Community Health Innovation Region Breakout Session

Michigan State Innovation Model Kick-Off Summit
August 10-11, 2016
Kellogg Hotel Conference Center
Provide an overview of the newly released CHIR Participation Guide and Year 1 Local Operational Plan Template, with emphasis on the following project components:

- CHIR Funding
- Timeline, particularly for key Year 1 local project activities
- Reporting & monitoring
- CHIR membership and governance
- Year 1 start-up, and planning and design activities
Presentation Objective

Supports for CHIR Local Operational Plan Development

• CHIR Participation Guide and Local Operational Plan Template

• Technical assistance from MDHHS SIM Staff (and selected contract agencies)

• Collaborative Learning Network
The SIM Model Test period is divided into 4 annual activity and funding cycles:

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<tr>
<th>SIM Model Test Periods</th>
<th>Project Activities</th>
<th>Date Range</th>
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<tr>
<td>Year 2</td>
<td>Local Implementation Year 1</td>
<td>August 1, 2016 – July 31, 2017</td>
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<td>Year 3</td>
<td>Local Implementation Year 2</td>
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<td>Year 4</td>
<td>Local Implementation Year 3</td>
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Activity and Funding Timeline

• July 1, 2016 – Backbone Organizations receive administrative funding to initiate project start-up including staffing

• August 1 – Official start date of first year of local implementation

• August/September – IHI site visits to CHIRs

• October 3 & 4 – First Learning Session

• November 1 – CHIR Local Operational Plan DUE DATE

• Fall 2016 – Local Operational Plan Guidance, part II

• April 1, 2017 – Year 2 Local Operational Plan DUE DATE
Local Implementation Funding Categories

- Administrative funding
- Planning and Design funding
- Health Transformation funding
• $500k base disbursements for BBO administrative functions and initial planning and design activities (i.e. CHNA, CHIP, Community-Clinical Linkages)

• Additional disbursement weighted by number of Medicaid beneficiaries, comprehensiveness of plan/readiness to implement

• SIM Staff will be in communication with CHIRs in the following weeks to provide a figure (range) to guide their planning
• CHIRs partner with ASCs identified and vetted by the State in early stages of the project

• ASC participate in planning and implementation of CHIR community-clinical linkages approach

• Support implementation of other activities that seek to align with and support identified community health priorities
Plan Review and Approval Process

- MDHHS and CMS must approve spending at the CHIR level, as well as sub-contracts
- MDHHS review process is 30-60 days
- CMS unrestricted request is 30-45 days
- Together, these processes could take as long as 3½ months. Hence...

NOVEMBER 1, 2016 Due Date for Health Systems Transformation
Performance Monitoring and Reporting

- Monthly monitoring/TA calls with SIM project staff
- Monthly Financial Status Reports in EGrAMS
- Quarterly narrative progress reports in EGrAMS
- Annual site visit
The purposes of the Collaborative Learning Network (CLN) are to:

• Build capacity among participants for cross-sector collective impact
• Build capacity for continuous improvement and action, particularly related to the three population health targets identified as SIM priorities
• Promote accountability for outcomes
• Encourage and support CHIRs in setting shared goals and measures
• Provide mechanisms to share lessons learned across stakeholders
• Connect participants to other partners across the state and nation
• Synthesize the lessons of the SIM Model Test to inform post-SIM pursuits of health system transformation across Michigan
Collaborative Learning Network Activities

• Learning Sessions
• Coaching (cohort and CHIR-specific)
• Learning and Action Cycles
• Knowledge management and integration for ongoing improvement
Local Operational Plan Template for Year 1 – Major Milestones

- Community Health Innovation Region (CHIR) Structure, Governance and Processes
- Community Health Needs Assessment and Community Health Improvement Plan
- Health Transformation Activities
- Performance Measurement
- Appendix (supporting materials and templates)
CHIR Structure, Governance and Processes

• Geographic Region
• BBO and Project Staffing
• CHIR Governance/Governing Body
• CHIR Member ID and Engagement
• Sub-Groups
Consolidated Community Health Needs Assessment (CHNA)

• Consolidate Health Needs Assessment from key community agencies (e.g. hospitals, CMH, LPHD, etc.)

• Asset mapping

• Targeted to high ED utilizers in Year 1

• Plan for conducting joint CHNA post-SIM
Community Health Improvement Plan (CHIP)

• Based on analysis of consolidated CHNA, asset mapping, CLN learnings
• Targeted primarily to target population in Year 1
• Identify opportunities for CHIR members to contribute to community-wide health improvement plan
• Suggests environmental, policy/regulation levers for systemic change at the CHIR-level for population health improvement
Health Transformation Activities: Community-Clinical Linkages

• Each CHIR will develop and implement an approach to community-based social services with clinical care through navigation and referral processes and structures

• Partner with ASCs (and PCMHs)

• Utilize CHWs, navigators, referral coordinators

• Flexibility to implement navigation programs that provide needed functionality.

• CHIR/BBO need not be the platform/process “owner” only to ensure its development, testing and scaling.
Health Transformation Activities: Population Health Improvement

- Affecting systems and environmental change for lasting impact on SDoH and population health
- Enhancing coordination of services from a person-centered perspective
- Balanced portfolio (innovation v. results)
Additional Considerations

• Evaluation, Performance Measurement
• Risk Mitigation
• Sustainability
Appendices

• CHIR Requirements Document
• CHIR Administrative Funding EGrAMS Work Plan Template, Part I
• CHIR Administrative Funding EGrAMS Work Plan Template, Part II (Amendment to add planning and design funding)
• Standard EGrAMS Budget Template
• Budget Cover Sheet
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