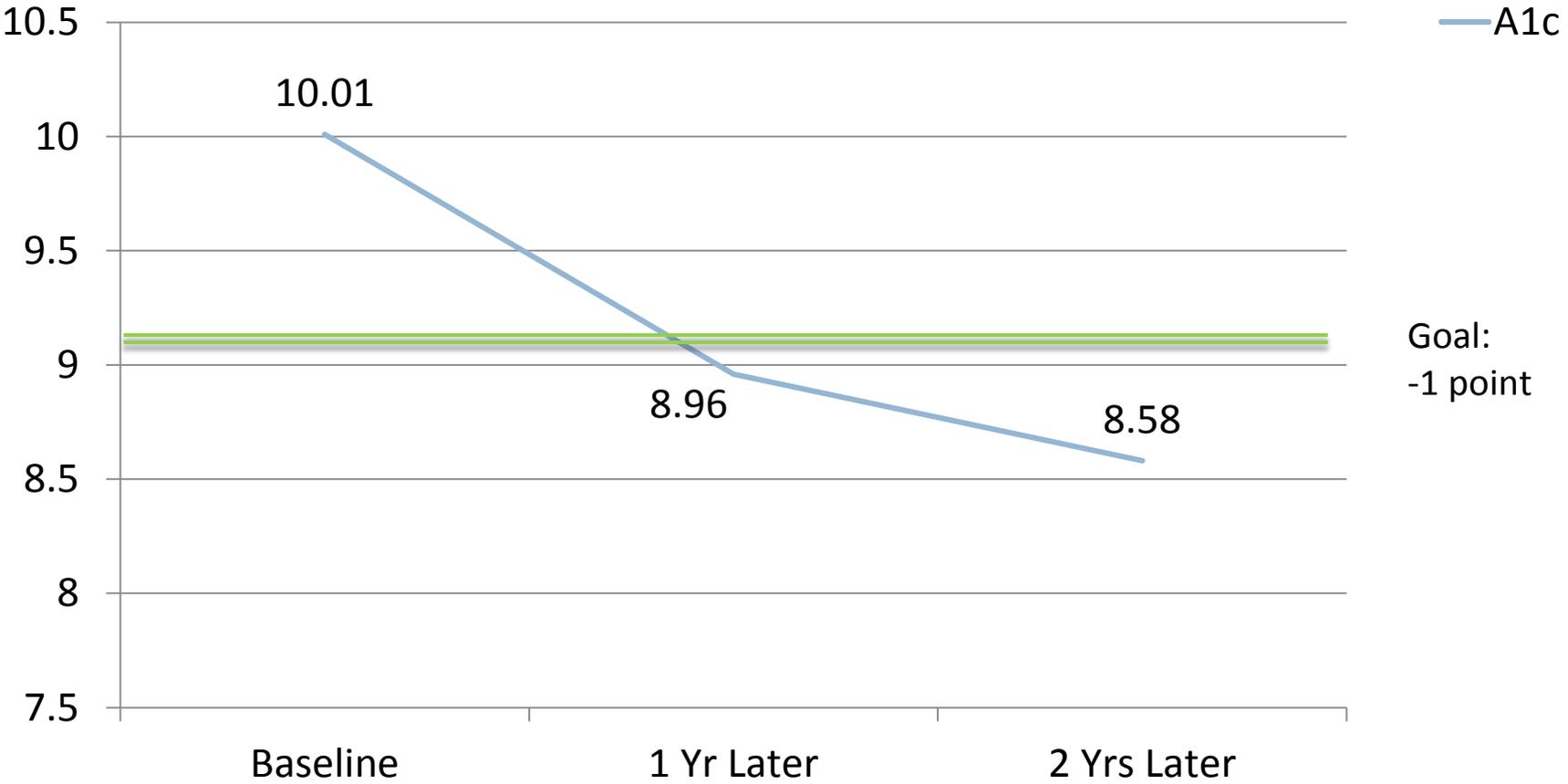
## Conclusions | A1c Control

- 5222 individuals with two data points.
- About 7% had uncontrolled A1c levels.
- A 1 point reduction in A1c level has significant clinical benefits.
- **All cohorts with elevated A1c levels showed at least a 1 point reduction.**
- All cohorts with normal A1c levels increased by 0.1 point or less.



