

In this Issue

- Program News and Updates
- Population Health
- Care Delivery
- Technology

About the Initiative

In 2015, the Centers for Medicare and Medicaid Services (CMS) awarded the State of Michigan \$70 million over 4 years to test and implement an innovative model for delivering and paying for health care in the state. The state has focused its efforts areas on developing and strengthening connections among providers of clinical care and community-based organizations that address social determinants of health.

Contact Us

Questions can be sent to:
MDHHS-SIM@michigan.gov

Links

[SIM Initiative website](#)

[SIM Population Health webpage](#)

[SIM Care Delivery webpage](#)

Welcome to the third edition of the SIM Newsletter. This newsletter is intended to provide updates on the activities taking place across the program. It will also be used to make stakeholders aware of any SIM-related events that may be of interest to a general audience.

Previous editions of the newsletter can be found [here](#).

Program News and Updates

2018 Michigan SIM Operational Plan Submitted to CMS

As part of the cooperative agreement between the Centers for Medicare and Medicaid services (CMS) and the state, the Michigan Department of Health and Human Services (MDHHS) submitted a detailed operational plan for the third year of Michigan's SIM award on December 1, 2017. The plan describes how the state, through MDHHS, will continue to implement its vision of a person-centered health system that coordinates care across medical and community settings to address social determinants of health and upstream factors such as social disadvantage, risk exposure, and social inequities to improve health outcomes. Simply put, Michigan's SIM Award Year 3 continues down the path of reinvention while developing models for sustaining these efforts beyond the CMS award period. MDHHS will continue to organize the implementation of the SIM program within three main components: Population Health, Care Delivery, and Technology. An early review of the Michigan SIM Operational Plan produced very positive feedback from CMS. Once approved, the plan will be published for public review, likely in January 2018.

Changes to the SIM Executive Leadership Team

Chris Priest stepped down as the state's Medicaid Director to take a position in the private sector effective November 22. Mr. Priest served on the SIM executive leadership team with responsibility for overseeing the efforts of the Care Delivery component of the program. Please join us in wishing Chris the best in his future endeavors and thanking him for his tireless dedication to serving Michigan residents.

Going forward, Kathy Stiffler will step in as Acting Medicaid Director. Ms. Stiffler previously held this position and is a true leader in state government. Kathy has also been involved with Michigan's SIM program, serving as the program lead for the Care Delivery component. She will assume the leadership role previously held by Chris Priest.

New SIM Email Address

Note that the email address for inquiries about SIM has been changed. The SIM team can now be reached at MDHHS-SIM@michigan.gov.

Population Health

Community Health Innovation Regions

SIM CHIR Summit Celebrates Successes and Looks to Future

The SIM CHIRs held a summit on September 29 to celebrate their successes and plan for the coming program year. The morning sessions included remarks from MDHHS SIM Executive Leadership Team members Chris Priest (Medical Services Administration), Sue Moran (Population Health Administration), and Matt Lori (Policy, Planning and Legislative Services Administration), who emphasized the administration's support for a coordinated approach to addressing the health needs of underserved and low-income populations through a focus on social determinants of health and clinical-community linkages. In addition, each CHIR provided an overview of its governance structure and backbone organization, strategies for engaging stakeholders, community priorities, and clinical-community linkages processes.

In the afternoon, summit participants heard from the Care Delivery team about new expectations and requirements for patient-centered medical homes and an update on Alternative Payment Models (APMs). CHIR representatives also participated in roundtable discussions on lessons learned and promising practices from the implementation process so far, focusing on governance structures, stakeholder engagement, and clinical-community linkages. Participants also participated in a discussion on recent legislative and policy initiatives designed to help facilitate data sharing to support integration of behavioral and physical health services.

CHIRs Launch Hubs to Support Clinical-Community Linkages

Each CHIR is developing and implementing an approach to linking community-based social services with clinical services through a referral structure called a "hub." The hubs are designed to support clinical-community linkages with the goal of improving health outcomes, increasing health equity, and reducing inappropriate utilization of acute clinical care services. While the CHIRs were encouraged to consider existing models, they were given the flexibility to implement programs that work best for their communities.

The CHIRs are working with their member organizations, regional partners, and the State to identify and develop infrastructure, protocols, and processes that collect, compile, and analyze data necessary for operating the clinical-community linkages component. As of November 1, each CHIR has established a hub to serve the individuals identified as needing assistance with social determinants of health. Referrals of individuals come into the hub from community-based organizations and primary care providers participating in the SIM PCMH Initiative. These community based organizations and primary care practices screen patients using a common assessment tool and make referrals to the hubs when needs are identified. The CHIRs are developing a data sharing system to electronically track referrals and use of services. The hubs are being piloted through January 2018 and will reach full implementation by February 2018.

CHIR Planning and Readiness Supported by ABL e Change Framework

The ABL e Change Framework is designed to help communities more effectively address significant social issues affecting children, youth, and families. The model is based on the premise that communities can achieve transformative results when they (1) make local system and community conditions the intentional targets of their change initiatives; (2) pursue the effective implementation of their efforts; and (3) build a community engagement infrastructure that supports real-time learning and action across diverse stakeholders and sectors. Developed by Drs. Pennie Foster-Fishman and Erin Watson at Michigan State University, the framework draws upon research from the successes and failures of prior organizational, service system, community, and international change efforts. ABL e Change has been adopted by hundreds of communities, funders, state, and national agencies around the world to guide a diverse array of community change and population-level initiatives.

