SIM Initiative Newsletter

A quarterly publication of Michigan's State Innovation Model
December 2018

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About the Initiative

In 2015, the Centers for Medicare and Medicaid Services (CMS) awarded the State of Michigan $70 million over four years to test and implement an innovative model for delivering and paying for healthcare in the state. The state has focused its efforts on developing and strengthening connections among providers of clinical care and community-based organizations that address social determinants of health.

Contact Us

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Links

SIM initiative website

Welcome to the seventh edition of the State Innovation Model (SIM) Initiative Newsletter. This newsletter is intended to provide updates on the activities taking place across the initiative. It will also be used to make stakeholders aware of any SIM-related events that may be of interest to a general audience.

Previous editions of the newsletter can be found on the SIM website (http://www.michigan.gov/SIM).

Program News and Updates

This edition of the newsletter is focused on highlighting key activities and accomplishments from 2018, of which there were many. We're excited about the progress we've made and are looking forward to building on this success in 2019!

Michigan SIM Submits Year Four Operational Plan

The Michigan Department of Health and Human Services (MDHHS) submitted a plan for its fourth and final year of funding from the Centers for Medicare and Medicaid Services in early December 2018. The plan focuses heavily on efforts to sustain the initiative, including working with Community Health Innovation Regions (CHIRs) to identify long-term funding sources; bolstering the SIM Patient-centered Medical Home (PCMH) Initiative by supporting the execution and refinement of clinical-community linkages while encouraging practice transformation efforts focused on population health management; and working with Medicaid health plans to increase the amount of Medicaid spending in advanced, value-based payment methodologies.

The state believes that working beyond clinical walls is fundamental to improving outcomes, lowering total costs of care, and empowering residents to improve their overall health and well-being. The innovations developed during SIM represent a concrete and practical approach to improving Michiganders' health status by addressing barriers to care. Sustaining the continued development of these programs will keep Michigan in the forefront of addressing upstream health factors.

The Year Four Operational Plan and accompanying budget is anticipated to be approved before the fourth year officially begins on February 1, 2019.

Transforming Service Delivery

The Michigan State University (MSU) evaluation of the CHIR model is finding evidence that model participants and partners are changing the way they think about and deliver services. MSU collected and captured feedback through a survey of CHIR stakeholders regarding their new and renewed perspectives on addressing their communities' needs. A selection of their words can be found throughout the newsletter.

A Focus on Communication

Over the past year, the MDHHS has stepped up efforts to communicate both internally and externally about the SIM initiative. In January, the SIM team updated the Michigan SIM Initiative summary to reflect changes and new activities from the past year. The SIM website also received a makeover to improve navigation and increase the relevance of information; the State Innovation Model infographic was also created that describes the primary components of the initiative. And in the fall of 2018, the Michigan SIM team released the All Health is Local video to enhance awareness and understanding of the CHIR model (more about the video can be found below).

Population Health

Community Health Innovation Regions

CHIR Evaluations Finding Positive Changes in Local Communities

MSU's evaluation of the CHIR model is finding that people in CHIRs are more likely to report feeling supported by a local community organization. Based on a survey of CHIR members and partners, a majority said that the model not only enables action and collaboration, but it also creates opportunities for significant community improvements that could not have happened without its support. Nearly half of respondents noted that their involvement in the CHIR is shifting how they think about health, and two-thirds said their involvement has led them to integrate a stronger focus on social determinants of health in their work. The survey also found that—through the CHIR model—social and health agencies have created feedback loops that allow them to respond more effectively to complex resident needs. Moreover, previously disconnected organizations have come together in a way that expands the service system.

> **"Successful outcomes are going to increase because you're looking at the whole person.** You're not just looking at their mental health, or looking at their substance abuse, or looking at their diabetes—you're looking at the whole person. If you want to use the old adage: **'It takes a village.'"**
>
> –Social sector stakeholder

Focus on CHIR Sustainability Prompts Video Development

In close collaboration with CHIR backbone organizations, the SIM team created a video that highlights the use of clinical-community linkages to address social determinants of health. It also helps define the CHIR model for those who are not currently engaged in one, describing CHIRs as a broad partnership intended to improve the health of communities through systems change. The video, available on YouTube, is designed to support CHIRs' efforts to engage new partners and broaden the model's impact.

