HENNEPIN COUNTY

MINNESOTA

National Health Care for the Homeless Council

May 15, 2018

Ross Owen, MPA

Health Strategy Director, Hennepin County

ross.owen@hennepin.us

Danielle Robertshaw, MD

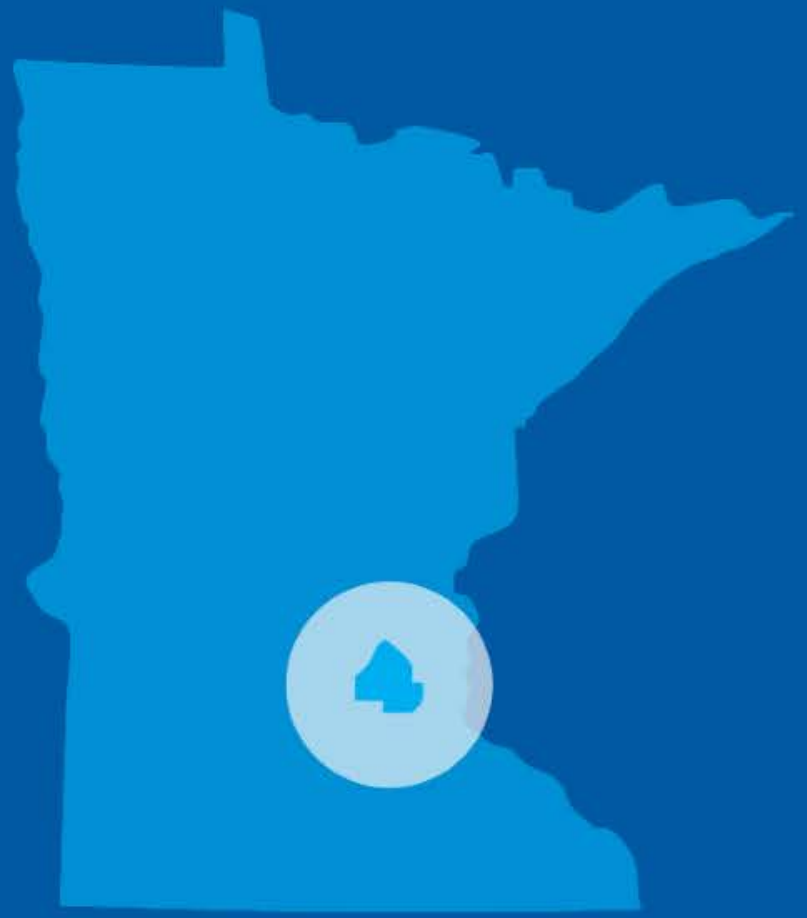
Medical Director, Hennepin County Health Care for the Homeless

Hennepin Healthcare Community Connections Care Ring

danielle.robertshaw@hcmed.org

Agenda

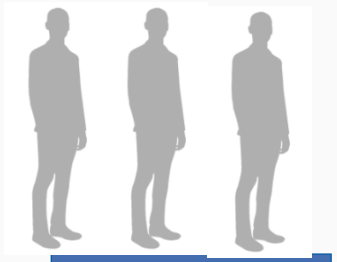
- Hennepin County Context
- Hennepin Health ACO Model
- Increasing Understanding of Social Complexity
- Clinical Approaches to Improve Care
- Taking Population Health Efforts to Scale



Hennepin County Profile

- Largest Minnesota county by population, includes Minneapolis
- 1.2 million residents
- Relatively favorable health outcomes on average
- Persistent and stark racial and ethnic health disparities

Hennepin Health Accountable Care Organization (ACO)- Structure



Prospective enrollment in health plan

Capitated reimbursement from State Medicaid Agency

Hennepin Health

HennepinHealthcare

- Shared electronic health record
- Collaborative decision-making
- Data and service integration
- Measuring impact
- Risk-sharing funding model
- Defining success in community health terms

NORTHPOINT Health & Wellness Center

Hennepin

Human Services

Hennepin

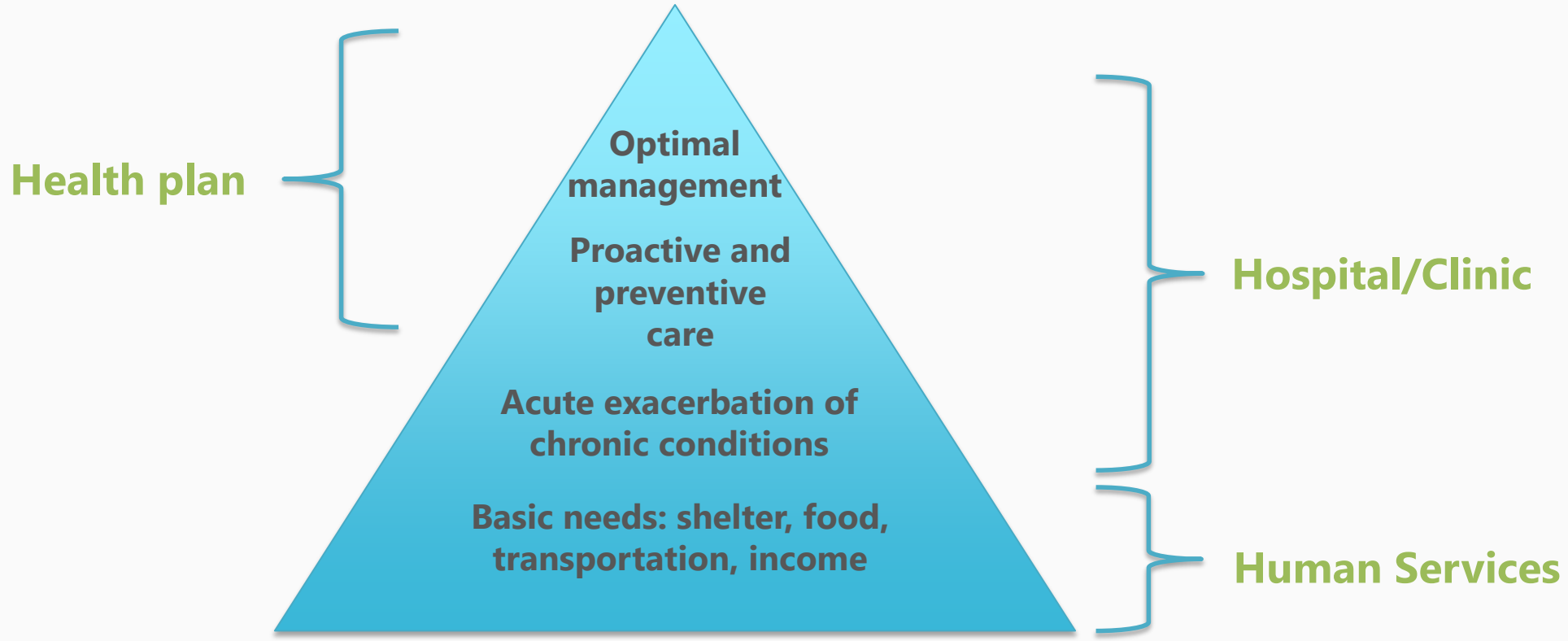
Public Health, including Health Care for the Homeless

Hennepin

Financial Model: Impact

	Before Hennepin Health / Traditional Health Care	With Hennepin Health
Method of Paying Providers for Care	Fee-for-Service (*Volume*)	Total-Cost-of-Care (*Value*)
Health Plan <---> Provider Financial Incentives	Opposed	Aligned
Remaining Funds if Financially Successful	Health Plan Margin	Reinvestment to Further Improve the System
Services Offered to Patients	Medicaid Benefit Set (*Rigid*)	Medicaid Benefit Set + Care Coordination + Targeted Social Service Interventions (*Flexible*)

