

# Washington State's Health Home Program: Engagement Rates and Medicare Savings Outcomes



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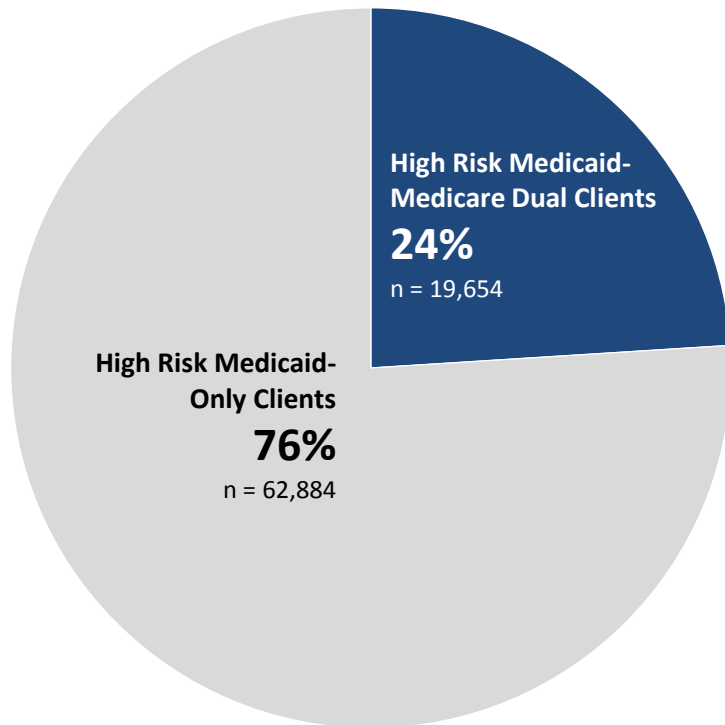
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# Fee-for-Service Duals are One-Fourth of Those Enrolled for Health Homes but Nearly Half of Those Actively Participating