CHIRs are encouraged to participate in six days of ABLe Change training, and receive coaching supports to help them address social determinants of health and transform health outcomes. Training and coaching include how to more effectively engage diverse stakeholders; understand the community systems and conditions affecting targeted goals and local inequities; design powerful community systems change strategies; develop real-time mechanisms for tracking and supporting effective implementation; and embed action learning processes within the CHIR's infrastructure to promote continuous improvement. ABLe Change positions CHIRs to build their community system's capacity for change, promote community readiness, and create policy, environment, and system conditions to bring about improvements in the social determinants of health and more equitable population health outcomes.

Care Delivery

Patient-Centered Medical Home Initiative

2017 Regional PCMH Initiative Summits

The SIM PCMH team convened three regional summits in October titled "Taking Michigan Forward with Team-based Care" to facilitate collaboration and shared learning focused on team-based care in the primary care setting. The summits were held in Ann Arbor, Grand Rapids, and Thompsonville. At the summits, physicians, practice team members, physician organization leaders, and other PCMH partners were able to discuss approaches to using clinical and office operations to meet the diverse needs of their patient populations.

The summits included plenary speakers on real-life examples of team-based care and national approaches to payment and delivery reform. Breakout sessions allowed participants to dive deeper into topics such as leveraging data, change management, sustaining team-based care, and identifying and targeting interventions for effective delivery of team-based care. More than 750 people attended the sessions in total.

2018 SIM PCMH Initiative Set to Build on 2017 Efforts

The SIM Care Delivery Team and its PCMH partners made great progress during the first year of the PCMH Initiative, including establishing performance measures and reporting requirements, defining practice transformation objectives, launching a learning collaborative, establishing a Medicaid payment model with care management and coordination tracking codes, and connecting participating practices to the Relationship Attribution Management Platform (RAMP) as the foundation for patient population identification and payment facilitation.

Patient-centered medical homes that participated in the 2017 SIM PCMH Initiative have been invited to indicate their interest and commitment to continue their participation in 2018. The 2018 initiative entails enhanced requirements for the practices that build on those established in 2017 related to practice improvement activities, team-based care, care management and care coordination, health information technology and exchange, and participation in learning activities with other PCMHs.

All participating practices that wish to continue participation in 2018 were required to submit an Intent to Continue Participation application by September 29. The SIM PCMH team is currently finalizing agreements with those organizations who have been invited to continue their participation in 2018.

Correction: In the September issue of the SIM Newsletter, it was incorrectly reported that the benchmark for the percent of attributed patients receiving care management and coordination services is 4 percent. The benchmark for the 2017 PCMH initiative is 2 percent.

Alternative Payment Models

The MDHHS State Innovation Model team worked closely with the Medical Services Administration managed care team to implement critical elements of the SIM alternative payment methodology (APM) strategy through the fiscal year 2017 Medicaid health plan (MHP) contract. MDHHS has adopted the [Healthcare Payment Learning and Action Network \(LAN\) APM Framework](#) as its method for classifying types of provider payment. The LAN APM Framework is one of the most widely used approaches for organizing and measuring APM progress. MDHHS has collaborated with MHPs to develop approaches to increase APM adoption and each MHP has submitted strategic plans for increasing APM-based payments. To support the MHPs in developing more detailed goals and plans, MDHHS is currently developing guidelines on preferred APMs and intends to share those guidelines with MHPs early in 2018.

MDHHS has also developed a quality strategy, which provides guidance to MHPs on the quality metrics the state would like them to use as a basis for APMs. These include measures specific to the regions in which the health plans operate as well as prevention and quality of care measures that should be used by all MHPs in APM contracts. MHPs are also given the opportunity to identify their own measures for inclusion in APMs based on the types of health outcomes or utilization issues they would like their participating providers to work on. The MHPs have provided feedback on the measures proposed by the MDHHS, including any challenges they foresee to implementing the strategy before it becomes final.

Technology

Quality Measure Information Use Case Update

As described in the previous edition of the SIM newsletter, the SIM team is working to implement the Quality Measure Information (QMI) use case to enable healthcare providers to transmit clinical quality measures electronically. Nearly all providers participating in the 2017 SIM PCMH Initiative have been onboarded to the QMI use case. By February 2018, all participating provider organizations will be able to transmit quality metrics, which will be shared among participating PCMHs and the SIM Care Delivery team to identify particular areas for improvement.

Housing Analytics Database Planning

The SIM technology team is also excited to be part of a partnership between the Homeless Management Information System (HMIS) and Medicaid to identify healthcare utilization patterns and costs for homeless individuals with chronic disabilities and how those change when they become enrolled in permanent supportive housing. This information should support engagement of housing and healthcare stakeholders in CHIRs and across the state in discussions about strategies to improve healthcare for people experiencing homelessness. The project is being led by the Medicaid Innovation Accelerator Program (IAP), a collaboration between the Center for Medicaid and CHIP Services (CMCS) and the Center for Medicare & Medicaid Innovation (CMMI). More information about progress on this effort will be shared in future editions of the SIM newsletter.

For More Information

www.michigan.gov/SIM | MDHHS-SIM@michigan.gov