Opportunities for Improvement



Evolution of the ACO

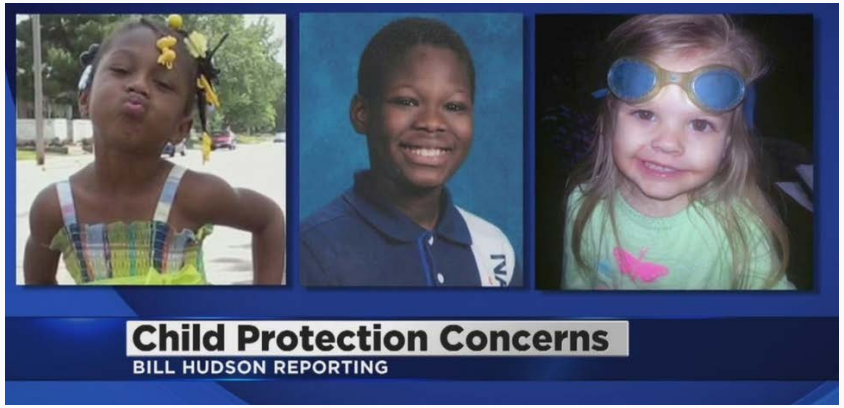
Then (2012 – 2015)

- Health reform demonstration model
- Average of ~10,000 members
- Serving exclusively Medicaid expansion (adults without children) members

Now (2016 – present)

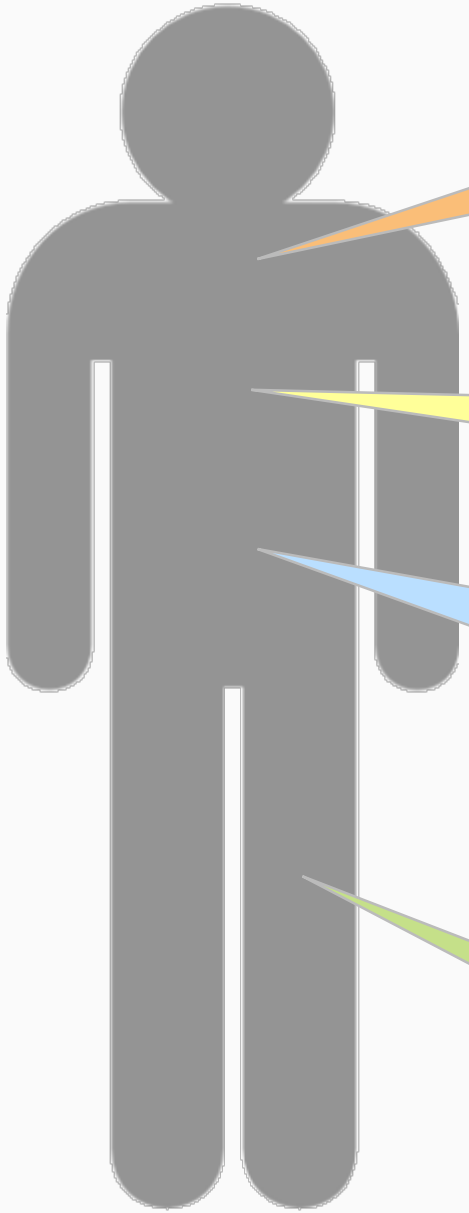
- "Mainstream" Medicaid insurance offering in Hennepin County through competitive procurement
- Over 25,000 members
- Increasing proportion of Medicaid families and children

Multiple Systems, Aligned Opportunities
A Broader Role in Community Health



Medicaid Expansion Data

All data limited to March 2011 to December 2014



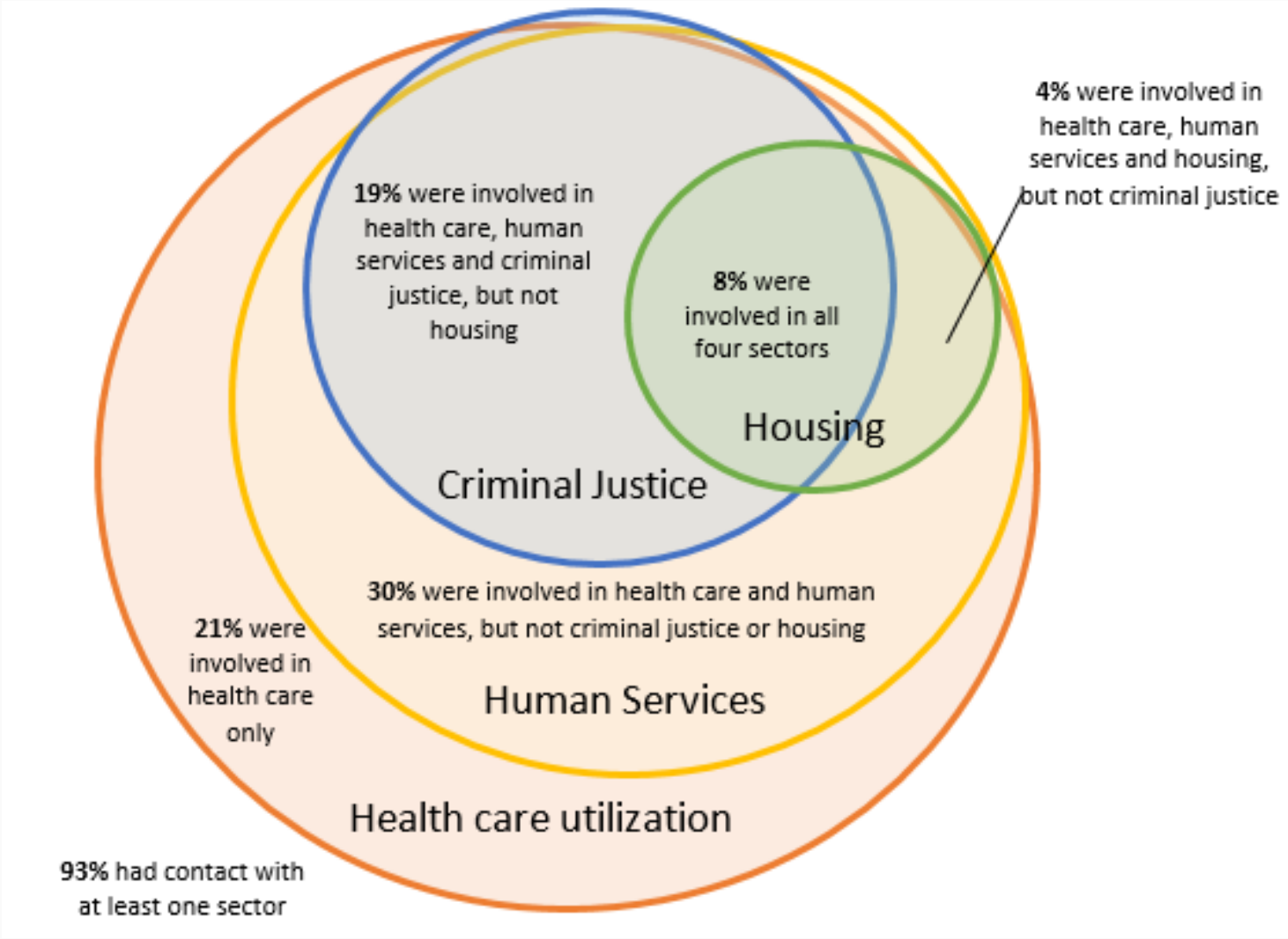
Minnesota Health Care Programs
- Medical Assistance (Medicaid)
- MinnesotaCare
- Other programs

