

PROFILES IN INNOVATION**HENNEPIN HEALTH, Hennepin County, Minnesota**

Created in response to the approaching Medicaid expansion, Hennepin Health is a care coordination demonstration project that launched in January 2012. The program is designed to fully integrate patients' medical, behavioral health, and social service needs.

The four primary partners include a hospital system, a federally qualified health center, the county department of human services and public health, and the county-run health plan. This partnership allows the program to monitor costs and savings across the medical and social service realms, including the corrections and housing systems, giving it the unique ability to include the impact of cost-shifting into its cost analyses and evaluations.

- ▶ **Population:** Adults without dependent children in the home, who are at or below 75 percent of the federal poverty level and between the ages of 21-64. The program is currently serving just over 6,000 enrolled members per month. Of these members, over 60 percent have either substance abuse and/or mental health needs, nearly a third are unstably housed, and 30 percent have more than one chronic disease.
- ▶ **Delivery Model:** Community health workers (CHWs) or care coordinators (across the partner system) conduct initial outreach and engagement. Once engaged, patients are assigned to a multidisciplinary care team comprised of a physician or nurse practitioner, one or more care coordinators (e.g., a nurse, behavioral health specialist, and/or human service specialist), a pharmacist, a CHW, and others as needed. Caseloads are determined using a complexity driven algorithm.
- ▶ **Financing:** Funded through the capitated per member per month rate paid by Medicaid to the health plan. Rates range from \$800-1,000, depending on the patient's age and gender. The plan does not receive additional dollars to pay for care coordination services. A shared savings pool is funded through the savings generated from the program and from voluntary partner withholds that are individually set based on utilization targets and the amount of risk each partner takes on.

KEYS TO SUCCESS

1. **Base care coordination staff out of various locations**, not just in clinics, to ensure that they engage patients who are not regularly touching the health care system;
2. **Focus on improvements across systems**, as these may need to be addressed first to better serve patients;
3. **Target relationships with partners who touch the highest-needs patients** to ensure the strongest collaboration with entities that can help deliver the maximum return on investment; and
4. **Designate one individual to be the point-person for network partners** to cultivate relationships based on mutual trust and responsiveness.

Spotlight: Systems Repair

One of the things that most surprised Jennifer DeCubellis, assistant commissioner of the Community Supports Administration at the Minnesota Department of Human Services, during Hennepin Health's first year was the many different places patients fell through the cracks. "We needed to get systems working better together and gain those efficiencies before we could even get traction with patients on an individual level."

In one instance, many patients were showing up in the emergency department (ED) for dental pain, only to be discharged with a prescription for painkillers and a referral to a dentist. Concerned about the high number of substance users and individuals with transportation issues, Hennepin Health staff created same-day access in the hospital's dental clinic and trained ED workers to send patients down the hall for care.

Similarly, the program recognized that while its chemical dependence health staff were successful in treating the patients with whom they regularly engaged, there was a cohort of patients who needed these services but instead are being seen in the emergency department or higher-cost detox units. In response, Hennepin Health is creating a sobering center for these patients. Slated to open later this year, it is designed to provide sobering services to patients, in conjunction with linkages to longer-term supports such as treatment, stable housing, and case management for harm reduction/improved outcomes at lower cost than the current acute care venues. They have engaged local health plans, shelters, detox, the emergency department, ambulance services, and the police in building the model.

"In the first year, our tentative findings are that health care costs are going down, but so are social service costs. When systems start working together, you save on both sides." Ms. DeCubellis is confident that these efforts to strengthen the system will allow the program to have even greater success with patients at the individual level during its second year.

BEHIND THE INNOVATION



Jennifer DeCubellis, LPC, is assistant commissioner of the Community Supports Administration at the Minnesota Department of Human Services. She oversees Hennepin Health, a demonstration project serving high-risk, high-cost Medicaid patients in Minneapolis, Minnesota. She also currently serves as an Innovation Advisor to the Centers for Medicare & Medicaid Services.



Ross Owen, MPA, is director of Hennepin Health, where he provides administrative and policy leadership to the health care delivery system, health plan, and social services operated by Hennepin County. Mr. Owen has worked at Minnesota's Medicaid agency, helping to develop the state's multi-payer patient-centered medical home initiative as well as its first Medicaid accountable care payment models.

PROFILES IN INNOVATION SERIES FROM THE *COMPLEX CARE INNOVATION LAB*

These profiles highlight the organizations and individuals participating in the Center for Health Care Strategies' [Complex Care Innovation Lab](#). The *Innovation Lab*, made possible by Kaiser Permanente Community Benefit, is bringing together innovative organizations from across the country working to improve care for vulnerable populations with complex medical and social needs. Participants are exploring new ways to advance complex care delivery at the local, state, and national level. For more information, visit www.chcs.org.