Health Homes Program (HHP) Overview

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HHP Core Services and Care Team Model

HHP Core Services:
- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support
- Referral to community and social support services

Each CB-CME (care team):
- Nurse Care Manager
- Behavioral Health Care Manager
- Care Coordinator
- Community Health Worker
HHP Enrollment

6,912 Patients Enrolled

Patients Enrolled for 216 Days on Average
Top Qualifying Chronic Conditions

Top Qualifying Conditions of Enrolled Patients

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBP</td>
<td>5,169</td>
</tr>
<tr>
<td>Diabetes</td>
<td>3,854</td>
</tr>
<tr>
<td>MDD</td>
<td>3,115</td>
</tr>
<tr>
<td>Asthma</td>
<td>1,883</td>
</tr>
<tr>
<td>CHF</td>
<td>1,560</td>
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<tr>
<td>Liver Disease</td>
<td>1,330</td>
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<tr>
<td>Kidney Disease</td>
<td>1,243</td>
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<tr>
<td>COPD</td>
<td>1,198</td>
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<tr>
<td>CAD</td>
<td>1,088</td>
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<tr>
<td>Substance Related</td>
<td>999</td>
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<tr>
<td>BD</td>
<td>888</td>
</tr>
<tr>
<td>Psychotic Disorders</td>
<td>620</td>
</tr>
<tr>
<td>Dementia</td>
<td>140</td>
</tr>
<tr>
<td>TBI</td>
<td>123</td>
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<tr>
<td>Alcohol Related</td>
<td>10</td>
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</tbody>
</table>
### Top Qualifying Chronic Conditions

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th># of Patients*</th>
<th>Average Baseline Score</th>
<th>Current Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBP</td>
<td>415</td>
<td>156</td>
<td>142</td>
</tr>
<tr>
<td>HbA1c</td>
<td>201</td>
<td>10.7%</td>
<td>9.4%</td>
</tr>
<tr>
<td>PHQ-9</td>
<td>634</td>
<td>16</td>
<td>13</td>
</tr>
</tbody>
</table>

*Count of patients include individuals with a baseline measure that demonstrates poor control and at least one follow-up assessment.

### Clinical Outcomes