Livingston-Washtenaw Community Health Innovation Region

Innovative Approaches to Reinvent Health: Year Two Highlights

MDHHS Michigan Department of Health & Human Services

Community Health Innovation Region

A Community Health Innovation Region (CHIR) is a unique model for improving the wellbeing of a region and reducing unnecessary medical costs through collaboration and systems change. CHIRs engage a broad group of stakeholders to identify and address factors that affect residents' health, such as housing, transportation, and food insecurity, as well as access to high-quality medical care. The CHIR model creates a neutral space for partners to unite around a common vision, aligning their objectives and services to meet the needs of the community. The result is a community that is purposeful in its response to residents' needs, creating conditions that meaningfully support an individual's ability to have a higher, more productive quality of life. The State has selected five regions in which to test the CHIR model.

Livingston-Washtenaw CHIR

The Livingston-Washtenaw Community Health Innovation Region is a partnership of health and community service providers serving the health needs of individuals across Livingston and Washtenaw counties. The Washtenaw Health Initiative, hosted by the Center for Healthcare Research & Transformation serves as the backbone organization, providing leadership and facilitating the development of a common agenda, shared measurement, mutually reinforcing activities, and continuous communication.

Livingston-Washtenaw Health Rankings

CHIRs across the state are focused on improving the social determinants of health (SDOHs). Data for Livingston and Washtenaw illustrate wide disparities within and between the two counties.

Livingston County

- Physical Environment (water quality, housing conditions, etc.) ranks+ **79th** out of 83 counties.
- The income inequality ratio* is **3.6** compared to 4.8 at the state level.

Washtenaw County

- Physical Environment (water quality, housing conditions, etc.) ranks **37th** out of 83 counties.
- The income inequality ratio* is **5.1** compared to 4.8 at the state level.

**The division between the top and bottom ends of the income spectrum. It is the ratio of household income at the 80th percentile to that at the 20th percentile.*

Source: 2018 County Health Rankings Data

CHIR Successes: **Implementing Innovative Approaches to Improve Health**

The Livingston-Washtenaw CHIR focused on **building and implementing innovative approaches** to address emergency department utilization and **establishing the infrastructure and collective impact capacity** needed for health transformation. Important wins in the last two years include:

Prospectively identifying **people not currently engaged in care**.

Aligning resources with the demand for services to meet the **complex social and health needs** of the community.

Engaging diverse sectors—including all six Medicaid health plans—to **expand and strengthen partnerships.**

Prioritizing **community needs** and informing local decision makers using **aggregated data across sectors**.

MICHIGAN STATE UNIVERSITY

SIM MDHHS State Innovation Model

Date Produced: October 2018
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System exChange at MSU: michirevaluation@gmail.com

Bright Spot

Prospectively identifying people not currently engaged in care.

CHIR Success!

The Livingston-Washtenaw CHIR **developed a way to prospectively identify people who are not currently engaged in care or may need other help and connect them with services based on their self-identified needs.** Using a *predictive model*, they are actively reaching out to people, some of whom had not previously been in the system. As a result, they are helping to **connect the disconnected** with social and health services in ways they have not been before.

What was the challenge facing the CHIR?

Emergency departments were frequently treating individuals who may have benefitted from coordinated systems of preventative care. This reactive approach to care resulted in high costs for both health systems and patients, as well as poor health outcomes.

How did the CHIR identify and help individuals?

The CHIR developed a proactive approach to care coordination, using a predictive model to identify potential frequent emergency department users not yet connected with services. The model has four key steps:

1. The model analyzes factors in previously unexplored medical records data to identify individuals at risk for frequent emergency department usage.
2. Hublets (organizations providing social and health services) identify individuals to care manage based on the individuals' unique social and health needs and previous relationships with hublets.
3. Care coordinators and community health workers in the hublets reach out and support individuals to get their needs met.
4. To promote continuous improvement, hublets share their successes and best practices with one another to improve the care management process.

