

## In this Issue

- Program News and Updates
- Population Health
- Care Delivery
- Technology

## 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

The SIM team can be reached for questions at:

[MDHHS-SIM@michigan.gov](mailto:MDHHS-SIM@michigan.gov)

## Links

[SIM initiative website](#)

Welcome to the eighth 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](#).

## Program News and Updates

### Gov. Gretchen Whitmer Proposes \$7 Million in FY 2020 Budget to Fund Community Health Innovation Regions

Governor Whitmer's proposed budget includes one-time funding in the amount of \$7 million to provide continued support for the state's five Community Health Innovation Regions (CHIRs) after the federal grant expires. The boilerplate language accompanying the budget notes that "Each CHIR provides a community-based structure for engaging critical community partners in identifying and addressing local health challenges with the goal of reducing intensive use of medical and social services." While there are many gates before the recommendation's outcome is finalized, the SIM team is thrilled that the governor has recognized the importance of this work and will use her budget to support its continuation.

### New SIM Leadership at the Michigan Department of Health and Human Services

In February 2019, Sarah Esty joined the Michigan Department of Health and Human Services (MDHHS) as deputy for the Policy and Planning Administration. In that role, Ms. Esty will oversee the continued implementation of SIM. Sarah previously worked with McKinsey & Company in their state government and healthcare practices. She also worked at the state level analyzing and advocating for effective reforms to support low-income children and families access healthcare and economic security. Ms. Esty holds a BA from Harvard and a JD and MBA from Yale University. We are excited to have her on board!

### Operational Plan Approved for SIM Award—Year Four

MDHHS is beginning its fourth and final year of CMS funding for its SIM initiative. During this final year of the project, the MDHHS will strengthen efforts to create a person-centered health system that coordinates care across medical settings and with community organizations to address social determinants of health, improve health outcomes, and pursue community-centered solutions to factors related to poor health outcomes. CMS recently approved the [MDHHS's Operational Plan for year four](#), which began February 1.

---

## Population Health

### Community Health Innovation Regions

#### CHIRs Evaluate Progress and Plan for the Future

In late 2018, approximately six months after the CHIRs launched their strategic initiatives and began screening clients for challenges related to social determinants of health, the Michigan State University evaluation team conducted surveys of CHIR members and partners as well as community stakeholders. Members are those individuals who participate in a CHIR steering committee or backbone organization board of directors. Partners include those who collaborate directly with the CHIR on its efforts. Community stakeholders are not directly involved in the CHIR but may be aware of its activities. Together with the Collective Impact Evaluation team, the CHIRs have begun to review survey findings to identify key wins and actions they can take to strengthen future efforts. Below are highlights from the surveys of members, partners, and community stakeholders in the Genesee and Northern Michigan CHIRs.

#### Genesee CHIR Impact Evaluation

A total of 46 individuals representing 34 organizations from Genesee County participated in the survey. The Genesee CHIR is already making an impact in the community, as demonstrated by the data below.

- 94 percent of clients reported that after working with Genesee CHIR's hub, they know more about the community services that are available to address similar problems in the future.
- 74 percent of CHIR members believe that, due to their involvement with the CHIR, they are integrating a stronger focus on social determinants of health in the work they do.
- 74 percent of members believe the initiative is strengthening partnerships throughout the community. Evidence for this comes from new communication pathways between social and healthcare agencies and organizations that are improving care coordination.
- 67 percent of leaders (CEOs and program directors from service providers in the community) report initiating or making changes in policy, procedures, or practices as a result of their involvement with SIM. Of those organizations, 83 percent are expanding efforts to improve social, health, and living conditions in the community.
- 89 percent of members believe the SIM project is a worthwhile investment.

The data also highlight where continued progress is needed.

- Only 19 percent of CHIR members say it is currently easy to refer individuals to needed services.
- Only 11 percent of stakeholders and partners describe the community as having easy access to affordable healthy food, and only 4 percent say it is easy to access affordable, stable housing or transportation.

#### Northern Michigan CHIR Impact Evaluation

A total of 119 individuals representing 60 organizations from the Northern Michigan region participated in the survey.

The evaluation team highlighted that one of the strengths of the Northern Michigan CHIR is that the region has a long history of partnerships that have applied the lessons learned and created a strong foundation for the CHIR's efforts.

