Health Home Update

Medicaid Advisory Committee

November 4, 2020

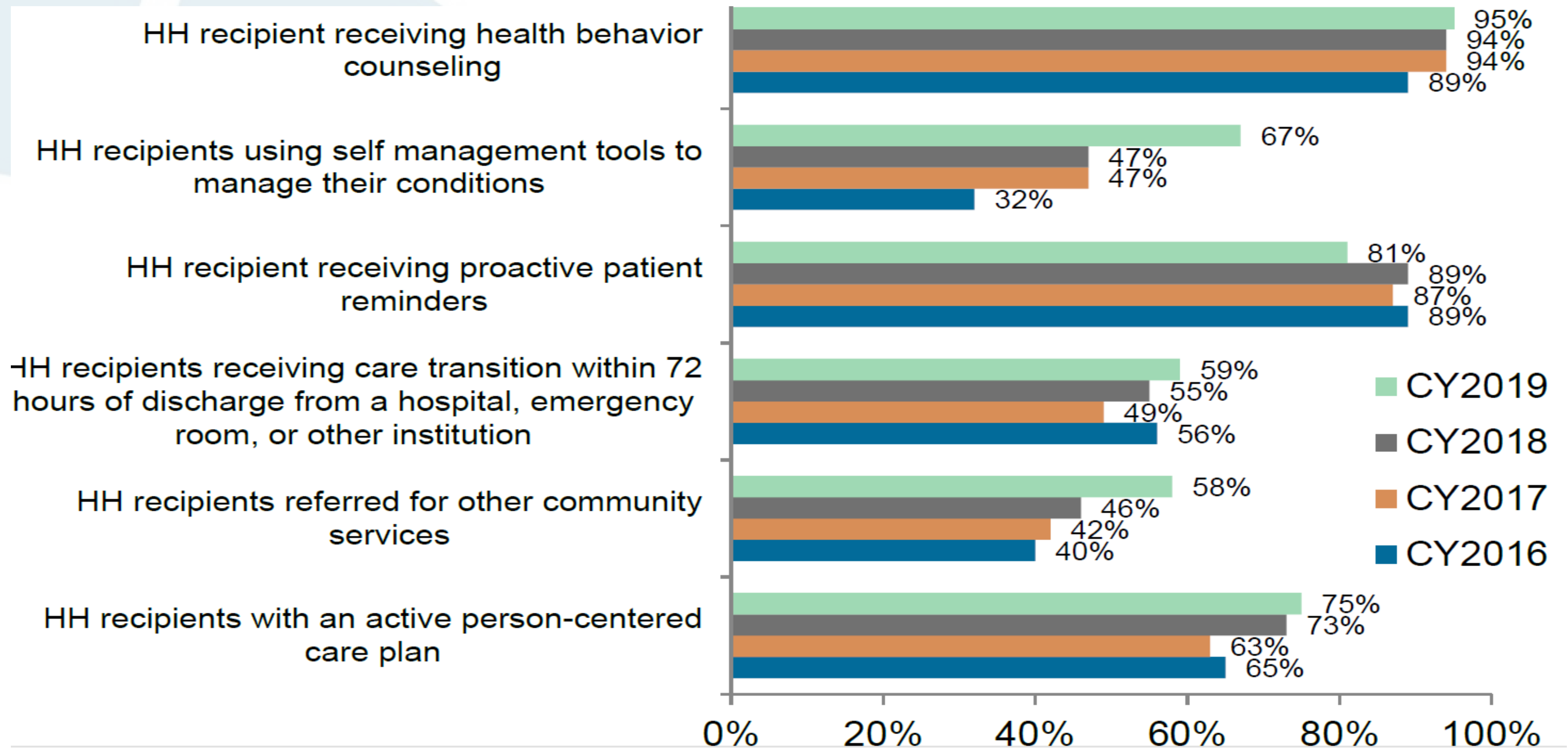
10:00 AM to 12:00 PM

Health Home Results

- Health Home Program started in July of 2013 to help coordinate care for Medicaid's high cost, high need recipients.
- Providers report on a semi-annual basis outcome measures.
- DSS also has a vendor who helps to calculate the cost avoidance of the program.
- Health Home Dashboard updated annually with information from both sources. Current version contains the CY 2019 data.
- Some of the results shared today. A full set of information is available on https://dss.sd.gov/healthhome/dashboard.aspx
- Current website has the information in PDF format so it can be printed and shared with others within your organization.

