

# Minnesota's Health Care Home (HCH)

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# 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."