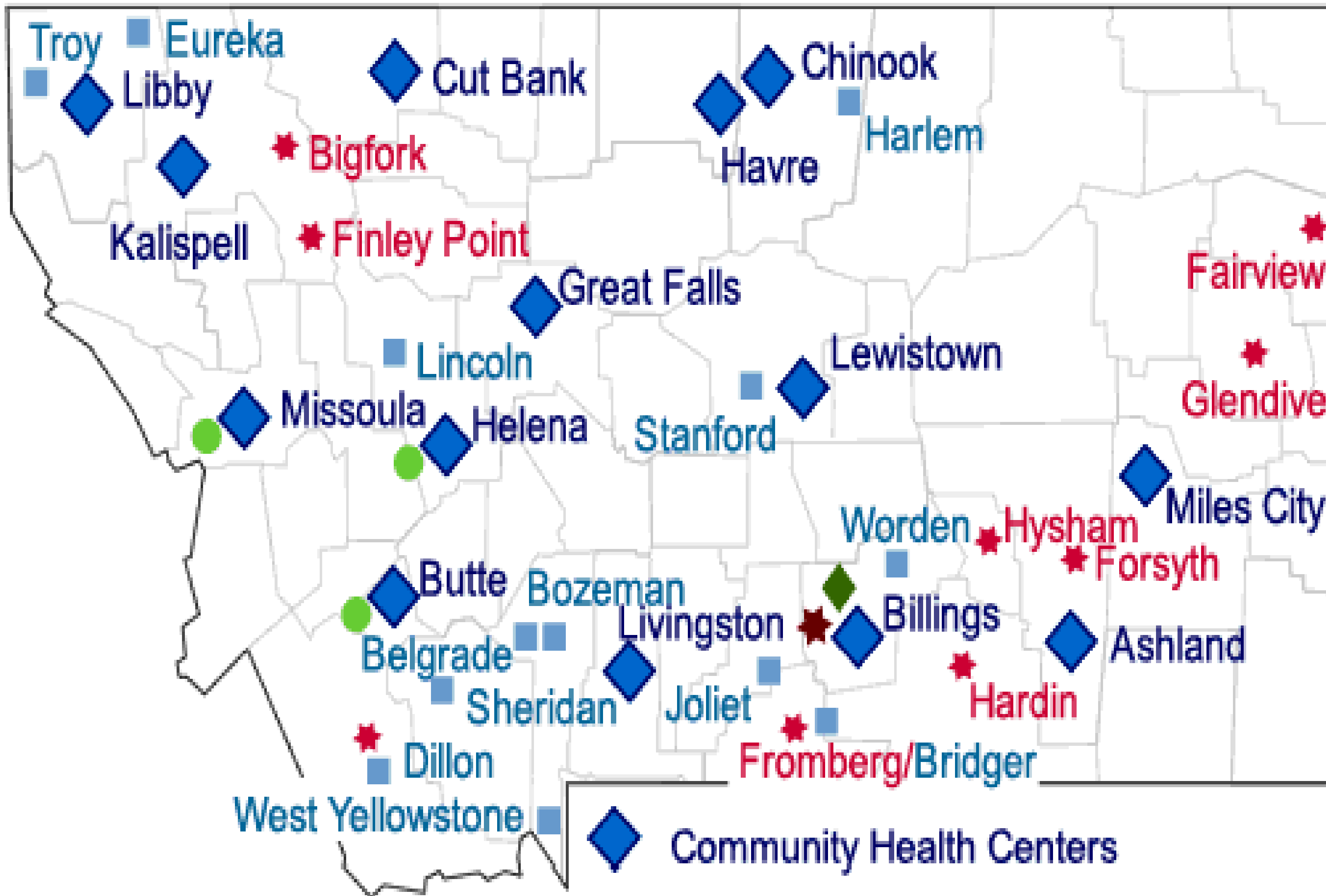
Lander Cooney, MS
CEO, Community Health Partners, Inc.
cooneyl@chphealth.org
406-823-6316



Community Health Centers

Community Health Center Satellites

Montana Migrant Health Program/ Satellite Sites

Healthcare for the Homeless Program/ Satellite Sites

Community Health Partners, Inc.

- 10,600 patients for over 39,000 visits in 2010
- Medical, dental, mental health, pharmacy, and educational services
- Livingston, Bozeman, Belgrade, West Yellowstone
- Patient visits:
  - 58% self pay (sliding fee)
  - 16% Medicaid
  - 11% Medicare
  - 15% Private insurance
- Integrated services model, responsive to community needs
- Strong partnerships with local hospitals
- Nationally recognized for innovative programming

MT Medicaid Health Improvement Program (HIP)

- Featured in a case study of innovative partnerships by the National Academy for State Health Policy (NASHP)
- DPHHS High Risk Medicaid Care Management Program (Old Version)
  - Out of state vendor contract
  - 4.5 staff, 325 beneficiaries
  - Telephone contacts
  - Disease-based program: asthma, diabetes, heart failure, chronic pain

MT Medicaid Health Improvement Program (HIP)

