

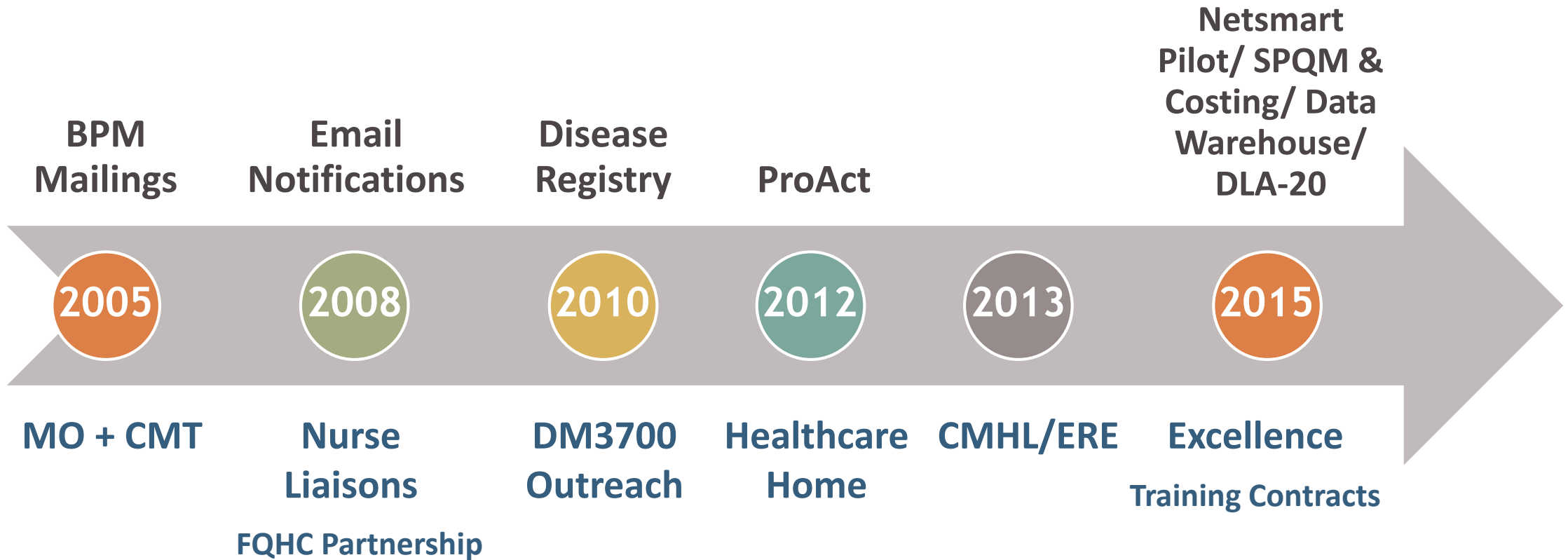
Show Me Outcomes

Missouri CMHC Healthcare Homes

Progress Update



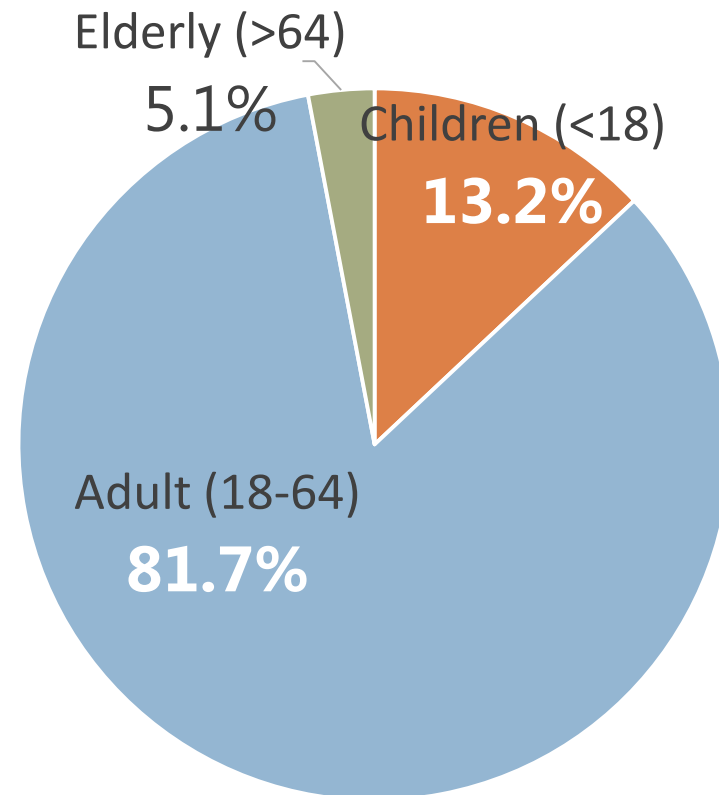
MO Evolution of Integration and Data in Behavioral Health



26 Missouri CMHC Health Homes

24,063 Current Enrollment (as of January 1, 2016)

- 1,236 elderly
- 19,652 adults
- 3,175 children

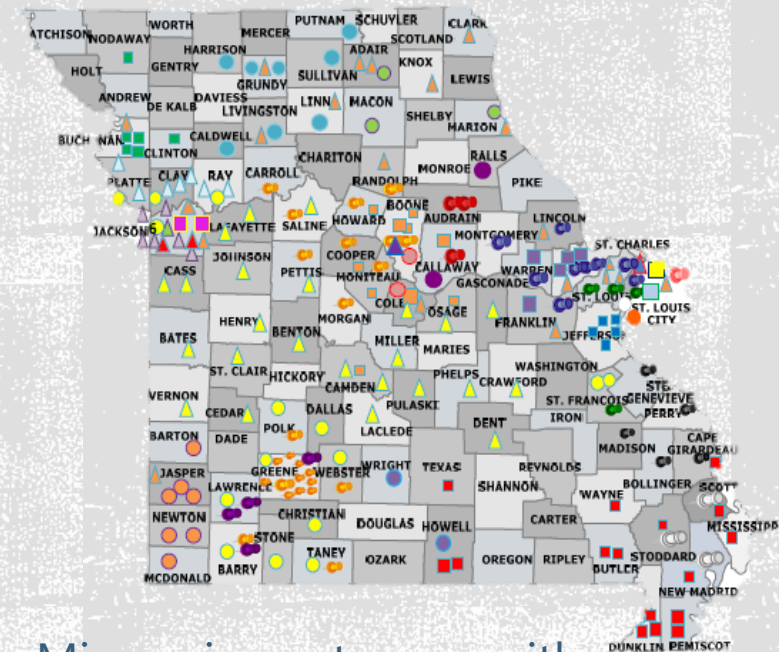


CMHC Health Home
Enrollment by Age Group



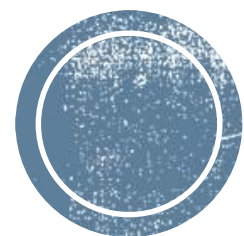
N = 24,063 total health home
enrollment as of January 1, 2016

Overview



Missouri county map with
CMHC Health Home locations





Cost Savings



Missouri's Health Homes have saved an estimated

\$36.3 million

(\$60 PMPM Cost Savings)



Community Mental Health Center Healthcare Homes

have saved Missouri **\$31 million**

(\$98 PMPM Cost Savings)



Disease Management 3700 cohort
enrolled in CMHC Health Homes
saved **\$22.8 million**

(\$395 PMPM Cost Savings)