# Outcomes | Reduction in A1c

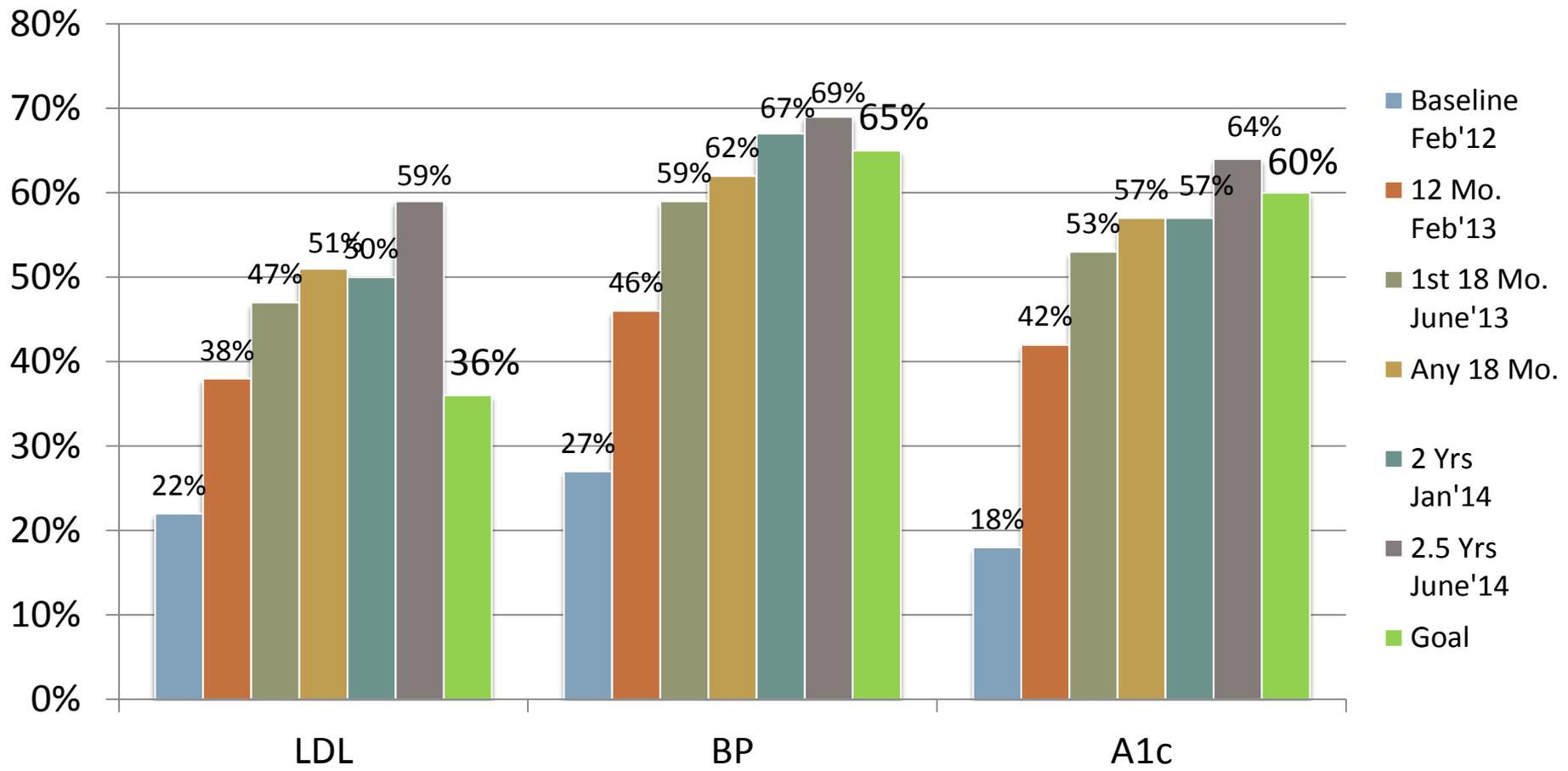
## CMHC Healthcare Homes





# Outcomes | Diabetes

## CMHC Healthcare Homes



2,232 adults \*30% of continuously enrolled adults



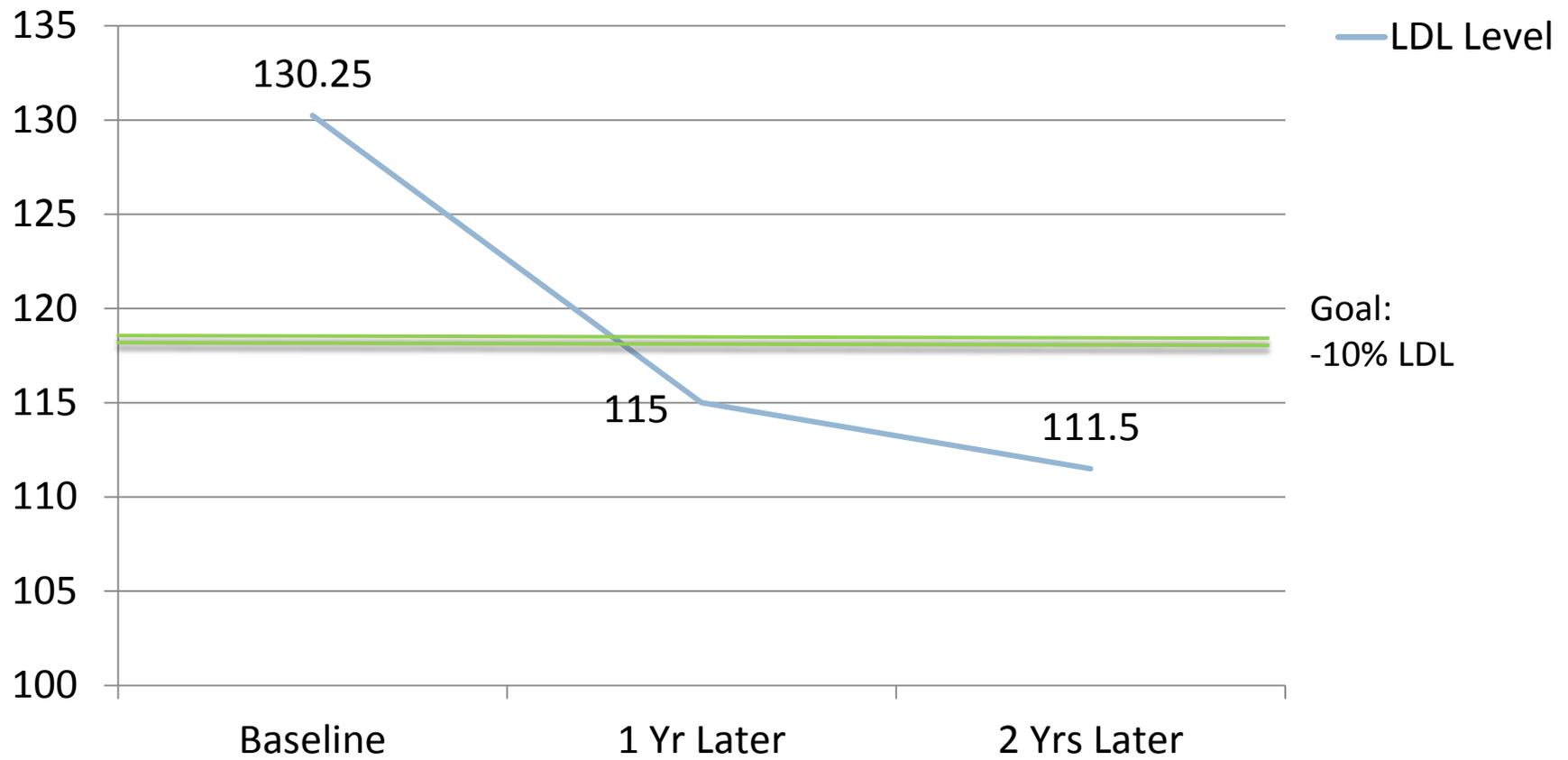
## Conclusions | LDL Control

- 8,282 individuals with two data points.
- About 45% had uncontrolled LDL levels.
- A 10% reduction in LDL levels has significant clinical benefits.
- **All cohorts with elevated LDL levels showed more than a 10% reduction.**
- All cohorts with normal LDL levels increased by 7 to 8 points but remained in the low 80's.



