Welcome to the fifth edition of the State Innovation Model (SIM) Initiative Newsletter. This newsletter is intended to provide updates on the activities taking place across the initiative. 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 on the SIM website.

---

Program News and Updates

Early Data Show Community Health Innovation Region Model Progress and Areas for Growth

Through its evaluation of the Community Health Innovation Region (CHIR) model, Michigan State University is assessing the collective impact being made by the five CHIRs across the state. Early data available from a survey of CHIR members, partners, and community stakeholders provides insight into the progress made so far. The findings were shared with CHIR backbone organizations and the Center for Medicare and Medicaid Innovation at a CHIR convening on May 30, 2018.

The data show that individuals and organizations are engaged and believe participation in the model is worthwhile for themselves and the broader community. Most respondents also said that participation in the CHIR has increased their awareness of services, supports, and resources while also increasing their focus on social determinants of health in their own work. About half said participation is enhancing their ability to meet the needs of the individuals they serve.

The degree to which survey respondents reported making changes in policies and practices to align systems within the community varied. Most said they are increasing efforts to inform individuals about available services and supports. About half indicated they are sharing data about services and outcomes and/or aligning data and record-keeping systems with other organizations. Some said they are expanding efforts to improve community social, health, and living conditions. However, while some also said that partnership between healthcare and community services agencies is improving, there is still work to be done to help residents get their social and health needs met.

According to the evaluators, CHIRs’ next steps will include building public support for the CHIR model, diversifying membership, identifying and addressing obstacles to change, and expanding the use of data for learning and improvement.
SIM Team Revamps Website
The SIM website has been undergoing an overhaul since early 2018 and is now more clearly organized by the SIM Initiative’s three primary components: population health, care delivery, and technology. Each page is more user friendly than before and includes links to information about past and upcoming events as well as component-specific newsletters and other resources. The main page provides an overview of the Michigan SIM Initiative and includes links to past and current SIM Initiative newsletters and operational plans. Visitors to the website can also subscribe to the SIM newsletter listserv.

SIM Communication Survey to be Released in Early July
Last year, the SIM team surveyed stakeholders to find out what types of information they wanted and needed to effectively engage in the SIM initiative. The survey asked where stakeholders go for information about SIM, whether the information they get meets their needs, and how often they’d like to hear about SIM. The SIM team is releasing another survey in early July to find out if the efforts they’ve made to communicate about the initiative over the past year have been successful and what additional types of information and communication methods stakeholders need. All individuals that subscribe to the newsletter will receive the survey by email. Thank you in advance for your participation!

Population Health

Community Health Innovation Regions
SIM CHIRs Work to Address Homelessness and Emergency Department Use
As noted in the March 2018 newsletter, the SIM team is working with several partners to implement the Health Through Housing Initiative, which connects chronically homeless people to healthcare and permanent housing services. This innovative program aims to:

- Use integrated data to identify a set of Michigan’s most vulnerable individuals
- Help these residents access crucial services
- Increase the capacity of agencies to bill Medicaid for housing case management services

Using data from the Homeless Management Information System and Medicaid claims, the Michigan Department of Health and Human Services (MDHHS) will identify people within the five CHIRs who are chronically homeless and utilize emergency departments at high rates. CHIRs will then connect these people with high-quality case management services, with the goal of transitioning them into permanent housing and offering them health and other services that will decrease emergency department visits. At the same time, MDHHS will be supporting CHIRs in making improvements to housing support systems in their communities, and will also provide support and training for housing service providers. The Michigan Public Health Institute issued a request for proposals with the goal of locating high-quality providers within the five CHIRs that are interested in participating in the program. The initiative is expected to kick off in Fall 2018 and the pilot will run for two to three years, depending on funding availability.

Jackson CHIR Opens Community Living Room
The Jackson CHIR developed a community living room at Reed Manor (a Jackson Housing Commission property) inspired by work in Berkeley, California and Liverpool, England to offer simple, person-centered solutions to loneliness and social isolation. The community living room opened for guests on March 5, 2018, marking the
culmination of nine months of planning and collaboration. The living room is envisioned as a warm, welcoming environment where people are encouraged to gather without a formal agenda. On average, 23 guests visit the living room each day. Some come for a cup of coffee or to play games and socialize, while others come for help with specific needs. Two onsite community resource specialists provide assistance with scheduling appointments, coordinating services for medical care, and facilitating referrals for social service resources. The Center for Family Health and Jackson Community Ambulance provide health-related information and navigation for people who visit the community living room.