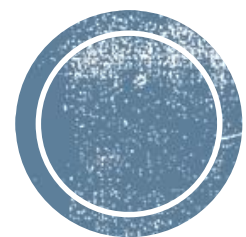
DM3700 N =4,800 lives



**Cost
Savings
Year 1 (2012)**

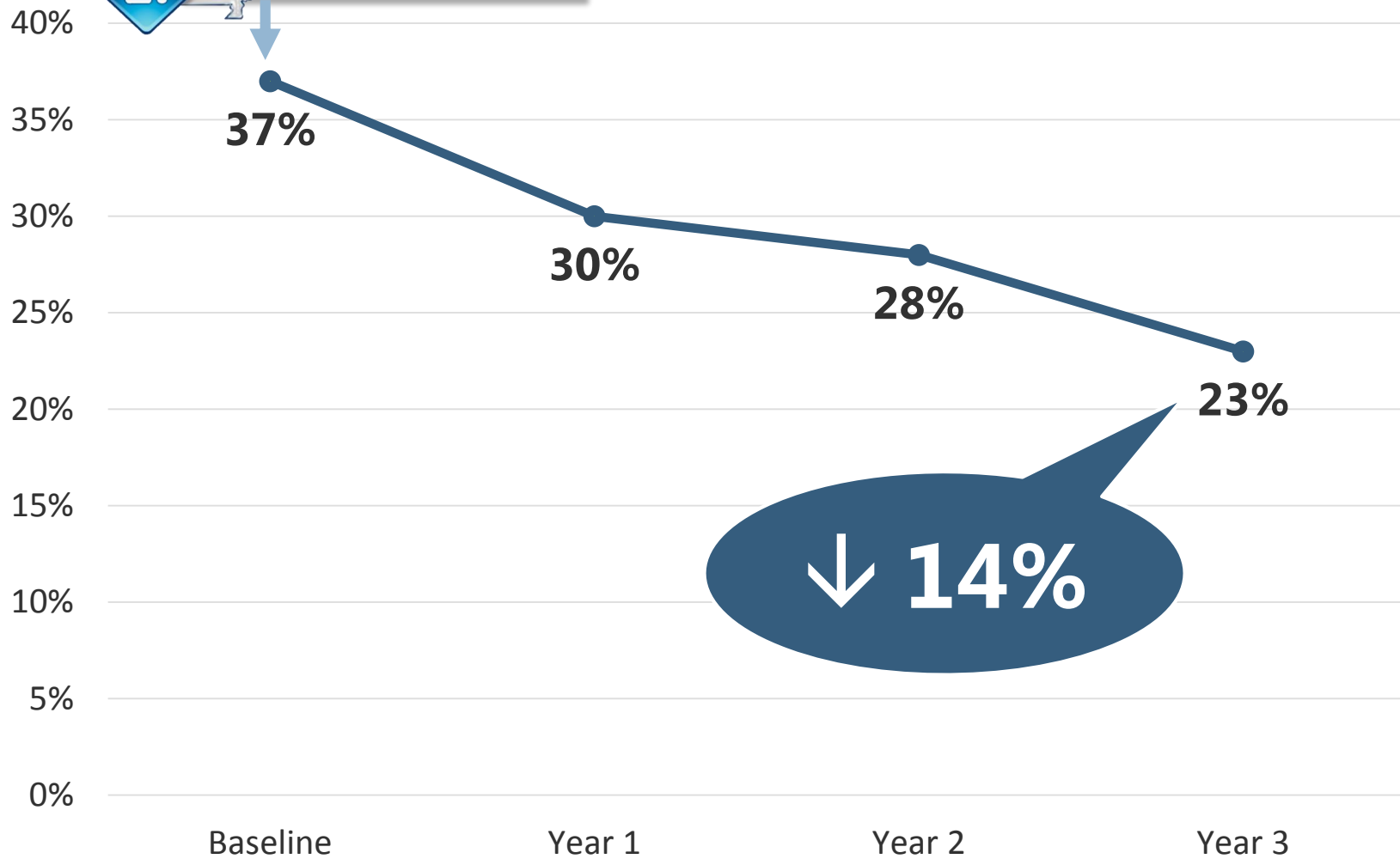
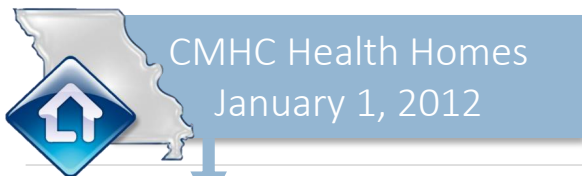
Current per member per
month (PMPM) rate for
CMHC Health Homes is
\$85.23 (Jan. 2016)





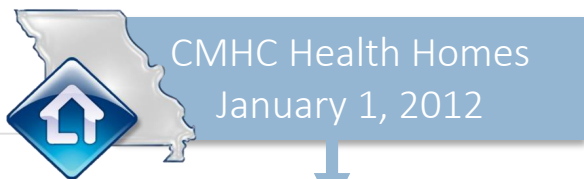
Hospital & ER





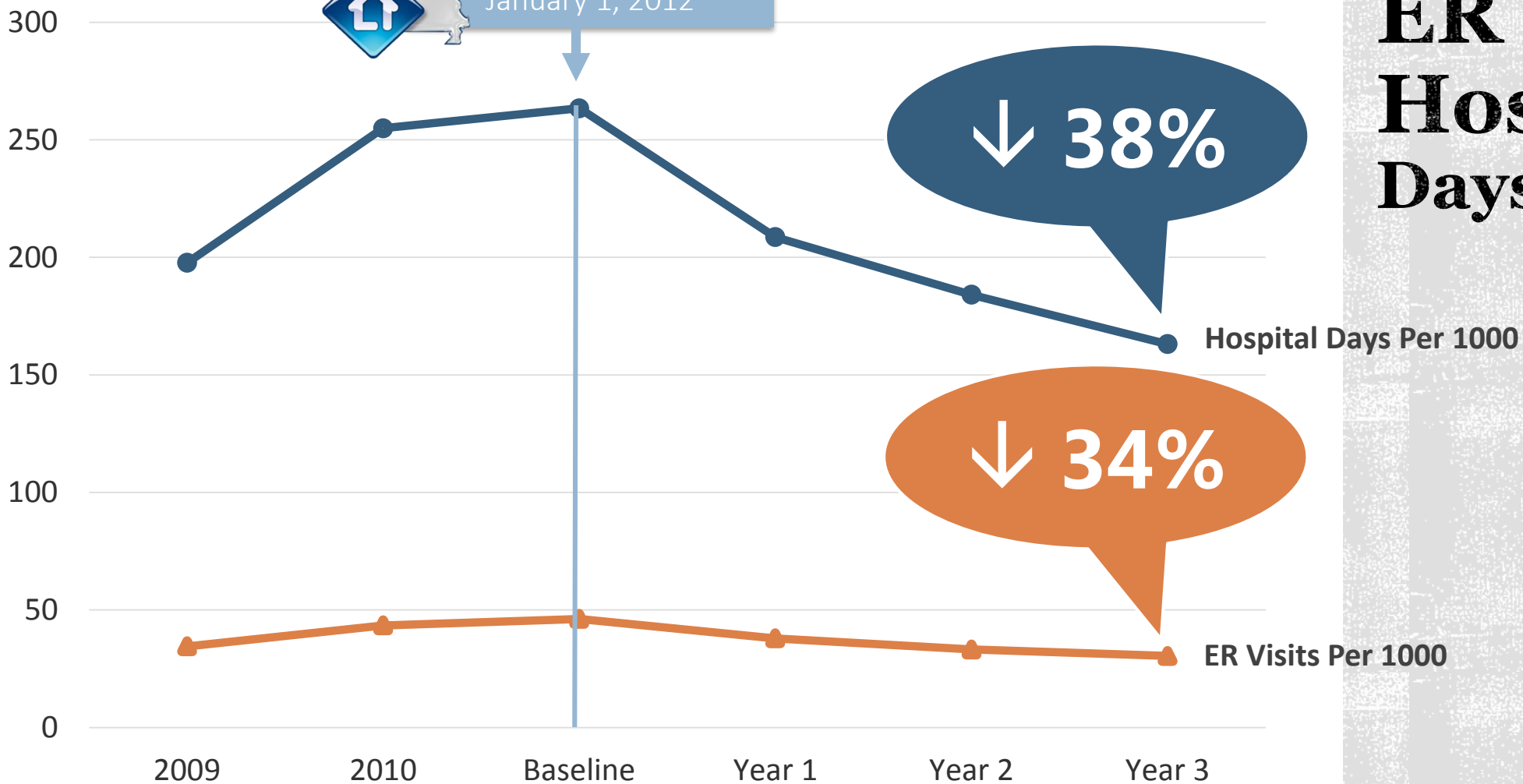
**% of clients
with 1+
Hospitalization**





