



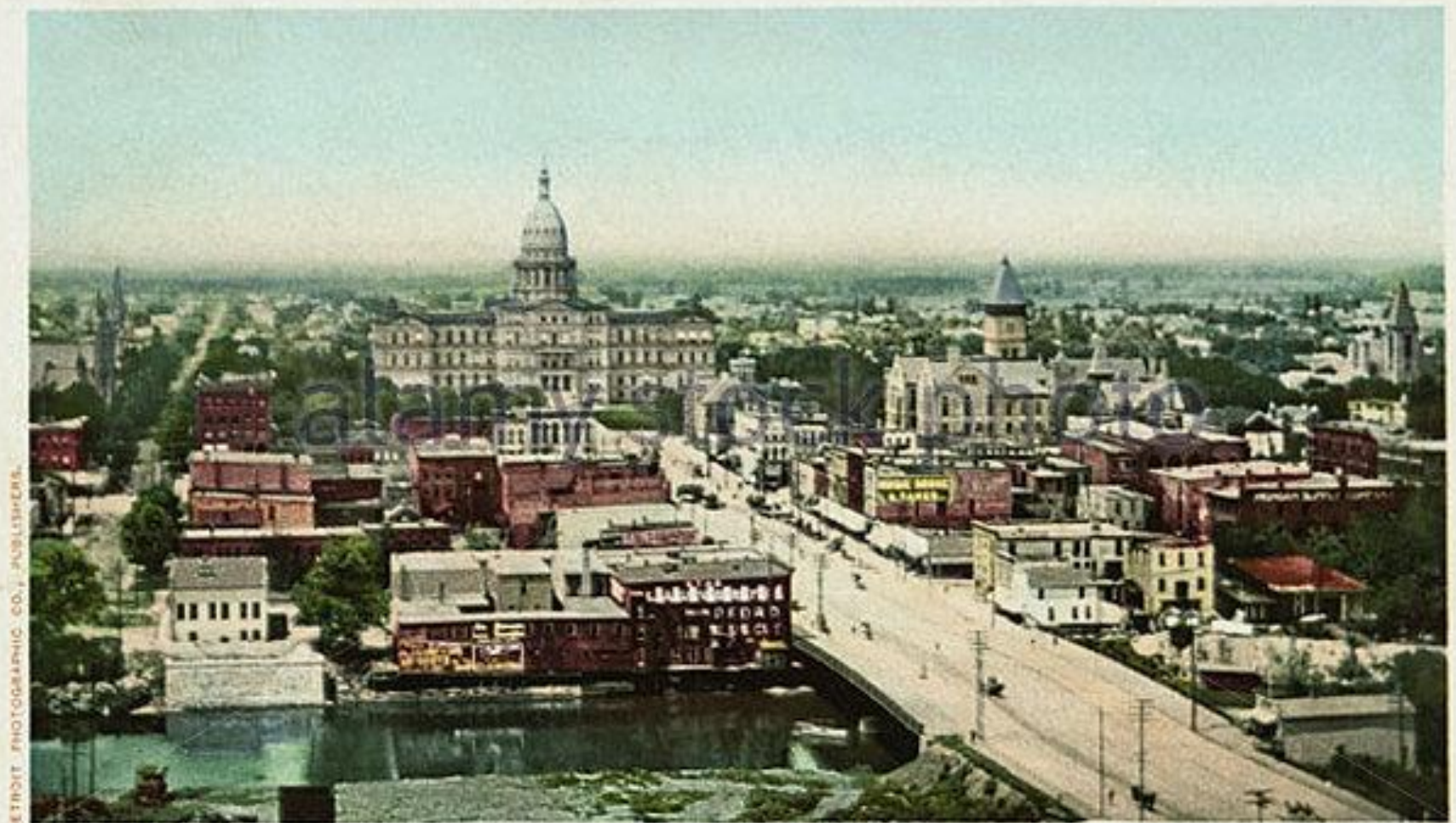
Population Health Initiative Overview

Michigan State Innovation Model Kick-Off Summit
August 10-11, 2016
Kellogg Hotel Conference Center

- Population Health Overview
 - Vision for Population Health Improvement
 - Current Landscape in Michigan
 - Aspirations of CHIR in Community
 - Required CHIR Activities
 - ASC Intersections with CHIR
 - Goals for CHIR Activities for Post-SIM Statewide Scale