# Outcomes | Reduction in LDL Level

## CMHC Healthcare Homes





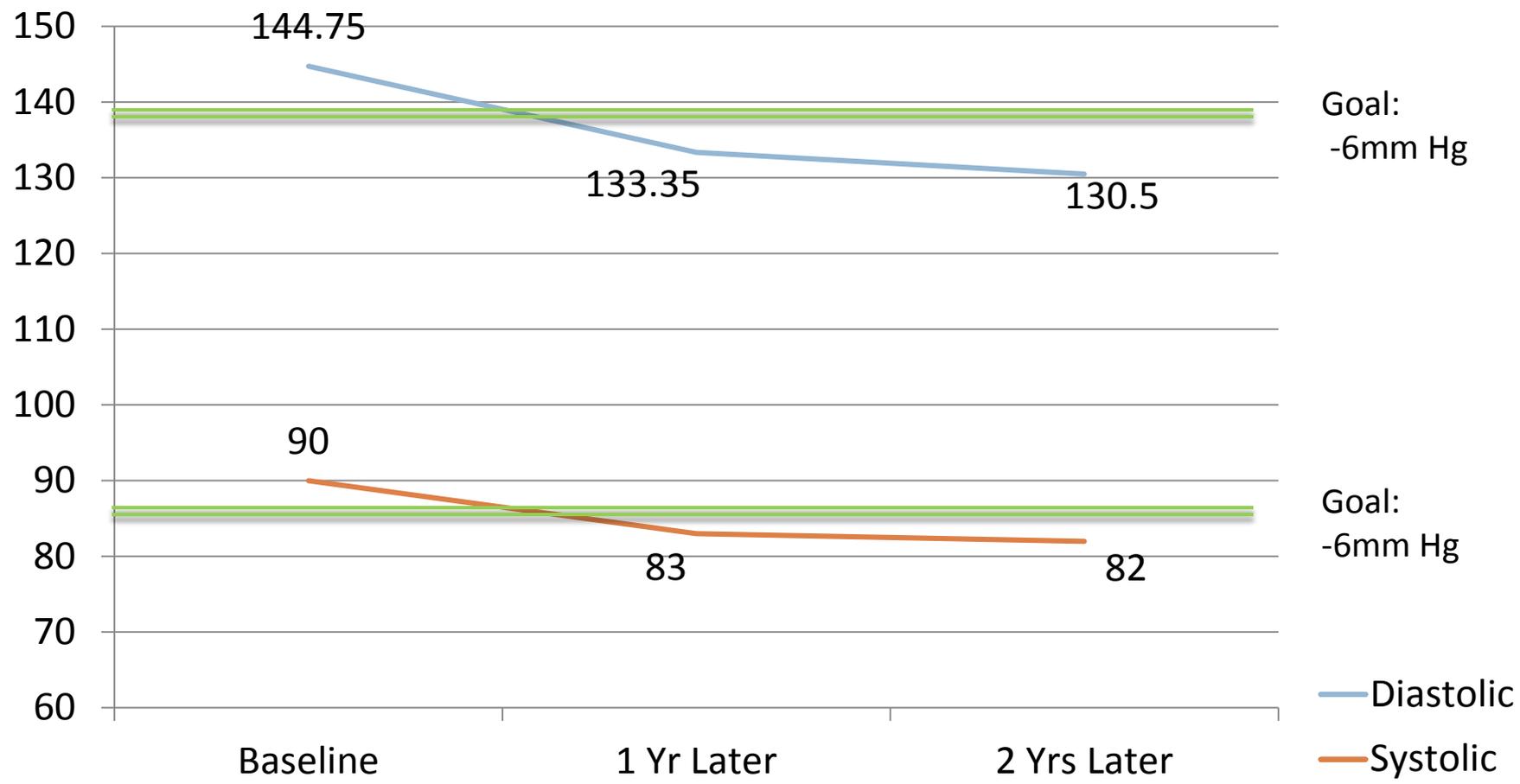
## Conclusions | Blood Pressure Control

- 10,321 individuals with two data points.
- 20%-24% had uncontrolled Blood Pressure levels.
- A 6 point drop in Systolic and Diastolic blood pressure has significant clinical benefits.
- **All cohorts with elevated Blood Pressure levels showed more than a 6 point drop in both systolic and diastolic pressure.**
- In every cohort, on average, Systolic pressure dropped below 140, and Diastolic pressure dropped below 90 .
- Systolic and Diastolic pressure increased by 1 to 5 points in cohorts with normal Blood Pressure levels, with Systolic pressure averaging in the low 120's and Diastolic pressure averaging in the mid 70's.