ER Visits Hospital Days

ER & Hospital Days per 1,000

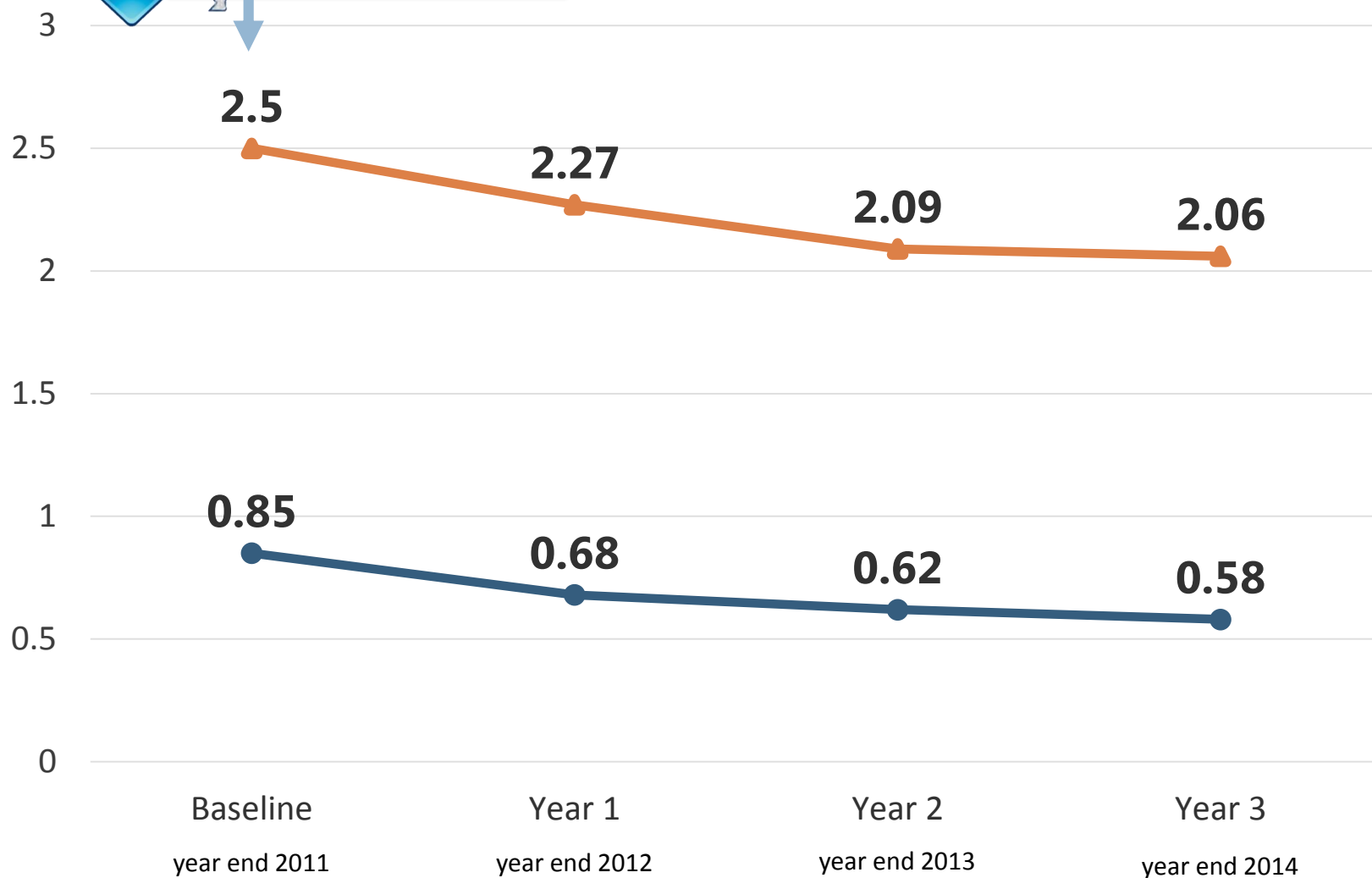




CMHC Health Homes
January 1, 2012

● Avg # Hospitalizations
Per Enrollee Per Year

● Avg # ER Visits
Per Enrollee Per Year



Average # ER & Hospital Encounters

Total CMHC Health Home
participants:

(2011) = 17,084

(2012) = 18,776

(2013) = 19,103

(2014) = 20,345





Chronic Disease Prevalence

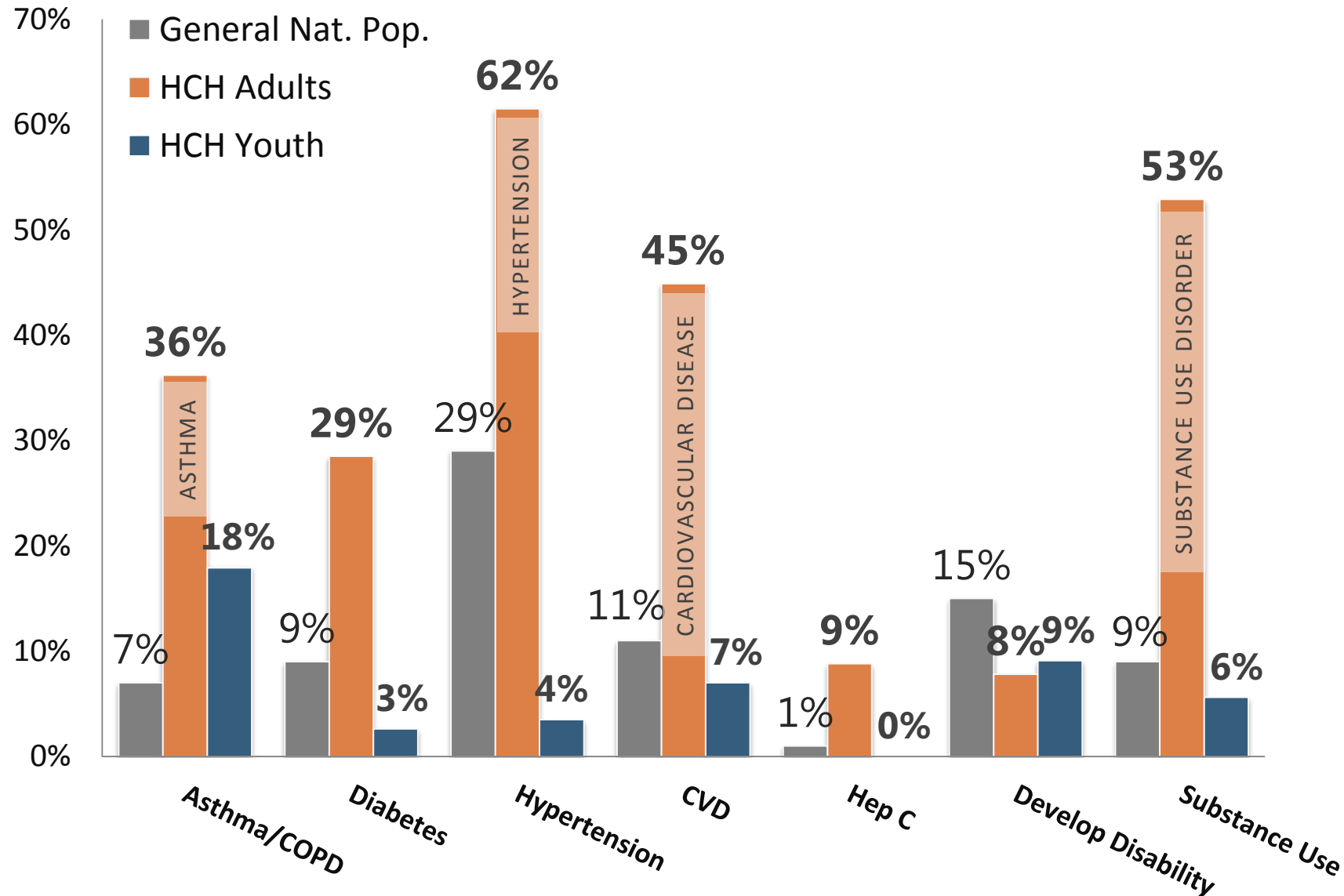


Chronic Health Conditions

Total CMHC Health Home participants (2012-2014):