Population Health Presentation Objectives

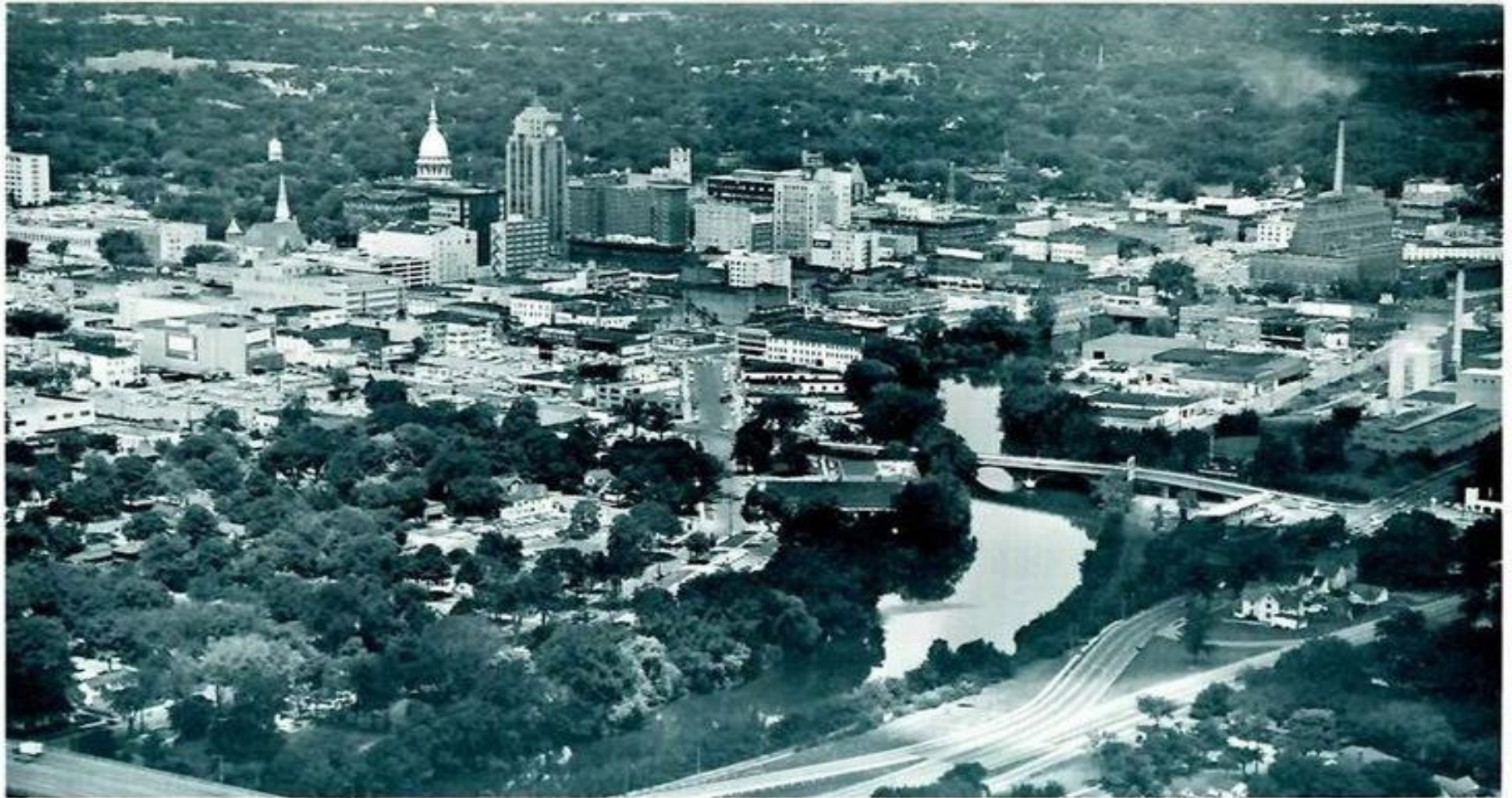
- Understand the components of the CHIR and their relation to the population health improvement and the Michigan State Innovation Model
- Build upon previous presentations to explore what is new and different about the CHIR, referencing past and existing models for multi-sector collaboration and health system transformation