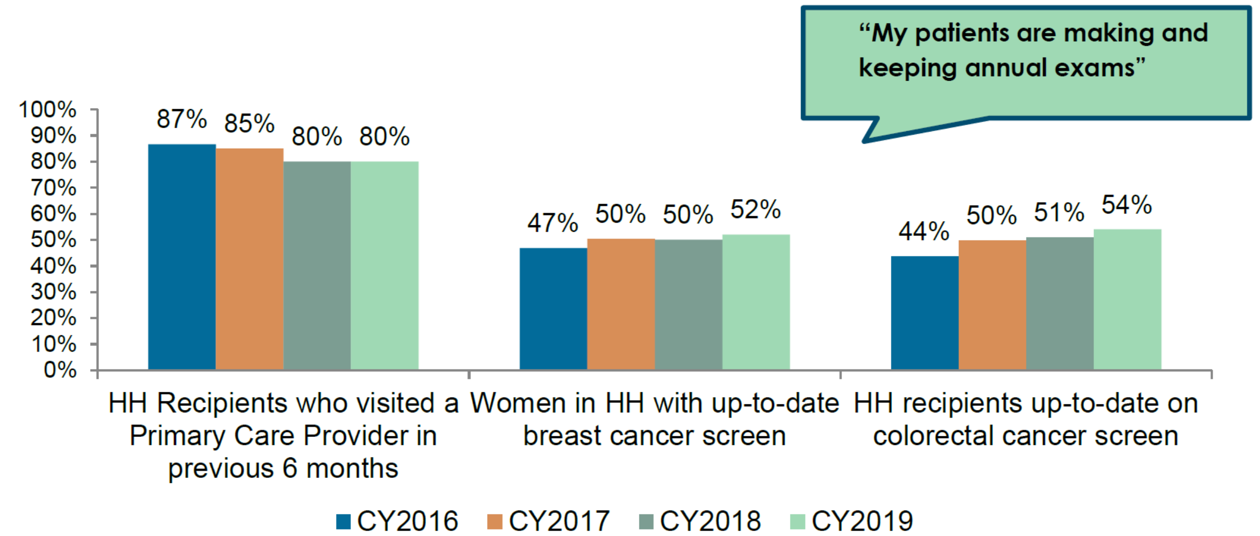
Transforming Care

- The Health Home Program is transforming the way care is provided.