# Outcomes | Reduction in Blood Pressure

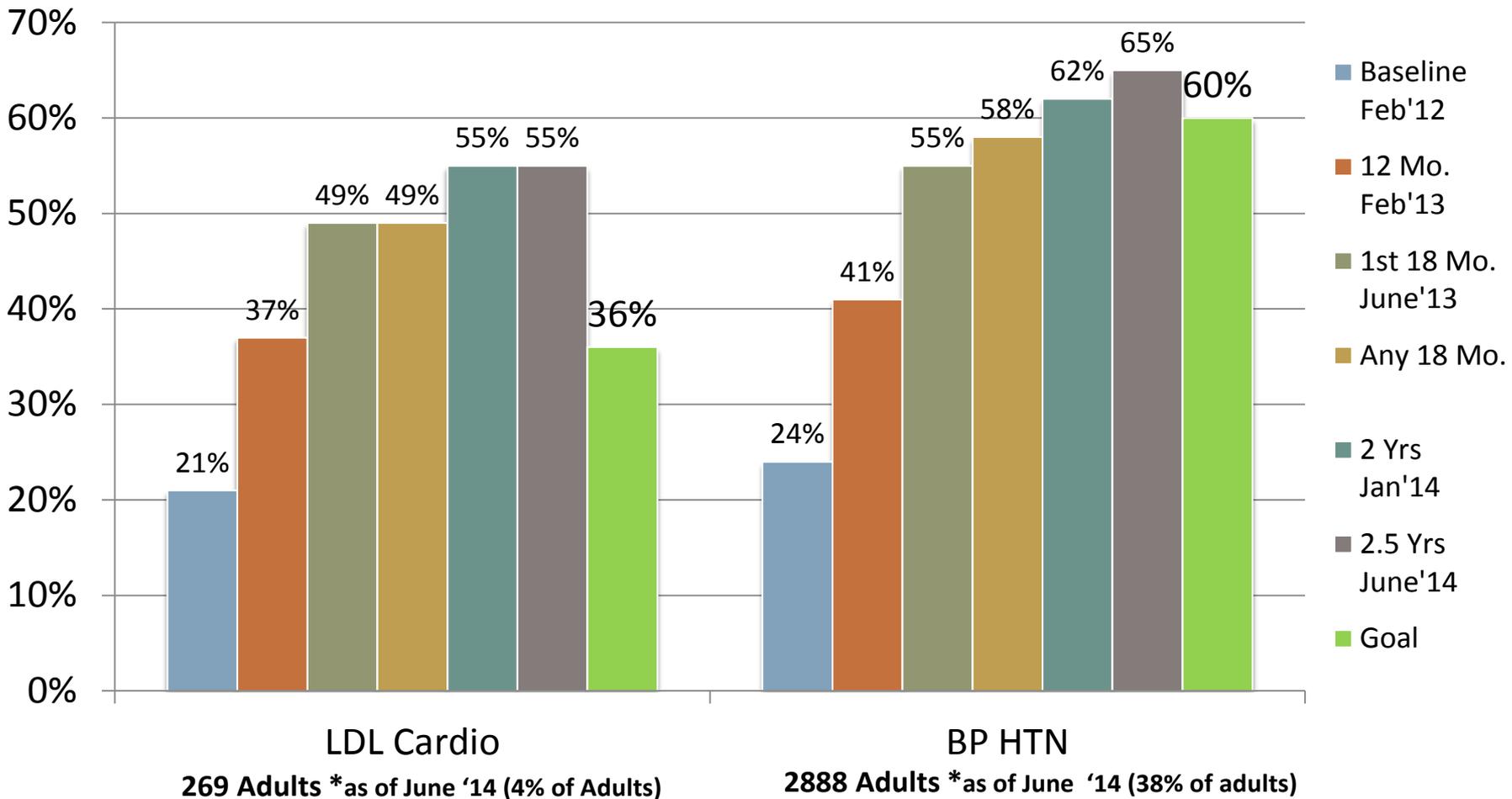
## CMHC Healthcare Homes





# Outcomes | Hypertension & Cardiovascular

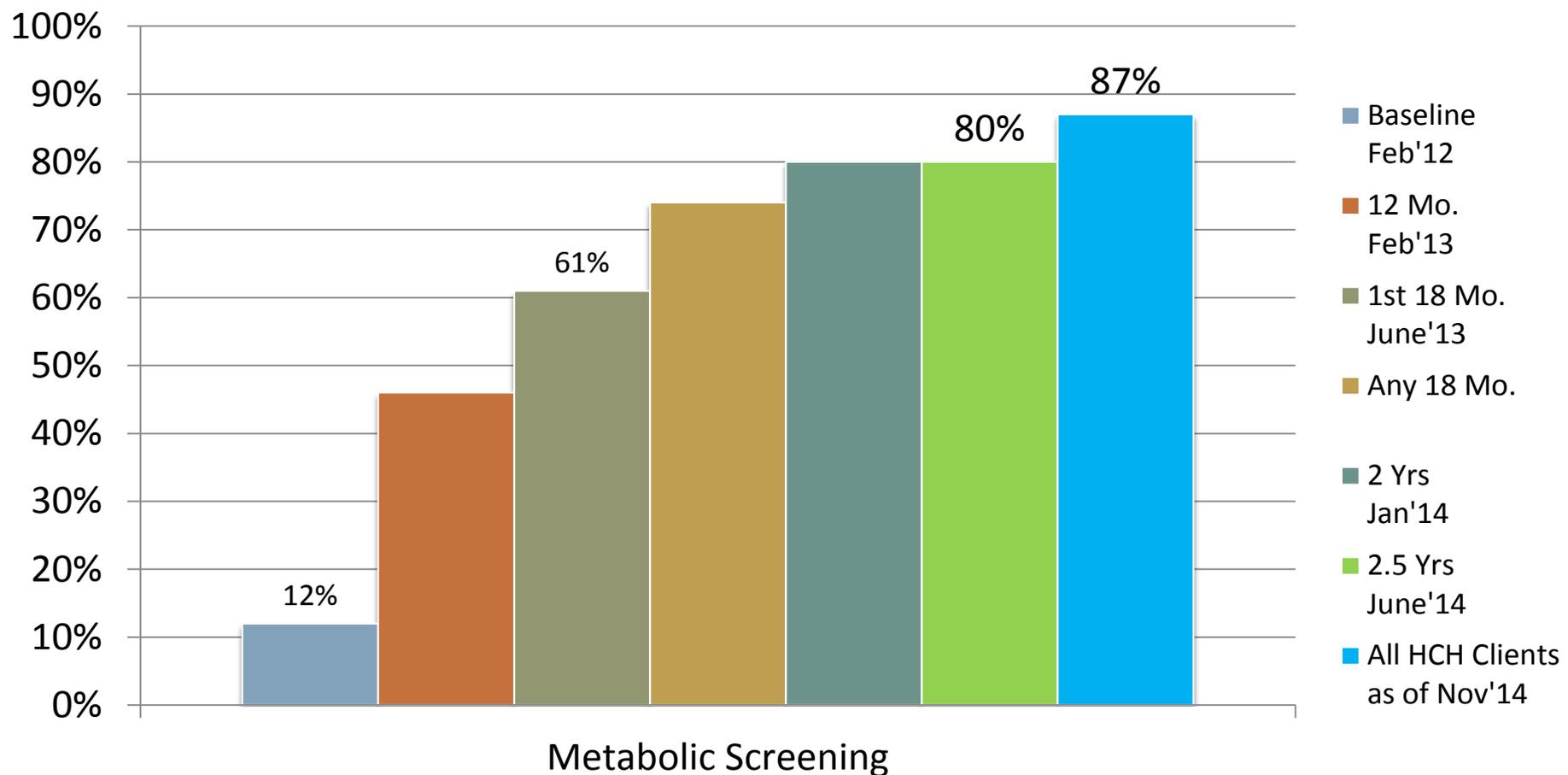
