Northern Michigan Community Health Innovation Region

Innovative Approaches to Reinvent Health: Year Two Highlights

MDHHS Michigan Department of Health & Human Services

Community Health Innovation Region

A Community Health Innovation Region (CHIR) is a unique model for improving the wellbeing of a region and reducing unnecessary medical costs through collaboration and systems change. CHIRs engage a broad group of stakeholders to identify and address factors that affect residents' health, such as housing, transportation, and food insecurity, as well as access to high-quality medical care. The CHIR model creates a neutral space for partners to unite around a common vision, aligning their objectives and services to meet the needs of the community. The result is a community that is purposeful in its response to residents' needs, creating conditions that meaningfully support an individual's ability to have a higher, more productive quality of life. The State has selected five regions in which to test the CHIR model.

Northern Michigan CHIR

Northern Michigan Community Health Innovation Region (CHIR) is a partnership of health and community service providers serving the health needs of individuals across 10 counties in northwest Michigan. Northern Michigan Public Health Alliance is serving as the backbone organization, and the Northern Health Plan is the fiduciary. The backbone organization provides leadership and facilitates the development of a common agenda, shared measurement, mutually-reinforcing activities, and continuous communication.

Northern Michigan CHIR Health Rankings

CHIRs across the state are focused on improving the social determinants of health (SDOHs).

	Antrim	Benzie	Charlevoix	Emmet	Grand Traverse	Kalkaska	Leelanau	Manistee	Missaukee	Wexford
Health Outcomes *Length of Life, Quality of Life*	17	38	11	6	2	62	7	32	23	67
Socioeconomic Factors *Graduation Rate, Unemployment, Crime Rate*	39	38	19	10	9	72	13	77	31	51

Top *Middle* *Bottom* *Ranking out of **83 counties** in Michigan* *Source: 2018 County Health Rankings Data*

CHIR Successes: **Implementing Innovative Approaches to Improve Health**

The Northern Michigan CHIR focused on **building and implementing innovative approaches** to address emergency department utilization and **establishing the infrastructure and collective impact capacity** needed for health transformation. Important wins in the last two years include:

Increasing cross-sector capacity to address social determinants of health.

Connecting residents across 10 counties to needed social and health services.

Providing clinical-community service linkages through geographically-based Community Connections HUBs.

Mobilizing partners to address social determinants of health.

MICHIGAN STATE UNIVERSITY

SIM MDHHS State Innovation Model

Date Produced: October 2018
CHIR contact: Jane Sundmacher: jane.sundmacher@nwhealth.org
Michigan's State Innovation Model Project: www.michigan.gov/CHIR
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Bright Spot

Mobilizing partners to address social determinants of health.

CHIR Success!

The Northern Michigan CHIR **mobilized partners to improve health outcomes** by training, organizing, and supporting them to implement strategies aimed at **addressing social determinants of health (SDOHs)**.

What was the challenge facing the CHIR?

As a rural area, the CHIR faces many challenges related to health outcomes across its 10 counties. Communication challenges, geographic constraints, and an overall lack of access to crucial services has negatively impacted SDOHs for many residents, contributing to poor health outcomes in northern Michigan.

How did the CHIR address this challenge?

The CHIR brought over 90 cross-sector partners together for six days of ABLe Change training. In this training, partners looked at the barriers to health outcomes facing residents and impacting Emergency Department usage. Partners then identified SDOHs to prioritize to address this challenge: access to healthy food, accessible transportation, opportunities for active living, and affordable, healthy housing. They organized themselves into Action Teams to address these SDOHs and implemented a four-component process:

Strategic Focus	What will the Action Team do to improve outcomes? How can Action Teams address SDOHs?
Shared Leadership	Which organization will be responsible for the work? How can local organizations work together?
Implementation Plan	How will the organizations implement the strategies? How can the CHIR support this implementation?
Regional Collaboration	How can Action Teams collaborate to do the work? How can collaboration work to improve SDOHs?

What has the impact been?

By organizing and mobilizing partners to address SDOHs in Action Teams, the CHIR built capacity for change between social service agencies and health providers in northern Michigan. Now, partners are aligning their efforts and taking action on 17 innovative strategies they developed to improve SDOHs.

What are the important next steps?

- Continue to coordinate and align strategies and plans across Action Teams.
- Monitor implementation and adapt as needed to ensure success.

Improving Community Conditions

Promote access to healthy food by establishing a school wellness network.

Strengthen affordable, healthy housing initiatives by aligning messages and plans.

Use community input to share and organize transit resources to benefit riders.

Assess community interest in a non-motorized public transportation plan.

Decrease unnecessary Emergency Department usage by screening for needs.

Creating a New Way of Thinking

Without having those partners trained and organized, we would be just doing the same thing that's been done for years before. That's just that old way of thinking.

- Health Services Member

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Bright Spot

Providing clinical-community service linkages through geographically-based Community Connections HUBs.

CHIR Success!

The Northern Michigan CHIR has **connected residents across its 10 counties to non-urgent social and health services** by developing, piloting, and implementing a **universal screening tool and referral process** to identify social and health needs among residents. As a result, 798 screenings have identified complex needs between January and June of 2018, and helped providers and coordinators connect patients to needed services.

What was the challenge facing the CHIR?

Emergency Department utilization data indicate that 54% of visits from Medicaid beneficiaries could have been resolved by non-urgent social and health care services. Identifying non-urgent needs and directing residents to preventive care has proven to be challenging for health providers in northern Michigan. These gaps in care coordination have resulted in poor community-level health outcomes and increased healthcare costs across the CHIR.