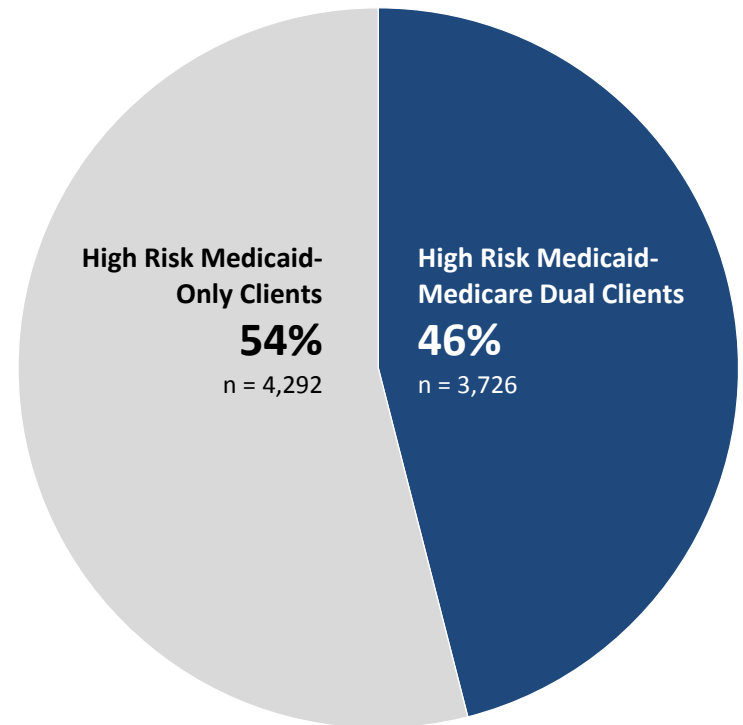
## Health Home Enrollment

JULY 2017 TOTAL = 82,538



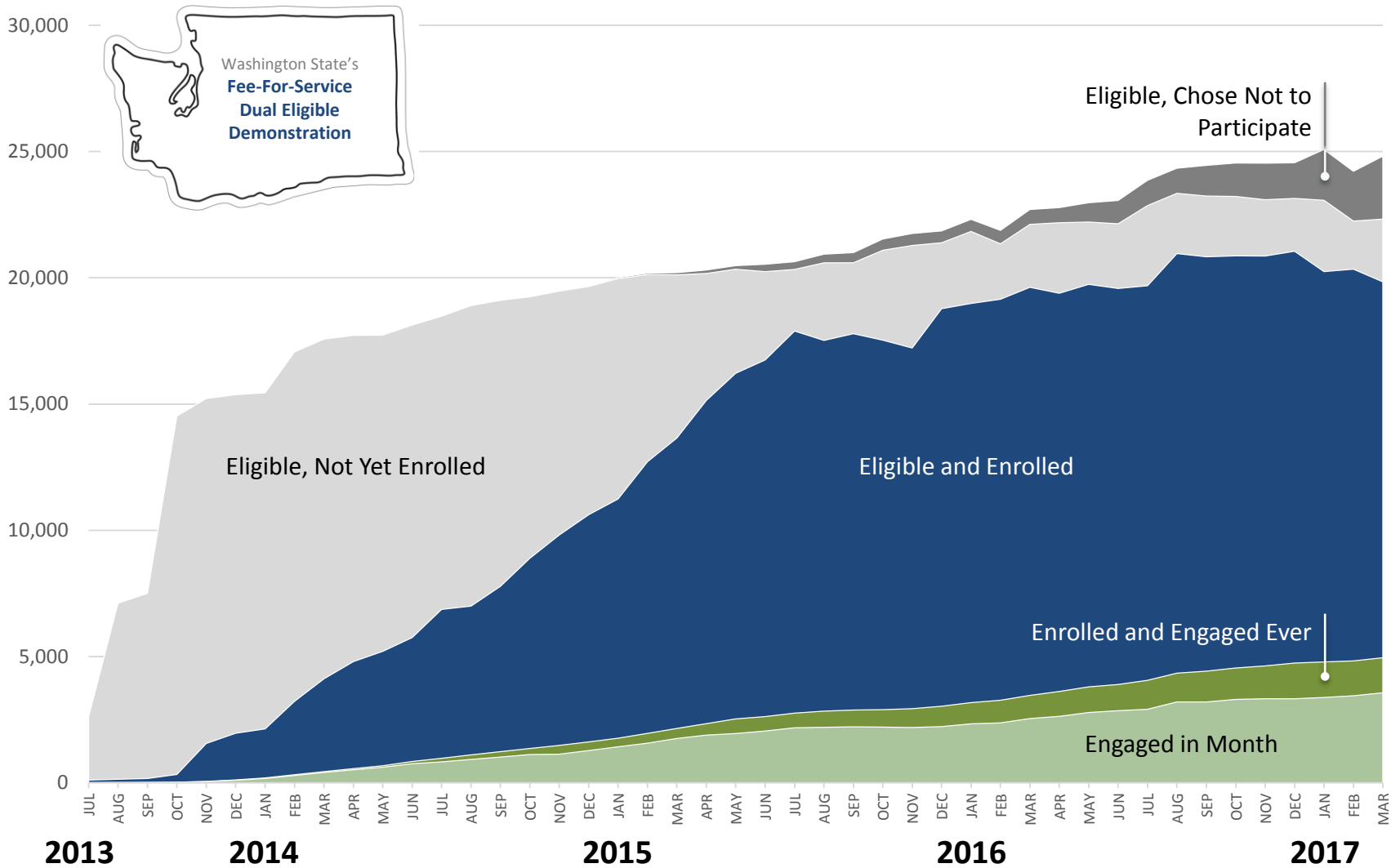
## Active Participation

JULY 2017 TOTAL = 8,018



# Dual Eligible Health Home Enrollment and Engagement

JULY 2013 – MAY 2017



# Medicare Shared Savings for Dual Eligibles

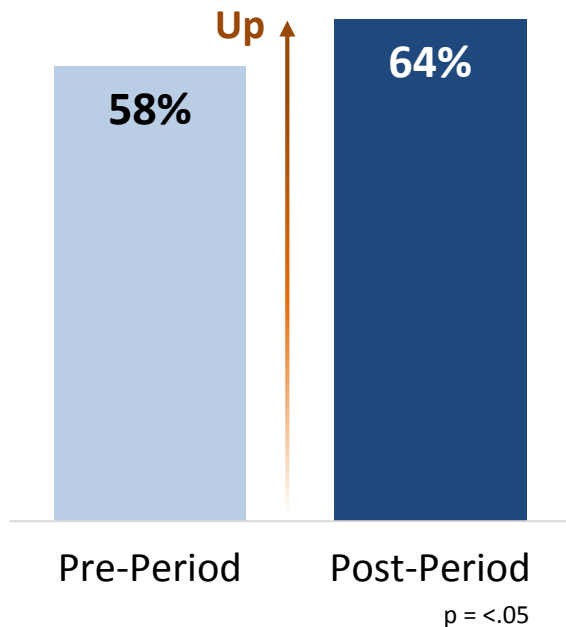
- **Dual eligible Medicare savings from the first 30 months of Health Home program operations (July 2013 to December 2015):**
  - \$67.5 million in total Medicare savings
  - \$61.3 million in savings available for sharing after “outlier adjustment”
  - Up to 50% of savings are shared with the State, depending on Medicaid cost impacts and performance on quality metrics
  - HCA has received approximately \$20 million in payments for Medicare savings achieved through December 2015
  - In 2017 the Legislature approved sharing savings with Health Home Leads who meet engagement goals

