

Community Health Innovation Region

A Community Health Innovation Region (CHIR) is a unique model for improving the wellbeing of a region and reducing unnecessary medical costs through collaboration and systems change. CHIRs engage a broad group of stakeholders to identify and address factors that affect residents’ health, such as housing, transportation, and food insecurity, as well as access to high-quality medical care. The CHIR model creates a neutral space for partners to unite around a common vision, aligning their objectives and services to meet the needs of the community. The result is a community that is purposeful in its response to residents’ needs, creating conditions that meaningfully support an individual’s ability to have a higher, more productive quality of life. The State has selected five regions in which to test the CHIR model.



Genesee CHIR

Genesee Community Health Innovation Region (CHIR) is a partnership of a broad collection of multi-sector organizations, including 3 Accountable Systems of Care, 6 Medicaid health plans, and a Regional Health Information Exchange. The Greater Flint Health Coalition is serving as the backbone organization, providing leadership and facilitating the development of a common agenda, shared measurement, mutually-reinforcing activities, and continuous communication.

The Genesee CHIR has incorporated into its Year Two Plan additional efforts to reduce inequities and promote health equity.

Genesee County Health Rankings

CHIRs across the state are focused on improving the social determinants of health (SDOHs).



The city of Flint, Genesee County’s urban core, has the highest poverty level in the nation, with 45% of its residents living in poverty.

Clinical Care	27 th	} out of 83 Michigan Counties
Health Behaviors	76 th	
Physical Environment	82 nd	
Social/Economic Factors	71 st	

Source: 2018 County Health Rankings

CHIR Successes: Implementing Innovative Approaches to Improve Health

The Genesee CHIR focused on **building and implementing innovative approaches** to reduce emergency department utilization and **establishing the infrastructure and collective impact capacity** needed for health transformation. Important wins in the last two years include:

Addressing community needs through a universal screening for social determinants of health and an electronic referral system.

Identifying emergency department users for **care coordination services**.

Co-designing an ideal future care coordination system by assessing the current state of care coordination with organizations, agencies, and health providers.

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Spot**

Addressing community needs through a universal screening for social determinants of health and an electronic referral system.

CHIR Success!

The Genesee CHIR is addressing community needs through the implementation of a universal social determinants of health (SDOHs) screening tool and a Community Referral Platform (CRP) connecting residents to needed social and health services.

What was the challenge facing Genesee?

In Genesee County, many clinical and non-clinical providers were not identifying the SDOHs impacting health outcomes among their clients. Factors such as socioeconomic status, housing insecurity, water quality, transportation issues, and food insecurity have contributed to some of the poorest health outcomes in the state. In addition, there was no efficient way to refer residents to services and no easy way to monitor the outcomes of those referrals.

How is Genesee addressing this challenge?

The Genesee CHIR designed and implemented a universal SDOH screening tool with a centralized storage repository for collecting data from social and health partners. The repository aggregates SDOH data by age, zip code, and other demographics. Data is analyzed monthly and reports are shared with the Genesee CHIR's leadership committees and network.

With the support of Great Lakes Health Connect, the Genesee CHIR is now utilizing a Community Referral Platform to connect residents to needed social and health services and track outcomes.

What has the impact been?

The repository has allowed the Genesee CHIR to actively monitor and evaluate SDOH screening results to identify and quantify social and health needs prevalent in the community, in order to allocate resources more effectively. SDOH data help to inform community-based strategy development as well as identify and work to improve health outcomes.

The referral process has improved social and health service delivery resulting in better preventative care and the promotion of positive health outcomes.

What are important next steps?

- Work with health plans to encourage their support and investment in sustaining the repository and other CHIR initiatives.
- Work with social service and medical providers to expand the Community Referral Platform access and design and implement additional features.

Understanding Community



"The screening tool has value in helping us understand the needs of the population in a way that we couldn't evaluate previously."

- Community Organization CEO

Screening Patients

over 10,000 screenings have been added to the central repository.



Connecting to Services



"Because of the community referral platform, we're able to ensure that individuals we're trying to connect across this clinical and non-clinical bridge are successful at crossing that bridge and getting what they need."

- Health Services Staff

Meeting Residents Needs



"It's created a mechanism to know that individuals who had that need received the service...and that's been a success for us."

- Backbone Organization Staff

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Co-designing an ideal future care coordination system by assessing the current state of care coordination with organizations, agencies, and health providers.

CHIR Success!

The Genesee CHIR has co-designed an ideal future care coordination system by mapping the current state of care coordination with organizations, agencies, and health providers. This has helped the CHIR to align its efforts, increase efficiency, and prioritize patient care.

What was the challenge facing Genesee?

Inefficient communication and data sharing is a constant topic of discussion and has been identified by the Genesee CHIR as a key barrier to achieving optimal care coordination in the community. In addition, the duplication of efforts has created inefficient workloads and has resulted in many residents' social and health needs going unmet.

How is Genesee improving care coordination?

The Interdisciplinary Care Coordination Workgroup convened to address the confusing state of care coordination, mapping out the current state within Genesee County. With representatives from social and health service providers, Medicaid health plans, and the Genesee CHIR Clinical-Community Linkage Specialty Hubs, the Interdisciplinary Care Coordination Workgroup worked to identify, strategize, and address opportunities for improving the delivery of care coordination services across the county. Afterwards, the workgroup identified the need to "coordinate the coordinators". Working together with organizational leaders and staff, they redesigned the process map into an ideal future state of care coordination for the county.

