

## Health Home Facts

### Goal of Health Home

Health Homes provide enhanced health care services to individuals with high-cost chronic conditions or serious mental illness to improve health outcomes and reduce costs related to uncoordinated care.

### Health Home History

- Recommendation of the Medicaid Solutions Workgroup created to identify ways to contain and control Medicaid costs while maintaining quality services
- Option provided by the Affordable Care Act
- Designed with the assistance of a stakeholder-driven Health Home Workgroup.
- DSS currently partners with the Health Home Implementation Workgroup to inform policies and decisions about continuous improvement in Health Homes.

### Eligibility for Health Homes

- Medicaid recipients who have...
  - Two or more chronic conditions OR one chronic and at risk for another (Defined separately):
    - Chronic conditions include: Mental illness, substance abuse, asthma, COPD, diabetes, heart disease, hypertension, obesity, musculoskeletal, and neck and back disorders.
    - At risk conditions include: Pre-diabetes, tobacco use, cancer, hypercholesterolemia, depression, and use of multiple medications (6 or more classes of drugs).
- One severe mental illness or emotional disturbance.
- Medicaid recipients that meet criteria are stratified into four tiers based on the recipient's illness severity using CDPS (Chronic Illness and Disability Payment System).

### Provider Capacity

- Current number of Health Homes – 113 serving 121 locations
  - FQHCs = 25
  - Indian Health Service Units = 11
  - CMHCs = 11
  - Private Clinics = 66
- 563 unduplicated, 609 duplicated designated providers

### Participation

- Currently 5,955 recipients participating in Health Homes

### Recent Accomplishments

- On June 30, 2015, completed the first two years of the Health Home Program.
- Secured a vendor to conduct Health Home performance measure analysis.
- Held four successful Health Home Sharing Meetings in September 2015.
- Continue to work to build capacity not only in numbers, but in the ability of existing health homes to provide the core services. Several key facilities have expressed interest for a 01.01.2016 start.
- Remain the only state to successfully implement with the Indian Health Service Units or 638 facilities.
- Remain the only state to implement Health Homes in CMS Region VIII

## Success Stories

### Success Stories - PCP

- **Demographics:** Male, 63 years old, truck driver
- **Medical Issues:** Diabetes Mellitus and Coronary Artery Disease
- **Mental Health DX:** None
  - ✚ HgA1c=9.1 weight 280#, and B/P= 138/87. Not exercising.
  - ✚ We worked on diet and exercise and he set goals. He was very motivated to not lose his license for truck driving.
  - ✚ 3 months later: exercising 4-5 times/week. Replaced unhealthy snacks with healthier choices and reduced portion size. He quit drinking soda and increased his water intake daily
  - ✚ HgA1c=5.1, weight 245# and B/P=110/70.
  
- **Demographics:** Female, 41 years of age, required relationship building for about 18 months to find success
- **Medical Issues:** Reactive Airway Disease, Pyelonephritis, patient noncompliance, pain in joint, pelvic region and thigh, morbid obesity, irritable bowel syndrome, hypertension, gram negative sepsis, GERD, Dyslipidemia, Diabetes Mellitus, Disturbance of Skin sensation and Asthma
- **Mental Health DX:** Depressive Disorder
  - ✚ Dropped blood sugar from 260 to the 120-140 range. Her A1C was 10.7.
  - ✚ Not missing doses of her insulin and has taken a very active role in her health.
  - ✚ Recipient indicates that she hasn't "felt this good in years"

### Success Stories – CMHC

- **Demographics:** Female client, age 22
- **Medical Issues:** Multiple Medical Issues
- **Mental Health DX:** Borderline Personality Disorder and Major Depression
  - ✚ When we began working with this client in the HH program, she was residing as an inpatient at Avera McKennan Hospital (main hospital, not behavioral health) for most of two years following a serious car accident.
  - ✚ She was bed ridden and unable to walk on her own. She also had a history of doing things such as re-opening wounds when she was close to discharge from the hospital as a way of prolonging her stay.
  - ✚ Today, she resides at a long-term care facility but is now walking independently.
  - ✚ She has stopped re-opening her wounds and her remaining wound is almost entirely healed.
  - ✚ She is next on the waiting list at our Cayman Court assisted living facility and given her remarkable progress, she should be able to take another step toward becoming more independent.
  
- **Demographics:** Female client,
- **Medical Issues:** Multiple Medical Issues
- **Mental Health DX:** Multiple Mental Health Issues
  - ✚ Recipient had multiple ER visits and hospitalizations in 2014. Since the beginning of 2015 has not had any.
  - ✚ Going through a divorce with her incarcerated husband who was abusing recipient's young daughter and most likely recipient. Recipient dealing with the court proceedings well.
  - ✚ Recipient had a full time job until the business where she was working closed, but she is working with Employment Connections to find full-time work.