

HEALTH CARE HOMES: REDEFINING HEALTH, REDESIGNING CARE 2021 YEAR END REPORT

December 28, 2021

Minnesota Department of Health
Health Care Homes Program
PO Box 64882
St. Paul, MN 55164-0882
651-201-5421
health.healthcarehomes@state.mn.us
www.health.state.mn.us

To obtain this information in a different format, call: 651-201-5421

Contents

- Health Care Homes Certification 4
 - Health Care Homes (HCH) and Behavioral Health Homes (BHH) Service Providers in 2021 . 4
 - Certification and Recertification Support 5
 - Minnesota Counties with Certified HCH 6
- Advancing the Health Care Homes Rule 7
- Minnesota Care Coordination Effectiveness Study (MNCARES) 8
- Learning provided in 2021 9
- Quality Improvement..... 10
- Primary Care Stakeholder Group 10
- Partners..... 11

Health Care Homes Certification

More than 20 months after the first cases of COVID-19 were reported in the U.S., the pandemic continues to affect communities across the country and has pushed the health care system to a critical point, with the latest surge from the delta and omicron variants raising new challenges. Throughout the pandemic, clinics, hospitals and health systems and their workforces have been on the front lines ensuring access to care for the patients and communities they serve.

Through all the challenges presented by the ongoing COVID-19 pandemic in 2021 the Minnesota Department of Health (MDH) Health Care Homes (HCH) Program continued to take important steps to advance the program.

Health Care Homes (HCH) and Behavioral Health Homes (BHH) Service Providers in 2021

- 5 clinics became HCH certified, and 7 organizations recertified in 2021.
- 60% of MN primary care clinics are certified as a HCH, known nationally as a Patient Centered Medical Home care delivery model.
- 391 MN Primary care clinics and 20 additional border state clinics are certified for a total of 411 certified HCH clinics.
- In 2016, the Minnesota Department of Human Services (DHS) launched BHH services as a Medical Assistance covered service to better serve the complex mental health needs of patients covered by Medicaid. BHH services expand the concept of HCH and the HCH Integration Specialist works directly with DHS staff through an interagency agreement to coordinate activities between HCH and BHH and to certify BHH Service Providers.
- 6 additional BHH Service Providers were certified in 2021 for a total of 57 certified sites.



Certification and Recertification Support

The HCH program has two main core tasks: certifying primary care clinics and providing different modes of learning for clinics and their partners. Capacity building/learning around certification and recertification is offered to all Minnesota primary care clinics, uncertified and certified, and includes technical assistance, coaching, and other training methods to strengthen organizational skills to meet their unique needs. Support was provided in 2021 to:

- 44 organizations for recertification support
- 9 organizations for certification support
- 63 contacts with primary care organizations for general help and guidance