## CMHC Healthcare Homes





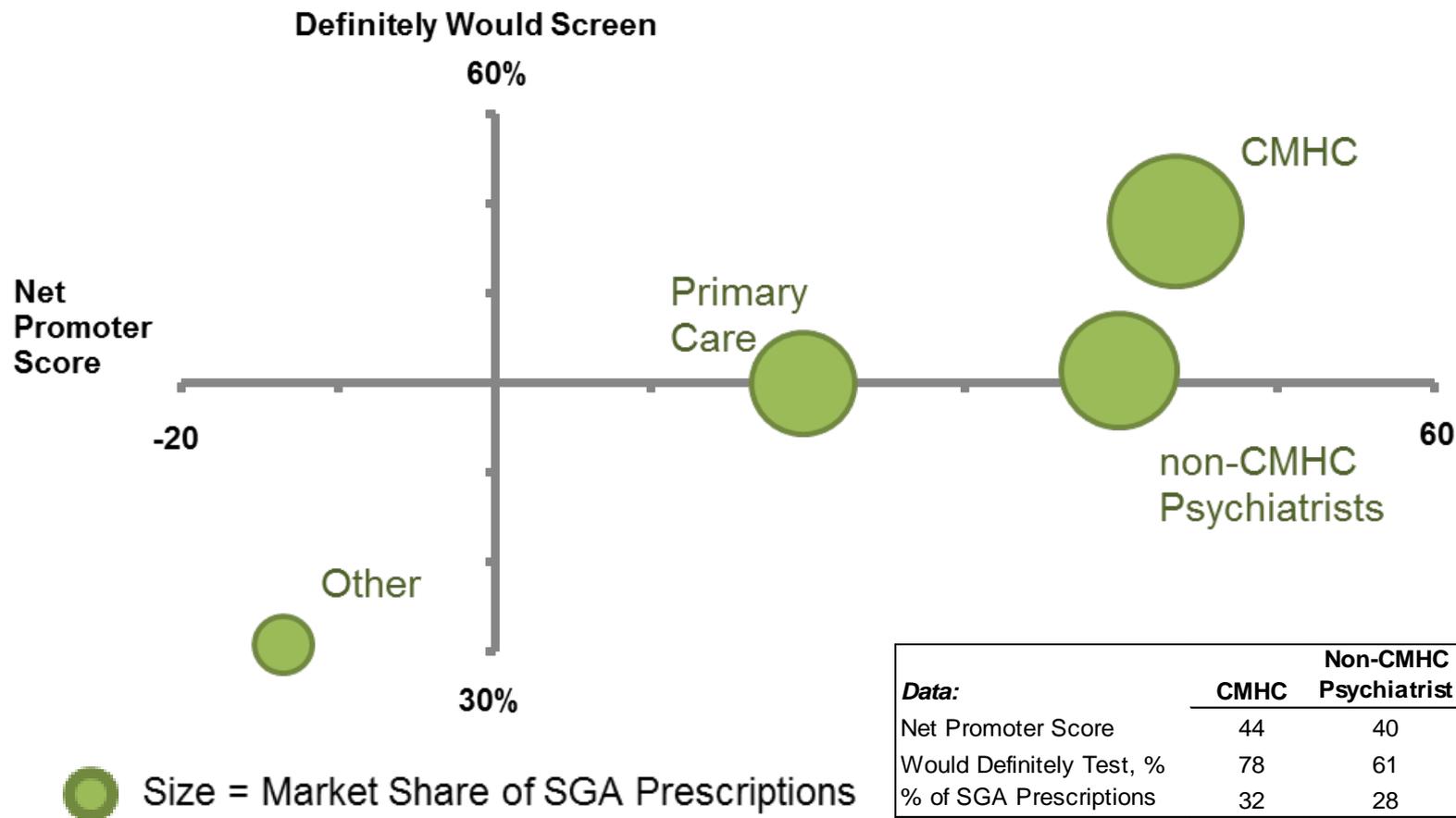
# BMI, Tobacco and Metabolic Screenings

## CMHC Healthcare Homes



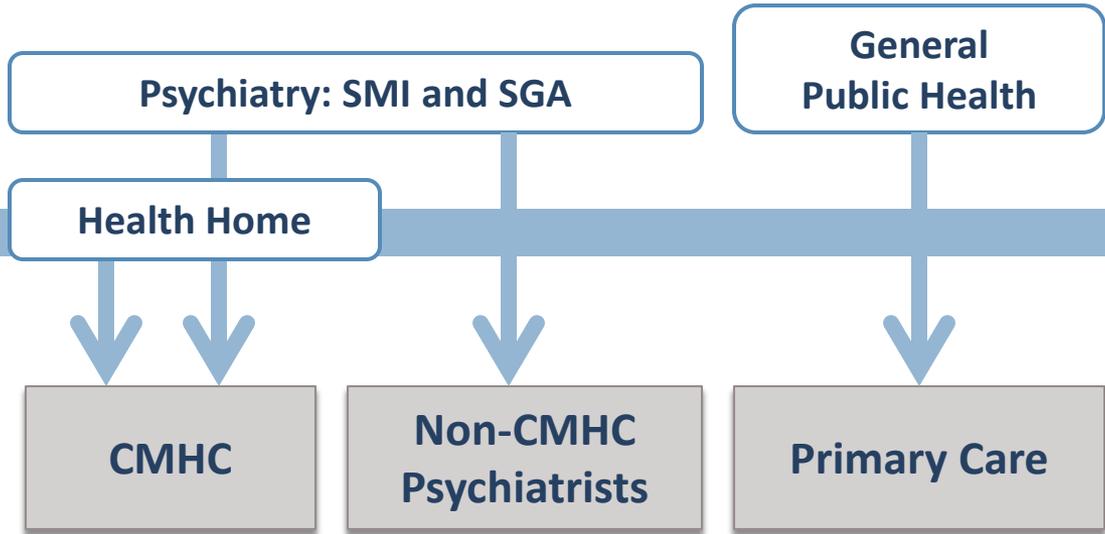
# SGA Prescriber Segments: (weighted: % prescriptions)

