SIM PCMH Initiative Newsletter

A publication of Michigan's State Innovation Model

September 2018

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 in order 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

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

Care Coordination Collaborative

The Care Coordination Collaborative Planning Committee is excited to announce the next virtual event on September 24 from 11:30—1:00PM. These events are designed to provide a forum for discussion, best practice sharing and problem solving for participants. All are welcome. Save the date by registering below. We will keep you up to date on agenda and speakers as they become available. We look forward to seeing even more participants at our next event! REGISTER HERE

PCMH Initiative Intent to Continue Participation

As we approach January 2019, MDHHS is preparing for year three of the PCMH Initiative. Similar to the 2017-2018 transition, we will be hosting a webinar to inform all participants on how to indicate their intent to continue participation, as well as what programmatic changes and funding updates can be expected. We look forward to sharing this information with you on the second half of the next Quarterly Update webinar on October 4th from 12:00—1:30PM. If you haven't yet registered for that webinar you can REGISTER HERE.

Evaluation Updates

We are excited to report that the PCMH Initiative provider survey is underway, getting a good response rate, and is yielding helpful data on the Clinical-Community Linkages process. If you haven't had a chance to complete the survey, please do so by August 31, 2018. Provider organization representatives will receive aggregate reports of their PCMH Initiative providers in time for the October 4th Quarterly Update meeting, where we will be presenting a brief overview of the major themes identified by the survey. As a reminder, the Patient Experience Survey will be administered this Fall. We are currently working with the evaluators on the details of the survey and how it's administered. We will communicate more details about this survey later this month and in early September.

Regional Summit Registration Now Open!

MDHHS is pleased once again this year to offer a day-long SIM PCMH Initiative Annual Summit in three regional locations. The 2018 summits are interactive and feature the theme "Seamless Partnerships for Effective Patient Care". The Summit goal is to provide an opportunity for SIM PCMH Initiative participants to hone their skills in collaborating and partnering together and with patients and family caregivers to achieve care goals to deliver an optimal experience.

Intended Audience: The Summit is intended for Michigan SIM PCMH Initiative participants and partners including physicians, practice teams, care managers, care coordinators, Physician Organization leaders, CHIR partners, administrators, and health plans.

Registration: Please select your morning and afternoon breakout session options when registering.

The dates and venues for the 2018 Regional Summits are:

Summit North – Gaylord, MI
Treetops Resort
Wednesday, October 10, 2018
Gaylord Summit Register Here

Summit West – Muskegon, MI
Holiday Inn - Muskegon
Tuesday, October 23, 2017
Muskegon Summit Register Here

Summit Southeast – Ann Arbor, MI
The Kensington Hotel
Thursday, November 8, 2017
Ann Arbor Summit Register Here

Time for all Summit locations is 9:00 am – 3:30 pm

Continuing Education Nursing, Social Work and CCMC
Contact hours: 4.5

This activity has been submitted to the Ohio Nurses Association for approval to award contact hours. The Ohio Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)
"Michigan Care Management Resource Center is an approved provider with the Michigan Social Work Continuing Education Collaborative". Approved Provider Number: MICEC 110216

This program has been submitted to The Commission for Case Manager Certification for approval to provide board certified case managers with 4.5 clock hour.

For continuing education questions email micmrc-requests@med.umich.edu

Visit the SIM MDHHS Summit webpage for an agenda for each location and learning objectives. Questions about Summit registration may be directed to Veralynn Klink at vklink@med.umich.edu. Other questions about the Summit may be sent to MDHHS-SIMPCMH@michigan.gov

Social Determinants of Health (SDoH) Screening Tool: Updates Required for 2018

A quick reminder to all participating organizations that the addition of questions to the SDoH screening tool on personal/environmental safety (e.g. domestic violence) and family care (e.g. children, elders) is expected by November 2018. For further explanation, a description of each domain is located in Appendix B of the 2018 PCMH Initiative Participation Guide. If you have any questions, please contact us at MDHHS-SIMPCMH@michigan.gov.

September Office Hours: Save the Date!

We are excited to announce our September Office Hours: Community Paramedic Program. This event will focus on the Community Integrated Paramedicine Program and how it engages with physicians and hospitals to fill gaps in patient care. The event is designed to provide a forum for learning and discussion among participants both familiar with the program and those that want to learn more. We look forward to seeing you all there to learn and share alongside us on September 6 from 12:00-1:00 PM! Save the date by registering here.

Upcoming Michigan Data Collaborative Deliverables

SIM PCMH Dashboard Release 5.0

Michigan Data Collaborative (MDC) posted Release 5.0 at the end of July. It included updated claims data with a reporting period of April 2017 – March 2018 and a new utilization measure: **Preventable Emergency Department Visits**. You can find the measure details in the updated Technical Guide.

Care Coordination Report Changes

- The **PCP Follow-Up After Inpatient Discharge Report** will be revised to align more closely with the recently-updated **Acute Hospital Admissions** measure and remove admissions that aren't appropriate for PCP follow-up (i.e., Surgery). This change is anticipated for the May 2018 reports.
- Plans are underway to re-run the 4Q17, 1Q18, and 2Q18 **Percentage of Patients with a Care Management Claim Reports**. This will capture additional run-out beyond the standard 2 months. Also, some Medicaid Health Plans made updates to process previously-rejected care management claims. We will announce the updated reports in a future email notification.