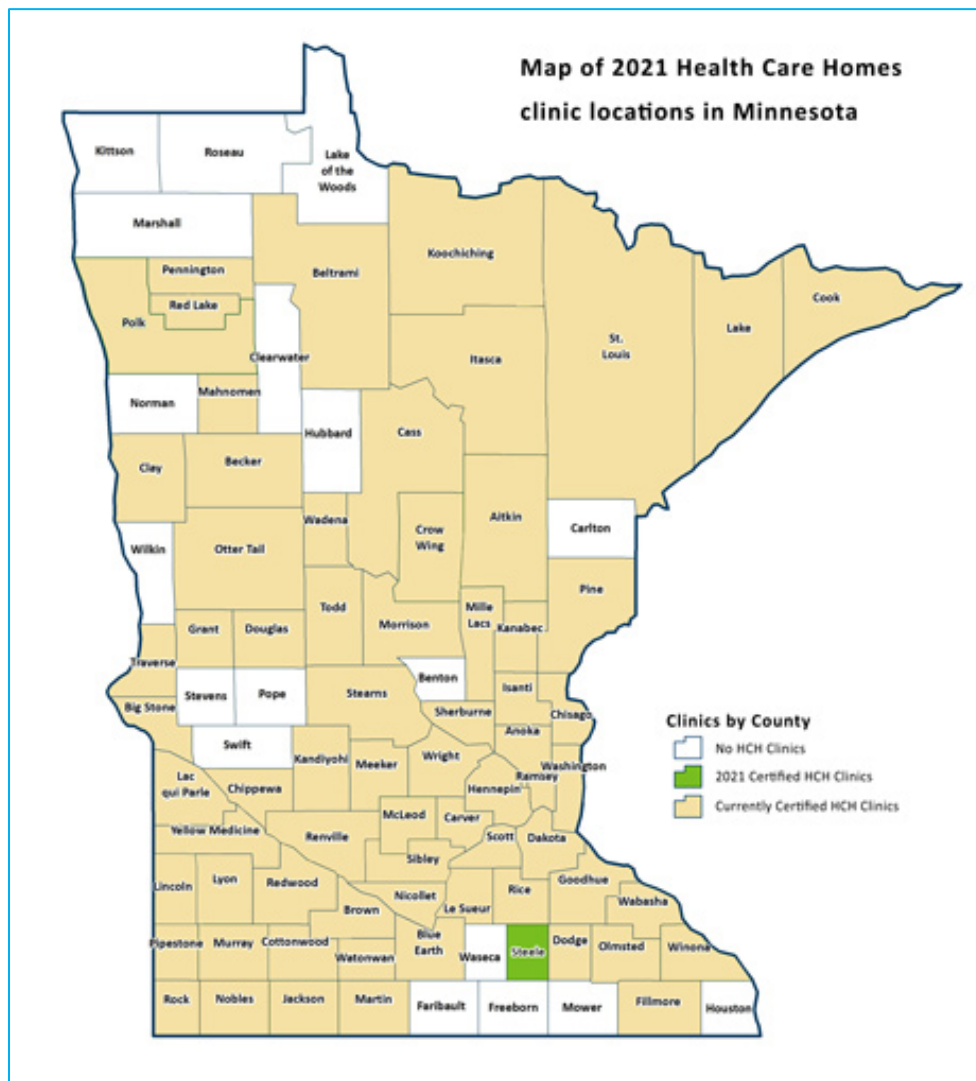


From a rural health system

Our hospital is full, and we are managing critically ill patients in the clinic now. Staff is having to learn new skills and manage twice the amount of work they normally do. Last week our ER had to turn away a heart attack patient arriving via ambulance as we had no capacity in our ER and no hospital bed for them. They were diverted 20 miles away to another ER for stabilization and ultimately hospitalized in yet another facility for ongoing treatment.

Minnesota Counties with Certified HCH

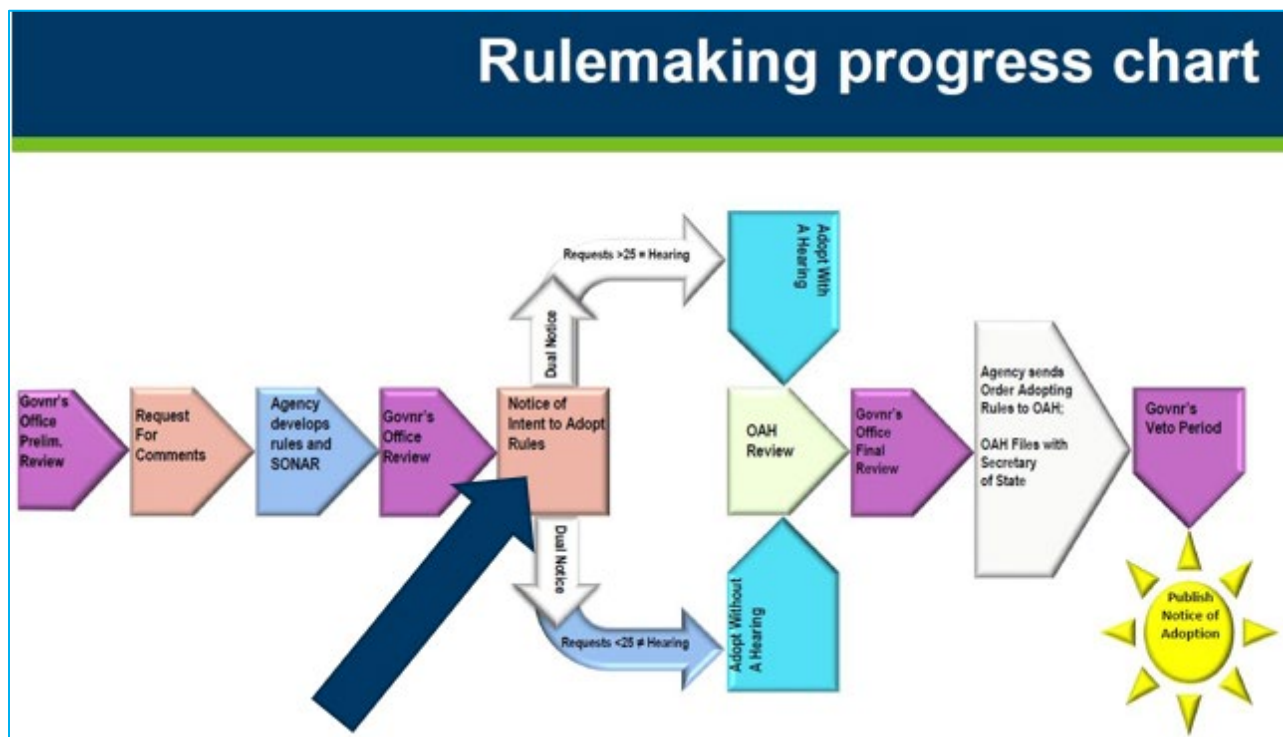
69 of Minnesota’s 87 counties (79%) have at least one certified HCH clinic. A county with a newly certified clinic ins in 2021 is highlighted in green.



