

Community Health Innovation Region Capacity Description and Assessment

April 20, 2015

Overview of State Innovation Model Initiative

The Michigan Department of Community Health (MDCH) is entering a cooperative agreement with the Center for Medicare and Medicaid Innovation (CMMI) to lead implementation of Michigan's *Blueprint for Health Innovation*. The *Blueprint* was developed in 2013 through an intensive stakeholder process that included Michigan health professionals, payers, consumers, hospitals, government officials, community services, public health, and business. Michigan's *Blueprint* puts forth a plan to achieve better health and better care at lower costs through service delivery innovations, payment reforms, and population health improvement investments. Key foundational elements include: Patient Centered Medical Homes, Accountable Systems of Care, and Community Health Innovation Regions.

We invite you to learn more about the *Blueprint* by reviewing it here: http://www.michigan.gov/mdch/0,4612,7-132-2945_64491---,00.html.

Beginning in 2016, Michigan will test implementation of the *Blueprint* in 8-10 regions, touching over 20% of Michigan's population, and spreading lessons learned in order to achieve statewide health system improvements. Michigan's analysis and SIM Test proposal further specified that health, quality, and cost targets would best be reached through a focus on three target conditions/populations: at-risk pregnancy, high emergency department utilizers, and people with multiple chronic conditions.

Purpose of the State Model Test

Michigan joins 16 other states in implementing their proposed innovations as part of a Model Test. The purpose of the SIM Test is to operationalize and evaluate the delivery system design elements, features, policy framework, and payment methodologies contained in the *Blueprint* prior to broad deployment of the delivery system models and payment reforms across the state. The initiative will provide CMS, Michigan, and the stakeholders the opportunity to observe, evaluate, provide input, and improve the delivery system models and payment reforms before statewide adoption. Michigan's Model Test will become part of the multi-state SIM evaluation by CMS, which will be used by the Secretary of Health and Human Services (HHS) to guide Medicare and Medicaid national program policy changes related to delivery system redesign, population health improvement, and value based payment reforms. The State of Michigan will also sponsor an evaluation and use the results to guide future regulatory and policy direction.

Regional Model Test Participants

The regions selected to participate in Michigan’s Model Test will be those that contain organizations with interest and readiness to participate in Accountable Systems of Care and Community Health Innovation Regions, and in which a large portion of the population will be covered by the payment models being tested. Model Test participants must agree to participate in implementing core model elements that address one or more of Michigan’s SIM Target populations. To ensure success of Michigan’s Model Test all regional participants will contribute to a collaborative and continuous improvement processes. Because CMMI will closely monitor and evaluate the implementation, execution, and performance results from the Model Test, participants will need to agree to sharing encounter and clinical data, participating in special surveys, evaluations, and implementing model of care best practices. As the Model Test progresses, it is expected that lessons learned will be used for deployment of the models and payment reforms throughout the state.

Model Test Participant Support

Michigan SIM leadership will support SIM Test participants to assure Model Test success. Support will include individual onsite consultation and technical assistance. Model Test participants will have access to an array of implementation specialists whose collective expertise spans the current knowledge and evidence base on improvement science. Subject area experts will be available in the areas of stakeholder engagement; leadership development; rapid-cycle quality improvement; HIT/HIE optimization; risk-based contracting; sustainable community health improvement finance; integration of health and community services; population health improvement; and practice transformation.

SIM funding for the Model Test will be invested locally to support test regions and participants. These SIM funds are designated for: 1) investment in required Accountable System of Care infrastructure and processes to promote successful system design and payment reform, 2) investment in collaborative health initiatives in Community Health Innovation Regions that test successful models to reduce population health risks.

The success of the Model Test will also depend upon the input and active engagement of the Model Test participants in the model improvement. Model Test participants will participate in SIM supported collaborative learning networks that will share issues and solutions to rapidly and continuously improve overall performance and reduce disparities. Test participants are expected to self-evaluate and provide input on the design elements and policies for the Accountable System of Care and Community Health Innovation Regions. Participants are expected to be actively engaged in helping the SIM Steering Committee and Performance and Recognition Committee establish the future requirements and evidence based standards for deployment of payment models, Accountable Systems of Care, and Community Health Innovation Regions.

As described in the *Blueprint*, Community Health Innovation Regions are collective impact collaboratives, composed of a broad partnership of community organizations, government agencies, business entities, health care providers from Accountable Systems of Care, payers, and individuals (including those from vulnerable populations) that come together with the common aim of raising the

community’s capacity for improving population health and reducing disparities. Within the Community Health Innovation Region health systems, local health departments and community stakeholders will collaboratively conduct community health needs assessments and identify and implement strategies that address community priorities. Additionally, the Community Health Innovation Region collaborative will work to establish greater integration across the health system and organized entry points for access to care with links to coordinated community services.