Upcoming MDC Deliverables

- August 2018 Patient Lists and Provider Reports – *late August 2018*
- May 2018 Care Coordination Reports – *early September 2018*
- May 2018 Care Coordination Claims Detail Reports – *early September 2018*
- SIM PCMH Dashboard Release 6.0 – *October 2018*

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

Community Health Innovation Region Updates

The State Community Health Innovation Region (CHIR) Team would first like to take this opportunity to thank all PCMH participants who played a role in establishing clinical-community linkages within our five CHIRs. We know this work is difficult and requires a great dedication of time and resources and are grateful for the spirit of collaboration that exists across this project. Currently, our CHIRs are continuing the implementation of the clinical-community linkages with great success and have begun additional intervention strategies intended to

target the upstream Social Determinants of Health. Each of our CHIRs have recently submitted their Local Operational Plans, which detail the strategies currently being undertaken as well as those to be added for the remainder of the SIM award. These plans are to be approved before October 1st, with a convening of CHIR stakeholders being held shortly thereafter.

Our team is very pleased with each CHIRs unique approach to addressing the Social Determinants of Health, with each region tailoring their strategies to the diverse needs of their residents. We have seen great success in regional efforts to establish regional governance structures that empower non-traditional members in ways that allow them to shape community wide strategies. The State team is currently in the process of determining its strategy for sustaining CHIR work post-SIM and are excited by the potential this work could have on a larger scale.

Preventing Obesity and Eating Disorders in Adolescents

The September Pediatric Office Hours will feature a presentation by Jane Turner, MD, on the topic of Addressing Adolescent Obesity. Prior to this webinar, Dr. Turner recommends a review of the following recent American Academy of Pediatrics (AAP) Clinical Report to help set the stage.[1]

The prevalence of childhood obesity has increased dramatically over the past few decades in the United States, and obesity during adolescence is associated with significant medical morbidity during adulthood.[2] Additionally, psychosocial morbidities associated with childhood obesity, such as depression, poor self-esteem, and poor quality of life, are of significant concern.[3]

The aim of this clinical report is to address the interaction between obesity prevention and eating disorders in teenagers and to stress that obesity prevention does not promote the development of eating disorders in adolescents.[1] While most adolescents who develop an eating disorder were not previously overweight, it is not unusual for an eating disorder to begin with a teenager misinterpreting messages to "eat healthy".[4] The authors suggest an integrated approach to the prevention of obesity and eating disorders focusing less on weight and more on healthy family-based lifestyle modification that can be sustained. For example, adolescents who were more satisfied with their bodies were more likely to report parental and peer attitudes that encouraged healthful eating and exercising to be fit, rather than dieting.[5]

An integrated approach to addressing weight-related issues may also include Motivational Interviewing. Although there have been fewer studies on the use of Motivational Interviewing in children and adolescents than there have been in adults with obesity, studies to date on the use of Motivational Interviewing for patients with eating disorders and for children and adolescents with obesity have been promising.[6] Avoiding certain weight-based language and using Motivational Interviewing techniques may improve communication and promote successful outcomes when addressing weight-management.[7]

To conclude, when the focus is on a healthy lifestyle rather than weight, the evidence suggests that obesity prevention and treatment, if conducted correctly, do not predispose to eating disorders.[1]

The full article may be accessed on the Michigan Care Management Resource Center website by clicking here.

References

1. Golden NH, Schneider M, Wood C, AAP COMMITTEE ON NUTRITION. Preventing Obesity and Eating Disorders in Adolescents. *Pediatrics.* 2016;138(3):e20161649
2. Inge TH, King WC, Jenkins TM, et al. The effect of obesity in adolescence on adult health status. *Pediatrics.*2013;132(6):1098-1104
3. Strauss RS, Pollack HA. Social marginalization of overweight children. Arch Pediatr Adolesc Med.2003;157(8):746–752
4. Lebow J, Sim LA, Kransdorf LN. Prevalence of a history of overweight and obesity in adolescents with restrictive eating disorders. J Adolesc Health. 2015;56(1):19–24

5. Kelly AM, Wall M, Eisenberg ME, Story M, Neumark-Sztainer D. Adolescent girls with high body satisfaction: who are they and what can they teach us? J Adolesc Health. 2005;37(5):391–396
6. Resnicow K, McMaster F, Bocian A, et al. Motivational interviewing and dietary counseling for obesity in primary care: an RCT. Pediatrics.2015;135(4):649–657
7. Puhl RM, Peterson JL, Luedicke J. Parental perceptions of weight terminology that providers use with youth. Pediatrics.2011;128(4). Available at: www.pediatrics.org/cgi/content/full/128/4/ e786

Care Management Success Story

Bronson Family Medicine
Submitted by: Susan Nason RN, Practice Clinical Care Coordinator

Brenda is a 60-year-old who was hospitalized in early 2018 for diabetic ketoacidosis. The first encounter with the patient regarding care management took place during a transitions of care call which revealed her non-adherent behavior and low health literacy. Brenda shared during her conversation with the care manager, that she did not have any interest in addressing her health issues.