From a care coordinator in northern MN

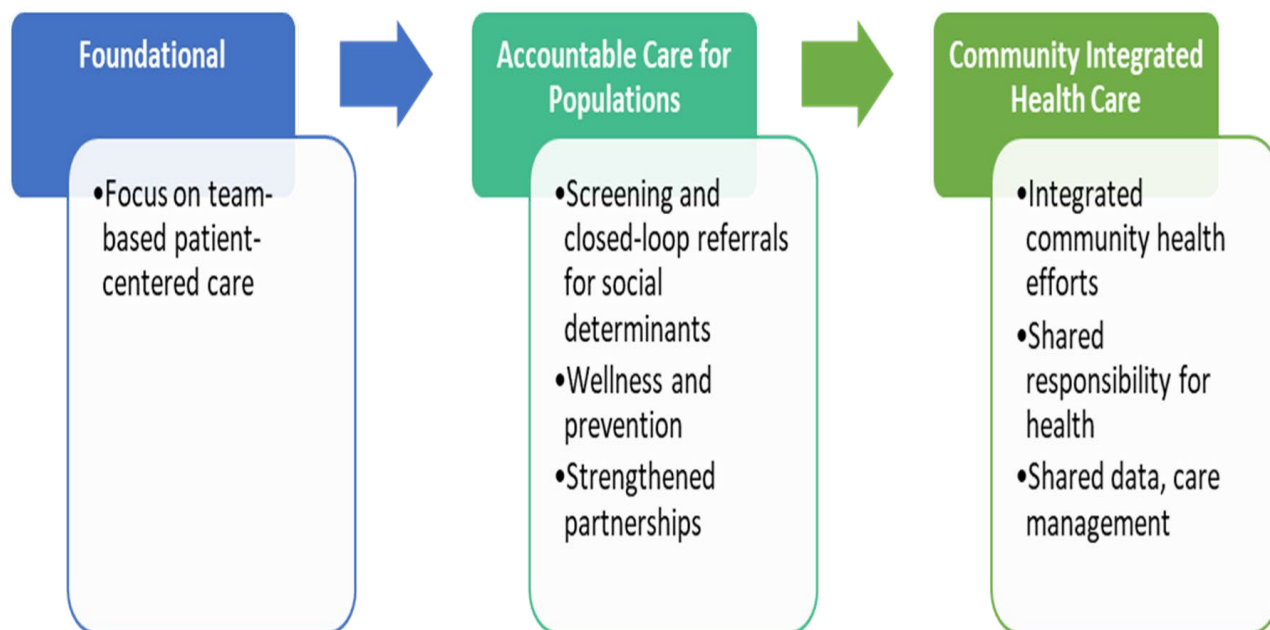
I have been pulled to lead another department (lab) where I used to work. I am reassigned due to COVID about 95% of the time. As the only care coordinator, I am trying to care for all our care coordinated patients but only given a very small window to work in. Thankfully, we have an entire HCH team. From our registration and scheduling staff to the nurses and support staff, people are stepping up to take care of the patients’ needs...just trying to keep them healthy and on track.