Increasing Preventive and Primary Care

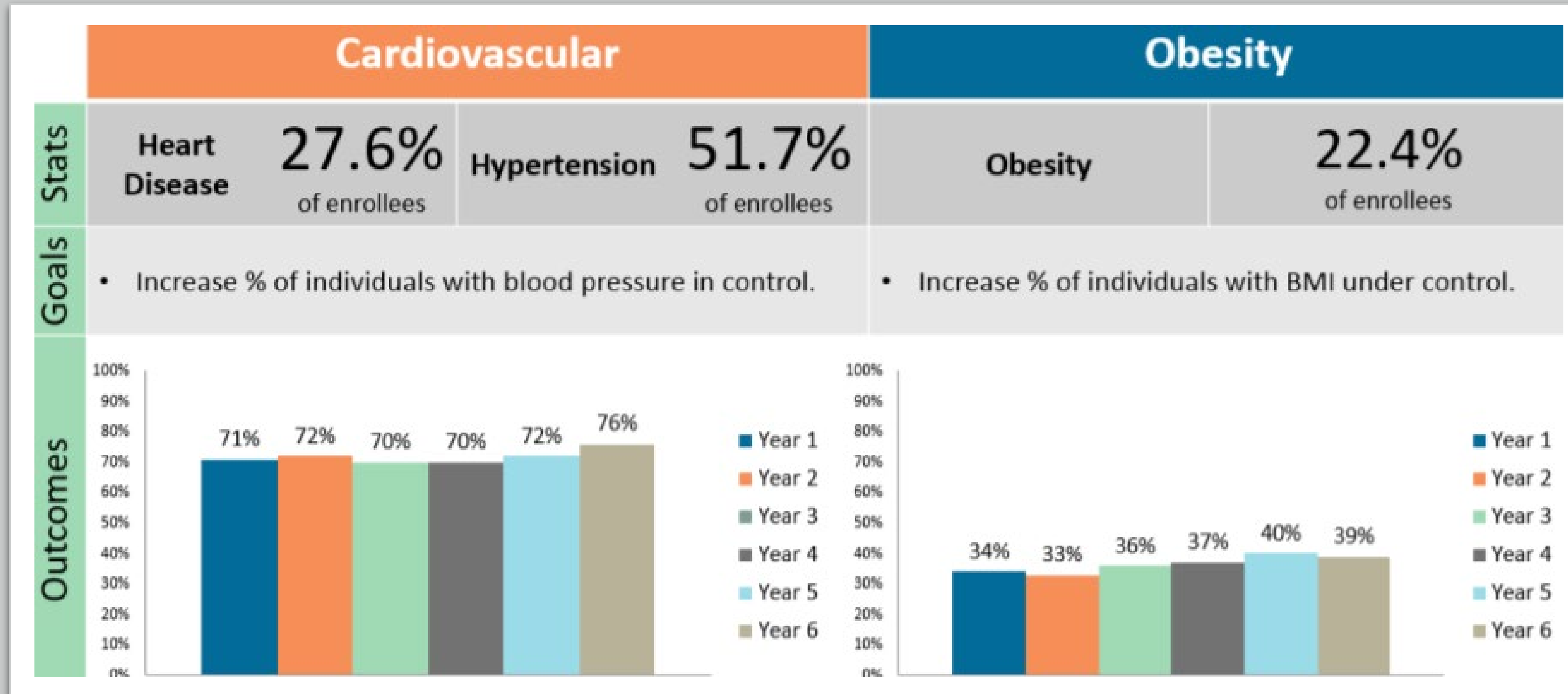
- Team Based Care takes the pressure of the Primary Care Provider.
- Preventative Care continues to improve



Stats	Low Back Conditions 39.5% of enrollees	Musculo-skeletal Conditions 7.1% of enrollees	Diabetes 31.7%	Pre-Diabetes 8.0% of enrollees
Goals	• Increase % of individuals with a diagnosis of chronic pain that have a pain management plan.		• Increase % of individuals with HbA1c under control. • Increase % with blood pressure in control.	
Outcomes	CY2016: 67%, CY2017: 63%, CY2018: 87%, CY2019: 92%		Year 1–6: 62%, 62%, 61%, 63%, 62%, 57%; 74%, 75%, 74%, 74%, 76%, 79%	