Human Services
- Food support
- Cash support
- Case management

Criminal Justice
- Court
- Jails and Detention Centers
- Supervision
- Adult Corrections Facilities
- State Prison

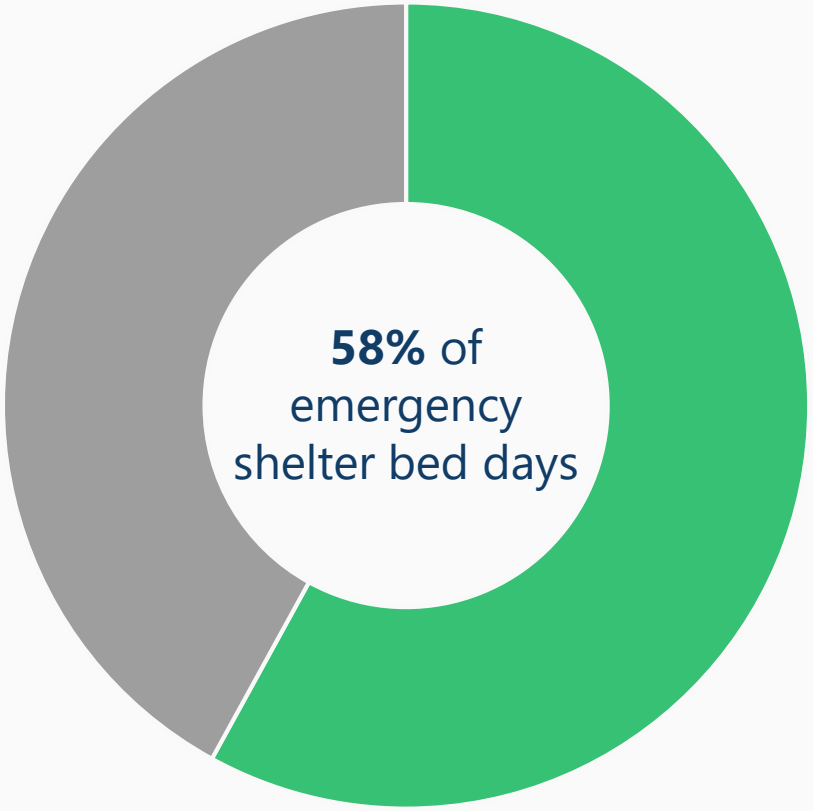
Housing
- Emergency Shelter
- Group Residential Housing
- Permanent Supportive Housing

Involvement Across Sectors

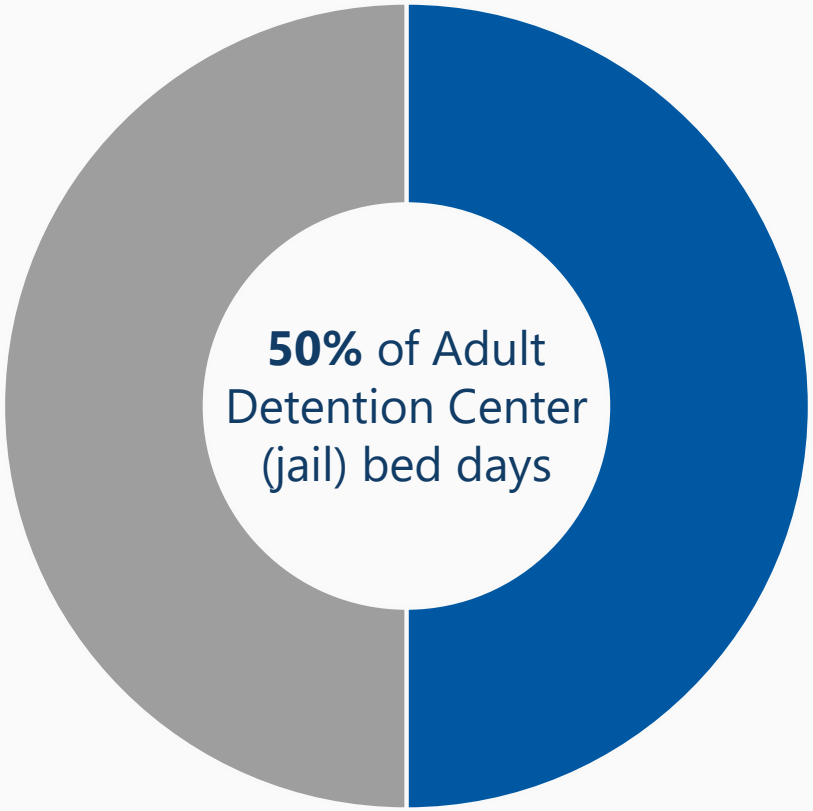


Involvement Across Sectors

Hennepin Emergency shelter

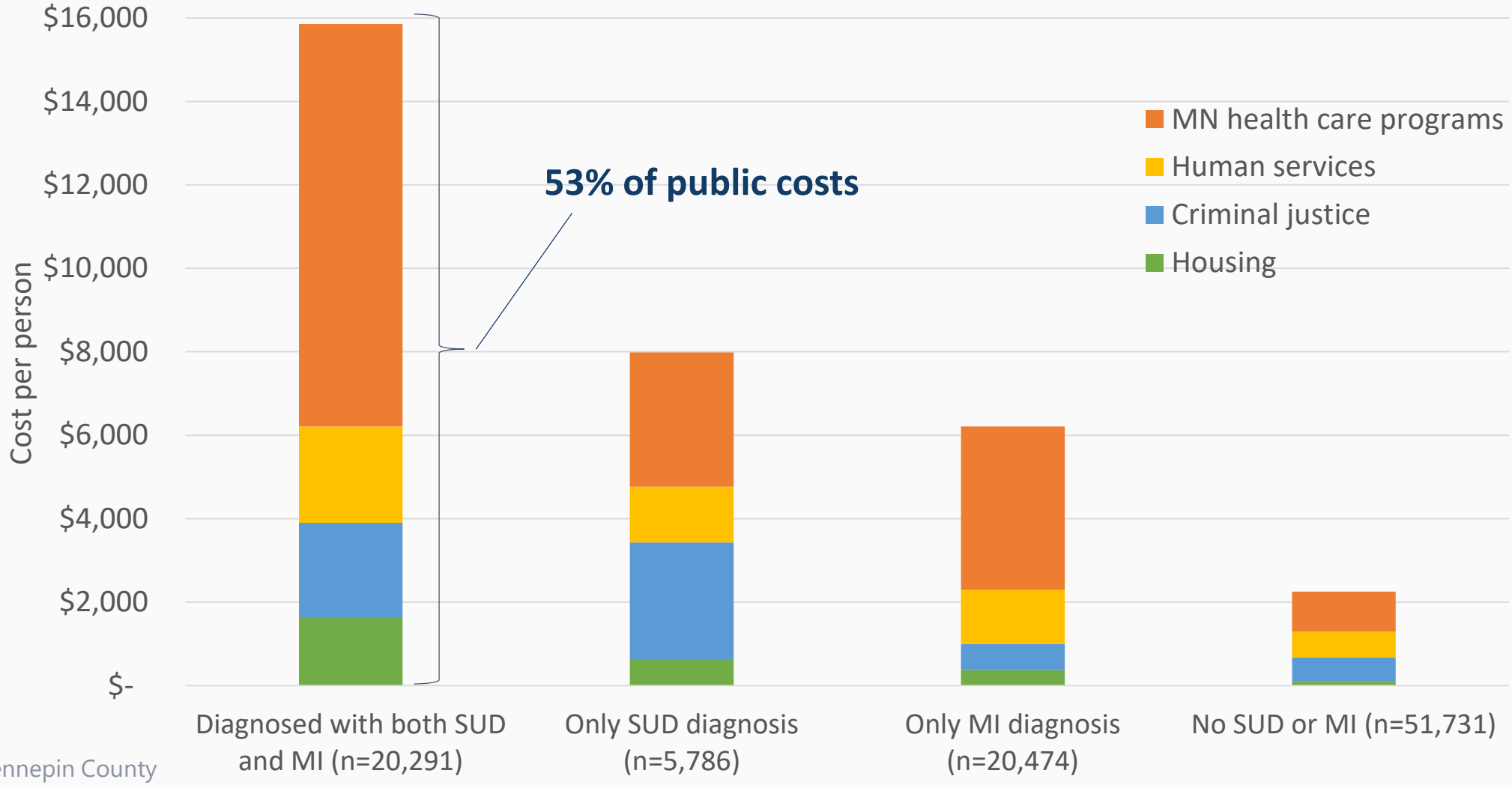


Hennepin ADC (Jail)