The primary care provider was made aware that this patient may benefit from care management services. A follow up appointment was scheduled to meet with the primary care provider post-discharge. At the time of hospitalization her hemoglobin A1c (A1c) was over 14.

During the follow up appointment the patient agreed to care management services. At the time of the visit the patient was in a crisis mode with blood sugars in the 300-400 range. The care manager worked with the patient on diabetes survivor skills, provided educational handouts, inquired about diabetes education classes and contacted the clinical pharmacist to assist with diabetes medication management. Goals developed with the patient included measuring blood sugars twice daily, attending diabetes education classes, and going to the gym twice a week. The care manager partnered with the team pharmacist to help manage the patient's individualized care plan. The primary care provider and the care team members reinforced with Brenda, the care plan included the steps which would help her avoid future hospitalizations and promote improved quality of life.

A few days later the pharmacist contacted Brenda, to review her blood sugar log and medications. Based on the blood sugar log, the pharmacist adjusted the diabetes medications. Also, the pharmacist reviewed with Brenda how carbohydrates diet impacts her diabetes. The following week the patient came in to meet with the pharmacist. Her blood sugar log was reviewed, and the pharmacist adjusted Brenda's diabetes medications again. During the visit with the pharmacist, they discussed the "My Plate" method and Brenda agreed to begin counting her carbohydrates.

A follow up call from the pharmacist was made a week later. Brenda reported her blood sugar readings, which had improved. During the conversation the patient mentioned that her Medicaid spenddown was $1000 per month and she was going to have difficulty obtaining her insulin and testing supplies. The pharmacist contacted a representative regarding their assistance program and switched her testing supplies to a low-cost option. Subsequently, Brenda received good news that she was approved for financial assistance and her insulin was now free of charge. Although Brenda was hesitant, she did attend the diabetes education classes and started going to the gym twice a week. Over the past few months, Brenda has made great progress. She now understands the connection between her blood sugar reading and diet. She is making long term health goals. Brenda has a much better understanding of her diabetes and is ready to start self-managing her chronic condition. During her most recent primary care provider appointment her A1C was in the normal range. The pharmacist is considering adjustment of her diabetes medication.

By working together, the primary care provider, patient, pharmacist and care manager were able to identify and address barriers and build support for development of Brenda's diabetes self-management knowledge and skills. Without the intervention of care management, Brenda may have continued to utilize the emergency room

for crisis intervention and experienced future hospitalizations. Instead, Brenda (over time) realized the importance of self-management and was enjoying the positive improvement in her quality of life.

Upcoming Events and Initiative Resources

Pediatric Office Hours: Save the Date for September 13th

The third in our series of Pediatric Office Hours sessions is scheduled in September! This session is specifically designed for Pediatric practices, but all are welcome. Please bring your questions.
Date/Time: Wednesday, September 13 12pm-1pm
Topic: Addressing Adolescent Obesity
Presenters: Jane Turner, MD, FAAP, Professor Health Programs, Pediatrics and Human Development, Michigan State University

REGISTER HERE

MiCMRC 2018 Care Management Educational Webinars

Title: What is this Psych Med for? And More
Date and Time: Wednesday, September 26 2-3 pm
Presenter: Patricia Ryan, MD
Behavioral Health Collaborative Care, Medical Director and Consulting Psychiatrist
Integrated Health Associates

REGISTER HERE

Title: Conversations for Michigan Physician Orders for Scope of Treatment (MI-POST)
Date and Time: Wednesday, October 31 2-3 pm
Presenter: Kate LeBeau, RN
Advance Care Planning Program Manager, Upper Peninsula Health Plan

"This continuing nursing education activity was approved by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)"

"Michigan Care Management Resource Center is an approved provider with the Michigan Social Work Continuing Education Collaborative". Approved Provider Number: MICEC 110216

This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for 1 CE contact hour(s). Activity code: I00032995 Approval Number: 180002679
To claim these CEs, log into your CCMC Dashboard at www.ccmcertification.org

REGISTER HERE

MiCMRC Approved Self-Management Course Registration

To access the list of the MiCMRC approved Self-Management Support courses. The list of MiCMRC approved Self-Management Support Courses provides a detailed summary of each course, with associated

objectives, location, cost and more.

Additionally, MiCMRC has collected resources for Self-Management Support including: websites of interest, publications, tools, videos, and even patient materials. MiCMRC'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 MiCMRC website home page http://micmrc.org/

Upcoming Complex Care Management Course Dates and Registration

The MiCMRC 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

September 10-13 | Dimondale | REGISTER HERE | Registration deadline: September 6, 2018

October 15-18 | Dimondale | REGISTER HERE | Registration deadline: October 11, 2018

NOTES: If you have 15 or more Care Managers in your area and would like the MiCMRC team to provide a regional training at your location please submit your request to: micmrc-ccm-course@med.umich.edu

For questions please contact: micmrc-ccm-course@med.umich.edu