Advancing the Health Care Homes Rule



Work on the HCH Rule progression had slowed during MDH’s response to COVID-19 beginning in March 2020. However, in the Fall and Winter of 2021, the Statement of Need and Reasonableness (SONAR) and the Rule were approved by the MDH Commissioner and by the Governor’s Office. The Notice of Intent to Adopt the Rule Without a Hearing, (as noted by the blue arrow on the chart) is currently being prepared to move to the next step towards adoption of the rule.

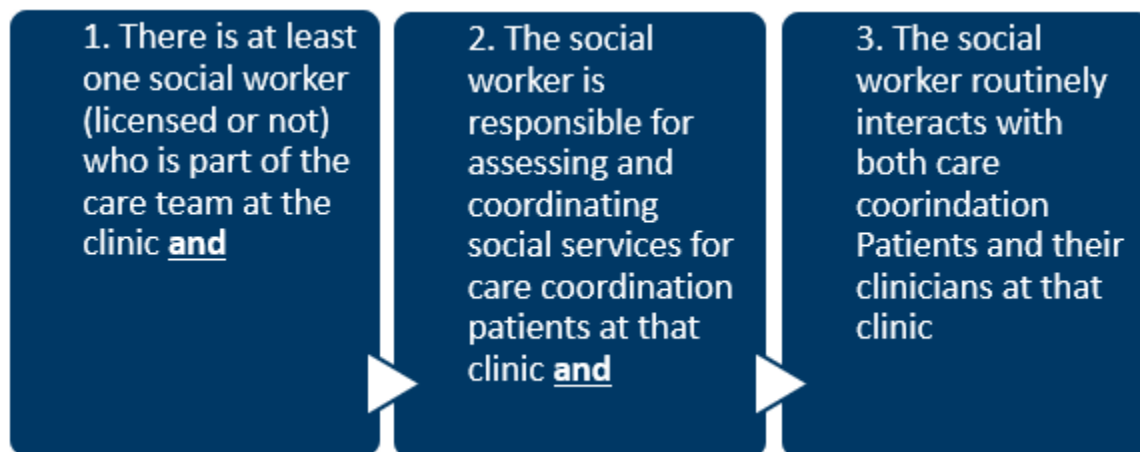
The HCH rule progression framework focuses on health and wellbeing of populations, addresses social determinants of health (SDOH), integrates care across settings, uses data to drive quality and performance, activates patients and engages caregivers and optimizes the use of technology. The levels of progression include the foundational standards which have been in place since 2009 and two additional levels of progression. Level 2 standards are accountable care for populations and Level 3 standards are community integrated health care.



Minnesota Care Coordination Effectiveness Study (MNCARES)

The purpose of MNCARES is to compare two approaches to care coordination (Medical model to a Medical/Social model) for patients with high health care costs and multiple morbidities. The goal is to learn what approaches to care coordination in primary care settings produce the best care quality, utilization, and patient-centered outcomes.

During 2021 work on the study continued with the addition of Medica as a payor partner in the study. Payor partners now include Medica, UCare, Blue Cross and Blue Shield of MN, the MN Department of Human Services, and HealthPartners. It is estimated that these 5 payors cover health insurance for close to 80% of care coordination patients included in the study. During 2021 Care systems identified Historical Cohort patients and submitted information through a secure Minnesota Community Measurement data portal. 198 clinics from 38 participating care systems identified 11,023 eligible historical cohort patients. Surveys were conducted with a random sample of historical Cohort patients. The survey focused on the patient's experience of care and wellbeing during COVID-19 pandemic. Other surveys are currently underway with a small number of care coordinators, clinicians, and clinic leaders across Minnesota to help inform the design of a survey to better understand how care coordination is being delivered at each clinic. In preparation for the care coordination surveys the definition of the care coordination models to use for comparison in the study were redefined and are as follows: The refined definition for the "Medical/Social" model requires the following 3 conditions. Any clinics not meeting all the 3 conditions will be considered a medical model of care coordination.



