



# Kent County Population Health Consortium

**ORGANIZING THE TOOLS TO MAKE OUR COMMUNITY AS HEALTHY AS POSSIBLE**

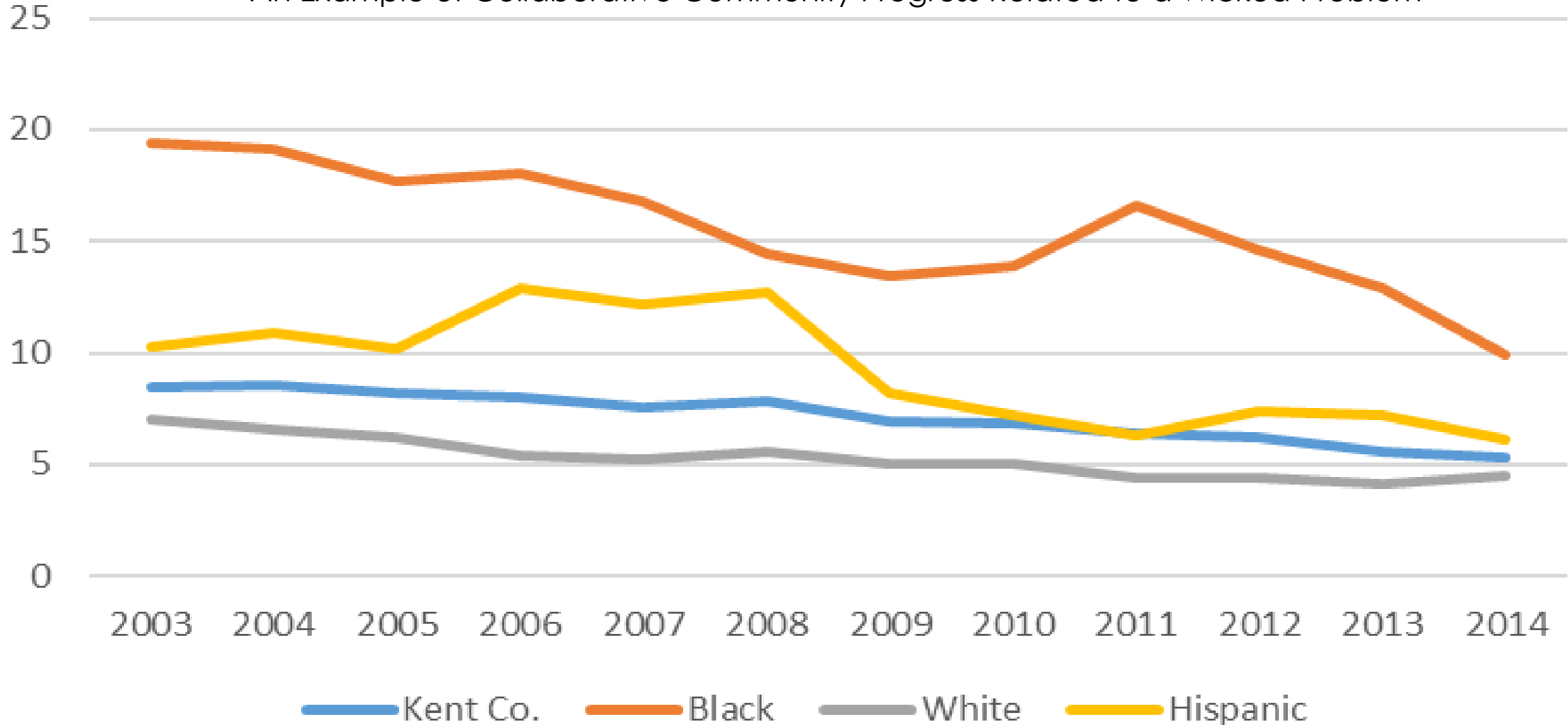
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# Problem

- ▶ Health care is too costly: *17.8% of US economy, \$9,900 per capita*
- ▶ Health care is not good enough: *US healthcare lags most industrial nations in many categories*
- ▶ The health of our population could be much better: *US ranks 31<sup>st</sup> in lifespan*

# Kent Co Infant Mortality Rates

An Example of Collaborative Community Progress Related to a Wicked Problem



# State Innovation Model (SIM)

- ▶ MI received approx. \$70M to fund regional pilot initiatives
- ▶ Partnerships between providers and payers forming Accountable Systems of Care (ASC)
- ▶ Led by regional collaborations of local organizations
- ▶ Kent County application consisted of GVSU, Health Net of West Michigan, Kent County Health Department, and local hospitals
- ▶ Community meetings were convened to build consensus and support
- ▶ Application sent to MDHHS in mid 2015

# Kent County SIM Application

- ▶ Early 2016, we learned that our application was not selected.
- ▶ MDHHS selected applications from five smaller applicants (each of these proposals contained one ASC).
- ▶ This rejection provides an opportunity to continue the work of the project with our own priorities and ideas.
- ▶ We are presenting this intention to stakeholders throughout Kent County in order to advance the work that was proposed last year.
- ▶ Reception has been positive so far.

