

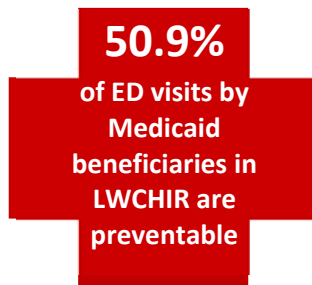
The State Innovation Model (SIM)

The State has organized the work of implementing its SIM initiative under three main umbrellas: Population Health, Care Delivery, and Technology. The Population Health component has at its foundation Community Health Innovation Regions (CHIRs) which are intended to build community capacity to drive improvements in population health. A CHIR is a broad partnership of community organizations, local government agencies, business entities, health care providers, payers, and community members that come together to identify and implement strategies that address community priorities. The state has selected five regions of the state in which to test the CHIR model.



Livingston-Washtenaw CHIR

The Livingston-Washtenaw Community Health Innovation Region (LWCHIR) is a partnership of health and community service providers serving the health needs of individuals across Livingston and Washtenaw counties. The Washtenaw Health Initiative, hosted by the Center for Healthcare Research & Transformation serves as the backbone organization (BBO), providing leadership and facilitating the development of a common agenda, shared measurement, mutually-reinforcing activities, and continuous communication.



Source: 2015-16 Medicaid Warehouse Data

Health Statistics in Livingston-Washtenaw Counties:

- **64.0%** of Livingston adults are **overweight or obese**, slightly under the state average (2016 Livingston County Health Dashboard)
- **19.5%** of Washtenaw adults are **depressed**, exceeding MI and US averages (2015 Health Improvement Plan Survey of Washtenaw County)
- **Low birth weight** affects 6.8% of babies born to white mothers and 12.2% of babies born to African American mothers (CDC, 2006-12)

CHIR Early Successes: Building Community Capacity

The Livingston-Washtenaw CHIR focused on **building community capacity** to address emergency department utilization and **establishing the infrastructure and collective impact capacity** needed for health transformation. Important early wins include:

<p>Developing new and enhanced partnerships across Livingston and Washtenaw counties to support twelve hublets that address social determinants of health</p>	<p>Creating a community services database, which includes social service organizations and the services they provide</p>	
<p>Bringing together new geographic partners to serve on the CHIR governing body, work groups, and hublet organizations</p>	<p>Sharing a middleware technology platform to support care coordination, joint care planning, and data sharing through communication and data management</p>	<p>Developing ideas to achieve long-term sustainability, including outreach to funders</p>

**Early
Success
Spotlight**

Developing New and Enhanced Partnerships Across Livingston and Washtenaw Counties to Support Twelve Hublets that Address the Social Determinants of Health

What was the challenge?

Health care and social service agencies in the region often worked independently, each focused on their own clients' needs. Relationships between and among health systems and service organizations were informal. There was a lack of alignment in health and community resources that prevented effective referrals across agencies.

How did the CHIR address this challenge?

LWCHIR formed a centralized administrative hub to connect participants to hublets – partner agencies providing case management, a range of services, and linkages to more specialized service agencies. LWCHIR has twelve hublets geographically distributed across the two counties.

The BBO created opportunities for collaboration between the twelve hublets, resulting in ownership of roles and responsibilities. Group norms were established, and in-person meetings involved deliberative relationship building activities. Organizational supports, such as meeting agendas and notes, kept committees on task as they co-developed the consent and referral processes, and the clinical workflow with non-hublet agencies. Meeting locations rotated between the two counties, and to remove barriers to participation, organizations were compensated by LWCHIR for their time.

As a result, what has changed?

The formal designation of an organization as a hublet has strengthened relationships between hublet organizations. Collaborative meetings have helped hublets have a better understanding of each organization's strengths and an increased knowledge of local resources. Care coordinating teams will expand from a single organization addressing participants' needs to collaborative efforts across each of the hublets.

What lessons were learned?

- Understand the different perspectives of those at the table.
- Address legal issues crossing different systems and organizations.
- Be intentional in relationship building.
- Support the time and work of organizations with financial incentives.
- Recognize and plan for time-intensive work.

Strategies to promote stakeholder engagement:

1. *Communicate excitement for the work*
 2. *Facilitate meetings effectively*
 3. *Build strong one-on-one relationships with each stakeholder*
 4. *Compensate engagement*
- Interviews with CHIR Hublet partner and BBO Staff

LWCHIR Hublets

- Avalon Housing
- The Corner Health Center
- Home of New Vision
- Integrated Healthcare Associates
- Jewish Family Services of Washtenaw County
- Livingston County Catholic Charities
- Livingston County Community Mental Health
- Michigan Medicine Complex Care Management Program
- Packard Health
- Saint Joseph Mercy Health System Complex Care Program
- Washtenaw County Community Mental Health
- Washtenaw Health Plan

"Relationship development was the most important thing we did... This is something that can live beyond the SIM."

- BBO Staff Member

**Early
Success
Spotlight**

Sharing a Middleware **Technology Platform** to Support Care Coordination, Joint Care Planning, and Data Sharing through Communication and Data Management

What was the challenge?

Livingston and Washtenaw counties did not have a central electronic referral and pathway monitoring system for tracking health and social services received by community residents. Agencies, hospitals, and providers were not able to independently determine who was involved in participant care, but instead had to rely on participant self-reports to verify services.

How did the CHIR address this challenge?

A series of in-depth interviews were held with a wide range of stakeholders and community members to learn about their needs for care coordination, care planning, and information sharing. The need for a uniform system that all providers could use across systems became apparent. Following this process, the Data IT Committee vetted vendors and selected MiCare Connect based on its ability to:

- Share notes and contact information among care managers
- Assign a lead care manager to each participant
- Host participant care plans that all hublets can view and update
- Integrate into EHRs and be accessible via a web browser
- Support releases of information
- Collect assessment data

As a result, what has changed?

The IT platform has been developed and legal agreements for sharing data via the IT platform are under review. Once hublets implement data sharing, the IT platform will facilitate a shift in clinical workflow and a mental shift among agencies as care coordination is visible and documented. In particular, MiCare Connect allows for focused care coordination. It shares who else is involved in patient care at other agencies, facilitates easy contact of other providers, and makes care more visible so outcome monitoring is more easily accomplished.

What are the lessons learned?

- Address legal issues regarding sharing patient information.
- Plan for lengthy legal processes.
- Incorporate the diverse stakeholder needs into CHIR planning.

“The IT platform is one of the greatest accomplishments since all of these organizations have their own medical record systems but this is the first IT platform, to my knowledge, that is across agencies.”

- Data IT Committee Member

“Referrals are entered into our shared software platform and we choose from the pool those who match our niche...naming ourselves a lead hublet and we agree to be the quarterback, the lead agency, to care for them. I can contact others to care for needs that our agency does not address.”

- CHIR Hublet Partner

Livingston-Washtenaw Community Health Innovation Region

Building Capacity to Reinvent Health: Year One Highlights



Livingston-Washtenaw CHIR Partners

LWCHIR has engaged community organizations, local government agencies, business 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 LWCHIR governing body, the backbone organization, and work groups, the graphic below highlights the breadth of LWCHIR’s partnerships. The “NEW” designation indicates new partnerships that have been formed since the CHIR formation.