**Grow Benzie Builds on ABLe Change Framework**

As highlighted in the March 2018 newsletter, the Northern Michigan CHIR, completed the ABLe Change training and established processes that incorporate what they learned. After participating in the Northern Michigan ABLe Change training, members of Grow Benzie, a community organization that participates in the CHIR, were inspired to make a change in the concession stand offerings at their local public schools during sporting events. Starting with a Benzie middle school, Grow Benzie gathered products from local food producers to make a shift from the typical sugary concession stand offerings to more nutritious snacks. Grow Benzie also released a video highlighting the concession stand makeover and featured several students and parents who were involved in the project.

**Plan for Improving Population Health**

The SIM population health team is developing a plan for improving population health (PIPH) as a condition of its grant agreement with the Centers for Medicare and Medicaid Services. The population health team is recruiting an advisory committee to provide input into the plan, which will comprise representatives of CHIRs, patient-centered medical homes, local health departments, and other interested stakeholders. The SIM team is also establishing an internal data committee to identify data that can both inform the plan and support long-term monitoring of progress toward goals and objectives. At its next meeting, the PIPH workgroup—made up of leaders in the MDHHS Population Health Administration and the SIM population health team—will finalize a vision for the plan.

---

**Care Delivery**

**Patient-centered Medical Home Initiative**

**Provider Interest Application Released for 2019 State-Preferred PCMH Model**

In collaboration with Medicaid health plans (MHPs), MDHHS has established a state-preferred PCMH model designed to sustain primary care capacity through care management, health information technology, and enhanced access. The model is also designed to encourage continued transformation through alternative payment models. The collaborative effort to design these common PCMH requirements began with the SIM PCMH model as its foundation and is intended to sustain and expand the PCMH model in the Michigan Medicaid managed care program.

MDHHS has released an [informal application](#) seeking provider interest in participating in the State-Preferred PCMH model. Participation creates an opportunity for eligible practices and providers to engage in a care delivery model similar to that used within the PCMH Initiative by working closely with MHPs. MDHHS is accepting applications through July 13, 2018.

**Alternative Payment Models**

As described in the March 2018 newsletter, MDHHS is collaborating with MHPs to increase adoption of APMs. Each MHP submitted baseline data on their current use of APMs and a strategic plan for increasing APM-based payments. MDHHS anticipates that the strategies laid out in these plans will increase the use of APMs in provider contracting, which will support the state in achieving its goals of improving quality and containing costs.
Preliminary data analysis suggests that MHPs have already increased their use of APMs through increased use of value-based arrangements, such as pay-for-performance and shared savings models.

MDHHS has also developed a quality strategy that provides guidance to MHPs on the quality metrics Michigan 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 MHPs statewide in APM contracts. Region-specific measures include appropriate testing for children with pharyngitis, chlamydia screening in women, diabetes eye exams, and diabetes A1C screening. All MHPs are required to include at least one additional measure in their APM model specific to their own performance improvement assessment and goals.

In calendar years 2018 and 2019, the care delivery model associated with the SIM PCMH Initiative and the state-preferred PCMH model will continue to progress in tandem, furthering health system transformation goals and supporting a transition from an MDHHS-led approach to a collaboration among MDHHS, MHPs, and healthcare providers.

**Technology**

**Housing Analytics Database**

The SIM technology team continues to support the CHIR housing program and MDHHS’ goal of providing combined housing and healthcare services for the state’s homeless population by:

- Identifying homeless individuals within the Medicaid population who meet the criteria of high utilizers as defined by the housing program
- Providing data and data analysis that show progress toward reducing emergency department utilization costs and inpatient states among the target population
- Monitoring use of healthcare, such as rates of prescription refills, use of primary care, use of preventative services, and patterns of healthcare utilization before and after participating in the housing program

For More Information

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