How did the CHIR address this challenge?

In collaboration with the Northern Physicians Organization and Wexford Physician-Hospital Organization, the CHIR implemented a **social determinants of health (SDOHs) web enabled screening tool and referral system** that integrates public health/social services and health care. The screening has been implemented in social and medical services sites across 10 counties. When the screening identifies unmet needs, patients are offered assistance. If they consent, they are referred to a Community Connection HUB and assigned to a nurse, social worker, or community health worker to coordinate services.

What has the impact been?

Across the CHIR, 36 patient-centered medical home (PCMH) sites and 10 community-based organizations are using the screening and referral system to connect patients with services. Between January and September 2018, 15, 944 individuals were screened with the web enabled screening tool, and 1934 (12%) were referred to HUB navigation services they were not previously receiving. The system is changing how care coordination works and getting people the social and health services they need.

What are the important next steps?

- Examine existing HUB services to assess the ability of each HUB to meet the unique and complex needs of residents.
- Expand the screening platform and process to screen individuals outside of the healthcare systems and connect them to services.

Identifying Complex Needs

9024

Patients with multiple social and health needs were identified between January and September.

Meeting Complex Needs

One Person's Story

Before the CHIR, one individual was undergoing cancer treatment and had exhausted all the resources available. After the CHIR was in place, they were referred to care coordination by their PCMH. The HUB then successfully connected them to local community resources to cover basic living expenses while they awaited disability benefits.

Impacting the Community

Individuals have expressed thanks for getting jobs, health care, and basic needs met.

"There have been several thank you notes in just the last six months. People have been positively impacted, so I think that's the key."

- Social Services Partner

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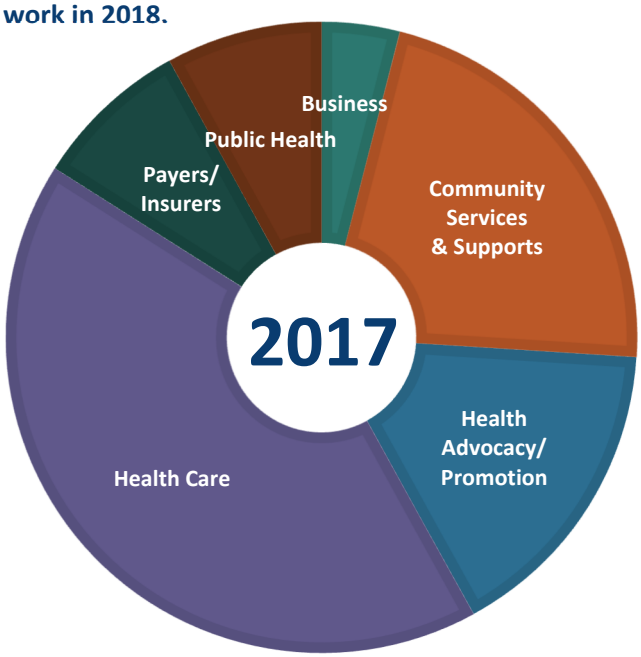
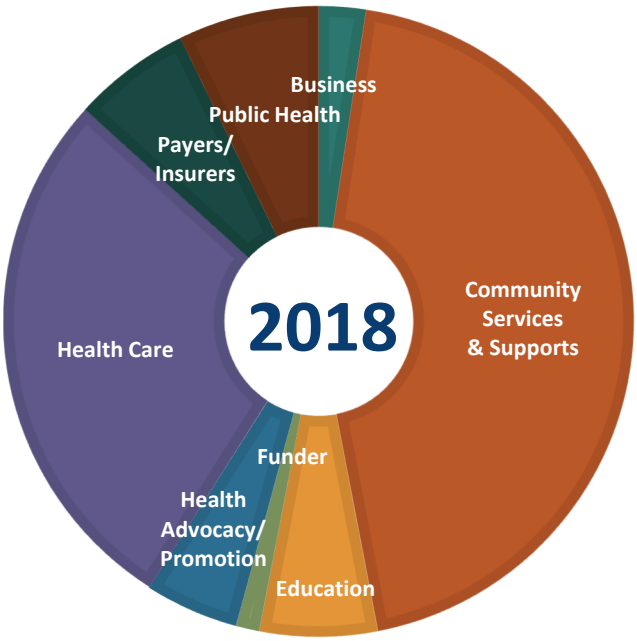
Northern Michigan CHIR Partners

The Northern Michigan CHIR has engaged health care providers, insurers, community organizations, and local government agencies to come together to identify and implement strategies that address community health priorities. In addition to members of the steering committee, the backbone organization, and work groups, the graphics below highlight the breadth of CHIR's partnerships. The Northern Michigan CHIR significantly expanded the diversity of stakeholders participating as CHIR partners. **The CHIR counts 83 organizations as partners in the work in 2018.**





New Partners in 2018

- Alliance for Economic Success
- Bear Lake School District
- Benzie Area Christian Neighbors
- Benzie Bus
- Benzie Central Area Schools
- Benzie Senior Resources
- Cadillac Family Physicians
- Child and Family Services
- Community Children's' Center
- Disability Network of Northern MI
- Father Fred Foundation
- Freedom Builders
- Grand Traverse County Drug Free Coalition
- Holy Cross Children's Services
- Leelanau Christian Neighbors
- Manistee Community Foundation
- Manton Schools
- Michigan Health Council
- MSU Extension
- Northeast Michigan Community Health Services, Inc.
- Otsego Commission on Aging
- Salvation Army
- Stehouwer Free Clinic
- Taste the Local Difference
- TrueNorth Community Services
- United Health Care