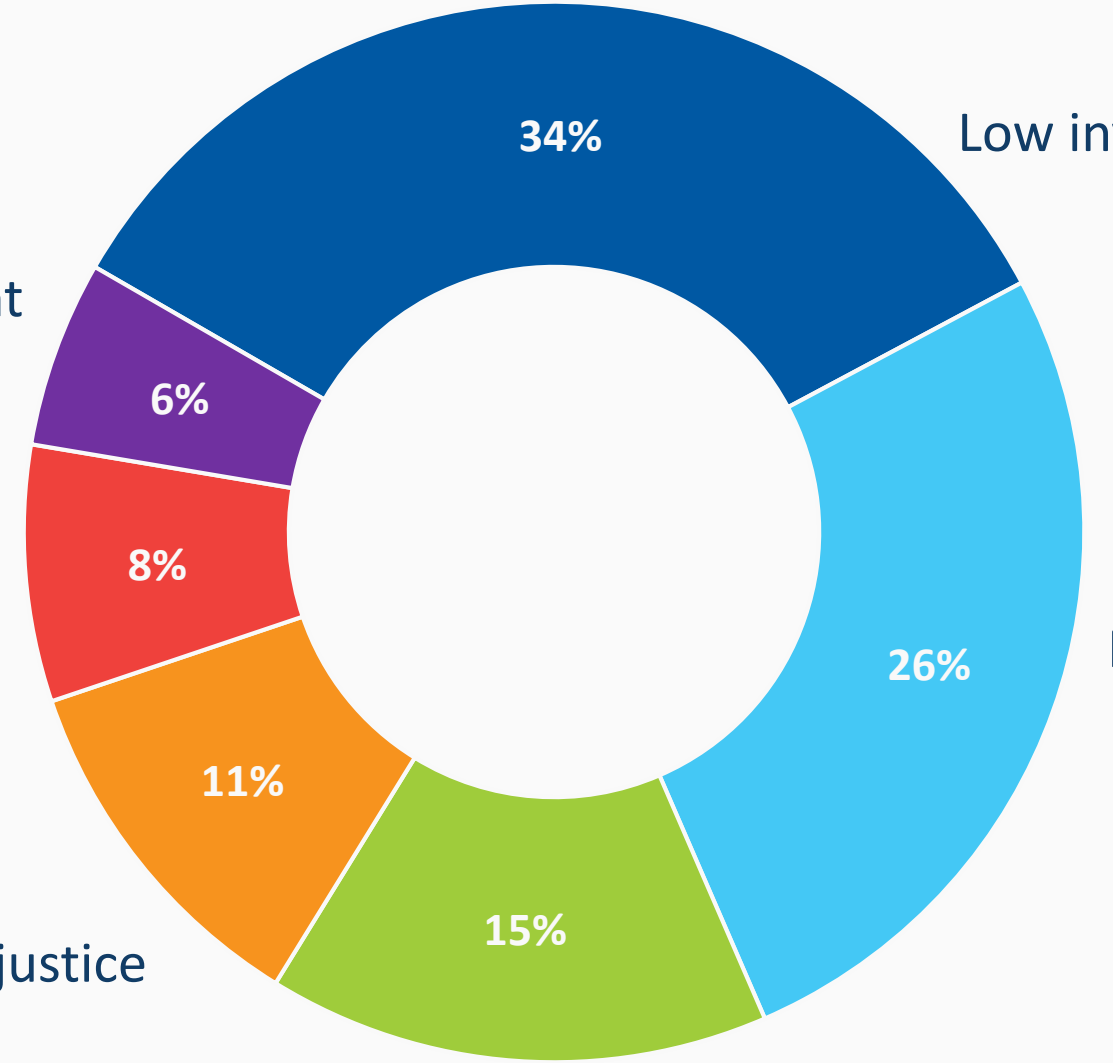


Hennepin ACF

Medicaid Expansion Public Costs Per Person by Diagnosis



Six Medicaid Expansion Sub-populations



Group 1
Low involvement in all sectors

Group 2
Managed chronic conditions
High primary care use
Majority women

Group 3
Health care high utilizers, long-term MA, older, supportive housing

Group 4
Low-level criminal justice involvement

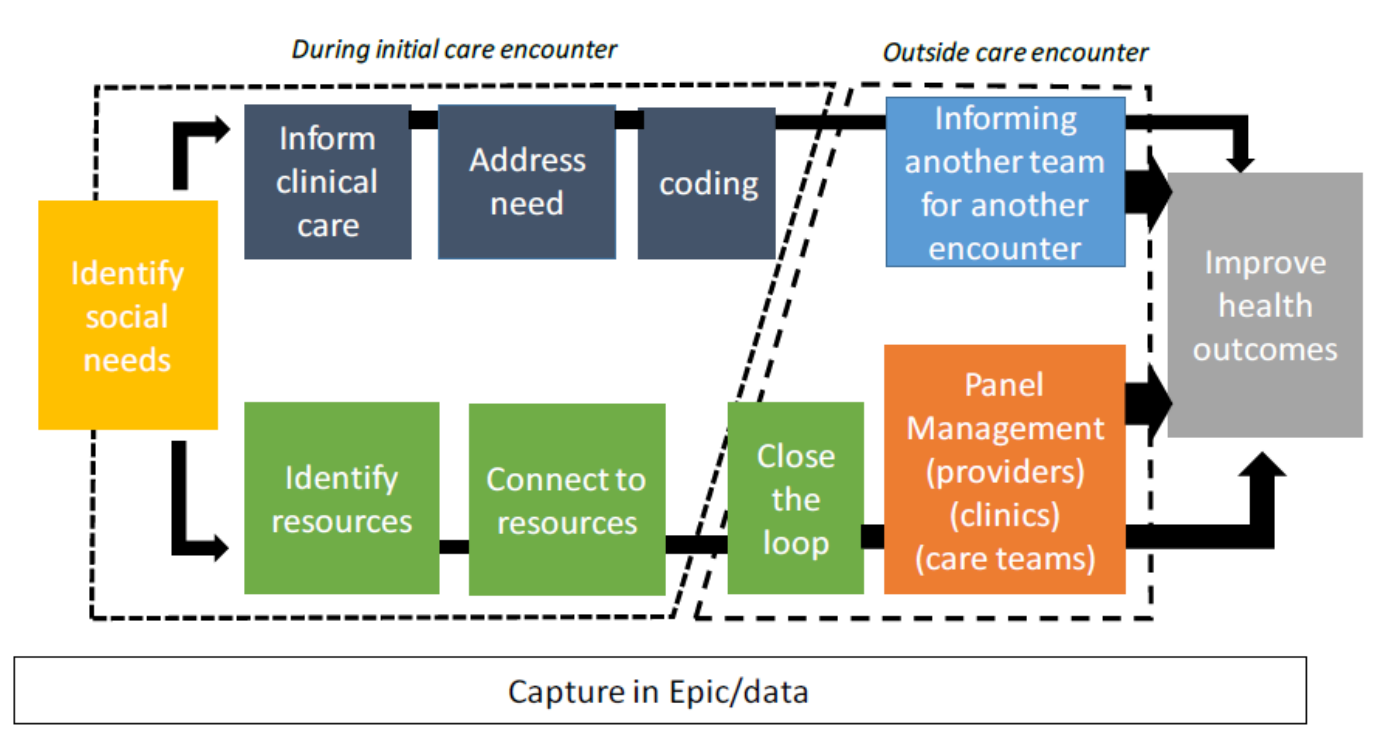
Group 5
High utilizers in all sectors
High ED
Long-term MA
Low/Mid-level CJ
MI and SUD

