Health Care Homes: Ask a Nurse Planner
MN Health Reform

Health Reform Goals

Prevention/ Public Health

Care Redesign Payment Reform

Transparency

Health IT, Administrative Simplification

Action

Statewide Health Improvement Program (SHIP), Diabetes Prevention Program (DPP)

Health Care Homes / Accountable Communities for Health/ Medicaid Integrated Health Partnerships (IHP)

All Payer Claims Database (APCD); Statewide Quality Reporting Improvement Program; Health Insurance Exchange

Office of Health Information Technology

Results

Community led health improvement in eating, physical activity, reduction of commercial tobacco use, clinic based health assessment & referral.

385 clinics (54%) are certified Health Care Homes / 15 MN Accountable Communities for Health/ Medicaid Integrated Health Partnerships have contracts with 16 provider groups

Statewide quality measures include benchmark reports for HCH, the Health Insurance Exchange determines eligibility, assures plan standards, and cost calculations.

Implemented common billing/coding and e-prescribing, developing statewide EHR exchange
The Health Care Home Model:
A patient centered care delivery model driven by quality improvement to meet the triple aim.
Health Care Home Standards

**Access**
- **Facilitates** consistent communication between the HCH and patients and families, and provides the patient with continuous access to the HCH

**Registry**
- Uses an electronic, searchable registry that enables the HCH to identify gaps in patient care and manage health care services

**Care Coordination**
- Coordination of services that focuses on patient- and family-centered care

**Care plan**
- For selected patients with a chronic or complex condition, that involves the patient and the patient’s family in care planning

**Continuous improvement**
- In the quality of the patient’s experience, health outcomes, cost-effectiveness of services
Certification as HCH is Voluntary

• Certification requirements are met by submitting documentation and a site visit

• Clinics recertify every three years, with an annual check-in with their regional nurse planner.

• At recertification additional criteria is met to reflect the progression in the HCH model implementation over time

• A certified HCH must meet all recertification requirements or apply for a variance
Measurement

• HCHs must submit data to the statewide measurement reporting system

• Quality measures are based on the clinic’s total population

• The commissioner announces annually:
  • HCH Quality Measures
  • Benchmarks to determine whether a HCH has demonstrated sufficient progress for recertification

• HCH Rule: 4764.0030 - 4764.0070
2016 Measures

The physician clinic quality measures that are calculated using data submitted directly by providers are:

• Optimal Diabetes Care *Addition of a new statin medication use
• Optimal Vascular Care * Addition of a new statin medication use
• Optimal Asthma Care * Continue to include Asthma Action Plan
• Colorectal Cancer Screening
• Depression Remission at 6 Months * technical
• Adolescent Mental Health and/or Depression Screening – new baseline
• Pediatric Preventive Care: Overweight Counseling – new baseline
• Patient Experience Survey – CGCAHPS with PCMH

http://www.health.state.mn.us/healthreform/measurement/20150615FinalSlateClinics.pdf
What makes Minnesota’s HCH approach unique?

- Statewide approach, public/private **partnership**
- Certification **standards**
- **Support** from a statewide learning collaborative
- Development of a payment methodology
- Integration of **community partnerships** to the HCH
- Outcomes measurement with **accountability**
- **Statewide evaluation** with an independent contractor
- Focus on **patient and family-centered** care concepts
HCH Certification Update

Applicants are from all over the state.

Variety of practice types such as solo, rural, urban, independent, community, FQHC, large organizations, and a community mental health center.

All types of primary care providers are certified, family medicine, pediatrics, internal medicine, med/peds and geriatrics.

397 Certified HCH Clinics
55% of MN primary care clinics
Practice Types

• In Minnesota 55% of primary care clinics are certified as a HCH.
• Primary Care clinicians are certified by the ability to use flexibility and innovation to meet HCH standards.
• Nearly half of certified HCHs organizations are integrated medical groups
• Approximately thirty percent are independent medical groups.
Patient Experience

Minnesota aligns with national results showing improved patient and clinician relationships as well as overall improved patient satisfaction

• Communication with one’s clinician showed a significant benefit for HCH clinics

• 60% of HCH patients felt positive about shared decision making about medication

• 50% of HCH patients felt positive about attention to mental health and follow-up visits

Physician and Clinician Satisfaction

• Higher job satisfaction in relation to time spent working

• Greater morale

• Working in a tight team structure and culture were associated with less clinician exhaustion


ED Visits may have been higher for HCH clinics because HCH clinics have populations that had higher overall ED Visits compared to non-HCH clinics.
Evaluation

Evaluation Report – Year 5
University of Minnesota Evaluation of Heath Care Homes
2010-2014 Five Year Evaluation of Health Care Homes Initiative

Evaluation Report – Year 3
University of Minnesota evaluation of Health Care Homes.
2010-2012 Evaluation of Health Care Homes (PDF: 155 pages/ 1,841 KB)

Published on March 5, 2014
The Department of Human Services, MDH and the University of Minnesota held a joint news conference February 12, 2014 to release health care homes study results.
www.health.state.mn.us/healthreform/homes/outcomes/evaluationreport
2010-2014 Five Year Evaluation Summary Health Care Homes Initiative

Results:

• Overall spending on medical services for Medicaid, Medicare and Dual Eligible beneficiaries in HCHs was approximately $1 billion less than if those patients had been attributed to a non-HCH settings.

• Medical costs for enrollees were 9 percent less than enrollees who did not have a HCH as their primary care clinic.

• HCHs cost 12 percent less for Medicaid; 3 percent less for Dual Eligible enrollees.

• HCHs were less expensive in four categories: inpatient hospital admissions, hospital outpatient visits, skilled nursing facilities, and pharmacy.

• Racial disparities were significantly smaller for Medicaid, Medicare, and Dual Eligible beneficiaries served by HCH clinics versus non- HCH clinics.

• HCH clinics outperform non-HCH clinics in clinical measures of: Optimal Asthma Care (pediatric and adult), Optimal Diabetes Care, Optimal Vascular Care, Depression Remission, Depression Follow-up and Colorectal Cancer Screening.
Health Care Home As Foundation to ACO’s or Total Cost of Care Payment Methods

Accountable Care Organizations / TCOC defined by population management and financial risk/benefit sharing with payers

Health Care Home Components - An organization that cannot do these things is unlikely to succeed as an ACO
PATIENT-CENTERED PRIMARY CARE TEAM
MINNESOTA’S HEALTH CARE HOMES

3.6 MILLION SERVED

$1 BILLION SAVINGS THROUGH QUALITY CARE

(Savings to Medicaid and Medicare from 2010 to 2014)

Source: University of Minnesota, Health Care Homes, Five Year Program Evaluation 2016

ACCESS
Receive continuous access to your primary care team

REGISTRY
Provider keeps track of your health goals and history

COORDINATION
Team of doctors, nurses and community partners prevent gaps in your care

CARE PLAN
Team helps you plan for your best health

QUALITY IMPROVEMENT
Providers use benchmarks to improve care and reduce costs

HealthCareHomes
HEALTH REFORM

Clinics voluntarily apply to be health care homes and certified by the Minnesota Department of Health
HCH Staff

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Resources

Health Care Home Certification & Recertification Requirements
http://www.health.state.mn.us/healthreform/homes/certification/

Health Care Homes, Home Page
http://www.health.state.mn.us/healthreform/homes/index.html

Find Certified HCH’s
http://www.health.state.mn.us/healthreform/homes/hchmap/index.html