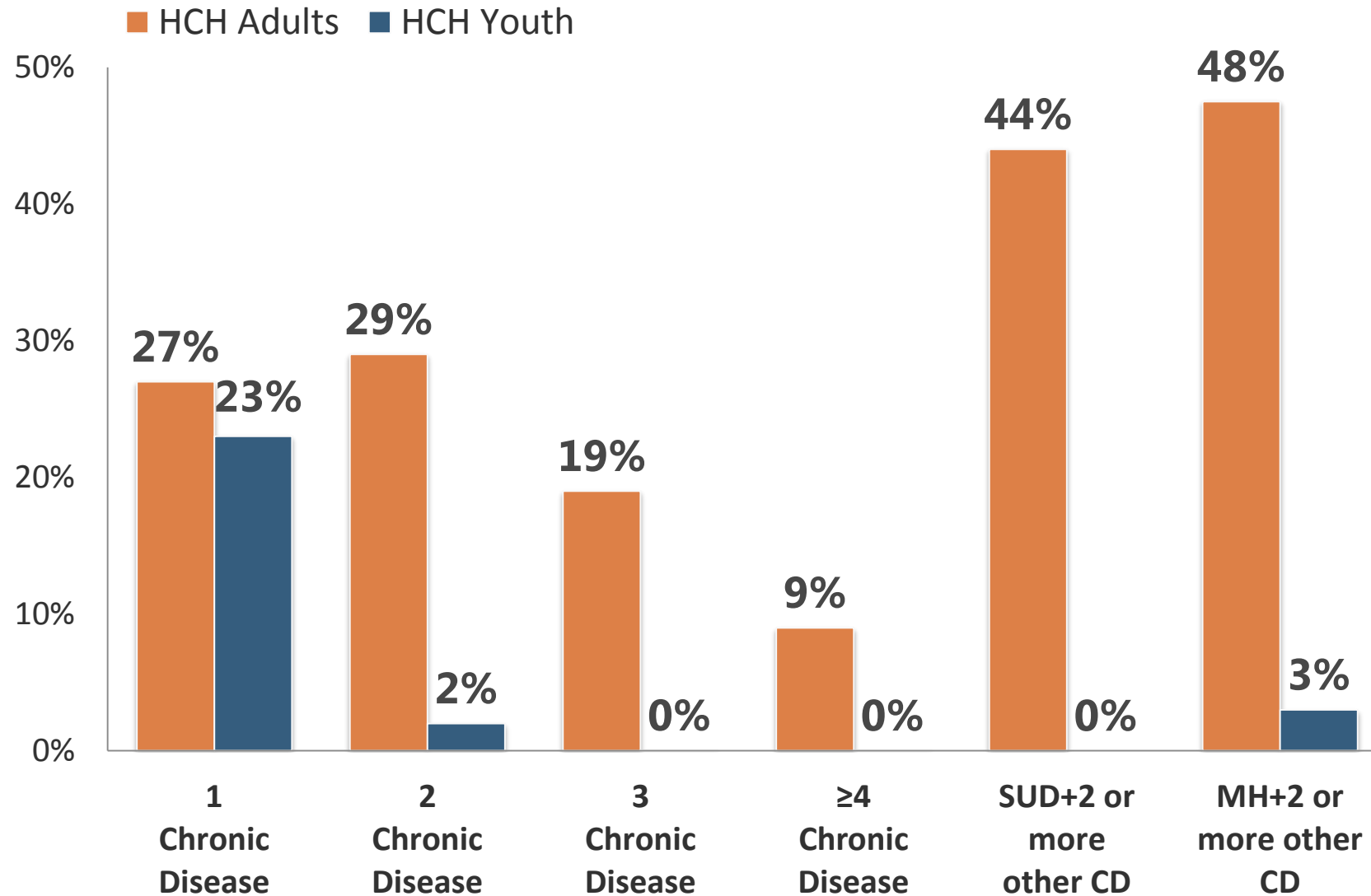
HCH Adults N = 22,801

HCH Youth N = 3,944



General population stats from 2015 Centers for Disease Control and Prevention (CDC) and Substance Abuse and Mental Health Services Administration (SAMHSA)





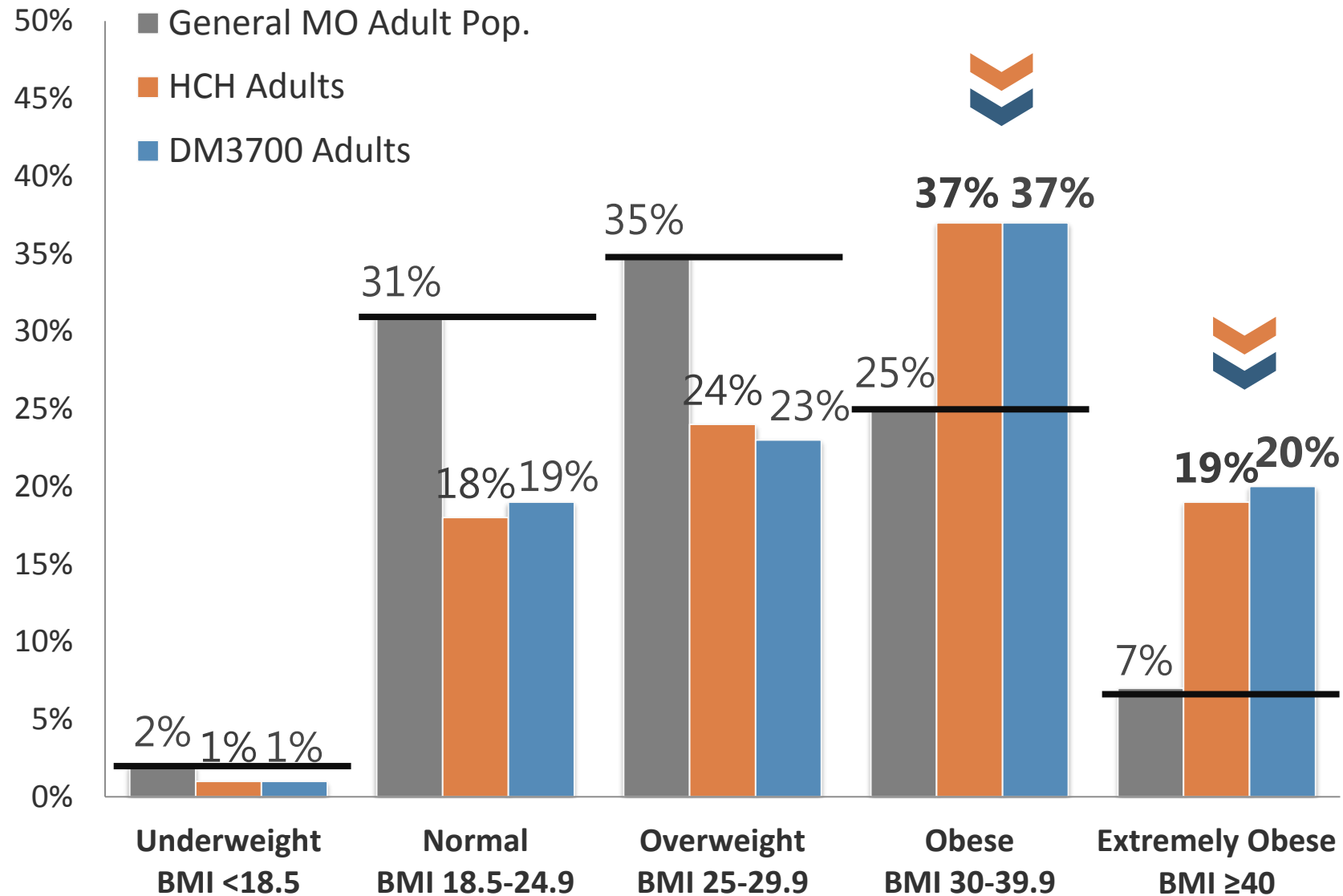
Multiple Chronic Conditions

Total CMHC Health Home participants (2012-2014):

