MO HealthNet—Primary Care Health Homes – June 2019

What is a health home?

The Missouri health home model provides:

Team-based, whole person care for persons with chronic health conditions. The primary care health home team consists of:1) Director, 2) Nurse Care managers; 3) Care Coordinator; 4) Behavioral health consultant.

Qualifications for enrollment

Health homes are designed to help manage the following chronic health conditions and risk factors:

- Asthma
- COPD
- Diabetes
- Cardiovascular Disease
- Hypertension
- Obesity
- Tobacco Use
- Depression •
- Anxiety

Substance Use Disorder Persons with any two of these conditions, or diabetes, obesity or pediatric asthma alone gualify for primary care health home services.

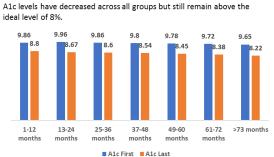
What happens in a health home?

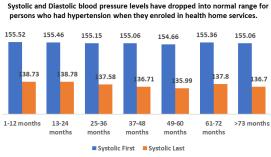
Health home teams provide person-centered care to help manage chronic health conditions. The health home goals are listed below.

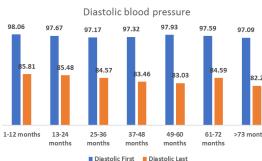
Goals of Health Homes

- **Reduce hospitalizations**
- Reduce avoidable visits to the emergency department
- Improve care coordination to result in improved quality of clinician work life and patient outcomes
- Provide assistance with disease management to Improve ٠ health indicators (e.g. A1C, LDL, blood pressure)
- Improve transitions of care between providers (e.g. hospital and primary care doctors)
- Demonstrate cost-effectiveness in order to justify and support the sustainability and spread of the model
- Support primary care and behavioral care practice sites by increasing available resources and Implement and evaluate the health home model as a way to achieve accessible, high quality primary health care and behavioral health care

Does the health home model work? The Missouri primary care health homes have been consistently tracking progress at meeting the goals outlined above. Below are some of our results.







Primary Care Health Homes (PCHH) are administered by 40+ Primary Care organizations across Missouri.

The PCHH has served over 60,000 people since 2012

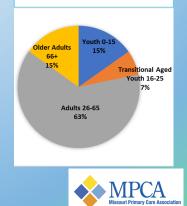
PCHH staff are focused on person-centered care for people with chronic health conditions

Primary Care Health Homes have saved millions of healthcare dollars \$\$ saved in 2012= \$113 per person per month enrolled.

In 2017 saved \$51 per person per month enrolled.

Highlights- PCHH

Average Age: 48 years 61% Female 64% Caucasian 30% Black 56% of Youth are Male



There has been a 50% decrease in the number of hospitalizations and a 34% decrease in ED visits for every 1000 member months.







MoHealt