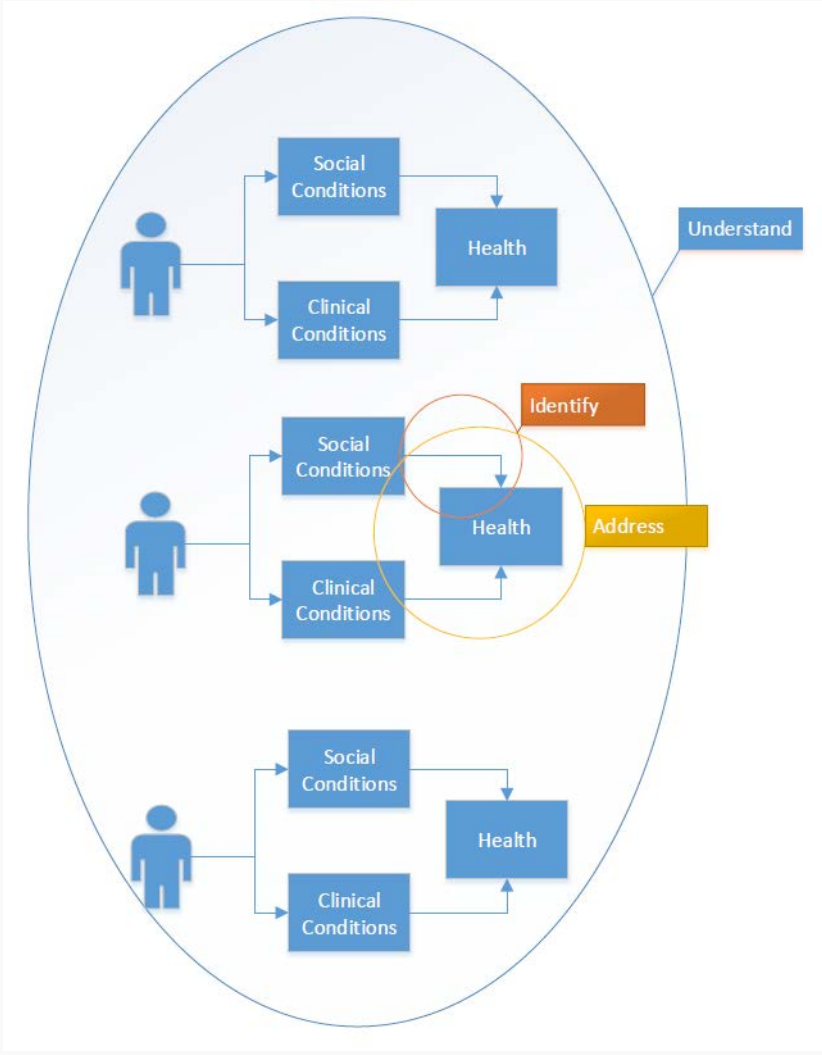
Group 6
Serious CJ involvement

Evolving health care delivery

- Identifying social factors
- Application of data to drive change
- Reinvestment
- Expanded Medicaid benefits

Identifying housing status (then what?)





Housing status capture & use in EHR

- Individual patient – inconsistent
- Population level (internal)

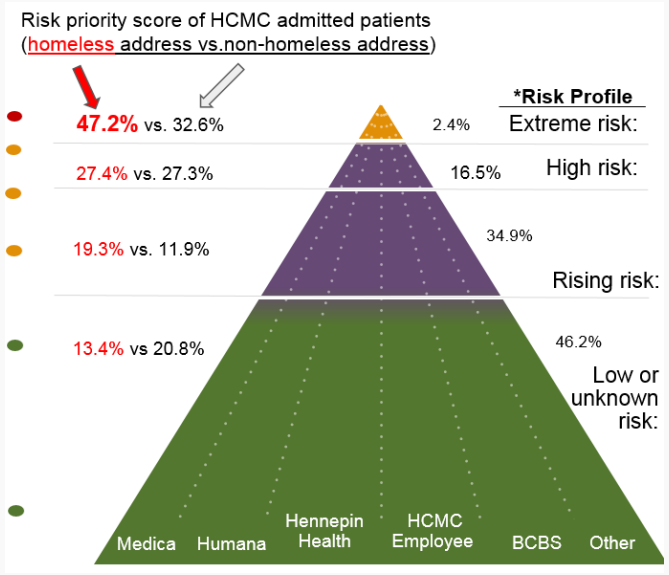
"Homelessness is the equivalent of another diagnosis" (ICD10 – Z59.0)

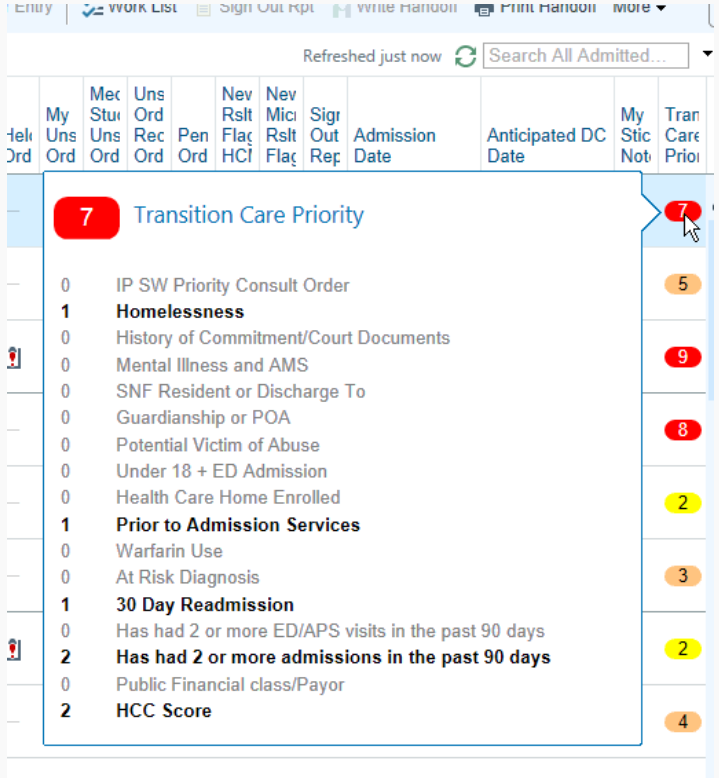
Identifying Homeless Medicaid Enrollees Using Enrollment Addresses

Objective. To design and test the validity of a method to identify homelessness among Medicaid enrollees using mailing address data. Health Serv Res. 2017 Jul 3.

