

## In this Issue

- Program News and Updates
- Upcoming Events and Initiative Resources

## About the Initiative

The Patient Centered Medical Home (PCMH) Initiative is a core component of the State Innovation Model (SIM) strategy for coordinated care delivery, focusing on the development and testing of health care payment and service delivery models to achieve better care coordination, lower costs, and improved health outcomes for Michiganders. For more information and resources, check out our webpage.

## Contact Us

Questions can be sent to:  
[MDHHS-SIMPCMH@michigan.gov](mailto:MDHHS-SIMPCMH@michigan.gov)

## Links

[SIM Initiative website](#)

[SIM Care Delivery webpage](#)

[SIM Population Health webpage](#)

Welcome to the 2019 Patient Centered Medical Home Initiative monthly newsletter. Each month we will bring together all the updates, news and upcoming events relevant to PCMH Initiative Participants.

You will continue to receive other regular communications and event reminders from the PCMH Initiative. This newsletter has been developed as a method to share information in one common location. Previous editions of the newsletter can be found [here](#).

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## Program News and Updates

### 2019 PCMH Initiative Agreement Process—Update

It was brought to our attention that there was a typo in the 2019 Agreements that were issued by the Bureau of Purchasing on February 8, 2019. The typo was identified in Appendix A, Section C, Subsection 1.a.i.. As such, it is being requested that the text be changed to:

“The maximum base incentive payment to any organization would be calculated at a rate of **\$21.00** per member across the average membership for the 2019 participation year.”

The change in text supports the methodology in place to calculate participant payments over the course of the 2019 program year, as outlined:  $\$1.75 \times \text{Incentive Score} \times 12 \text{ months}$ .

We are working with the Bureau of Purchasing to reissue Agreements with the corrected dollar amount. If you anticipate that this change will not allow you to meet the original submission deadline of March 22, please let us know by emailing us at [MDHHS-SIMPCMH@michigan.gov](mailto:MDHHS-SIMPCMH@michigan.gov).

### March Office Hour: Evaluation

On March 5 from 11:30 to 12:30 the PCMH Initiative will be hosting another office hour session with the Michigan Public Health Institute (MPHI) evaluation team. MPHI will review the Physician Organization Care Management reports you will receive from them this week. Beyond providing an overarching summary of the template and trends they saw across all of our POs, this will be an opportunity for you to ask questions and get feedback on your individualized reports. If you'd like to be a part of the conversation please [REGISTER HERE](#).

## Supplemental March Office Hour: MDC Dashboard Update

We are excited to announce that the PCMH Initiative Team and the Michigan Data Collaborative will offer a supplemental office hour session on the MDC dashboard release 7. This webinar will take place on March 21 from 12:30 to 1:30. If you'd like an opportunity to walk through each measure and ask questions, please reserve your spot and [REGISTER HERE](#).

### PCMH Initiative Success Story

*Submitted by Lisa Decker, Behavioral Care Manager  
Huron Valley Physicians Association, Green Tree Pediatrics*

A patient's mother had contacted her daughter's primary care physician office requesting an urgent call from the Behavioral Care Manager. The need for the call was that her 9-year-old daughter was struggling with Post Traumatic Stress Disorder (PTSD) symptoms. Mom had indicated that her daughter has a history of PTSD and was experiencing a mental health crisis. Mom described her daughter as having emotional and behavioral meltdowns at home and at school that were extreme in intensity and duration. The family was concerned that the patient may escalate to engage in self-harm behaviors due to her high level of distress. In addition, she was concerned because her family just recently relocated to the area and had not established a mental health provider.

The care manager reviewed the patient's chart as well as the requests made during the call with the registered nurse. Chart information was limited due to recent relocation to the area and being relatively new to the practice. The care manager returned Mom's call to discuss her daughter's symptoms, the family concerns, evaluation for safety and some mental health recommendations. At this time, it was also important to emotionally support this Mom as the situation was likely difficult for her as well. From a short-term perspective, the care manager conducted a safety evaluation. Mom stated that her daughter had no prior history of self-harm or aggressive behaviors, nor making threats to do so. The care manager and Mom discussed at length how the recent move may have played a role in destabilizing previously well-controlled PTSD symptoms. With this helpful reframing Mom felt better equipped to understand and support her daughter through this difficult transition. For added safety and security it was recommended that her daughter sleep in her parent's room. Mom was also given information about the local psychiatric emergency room in the event that her symptoms worsen or have immediate safety concerns.

During the follow up call Mom indicated that the patient was doing well. The family had been able to talk about the move and the stress it had on each of them. This helped validate and normalize the patient's stress. Since the patient was able to be supported safely at home, there was the avoidance of the emergency room.

A long-term goal established was to connect the patient with a local outpatient mental health provider as well as identifying supports at school. The care manager followed up with Mom the next day to offer support and coaching about current symptoms as well as provided a list of mental health providers. Mom was also able to get additional support through her daughter's school. The care manager continues to follow the patient and offer support to the patient as well as communication with the newly established mental health provider as needed.

