

PROGRESS REPORT ON PILOT PROJECT(S)

(FY2010 Appropriation Bill - Public Act 131 of 2009)

May 1, 2010

Section 271: (1) The department, in cooperation with a PIHP, a Medicaid HMO, or a federally qualified health center may establish and implement an early mental health services intervention pilot project. This project shall provide care coordination, disease management, and pharmacy management to eligible recipients suffering from chronic disease, including, but not limited to, diabetes, asthma, substance addiction, or stroke. Participating organizations may make use of data sharing, joint information technology efforts, and financial incentives to health providers and recipients in this project. The department shall encourage that each CMHSP and Medicaid health plan act in a coordinated manner in the establishment of their respective electronic medical record systems. (2) The pilot project shall make use of preestablished objectives and outcome measures to determine the cost effectiveness of the project. Participating organizations shall collect data to study and monitor the correlation between early mental health treatment services to program participants and improvement in the management of their chronic disease. (3) The department shall request any necessary Medicaid state plan amendments or waivers to ensure participation in this project by eligible Medicaid recipients. (4) A progress report on the pilot project shall be provided to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director no later than May 1 of the current fiscal year.

*Michigan Department
of Community Health*



Jennifer M. Granholm, Governor
Janet Olszewski, Director

**DCH Appropriations Boilerplate Report
Section 271(4)**

Washtenaw Community Health Organization (WCHO) has continued to implement a Pilot Disease Management project (PDMP) aimed at supporting individuals with a serious mental illness, developmental disability or substance use disorder that are not enrolled in a managed physical healthcare plan. These individuals receive primary care medical coverage through Medicare or Medicaid fee-for-services and are exhibiting symptoms of chronic physical illnesses or are at high risk for co-morbid conditions by virtue of their behavioral or developmental disabilities.

This year WCHO created a central data registry of Medicaid consumers receiving both primary and specialty behavioral health care services through WCHO and evaluated this data against demographic, diagnostic, personal health reviews, medications, lab and pharmacy data to evaluate various risk based health and financing models. WCHO used claims data, demographic data, and health screening/risk appraisal (PHR) information to identify 2 target groups for the PDMP.

Target groups included consumers with poor to fair health that had a recent acute medical episode as a target group for immediate cost savings and a target group of consumers with poor or fair health that have not had an acute medical episode for preventative care. Within these target groups, WCHO looked at immediate care improvement and cost savings for hospitalizations for conditions such as asthma, emphysema, chronic bronchitis, heart disease and diabetes. The other focus was on how preventative care impacts these conditions, and how self-reported health information compares to the general population. The most recent findings show that individuals with a serious mental illness are as reliable in self-reporting their physical condition as the general population, regardless of mental health diagnosis. Other findings are pending.

This pilot does not require a state plan amendment or waiver.