

Advancing the Medical Home Model for Children and Youth Created in Collaboration with the National Academy for State Health Policy

The National Center for Medical Home Implementation (NCMHI) and the National Academy for State Health Policy (NASHP) are collaborating on the development of state profiles designed to highlight public programs implementing and advancing the medical home model in pediatric populations. These updates are part of a formal partnership between NASHP and the NCMHI that focuses on exchanging information to improve medical home access for children and youth in medically underserved populations. If you have any questions about the information included in the updates, contact medical_home@aap.org.

The NCMHI is a cooperative agreement between the American Academy of Pediatrics and the Maternal and Child Health Bureau of the Health Resources and Services Administration.

Iowa has undertaken multiple initiatives over the past several years aimed at improving children's health, with an emphasis on mental health. In 2008 and in 2011, Iowa enacted legislation to develop recommendations for a redesign of the children's mental health and disability system. The recommendations were built on system of care principles of family engagement, with the goal of improving access to necessary services and supports for children and youth with mental health disorders. The revised system included community-based integration and coordination of services-physical and mental health, education, juvenile justice, and child welfare.

In light of new opportunities made available through the Affordable Care Act, Iowa implemented two statewide health home programs. Under the authority of Section 2703 Health Home State Plan Amendments, Iowa currently operates two separate programs that are designed to improve the quality of care delivered to Medicaid enrollees – both pediatric and adult -- with qualifying chronic conditions. The first program serves Medicaid enrollees with certain chronic conditions through the Chronic Condition Health Home and focuses on primary care providers. The second health home model, called the Integrated Health Home, targets individuals with serious mental health conditions and focuses on integrating behavioral and physical health care within a community context.

HEALTH HOME PROGRAMS

Chronic Condition Health Homes

Iowa launched Chronic Condition Health Homes statewide on July 1, 2012 to offer a medical home model of care delivery to adults and children with at least two qualifying chronic conditions or one chronic condition and risk for a second. Qualifying conditions include hypertension, being overweight, heart disease, diabetes, asthma, substance abuse, and mental health conditions. Through this model, Iowa intends to improve the care delivered to Medicaid patients with multiple complex conditions by providing enhanced care coordination and case management services, expanding access to a wider variety of services, encouraging disease prevention initiatives, and increasing patients' engagement with their own care.

Participating providers are required to embed population health management into their workflow and demonstrate the use of data to drive quality improvements; use evidenced-based guidelines; to effect communication and coordination between referring providers; engage patients in their own care plans; and have an ongoing performance measurement system in place. It is expected participating providers will achieve National Committee for Quality Assurance medical home recognition or equivalent within 12 months of enrolling in the program. Providers also must use health information technology, including electronic health records (EHRs) and registry tools, and connect to the Iowa Health Information Network (Iowa's Health Information Exchange) to report on quality measurement data. Pediatric quality measures include meeting standards for the number of well child visits in the first year of life, follow-up for children on medications for attention deficit disorder and ensuring children receive annual dental visits. In return for the enhanced care provided, the providers receive monthly care coordination payments and have the potential for annual performance based incentives.

Integrated Health Homes

In addition to the Chronic Condition Health Homes, Iowa launched a second health home model on July 1, 2013, entitled Integrated Health Homes, designed to provide whole-person, patient-centered, coordinated care to children with serious emotional disturbance (SED) and adults with serious mental illness (SMI). Qualifying illnesses for children are diagnosable mental, behavioral, and emotional conditions that meet the criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and result in functional impairment. As of July 1, 2014, all Iowa counties have Integrated Health Home services available. It is estimated that almost 10,000 children with SED will be enrolled.

Iowa

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HEALTH HOME PROGRAM (CONTINUED)

Integrated Health Homes services are provided from a team of providers and community resources and include care coordination, health and wellness education, resource direction, family support services, and transitional care support. Integrated Health Homes require a family centered, team based approach by providers. The teams are comprised of a variety of professionals and can be based in a number of different settings including, for example, community mental health centers and Title V child health specialty clinics.

Participating Integrated Health Home providers receive coaching, training and guidance to ensure they have the expertise and skills needed to effectively deliver specialized services. Providers are trained to work with individuals with SED and SMI and participate in practice transformation and quality improvement activities. Specifically for providers working with children with SED, support is provided to ensure providers follow a System of Care wrap around approach, focused on addressing multiple services such as physical health, mental health, educational, recreational, and social services. Integrated Health Homes also must focus on coordinating with community and social services as needed for all of their patients and must have access to trained peer and family support specialists to assist their patients.

PAYMENT MODEL

Chronic Condition Health Homes

In addition to fee-for-service (FFS) reimbursement, participating providers receive Per Member Per Month (PMPM) payments that vary based on the tier of a patient. For example, a patient with up to three qualifying conditions is classified as a Tier 1 member and the provider receives a PMPM payment at a rate of \$12.80. A patient with 10 or more chronic conditions is classified as a Tier 4 member and the provider PMPM payment is \$76.81. In addition to PMPM payments, providers are also eligible to receive performance payments based on their achievement of benchmarks for certain quality measures.

Integrated Health Homes

Providers participating in an Integrated Health Home receive a PMPM payment that varies based on tier. As of April 2014, the rate for Tier 6 (children) members is \$128. The rate for members needing intensive care management is \$348 for Tier 8 (children). The payments are risk adjusted based on a level of acuity for each patient determined using state guidelines. There are also performance payments based on achievement of certain quality measures.

OUTCOMES

Early results from the Integrated Health Home program suggest positive effects on health outcomes for children with SED. For example, data taken six months after the launch of Integrated Health Homes shows a decrease in self-harm reports among participating children, in addition to lower numbers of children missing school and decreased emergency room utilization. In addition, as a result of providing wrap-around services to individuals with SMI or SED, it is anticipated that savings will at least be generated in physical health care costs.

FAST FACTS:

395,317: Children enrolled in Medicaid and CHIP in Iowa in FY 2012 (314,863 Medicaid; 80,454 CHIP)

88.4% : The participation rate for those eligible for the Iowa CHIP program

87.2%: The national participation rate for those eligible for the CHIP program