Integrated Health Quarterly Report

January 2023 – June 2023 (FY23 Q2-Q3)

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Background & Purpose

Mid-State Health Network (MSHN) is committed to increasing its understanding of the health needs of individuals within its 21-county service region and finding innovative ways to achieve the goals of better health, better care, better value, better provider systems, and better equity by utilizing informed population health and integrated care strategies. MSHN and its regional partners have a number of specific population health and integrated care initiatives underway during FY23 as detailed in the MSHN 2020-2022 Population Health and Integrated Care Plan (midstatehealthnetwork.org). The primary objectives of this quarterly report are as follows:

1. Monitor adherence to the MSHN Population Health & Integrated Care Plan
2. Report progress toward MDHHS-PIHP contractual integrated health performance requirements
3. Describe other current population health and integrated care initiatives that support MSHN Strategic Priorities of Better Health, Better Care, Better Provider Systems, Better Value, Better Equity
4. Provide additional recommendations as necessary regarding organizational needs in the areas of population health and integrated care

Michigan Department of Health and Human Services (MDHHS)-Prepaid Inpatient Health Plan (PIHP) Contractual Integrated Health Performance Requirements

FY23 PIHP-Only Pay for Performance Measure(s)

Note: Please refer to Attachment A: FY23 Performance Bonus Incentive Pool (PBIP) Contractual Requirements & Deliverables

A. Identification of beneficiaries who may be eligible for services through the Veteran's Administration

MSHN submitted the Veteran's Narrative report on 7/1/2023 covering FY23 Q1-Q2. MSHN continues to perform at a high-level for the completion and accuracy of the Military Fields in the BH-TEDS data, with an error rate of only 1.65%.

B. Increased data sharing with other providers (sending ADTs through Health Information Exchange)

Metric complete; All 12 CMHSPS in the region are fully functional and sending ADTs.

C. **Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)**
MSHN submitted the required IET data validation project to MDHHS on 4/26/2023. MSHN had an overall match rate of 98.57%, meaning that MSHN data had a very high rate of accuracy when compared with the data provided by MDHHS.
Additionally, MSHN began publishing provider-specific IET performance metrics on the MSHN website as of April 2023. SUD providers were informed during the March 2023 SUD Provider meeting of MSHN's plans to publish the data for the purpose of improved transparency and accountability. MSHN also began holding a quarterly SUD data workgroup to discuss the metrics as well as improvement strategies. Participation in the data workgroup is optional for SUD providers.