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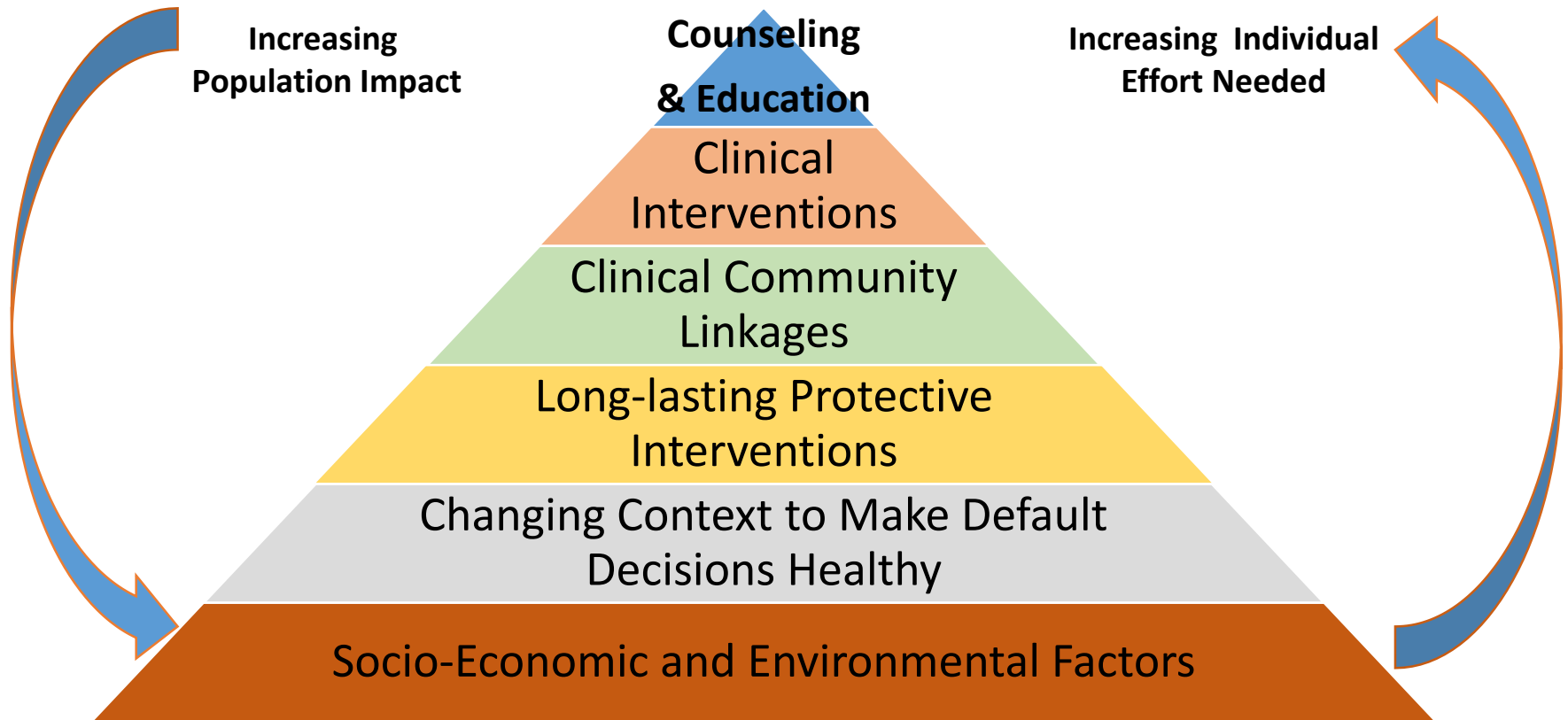
www.alamy.com - C53JYF



from Greater Lansing Chamber of Commerce - circa 1969 booklet - Lansing, Michigan



Population Health Improvement Strategy – Health Impact Pyramid



Adapted from Fieden, TR. A Framework for Public Health Action: The Health Impact Pyramid. American Journal of Public Health. 2010; 100(4):590-5.