Improving Health

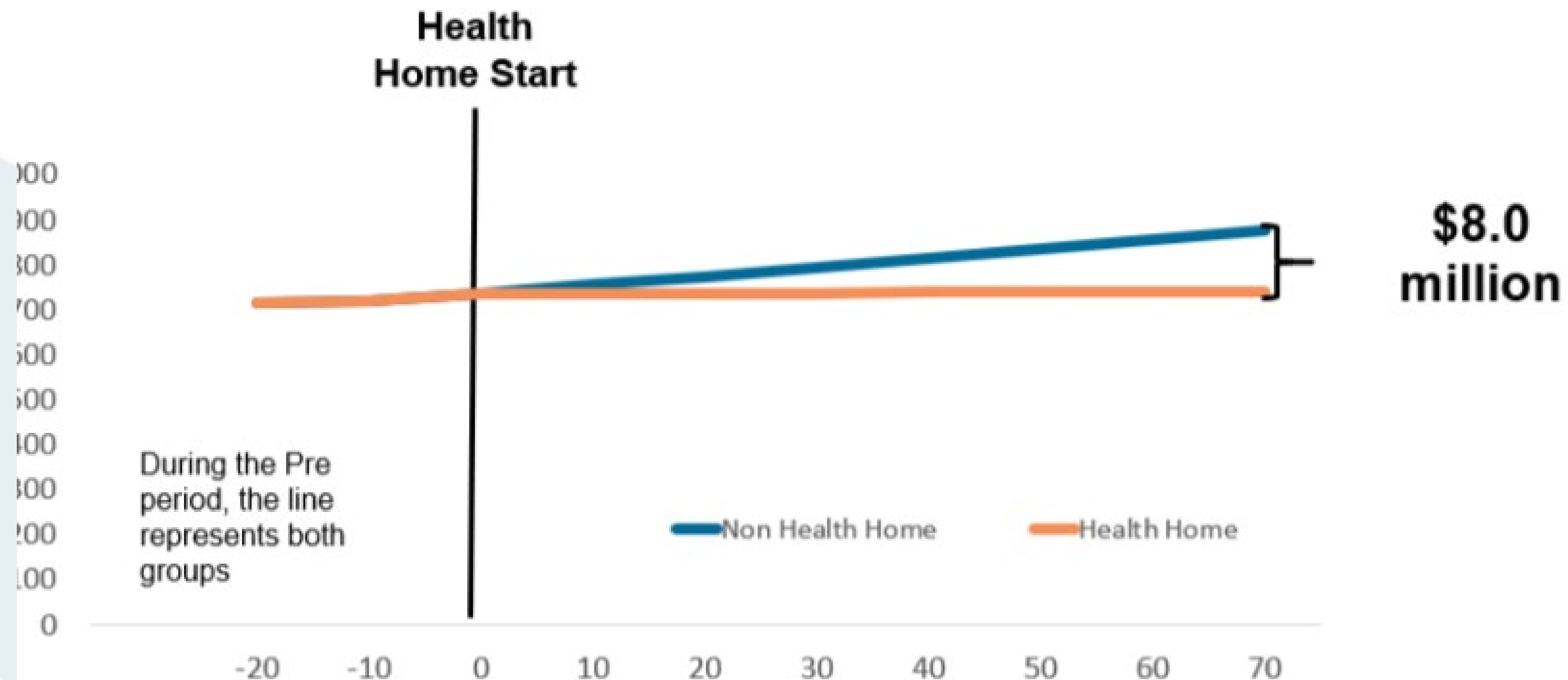
- Outcome Measures displayed in 2 different ways.
  - Measures the examine the behavioral of the Health Home are done by CY
  - Measures that look at health outcomes are measure by the length of time in the program,



Improving Health

- Each Measure also contains the percent of individual in the sample that have the condition as well as the Goal.

