“A SORH is managing a state-wide Clinically Integrated Network? It’s true!”

John Barnas and Crystal Barter
Michigan Center for Rural Health
Meet Calogero

Calogero Frank Caputo • 1.16.18 • 7 LBS, 13 OZ • 18.5 IN

Love Laura & Frank
Michigan Center for Rural Health

- Established 1991
- Non-Profit status in 1994
- Located on the campus of Michigan State University
- Board of Directors (12)
About MCRH

STAFF

John Barnas  Executive Director
Crystal Barter  Director of Performance Improvement
Jeff Nagy  Quality Improvement Advisor
Rachel Ruddock  Recruitment & Retention Manager
Sara Wright  Rural Health Improvement Coordinator

Emma Smythe  Rural Health Programs Coordinator
Victoria Lantzy  Rural Education Manager
Jill Oesterle  Manager of Rural Health Clinic Services
Marc Maldaver  Administrative Assistant
Natalie Bobowski  Administrative Assistant
MCRH Programs

Standard FORHP Programs (our foundation)
- SORH
- Flex
- SHIP

Value-Based Programs (the fun stuff)
- Hospital Improvement Innovation Network (GLPP HIIN)
- Great Lakes Practice Transformation Network
- Quality Payment Program
- Manage 2 ACOs
- Manage a Clinically Integrated Network
Hospital Improvement Innovation Network (CMS Partnerships for Patients)

**Goal:** Work to reduce Hospital Acquired Conditions and Hospital Readmissions

- The objectives to be achieved at the end of 2019:
  - A 20 percent reduction in overall patient harm from 2014 baseline (from 121 HACs/1,000 patient discharges to 97/1,000);
  - A 12 percent reduction in 30-day readmissions as a population-based measure (readmissions per 1,000 people).
Michigan’s Approach to engaging CAHs

- Flex program = Improvement Liaison
  - Weekly calls with MHA Keystone Staff
  - Incorporation of concepts (HAI safety, Patient and Family Engagement, Safety Culture and High Reliability) into existing infrastructure (MICAH QN)
  - Targeted Resources based on data (peer support, Sepsis Simulations, etc).
  - Monitoring of quality measures
    - Adverse drug events
    - Central line-associated blood stream infections
    - Catheter-associated urinary tract infections
    - Clostridium difficile bacterial infection, including antibiotic stewardship
    - Injury from falls and immobility
    - Pressure ulcers
    - Sepsis and septic shock
    - Surgical site infections
    - Venous thromboembolism
    - Ventilator-associated events
    - Readmissions
Great Lakes Practice Transformation Network

- CMMI’s Transforming Clinical Practice Initiative
- 29 Across the Nation
- GLPTN - managed by Indiana University School of Medicine with partner organizations in Illinois, Indiana, Kentucky and Michigan that implement the program in their states.

**Objectives:** To provide better care to patients, at a lower cost, for better health outcomes for 10 million patients across Illinois, Indiana, Kentucky, Michigan and Ohio

- To partner with 15,500 providers to transform their practice in preparation for upcoming health care mandates and share their learnings
- To empower clinicians by delivering personalized resources tailored to each practice’s needs and offering the best customer service possible.
Quality Payment Program
Resource Centers

Target audience: practices with less than 15 clinicians

This initiative is comprised of local, experienced organizations that help clinicians in rural practices:

- Select and report on appropriate measures and activities to satisfy the requirements of MIPS
- Engage in continuous quality improvement; optimize their health information technology (HIT)
- Evaluate their options for joining an Advanced Alternative Payment Model (APM)
The AIM funded Medicare Shared Savings Program (MSSP) is a Medicare/CMS program that allows providers to continue to be paid fee-for-service and/or cost-based reimbursement, while gaining the infrastructure, tools, and knowledge to manage population health.

If a group of providers are successful in reducing costs, while meeting patient satisfaction and quality thresholds, they can share in up to 50% of the savings. If costs go up, there is no penalty or payment due from the providers.

