

The State Innovation Model

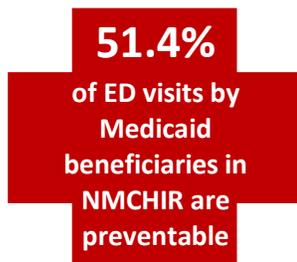
The State has organized the work of implementing its SIM initiative under three main umbrellas: Population Health, Care Delivery, and Technology. The Population Health component has at its foundation Community Health Innovation Regions (CHIRs) which are intended to build community capacity to drive improvements 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.



The NMCHIR includes Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford counties

Northern Michigan CHIR

Northern Michigan Community Health Innovation Region (NMCHIR) is a partnership of health and community service providers serving the health needs of individuals across ten counties in Northwest Michigan. Northern Michigan Public Health Alliance is serving as the backbone organization, providing leadership and facilitating the development of a common agenda, shared measurement, mutually-reinforcing activities, and continuous communication.



Source: 2015-16 Medicaid Warehouse Data; 2016 ED utilization Data-McLaren Northern Michigan & Munson Healthcare Systems

Factors that contribute to preventable Emergency Department use in Northern Michigan:

- Poverty / cost of services
- Lack of access to other care options
- Lack of knowledge about appropriate ED use
- Lack of transportation

Source: NMCHIR Emergency Department Utilization Assessment Results March 6, 2017

NMCHIR Early Successes: Building Community Capacity

The NMCHIR focused on **building community capacity** to reduce emergency department utilization and **establishing the infrastructure and collective impact capacity** needed for health transformation. Important early wins include:

Developing **new** and **enhanced partnerships** that connect traditional medical care with community care

Developing a robust web-based **resource directory** to assist in identifying local healthcare and social service providers

Developing a web-based **screening** and referral tool distributed across providers and community organizations

Collaborating with non-traditional partners such as local business owners and **engaging Medicaid beneficiaries** in setting community priorities

Planning a **multifaceted initiative** to support appropriate emergency department use

Early
Success
Spotlight

Developing **New** and **Enhanced Partnerships** that
Connect Traditional Medical Care with Community Care

What was the challenge?

NMCHIR's 10-county service area lacked alignment of agency processes and health services, creating **gaps in services in some areas and redundancy in others**. Patients reported difficulty in locating health providers and finding transportation to needed services. Providers reported not being clear on where to send referrals.

How did the NMCHIR address this challenge?

Through collaborative leadership, NMCHIR was able to create a common agenda where past successful initiatives (see box to the right) were expanded into three HUBs serving all 10 counties. HUBs are geographically-based, serving 3-4 counties; have aligned staffing and operations; and each operate a central 1-800 call center for simple referral navigation. NMCHIR also developed a standardized, web-based social needs screening and referral tool that can be used across medical providers, health departments, and social service agencies.

As a result, what has changed?

The three HUBs are already fully operational, providing an integrated care network across the 10 counties. Providers and other settings will be screening patients for their social needs and referrals for community services are being streamlined. HUBs are reducing duplication of services and gathering data to identify gaps in resources in their local communities. Patients are also becoming more aware of health plan benefits and local resources.

What lessons were learned?

- Leverage existing frameworks and partnerships to expand assets and tap into existing capacities.
- Build systems, not silos.
- Set aside personal agendas; work toward a common goal.
- Create a win-win situation in every process step to maintain stakeholders' engagement and build momentum.

NMCHIR

- 301,040 people live in the 4,722 square mile region
- 70% rural; 63.7 persons per square mile
- 7 hospitals, 5 FQHCs, 5 health plans, 4 CMHs

NMCHIR Aligned & Expanded Existing Successful Initiatives to Improve Access to Services



"Communities should recognize social determinants of health as part of health care and major influences of health. Transportation and housing IS health care."

- Regional Coordinator



Implementing a **Multifaceted Initiative** to Support Appropriate Emergency Department Use

What was the challenge?

Medicaid Warehouse data from 2015-16 and 2016 ED utilization data from McLaren and Munson health systems indicated that 51.4% of ED visits by Medicaid beneficiaries in the NMCHIR were preventable/avoidable. This resulted in over 21,000 ED visits that could have been prevented. Locally, NMCHIR conducted interviews with 70 ED staff and 9 Care Managers across 7 hospitals. Results indicated that **patient education** was the most critical factor in reducing preventable ED visits. Additional research identified **five root-cause areas for preventable ED usage**: access to care, cost, convenience, patient characteristics and behavior, and knowledge about when to go to the ED.

How did the NMCHIR address this challenge?

NMCHIR is developing the **Emergency Department Education Initiative**, which is a multifaceted approach to increase appropriate ED use at the individual, system, and community levels. Specifically, the initiative addresses policy, systems and environmental changes/supports to reduce inappropriate preventable/avoidable ED use.

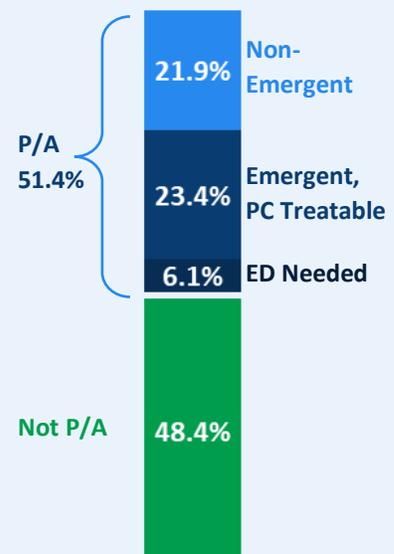
As a result, what is changing?

The HUB staff (nurses, social workers, community health workers and call center operators) will be addressing education at the individual level, as will care managers and partner agencies across the NMCHIR. In addition, the NMCHIR is working with health systems, ASCs, PCMHs, CMHs, Public Health, Senior Centers, and other appropriate Human Service organizations to assure a common message approach to communicating appropriate ED use. The NMCHIR is also supporting policy and providing education materials and signage to support local environments with the messaging. There will also be a community-wide education message as appropriate.

What lessons were learned?

- Be flexible when collecting data and seek alternative perspectives.
- Understand that there are systemic reasons for going to the ED.
- Take a systems approach to messaging for ED use across all care providers.

Preventable/Avoidable (P/A) ED Use By Medicaid Beneficiaries in NMCHIR July 2015-June 2016



"[We received] really strong collaborative support from the Wexford PHO! We could not have analyzed the data with any confidence without their expertise and willingness to work so closely with us!"

- Health Department Planner

Northern Michigan Community Health Innovation Region

Building Capacity to Reinvent Health: Year One Highlights



NMCHIR Partners

The NMCHIR has engaged health care providers, insurers, community organizations, and local government agencies to come together to identify and implement strategies that address community health priorities. In addition to members of the steering committee, the backbone organization, and work groups, the chart below highlights the breadth of NMCHIR’s partnerships. The “NEW” designation indicates new partnerships that have been formed since the CHIR formation.

