The Community Based Health Home:
California's Pioneering Model to Achieve the Triple Aim

for High-Cost At-Risk Persons
with Complex Medical and Social Conditions

A project of the Alliance for Leadership & Education in collaboration with
California Association for Adult Day Services

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CBHH
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Vision

To improve the health and well being of people with multiple chronic conditions and disabilities across California, particularly those who face barriers to accessing needed care, through the creation of an effective person-centered health home based in the individual's core neighborhood of services and supports.

Community Based Health Home Model (CBHH)

A comprehensive person-centered model that actively allies adult day health care with the primary care physician and other community supports to create a health home for low-income adults with chronic complex needs to achieve the goals of improving quality of life, reducing utilization of higher levels of care, and producing positive health, psychological and social outcomes for the individual.

- This is done by unifying the structure of the Community Based Health Home with the consistent treatment interventions offered through person-centered interdisciplinary team-based ADHC services. The CBHH model has proven to facilitate trust, improve health literacy and patient motivation, while effectively coordinating services across the care continuum to reduce system costs.

- A key feature of the CBHH is the addition of a highly trained Nurse Navigator, who navigates outside of the ADHC center walls, on behalf of and with the participant and his or her caregivers. *Person-centeredness, trust building and flexibility are at the core of the Nurse Navigator's effectiveness.*

CBHH Patient Profile

▪ Female	66%
▪ Male	34%
▪ Ave. Age	78
▪ Ave. # Meds	10
▪ Ave. # Chronic Conditions	8
▪ Hospitalizations (prior 12 mos)	63%
▪ ED visits (prior 12 mos)	97%
▪ Lives alone	42%
▪ Social Risk Factors	91%
▪ Risk for institutionalization	86%

TOP 8 CBHH PATIENT CONDITIONS

(all are among the top 20 Medicare conditions)

1) Arthritis	23%
2) Chronic Mental Illness	31%
3) Dementia/Alzheimer's	39%
4) Depression	37%
5) Diabetes	50%
6) High Blood Pressure	74%
7) High Cholesterol	48%
8) Osteoporosis	30%

Key CBHH System Outcomes Results

For a 12-month cohort[1] (N=55):

1. Emergency Department visits **were reduced by 23.6%**

2. Hospital admissions were **reduced by 24.1%**

3. 30-day readmission rate was only **1.8%** compared to national average of 20%[2].

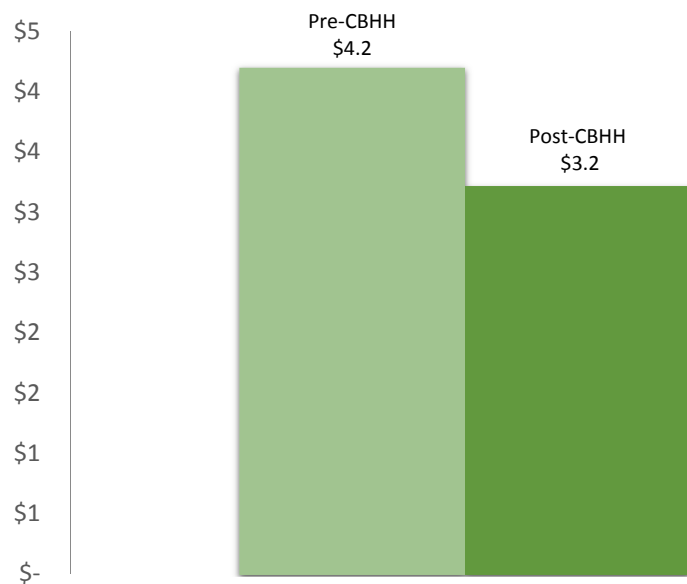[1] Cohort included persons with 12 consecutive months of CBHH service during the years 2012-2014

Each person served as their own control, ie, pre and post CBHH intervention data were compared

[2] (http://www.academyhealth.org/file s/2012/sunday/brennan.pdf)

CBHH Intervention Reduced Emergency Department visits by 23.6%

ER Visit Costs (in Millions)

- ER Visits in the year prior to CBHH admission were **0.55** pmpy (approximately $4.2M[†] in costs)

- ER Visits in the year subsequent to CBHH admission were **0.42** pmpy (approximately $3.2M[‡] in costs)

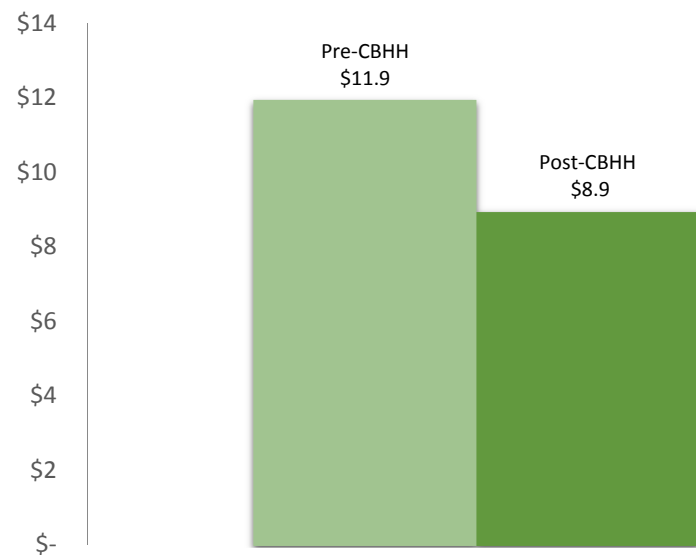[†]ER Visits pmpy (.55) x Membership (4,888) x ER Visit Cost ($1,573) ≈ $4.2M

[‡]ER Visits pmpy (.42) x Membership (4,888) x ER Visit Cost ($1,573) ≈ $3.2M

Analysis conducted by Mazars USA LLP

CBHH Intervention Reduced Hospital Admissions by 24.1%

Hospital Costs (in Millions)

- Hospital Admissions in the year prior to CBHH admission were **0.29** pmpy (approximately $11.9M† in costs)

- Hospital Admissions in the year subsequent to CBHH admission were **0.22** pmpy (approximately $8.9M‡ in costs)

†Hospital Admissions pmpy (.29) x Membership (4,888) x Hospital Admit Cost ($8,378) ≈ $11.9M

‡Hospital Admissions pmpy (.22) x Membership (4,888) x Hospital Admit Cost ($8,378) ≈ $8.9M

Analysis conducted by Mazars USA LLP