HCH Adults N = 22,801

HCH Youth N = 3,944





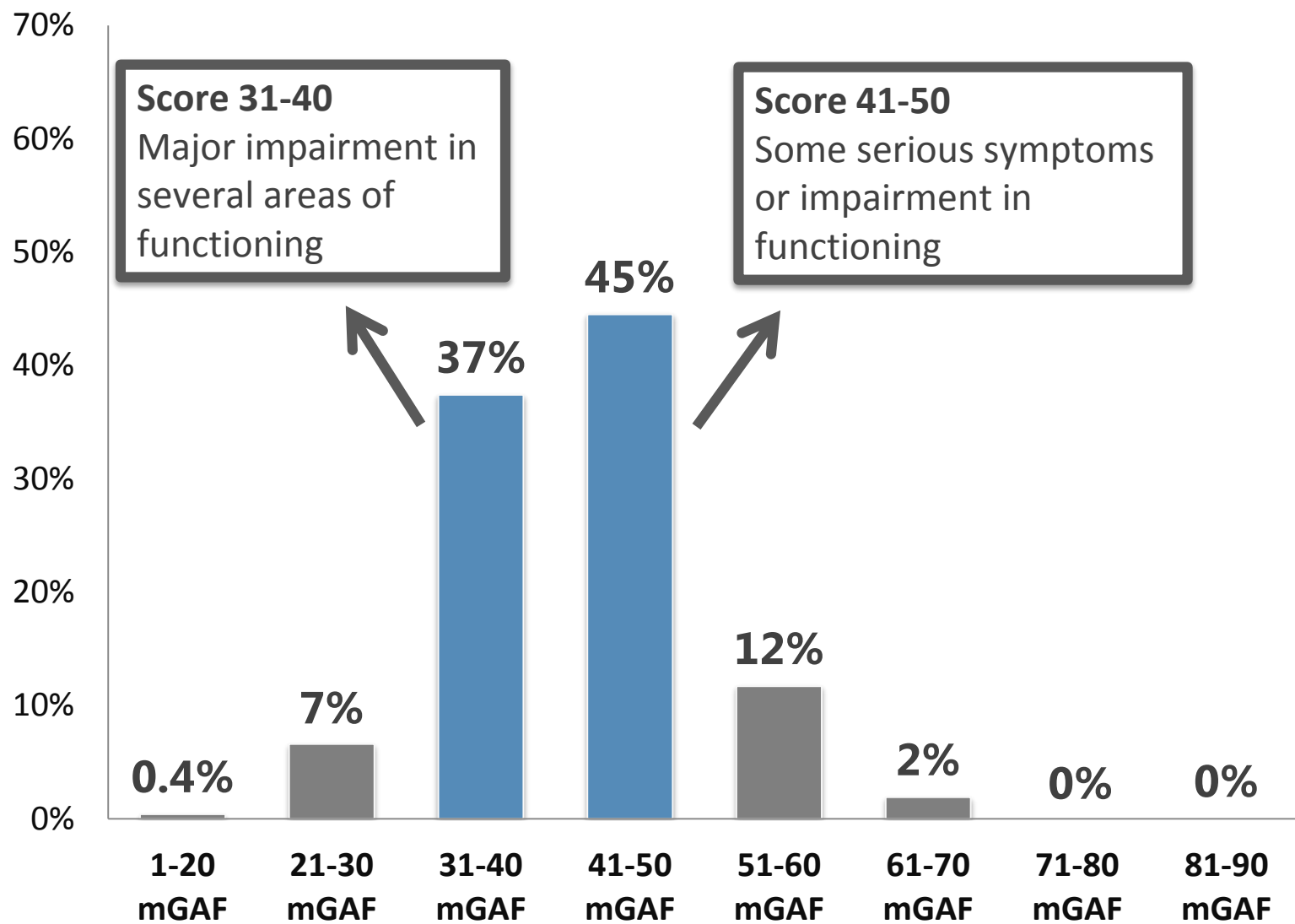
Body Mass Index (BMI) & Obesity

Total CMHC Health Home participants (2014):

HCH Adults N = 20,590

DM3700 Adults N = 2,407





DLA-20 Assessment

Total CMHC Health Home participants (CY 2014):

N = 13,550 with DLA-20 in last 18 months



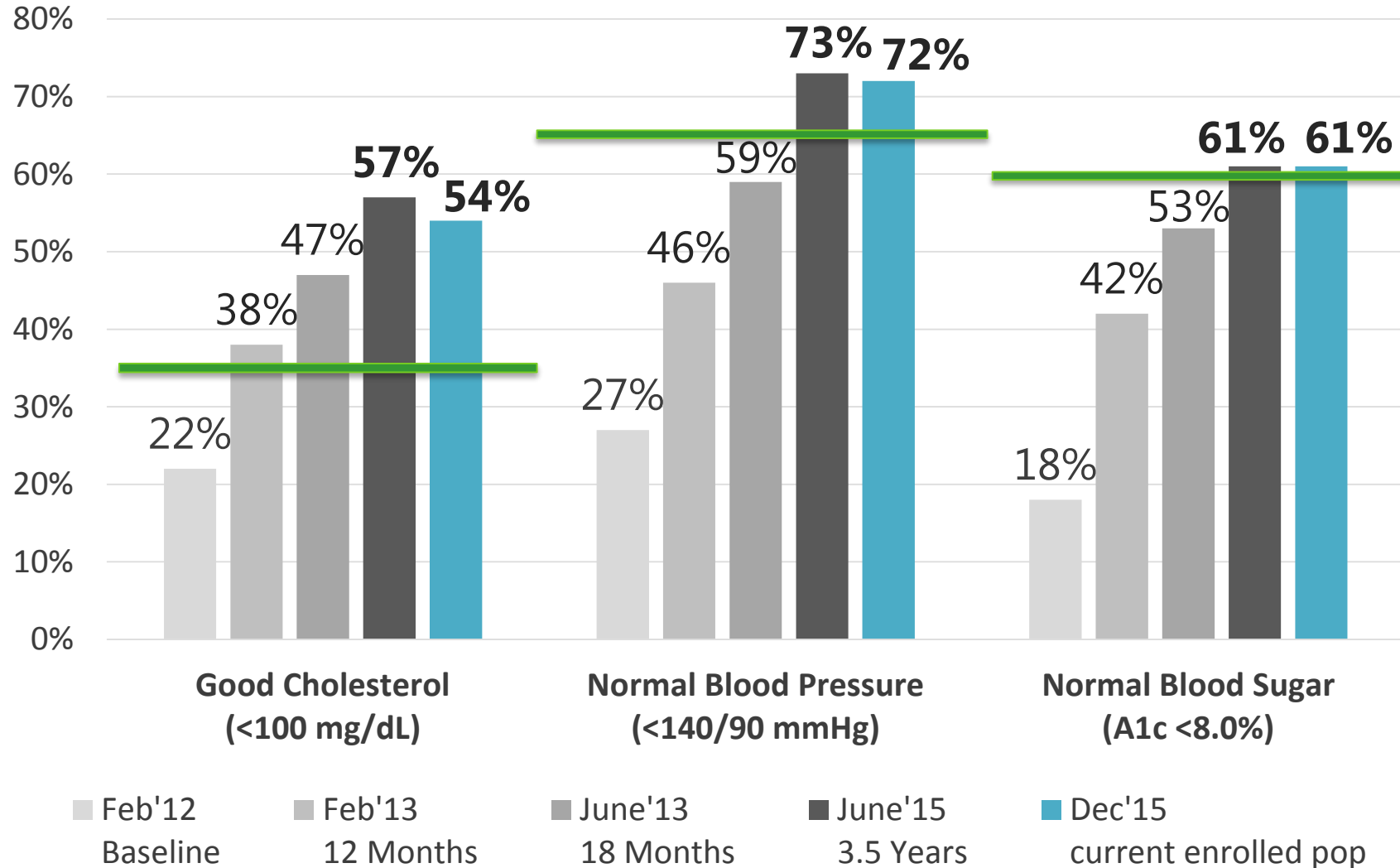


Diabetes

Adults continuously enrolled at each point in time and adults enrolled as of December 2015

N = 1,889 (3.5 yr. enrollment)

N = 4,526 (Dec 2015)