CHIR Year Two Highlights and Success Stories Available on the SIM Website

The SIM CHIR team recently released several new resources on the CHIR webpage (http://www.michigan.gov/CHIR) that focus on the innovative approaches each region is taking to improve their communities' well-being. The CHIR Year Two Highlights documents for Genesee, Jackson, Livingston-Washtenaw, Muskegon, and Northern Michigan feature how each region expanded the number and diversity of stakeholders participating as CHIR partners, including individual community members. Lastly, the CHIR Success Stories document highlights just a few of the many ways the model is transforming the lives of community members in ways they could not before.

Health Through Housing Initiative

Homelessness (or unstable housing) is a significant social determinant of health and is prevalent in all five CHIRs. This has spurred the MDHHS to develop and implement a new SIM initiative within the CHIR framework to integrate and coordinate housing and healthcare that fosters housing stability and efficient, effective use of healthcare and housing resources. This program—called Health Through Housing—is being implemented in the CHIRs to identify and prioritize high-need, high-cost patients experiencing homelessness and connecting them to housing solutions. The program also focuses on increasing capacity, coordination, and support functions as well as connecting the beneficiary to proper housing resources, rather than offering financing.

Using data from the Homeless Management Information System (HMIS) and Medicaid claims, the MDHHS identified people within the five CHIRs who are chronically homeless and utilize emergency departments (EDs) at high rates. CHIRs are now working to connect these people with high-quality case management services, with the goal of transitioning them into permanent housing and offering health and other services that will decrease their ED visits. The Michigan State Housing Development Authority has partnered with the MDHHS on this pilot and committed up to 200 Housing Choice Vouchers, which provide long-term rental subsidy for pilot participants. Through SIM funding, the MDHHS is offering funding and program support to four local Permanent Supportive Housing providers in three CHIR communities through January 2020 to house and stabilize these individuals.

> "I think one of the most important things to come out of this is **aligning the homeless providers, the housing sector developers, and the healthcare sector with a unified voice**—stressing the urgent need for affordability."
>
> —Social sector stakeholder

Solid Progress on a Plan for Improving Population Health

The SIM population health team is developing a plan for improving population health (PIPH) as a condition of its contract with the CMS. An internal workgroup led by the Population Health Administration and supported by partners from the Behavioral Health and Developmental Disabilities Administration and the Medical Services Administration (Medicaid) reached consensus on a vision for the PIPH:

> **"Creating fair, just, and equitable conditions so that all people in Michigan thrive and achieve optimal health."**

Two subcommittees are meeting monthly to develop a PIPH designed to achieve that vision. The Health Status Committee is charged with identifying indicators that articulate Michiganders' health status with an emphasis on social determinants of health; the Public Health Capacity Committee is charged with identifying available public health capacity in Michigan across programs and initiatives focused on social determinants of health and determining capacity gaps that affect population health.

The MDHHS internal workgroup also plans to gather input from various external stakeholders, including local health department health officers, Medicaid health plans, physician organizations, hospitals, CHIRs, and other partners.

> "Having done this for years, I think it's amazing that **everybody's finally taking a look at this,** and everybody seems to be truly trying to improve population health; they're **attacking it from every different angle, and it's something that I've never seen in my lifetime** before."
>
> —Health sector stakeholder

Care Delivery

Patient-centered Medical Home Initiative

Summits Provide New Ideas and Connections

The SIM PCMH Initiative team convened more than 500 participants in the initiative at three summits held across the state in October and November 2018. The summits brought together physicians, practice teams, care managers, care coordinators, physician organization leaders, CHIR partners, administrators, and health plans to refine their collaboration and partnering skills with each other, patients, and family caregivers. The purpose of these efforts is to achieve care goals and deliver an optimal healthcare experience. The sessions focused on identifying patient needs related to physical and behavioral health as well as social determinants of health and matching resources to patient needs. Strategies discussed included integrating behavioral health into primary care practices, using care teams effectively, and building clinical-community linkages.

Survey Finds High Levels of Engagement among Healthcare Providers

The Michigan Public Health Institute conducted a survey to assess healthcare provider attitudes and experiences with screening patients for social needs and linking patients to needed social services. The survey found high levels of motivation among primary care providers, 84 percent of whom strongly agree that better treatment decisions are made when they have a fuller understanding of patients' social needs. Seven months into implementation, more than two-thirds of respondents strongly agree that their staff are aware of these major needs as well as the available social services in the community. Three-quarters of all respondents reported implementing at least one change to their assessment and referral practices because of their participation in the SIM PCMH Initiative.