What has the impact been?

The Genesee CHIR has created a care coordination process map that identifies and addresses the duplication of efforts between organizations. There is also a future state of care coordination map with ideal community linkage strategies. This ideal process map unites the CHIR's vision, aligns its efforts, and creates a clear path moving forward. It also identified a new area of care coordination that targets SDOHs as some of the root causes of avoidable emergency department use.

What are important next steps?

- Develop standard care coordination processes for Genesee CHIR partners to bring the region closer to its "ideal" future state.
- Work with the health providers and health insurance payers to increase collaboration and align efforts.

Innovating Health Care

"It's hard to do, but I think this is the right way for health care to go."

- Health Services Staff

Designing Care Systems



"The experts in the room are looking at that current state map and pointing to it and saying, 'look at right here, this is a mess, we need to stop this.'"

- Health Insurance Payer

Coordinating Care

"Now as a region they're doing a nice job of kind of trying to build



a more coordinated approach to community support, especially for patients' sense of healthcare."

- Health Insurance Payer

Aligning Systems

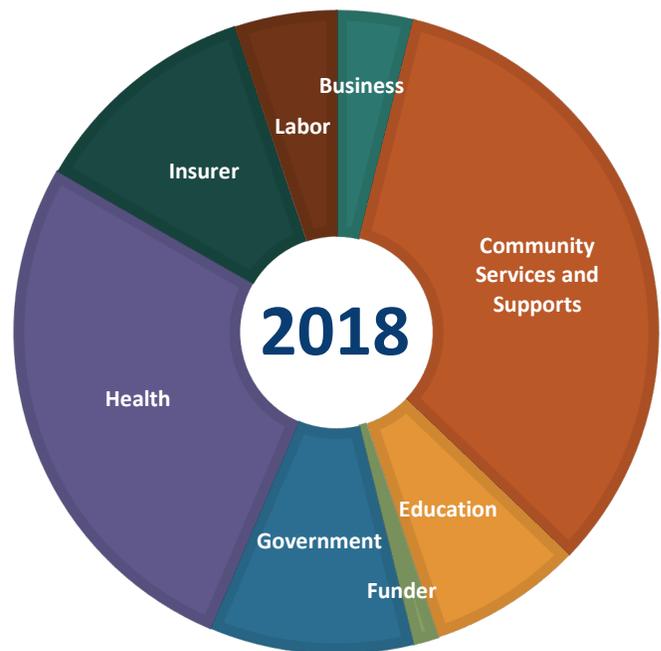
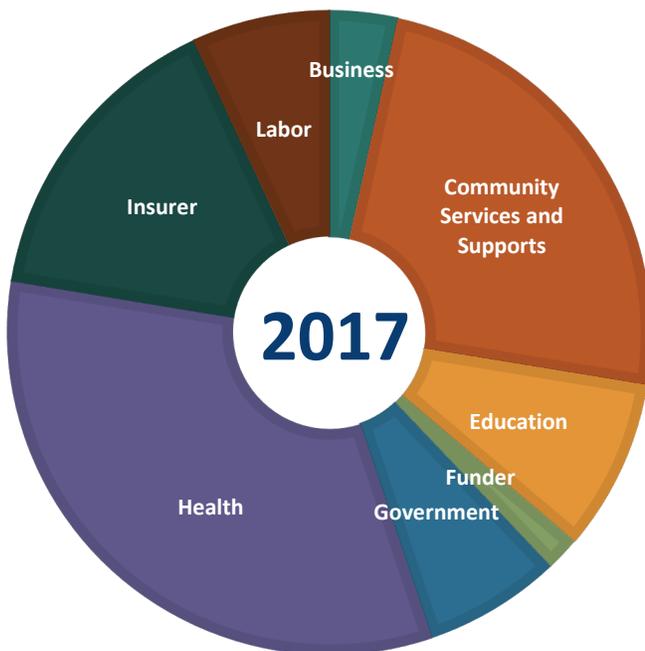


"The concept of a medical neighborhood is a priority for aligning clinical, behavioral, and community resources in support of an individual's health outcomes."

-CHIR 2018 Local Operational Plan

Genesee CHIR Partners

Genesee CHIR has engaged community organizations, local government agencies, businesses and nonprofit entities, health care providers, payers, and community members to come together to identify and implement strategies that address community priorities. In addition to members of the steering committee, the backbone organization, and work groups, the graphics below highlight the breadth of Genesee CHIR’s partnerships. The Genesee CHIR has significantly expanded the number and diversity of stakeholders participating as CHIR partners, including organizations and individual community members. **The CHIR counts 78 organizations as partners in the work in 2018.**



New Partners in 2018

- Ashbury United Methodist Food Pantry
- Crossover Downtown Outreach Ministries
- DHHS Genesee County Office
- Easterseals
- Families Against Narcotics (FAN)
- Genesys Athletic Club
- Greater Holy Temple Center
- Habitat for Humanity
- Hispanic Technology and Community Center of Greater Flint
- Hurley Food Pharmacy
- Legal Services of Eastern Michigan
- Michigan State University School of Human Medicine
- New Paths, Inc.
- REACH & Traverse Place
- The Disability Network
- Wise Healthcare, LLC