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Rural Innovation Profile

Northern Michigan Community Health Innovation Region

What: A rural health and well-being partnership.

Why: To improve population health, increase health equities, and reduce unnecessary medical expenses.

Who: Northern Michigan Community Health Innovation Region (NMCHIR), a rural partnership of health and community providers in Northern Michigan that addresses social determinants of health

How: Through partnerships and systems change including development of a Community Connections Hub Network, a clinical community linkages model

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Key Points

- In 2015, the Centers for Medicare & Medicaid Services (CMS) awarded the Michigan Department of Health and Human Services (MDHHS) $70 million to lead a State Innovation Model (SIM). Community Health Innovation Regions (CHIRs) are the foundation of Michigan's SIM population health activity.
- The cross-sector partnerships of NMCHIR identify and address community health priorities, including economic security, transportation (community mobility), healthy food, affordable housing, behavioral health, and substance abuse.
- Individual needs are determined with a screening tool and are referred to the Community Connections Hub, an evidenced-based clinical community linkages model that connects individuals and families to community resources.

OVERVIEW

Northern Michigan Community Health Innovation Region (NMCHIR) focuses on social determinant of health needs across a ten-county area in the Northwest Lower Peninsula, including Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford. The region is designated as "rural" by the US Census Bureau. It is surrounded by Lake Michigan to the north and west and peppered with inland lakes, golf and ski resorts and charming lakeside towns which are connected by

two-lane highways. Despite the evident wealth on the lakeshores, most of the 303,996 people who live year-round in the 4,722 square mile region (approximately 63.7 people per square mile) are not well off; tourism is the dominant industry and most of its jobs are part-time and seasonal.

NMCHIR has engaged health care providers, insurers, community organizations, and local government agencies to identify and implement strategies that address community health priorities. Its backbone organization is the Northern Michigan Public Health Alliance (NMPHA), a partnership of local health departments, which provides leadership and facilitates the development of a common agenda, shared measurement, mutually reinforcing activities, and continuous communication.

“Overall I am most proud of effectively convening cross-sector partners. We know each other, but we rarely get outside our sector. So to bring together a diverse group of people to problem-solve collectively, have a mutual understanding of the problems, and use data to inform their decision is great progress. We are still growing these concepts, but it’s amazing how far we have come.” (Emily Llore, Community Health Assessment and Improvement Director).

MISSION

To improve population health, reduce health inequities, and reduce unnecessary medical expenses through partnerships and systems change.

BACKGROUND

In 2015, Michigan was awarded a State Innovation Model (SIM) grant from the Centers for Medicare & Medicaid Services (CMS). The objective of the SIM initiatives was to help states achieve better quality of care, lower costs, and improved health for each participating population under three main umbrellas: population health, care delivery, and technology. The state of Michigan designated five Community Health Innovation Regions (CHIRs). NMCHIR is the only CHIR with public health serving as a backbone organization.

The SIM grant required that a cross-sector governing body be established and that it include hospitals, health departments, Medicaid health plans, community mental health agencies, and accountable care organizations. The community mental health agencies, Medicaid health plans, and health departments were each asked to identify two representatives to serve on the governing body. The two accountable care organizations in the region also serve on the board.

Community partners across the region had successful working relationships before the SIM grant was awarded, which provided a solid foundation for its work. The CHIR intentionally engaged sectors that public health traditionally had not worked with, such as organizations focusing on food insecurity, transportation, and other social determinants of health.

Organizations that either serve individuals with social determinants of health needs or special populations such as older adults, people with disabilities, or people enrolled in Medicaid, were identified for the NMCHIR governing body. These included organizations such as the Area Agency on Aging, Disability Network, the Goodwill, social services agencies, public transportation authority, grant-makers, etc. Each of these organizations was asked to identify an alternate to further expand NMCHIR influence. The alternate is kept informed, may attend meetings, and is given voting privileges in the absence of the primary member.

Through NMCHIR, diverse partners together assess community needs and collaborate for community health improvement across the area. During the last cycle of the Community Health Needs Assessment, partners identified six priorities through community-wide meetings: economic security, transportation (community mobility), healthy food, affordable housing, behavioral health, and substance abuse. The priorities were identified through a facilitated process where partners considered all collected data that met the criteria to become a priority. 100+ people at several meetings designed a vision and selected metrics to measure success as a community for each priority.

COMMUNITY CONNECTIONS HUB

NMCHIR recognizes that addressing social determinants of health is multifaceted. In addition to community workgroups that are focused broadly on local priorities, NMCHIR has implemented a targeted approach to help identify and address needs at an individual or family level. A health screening tool is used for every client across more than 40 clinical sites within the service area to determine individual social determinant of health needs. If a client has more than two needs, they are referred to the CHIR's clinical community linkages network. Certified by the Pathways Community Hub Institute, "Community Connections" uses Pathways to track and monitor service delivery. Pathways are specific, evidence-based action plans for a single social determinant, such as healthy food, affordable housing, or transportation options.

Community health workers approach each Pathway with a three-step process:

- Find: Identify clients at greatest risk and provide a comprehensive assessment of all health, social, and behavioral health risk factors.
- Support: Ensure that each client is assigned to a specific Pathway that will ensure the risk factor is addressed with an evidence-based or best-practice intervention.
- Measure: Complete each Pathway, confirming that the risk factor has been successfully addressed. Measurement also includes other outcomes that involve multiple risk factors. Each Pathway has a list of activities that must be completed. To illustrate, the Behavioral Health Pathway has a list that requires that the client keep two scheduled appointments with their behavioral health clinician. Research shows if clients close the Pathway, they are likely to continue their relationship with that provider. Open Pathways allow the organization to see where individuals still need help.

Through regular calls and visits, community health workers, trained by the Michigan Community Health Workers Alliance, assess client progress, solve barriers, provide education, and support and promote a relationship with a primary care clinician. By identifying and addressing risk factors at the individual level, the Hubs also assess population health through data collected in the process.

FUNDING AND SUSTAINABILITY

NMCHIR employs a braided funding strategy including a small grant from Michigan Department of Health and Human Services. The clinical community linkages model is supplemented with a matching mechanism available to local health departments and payments for navigation services negotiated with Medicaid health plans. NMCHIR currently has three contracts and is working on a fourth. "One of our biggest wins is around sustainability for the Clinical-Community Linkages and achieving certifications from the Pathways Communities Hub Institute, which we just received in December 2020." (Jenifer Murray, Clinical Community Linkages Model Director)

Additional funding from hospitals, health departments, and the matching mechanism support and sustains the Community Health Needs Assessment and Improvement Plan. Other funding comes from grants from Center for Sharing Public Health Services, Data Across Sectors for Health, Michigan Public Health Institute, National Association of City and County Health Officials, and Rotary Charities of Traverse City.

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