The Community Health Innovation Region will build on existing community partnerships in Michigan that are working for a collective impact on health outcomes. To sustain these partnerships, a Community Health Innovation Region will have a formal backbone organization. The role of this backbone organization will be to convene stakeholders into formal decision-making and operational structures that coordinate activities across partners to improve health outcomes, and create greater integration across the health system, thereby reducing sources of health risk, and strengthening assets that protect and promote health in the community. Core infrastructure and staff will be needed for logistical support, management, and quality improvement processes. Community Health Innovation Regions must demonstrate that they have a broad base of financial support from their local partners (such as health plans, businesses, Community Benefit funding, and philanthropy).

Community Health Innovation Region Capacity Questionnaire

As described above, Community Health Innovation Regions must have a backbone organization. While the backbone organization may contract certain functions, one lead entity takes responsibility for assuring all functionality of the collaborative, including the establishment and management of a formal decision-making body for the collaborative that ensures representation of community stakeholders who are critical to achieving the goals of the Community Health Innovation Region. This organization is a legal entity that will sign a contract to participate in SIM. This questionnaire should be filled out by this lead entity. The lead entity – along with any subcontractors – is referred to as the ‘backbone organization’ throughout this questionnaire.

Topics covered by this assessment are listed below. Sections A-D pertain specifically to the backbone organization. The Community Health Innovation Region requires the inputs of a broad collaborative or partnership. Sections E-G pertain to the partnership.

- A. Characteristics of the backbone organization
- B. Leadership of collaborative health initiatives
- C. Learning systems and improvement processes
- D. Financial sustainability
- E. Partnerships within the proposed Community Health Innovation Region
- F. Decision-making structure of the cross-sector collaborative
- G. Participation in the State Innovation Model Test

From the capacity survey conducted in June, we learned that in some regions the community partnership has been formalized as an independent legal entity with a mission to work on community health goals. In other regions, organizations that were formed for other purposes have stepped up to

offer leadership to convene partners and serve as a backbone organization. Michigan SIM leadership recognizes that many of these Model Test requirements and capabilities are novel even among the nation’s most advanced community collaboratives. Model test participants will receive support and assistance to implement and achieve optimal performance as Michigan SIM Community Health Innovation Regions. This assessment serves to provide information about the readiness and commitment to participate in the SIM Test at the organizational and community levels.

A. Characteristics of the Backbone Organization

A-1. Please provide the name of your organization (the legal entity that is proposed to sign a contract to participate in SIM) and contact information for the person authorized to submit this assessment.

Organization Name:	
Organization Address:	
Organization Website:	

Name of key contact regarding SIM:	
Title:	
Phone number:	
Email:	

A-2. What is the type of formal legal entity that will serve as the backbone organization (choose the one response that fits best)?

- Health care delivery organization (e.g., health system, FQHC, provider organization), describe:
- Public service agency (e.g., local public health department, CMHSP), describe:
- University-based organization, describe:
- Not-for-profit organization (501-c-3), describe:
- Other, describe:

A-3. Please submit the mission statement of the formal, legal organization that is proposed to serve as the backbone, and to sign a contract for SIM.

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A-4. Are you proposing to subcontract with additional organizations to fulfill key roles of the backbone organization?

- Yes
- No

If yes, list any such organization and their functions. *Also, for the remainder of this questionnaire, you may include the collective experience of your organization and proposed subcontractors when answering questions about the capability of the ‘backbone organization’. But only do so, when the subcontractor is expected to provide the capacity/experience in question.*

Proposed Subcontractors	Function

A-5. Does the backbone organization have key staff already in place who will provide the following functions?

- Management of the Community Health Innovation Region
- Convening and facilitation for strategic planning
- Analyzing and reporting on community health indicators
- Developing and implementing plans for financial sustainability

B. Leadership of Collaborative Health Initiatives

Community Health Innovation Regions implement multi-level, cross-sector strategies in their community to address broad determinants of health that drive health outcomes. These strategies may include multi-sector interventions to address healthy behaviors, systems that create linkages to human services, public reporting systems, policy change, and community engagement strategies. The backbone organization is responsible for organizing community stakeholders to assess community needs, identify shared priorities and strategies, and to implement and monitor the effectiveness of these strategies. Questions in this section seek to reveal your organization’s capacity to marshal and sustain this community-level effort.

B-1. Please provide one example of a cross-sector, community-level initiative that your organization led and that was successful in improving population health and reducing health inequities.

