



## *Creating a Culture of Health: Michigan State Innovation Model*

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### **A Vision of Empowerment**

A person-centered health system that is coordinating care across medical settings, as well as with community organizations to address social determinants of health, to improve health outcomes; and pursue community-centered solutions to address upstream factors of poor health outcomes.

### **Rationale**

- Clinical care accounts for 10%-20% of health outcomes
- Social and environmental factors account for 50%-60% of health outcomes

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## Vision Components (Strategic Framework)

- Patient-Centered Medical Home (PCMH)
- Community Health Innovation Region (CHIR)
- Advanced Payment Models (APM)
- HIT/HIE (Technology)
- Stakeholder Engagement, Measurement, Evaluation and Improvement



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## Community Health Innovation Regions (CHIR)

- Foundation of Population Health component
- Broad partnership of community organizations, local government, business entities, health care providers, payers, and community members.
- Build on existing community coalition efforts
- Improve community governance
- Initial focus on addressing ED utilization, assessing community needs, and identifying region-specific health improvement goals



CHIR Region	Backbone Organization
Genesee Region	Greater Flint Health Coalition
Jackson County	Jackson Health Improvement Organization
Muskegon Region	Muskegon Health Project
Northern Region (10 counties total)	Northern Michigan Public Health Alliance
Livingston & Washtenaw Counties	Center for Healthcare Research and Transformation

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## Community Health Innovation Regions (CHIR)

- The CHIR aligns with **key levers** in the state:
  - Medicaid ED utilization efforts required under PA 107,
  - Community Health Needs Assessment/Community Health Improvement Process (CHNA/CHIP) requirements of hospitals under the ACA and local health departments as mandated by national accreditation,
  - Clinical-community linkage efforts previously funded by CMS in MI as part of the Pathways to Better Health Initiative,
  - CMS developed models funded nationwide, such as Accountable Health Communities initiatives,
  - MDHHS' Integrated Service Delivery (ISD) initiative.
- Participant Engagement Opportunities
  - Establishment of a collaborative learning network
  - ABL Change Process for Systems Change



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## Clinical-Community Linkages

- Primary focus establishing a community hub model linking the clinical and community domains
- Collaboration with regional PCMHs to create brief screening tools that address social determinants of health
- PCMHs and CHIR hubs are mutually reinforcing:
  - PCMHs in CHIR regions refer clients with complex issues into the hub for additional screening.
  - If a hub screening reveals lack of consistent primary care, the client is referred to an appropriate PCMH.

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## Addressing Social Determinants of Health

### Genesee

- Expanding on the Children’s Healthcare Access Program (CHAP) by establishing a behavioral health specialty hub within the CCL model
- Provide resources for individuals with lifestyle/behavior Social Determinants of Health (SDOH) needs

### Muskegon

- Muskegon was part of the CMS Pathways grant – the HUB from that model is still operational and is part of the CHIR
- Besides providing referrals to/from the HUBs to social service agencies and primary care, Muskegon is planning interventions aimed at nutrition and housing.
- A large FQHC in the county has already completed over 5,000 SDOH screens

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## Addressing Social Determinants of Health

As the CHIRs engaged in their local assessments of needs and existing resources, the intersection of housing/homelessness and health was repeatedly identified as a priority area of focus.

- Michigan was selected to participate in Round 2 of the CMS IAP Medicaid-Housing Agency Partnership Track
- The goal is to strengthen state-level collaboration between health and housing agencies
- Focus will be on coordinating housing resources with Medicaid-covered housing-related services
- CHIR clinical-community linkage model will test solutions to prioritize Medicaid beneficiaries whose housing needs put their health at risk



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## Financing



### Currently

- CHIR Initiative is 100% federally funded through CMS
- In-kind contributions by BBO and other community organizations.

### Future

- Evaluating the Medicaid Managed Care contracts for opportunities to align with the CHIR requirements
- Leverage 1115 waiver to allow CHWs to bill fee-for-service
- Working with the CHIR participants and broader state wide stakeholder on strategies to engage employers, health plans and health systems
- Exploring long term strategies to include CHIRs in Advanced Payment Models and other incentive payments programs

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## Measurement Strategies



- Overall SIM Model Evaluation Plan will evaluate the SIM Initiative impact
- CHIR Monitoring Plan includes the following 3 domains:
  - Quality Measures – Ongoing collection of health outcome measures
  - Participation Metrics – Ongoing collection of metrics related to SIM/CHIR participation
  - Key Performance Indicators – Locally defined interim metrics to show effectiveness of an intervention

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## Success and Challenges

Successes	Challenges
<ul style="list-style-type: none"> <li>All 5 regional operational plans submitted and approved</li> <li>Developed standards for a brief SDoH screening tool for PCMH/CHIR</li> <li>Each region has implemented and operationalized CHIR governance models</li> <li>Implemented comprehensive monitoring structure that includes monthly calls, status reporting, and fiscal monitoring</li> <li>Submitting quarterly participation metrics</li> <li>Each region updated CHNA and CHIP</li> </ul>	<ul style="list-style-type: none"> <li>Established governance structures and Backbone Organizations may be resistant to change</li> <li>Defining and maintaining Backbone neutrality is difficult</li> <li>Redirecting participant focus from “health care system change” to “community system change”</li> <li>Data sharing between clinical providers and community organizations – issues of privacy, consent, data storage and usage</li> <li>Developing cross market sustainability plans</li> </ul>

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## Lessons Learned

- Be intentional in relationship building
- Recognize and plan for time-intensive work that this will require
- Leverage existing frameworks and partnerships to expand assets and tap into existing capacities
- Be mindful of legal issues crossing different systems and organizations
- Carefully strategize technology needs to ensure it does not become focus of the initiative

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## Looking Beyond SIM.....



- Expand the CHIR initiative
- Leveraging MHP contracts to implement PCMH
- Develop Alternative Payment Models (APMs)
- Align health care and population health goals with updated State Health Improvement Plan
- Continue efforts to advance HIE/HIT goals

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## Thank you



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