Michigan SIM Strategies

- Patient Centered Medical Homes
- Accountable Systems of Care
- Community Health Innovation Regions
- Health Information Exchange/Health Information Technology
- Collaborative Learning Network
- Stakeholder Engagement Committee Structure

CHIR Enhancement to SIM Vision for Population Health

Through the Collective Impact approach to build community capacity, the CHIR will:

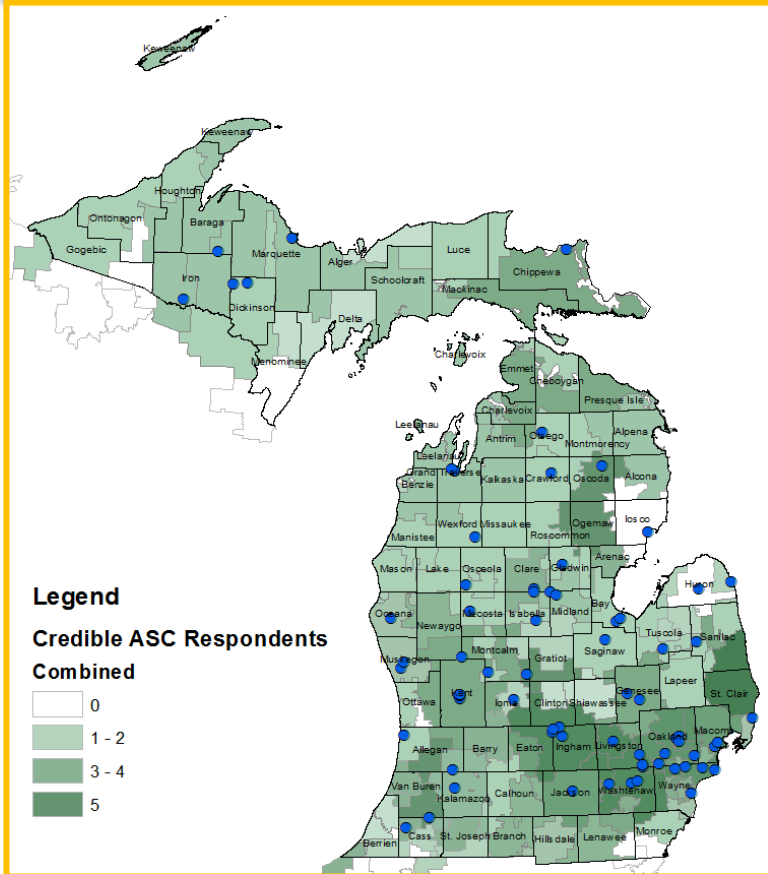
- More fully engage communities in health system transformation
 - Advancing how institutions work with communities
 - Building authentic and ongoing community engagement with healthcare institutions
- Integrate health systems and social services through community organizing
 - Organizing around the social determinants of health
 - Utilizing the power of partnerships to mobilize diverse resources
 - Support new forms of leadership
- Provide a structure and process for Michigan partners to contribute to a Plan for Improving Population Health that:
 - Creates healthy and safe community environments
 - Enhances clinical and community preventative services
 - Empowers people
 - Eliminates health disparities
 - Integrates with other State Health Improvement Plan activities and statewide campaigns

Michigan SIM Population Health Goals

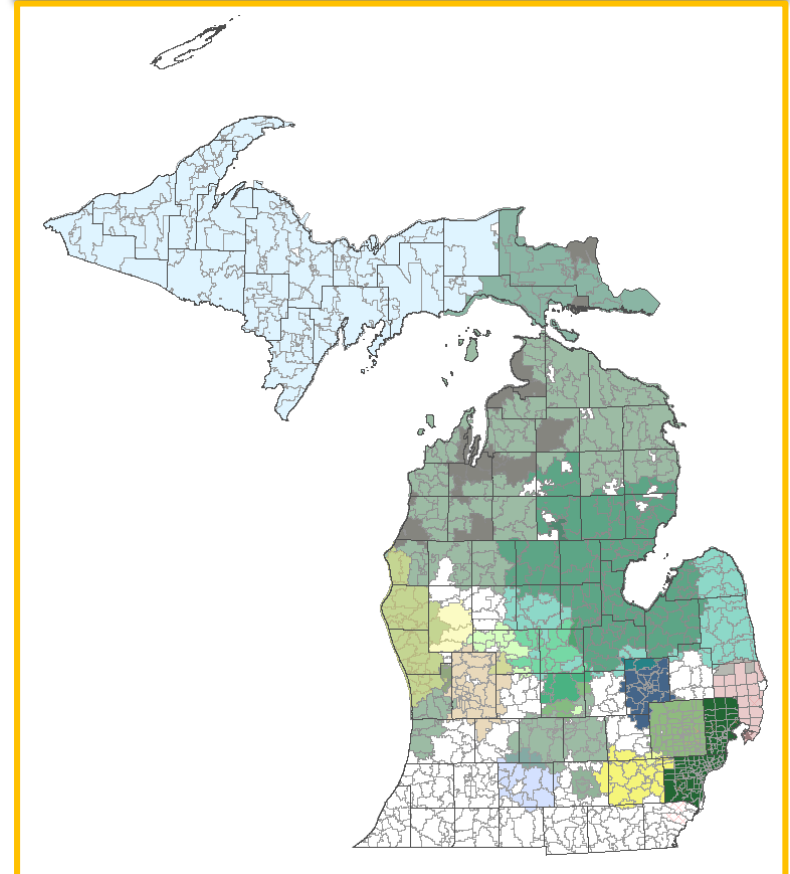
- Better population health and health care delivery at lower costs
- Align priorities across health and community organizations, and support the broad membership of the CHIR in executing improvement strategies.
- Initiatives focused on both: (1) primary prevention, as well as (2) addressing the social determinants of health that impact residents' ability to stay healthy and/or manage disease through linkages between health care and social services.
- Enhancement of local policy, identification of cross-organization programmatic and procedural improvements, and development of a built environment that encourages health and wellness.
- Further development of capacity and sophistication for effective and efficient governance, partnership, data collection and information sharing, and integrated service delivery.