# Diabetes Screening at Annual Follow-Up



**Data Sources:** Missouri Medicaid SGA Prescriber Survey (N=924), MOHealthNet Claims Data, and ProviderPRO

**Messaging:**



**Primary Audience:**

Screening Attitudes:	Likelihood of Agreeing vs. CMHC Providers		
Not a priority for my organization.	80% less likely***	74% less likely **	93% less likely ***
My practice is responsible.	No difference	3.4-times more likely**	81% less likely ***
My patients are at high risk.	No difference	No difference	66% less likely *
Screen all adults starting SGAs.	66% less likely *	80% less likely ***	86% less likely ***
Don't have the equipment.	No difference	98% less likely ***	89% less likely ***
Very confident in interpreting.	No difference	15.5-times more likely***	No difference
Advocate to colleagues.	No difference	43% less likely *	70% less likely **

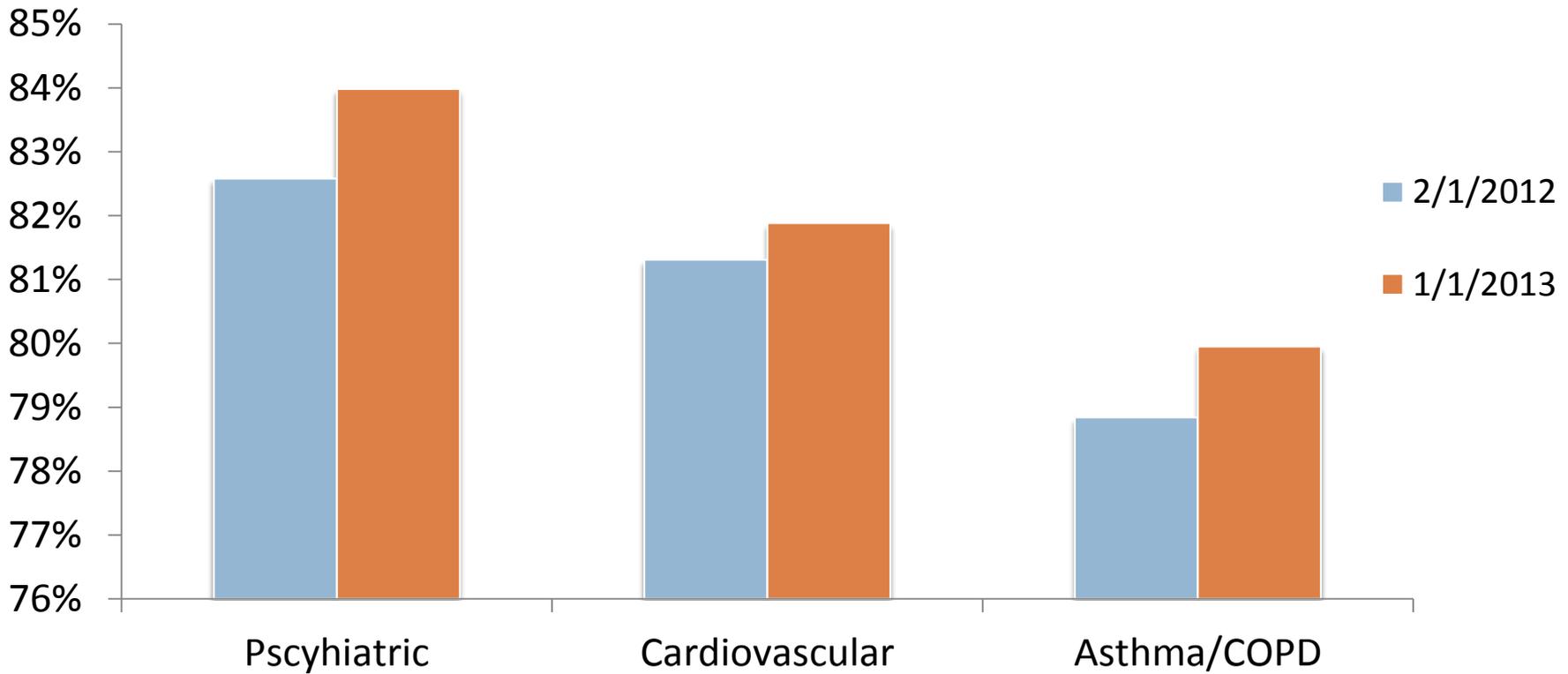
\* P<0.05    \*\* P<0.01    \*\*\* P<0.001