Three year program January 1, 2016 - December 31, 2018
ACO Investment Model Payment

ACOs participating in the AIM funded MSSP received these payments on January 1, 2016:

- an upfront fixed payment of $250,000
- an upfront variable payment of $36 per assigned Medicare beneficiary (based on preliminary prospectively-assigned beneficiaries); and
- a monthly payment of $8 per Medicare beneficiary per month (based on preliminary prospectively-assigned beneficiaries).
ACO Investment Model

Core Components of the Program

- Care Coordination
  - Care Coordination Management and Transitional Care Management Billing
- Annual Wellness Visits
- Claims Data Analysis (core to reducing costs and improving population health)
  - Referral Patterns
  - Patient usage/spend
  - Chronic Conditions
<table>
<thead>
<tr>
<th>Michigan’s Rural ACOs</th>
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<tbody>
<tr>
<td><strong>Greater MI Rural ACO</strong></td>
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<tr>
<td>Sheridan Community Hospital (CAH)</td>
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<td>Scheurer Hospital (CAH)</td>
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<tr>
<td>Hills &amp; Dales General Hospital (CAH)</td>
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<tr>
<td>Marlette Regional Health System (CAH)</td>
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<tr>
<td>McKenzie Health System (CAH)</td>
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<td>Helen Newberry Joy Hospital (CAH)</td>
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<td>Schoolcraft Memorial Hospital (CAH)</td>
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<td>Alcona Health Center (FQHC)</td>
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<td><strong>Southern MI Rural ACO</strong></td>
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<td>Hayes Green Beach Memorial Hospital (CAH)</td>
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<tr>
<td>Sturgis Hospital (PPS)</td>
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<td>Three Rivers Health (PPS)</td>
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<td>Hillsdale Hospital (PPS)</td>
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<td>Community Health Center of Branch County (PPS)</td>
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<td>Allegan General Hospital (PPS)</td>
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<tr>
<td>Memorial Medical Center (CAH)</td>
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<tr>
<td>Deckerville Community Hospital (CAH)</td>
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</table>
Map of ACO Communities
### Claims Data Analysis: Merging Claims Data with EHR

#### Community Care Coordination

**ED Utilization/Risk Stratification/ATI**

<table>
<thead>
<tr>
<th>BirthDate</th>
<th>Provider</th>
<th>12 Mo Cost</th>
<th>ER Visits</th>
<th>Chronic Condition Count</th>
<th>Hospital Dominant Condi</th>
<th>ATI (Risk Score plus factors)</th>
<th>Risk Score (1-average; double the average amounts of resources)</th>
<th>National Cost Multiplier</th>
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<td>11/3/1926</td>
<td>ALFREDO DOMINGO</td>
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<td>2</td>
<td>6.65</td>
<td>3.31</td>
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<td>6.47</td>
<td>4.52</td>
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Risk Analysis of McKenzie Health System’s Attributed Medicare Beneficiaries
Using Claims Data to Leverage Partnerships