Include in your response:

- The goal(s) of the initiative
- Source(s) of funding
- The partners involved
- How the initiative was organized to support cross-sector collaboration
- The length of the initiative
- Outcome or impact of the initiative (including use of performance metrics to measure this)

B-2. Does your organization have experience leading *complex change* with cross-sector partners across the community? (Complex change involves managing multiple cross-sector initiatives to achieve substantial and sustained performance in one or more shared goals.)

- Yes
- No

a. If yes, please provide a succinct description of your approach to leading complex change. Include in your response:

- How goals are set
- Examples of specific initiatives that addressed a common goal
- How your organization engages stakeholders in the change process, including those individuals whom the change effort is targeting
- How collaborative, cross-sector partnerships are organized around specific initiatives
- How your organization approaches sustainability of system improvements

B-3. Please present a rationale for why your organization (and any subcontractors) is in the best position to provide leadership and infrastructure for implementing a collective impact model. You may want to address any of the following that may be relevant:

- Your organization’s history of providing this role
- Connections to multiple stakeholders
- Support you have already obtained from partners to be the backbone organization for a SIM Test of Community Health Innovation Regions (describe)
- Ability to secure sustainable financing

C. Learning Systems and Improvement Processes

The SIM Test acknowledges the complex nature of health system redesign and will commit resources to building a learning and improvement system. The Community Health Innovation Regions will be expected to integrate lessons learned and make adjustments to improve processes and outcomes in an iterative cycle of continuous improvement. Performance will be tracked and organizations will be expected to use metrics and data for continuous improvement. The Model Test will provide support to Community Health Innovation Regions to engage all partners in common strategies for system change and continuous improvement. All Test Model pilot communities will participate in the Collaborative Learning Networks. Questions in this section seek to reveal your organization’s capacity to carry out the facilitative role necessary to operationalize system change and continuous improvement.

C-1. Please describe your organization’s experience in supporting cross-sector learning and use of data to measure progress.

Capacity to Support Community Learning	Capacity or experience in place?	If yes, describe.
a. Does your organization have a process for continuous improvement and learning? (Include in the description specific approaches/models and any training or technical assistance your organization has had.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Does your organization maintain a public community dashboard that provides community-specific measures that can track performance and compare level of improvement against target performance goals? (Include website if applicable.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Is your organization seen as a neutral partner within the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

D. Financial Sustainability

To be sustainable, Community Health Innovation Regions must demonstrate value by improving health outcomes and reducing health risks. It is expected that the backbone organization will have the experience and capacity to create a plan for financial sustainability, including demonstrating and engaging stakeholders in a value proposition for sustainable financing for community resourcing in the long term.

D-1. Does your organization have an existing source of sustainable funding that covers key staff or activities required of a backbone organization?

- Yes, describe:
- No

D-2. Does your organization have experience in accessing/coordinating funding for collaborative, cross-sector population health initiatives from the following sources?

a. Federal grants

- Yes
- No

b. State grants

- Yes
- No

c. Foundation grants

- Yes
- No

d. Hospital community benefit

- Yes
- No

e. Community development financing

- Yes
- No

f. Special millage or taxes

- Yes
- No

g. Other local government funding

- Yes
- No

h. Health insurance companies

- Yes
- No

i. Local business

- Yes
- No

j. Social impact financing (e.g., pay for success, social impact bonds)

- Yes
- No

k. Other

- Yes, describe:
- No

E. Partnerships within the Proposed Community Health Innovation Region

The capacity assessment now turns from a specific focus on your organization to questions about the geographical boundary of the region; the composition and experience of partners in the Community Health Innovation Region; and the context and history of multi-sector partnerships within the proposed Community Health Innovation Region.

- E-1. Using county boundaries or zip codes, please define the contiguous region within which partners work together as a Community Health Innovation Region.

- E-2. Will the Community Health Innovation Region build upon existing cross-sector collaboratives (for some respondents this will be the same as the backbone organization, for others it may not)?

- Yes, name(s):
- No

- E-3. When were these collaboratives established?

- E-4. Please list the partners that are actively engaged in these collaboratives (select all that apply).

- Primary care providers
- Safety-net Clinics
- Behavioral health/substance abuse service providers
- Hospitals/health systems
- Payers
- Long-term care facilities or community supports organizations
- Local public health department
- Schools
- Early childhood programs
- Social services organizations
- Higher education and professional training
- Business/healthcare purchasers
- Community development
- Community members
- Non-profits and advocacy groups
- Philanthropy
- Faith based organizations
- Local government
- Others, describe:

E-5. How will the Community Health Innovation Region collaborative assure continued commitment from partner organizations?

E-6. Describe the approach to systematically engaging, educating and mobilizing the public in improving population health. Be sure to address how you assure that community members (including vulnerable populations) have input into the initiatives of the collaborative?