# Outcomes | Medication Adherence

## CMHC Healthcare Homes

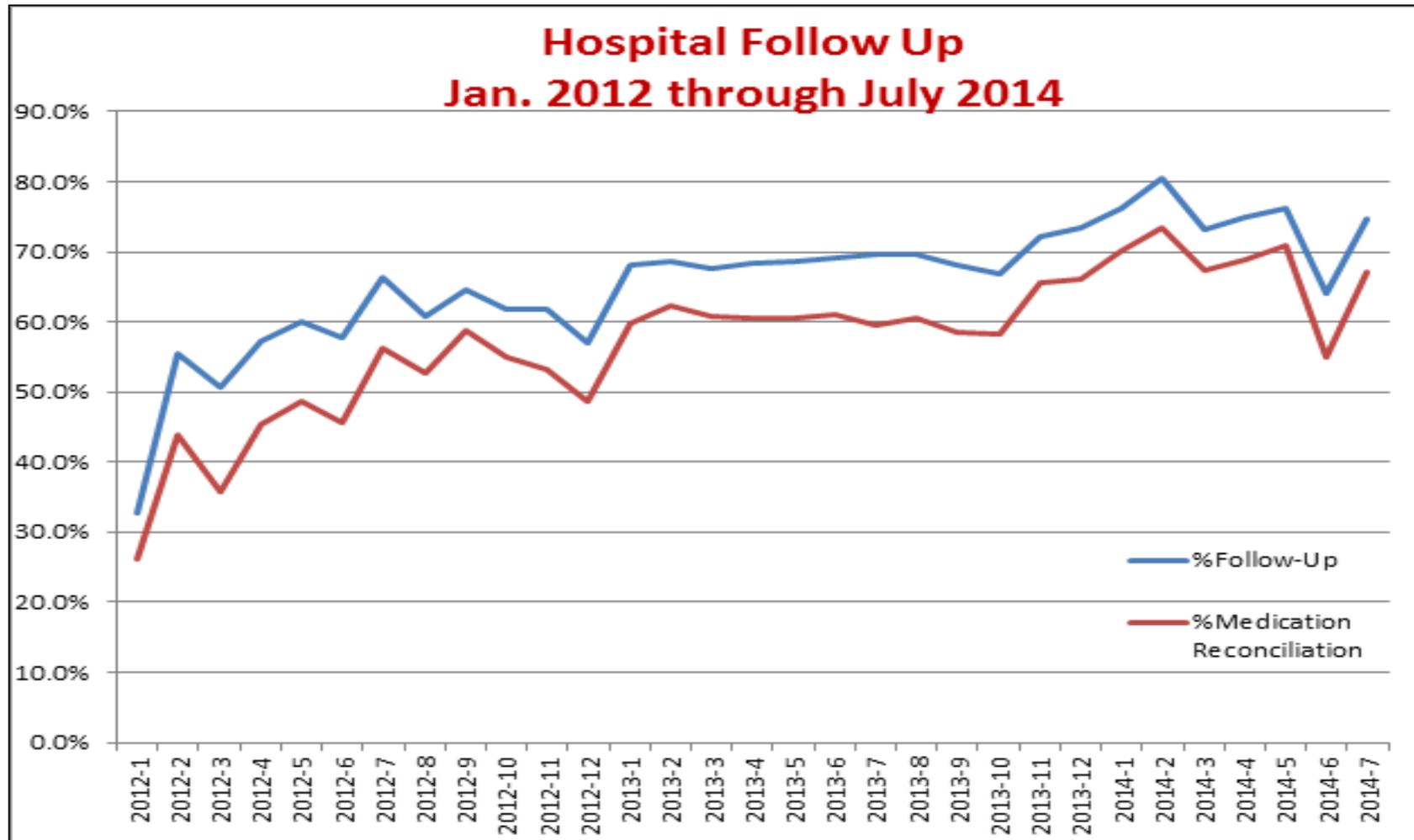
**% Continuously enrolled CMHC Health Home Clients with an MPR > .80 by Medication Type**





