



# Primary Care Review

The latest news, views, and announcements  
from Michigan Multipayer Initiatives

**April 2023**

*Michigan Multipayer Initiatives (MMI) convenes payers, practices, and Physician Organizations to lead the transformation of primary care and improve care value, equity, quality, and patient experience in Michigan. To be added to our distribution list, send an email with "Add Me to Newsletter Distribution" in the subject line to [multipayerprimcare@med.umich.edu](mailto:multipayerprimcare@med.umich.edu). Our website is at <https://mimultipayerinitiatives.org/>. To share an idea or ask a question, please contact Diane Marriott ([dbechel@umich.edu](mailto:dbechel@umich.edu) or 734 740 0511).*

## MDHHS Announces Five Pillars for Medicaid Rebid

In the summer of 2022, MDHHS conducted extensive surveying of Medicaid and Healthy Michigan beneficiaries, providers, health plans, community-based organizations to inform the MiHealthy Life Initiative, an effort that includes the fall 2023 rebid of Medicaid Health Plan contracts. Over 10,000 respondents statewide replied, over 85% of them beneficiaries. This speaks highly of the State's work to reach out to direct recipients so that their perspectives and needs are considered. Based on this feedback, MDHHS has announced five strategic pillars to serve as the foundation of the rebid:

- Serve the Whole Person, Coordinating Health and Health-Related Needs.
- Give All Kids a Healthy Start.
- Promote Health Equity and Reduce Racial and Ethnic Disparities.
- Drive Innovation and Operational Excellence.
- Engage Members, Families and Communities.

MDHHS has designated teams within the department for each pillar to create design ideas and policies for the rebid. Their work will be extremely important as they will set the stage for the potential for innovation in Medicaid that can truly improve the well-being of Michiganders. Peer states across the nation, for example, have used similar opportunities to incorporate benefits and funding for:

- Health-related social needs servicing to close social care gaps
- Maternal group visits to help mothers give babies a strong start, and
- Team-based care and hybrid primary care payment.

## Last Call for Primary Care First National Meeting Registration

Primary Care First practices can still register for the national meeting on May 16 and 17 from 11 to 3 ET each day. Details are available at the PCF 2023 Annual Meeting [website](#).

## Working Together to Support Progress: Shared Social Care Data Principles

The Michigan Multipayer Initiatives Payers and PO/Provider Steering Committee leaders have worked together to produce a set of Shared Social Care Data Principles. The principles are intended to inform data efforts to bridge social and health care in a way that respects and prioritizes the needs of individuals.

In brief, the principles:

- Support a central HIE in collaboration with regional HIEs using common standards and data-sharing to reduce the potential of data silos.
- Emphasize the need for all stakeholders (the State, plans, patients, providers, Physician Organizations, Community-Based Organizations, public health partners, etc.) to have voice in ongoing social care data strategy and data governance.
- Encourage minimizing administrative burden to the extent possible.
- Advocate for a system of shared learning on regional innovation and best practices.
- Protect data and respect data privacy and share on a need-to-know basis that allows for payment, delivery of needed services and team-based care, and facilitates progress toward population health goals.
- Incorporate national developments (e.g., the Gravity Project, NCQA, federal efforts, etc.) that evolve and produce standards, measures, and regulations that impact social care; and
- Share costs among the government, plans, health systems, and philanthropic organizations in an equitable and proportionate manner.

## MDHHS's April SDOH Partner Meeting: Highlights for the Primary Care Community

Over 300 attendees from the community, social service and healthcare sectors participated in the April 18<sup>th</sup> Michigan Department of Health and Human Services (MDHHS) SDOH Partner meeting. MDHHS highlighted their SDOH strategy keystone document, [Michigan's Roadmap to Healthy Communities](#), and provided an overview of progress on food and housing security initiatives and a glimpse of what is to come with health equity and data strategy.

As a result of the initiatives in the housing domain, progress is being made in:

- Expanding access to stable housing for individuals in need who are justice-involved, who have received treatment for substance use disorder, and for families in need and older adults.
- Addressing gaps in lead inspection and abatement service availability.
- Increasing the number of safe, weatherized homes and access to potable water.
- Implementing technology solutions to increase care coordination, benefits access, and access to housing resources for people experiencing homelessness.
- More quickly identify and connect people with high medical needs who are experiencing homelessness with appropriate housing resources.

