

## In this Issue

- Program News and Updates
- Upcoming Events and Initiative Resources

## About the Initiative

The Patient Centered Medical Home (PCMH) Initiative is a core component of the State Innovation Model (SIM) strategy for coordinated care delivery, focusing on the development and testing of health care payment and service delivery models to achieve better care coordination, lower costs, and improved health outcomes for Michiganders. For more information and resources, check out our webpage.

## Contact Us

Questions can be sent to:  
[MDHHS-SIMPCMH@michigan.gov](mailto:MDHHS-SIMPCMH@michigan.gov)

## Links

[SIM Initiative website](#)

[SIM Care Delivery webpage](#)

[SIM Population Health webpage](#)

Welcome to the 2018 Patient Centered Medical Home Initiative monthly newsletter. Each month we will bring together all the updates, news and upcoming events relevant to PCMH Initiative Participants.

You will continue to receive other regular communications and event reminders from the PCMH Initiative. This newsletter has been developed as a method to share information in one common location. Previous editions of the newsletter can be found [here](#).

## Program News and Updates

### 2019 PCMH Initiative Agreement Process

Now that the Intent to Continue Participation process has closed, the PCMH Initiative team will be utilizing those applications to compile the formal 2019 Agreements. If your organization did not complete an Intent to Continue Participation application, you will *not* receive a formal Agreement. Similar to the process last year, the MDHHS Bureau of Purchasing will be emailing out the Agreements for signature to the key contact and signatory authority as listed on the Intent to Continue Participation application. Agreements must be signed and returned via email to the Bureau of Purchasing ([MDHHS-BOP-MOU@michigan.gov](mailto:MDHHS-BOP-MOU@michigan.gov)). As Agreements are finalized in December you'll receive more information regarding deadlines and signatory requirements. If you have any questions regarding the process or Agreement itself, please email the PCMH Initiative team at [MDHHS-SIMPCMH@michigan.gov](mailto:MDHHS-SIMPCMH@michigan.gov) with the subject line "2019 Agreement [organization name]".

### December Office Hour: Provider Survey Results

The Statewide Evaluation Team, the Michigan Public Health Institute will be presenting the results of the provider survey that was distributed to PCMH Initiative participants this past summer. A draft report was distributed at each of the Regional Summits, but this Office Hour Session will be a first look at the final report. The webinar will be a forum to ask additional questions and provide feedback on the final report before it is distributed more widely. To reserve your spot on December 19 from 12-1pm, please [REGISTER HERE](#).

### PCMH Initiative Semiannual Practice Transformation Report

The PCMH Initiative Semiannual Report was released on November 19, 2018 and the submission deadline is Monday, December 28, 2018 by 5:00pm. Individual links and instructions have been distributed to participants via email. You can preview the requirements and instructions to complete report in the report guide.

## Regional Summits

On behalf of the PCMH Initiative team we'd like to thank all of you that attended our Regional Summits this year. We nearly maxed out our capacity at each event, which is a testament to our participants that have shown the dedication to learn and collaborate. If you were unable to attend these events we have posted each of the handouts and presentation slides on the [Care Delivery Summit Page](#) for your review. If you were able to attend, please complete the Summit evaluation specific to your location by November 30, 2018.

- To access the Summit evaluation form and request your certificate go to the [MDHHS SIM Summit web page](#).
- Scroll down the page to select the Summit location you attended and click on "Summit Evaluation" for the date/location you attended.
- You will need to use your Michigan Care Management Resource Center dashboard log in: [www.MiCMRC.org](http://www.MiCMRC.org).
- If you do not have a Michigan Care Management Resource Center dashboard, you will need to create a dashboard login on the Michigan Care Management Resource Center website. Please note that after creating your login, you will need to return to the MDHHS SIM Summit web page.