What has the impact been?

The predictive model has changed how the system of care works in the CHIR, enabling hublets to help people, many of whom were unknown to the system. Now, these people are referred to the care they need. The CHIR is also improving population health management by learning about the critical factors impacting frequent emergency department usage.

What are important next steps?

- Integrate social determinants of health screening data into the predictive model to determine their influence on health outcomes.
- Expand the model to other health systems and health plans to scale up the model and increase its impact statewide.

Connecting to Care
Emerging Story

One individual was visiting the emergency department multiple times per week. They were identified by the predictive model and were connected with care coordination services. Now, they have transportation to their appointments, their medications have been corrected, and they haven't visited an emergency department in four months.

Connecting the Disconnected

One third *of people identified were not previously being served by any of the hublets.*

58% *of the Livingston-Washtenaw population has been included in the model.*

Meeting Health Needs

"The purest form of population health management is targeting your resources to the people who need the help."

-Health Data Expert

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Bright Spot

Aligning resources with the demand for services to meet the **complex social and health needs** of the community.

CHIR Success!

The Livingston-Washtenaw CHIR worked with local partners to **match resource distribution to demonstrated social and health needs of the community**. By implementing new activity-based hublet payments for organizations providing care to community members, the CHIR has enhanced care capacity by aligning resources with the demand for services and changing community needs.

What was the challenge facing the CHIR?

Residents in the CHIR have multiple and complex social and health needs, placing different demands for services on hublets. The challenge faced by the CHIR was to allocate resources fairly across hublets to reflect their differing demands, clientele, and workloads, while allowing for changing community needs.

How did the CHIR allocate resources more fairly?

CHIR coordinators engaged in site visits to better understand the workload of the hublets. Through active dialogue, hublets also shared the challenges they were facing. Building on these site visits and data, the CHIR created a plan to distribute funds in a new way:

$$\textit{Hublet Funding} = \frac{1}{2}\textit{Flat Rate} + \frac{1}{2}\textit{Activity-Based Rate}$$

The flat rate allows the hublets to plan for staffing and budgetary needs. The activity-based rate is based on each hublet's workload, including the number of patients served, their primary and secondary needs, and the time and resources necessary to serve them.

What has the impact been?

Hublets now report increased capacity for meeting residents' needs, increased care coordination between hublets, and a greater willingness and ability to share information. Through this process, the CHIR has also learned that the most pressing health needs in the intervention population are substance use, mental health conditions, and complex care management.

What are the important next steps?

- Continue to monitor the community health needs and workload of the hublets.
- Identify and secure the funding needed in order to sustain hublet payments and the online care coordination tool.

Matching Resources

By matching resources with demonstrated needs, "…care managers seem to feel they can now do their job better."

-Health Care Provider

Meeting Community Needs

During June and July of 2018, all 11 hublets served client needs. In descending order of cases as lead agency:

Home of New Vision Ⓤ
Michigan Medicine CCMP Ⓒ
St Joseph Mercy Health Ⓒ
Washtenaw County CMH Ⓜ
Washtenaw Health Plan Ⓢ
Livingston County CMH Ⓜ
Packard Health Ⓗ
Avalon Housing Ⓢ
Livingston Catholic Charities Ⓤ
Jewish Family Services Ⓢ
Integrated Health Associates Ⓗ

Ⓤ Substance use
Ⓜ Mental health
Ⓒ Complex care coordination
Ⓢ Social needs
Ⓗ Health

Coordinating Care

91%

of the hublets are providing different services for the same patient/client in order to have both social and health needs addressed.