As a result of the initiatives in the food security and access domain, progress has been made in:

- Visualizing statistics, including demographic and community need indicators for your county, via an [interactive map](#);
- Increasing awareness and utilization of food and nutrition programs for older adults and connecting families with the existing food and nutrition safety net, including the MDHHS Women, Infants, and Children (WIC) program and the Supplemental Nutrition Assistance Program (SNAP).
- Reducing barriers to access for food and cash assistance programs.
- Improving the MI Bridges platform to make the application and renewal process easier and more intuitive.

In addition to housing and food security and access, there will be a focus on the built environment (e.g., air quality, ambient noise, climate, space for physical activity and nature, transportation, etc.). Collectively, this work will be the basis of the SDoH Accelerator work that is part of a CDC grant.

As well, an Equity Impact Assessment is planned to guide the decision-making process for evaluating the potential impacts of existing and future policies and programs. Further, recognizing that Michigan regions are diverse, the focus will be on community-driven, regional collaboration and integration of social care into healthcare delivery. MDHHS also mentioned the potential for considering national opportunities like 1115 waivers and others to resource the work.

And finally, MDHHS emphasized that data are key to effectively and efficiently making progress on reducing SDoH gaps and improving equity. MDHHS emphasized several data initiatives underway:

- Fully implement the Race & Ethnicity in Master Person Index (MPI) funded by the Michigan Health Endowment Fund to standardize and better aggregate how State agencies collect and report race, ethnicity, gender, gender identity, and sexual orientation data.
- Development of an interoperable infrastructure between health care and social care organizations through the establishment of a closed-loop referral system.
- Formalize and implement a robust data strategy to guide SDoH data use and governance.
- Develop capacity for regional collaboratives and academic institutions to evaluate community intervention strategies to end health disparities.
- Establish an Interagency Social Determinants of Health (SDOH) Workgroup and, eventually, a statewide Coalition that will include representation across Michigan from community, as well as private and public, stakeholders. Action teams and workgroups, comprised of state and local partners, will continue to meet to determine opportunities for alignment, improvement, and innovation.

What's next? MDHHS will develop and share an implementation guide with recommendations and toolkits to continue alignment across sectors and support continued collaboration.

What does this mean for your practice and the patients that you serve? As work progresses and MDHHS continues to drive progress on the SDoH Strategy, the hope is that it will be easier to connect patients with SDoH gaps who desire assistance with community-based organizations and resources.

## Register Now for MiHIN's May 10<sup>th</sup> "Data and Information Flow of Advance Care Planning" Workshop

Advance care planning (ACP) allows patient preferences, needs, and wishes to be discerned so that they can be honored in situations where patients cannot advocate for themselves. Primary care practices play an important role in ACP conversations as trusted longitudinal partners in care with patients.

(MiHIN), as the state designated entity for health information exchange and a lead organization in our state's 5- year HIT Plan, is responsible for understanding benefits and shortcomings of the current state of information, documentation, and the meaningful flow of data.

Over the past few months, MiHIN has convened Advance Care Planning (ACP) thought leaders in Michigan to lend their voice, experience and knowledge in discussions intended to make recommendations to our HIT Commission **on current and future state of information flow, the role and direction for HIE in this space and possible future state data strategies that could support the measurement and effectiveness of end-of-life care.**

The first two workshops level set on what role MiHIN has played in ACP to date, the difference between ACP as a process and as a data movement, and how documents are used to aid care coordination, while the second workshop discussed solutions and recommendations. You can find the recordings and presentations for those two workshops [HERE](#).

The third and final workshop will be held on **Wednesday, May 10 from 3:00-5:00PM EST** and MiHIN will present what we've heard re: recommendations on the roles and responsibilities of MiHIN and other actors in the ecosystem and **clinician/provider participants** will be asked to weigh in, clarify and deepen. In order to capture recommendations on best practice, workflow and patient care, it is highly recommended that you have engaged in the prior two sessions (or viewed the recordings and presentations below) and taken the opportunity to read through the recommended materials.

You can register for this workshop and view additional resources [HERE](#).

## The Training Corner

To better serve you, we have expanded the array of care management and team-based care training sessions. We are fortunate to have MiCMT, Mi-CCSI, MiCHWA and PTI to provide expert training on important topics in primary care. Here is a summary of their upcoming training sessions.

### Michigan Institute for Care Management and Transformation (MiCMT) - Training and Webinar Announcement

A list of upcoming trainings, including live webinars, can be found in the News and Events section of MiCMT's website: <https://micmt-cares.org/events>. For an at a glance view, please find the event calendars and event flyers in the "News" section [here](#). Questions and concerns can be shared at <https://micmt-cares.org/contact>.

