

Minnesota's Health Care Home (HCH)

Bonnie LaPlante
Interim Director of Health Care Homes
Health Policy Division
Minnesota Department of Health
Bonnie.LaPlante@state.mn.us



Background

Minnesota's legislature chose the name "Health Care Home" to acknowledge a shift from a purely medical model of health care, and focus on linking primary care with preventive and community services for medically unstable across the care continuum.

Certification

Quality Improvement
& Measurement

Learning

Dynamic Components

- Multi Stakeholder Involvement
 - Patients/Consumers
 - External Partners
- Relationship based
- Innovation and Flexibility



Evaluation Results and Limitations

Results

- Enrollees attributed to HCH clinics:
 - higher quality of
 - more expensive during start-up year
 - 9.2% less Medicaid expenditures than non-HCH enrollees

Limitations

- HCH initiative is in the beginning phase and HCH effect may take a while to emerge
- Attribution Makes It Hard To Measure Costs and Resource

Opportunities

- Sharing and exchange of information
- Improved capabilities for data analysis as well as timely data for analysis
- Alignment of reporting requirements



Full Time Working Mother of Five Children Who Used the Emergency Room for Care

Through care coordination the children are now up-to-date for well child checks and immunizations. Instead of going to the emergency room, mom calls the clinic to speak with a nurse when her kids are sick for instructions.

" The mother's exact words were, "The clinic is family oriented. Everyone knows me and my children. I have a better understanding of the system since I have been receiving care coordination. I am able to call my care coordinator and get a same day appointment. This helps me not go to the emergency room and wait a long time to be evaluated by a provider."