# Selected Preliminary Findings

## Washington State Managed Fee-for-Service Duals Demonstration

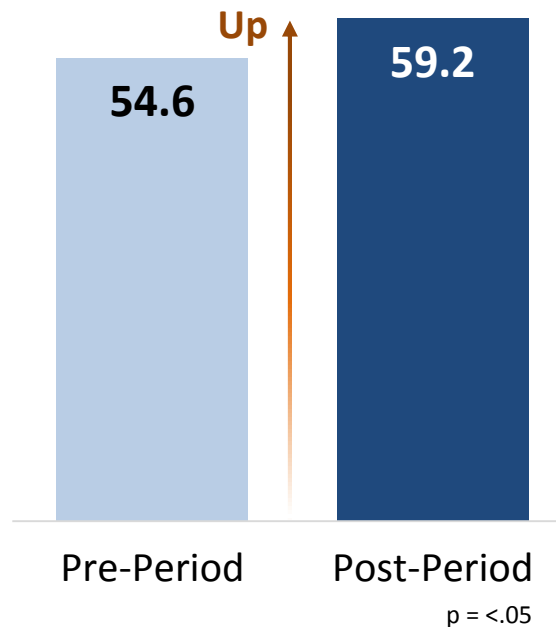
Percent of High-Risk Duals Receiving Home and Community-Based Long-Term Services and Supports

TOTAL CLIENTS = 408



Average Patient Activation (PAM<sup>®</sup> Score)

TOTAL CLIENTS = 285



1-Year Pre-Period

1-Year Post-Period

Timeline

Initial Health Home Service

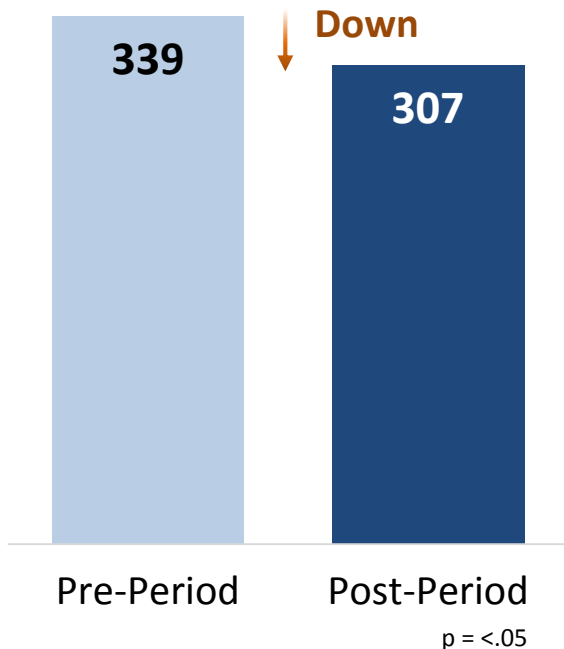


# Selected Preliminary Findings

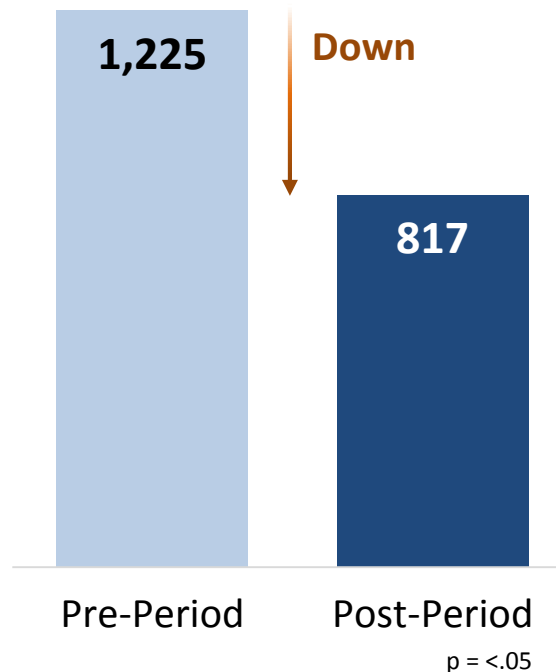
## Washington State Managed Fee-for-Service Duals Demonstration

Number of Emergency Department Visits Deemed Non-Emergent or Primary-Care Treatable

NYU ALGORITHM



Ambulatory Care-Sensitive Hospital Admissions per 100,000 Client Months



1-Year Pre-Period

1-Year Post-Period

Timeline

Initial Health Home Service



# Focus Group Results

## Washington State Managed Fee-for-Service Duals Demonstration

### 1. More than half of participants reported a significant improvement in their health or quality of life:

- Participants set goals and took responsibility for their own health, working with Health Home Care Coordinators
- Achieving personal health-related goals had benefits, e.g. decreased use of emergency departments and medications; increased physical activity and weight loss

### 2. Participants value the relationship with the health home care coordinator:

- Viewed as particularly helpful in setting goals and developing plans to achieve them

### 3. Participants indicated that they wanted to be involved in their health care, and emphasized the need to advocate for themselves

### 4. Half of participants had achieved a goal or improvement in their health or quality of life:

- Most participants achieved goals by changing their own behavior rather than accessing additional services



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# Questions?