<table>
<thead>
<tr>
<th>City</th>
<th>Attending Provider</th>
<th>Facility</th>
<th>Diagnosis Description</th>
<th>Facility Spend</th>
<th>Pt Total (All Facilities)</th>
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</thead>
<tbody>
<tr>
<td>Deckerville</td>
<td>ER DOCTOR</td>
<td>MCKENZIE MEMORIAL HOSPITAL</td>
<td>Age-related physical debility</td>
<td>$ 86,228.24</td>
<td>$ 86,228.24</td>
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<tr>
<td>(blank)</td>
<td>ER DOCTOR</td>
<td>MCKENZIE MEMORIAL HOSPITAL</td>
<td>Encounter for surgical aftercare following</td>
<td>$ 79,830.80</td>
<td>$ 79,830.80</td>
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<tr>
<td>Deckerville</td>
<td>ER DOCTOR</td>
<td>MCKENZIE MEMORIAL HOSPITAL</td>
<td>Necrotizing fasciitis</td>
<td>$ 74,113.48</td>
<td>$ 74,113.48</td>
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<tr>
<td>Snoeville</td>
<td>ER DOCTOR</td>
<td>MCKENZIE MEMORIAL HOSPITAL</td>
<td>Age-related physical debility</td>
<td>$ 53,024.86</td>
<td>$ 64,681.78</td>
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<tr>
<td>Brown City</td>
<td>GOLECHHA, NITIN</td>
<td>MARLETTE REGIONAL HOSPITAL-SWING BED</td>
<td>Other malaise</td>
<td>$ 14,625.52</td>
<td>$ 39,276.17</td>
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<tr>
<td>Sandusky</td>
<td>ER DOCTOR</td>
<td>MCKENZIE MEMORIAL HOSPITAL</td>
<td>Encounter for surgical aftercare following</td>
<td>$ 38,623.76</td>
<td>$ 38,623.76</td>
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<tr>
<td>Sandusky</td>
<td>ENGLISH, MARK</td>
<td>SANILAC MEDICAL CARE FACILITY</td>
<td>Displaced intertrochanteric fracture of left</td>
<td>$ 14,032.48</td>
<td>$ 37,536.80</td>
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<tr>
<td>Deckerville</td>
<td>ENGLISH, MARK</td>
<td>AUTUMNWOOD OF DECKERVILLE</td>
<td>Chronic obstructive pulmonary disease with</td>
<td>$ 35,222.69</td>
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<tr>
<td>Sandusky</td>
<td>ENGLISH, MARK</td>
<td>SANILAC MEDICAL CARE FACILITY</td>
<td>ST elevation (STEMI) myocardial infarction</td>
<td>$ 8,802.13</td>
<td>$ 33,808.75</td>
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<tr>
<td>MARLETTE</td>
<td>AQIL, ARSHAD</td>
<td>FISHER SENIOR CARE AND REHAB CENTER</td>
<td>Unspecified fracture of shaft of humerus,</td>
<td>$ 31,973.78</td>
<td>$ 32,463.26</td>
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<td>Uby</td>
<td>ENGLISH, MARK</td>
<td>AUTUMNWOOD OF DECKERVILLE</td>
<td>Acute interstitial pneumonitis</td>
<td>$ 29,756.72</td>
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<td>Sandusky</td>
<td>ENGLISH, MARK</td>
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<td>Sepsis, unspecified organism</td>
<td>$ 28,896.68</td>
<td>$ 28,896.68</td>
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<tr>
<td>Carsonville</td>
<td>ENGLISH, MARK</td>
<td>AUTUMNWOOD OF DECKERVILLE</td>
<td>Encounter for other specified surgical after</td>
<td>$ 28,383.87</td>
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<tr>
<td>Sandusky</td>
<td>ENGLISH, MARK</td>
<td>AUTUMNWOOD OF DECKERVILLE</td>
<td>Weakness</td>
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<td>MCKENZIE MEMORIAL HOSPITAL</td>
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<td>Weakness</td>
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<td>IMLAY CITY</td>
<td>ER DOCTOR</td>
<td>MCKENZIE MEMORIAL HOSPITAL</td>
<td>Other specified fracture of right pubis, sub</td>
<td>$ 26,442.36</td>
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<td>$ 26,307.02</td>
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<td>Minden City</td>
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<td>AUTUMNWOOD OF DECKERVILLE</td>
<td>Chronic obstructive pulmonary disease, un</td>
<td>$ 25,472.66</td>
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</table>
First Year Results

- Greater Michigan Rural ACO Medicare hit all 34 quality measures and Medicare spending is flat.
- Southern Michigan Rural ACO hit all 34 quality measures and reduced Medicare spending 1.5%.
- The Caravan Health ACO Model Works.
- The ACO members view it as a “Scholarship” to learn and implement a Value-Based Program.
- MCRH is getting a Value-Based Program education.
- Desiree Brewer is a rock star.
Thinking ahead from the beginning...
Michigan Clinically Integrated Health Network

- Formed in November 2016 as an LLC; 12 members (all from the two ACOs)
- December 2016, first board meeting (board of managers elected, capital call approved, approval to open bank account, MCRH is state-based executive director)
- Each member is a board member
  - Medical Director also on board
- Each member has equal shares
- 2 Committees:
  - Financial (chaired by Secretary/Treasurer)
  - Clinical/Operations (co-chaired by Secretary/Treasurer and Medical Director)
MCIHN Members