- 53 percent of leaders (CEOs and program directors from service providers in the community) report initiating or making changes in policy, procedures, or practices as a result of their involvement with SIM. Of those organizations, 89 percent are increasing efforts to inform individuals about available services/supports.

- 45 percent of members believe the CHIR is helping improve access to social, emotional, and behavioral supports.
- 45 percent of members are actively leading changes in their organization or community that support the CHIR's vision and goals.

The data also highlight where continued progress is needed.

- Only 20 percent of stakeholders and partners describe it as easy to refer individuals to needed services.
- Only 11 percent of stakeholders and partners say it is easy for residents to access affordable, healthy food; only 5 percent say it is easy to access transportation; and only 1 percent say it is easy to access affordable, stable housing.
- Only 15 percent of stakeholders and partners describe the community as having strong and effective cross-sector partnerships.

The growth areas in both communities highlight access issues that are common across the state and particularly in underserved communities. With highly engaged members, partners, and community stakeholders, CHIRs can continue to align programs and systems to address barriers.

### Health through Housing Initiative

The State's Health through Housing Initiative (described in the [June 2018 SIM newsletter](#)) is making progress. The initiative is designed to improve the state's response to homelessness through four primary activities: a frequent-user pilot, data integration, capacity building, and supporting improvements to homelessness response systems in CHIRs.

Permanent supportive housing (PSH) providers participating in the frequent-user pilot recently began contacting individuals in their service areas who are frequent utilizers of healthcare services and chronically homeless. The PSH providers are delivering care management services to these vulnerable residents as well as helping them obtain stable housing through Housing Choice Vouchers from the Michigan State Housing Development Authority.

In addition to integrating Medicaid Data Warehouse and Homeless Management Information Services data to identify potential pilot participants, the SIM Technology team is building a reporting system that will allow the State and PSH providers to (1) have a picture of the system's average client in terms of demographics and total cost of care and (2) evaluate the impact of proactively reaching out to and providing housing and care management services to this population.

Permanent supportive housing providers in all five Michigan CHIRs are receiving training to increase their capacity to deliver these services as well as to become eligible to bill Medicaid for services. Upcoming trainings, provided by the Corporation for Supportive Housing (CSH), include a self-assessment webinar, a quality improvement training (PSH Academy), and a session on how to best help clients with opioid use disorders.

CSH is also working with CHIR backbone organizations to conduct gap analyses on their current ability to respond to the housing needs of the populations they serve. Based on these analyses, CSH will support the CHIRs in developing plans to address gaps, which the Population Health team will review in March. Once plans are approved, CHIRs will receive additional funds to support their implementation.

---

## Care Delivery

### Patient-centered Medical Home Initiative

#### SIM Patient-centered Medical Home Team Releases 2018 Year in Review

The SIM Patient-centered Medical Home (PCMH) team celebrated notable successes in 2018. A total of 436 care managers, including 172 SIM care managers, received training from the Michigan Care Management Resource Center (MiCMRC). MiCMRC provides technical assistance to the PCMH Initiative as well as to various payers in the state, including Blue Cross Blue Shield of Michigan and Priority Health. As an important PCMH Initiative partner, MiCMRC supports the Initiative through a variety of activities, including:

- Delivering live educational webinars (19 in 2018) designed for care managers, care coordinators, and members of the physician office team
- Delivering the Complex Care Management course to meet the needs of SIM participating practices
- Developing best practice tools and resources for care managers and care coordinators

In addition, the SIM PCMH Dashboard, developed by the Michigan Data Collaborative, was expanded to include 30 new measures, bringing the total to 45. The dashboard includes quality, utilization, and cost measures, as well as chronic condition prevalence for all practices and provider organizations participating in the PCMH Initiative. New measures include data on ambulatory care sensitive hospital admissions, total cost of care, and preventable emergency department visits. The dashboard is available to all PCMH Initiative participants and includes practice-level and managing organization-level (e.g., provider organization) reports. Technical assistance webinars are cohosted by the PCMH Initiative Team and Michigan Data Collaborative periodically to review important updates to the dashboard and guide participants in optimal utilization.