E-7. Please describe how the collaborative works together toward achieve its shared outcomes:

Collaborative activity/process	In place?	If yes, describe.
a. Has the collaborative undertaken a single Community Health Needs Assessment for the community, with participation from all non-profit hospitals, the public health department and others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Is there a current community-wide shared strategic plan to improve health?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Has the collaborative identified a set of metrics for health that are regularly tracked and used for decision-making?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Has the collaborative undertaken systems change efforts to improve or coordinate health and social services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

E-8. If yes to E-7a, what strategic priorities has your community identified? (check all that apply)

- Tobacco use reduction
- Obesity reduction/healthy living initiatives
- Community-wide advanced care planning
- Child health: prevention and wellness
- Chronic disease prevention and/or management
- Infant mortality reduction
- Mental health/ substance abuse
- Violence reduction
- Other, describe:

E-9. There are many state and national efforts that seek to promote cross-sector community partnerships to improve population health outcomes. Please list any such initiatives that your collaborative is currently participating in and which will align with SIM.

E-10. How do partners use information technology beyond email/fax to support communication, collaboration, and engagement for community health improvement efforts? Please check all that apply.

- General purpose spreadsheet or database program, e.g., Excel, Access
- Electronic registries for diseases, immunizations
- GIS mapping software
- Client management software
- Facebook, twitter and other social media
- Information exchange across settings, e.g., ER visit alerts to social service agencies or physician practices
- Electronic health or case management records
- Mobile devices and other consumer-facing tools
- Any other electronic/web-based means to collect and report data
- Other, describe:

F. Decision-making of the Cross-Sector Collaborative

The Community Health Innovation Regions are expected to have a decision-making structure that includes the participation of health system leaders, providers, payers, public health, business, consumers, community members and local government. Additionally, this decision-making structure assumes responsibility for identifying sustainable finance, oversees performance improvement, and assures the continuing commitment of partners to the goals of better care, equity, population health, and lowering health care cost.

F-1. Is there a decision-making body for this multi-sector collaborative?

- Yes
- No

F-2. If yes to F-1, please answer the following questions about this decision-making body.

- a. Is the decision-making body familiar with the SIM Test requirements and did it formally approve participation in the Model Test?
 - Yes
 - No
- b. Will this decision-making body be engaged in overseeing the SIM Test performance?
 - Yes
 - No
- c. If there are multiple competing health systems in the proposed community, are all of them represented on the decision-making body?
 - Yes
 - No
- d. Which of the following types of organizations are represented on the decision-making body?
 - Primary care providers
 - Safety-net Clinics
 - Behavioral health/substance abuse service providers
 - Hospitals/health systems
 - Payers
 - Long-term care facilities or community supports organizations
 - Local public health department
 - Schools
 - Early childhood programs
 - Social services organizations
 - Higher education and professional training
 - Business/healthcare purchasers
 - Community development
 - Community members
 - Non-profits and advocacy groups
 - Philanthropy
 - Faith based organizations
 - Local government
 - Other, describe:

F-3. If no to F-1, please describe current efforts and future plans for establishing a formal decision-making structure that will operationalize the requirements of the Community Health Innovation Region, including:

- Representatives who have committed to preside over decision-making
- Timeline for forming the decision-making body
- Agreements assuring decision-making will be honored by individual agencies represented

G. Participation in the State Innovation Model Test

Participating in SIM requires a commitment to population health improvement and to serving as an innovator to develop community-level strategies and interventions that will spread across Michigan communities through cross-sector collaboration. In addition the Community Health Innovation Regions would need to commit to participation in Collaborative Learning Networks.

G-1. Please confirm your willingness to participate in the Model Test by checking the box(s) below:

- Include vulnerable population on governance structure
- Implement processes and infrastructure to convene and work with cross-sector partners, including representatives of local ASCs to reduce risk and improve health for at least one of the SIM target populations
- Identify sustainable funding for backbone infrastructure
- Participate in SIM Collaborative Learning Networks
- Participate in Steering Committee and Performance and Recognition Committee
- Share lessons learned with other SIM Test pilot communities
- Contribute data for project monitoring and evaluation

Community Health Innovation Regions must engage cross-sector partners in efforts that intervene in social determinants to eliminate health inequities. The collaborative is expected to partner with Accountable Systems of Care to create systems that assure high-risk, complex care patients receive needed human services and community resources. The evaluation of Michigan’s Model Test will focus on three populations. Accountable Systems of Care and Community Health Innovation Regions will be expected to work together to coordinate focused interventions on one or more of these populations. Technical assistance will be provided to develop care team and community-level interventions.

G-2. Check the SIM target population(s) that your region might prioritize (check all that apply).

- At risk pregnancy
- People with multiple chronic conditions
- Super utilizers of emergency department services (e.g., 8+ visits per year)
- None of the above