Hospital discharges

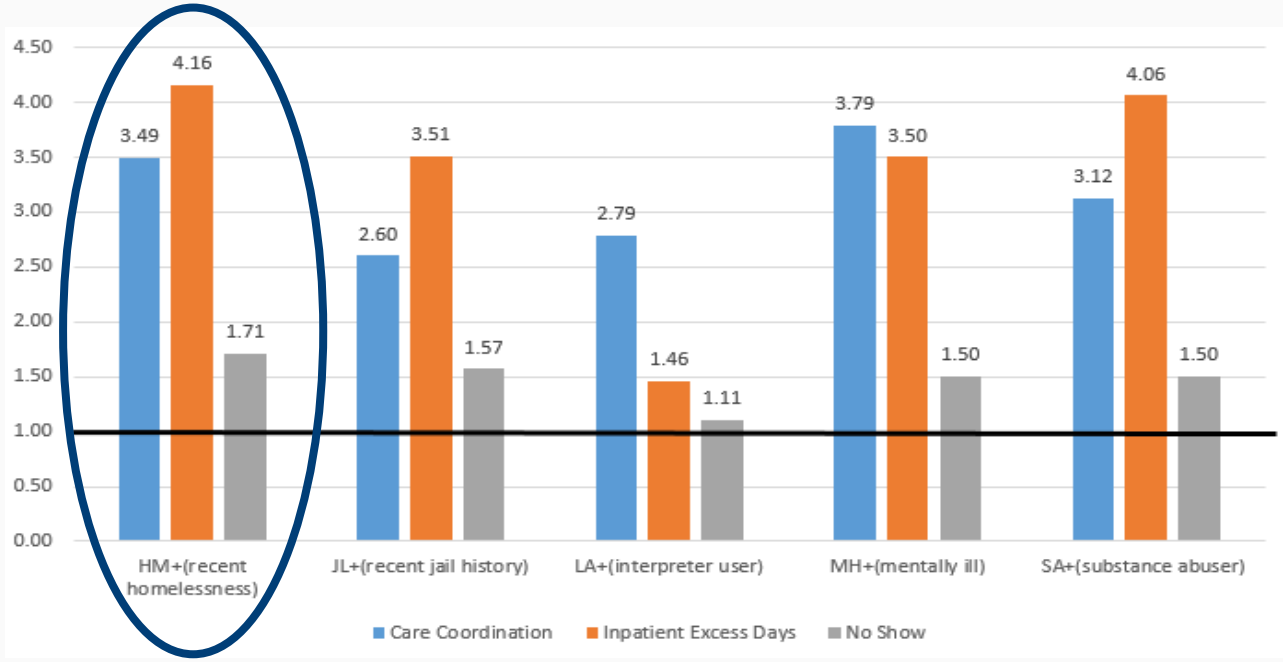
- 9.4% medical/surgical discharges
- 23% psychiatry discharges
- 32% more likely to be readmitted (30d)
- >2x expected excess days





Population level (external)

Table 3. Prevalence of social risk factors among IHP-attributed adult population of patients.		
Social Risk Factor	Hennepin Healthcare System, Inc	Minnesota Medicaid
Substance use disorder	29.11%	13.84%
Serious and persistent mental illness (subset of individuals with SMI)	7.79%	4.40%
Serious mental illness (SMI)	35.27%	21.18%
Deep poverty (<=50% FPL)	32.67%	26.77%
Homelessness	19.87%	8.50%
Past prison incarceration	7.18%	3.95%



- Many tables → Shared buffet
  - "Homeless Consult"
  - "Priority" populations for housing
  - Medical Respite
- Adding to knowledge base
- Policy & advocacy

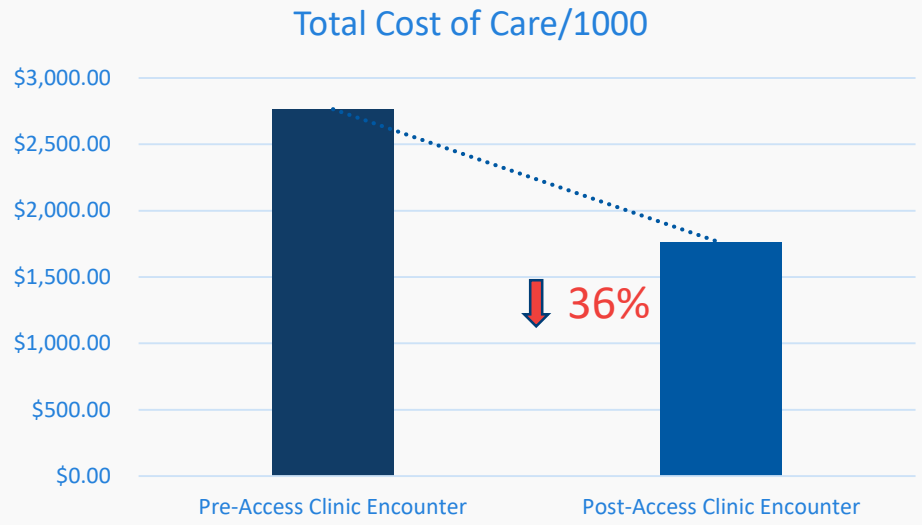
Jim & Beth

- Jim – late 40s, sleeps "all over" (outside, friends/family, various shelters)
  - Active substance use disorder, untreated mental health
  - Frequent ED, detox & jail visitor
  - Intermittent clinic visits (HCH)
  - ***Goal:*** *"be a role model for my kids and grandkids so they want to see me"*
- Beth – late 20s, in overnight shelter > 1 year
  - Untreated severe & persistent mental health, active substance use disorder
  - Frequent psychiatric hospitalizations
  - Rare clinic visits (HCH)
  - ***Goal****: "just be stable"*

Hennepin Health Access (HHA) Clinic

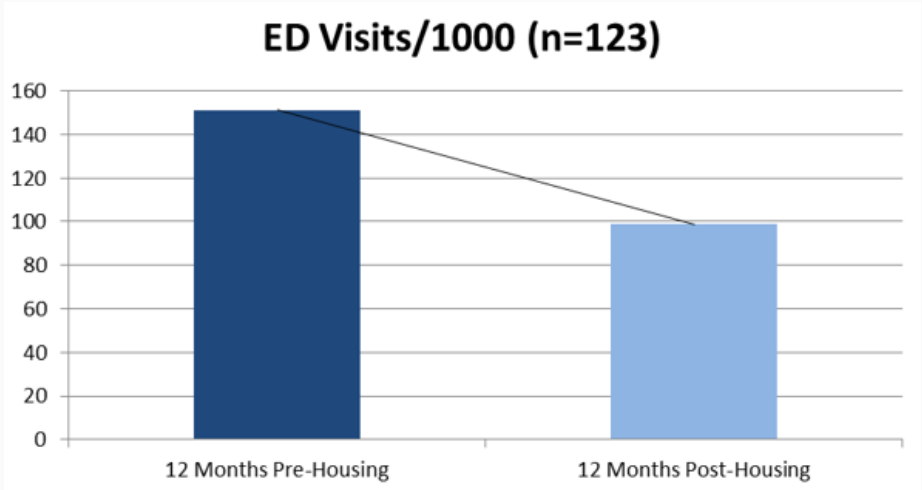
Reinvestment initiative 2014

- Coordinated Care Center – "Ambulatory ICU"
  - What if you met these patients earlier??
- HHA target population - high impactable ED (and hospital) utilization
  - Homeless
  - Chemically dependent
  - Mentally ill
- Health Care for the Homeless model
  - Integrated, coordinated, multidisciplinary team
  - Strong partnerships
  - Enabling services & flexible access
  - Transitional - stabilize and warm hand-off
- Tracking systems – dashboards, reports



Social Services Navigation Team

- County-employed social workers working in the community
- Linked to clinic and health plan-based teams
- Addressing social needs and barriers, often housing, employment, or behavioral health-related
- Paid with Medicaid health plan funds



Jim and Beth?

