

Community Health Innovation

July 2015

EXECUTIVE SUMMARY

The Northern Michigan Health Coalition, together with Networks Northwest as the backbone organization, works toward optimizing collaboration between healthcare and human services provider systems, to reduce/eliminate provider silos by organizing a collaborative structure that cuts across disciplines and sectors.

Northern Michigan Health Coalition (NMHC), in existence since 2011, is composed of 14 organizations representing primary care, behavioral health, acute care, substance use treatment, oral health, public health, elder care, social work and other human services that have a presence in Northwest Michigan and beyond.

The partnership between NMHC and Networks Northwest aspires to coordinate the collaboration among the stakeholders, to ensure that community needs assessments are conducted, and to identify and implement strategies that address community priorities across the region. The current focus of the coalition would be further developed with greater integration across the healthcare/human services systems in the region at large.

We believe that the stakeholder engagement goes wide and deep into the communities and two-way dialogues are occurring, thus utilizing the platform for transforming the healthcare delivery system to meet the triple aim of improved patient access and experience, improved quality of care, and at a lower cost.

ALL HEALTH CARE IS LOCAL

Healthcare/human service systems traditionally organize by joining others in the same sector/discipline thus creating a silo -- i.e. a community mental health (CMH) organization joins a structure with other CMHs in a different location/region, a public health entity joins other public health entities, etc. Although potentially valuable from an administrative perspective, this creates little value to the patient/consumer at the ground level. It makes little difference to a consumer of a CMH whether her provider is linked with other CMHs in a region. What matters to her is that the CMH is linked with her other healthcare/human services providers in the local community (primary care, substance use counseling, care management, case management, work counseling, etc.).

Integration among those silos at the local level matters, especially when focusing on the most vulnerable sub-population – individuals with multiple chronic disorders and the super-utilizers of emergency departments (ED). This sub-population is oftentimes unlikely to coordinate the care for themselves and in many cases the social services (housing, transportation, work, etc.) lay the foundation for successful care by medical professionals. A focus on encompassing a

multitude of community resources with effective coordination of care is likely to reduce the utilization of EDs and other high cost services and result in better outcomes for the patient.

This will be accomplished with a focus on highly effective, local, multi-disciplinary/multi-sector collaboration and coordination of care.

NETWORKS NORTHWEST

Networks Northwest delivers programs and services for the 10 counties of Northwest Michigan stretching from Emmet County in the north to Manistee County in the south. The primary service categories are: workforce development; business & economic development; and community development. Networks Northwest is the convening agency for the Regional Prosperity Initiative in these ten counties.

The mission is to build stronger communities and enhance the quality of life in Northwest Michigan, and the organization's hallmarks are public-private partnership, visionary leadership, responsiveness and adaptability, entrepreneurship, and economy of scale.

This entity provides a variety of resources including the administrative support for the work of the coalition, and helps to tie this initiative with corresponding activities that can enhance its effectiveness.

NORTHERN MICHIGAN HEALTH COALITION (NMHC)

NMHC has been in existence since 2011. The partnership is held together with a collaborative agreement in which the partners commit to meet the triple aim of healthcare reform – improved patient experience and access; improved quality of healthcare; and reduced cost of care.

NMHC has in place a board and workgroup structure with by-laws and a consistent meeting schedule. The coalition has received grants from Blue Cross Blue Shield of Michigan Foundation, Oleson Foundation, and Michigan Dept. of Community Health thus far.

In short, the group is a convener of talent and is acting as a collaborative learning community with a focus on shared issues and solutions to continuously improve overall performance and reduce disparities. We operate as a learning community to explore how the delivery of healthcare and other human services could be improved in general and for the jointly served individuals in particular. We value multi-disciplinary/multi-sector engagement and adhere to a holistic approach to health and wellness.

We have engaged several consulting entities to develop a strategic plan, an implementation plan for clinical integration, and have embarked on developing an ongoing report system for jointly served individuals across organizational boundaries. The following consulting entities have been utilized:

- Croze Consulting (Colette Croze, Marty Cohen, Diane Bell)
- The National Council for Behavioral Health (Jeff Capobianco, Kathy Dettling)
- Afia, Inc. (Jeremy Nelson)

The coalition is composed of:

- *Crystal Lake Clinic*
Private for-profit – primary care
CEO: Dr. Richard Nielsen
<http://www.crystallakeclinic.com/>
20,000 patients served/year in nine established clinics in the counties of Manistee, Benzie, Leelanau, Wexford, and Grand Traverse. The tenth clinic will be built in Traverse City in 2015-2016. The organization is designated as a Patient Centered Medical Home as part of the Michigan Primary Care Transformation (MiPCT) project.
- *Centra Wellness Network*
Public non-profit (community mental health) – behavioral health & health home
ED: Chip Johnston
<http://www.centrawellness.org/>
1,400 consumers served annually in two clinics in Benzie and Manistee counties. The organization is active as a Michigan Medicaid Health Home Pilot site since 2014. Mental health counselors are placed in four primary care community clinics. Prevention Specialists are placed in every public school system in the two counties. Jail diversion staff is located in the two county jails.
- *Catholic Human Services*
Private non-profit – substance use treatment, behavioral health
CEO: David Martin
<http://www.catholichumanservices.org/>
17,000 individuals served in 21 counties in Northern Lower Michigan each year.
- *Munson Medical Center*
Private non-profit – acute and specialty care, behavioral health
CEO: Al Pilog
<http://www.munsonhealthcare.org/AboutMMC>
51,000 ED visits and 22,300 inpatient admissions per year. The organization serves as a regional referral hospital for 24 counties in northern Michigan.
Owned by Munson Healthcare and affiliated with Charlevoix Area Hospital, Kalkaska Memorial Hospital, West Shore Medical Center, Paul Oliver Memorial Hospital, Gaylord Hospital, Munson Healthcare Cadillac Hospital, and Munson Healthcare Grayling Hospital.
- *West Shore Medical Center*
County owned – acute, specialty and primary care
CEO: James Barker
<http://www.westshoremecenter.org/>
50,000 annual physician office visits, 15,500 ED visits, and 1,550 inpatient admissions for residents of Manistee County and surrounding counties.
- *Michigan Community Dental Clinics*
Private non-profit – oral health
CEO: Gregory Heintschel
<http://www.midental.org/>
70,000 patients served at 26 locations across Michigan each year.

- *Northwest Michigan Health Services, Inc.*
FQHC – primary care and oral health
CEO: Heidi Britton
<http://www.nmhsi.org/>
3,000 patients served annually in the counties of Grand Traverse, Benzie, Manistee, and Macomb.
- *Benzie-Leelanau District Health Dept.*
Public non-profit – public health
Health Officer: Lisa Peacock
<http://www.bldhd.org/>
Part of the Northern Michigan Public Health Alliance. Serves Benzie and Leelanau Counties.
- *District Health Dept. #10*
Public non-profit – public health
Health Officer: Kevin Hughes
<http://www.dhd10.org/>
Part of the Northern Michigan Public Health Alliance. Serves the counties of Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, and Wexford.
- *Area Agency on Aging of Northwest Michigan*
Private non-profit – elder care
CEO: Bob Schlueter
<http://www.aaanm.org/>
- *Northern Lakes Community Mental Health*
Public non-profit community mental health – behavioral health & health home
CEO: Karl Kovacs
www.northernlakescmh.org
6,000 individuals are served annually across seven counties in Northern Michigan. The organization is active as a Michigan Medicaid Health Home Pilot site since 2014. This entity is hosting a primary care clinic at their Traverse City site which is operated by Traverse Health Clinic.
- *Child and Family Services of Northwestern Michigan*
Private non-profit – human multi-services agency including 24/7 emergency response
CEO: Jim Scherrer
<http://www.cfsnwmi.org/>
3,000 individuals are served annually and in addition 30,000 crisis calls are received annually. The services span over 30 counties in Northern Michigan. The organization is co-located with a primary care clinic in Traverse City.

- *Traverse Health Clinic*
 FOHC – primary care and behavioral health
 CEO: Arlene Brennan
<http://www.traversehealthclinic.org/>
 6,562 primary care encounters in 2014. This entity operates a primary care clinic at the offices of Northern Lakes CMH.
- Michigan Health Council.
 CEO: Melanie Brim
<http://www.mhc.org/>

The following entities have committed to participate as stakeholders in the project:

- Northwest Michigan Works
 Administered by Networks Northwest
 CEO: Elaine Wood
<http://www.michiganworks.org>
- The Human Services Collaborating Bodies of:
 - Benzie County
 59 agencies participate
 Coordinator: Patty Roth
 - Manistee County
 58 agencies participate
 Coordinator: Sharron Lemmer
<http://manisteecountyhscb.blogspot.com/>
 - Grand Traverse County
 30 agencies participate
 Coordinator: Sharon Vreeland
- Blue Cross Blue Shield of Michigan Foundation.
 Director of Programs: Nora Maloy
<https://www.bcbsm.com/foundation/>
- Rotary Charities.
 CEO: Marsha Smith
<http://traversecityrotary.org/charities/>
- Oleson Foundation.
 ED: Kathryn Huschke
<http://olesonfoundation.org/>
- Grand Traverse Community Foundation
 CEO: Phil Ellis
<http://www.gtrcf.org/>
- Manistee Friendship Society
 ED: Frances Holmes
- Benzie Drop-In Center
 ED: Renee Olah

- Alliance for Economic Success
Resource Development Director: Tim Ervin
<http://www.allianceforeconomicsuccess.com/>
- Traverse Bay Area Tobacco Coalition
Coordinator: Lisa Danto

Further outreach and seeking of commitments is underway.

The unique mix of for-profit organizations with public and private non-profit organizations demonstrates that cross-sector entities can work well together. This is significant in that this type of mix is what many rural Michigan communities need due to the lack of healthcare providers in general and public healthcare entities in particular.