The PCMH team also updated requirements related to the social determinants of health screening tool used by PCMH practices to better address patient needs. The updated PCMH contract language specifies that the screening tool must, at a minimum, assess needs related to healthcare, food, employment/income, housing/shelter, utilities, family care (e.g., children, elders), education, personal/environmental safety (e.g., domestic violence), and transportation. Participating PCMH practices have also improved their screening processes so that they will be able to screen their entire patient population by the end of the SIM demonstration period in January 2020.

In the past year, the PCMH team also developed a health screening data exchange process to better understand and demonstrate the link between social needs and individual health and wellbeing. The partnership includes 11 PCMH Initiative participants who were accepted based on their ability to use a one-time funding award to establish or strengthen their ability to electronically capture and report patient screening data, referrals, and clinical-community linkages. Participants are actively engaged in the pilot of a health screening data exchange that will allow them to securely transfer clinical-community linkage data to the MDHHS. This effort is also being supported by the SIM Technology team.

In the final SIM award year, the PCMH team is sustaining their efforts by focusing on aligning goals and activities across the initiative, promoting adoption of value-based incentive programs among Medicaid health plans, and ensuring accurate submission of care management and care coordination codes to Medicaid to track delivery of these services.

## Care Coordination Collaborative Brings Multiple Stakeholders to the Table

The SIM Care Delivery team has convened stakeholders who are joining forces to improve service delivery through stronger care coordination. The Care Coordination Collaborative brings together CHIRs, Medicaid health plans, and PCMHs to support networking and facilitate exercises to align efforts, reduce potential duplication of services, and identify methods of collaboration for shared beneficiaries. The goal is to ensure stronger relationships and clearer lines of communication among these partners, resulting in better outcomes for patients. The collaborative met twice via webinar in 2018, which led to increased interest in cross-sector partnerships and a desire for more frequent and more in-person opportunities to work together.

The collaborative will convene in April to focus on how participants can apply what they are learning in their communities.

## Alternative Payment Models

### Managed Care Plan Division and Medicaid Health Plans Collaborate on State-preferred PCMH Model

As described in previous newsletters, the Managed Care Plan Division (MCPD) in Medicaid is collaborating with Medicaid health plans (MHPs) to increase adoption of alternative payment models (APMs), which includes the development of a state-preferred PCMH model. In developing this model, the MCPD has established a set of PCMH program parameters that are similar to the current SIM PCMH program parameters. With the state-preferred model, the MCPD is moving away from being prescriptive and toward providing MHPs with more flexibility in managing their financial risk and network. MHPs will be able to select providers they believe are most likely to deliver value to their members under a PCMH care delivery and payment model.

In FY 2020, MCPD will (1) work to fold the SIM care management and care coordination payments that have been paid directly to providers into the MHP rates and (2) develop a measure to assess utilization of care management and care coordination services among PCMH practices in the state. Meeting the utilization targets will be linked to MHPs' ability to earn bonus payments beginning in FY 2020.

### Provider Application for State-preferred PCMH Model to be Released in May

The MDHHS will be facilitating an application process in partnership with the MHPs in May to identify provider interest in participating in the state-preferred PCMH model. Participation creates an opportunity for eligible practices and providers to engage in a care delivery model similar to that used within the PCMH Initiative by working closely with MHPs. A list of providers who indicate interest and meet baseline criteria for participation will be shared with health plans to support communication about potential new or revised contracts. More information will be shared in future newsletters as it becomes available.

---

## Technology

### Comparison of Healthcare Utilization among Medicaid Beneficiaries and People Receiving Housing Services

The SIM Technology team is working with the MDHHS Medicaid Data Warehouse and MDHHS staff working on the Health through Housing pilot to compare healthcare utilization rates and other metrics of people who receive PSH and case management services as well as the homeless population as a whole with the rest of the state Medicaid population. The data will be used, in part, to determine the effectiveness of the housing pilot and to support replication, if appropriate.

## Evaluation of Screening Data for Social Determinants of Health

The SIM technology team has been working closely with the PCMH team to collect data obtained by primary care providers and community-based organizations when they screen clients for needs related to social determinants of health. With final testing of data files underway, the team will be transferring data directly from participating PCMH practices to the MDHHS Medicaid data warehouse, where it will be aggregated for evaluation of the SIM pilot.

### For More Information

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