- Jim – enrolled in Hennepin Health
  - Connected with HH ED In-Reach →HHA Clinic, HH Social Service Navigators
  - Completed CD treatment, connected to mental health care, moved into housing
  - Job training & placement (HH Vocational Services)
  - *Connected with children & grandchildren*
- Beth – enrolled in Hennepin Health
  - Connected with HCH respite team→ out-patient psychiatry, methadone program, HHA Clinic
  - Applied & approved for long-term disability (income, housing support & services)
  - *Clean without hospitalizations > 9 months*
  - *Moving into her own apartment with services next month*

Questions and Discussion

DEPARTMENT OF HUMAN SERVICES

Heath care for the Homeless: Social Determinants of Health and Minnesota's Medicaid Program

Marie Zimmerman, Medicaid Director

Topics to cover today

+ Minnesota Medicaid Snapshot
+ Medicaid and homelessness
+ Strategies on Social Determinants
+ Medicaid Housing Stabilization Services
+ Integrated Health Partnerships
+ Medicaid Tomorrow
+ Medicaid Directors

Medicaid in Minnesota

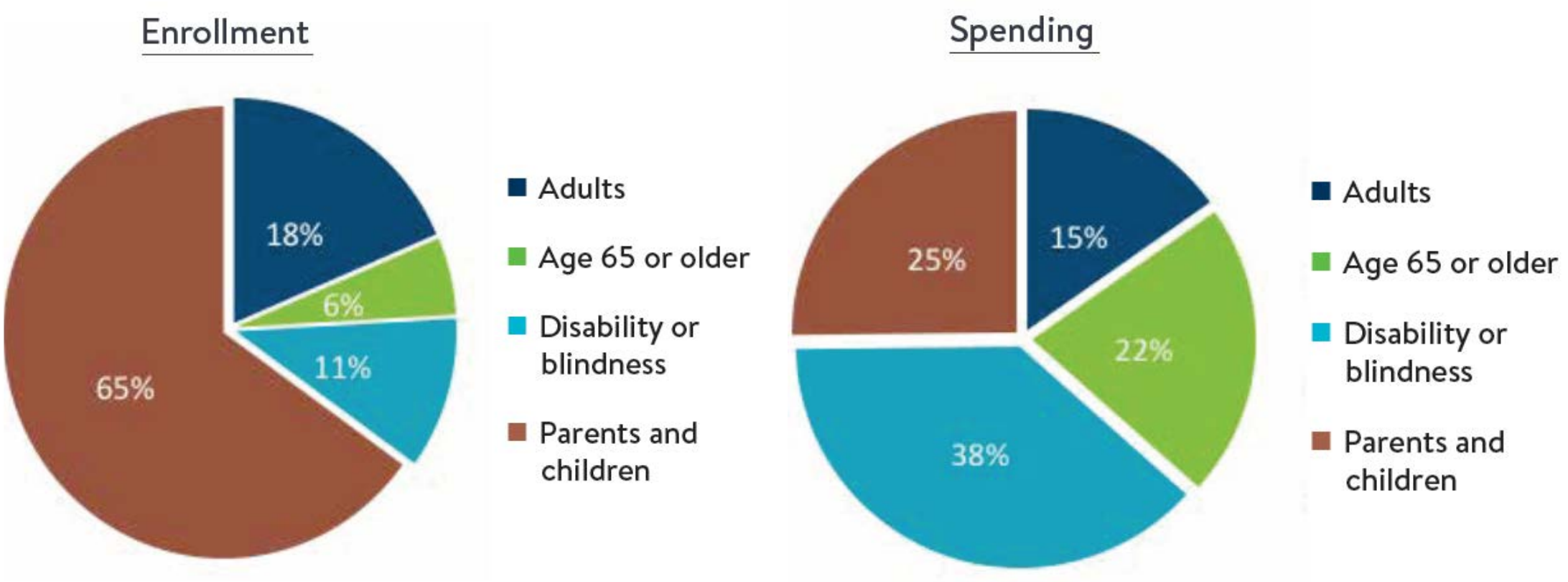
1.2 million ENROLLEES

1 in 5 MINNESOTANS

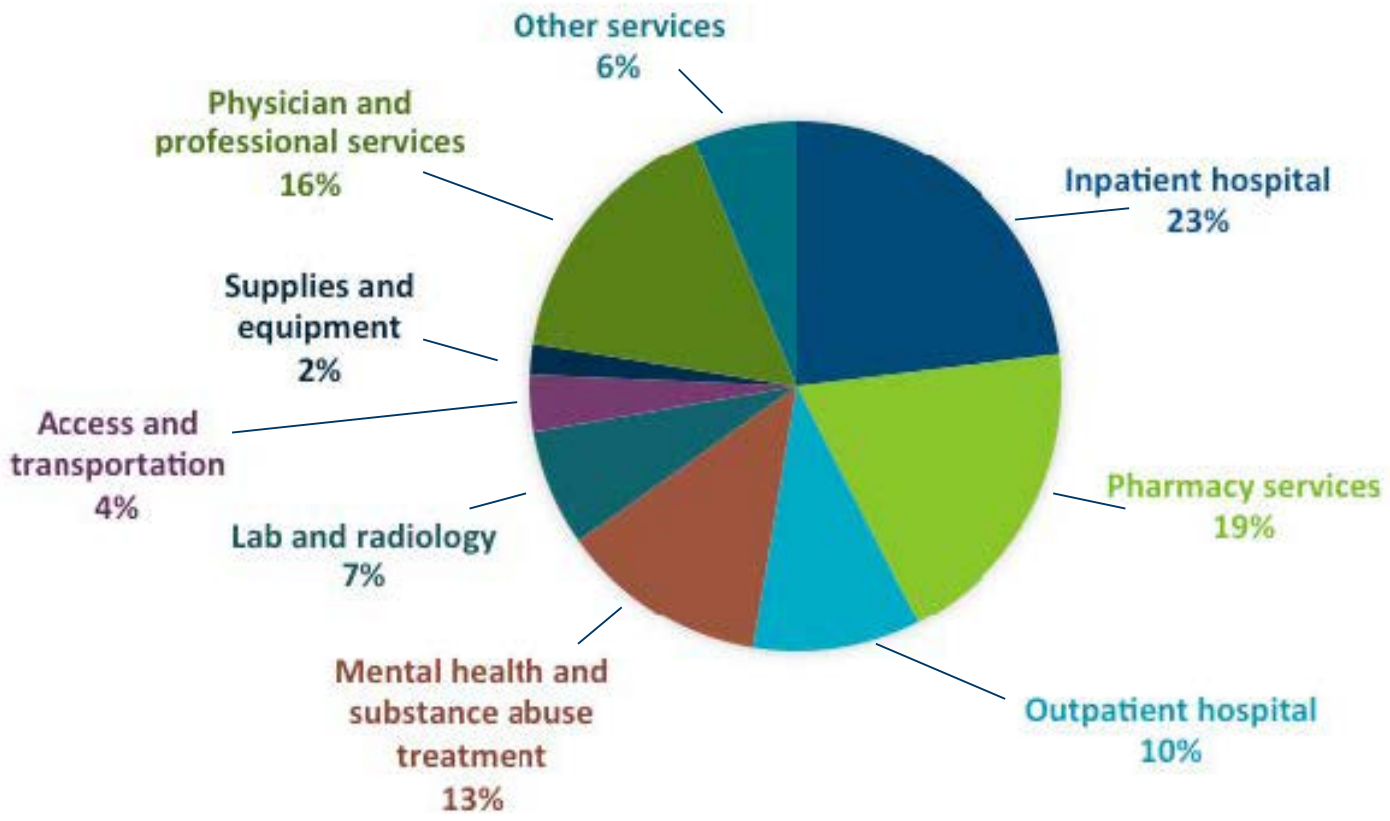
DEPARTMENT OF HUMAN SERVICES


$11.4 billion, annually
60 percent covers seniors and people with disabilities

Medicaid enrollment and spending by eligibility category



Medicaid spending by category of service for adults



Snapshot: 2016 spending

$1.7 billion

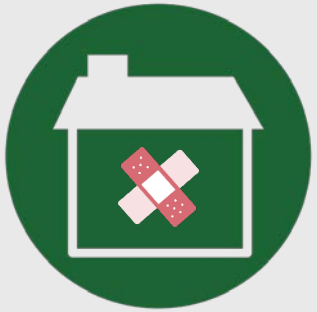
200,000 adults enrolled

Minnesota Medicaid & Homelessness

- **120,000** Minnesotans experience housing instability
- **15,000** Minnesotans experience homelessness on any given night

Health and housing strategies intersect

- Hennepin Health/ Health Care for the Homeless



New Medicaid Housing Stabilization Service

Accountable Care Partnerships

- Building social determinants, like homelessness, into payment incentives
- Requiring formal partnerships

MN Medicaid Housing Stabilization Service

GOALS

1. Support an individual's **transition** to housing in the community
2. Increase **long-term stability** in housing
3. **Avoid** future periods of homelessness or institutionalization
4. Target population about 50,000

PROCESS

Leveraging Medicaid to transition and maintain housing