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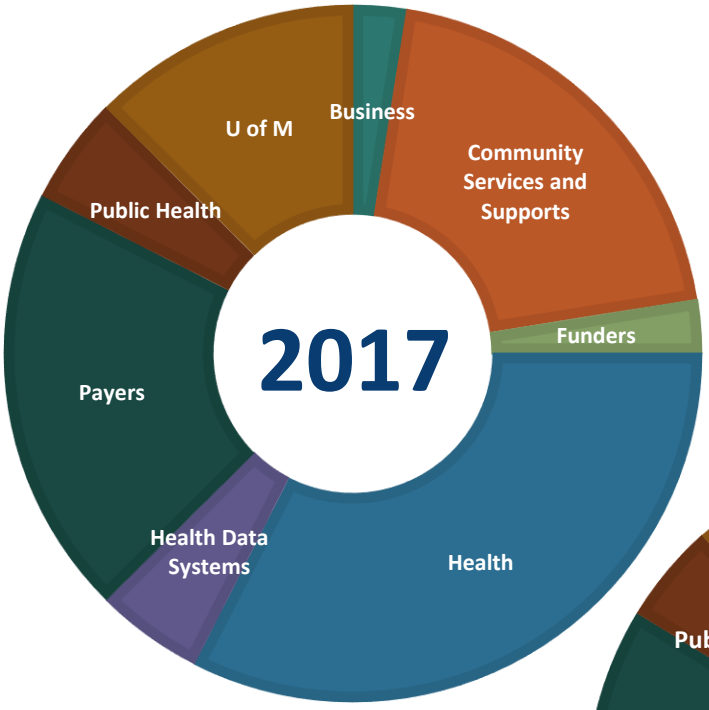
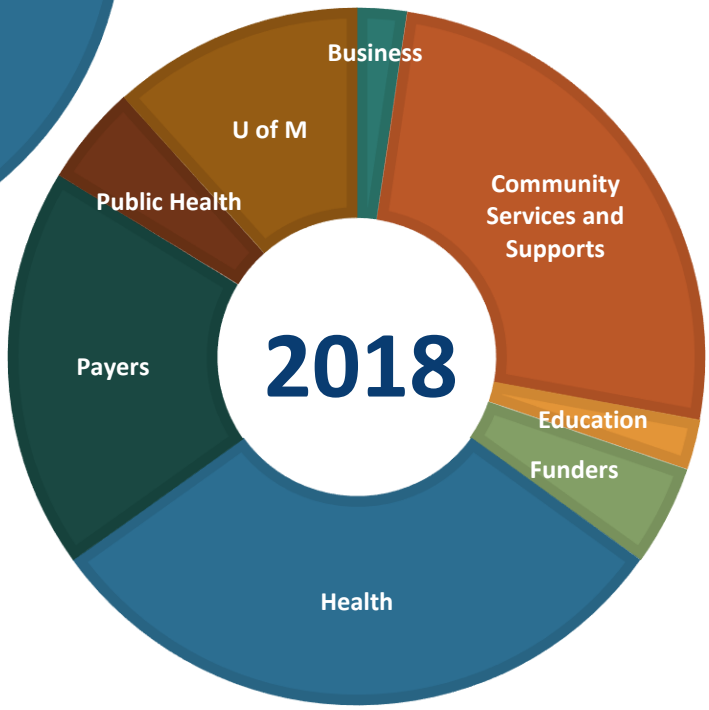
Livingston-Washtenaw CHIR Partners

The Livingston-Washtenaw CHIR has engaged community organizations, local government agencies, business and nonprofit entities, health care providers, payers, and community members to come together to identify and implement strategies that address population health. In addition to members of the CHIR governing body, the backbone organization, and work groups, the graphics below highlight the breadth of Livingston-Washtenaw CHIR's partnerships. The Livingston-Washtenaw CHIR significantly expanded the diversity of stakeholders participating as CHIR partners. **The CHIR counts 43 organizations as partners in the work in 2018.**





New Partners in 2018

- Catholic Social Services of Washtenaw County
- Delonis Center
- Emergent Health/Huron Valley Ambulance
- Second Baptist Church of Ypsilanti
- United Methodist Retirement Communities
- United Way of Livingston County
- Washtenaw ISD