Creating Efficiency



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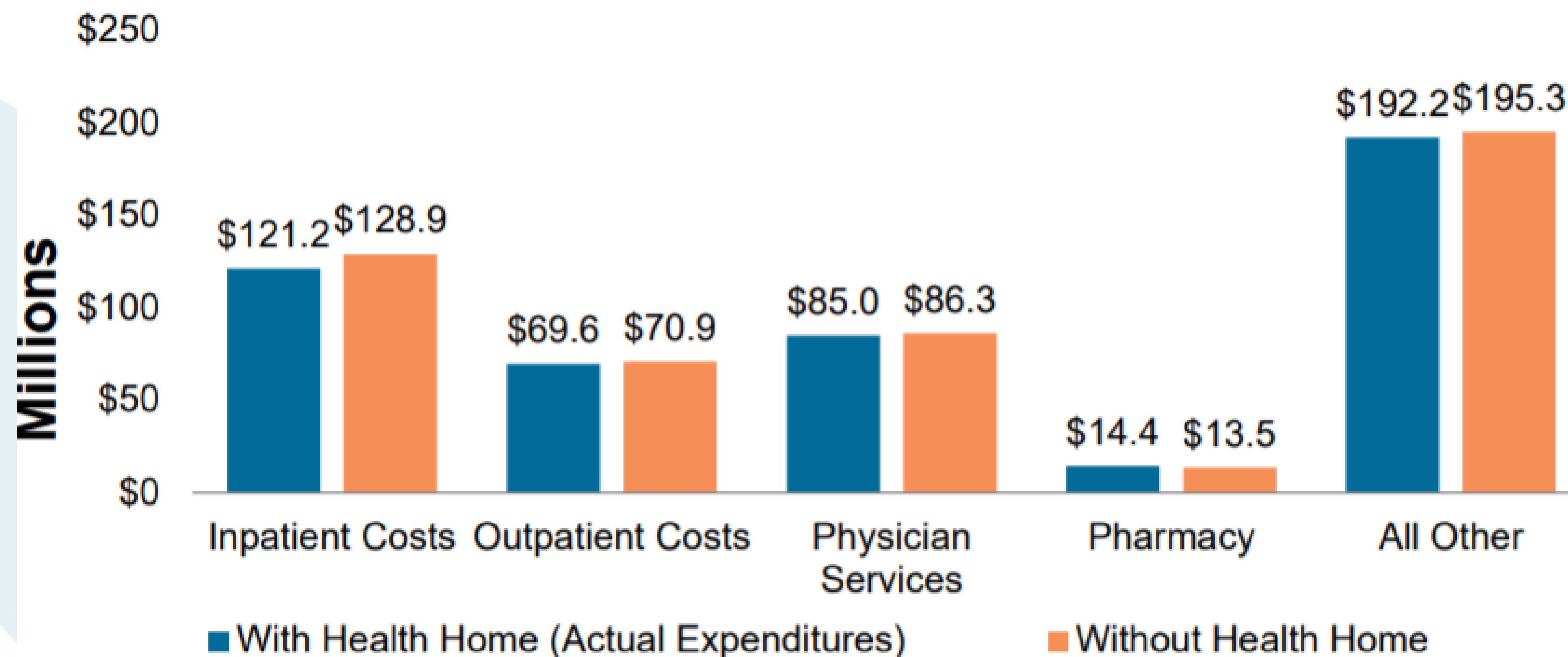
In CY 2019, HH recipients cost $181 less per month than recipients who looked like them.

DSS estimates $8.0 million was cost avoided in CY 2019 after payment of the PMPM ($3.83 million) and Quality Incentive Payments ($0.5 million) discussed later.

Without Health Homes, DSS would have expended approximately $8.0 million more.