Mom greatly appreciated having a behavioral health care manager in her daughter's primary care office available to discuss her daughter's history, symptoms, concerns for safety and a plan to move

forward. In this circumstance a referral to the emergency room was averted and the care manager was able to evaluate for safety, engage in safety planning, offer psychoeducation to caregivers regarding symptoms, medications and appropriate interventions. At the conclusion of the initial phone call Mom not only felt empowered to manage the situation, but she also voiced relief that she was not managing the situation alone.

### Michigan Data Collaborative Updates

#### **SIM PCMH Dashboard Release 7.0 Coming Soon with Two New Pages**

Michigan Data Collaborative (MDC) plans to post Dashboard Release 7.0 at the end of February. Along with an updated reporting period, the Dashboard includes the following two new pages:

**Incentives** – This page displays graphs and data to support Managing Organizations in attaining additional incentive dollars in 2019. It provides Practice and Provider measure rates and benchmark data for the following measures:

- Adolescent Well-Care
- Childhood Immunizations
- Lead Screening
- Diabetes Nephropathy
- Diabetes HbA1c Testing
- Cervical Cancer Screening
- Ambulatory Care Sensitive Condition (ACSC) Admissions: Adult Chronic Composite
- Acute Hospital Admissions
- Emergency Department Visits

**Care Management Trends** – This page displays Care Coordination trend data to show organizations their performance over time and identify areas of focus to improve their performance against the benchmark and associated Care Management Reserve.

MDC will provide additional details in the email announcement and in the release notes when we post updated Dashboard. If you have any questions, contact [MichiganDataCollaborative@med.umich.edu](mailto:MichiganDataCollaborative@med.umich.edu).

#### **Upcoming MDC Deliverables**

- SIM PCMH Dashboard Release 7.0 – *late February 2019*
- February 2019 PCMH Patient Lists and Provider Reports – *late February 2019*
- September 2018 – November 2018 Care Coordination and Claims Detail Reports – *early March 2019*
- March 2019 PCMH Patient Lists and Provider Reports – *late March 2019*

You can view an up-to-date list of upcoming deliverables on the [SIM PCMH page](#) of the [MDC Website](#).

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### Upcoming Events and Initiative Resources

#### Michigan Care Management Resource Center 2018 Care Management Educational Webinars

**Title:** 5 Steps to Help Patients Prevent Type 2 Diabetes  
**Date and Time:** Wednesday, February 27, 2019 from 2-3 p.m.  
**Presenter:** Tamah Gustafson, MPH, CHES  
Public Health Consultant  
Diabetes and Kidney Disease Unit  
Michigan Department of Health and Human Services  
[REGISTER HERE](#)

**Title:** Identifying and Addressing Anxiety in Primary Care  
**Date and Time:** Wednesday, March 27, 2019 at 2 p.m.  
**Presenter:** Teague Simoncic, LMSW  
Behavioral Health Care Manager Preceptor, IHA  
[REGISTER HERE](#)

**Title:** ADHD Medication Education  
**Date and Time:** Tuesday, April 23, 2019 at 11 a.m.  
**Presenter:** Tiffany Munzer, MD  
Fellow in Developmental Behavioral Pediatrics  
[REGISTER HERE](#)

### **Michigan Care Management Resource Center Approved Self-Management Course Registration**

To access the list of the Michigan Care Management Resource Center approved Self-Management Support courses [click here](#). The list provides a detailed summary of each course, with associated objectives, location, cost and more.

Additionally, Michigan Care Management Resource Center has collected resources for Self-Management Support including: websites of interest, publications, tools, videos, and even patient materials. Michigan Care Management Resource Center's "Self-Management Support Tools and Resources" document offers an at a glance list and summary of these resources, along with descriptions and website links for quick access. Click [here](#) for "Self-Management Support Tools and Resources".

Both of these documents can also be accessed on the Michigan Care Management Resource Center [website](#).

### **Upcoming Complex Care Management Course Dates and Registration**

The Michigan Care Management Resource Center Complex Care Management (CCM) course is designed to prepare the healthcare professional for the role of Complex Care Manager. Course content is applicable to all Care Managers in the ambulatory care setting, working with complex patients. For CCM Course details [click here](#).

April 22-25, 2019 | Lansing | [REGISTER HERE](#) | Registration deadline: April 18, 2019

**NOTES:** If you have 15 or more Care Managers in your area and would like the Michigan Care Management Resource Center team to provide a regional training at your location please submit your request to: [MICMRC-ccm-course@med.umich.edu](mailto:MICMRC-ccm-course@med.umich.edu)

For questions please contact: [MICMRC-ccm-course@med.umich.edu](mailto:MICMRC-ccm-course@med.umich.edu)

## **For More Information**

[www.michigan.gov/SIM](http://www.michigan.gov/SIM) | [MDHHS-SIMPCMH@michigan.gov](mailto:MDHHS-SIMPCMH@michigan.gov)





