PLAINS AREA
Mental Health Center
Helping People Cope with Everyday Living

December 15, 2017

Legislative Health Policy Oversight Committee Members:

My name is Lori Bush, and I am the Director of the Integrated Health Home at Plains Area Mental Health Center located in northwest Iowa. We are a rural IHH serving nearly 1300 members in a ten county area. I am writing to express concerns of the recent change of the Managed Care Organization eliminating the choice of IHH service for approximately 300 Iowans in our IHH living with a Serious Emotional Disturbance (SED) or a Serious Mental Illness (SMI). The mandate in the State of Iowa has been to provide member choice and person-centered care. This recent change has not given this population either of those. The Managed Care Organization has stated that the IHH is not a service, but rather an administrative function. I assure you, the work goes far beyond administration.

Persons living with SMI or SED are a vulnerable population whose mental health symptoms often prevent them from accessing care they need and to have high Emergency Department utilization. These factors along with co-morbid conditions have resulted in death in this vulnerable population to occur 25 years earlier than the general population.

IHH is part of a community-based mental health center recognizing the SMI or SED is the center of the need for services and the primary access point of health services. Additionally, there are many social determinates that factor into their health. Without a team assisting them, primary care medical practices may have limited resources and experience to address the multiple psychological and social needs beyond their scope of practice of the individuals served by IHH. The behavioral healthcare provider often has a better understanding of the complex, fragmented systems of care that their IHH members must navigate in order to get the services they need. [1]

IHH ensures that some of the highest users of intense services, who account for a disproportionately high percentage of Medicaid costs, are not overlooked in the healthcare system. IHH engages individuals, their families, community and institutional providers in collaboration of care reducing the silos of care delivery resulting in improved, timely interventions and improved outcomes. IHH is a mobile, boots on the ground, team of professionals who work with members in their home, in the community or in an office setting. The team assists members in identifying needs prior to the escalation of need that result in high cost of care. The mobile part of the program is what I believe has led to much of the success in outcomes with our population. Because IHH sees the person in their environment, we see needs such as housing, nutrition, social isolation, transportation, mental health symptom exacerbation, etc. and refer members to resources prior to the escalation of need, preventing higher level of care. The IHH is not dependent on the member presenting to the team, and often keeps members engaged in the treatment plans of the PCP and Behavioral Health Provider through frequency of contact and support between visits. The result is reduced cost of care while improving the experience and outcomes of the members, the Triple Aim of Healthcare.

IHHs have served members since 2014 with tremendous outcomes. Magellan began the oversight of the IHHs and provided statistics in 2015 that demonstrated proven results of the IHH in the first year of implementation including:

- 16% reduction in Emergency Department Visits
- 18% reduction in Inpatient Mental Health Hospitalizations
- Improvement in the areas of need in medical, school, family, economic, psychological and legal
- Children were shown to have decreased self-harm behaviors by 7% and improved school attendance.
- Caregivers reported missing less days of work due to a child's behavioral problems.

With the implementation of the Managed Care Organizations, the good work of the IHH has continued. Even If the results of the first year never improved beyond what was shown the first year, it is clear, that the work of the IHH over that past four years has had a significant impact on the cost of care and member stability at a very low cost to the State of Iowa.

An example of cost savings and improved outcome from our IHH through a Care Compact allowing collaboration with our local hospital and PCPs:

Member A

- Prior to IHH enrollment:
  - 37 Emergency Room visits/year
  - $44,000 Estimated cost to Medicaid using average ED cost per visit of $1200 [2]
- Post IHH enrollment:
  - 16 Emergency Room visits year 1 ($19,000)
  - 4 Emergency Room visits year 2 ($4,800)
  - Cost of IHH services: $964.68 for each year of service
- Savings to Medicaid over 2 years: $62,270.64

We have many more success stories to share which demonstrate this same type of outcome. The work of the IHH has provided significant value to a vulnerable population and has been provided at a very low cost. I believe the good work of the IHH of improved outcomes and lowered cost of care will be reversed if the current decision of allowing the ACO to manage the care is maintained without the additional assistance of the IHH.

Another concern is the lack of communication of this change to IHH services to the members affected as well as the IHHs affected. Many Medicaid members are confused and scared that their services are being eliminated and do not understand these changes. IHHs are in limbo at this point regarding continuation of the IHH work to these members, staffing for the IHHs at current levels and facing the possibility of significant layoffs. We respectfully request this change be re-considered and at a minimum, a well informed and communicated transition plan be implemented with sufficient notice to members and IHHs across the State.

Thank you for consideration of this information.

Sincerely,

Lori Bush	Kim Keleher
Director of IHH	CEO

1. Magellan 2014 IHH Report to the Community
2. fastmed.com