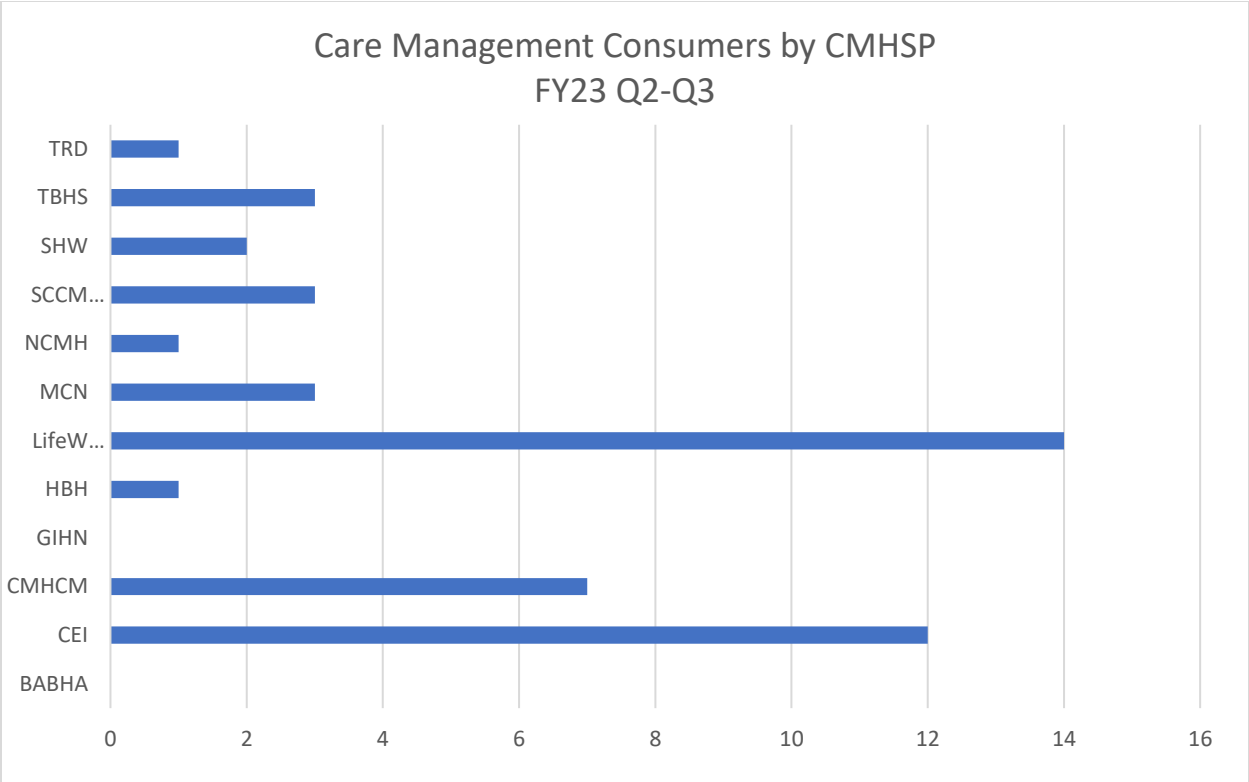
D. **Increased Participation in Patient-Centered Medical Homes Narrative Report**
No deliverables due during FY23 Q2 – Q3.

FY23 Medicaid Health Plan (MHP)/PIHP Joint Metrics

Note: Please refer to Attachment A of this report for a full copy of the FY23 Performance-Based Incentive Pool (PBIP) contract requirements and deliverables

A. **Implementation of Joint Care Management Processes**
MSHN continues to participate in monthly care coordination meetings with each of the 8 Medicaid Health Plans (MHP) that operate within the PIHP's 21-county region. Joint care plans are developed to strengthen coordination between payors and providers in order to meet the needs of members with multiple chronic physical health and behavioral health conditions. MSHN had open care plans for 47 individuals during FY23 Q2-Q3. The distribution of individuals with open care plans among CMHSPs is represented in Figure 1 below.

Figure 1: Number of Consumers involved in Joint Care Management Process with Medicaid Health Plans by CMHSP



B. Follow-up After Hospitalization (FUH) for Mental Illness within 30 Days

The FY23 performance bonus for FUH is based on the time period of January 1, 2022- December 31, 2022 (calendar year 2022). MSHN Quality Improvement Council (QIC) provides a quarterly report on this performance measure and participates in quality improvement activities when adverse trends are identified. The following summary indicates performance during calendar year 2022:

- As a region, MSHN had a rate of 69.88% follow up for adults, exceeding the MDHHS required performance benchmark of 58%
    - MSHN combined performance with each of the 8 Medicaid Health Plans surpassed the 58% benchmark rate for adults
- As a region, MSHN had a rate of 87.87% follow up for children, exceeding the MDHHS required performance benchmark of 70%
    - MSHN combined performance with each of the 8 Medicaid Health Plans surpassed the 70% benchmark rate for children
- There were no racial disparities between the White population and Hispanic or American Indian populations, however there was a racial disparity between the White population and African American/Black population.

C. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)
During FY23 MSHN and its CMHSP participants will work to reduce or eliminate disparities in the rates of follow-up after an emergency visit related to alcohol or substance use between White individuals and individuals belonging to racial/ethnic minority groups. The measurement period for FY23 is January 1, 2022 – December 31, 2022 (calendar year 2022).

Follow up rates for all groups increased significantly in 2022 over 2021, as summarized below:

Race/Ethnicity	2021	2022	% Change
White	28.78%	46.28%	**+17.50%**
African American/Black	15.90%	31.25%	**+15.35%**
Hispanic	20.25%	40.76%	**+20.51%**
American Indian	21.43%	43.75%	**+22.32%**

During 2022 there was a racial disparity between the White population and African American/Black population, even though there was significant improvement in the rates of follow up between both groups.

