



# SIM Newsletter

A bi-monthly publication of Michigan's State Innovation Model

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## IN THIS ISSUE

- Initiative News and Updates
- Population Health
- Care Delivery
- Technology
- Evaluation

## 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:  
[SIM@mail.mihealth.org](mailto:SIM@mail.mihealth.org)

## LINKS

[SIM Initiative website](#)

[SIM Population Health web page](#)

[SIM Care Delivery web page](#)

Welcome to the first edition of the SIM Initiative Newsletter. This bi-monthly newsletter will provide updates on the activities taking place across the initiative. It will also make stakeholders aware of any SIM-related events that may be of interest to a general audience.

## Initiative News and Updates

### SIM Communications Survey

In spring 2017, the Michigan SIM team conducted a survey of SIM stakeholders to obtain feedback on its current communications strategies. Thank you to all who participated in the survey. The feedback we received was very helpful and contributed to the development of this newsletter and will inform future communication strategies as well. We are gratified by your continued interest in the SIM initiative and look forward to building and maintaining strong communications with stakeholders across the state.

### A Summary of the SIM Initiative

A first step in responding to the information needs voiced through the survey is the development of a brief overview the Michigan SIM initiative. A summary, which is available on the [SIM website](#), has been developed to provide an overall picture of the initiative and how its various components fit together. It describes the overarching purpose of the initiative as well as the Population Health, Care Delivery, and Technology aspects of the initiative.

### SIM Governance and Leadership Update

During the planning and design phases of the SIM initiative, the program's Executive Sponsor was positioned in the MDHHS Office of Health Policy and Innovation (OHPI). As the initiative has moved into implementation, however, it has become necessary to broaden the scope of the leadership team to reflect the broad scope of the initiative.

MDHHS Chief Deputy Director Nancy Vreibel is the SIM Project Director (Executive Sponsor). The executive governance team is rounded out by senior deputy directors in three MDHHS administrations: Chris Priest (Medical Services Administration) will oversee the SIM Care Delivery component; Susan Moran (Population Health Administration) will oversee the Population Health component; and Matt Lori (Policy, Planning, and Legislative Services Administration [formerly OHPI]) will oversee policy, legislative, and operations aspects of the initiative.

## Population Health

Community Health Innovation Regions (CHIRs) are a critical element of the Population Health component of the SIM initiative. The state selected five regions of the state in which to test the CHIR model: Genesee County, Jackson County, Muskegon County, Washtenaw and Livingston Counties, and the Northern Michigan region (a 10-county region near the top of the Lower Peninsula). Each of the five SIM CHIRs is supported by a backbone organization that serves as a fiduciary and acts as a neutral convener for the CHIR's governing body. CHIRs are charged with assessing community needs, defining regional health priorities, supporting regional planning, increasing awareness of community-based services, and increasing linkages among health organizations and systems. All CHIRs are required to focus initially on reducing emergency department utilization, while also assessing community needs and identifying region-specific health improvement goals.

Each CHIR is required to develop a comprehensive plan to fulfill the CHIR requirements. These local operational plans, submitted to MDHHS for approval in May 2017, include a budget and timeline for the activities of each CHIR over the course of the coming year, and will be updated annually. Current plans are expected to be approved by the end of July.

Initial plans are focused on developing and implementing strategies for identifying people who make frequent visits to the emergency department and using a screening tool to assess their needs related to social determinants of health (e.g., housing, financial assistance, employment). CHIRs will also work to develop clinical-community linkages among patient-centered medical homes, emergency departments, and community-based organizations in their regions to establish a referral and care management process to meet the needs identified through the screening process.

To support their efforts, CHIRs participate in frequent cohort and one-on-one calls with SIM CHIR team members at MDHHS. They have also had the opportunity to participate in webinars on the Collective Impact model as well as given the option to receive coaching and participate in collaboratives with other CHIRs on community systems change using the [ABLE Change Model](#).

## Care Delivery

### Patient-centered Medical Home Initiative

In fall 2016, the state executed an application and selection process that resulted in approximately 350 practices being identified for participation in the 2017 PCMH Initiative, which launched on January 1, 2017. These practices represent over 2,000 primary care providers and collectively serve over 350,000 Medicaid beneficiaries. While participating practices and providers are located across the state, approximately 60 percent of the practices are located within one of the five SIM CHIR regions. In an effort to advance practice capabilities, all participating practices are required to work toward two practice transformation objectives, one of which must be developing clinical-community linkages and the other selected from a standardized list. Practices based within a SIM CHIR region are encouraged to work in close collaboration with CHIR partners to develop clinical-community linkage processes and support the alignment of interests and goals among healthcare and community-based

organizations.

The PCMH Initiative has implemented a number of strategies to support participants, including engaging the Institute for Healthcare Improvement (IHI) to design and facilitate a collaborative learning structure to support practices in developing their strategies for clinical-community linkages and their elected practice transformation objective. The initiative has also expanded the definition of the care team to include non-licensed staff such as community health workers (CHWs) to support practices' ability to provide comprehensive coordinated care.

During the first six months of the Initiative, participants and their practice care teams have been supported through various educational and technical assistance opportunities, including Care Coordinator and Care Manager training supplied through a partnership with Michigan Center for Clinical Systems Improvement and the Michigan Care Management Resource Center. Ongoing guidance and support has been provided through a series of virtual engagements, including regular office hours and coaching calls on relevant topics, such as clinical-community linkages and billing and coding, quarterly update meetings, and technical assistance as requested.

#### **Alternative Payment Models**

In addition to the care delivery transformation and payment reform efforts of the SIM PCMH Initiative, MDHHS is working with Medicaid Health Plans (MHPs) to develop a strategy to increase the use of alternative payment models (APMs) more broadly in MHP contracts with providers across Michigan. The goal of increased use of APMs is to support delivery system reform that focuses on value instead of volume and rewards providers for a combination of cost savings and positive beneficiary outcomes. As part of this strategy, each MHP will be developing a strategic plan and measurable APM goals to guide their implementation of APMs over the course of the next couple years. MDHHS recognizes the importance of ensuring APMs implemented through MHPs support effective models of care and align to the greatest extent possible with provider preferences on payment model evolution. Accordingly, MDHHS developed a survey to obtain provider feedback on proposed payment approaches. Provider feedback received through the survey will be used as an important perspective in MDHHS' efforts to implement the APM strategy with the MHPs.

#### **Technology**

Michigan has established the Relationship and Attribution Management Platform (RAMP) to ensure a foundation for supporting care coordination and identifying relationships between patients and providers. RAMP either currently supports or will soon support several critical aspects of care management and coordination for the SIM initiative, including a health provider directory, a system for tracking active care relationships between patients and healthcare providers, exchange of quality-related data and performance results, and sending admission-discharge-transfer (ADT) notifications. Leveraging the statewide health information exchange infrastructure in the development of RAMP allows the state to take advantage of a widespread network of networks to increase interoperability and support the goals of the initiative.

## **Evaluation**

Evaluation of the Michigan SIM Initiative will be carried out through a variety of avenues. The state will conduct an overall evaluation of the initiative while evaluations of the CHIR and PCMH components will be carried out by external evaluators. The state is also participating in CMS' evaluation of the SIM initiative at the national level. Each of these evaluations are based on the Triple Aim of healthcare: Improving the experience of care, improving the health of populations, and reducing per capita costs of healthcare. Tools and strategies for assessing progress are being identified and/or developed to support the evaluations at the state and component levels. The SIM team will submit an updated operational plan in fall 2017, which will include refinements to the evaluation plan and related measures.