# Kent County Population Health Consortium (KCPHC)

- ▶ Goal: improve the quadruple bottom-line of health in Kent County: better patient care, better population health outcomes, less costly, and supportive of health workforce.
- ▶ The KCPHC will work to identify ways to improve the quadruple bottom-line by focusing on community health priority issues.
- ▶ The first proposed community health priority issues include:
  1. Mental Health
  2. Obesity/Nutrition
  3. Substance Use Disorder
  4. Violence
  5. Others as determined by KCPHC



# KCPHIC Community Health Innovation Region

- ▶ Community Health Vision Council
- ▶ Governance/Steering Committee
- ▶ Working committees to include (proposed):
  - ▶ One committee for each of the priority community health issues
  - ▶ Payment Reform
  - ▶ Community Health Needs Assessment
  - ▶ Evaluation & Health Metrics
  - ▶ Information Technology
  - ▶ Sustainability
- ▶ General Assembly of Stakeholders

# KCPHC: An additional benefit

- ▶ Many grants and community projects require a community-based governing/review body. For efficiency and transparency the KCPHC could be used as that body. Recent examples include the CMS grant and the Section 298 project.
- ▶ Our community has an abundance of stakeholders providing tremendous service in a variety of program/issue areas. This abundance makes Kent County vulnerable to duplication and missed opportunities to leverage resources. The KCPHC would provide a community forum for sharing this information and an incubator for new & improved solutions.





# KCPHC in Action: CMS Accountable Health Communities (AHC) Grant

# AHC Goal

Test whether the following will result in better health outcomes and lower costs:

- 1) Provide a systematic process to bridge the gap between clinical and community service providers to address health-related social needs, AND
- 2) Engage in a process to align community initiatives and resources to address health-related social needs

# AHC Overall Target/Benchmark

- ▶ By the end of year 5, 11,000 Kent County Medicaid/Medicare recipients will have been navigated to community services related to the social determinants of health.

# Funding Purpose

Funds cannot be used to pay directly or indirectly for community services. Instead, award recipients must use these funds to facilitate interventions to connect beneficiaries with community organizations providing services.

Funds can be used to pay for:

- ▶ Screening
- ▶ Referral
- ▶ Assessment, navigation and follow-up
- ▶ Community alignment

# ACH Grant Overview

- ▶ **Target Population:**

All Medicare and Medicaid recipients in Kent County with unmet health-related social needs (SDoH):

- ▶ **5 Social Determinants of Health (SDoH):**

- ▶ Food insecurity
- ▶ Inadequate or unstable housing
- ▶ Interpersonal violence
- ▶ Utility needs
- ▶ Transportation

- ▶ **Universal Screening**

- ▶ Screen all Medicare and Medicaid recipients to identify unmet social determinants of health issues



# Amount and Timeline

- ▶ **\$4.51 million over 5 years, awarded to Health Net as the bridge organization**
- ▶ **Project planning year: May 1, 2017 - April 30, 2018**
- ▶ **Screening and navigation begins on May 1, 2018**
- ▶ **Project ends on April 30, 2022**

# Screening Process

- ▶ Screenings will occur at:
  1. Hospital:
    - ▶ Emergency Departments
    - ▶ Labor & Delivery
  2. Primary care practices
  3. Behavioral health providers
- ▶ Medicare and Medicaid recipients will be categorized as either high or low risk.
  - ▶ Low risk = at least 1 SDoH need + 1 or less ED visits in 12 months: receive tailored community referral summary
  - ▶ High risk = at least 1 SDoH need + 2 or more ED visits in 12 months: receive tailored community referral summary AND on-site referral to Health Net of West Michigan

# Screening Sites

- ▶ **Arbor Circle: *Outpatient program***
- ▶ **Catholic Charities West Michigan: *Outpatient program***
- ▶ **Cherry Health: *Primary care, dental, vision, and behavioral health clinics***
- ▶ **Family Outreach Center: *Outpatient program***
- ▶ **Metro Health – University of Michigan Health: *Emergency Department, Labor & Delivery***
- ▶ **The Salvation Army Turning Point**
- ▶ **Spectrum Health: *Butterworth Emergency Department, Labor & Delivery***
- ▶ **Helen DeVos Children’s Hospital: *Emergency Department***

# We want you to be part of this...

- ▶ Stay tuned
- ▶ Invitations coming soon
- ▶ Consider ways to get involved and support
- ▶ Questions? Please write them on one of the notecards on your table. We will reply to all of them via email.