Hypertension & Cardiovascular Disease

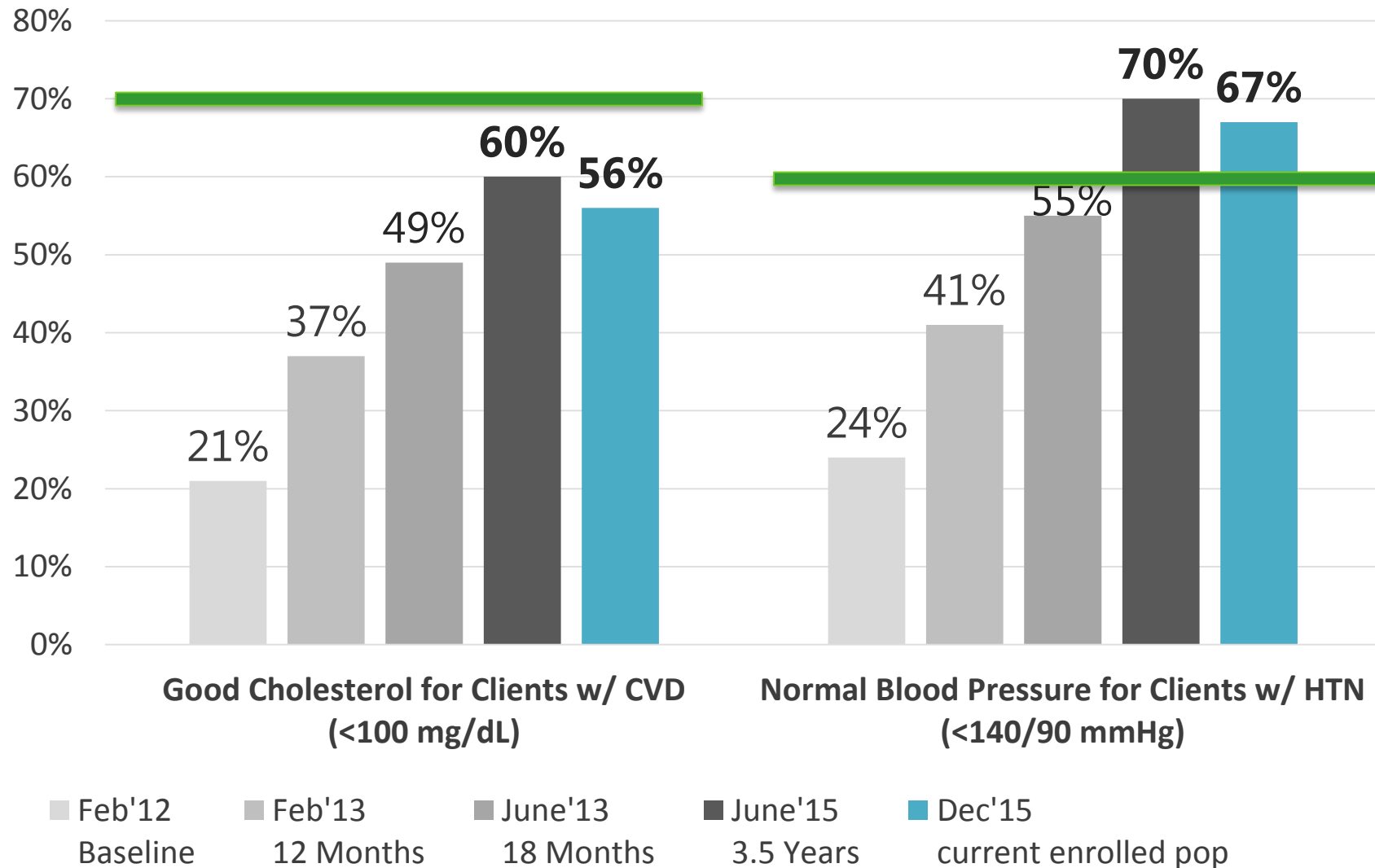
Adults continuously enrolled at each point in time and adults enrolled as of December 2015

CVD N = 232 (3.5 yr. enrollment)

CVD N = 564 (Dec 2015)

HTN N = 2,401 (3.5 yr. enrollment)

HTN N = 6,111 (Dec 2015)



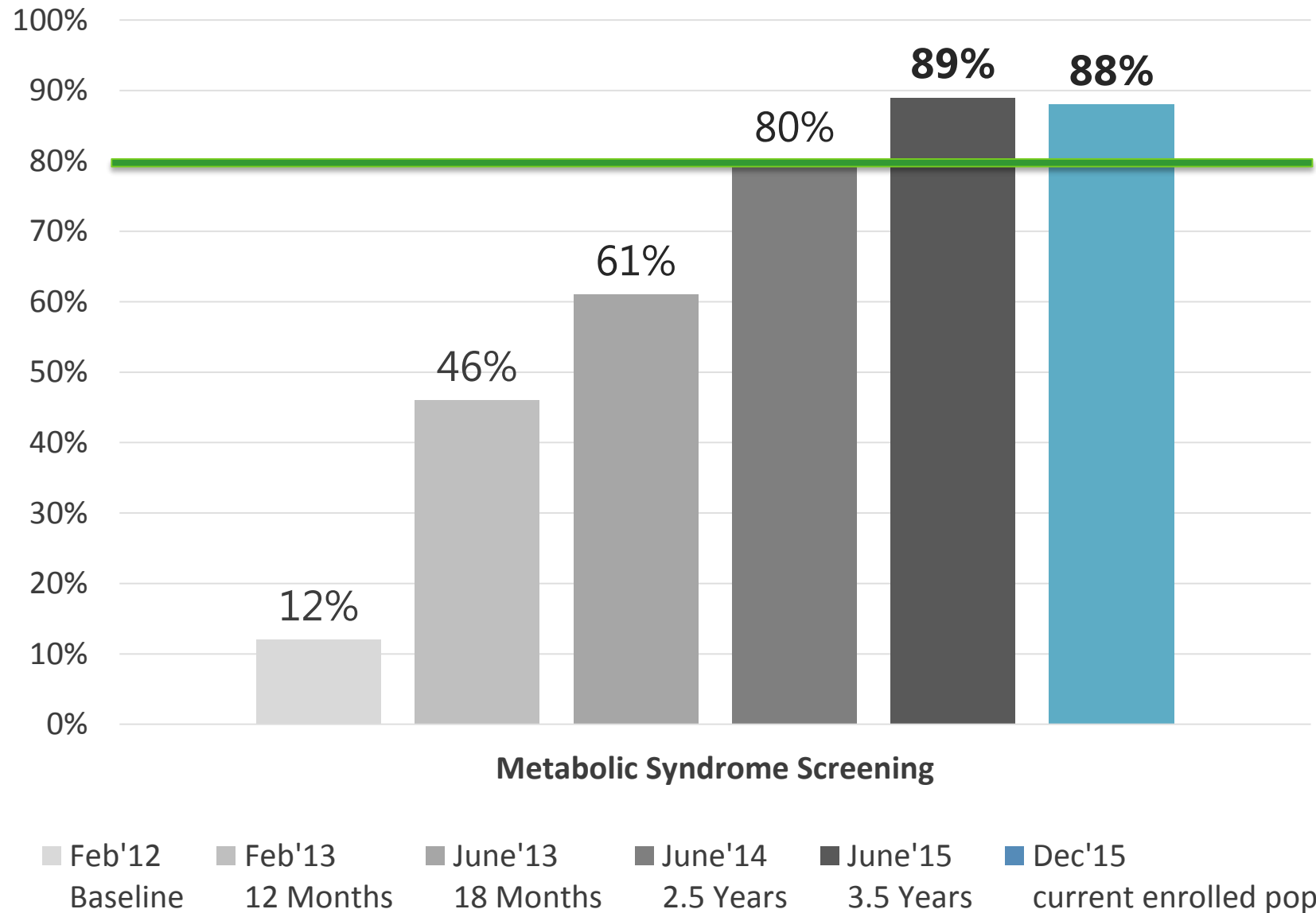
Metabolic Syndrome Screening



All CMHC Health Homes have attained a completion rate above 80%!