The Summit evaluations will close on November 30, 2018. If you have questions related to the evaluation, please contact [MiCMRC-requests@med.umich.edu](mailto:MiCMRC-requests@med.umich.edu)

## PCMH Initiative Summit/Care Coordination Collaborative 2019 Planning Committees

The SIM PCMH Initiative would like to express thanks to the 2018 Summit and Care Coordination Collaborative Planning Committee members. These members have played an integral part in ensuring the success of the 2018 Summits and of the first two meetings of the Care Coordination Collaborative—without them we would not have made the progress we have. Many thanks! These members signed on for a one-year term that will be concluding at the end of 2018 and while we hope many of them will want to continue, we also want to open the opportunity for others to become involved. Therefore, we are looking for volunteers for the 2019 Summit and 2019 Care Coordination Collaborative Planning Committees. These committees are for those who have a desire to shape the theme, speakers, locations and other essential parts of the Summit and the Care Coordination Committees. We need you! The commitment includes participating in monthly calls (usually around one hour, but calls may be longer/more frequent closer to events dates), following up specific related tasks (such as reaching out to speakers or other contacts) and serving as a key contact during the events. If this is something you're interested in, please email [MDHHS-SIMPCMH@michigan.gov](mailto:MDHHS-SIMPCMH@michigan.gov) with "Planning Committees" in the subject line for more information. Please be sure to indicate which committee you're interested in joining in the body of the email. Let's make the 2019 events the best they can be!

## In-Person 2019 Care Coordination Collaborative (CCC) Event in Planning

The Care Coordination Collaborative (CCC), which is open to all SIM participants, is focused on innovative ways to coordinate as partners to better serve patients. Medicaid Health Plans play an important role in this work as do Physician Organizations, practices, Community Health Innovation Regions (CHIRs) and community resource organizations. There are also touchpoints with hospitals, extended care facilities and others.

After two successful virtual events held via webinar in 2018, plans are underway for an in-person session in March/April 2019. Based on survey responses from SIM participants about their preferences for planning the event:

- There is a great interest in regional in-person events (north, west, southeast) instead of a central location.
- Holding a half-day session (preferably in the morning) would be best for practice schedules.

- A March/April timeframe would be helpful and allow the potential for a second, follow-up event later in the year.
- Having regional sessions also allows for plans to be matched to locations in terms of areas of service.

## Upcoming Michigan Data Collaborative Deliverables

### **Care Coordination Reports Reprocessing**

In December Michigan Data Collaborative plans to reprocess the **Percentage of Patients with a Care Management Claim** reports to include additional claims that MDC received after the previously-released 4Q17, 1Q18, and 2Q18 reports were generated. MDHHS, Medicaid Health Plans, and participating organizations have all made improvements that should lead to a better representation of the care management your organization has provided. We will email a notification when the updated reports are ready to download.

### **SIM PCMH Dashboard Release 7.0**

MDC plans to post Release 7.0 at the end of February 2019. It will include the following:

- Paid claims through November 2018 (Medicaid data received by December 15, 2018)
- A 12-month reporting period of October 2017 – September 2018
- September 2018 filtered SIM Participant File (SPF) and Provider Hierarchy data
- Added trend lines
- All measures will be re-run to account for multiple HEDIS versions and updated measure definitions

We will provide more information as we get closer to the release date.

### **Upcoming MDC Deliverables**

- November 2018 PCMH Patient Lists and Provider Reports - *late November 2018*
- Reprocessed 4Q2017, 1Q2018, and 2Q2018 Care Coordination Reports - mid December 2018
- December 2018 PCMH Patient Lists and Provider Reports - late December 2018
- August 2018 Care Coordination and Claims Detail Reports - late December 2018

You can view an up-to-date list of upcoming deliverables on the [SIM PCMH page](#) of the [MDC Website](#).

## Literature Review: Adoption of Social Determinants of Health EHR Tools by Community Health Centers

Many health care systems are researching how to incorporate social determinants of health (SDoH) needs and interventions into routine care. This documentation is especially relevant to community health centers (CHC) who routinely care for those vulnerable patients who are more likely to experience social and economic risks associated with poor health. In the past, community health centers integration of social and medical needs was ad hoc and rarely documented in the electronic health record (EHR).