- DPHHS MT Medicaid Health Improvement Program (New Version, began in 2009)
  - Contract with community and tribal health centers
  - Requires 10% less funding to implement
  - 32.5 staff, over 3,200 beneficiaries
  - Telephone, clinic visits, home visits
  - Risk-based program: Uses diagnosis, demographics, procedure service history and prescription records to determine risk

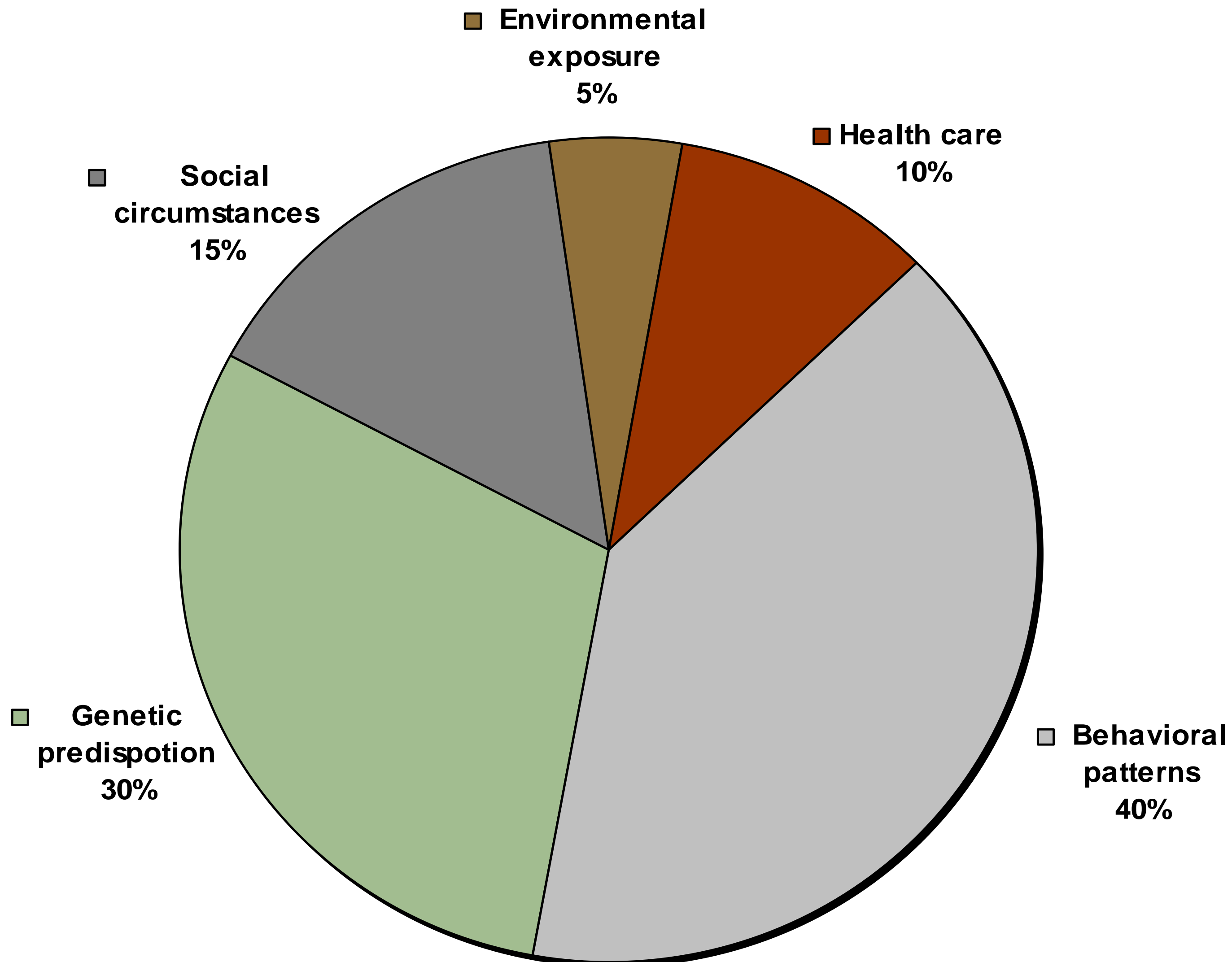
Health Improvement Program Activities

- Regular phone calls
- Patient education
- Referral Coordination
- Access to supportive programming
- Locating used, inexpensive equipment to reduce fall risk
- Connecting patients with other Medicaid programs
- Attending appointments with patients
- Building supportive relationships

Sarah

- Type II Diabetes, Depression, high blood pressure, poor dentition, high cholesterol, joint pain
- When referred to program, unable to work or stay on medications, frequent ER visits, isolated
- Nurse assisted with transportation, community supports, affordable housing, family resources
- Now has regular care, sustained access and use of medications, stable housing, family supports
- Decreased ER utilization, potential to rejoin workforce

What Determines Health?



Better Care = Reduced Cost

- Patient Centered Medical Home
- IHI Triple Aim:
  - Improved population health
  - Enhanced patient experience
  - Reduced per capita cost
- Community Health Centers and MT Medicaid Health Improvement Program - We are on the right path!