Regional Diversity

Accountable Systems of Care



Community Health Innovation Regions



Community Health Innovation Regions

- MiPCT Primary Care Transformation
- Multipurpose collaborative bodies
- Chartered Value Exchanges
- Health Improvement Organizations
- 1422 Communities
- Mi. Pathways (HUB)
- Community Benefit

CURRENT

- Work together for collective impact on population health:
 - Assess community need
 - Define common priorities
 - Adopt shared measures of success
 - Engage in mutually reinforcing strategies towards common priorities
- Implement systems to coordinate health care, community services, and public health
- Invest in population health

FUTURE

Regional Roll Out

- Starting with 5 regions:
 1. Jackson region
 2. Muskegon region
 3. Washtenaw & Livingston
 4. Genesee region
 5. Northern Michigan
- We will be exploring resource needs and feasibility to expand, including:
 - Determining the unit cost of Community Health Innovation Region
 - Determining cost of collaborative learning and other supports

CHIR: Goals and Objectives

The overall goal of the CHIR is to **develop community capacity** to improve population health. The objectives of the CHIR are to:

- Leverage the existing, well-developed capacity in communities to bring regional partners together to identify and address community health needs.
- Develop and implement linkages between Accountable Systems of Care, payers, and community-based agencies to address social determinants of health.
- Enhance local policy, identify cross-organization programmatic and procedural enhancements, and advance built environment efforts to encourage health and wellness.
- Further develop a high level of organization and sophistication in terms of governance, partnership, data collection and information sharing, and integrated service delivery.

CHIR Requirements

To achieve collective impact through collaborative community projects and capacity building needs targeted at systems-change capabilities, the CHIR must:

- **Identify a geographic boundary** that all participant organizations agree to use for operational and measurement purposes of the SIM Model Test
- Develop an approach to conduct a **single community-wide CHNA** that involves participation from all CHIR participants
- Develop a **Community Health Improvement Plan** related to the CHNA that establishes shared priorities and responsibilities among all stakeholders, with special emphasis on SIM priority populations
- Pursue a **shared dashboard of measures** that juxtapose statistical indicators with program and service data, to inform community investments and promote CHIR accountability
- Support for **clinical-community linkage systems**, such as the Pathways Community Hub or the Children's Healthcare Access Program (CHAP)

CHIR Structure: Convening Cross-sector Stakeholders

Required Stakeholders:

- Local public health department
- Accountable Systems of Care
- Medicaid health plans
- Community mental health
- Other payers
- Community members

Other Critical Stakeholders May Include:

- Employers and Purchasers
- Payers
- Community organizations
- Human service providers
- Behavioral health
- Philanthropy
- Local government
- Community and economic development
- Community safety and corrections
- Education institutions
- Housing
- Transportation
- State associations
- Other non-profit organizations (e.g., civic centers, advocacy organizations, research institutes, etc.)

