Michigan's MI Care Team

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MI Care Team Conceptual Overview

The overall intent of the MI Care Team and the health home model is to provide care management and care coordination services to Medicaid beneficiaries with multiple chronic conditions.

According to SAMHSA, Health Homes are the following:

"As defined in Section 2703 of the Affordable Care Act, health homes are a team-based, clinical approach that fully incorporates consumers, providers, and family members. The health home promotes links to community supports and resources, and enhances coordination of primary and behavioral health care to better meet the needs of people with multiple chronic illnesses."

Source: SAMHSA/HRSA
www.integration.samhsa.gov/integrated-care-models/health-homes

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Michigan's Focus – Target Population

- Upon recommendation from the Mental Health and Wellness Commission, Michigan appropriated funding to implement the MI Care Team in Federally Qualified Health Centers and Tribal Health Centers.

- Persons who are eligible for Medicaid and/or the Healthy Michigan Plan, and who have depression and/or anxiety, plus one or more of the following conditions:
  - Heart Disease
  - COPD
  - Hypertension
  - Diabetes
  - Asthma

Michigan's Focus – Goals/Expected Outcomes

- Health System Improvements
  - Improvement in behavioral health access and integration
  - Increased collaboration between providers
- Cost-Efficiency
  - Decrease in avoidable inpatient and emergency room utilization
  - Decrease in reliance on LTC facilities
- Quality
  - Experience and quality of care improvements
  - Improvement of target population outcome metrics

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MI Care Team Core Services

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care/follow-up
- Patient & family support
- Referral to community & social support services

MI Care Team Model Design

- Primary care practice-level care management and coordination
- Emphasis on personalized care plan
- Team-based with potential for multiple care pathways
- Explicit and intense behavioral health integration
- Intensive role of the CHW and addressing the social determinants of health

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MI Care Team Composition

- Health Homes Coordinator
- Nurse Care Manager
- Primary Care Provider
- Behavioral Health Provider
- Community Health Worker

- Additional supports/administrative staff

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Key Facts

- 10 Health Center Organizations
- 21 Counties
- 43 Service Sites
- Estimated over 18,000 eligible beneficiaries statewide
- Benefit Period: July 1, 2016 to June 30, 2018

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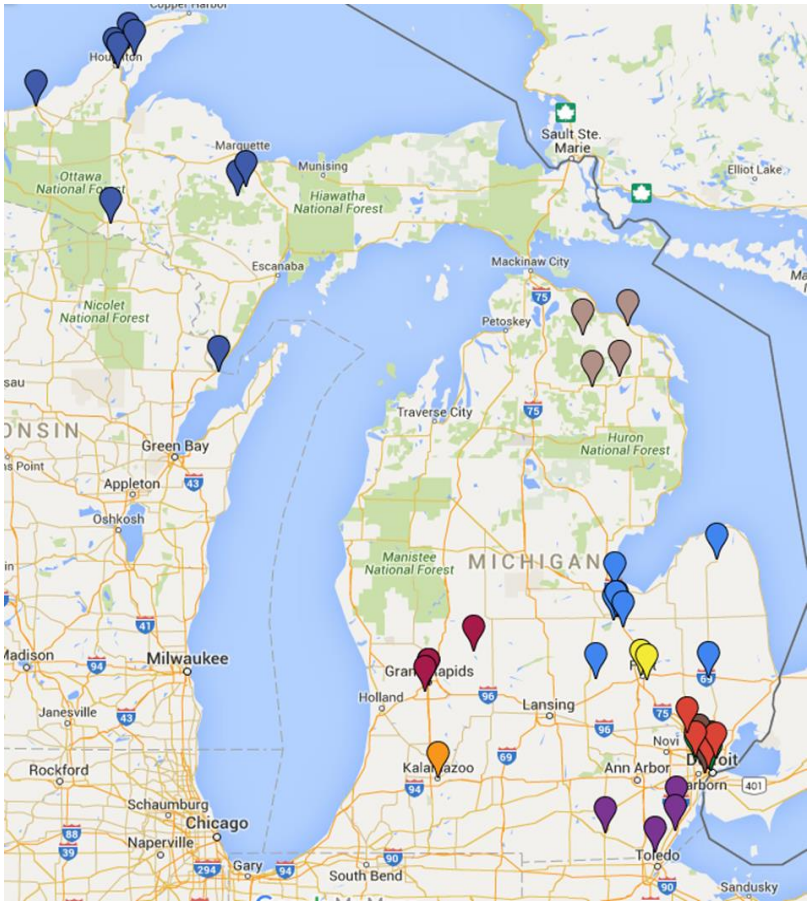
Participating Organizations



- Advantage Health Centers
- Cherry Health
- Covenant Community Care, Inc.
- Family Health Center, Inc.
- Family Medical Center of Michigan
- Genesee Community Health Center
- Health Delivery, Inc.
- The Wellness Plan
- Thunder Bay Community Health Center
- Upper Great Lakes Family Health Center

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MI Care Team Measurements

- Federal (CMS) Core Measures
- State Quality Improvement/Quality Monitoring
- Evaluation
  - Process evaluation
    - Ascertain differences and effectiveness of roll-out
  - Summative evaluation
    - Cost-savings, cost-efficiency, reduction in preventable ED visits and hospitalizations

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MI Care Team Measurements -- Federal

- Core Utilization Measures (reported annually)
  - Ambulatory Care Sensitive Emergency Department Visits
  - Inpatient Utilization
  - Skilled Nursing Facility Utilization

- Core Quality Measures (reported annually)
  - Adult Body Mass Index (BMI) Assessment
  - Screening for Clinical Depression and Follow-up Plan [Medical Record Review]
  - Plan All-Cause Readmission Rate
  - Follow-up After Hospitalization for Mental Illness
  - Controlling High Blood Pressure [Medical Record Review]
  - Care Transition – Timely Transmission of Transition Record [Medical Record Review]
  - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
  - Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite

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MI Care Team Measurements -- State

- State Quality Improvement/Quality Monitoring
  - Depression – Antidepressant Medication Management (AMM)
    - Effective Acute Phase Treatment
    - Effective Continuation Phase Treatment
  - Asthma – Medication Management for People with Asthma (MMA)
  - Diabetes – Hemoglobin A1c (HbA1c) Testing

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MI Care Team Partners in Success

- Medical Services Administration (MSA)
  - Providing programmatic oversight and leadership to the execution of the MI Care Team
- Michigan Primary Care Association (MPCA)
  - Providing technical assistance with training, enrollment, implementation, and billing
  - Hosting MI Care Team Advisory network, and multiple care team member networks
- U-M Institute for Healthcare Policy & Innovation (IHPI)
  - Providing check-ins for evaluation of processes and outcomes, developing overall program evaluation

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Progress to Date

- State Plan Amendment (SPA) approved
- Final Policy in development
- Provider enrollment process in progress
- Preparation of beneficiary identification from claims data
- Finalized MI Care Team Handbook
- Finalized beneficiary informational materials
- Preparing Medicaid billing system
- Engaging key partners including Medicaid Health Plans

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Next Steps

- Provider training
- Health Plan engagement
- System testing
- Report development
- MI Care Team "Go-live" on July 1, 2016!

Questions

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