More information and some early findings about the MNCARES study and can be found at: [Health Care Homes - Minnesota Care Coordination Effectiveness Study \(state.mn.us\)](https://state.mn.us/health-care-homes-minnesota-care-coordination-effectiveness-study)

Learning provided in 2021

Certified health care homes must demonstrate that they are continually learning and redesigning their practices to meet the standards for patient-centered, team-based care and improved community health and health equity. The HCH program supports this ongoing process with learning opportunities. In 2021, HCH learning plan activities were adapted due to the impact of COVID-19 on HCH stakeholders and focused on virtual and accessible learning to allow stakeholders to access learning as time allowed. In addition, the annual Learning Days Conference was held in June as a virtual event with 465 in attendance.

Month	Topic	Micro Learning (bite size learning)	E-Learning	Virtual Event
April	1) Supporting Arthritis Management and 2) Supporting Arthritis Management – The Role of Community Health Workers	x	x	
June	Learning Days – 1 Day Virtual Event			x
June	Beyond the Clinic Walls: Recognizing and Addressing the Social Determinants of Health		x	

July	Medication Therapy Management		x	
July	Screen and Intervene for Food Insecurity	x		
August	Supporting Tobacco Cessation with Certified Tobacco Treatment Specialists	x		
October	Fruit and Veggie RX in Greater Minnesota	x		
November	Implementing a Clinic Based Self Measured Blood Pressure Program		x	
December	Using the Collaborative Care Model to Integrate Behavioral Health into Primary Care		x	

Quality Improvement



During 2021 HCH program staff, between COVID reassignment duties, continued developing and building the online certification application software and updating the HCH benchmarking process. Both projects are expected to be completed and released early 2022. Pilot testing in conjunction with HCH stakeholders is expected to occur to evaluate the design and usability of both processes.

Primary Care Stakeholder Group

In January 2020, a large primary care stakeholder group formed to discuss investment in Minnesota primary care and this work is ongoing at this time. A report summarizing the January 2020 through April 2021 work of the group and its broad priority areas for primary care investment can be found at: [Health Care Homes - Primary Care Stakeholder Group \(state.mn.us\)](#) During 2021, the group met to discuss potential legislative proposals and a request will be made to the legislature for a transparency of health care payments report to enhance understanding on how primary care is currently reimbursed for services.

Quantifying current investment in primary care requires measuring claims-based and non-claims-based payments. Existing data sources such as the all-payer claims database and insurer self-report using commercial claims can be leveraged to measure claims-based primary care spending. Additional work is needed to develop a standard method for measuring non-claims-based payments. “Non-claims-based” means payments that are for something other than a fee-for-service claim. In general, States today are applying different definitions of what constitutes non-claims-based spending and utilizing different data collection processes to obtain non-claims-based payment information. As a result, there is significant variation in how states are measuring primary care spending.

Partners



The HCH program staff continue to work with other MDH programs such as the Center for Health Information Policy and Transformation, Children and Youth with Special Health Needs, and the Statewide Health Improvement Partnership program to align work and share best practices of importance to primary care clinics and around care of individuals with chronic conditions.

2021 has been another challenging year for Minnesota HCH providers. They have continued to experience challenges due to the ongoing COVID-19 pandemic with emergency rooms and hospitals filled to capacity, sicker patients being seen in clinic and breakdown in care relationships due to political differences around COVID and the vaccine. After approximately 21 months of caring for extremely ill patients, providers are experiencing staffing shortages, fatigue, and burn out.

From a central MN clinic

We are losing lots of great staff due to the vaccination mandate. I am not sure how we will navigate what is ahead. Our Care Coordinators are filling in in the clinic, in roles we never imagined they would, just to keep the doors open. Staff are also overwhelmed because patients are being seen who would have been hospitalized had any beds been available. So, we are taking care of acutely ill patients. I could not have imagined this.