# Outcomes | Hospital Follow Up

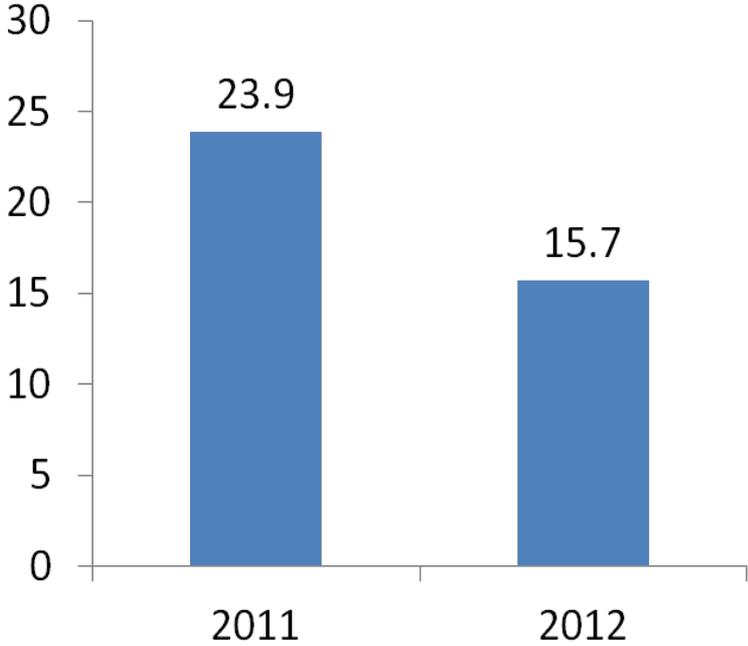
## CMHC Healthcare Homes



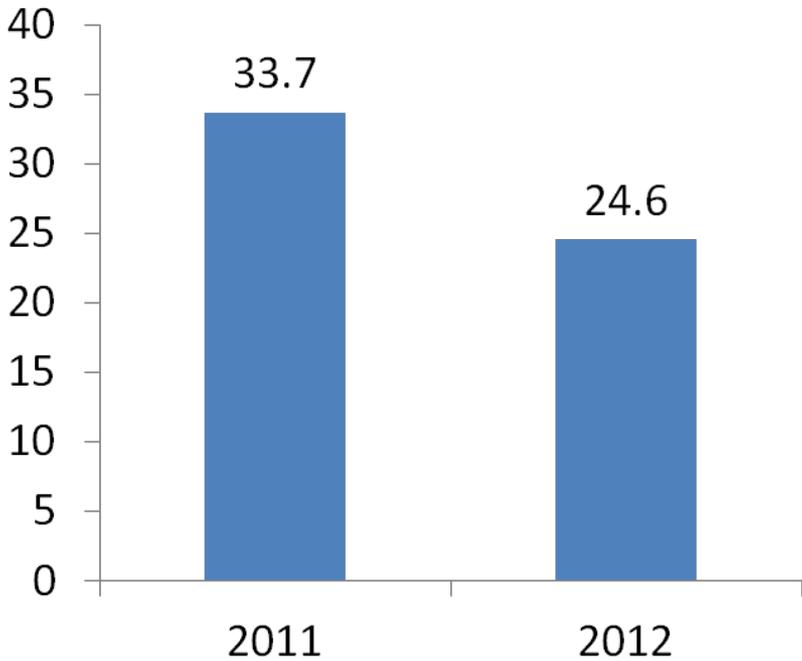


# Outcomes | Reducing Hospitalization

% of Patients with at least 1 Hospitalization



% of Patients with at least 1 Hospitalization



**Primary Care Health Homes**

**CMHC Healthcare Homes**

# Initial Estimated Cost Savings after 3 years

## □ DM3700

Served **1 year** in program

- 4,815 persons
- Cost Decreased by \$395 PMPM
- Total Cost Reduction \$22.8M

Served **2 years** in program

- 2,896 persons
- Cost Decreased by \$751 PMPM
- Total Cost Reduction \$26.1M

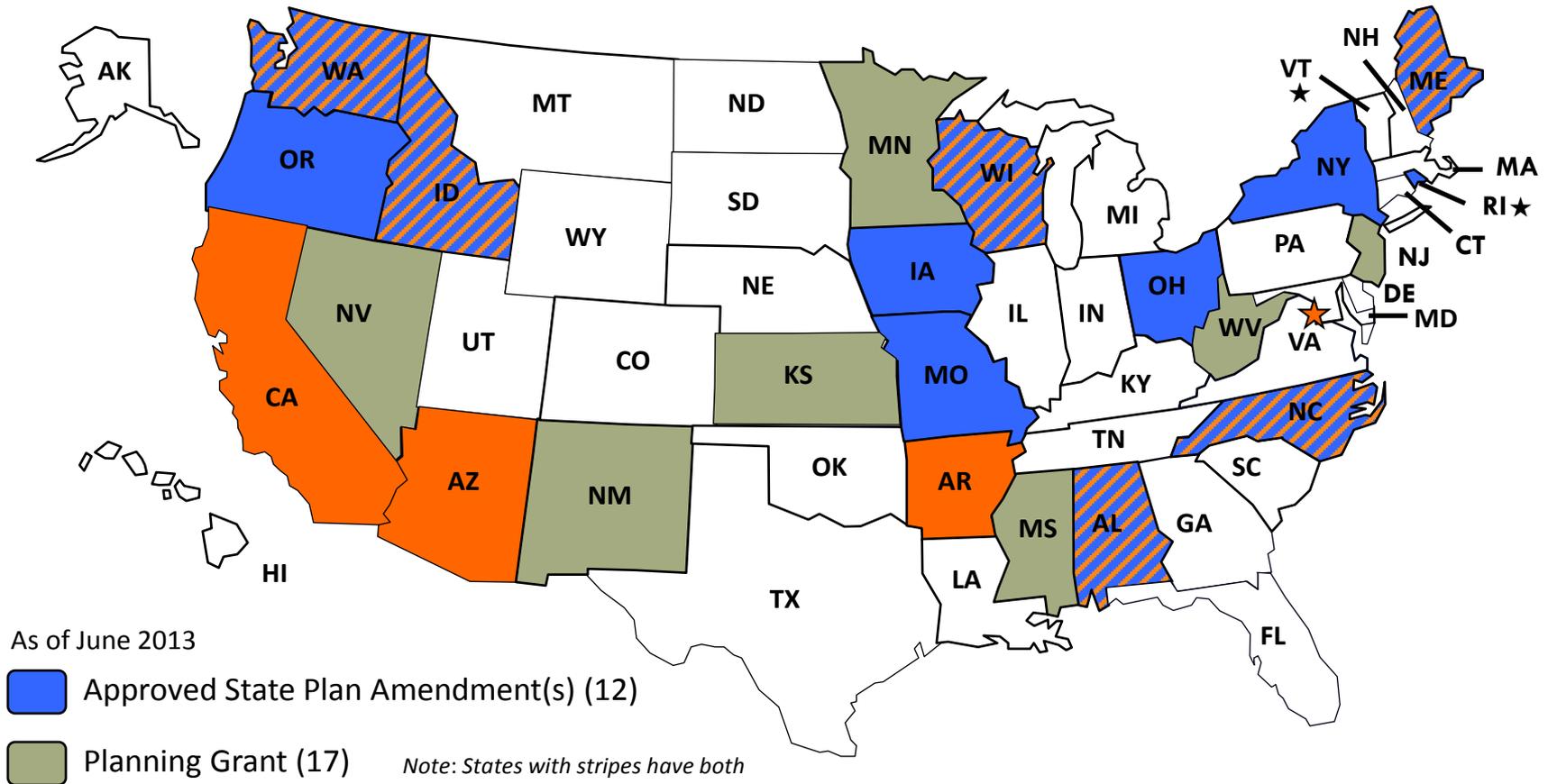
Served **3 years** in program

- 1,678 persons
- Cost Decreased by \$904 PMPM
- Total Cost Reduction \$18.2M

# Initial Estimated Cost Savings after 18 Months

- Missouri Health Homes
  - 43,385 persons total served (includes Dual Eligibles)
  - Cost Decreased by \$51.75 PMPM
  - Total Cost Reduction \$23.1M
- CMHC Health Homes
  - 20,031 persons total served (includes Dual Eligibles)
  - Cost Decreased by \$76.33 PMPM
  - Total Cost Reduction \$15.7 M
- PC Health Homes
  - 23,354 persons total served (includes Dual Eligibles)
  - Cost Decreased by \$30.79 PMPM
  - Total Cost Reduction \$7.4 M

# ACA Section 2703 Health Home Activity



# What Makes it Possible?

- A Relationship of Basic Trust between:
  - Department of Mental Health
  - MO HealthNet
  - State Budget Office
  - MO Coalition for Community Behavioral Healthcare
  - MO Primary Care Association
- Transparent use of Health Information Technology to identify and monitor problems, and assess performance.
- Willingness of all partners to tolerate risk.
- Funding Primary Care Nurse Care Managers.
- Lots of Training and Practice Coaching.



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# CHANGE

WHEN THE WINDS OF CHANGE BLOW HARD ENOUGH,  
THE MOST TRIVIAL OF THINGS CAN TURN INTO DEADLY PROJECTILES.

# Resources



- ❑ <http://www.nasmhpd.org/Publications/NASMHPDMedicalDirectorsCouncil.aspx>
- ❑ <http://dmh.mo.gov/mentalillness/mohealthhomes.html>