## Practice Transformation Institute (PTI)

A list of upcoming trainings can be found in the Events section of the PTI's website: <https://transformcoach.org/events/>. Current offerings include Introduction to Team Based Care, Foundational Care Management Codes and Billing Opportunities, Patient Engagement, Palliative Care topics, and Unconscious Bias in Health Care.

- Registration: HIE 2023

## The Michigan Center for Clinical Systems Improvement (Mi-CCSI) - Training and Webinar Announcement

### New at MICCSI for 2023: Palliative Care Training

For detail, and to register for an upcoming course, visit our website at:

[https://www.miccsi.org/training\\_event/palliative-care-training/](https://www.miccsi.org/training_event/palliative-care-training/)

### ***Palliative Care Training Overview:***

This training, using evidence-based approaches, will provide the clinical team with knowledge and skills to assist patients who have a diagnosis or condition termed as a serious illness. The training will review and include:

- Identifying the patient's understanding of their diagnosis and prognosis.
- Approaches to broach, identify, and honor the patient's wishes and values should their condition worsen.
- Building on skills covered in [Engagement Training](#), to include use of motivational interviewing and creating a self-management and care plan that aligns the patient's wishes, biomedical and psychosocial status and needs.
- Review of the link to [Team-based Care](#), to include patient identification, assessment and care planning, monitoring and follow-up and transitioning to specialist/care coordination and use of the interdisciplinary care team.
- Review of definitions pertinent to palliative and hospice care services.
- Review of the billing and benefits available when providing serious illness, palliative care services and hospice care.
- An opportunity to practice and solidify key components and self-evaluation/awareness of abilities in having the serious illness conversation with a trained standard patient, known as simulation.

BCBSM is sponsoring this training. There is no cost to attend.

***TREATING PAIN & ADDICTION (Upcoming sessions: April 28 and June 23)***  
***Optimizing management of chronic pain and addiction in primary care***

During this live virtual training course, the learner will gain skills and knowledge in leveraging psychosocial and non-pharmaceutical interventions with the use of multi-disciplinary teams to improve chronic pain outcomes. The attendee will receive an overview of pain mechanisms, biopsychosocial interventions, team-based care options, substance use disorder and opioid weaning strategies. For details visit our website at:

[https://www.miccsi.org/training\\_event/treating-pain-addiction/](https://www.miccsi.org/training_event/treating-pain-addiction/)

At the conclusion of this training course, the participant will be able to:

- Describe the variable clinical presentations of chronic pain.
- Describe evidence-based therapies for the treatment of chronic pain.
- Design a patient-specific opioid tapering strategy, including pre-planning and response to side effects and opioid withdrawal symptoms.
- Participate in patient-centered crucial conversations related to an opioid taper that supports patient engagement throughout the process.
- Apply clinically appropriate next steps for patients unable to proceed with a taper, including patients who have a co-occurring substance use disorder that has not previously been identified.
- Explore the impact of the patient – provider relationship on effective communications and approaches to pain management.

The state of Michigan through the MODA (Michigan Opioid Data to Action) grant is sponsoring this training. There is no cost to attend.

## MiCHWA

### Community Health Worker Certification Training – 100% Virtual Training

- April 11 - May 31, 2023 | Tuesday & Wednesdays | 9:00 AM- 4:00 PM EST
  - [MiCHWA Training Flyer Apr 2023](#)

**The curriculum is designed to train front line workers to provide culturally responsive services in Michigan communities. The 126 training hours include 25 hours for independent self-study.**

For more information contact: Holly Joseph [hjoseph@dhd10.org](mailto:hjoseph@dhd10.org) | 231-316-8558

## Integrated Health Partners (IHP)

IHP offers an array of trainings throughout the year. This includes Introduction to Team Based Care, Patient Engagement, and Foundational Care Management Codes and Billing Opportunities. Each event is listed below along with upcoming dates and the event registration link.

All 2023 training dates are available for registration through the registration link below.

<b>Trainings</b>	<b>Upcoming Dates</b>	<b>Registration Link</b>
Introduction to Team Based Care	5/2/2023; 6/16/2023; 9/13/2023	<a href="#">Register here</a>
Patient Engagement	4/28/2023; 5/31/2023; 6/22/2023	<a href="#">Register here</a>
Foundational Care Management Codes and Billing Opportunities	5/3/2023; 6/19/2023; 9/11/2023	<a href="#">Register here</a>

*If you have any questions, please reach out to Allisyn Rainwater at [rainwatera@integratedhealthpartners.net](mailto:rainwatera@integratedhealthpartners.net).*