- Alcona Citizens for Health, Inc.
- Dickinson County Healthcare System
- Helen Newberry Joy Hospital
- Hayes Green Beach Memorial Hospital
- McKenzie Health System
- Sheridan Community Hospital
- Promedica Coldwater
- Hillsdale Hospital
- Allegan General Hospital
- Three Rivers Health
- Schoolcraft Memorial Hospital
- Sturgis Hospital

19,619 Assigned Medicare Beneficiaries

- 1 FQHC (7 sites)
- 5 rural PPS hospitals
- 6 CAHs
- 42 primary care practices (30 RHCs)
Management/Operational Structure

Members (Founding & Class A)

Board of Managers

Medical Director

Chief Executive Officer
- John
- Crystal
- Sara

Clinical Quality & Operations Committee

Finance Committee
MCIHN History

Getting organized

- Clinical/Operations Committee engaged to compose Mission and Vision statements (approved by Board in September 2017)
  - **Mission**: The Michigan Clinically Integrated Health Network supports the Members’ collective intention to enhance the quality of care for individuals, improve the health of our communities and lower the cost of care.
  - **Vision**: The Michigan Clinically Integrated Health Network will support the Members in engaging all citizens to become active partners in their health resulting in improved quality of life and healthier communities.

- The board contracted with a graphic designer in June 2017 and approved the final logo in July 2017
MCIHN Strategic Planning

Strategic Planning overview:

- Contracted with Terry Hill, National Rural Health Resource Center, and Eric Shell, Stroudwater Associates
- Facilitated in-person meeting March 1-2, 2018
- First draft provided by Facilitators March 12, 2018
- Review and comment by board of directors
- Sub-committee meetings April 6, 2018 and May 11, 2018
- Final draft recommended for approval at May 17, 2018 board meeting
MCIHN Strategic Planning

Strategic Planning: March 1-2, 2018 in-person planning session

- **March 1\(^{st}\), 2018 -**
  - presentation on the Future of Rural Healthcare and Transition Framework (Eric Shell)

- **March 2\(^{nd}\), 2018 -**
  - Planning session based on the Transition Framework
  - Role of CIN in achieving priorities (CIN goals and objectives)
  - Role of individual health systems in achieving priorities (health system goals and objectives)
MCIHN Strategic Planning

Strategic Planning: the end result

- **Strategic Initiative I:** Quality, Patient Safety and Operating Efficiencies
- **Strategic Initiative II:** Promote and provide for optimal local population health network alignment among MCIHN Members and their referral organizations.
- **Strategic Initiative III:** Network Development
  - **Goal:** Develop a network growth strategy that includes relationships with rural providers, tertiary hospitals, health systems, and other state/national CINs.
  - **Objective:** By December of 2018, all 2019 ACO participants will be members of MICHN.
  - **Activity:** MCRH staff to provide outreach and recruitment activities to non-MCIHN ACO Participants.
- **Strategic Initiative IV:** Population Health Management
- **Strategic Initiative V:** Transition to Aligned Payment Systems
  - **Goal:** Access, secure, optimize, and execute payment models that contribute to the financial viability of Members.
  - **Objective:** By October 2018, establish a process to optimize value based payment systems and quality incentives.
  - **Activity:** MCIHN members inventory existing value-based contract incentive dollars.

Note: Each Strategic Initiative is followed by goals, objectives, and activities. The goals will be achieved through efforts of MCRH, MCIHN Board Members, MCIHN Committees, and additional MCIHN member staff, as appropriate.
Michigan Clinically Integrated Health Network

Overlay of contracting relationship

Key
----- Contract Relationship
Participating Agreement

- Together Health Network (CIN of Trinity and Ascension hospital, clinics, and providers).

- THN presentation May 2, 2017 to MCIHN board of managers; they have products we can pull off the shelf and use/brand.

- Six months of discussion and then six months legal.

- Participation Agreement approved by the board on May 17, 2018; signed that day too.

- Addendums for health insurance products for Chamber of Commerce and State Police; Medicare Advantage too.
The Wrench....

CMS Announcement:
Pathways to Success
= Moving Risk to Providers
The Dilemma

Stay Michigan-Based
OR
join Caravan Health Collaborative