Integrated Health Partnerships (IHPs)

$213 million in savings

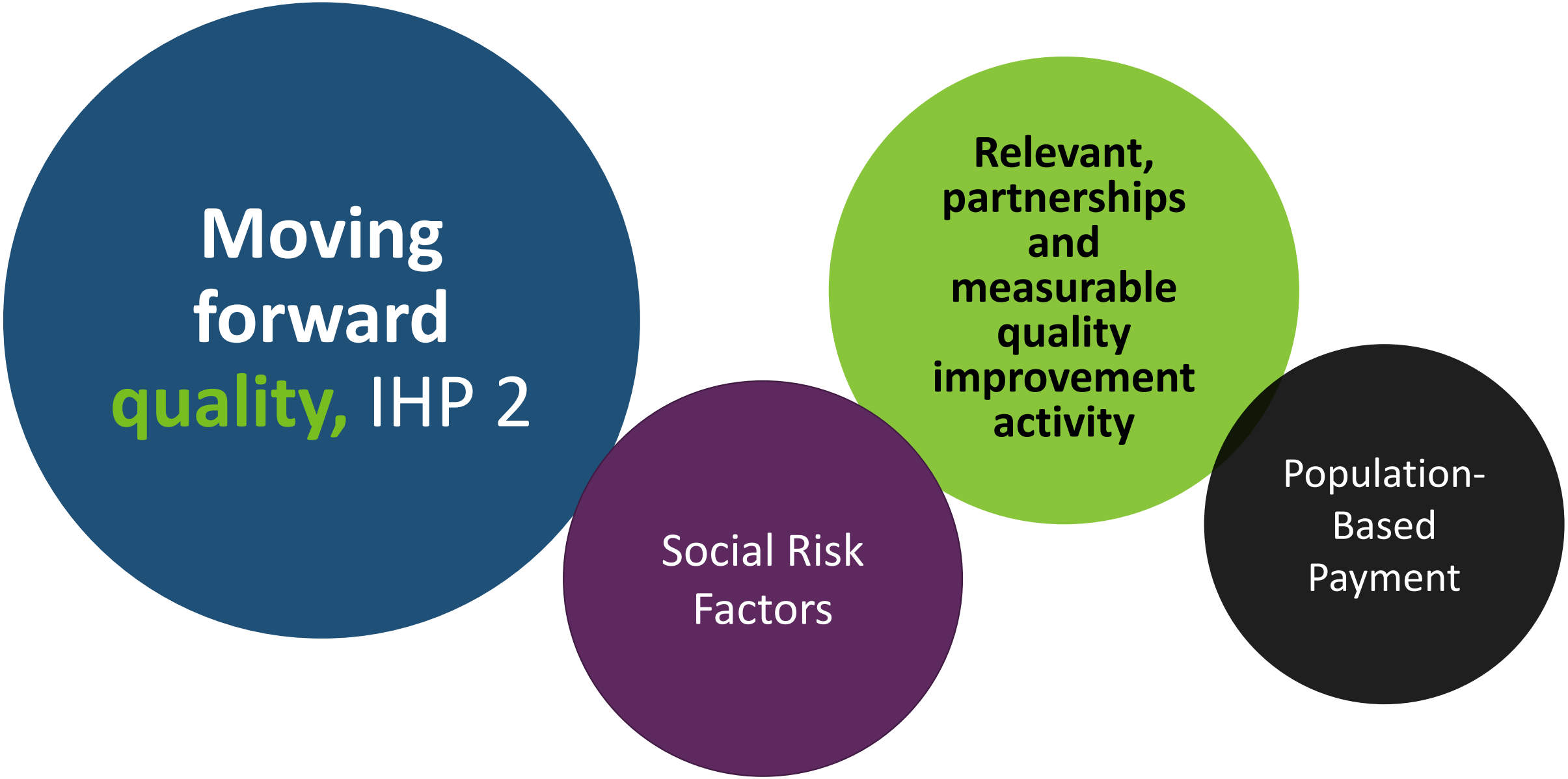
14 percent drop in hospital stays

460,00 people served

Improving Outcomes Through New Provider Incentives

- Health care providers **work together** across service settings to meet patient needs.
- These providers **share in savings** they help create and in losses when goals are not met.
- They **look for innovations** to improve the health of their communities.

Paying for value and good health outcomes instead of the number of visits or procedures through our Integrated Health Partnerships (IHPs).


Moving forward quality, IHP 2
Relevant, partnerships and measurable quality improvement activity
Social Risk Factors
Population-Based Payment

Moving forward payment reform, IHP 2.0

Risk Factors

Adult Population	Children
Deep poverty	Deep poverty
Homelessness	Homelessness
SPMI	Parental SPMI
SUD	Parental SUD
Prison History	Parental Prison History
	Child Protection Involvement

Medicaid Tomorrow

A drive toward whole-person care,
lower-cost and better health outcomes

+ The acknowledgement that provider reach is only so deep, housing, income, justice-involved, food security are unaddressed

= **A desire to integrate the health care system and social services**

SDOH in Medicaid, Opportunities and Challenges

Opportunities

- Largest single health insurer in most states
- Promote and incentivize health outcomes
- Bring system-wide transformation
- Find partnerships and new business models, don't reinvent the wheel of social services
- Determining what it means to incorporate SDOH into payment

Challenges

- Sustainability: federal and state budget pressures and economic conditions
- Medicaid is health insurance, it can't pay for everything
- Gaps and disparities to address can be overwhelming
- Determining what it means to incorporate SDOH into payment

Talking to Medicaid Directors

1) Come with:
   - **A Specific ask** (not just money)
   - Business model or **proof of concept**
   - **Useable data**, consumable info that helps tell a story
2) Demonstrate **partnerships** and plans for coming together
3) Offer to **be a convener**

DEPARTMENT OF HUMAN SERVICES

Thank you

Marie Zimmerman

Medicaid Director

651-431-4233

Marie.Zimmerman@state.mn.us

DISCUSSION