Northern Michigan Health Coalition/Networks Northwest aspires to coordinate the collaboration of the local healthcare/human services systems, public health departments, and stakeholders to ensure that community needs assessments are conducted, and to identify and implement strategies that address community priorities across the Northwest Michigan region. Also, the current focus of the coalition would be further developed with the establishment and greater integration across the healthcare/human services systems in the region at large. We believe that the described stakeholder engagement would go wide and deep into the communities and two-way dialogues would result, thus creating a platform for transforming the healthcare delivery system.

MANISTEE WELLNESS CENTER

Four of the current partners in Northern Michigan Health Coalition moved in to the Manistee Wellness Center, a 17,000 sqft facility in the City of Manistee, in 2013. This includes Crystal Lake Clinic -- primary care; Centra Wellness Network -- behavioral healthcare; Catholic Human Services -- substance use treatment; West Shore Medical Center -- lab, imaging, and physical therapy.

The facility has been designed with integration in mind. There is one parking lot, one entrance, one waiting room, and one reception providing a seamless patient experience with no physical barriers separating the different providers. The traditionally perceived stigma of entering a separate mental health provider is eliminated thus increases access and likelihood that people will seek service.

Common conference rooms, lunch room, hallways, rest rooms, reception, etc. optimizes the opportunities for teamwork among providers. Daily frequent informal curbside consultations regarding patients take place between providers, as well as formal sessions for case collaboration, thus improving the strategies of patient care as well as reducing duplication and costs.

All of Manistee clinical services staff of Centra Wellness Network are located here. This includes psychiatry, mental health therapy, care management, case management, work services, and peer support.

We believe that this arrangement is one model for how a small Michigan community could rally to create a healthcare facility in which a multitude of disciplines co-locate. It should be noted

that the facility was financed, constructed and operationalized by Crystal Lake Clinic leadership – again, a for-profit entity utilizing private equity.

PATIENT CENTERED MEDICAL HOME – HEALTH HOME

Crystal Lake Clinic has operated as a Patient Centered Medical Home for several years and as such has organized their primary care so that it emphasizes care coordination and communication to transform the care into "what patients want it to be." Medical homes are likely to lead to higher quality and lower costs, and can improve patients' and providers' experience of care.

Endorsed by the leadership of Michigan Dept. of Community Health, Centra Wellness Network in Manistee County and Northern Lakes CMH in Grand Traverse County, as the community mental health entities in the region, were designated in 2014 as Michigan Medicaid Health Home Pilot project sites for two years. This has allowed the establishment of solid service structures for individuals with multiple chronic conditions and super-utilizers of the ED. These two entities in this Michigan pilot are the only ones that are getting Medicaid reimbursements for the Health Home provisions of federal law.

This has resulted in the addition of the functions of Health Home Director, Primary Care Liaison, and Nurse Care Management.

Although the provider systems involved have separate electronic health records (EHR), the Nurse Care Manager involved in the project is able to consistently access patient information (with patient consent) via the different EHRs and the liaisons of the community primary care providers.

In order to coordinate the care of the Health Home enrollees in Manistee, a weekly huddle has been established in which the Nurse Care Manager, community primary care providers, psychiatrist, mental health therapists, case managers, peer support specialists, and ED staff of the hospital participate. The focus of these huddles is on those individuals with multiple chronic health conditions most of whom are super-utilizers of the ED.

With the Northern Michigan Health Coalition/Networks Northwest providing the leadership, there is a solid system in place to further expand on such processes across the region.

HEALTH INFORMATION AND ACCOUNTABLE CARE ORGANIZATIONS

Currently both Centra Wellness Network and West Shore Medical Center are members of the Northern Physician Organization (NPO) and consequently also of the Northern Michigan Health Network (NMHN). As members we have access to the Health Information Exchange (HIE) operated by NPO. This provides us with:

- ADT (Admission, Discharge, Transfer) notifications from EDs across the state;
- The longitudinal, patient specific health information that healthcare providers utilize for effective coordination of care;
- Analytical information that indicates population health and trends.

Over time, as this segment of the Information Technology sector evolves with Michigan Health Information Network (MiHIN) at the center, it will not matter which Qualified Organization of HIE one belongs to. However, in the short term it does matter in order to access this information sooner than later.

NMHN provides the Accountable Care Organization (ACO) function of which all NPO members become partners. At this juncture in the evolution of our coalition, several entities are exploring to join NPO as well. Much of the transformation of the healthcare payment system will evolve within this function. We clearly understand that future linkages to ACOs are vital to make this community project successful. There will be many challenges and barriers to cut through for a successful transformation of both the healthcare delivery system and the payment system for the care in the region and across Michigan and beyond. These entities will need to unify around a strategy where each entity will complement the other. Therefore, productive teams will need to be formed between the leadership of the two functions.

Agility, flexibility, adaptability, and persistence are key ingredients to meet the challenges that will arise in each of the local structures in the region. Northern Michigan Health Coalition/Networks Northwest is well suited for this kind of collaboration.