N = 6,553 (3.5 yr. enrollment)

N = 20,648 (Dec 2015)





small changes make a
BIG DIFFERENCE



Small Changes >> Big Difference

reduction in

cholesterol



10% ↓ in cardiovascular disease

reduction in **blood pressure**



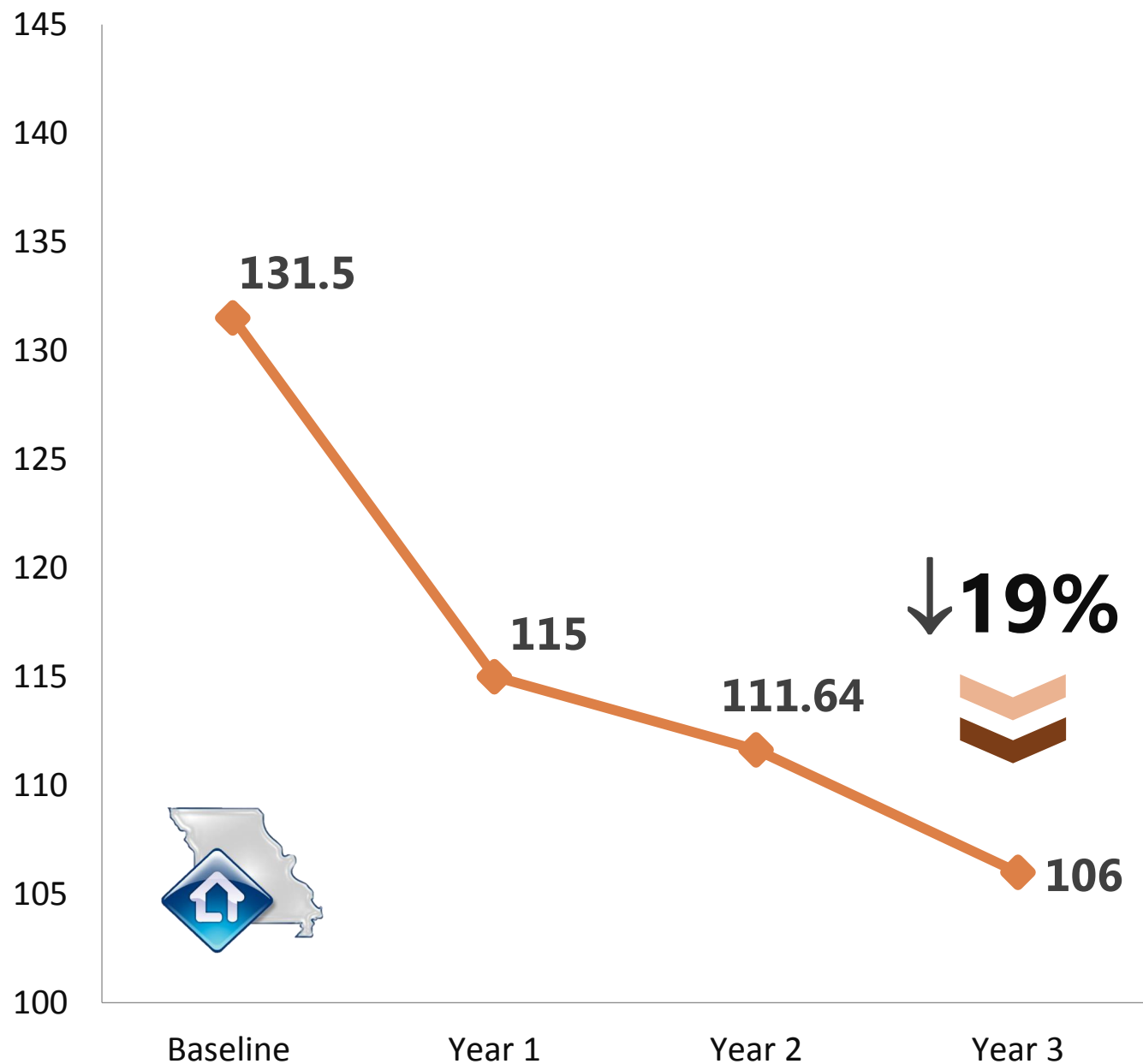
16% ↓ in cardiovascular disease
42% ↓ in stroke

reduction in **HgbA1c**



21% ↓ in diabetes related deaths
14% ↓ in heart attacks
37% ↓ in microvascular complications





Improving uncontrolled cholesterol

Baseline to Year 1:

Reduced the mean LDL

131 to 115 = 12% decrease

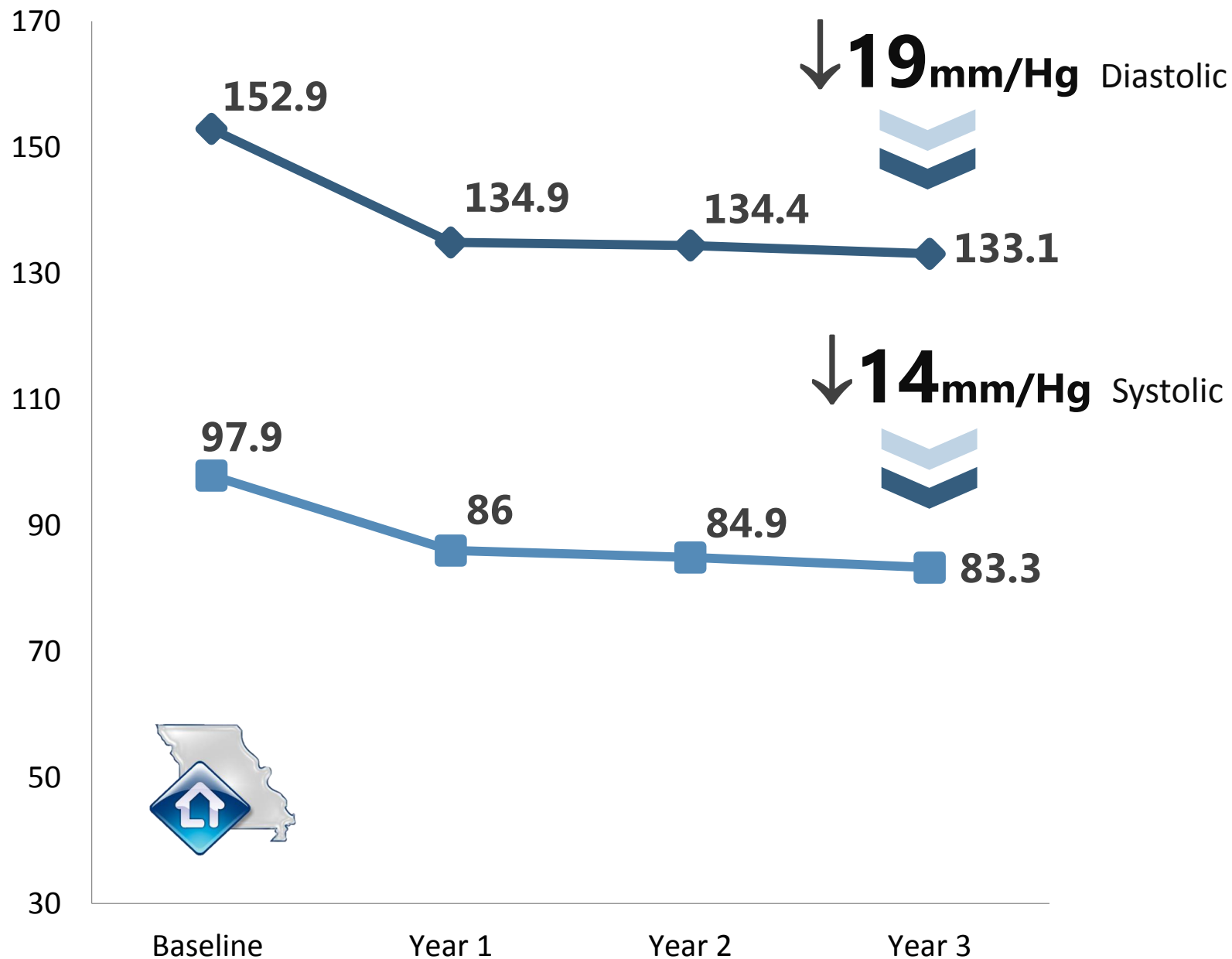
Baseline to Year 3:

Reduced the mean LDL

131 to 106 = 19% decrease

For individuals with LDL >100 at Baseline





Improving uncontrolled blood pressure

Baseline to Year 1:

Reduced the mean BP

Systolic: 152 to 134 = $\downarrow 18 \text{ mm/Hg}$

Diastolic: 98 to 86 = $\downarrow 12 \text{ mm/Hg}$

Baseline to Year 3:

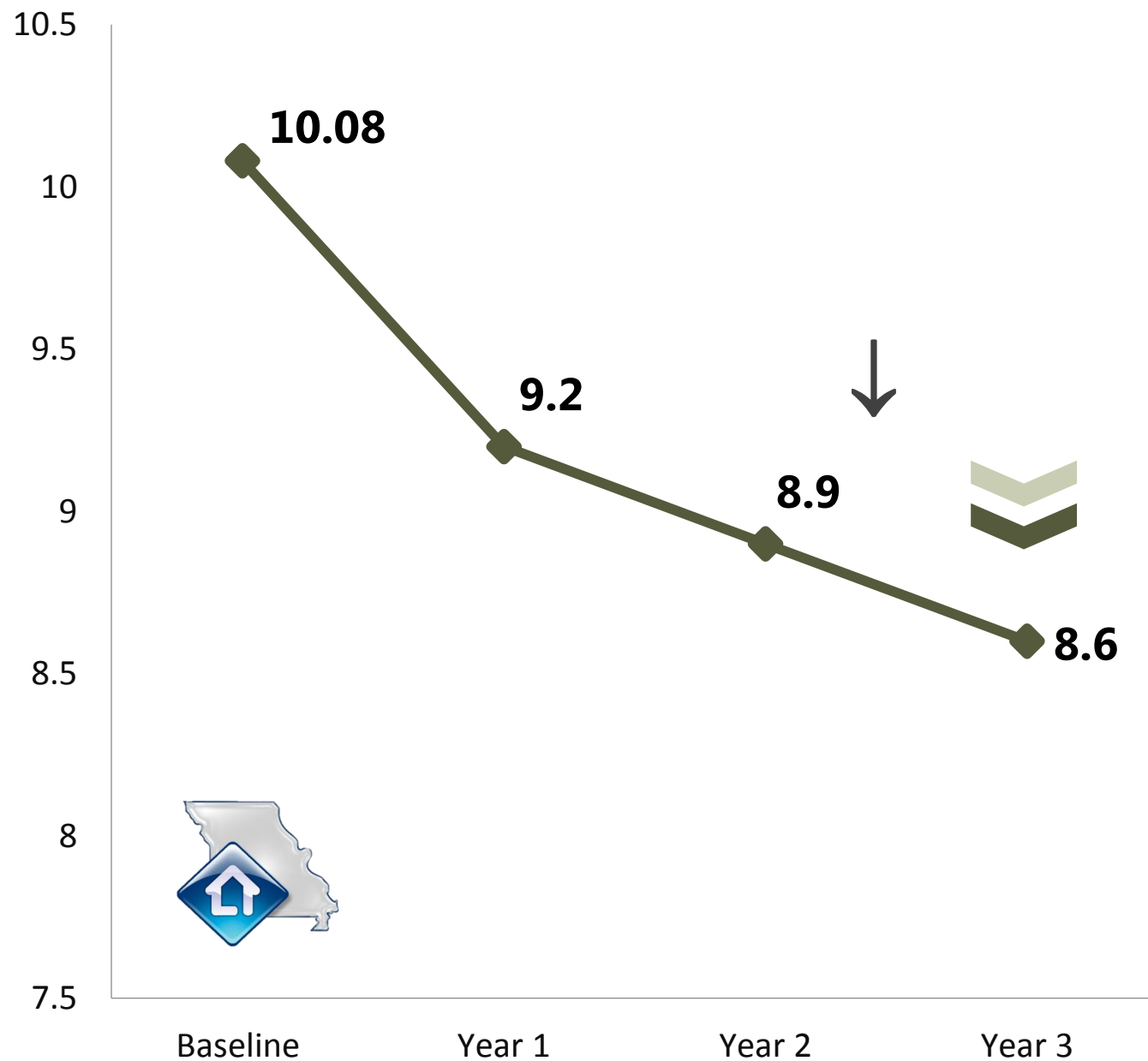
Reduced the mean BP

Systolic: 152 to 133 = $\downarrow 19 \text{ mm/Hg}$

Diastolic: 97 to 83 = $\downarrow 14 \text{ mm/Hg}$

For individuals with Systolic BP >140 and Diastolic BP >90 at Baseline





Improving uncontrolled A1c

Baseline to Year 1:

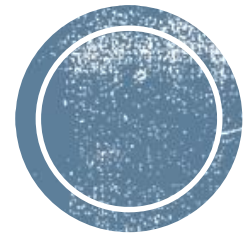
Reduced the mean HgbA1c
10.1 to 9.2 = ↓.88 points

Baseline to Year 3:

Reduced the mean HgbA1c
10.1 to 8.6 = ↓1.48 points

For individuals with HbA1c >9.0 at
Baseline





national recognition
of the
Missouri Model



The Promise of Convergence: *Transforming Health Care Delivery in Missouri*

A Case Study Developed for the 2015 NASCA
Institute on Management and Leadership

Denver, Colorado – October 7-9, 2015

Missouri Health Homes



Missouri CMHC Health Homes



NASCA leaders discuss health homes.



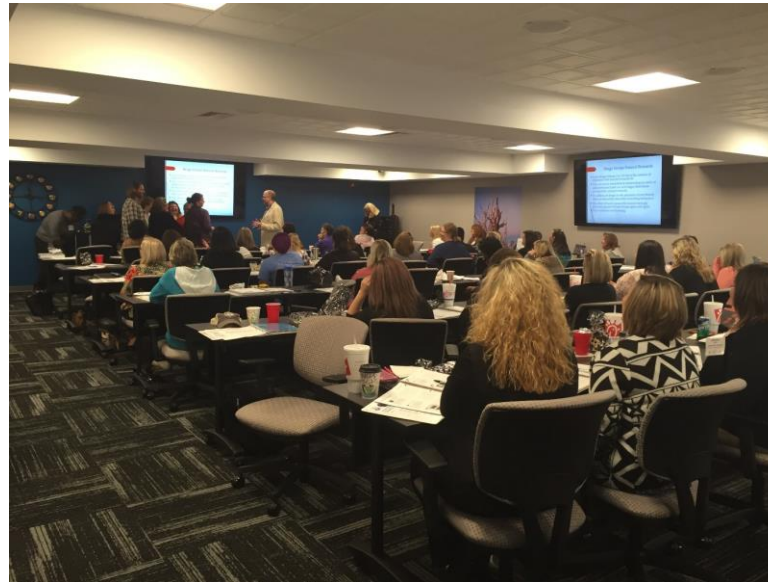


Missouri CMHC Health Homes



Lessons Learned:

- State/Provider Collaboration Key
- CEO Presentation Mandate
- Kids Model Wrong – More Wellness/Family
- MCO Challenges (Kansas Example)
- Data! Data! Data!
- Engage the Nurses
- Hospital MOU
- Agency Integration



**Missouri
CMHC
Health Homes**



For more information

MO Health Home Resources

MO Department of Mental Health
dmh.mo.gov/mentalillness/mohealthhomes.html

MO Coalition for Community Behavioral
Healthcare
mocoalition.org/#!/health-homes/c14fu

MO Department of Social Services | MO
Primary Care Health Homes
dss.mo.gov/mhd/cs/health-homes/

CMS Health Home Information Resource
Center
www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/health-home-information-resource-center.html

Articles and Recognitions

“The Promise of Convergence: Transforming Health Care Delivery in Missouri” (Harvard Case Study for 2015 NASCA Institute on Management and Leadership)
www.naspo.org/dnn/Portals/16/2015%20NASCA%20Case%20Study%20-%20The%20Promise%20of%20Convergence%20FINAL%20for%20article.pdf

Gold Award: Community-Based Program: A health Care Home for the “Whole Person” in Missouri’s Community Mental Health Centers (APA Achievement Awards 2015)
ps.psychiatryonline.org/doi/full/10.1176/appi.ps.661013can Psychiatric Association |