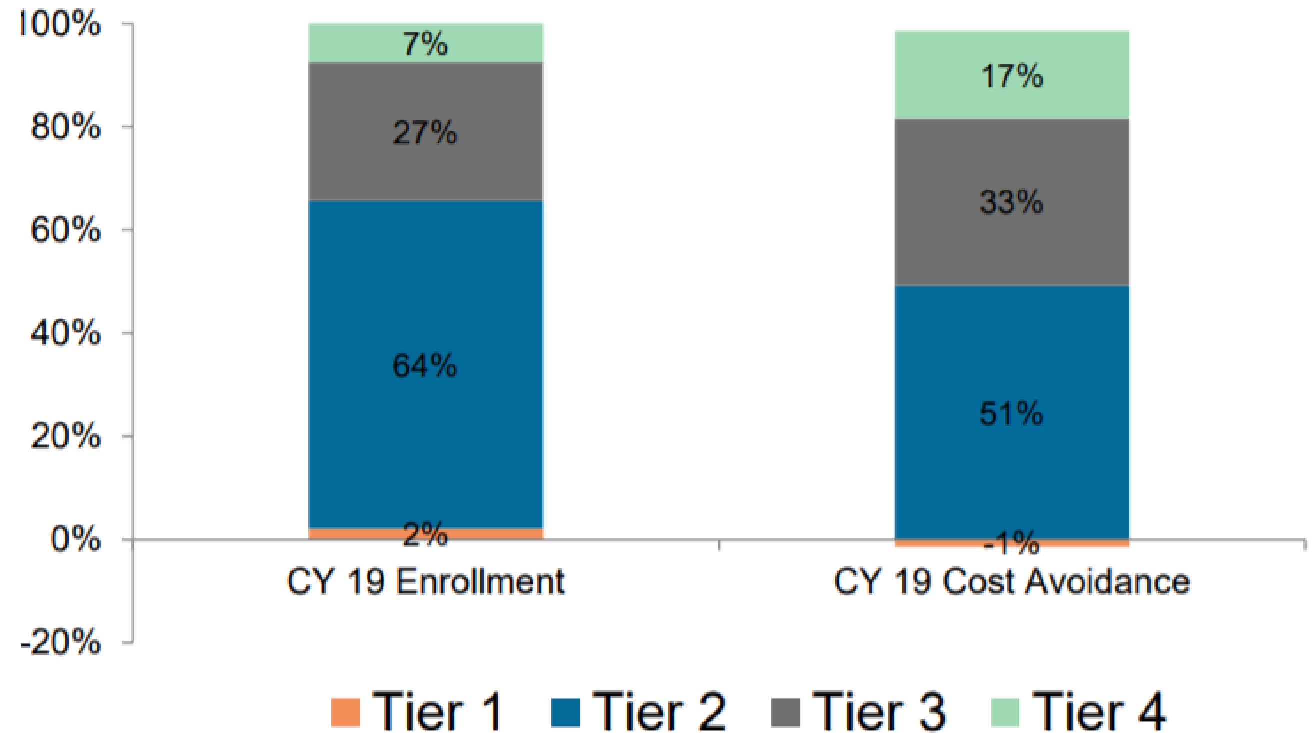
Creating Efficiency



- In CY 2019, Health Home recipients used the emergency room 16.6% less than the comparison group and had 35% less inpatient admissions.
- Physician services and all other services accounted for the remaining decrease.
- Health Home recipients had higher costs related to Pharmacy than the comparison group.

Creating Efficiency

- Tier 2 and 3 recipients made up 84 percent of the avoidance.
- Tier 4 made up 17 percent of the avoidance.
- For the second year in a row, Tier 1 recipients did not help DSS avoid costs by participating in the Health Home Program.



Impacting Lives

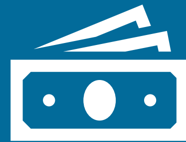
A recipient who had multiple chronic diseases and wheelchair and home bound, had an A1C of 13.0 was referred to resources in the community for Aquatic Therapy, CORE 4 weight loss, and a Better Choices/Better Health Workshop. Recipient lost 50 lbs., is now walking each day, using their walker, and recipient's A1C is down to 8.0.

Serving the whole Person

- A recipient diagnosed as Paranoid Schizophrenia and Cannabis Dependence, was receiving mental health services with a CMHC, including Case Management and Medication Management services. Under their care, the recipient began exercising, getting routine blood work. Recipient felt they had learned enough from the Recovery Coaches to manage on their own. Recipient will seek out our services if/when needed.

Rewarding Performance

DSS paid High Performing Health Homes a payment based on their CY2018 outcome measures.



Payments totaled $500,000.

Methodology was created in Partnership with Health Homes

Continuing to Partner

- Working together to revise measures to reduce the administrative burden of reporting

- Working together to revise the Methodology for the Quality Incentive Payments to focus on specific targets.

- Connecting new health homes to mentors.

- Listening, training and helping.

Thank You

Kathi Mueller
605.773.3495
Kathi.Mueller@state.sd.us
dss.sd.gov

South Dakota Department of Social Services