Integrated Health Initiatives

Certified Community Behavioral Health Centers (CCBHC) and Health Homes

The Certified Community Behavioral Health Center (CCBHC) statewide demonstration pilot launched on October 1, 2021. Three CMHSPs in the MSHN region are currently participating in the CCBHC demonstration pilot including CEI CMH, Saginaw CMH, and The Right Door. The table below depicts total regional enrollment of CCBHC beneficiaries through the end of FY23 Q3:

CCBHC Site	Medicaid Enrolled	Non-Medicaid Enrolled	Total Enrolled
CEI CMH	9,587 (88%)	1,150 (12%)	10,737
Saginaw CMH	3,505 (98%)	69 (2%)	3,574
The Right Door	2,784 (75.5%)	682 (24.5%)	3,466
Total Region	**13,975 (88%)**	**1,901 (12%)**	**15,876**

MDHHS has not provided any guidance for the ratio of Medicaid to Non-Medicaid enrollment for CCBHC services, however statewide across all CCBHC demonstration sites the ratio averages 18% Non-Medicaid to 82% Medicaid. Non-Medicaid enrollment within the MSHN region varies significantly between CCBHC sites, ranging from 2% to 24.5%. MSHN and its CCBHC partners should evaluate the ratio of Medicaid to

Non-Medicaid enrollment given that one of the primary objectives of CCBHCs is to expand access to services for uninsured or underinsured individuals.

Additionally, LifeWays has applied to join the CCBHC demonstration pilot in FY24 and has begun participating in regional CCBHC meetings to prepare for future implementation.

Behavioral Health Homes

The Behavioral Health Home (BHH) initiative launched in the MSHN region beginning on May 1, 2023. Five CMHSPs are currently participating in the Behavioral Health Home initiative including Saginaw CMH, Newaygo CMH, Montcalm Care Network, Shiawassee Health & Wellness, and CMH for Central MI. CMHSPs in the MSHN region may choose to join the BHH initiative at any time. MSHN has established a BHH Certification Process to ensure that new BHH providers meet the Health Home Partner Standards established by MDHHS. The table below depicts total regional enrollment of BHH beneficiaries through the end of FY23 Q3:

BHH Site	**Total Enrolled**
Saginaw CMH	92
Newaygo CMH	0*
Montcalm Care Network	14
Shiawassee Health & Wellness	0*
CMH for Central MI	28
Total Region	**134**

**Newaygo CMH and Shiawassee Health & Wellness have not begun enrolling individuals in BHH at this time. Both are finalizing elements of the BHH program prior to beginning to serve beneficiaries. It is estimated that both BHH sites will begin serving beneficiaries during FY23 Q4.*

Additionally, Bay-Arenac Behavioral Health, Huron Behavioral Health, and Gratiot Integrated Health Network have expressed interest in potentially joining the BHH initiative in FY24 and have begun participating in regional BHH meetings to prepare for future implementation.

Opioid Health Homes

The Opioid Health Home (OHH) initiative launched in the MSHN region beginning on October 1, 2022. Currently Victory Clinical Services in Saginaw is the only OHH provider in the MSHN region. The table below depicts total regional enrollment of OHH beneficiaries through the end of FY23 Q3:

OHH Site	**Total Enrolled**
Victory Clinical Services – Saginaw	207
Total Region	**207**

Additionally, several other agencies have expressed interest in contracting with MSHN to become an Opioid Health Home Partner in FY24. MSHN will be holding an OHH informational meeting for all interested providers during Q4. The focus of the informational meeting will be to provide an overview of the OHH initiative and information regarding requirements to become a Health Home Partner. MSHN maintains an open SUD provider panel and will consider contracting with interested OHH partners that meet the minimum requirements.