> "It's been huge with us just getting inspired to start to **dive in more and more into community resources** and how to really partner with those community resources . . . **it's been really inspirational for us, and we've taken a lot of lessons learned** from that."
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> —Health sector stakeholder

A Look at Chronic Conditions and Service Delivery across SIM Care Management Beneficiaries

In late 2018, the SIM Care Delivery team compiled data on beneficiaries who received care management and care coordination (CM/CC) services in 2017. The data show that more than 500,000 Medicaid beneficiaries were attributed to a SIM PCMH for at least one month in 2017. More than 80 percent of SIM CM/CC beneficiaries have two or more chronic conditions. Among children, asthma is the most common of these conditions, affecting more than a quarter (27 percent) of those receiving CM/CC services. About half or more of adults receiving these services are diagnosed with anxiety disorders (46 percent); substance-related disorders (47 percent); mood disorders (50 percent); nutritional, endocrine, or metabolic disorders (56 percent); or hypertension (57 percent).

> "It's much easier when you have this **very open line of communication between services** to really understand and better assist the client."
>
> –Health sector stakeholder

Analysis of service delivery data shows that SIM-attributed beneficiaries are accruing benefits from their practices' involvement in the SIM PCMH Initiative. SIM beneficiaries were more likely to receive two or more CM/CC services than non-SIM Medicaid beneficiaries and were also more likely to receive face-to-face care management services. Among managed care beneficiaries who experienced an acute inpatient hospitalization in 2017, SIM beneficiaries were more likely than non-SIM beneficiaries to receive a follow-up CM/CC services within two weeks of discharge.

Alternative Payment Models

MDHHS and Medicaid Health Plans Collaborate on State-preferred PCMH Model

The MDHHS is collaborating with Medicaid health plans (MHPs) to increase adoption of alternative payment models (APMs). Over the past year, each MHP submitted baseline data on their current use of APMs and a strategic plan for increasing APM-based payments. Preliminary data analysis suggests that MHPs have already increased their use of these models through value-based arrangements, such as pay-for-performance and shared savings models.

The MDHHS also developed a quality strategy that provides guidance to MHPs on the quality metrics Michigan would like them to use as a basis for APMs. These include measures specific to the regions in which the health plans operate as well as prevention and quality of care measures that should be used by MHPs statewide in APM contracts. Region-specific measures include appropriate testing for children with pharyngitis, chlamydia screening in women, diabetes eye exams, and diabetes A1C screening. All MHPs are required to include at least one additional measure in their APM model specific to their own performance improvement assessment and goals.

In calendar years 2018 and 2019, the growth and development of the SIM PCMH Initiative and the state-preferred PCMH model will continue in tandem, furthering health system transformation goals and supporting a transition from an MDHHS-led approach to a collaboration among the MDHHS, MHPs, and healthcare providers. In collaboration with MHPs, the MDHHS established a state-preferred PCMH model designed to sustain primary care capacity through care management, health information technology, and enhanced access. The collaborative effort to design these common PCMH requirements began with the SIM PCMH model as its foundation and is intended to sustain and expand the PCMH model in the Michigan Medicaid managed care program.

Technology

SIM Tech Team Provides Analytics to Support Housing Efforts

The SIM Technology team continues to support efforts in the CHIRs to address homelessness by matching data in the HMIS with Medicaid claims data to identify people who are both homeless and high utilizers of healthcare services. The data also supports the identification of people who are eligible for housing vouchers as part of the Health Through Housing initiative described above and in the June and September 2018 SIM newsletters.

> "When community agencies enter data into the hub, the PCP [primary care provider] can see . . . that [the patient has] been taken care of. **That is definitely one of the best things we've got, and it's really taken [us] to the next level of clinical integration.**"
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> –Health sector stakeholder

Production of Social Determinants of Health Screening Data Underway

Last quarter, the SIM program kicked off an initiative to collect data obtained by primary care providers and community-based organizations when they screen clients for needs related to social determinants of health. Currently, the team is receiving test files from those participating in the initiative and analyzing the data to ensure the files meet requirements set forth by PCMH providers and CHIRs. Data production will begin in January 2019.

For More Information

http://www.michigan.gov/SIM | MDHHS-SIM@michigan.gov

SIM MDHHS State Innovation Model