Collective Impact: Five Elements

Common Agenda

All participants have a shared vision for change, including a common understanding of the problem and a joint approach to solving it through agreed upon actions.

Shared Measurement

Collecting data and measuring results consistently across all participants, to ensure efforts remain aligned and that there is shared accountability for performance management.

Mutually Reinforcing Activities

Participant activities must be differentiated (non-duplicative) while still being coordinated through a mutually reinforcing plan of action.

Continuous Communication

Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.

Backbone Organizations

Creating and managing collective impact requires a separate organization with staff and a specific set of skills to serve as the backbone for the entire initiative, and coordinate participating organizations and agencies.

Citations for Collective Impact include FSG - Social Impact Advisors; Collaboration for Impact - Centre for Social Impact; and the Aspen Institute's Collective Impact Forum

CHIR Local Operational Plan Components

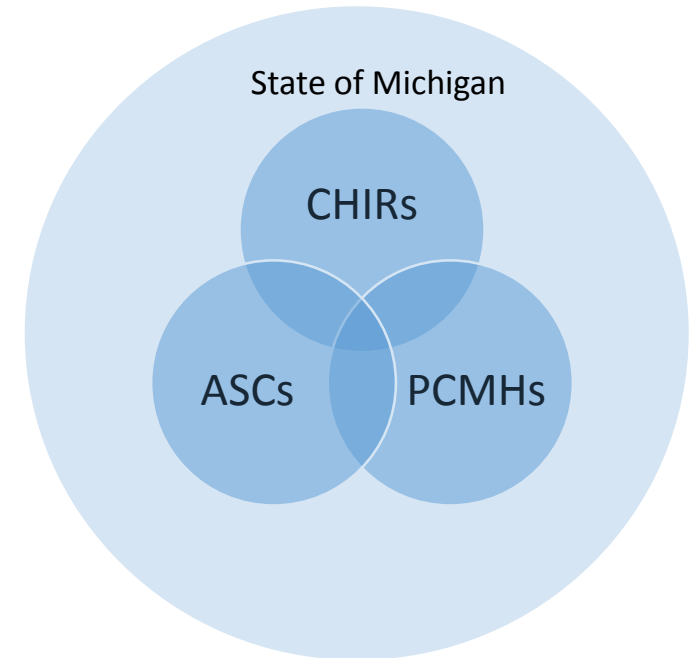
- Asset mapping / inventory of programs, services, and funding sources
- Driver Diagram
- Balanced portfolio of long-term and short-term projects, to include work related to:
 - Clinical-community linkages
 - Population health improvement efforts
 - Advancing community-specific institutional and governmental policy changes
- Activities to develop greater capacity for effective collaboration among CHIR partners:
 - Shared measurement approaches
 - Program coordination

Accountable System of Care Role in CHIR

- Support development of clinical-community linkage initiative, for example:
 - Refining target population(s)
 - Develop tools and processes
 - Develop reports and communication protocols
 - Provide input into centralized intake and data storage
- Support development of plan for analyzing clinical-community linkage information.
- Support development of plan for incorporating analysis into community decision-making.

Collaborative Learning Network Goals

- To accelerate cross-sector collective impact among CHIRs, ASCs, and PCMHs for SIM priority populations
- To build community capacity for continuous improvement and action
 - E.g., institutional policies
- To facilitate and support population health measurement, and promote accountability for outcomes
- To identify promising practices and policies, and share lessons learned
- Provide the State with critical information to support post-SIM scale-up in new communities and within the State



Conclusion: The CHIR as a Model for Post-SIM Scale-up

The Population Health Improvement activities of the SIM seek to build a culture of collaboration across Michigan, which enhances the Bottom-up and Top-enabled approaches to realize the Blueprint for Health Innovation in Michigan.

The State of Michigan works to:

- 1) Define the functional goals of the SIM and CHIR
- 2) Remain receptive to regional adaptations proposed by the SIM regions to pursue those goals
- 3) Consolidate and synthesize learnings throughout SIM for Post-SIM Scale-up in new CHIRs

The CHIR works to:

- 1) Identify community capacity needs and develop collaborative solutions
- 2) Develop cohort capacity across the 5 SIM regions to enhance the work of each individual region
- 3) Build the internal capacity of CHIR members to provide peer-mentorship for new CHIRs, Post-SIM
- 4) Contribute to the body of knowledge that the State of Michigan is developing for Post-SIM population health strategies