Other Population Health and Integrated Care Initiatives

Health Equity & Social Determinants of Health (SDOH)

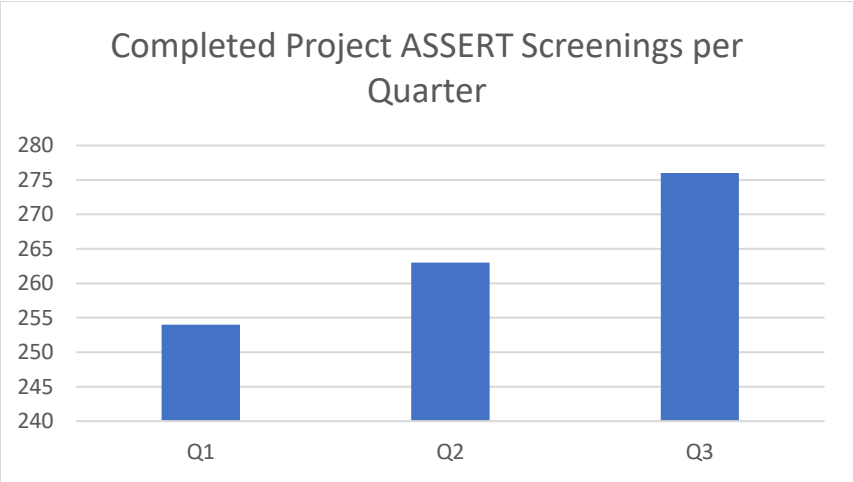
During FY 23 Q2-Q3 MSHN endeavored in a number of tasks toward understanding and addressing issues related to health equity and social determinants of health:

- Developed and hosted the "Equity Upstream" Virtual Lecture Series & Learning Collaborative to reduce racial & ethnic disparities in opioid overdose deaths with national experts to illuminate different perspectives on the landscape of SUD health disparities with an overview of epidemiological trends in the overdose epidemic, as well as what's known about *why* disparities exist (systemic racism, implicit bias, access issues, mistrust of the medical system, cultural issues specific to communities of color, etc.).
- CCBHC, OHH, and BHH providers are required to screen for Social Determinants of Health (SDOH). MSHN is currently exploring options for a regional approach to screening for SDOH

SUD Value Based Purchasing (VBP)

MSHN seeks to increase both the total number of Project ASSERT encounters that occur in hospital Emergency Departments (ED) and the overall rate of follow-up contacts after a person has been to the hospital ED for a drug or alcohol-related concern. The VBP pilot will explore innovative payment strategies that incentivize Project ASSERT providers to increase the rate of follow-up care for individuals who have experienced an ED visit for alcohol or other drugs. MSHN held initial meetings with all Project ASSERT providers during Q1 to review objectives for a VBP Pilot and explore provider willingness to participate. Contract amendments were approved by the MSHN Board of Directors during Q2 and MSHN began hosting joint meetings with Project ASSERT providers on a monthly basis during Q3.

Figure 2: Number of Completed Project ASSERT Screenings per Quarter in FY23



MSHN will evaluate feasibility to scale this pilot project (and potentially others) in future years so that all SUD providers may have an opportunity to earn bonus incentive payments based on meeting or exceeding established performance benchmarks by type of service provided.

Summary & Next Quarter Focus:

Highlights for FY23 Q2-Q3 included:

- Developed and implemented a Behavioral Health Home certification process
- Implementation of BHH on 5/1/2023 with total enrollment of over 134 beneficiaries by 6/30/2023
- Developed draft policy and procedure for health home services, including: New Health Home Provider Policy and Care Plan Monitoring Procedure
- Completed racial/ethnic disparities analysis for MHP/PIHP joint performance metrics (FUH and FUA) with finalized 2022 data provided by MDHHS.
- Conducted FY24 Integrated Health Expansion planning with a focus on expanding CCBHC, BHH, and OHH services in the region

Next Quarter Focus:

- Conduct OHH Informational meeting for potential new OHH partners for FY24
- Increase beneficiary enrollment in all initiatives – CCBHC, BHH, OHH
- Implement new health home care plan monitoring process with BHH providers during FY24 Q4
- Finalize integrated health staffing plan for FY24 to ensure sufficient MSHN staffing for successful monitoring and oversight of the regional integrated health initiatives to meet federal and state requirements.