A 13-month study was created to develop EHR based SDoH data tools for documenting and summarizing SDoH screening results and making referrals, and then assessing the adoption of those tools by three CHCs. Utilizing the Epic EHR system, tools were built upon the [Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences \(PRAPARE\)](#), a national effort to address a consistent approach to SDoH by CHCs. This was used to prioritize SDoH data tools and domains from the National Academy of Medicine. As part of its implementation each CHC first screened a limited population of patients and then scaled up.

Social determinants of health data were collected on 1,130 patients, representing 4% to 18% of adult patients with an ambulatory care visit at the pilot clinics during the study period. Of those screened (97% to 99%) showed a potential SDoH need in one or more SDoH domains which was similar across sites. Of those reported having one or more SDoH need, 19% received an SDoH related referral. Of those referred, one clinic referred to community resources chosen from a referral tool, while the other two directed most referrals to

community health workers or similar staff, and therefore lacked the information required to match them to a specific SDoH need.

To facilitate use of an EHR, a clinic champion who was trusted, EHR savvy, and able to customize EHR views to support workflows was utilized. Key barriers included the following perceptions of EHR based data tools: 1) they create a fragmented view of the patient and that relevant data in various places did not support documenting a narrative about the patient; 2) there is a lack of staff EHR expertise; 3) a data entry step is needed if information was collected on paper. Additional barriers included staff training, turnover, and workflow optimization.

Adoption of an EHR tool can take time and may be challenging. When planning for implementation, ensure staff are trained in SDoH workflows and that the correct staff have security access. When designing SDoH workflows, create workflows where data is entered directly into the computer. If paper-based data collection is done, designate staff and a timeframe to have information entered, realizing the impact that it may have on when, how and by whom the data may be accessed and utilized. To review the full article, [Click Here](#)

Reference: <http://www.annfammed.org/content/16/5/399.full.pdf+html>

Gold, R., Bunce, A., Cowburn, S., Dambrun, K., Dearing, M., Middendorf, M., . . . Cottrell, E. (2018). Adoption of Social Determinants of Health EHR Tools by Community Health Centers. *The Annals of Family Medicine*, 16(5), 399-407. doi:10.1370/afm.2275

---

## [Upcoming Events and Initiative Resources](#)

### [Michigan Care Management Resource Center 2018 Care Management Educational Webinars](#)

**Title:** Depression and Primary Care

**Date and Time:** Wednesday, December 12<sup>th</sup> 2-3 pm

**Presenter:** Sarah Fraley, LMSW

Michigan Care Management Resource Center Project Manager

[REGISTER HERE](#)

For questions, please submit to [MICMRC-requests@med.umich.edu](mailto:MICMRC-requests@med.umich.edu)

### [Michigan Care Management Resource Center Approved Self-Management Course Registration](#)

To access the list of the Michigan Care Management Resource Center (Michigan Care Management Resource Center) approved Self-Management Support [courses](#). The list of Michigan Care Management Resource Center approved Self-Management Support Courses provides a detailed summary of each course, with associated objectives, location, cost and more.

Additionally, Michigan Care Management Resource Center has collected resources for Self-Management Support including: websites of interest, publications, tools, videos, and even patient materials. Michigan Care Management Resource Center's "Self-Management Support Tools and Resources" document offers an at a glance list and summary of these resources, along with descriptions and website links for quick access. Click [here](#) for "Self-Management Support Tools and Resources".

Both of these documents can also be accessed on the Michigan Care Management Resource Center website home page <http://MiCMRC.org/>

## Upcoming Complex Care Management Course Dates and Registration

The Michigan Care Management Resource Center Complex Care Management (CCM) course is designed to prepare the healthcare professional for the role of Complex Care Manager. Course content is applicable to all Care Managers in the ambulatory care setting, working with complex patients. For CCM Course details [click here](#)

January 14-17 | Dimondale | [REGISTER HERE](#) | Registration deadline: January 10, 2019

**NOTES:** If you have 15 or more Care Managers in your area and would like the Michigan Care Management Resource Center team to provide a regional training at your location please submit your request to: [MiCMRC-ccm-course@med.umich.edu](mailto:MiCMRC-ccm-course@med.umich.edu)

For questions please contact: [MiCMRC-ccm-course@med.umich.edu](mailto:MiCMRC-ccm-course@med.umich.edu)

For More Information

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





