Primary Care Review

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

Website: https://mimultipayerinitiatives.org/
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September - October 2024

Michigan Multipayer Initiatives (MMI) convenes payers, practices, Physician Organizations and community stakeholders to lead the transformation of primary care and improve care value, equity, quality, and patient experience in Michigan. To share an idea or ask a question, contact Diane Marriott (dbechel@umich.edu).

Big News for Primary Care in CMS Proposed 2025 Physician Fee Schedule: Advanced Primary Care Management Codes

There is a statue of Albert Einstein in front of the National Academies of Sciences building in Washington DC. On the base of the status is a quotation by Einstein, a member of the Academies, that says "The right to search for truth implies also a duty; one must not conceal any part of what one has recognized to be true."

One thing that has been well-recognized to be true is that primary care is the underpinning of a well-functioning health system. The National Academies of Sciences, Engineering, and Medicine (NASEM) landmark 2021 report, Implementing High-Quality Primary Care identified a listing of policy changes that are needed if we are serious about strengthening primary care. Hats off to CMS leadership for doing the hard work of starting to incorporate the NASEM guidance on evolving primary care reimbursement toward hybrid primary care payment. In the proposed 2025 Physician Fee Schedule, CMS introduces three proposed new Advanced Primary Care Management codes (APCM)– a big step toward hybrid payment reform for Medicare FFS.

Let's look at the requirements for the proposed new codes:

- **Patient Consent**: Inform the patient about the service, obtain consent, and document it in the medical record.
- **Initiating Visit:** For new patients or those not seen within three years.
- **24/7 Access:** Provide patients with urgent care access to the care team/practitioner at all times.
- **Continuity of Care:** Ensure continuity with a designated team member for successive routine appointments.
- **Alternative Care Delivery:** Offer care through methods beyond traditional office visits, such as home visits and extended hours.

- **Comprehensive Care Management:**
  - Conduct systematic needs assessments.
  - Ensure receipt of preventive services.
  - Manage medication reconciliation and oversight of self-management.
- **Electronic Care Plan:** Develop and maintain a comprehensive care plan accessible to the care team and patient.
- **Care Transitions Coordination:** Facilitate transitions between healthcare settings and providers, ensuring timely follow-up communication.
- **Ongoing Communication:** Coordinate with various service providers and document communications about the patient's needs and preferences.
- **Enhanced Communication Methods:** Enable communication through secure messaging, email, patient portals, and other digital means.
- **Population Data Analysis:** Identify care gaps and offer additional interventions.
- **Risk Stratification:** Use data to identify and target services to high-risk patients.
- **Performance Measurement:** Assess quality of care, total cost of care, and use of Certified EHR Technology.

These thirteen requirements are very similar to the activities expected of Michigan's over 300 CPC+ practices and reflective of expectations already in place by several Michigan payers. Many primary care practices in Michigan already operationalize these requirements, and that is a good thing, making the new codes for Medicare FFS even more attractive to many practices in the Great Lakes state.

The new codes also fill a need that practices have long asked for – stable, expected funding for care management activities. Practices tell us again and again that the thing that they most appreciated in primary care demonstrations like the MiPCT and CPC+ was the monthly advanced primary care management fee. The new APCM codes are built on that platform and function similarly. They don't require time-tracking and can be billed across the array of Medicare FFS patients, from those who have no chronic disease to those who are multimorbid. It's also possible and often the case that commercial, Medicaid, and Medicare Advantage plans adopt the new codes that CMS puts in place for Medicare Traditional FFS.

Here is a glimpse of the structure of the new codes:

TABLE 23: Proposed APCM Bundled Codes and Valuation

Code	Short Descriptor	Crosswalk Codes	CMS Proposed Work RVU	CMS Proposed PE RVU	CMS Proposed MP RVU	CMS Proposed Full RVU	Approximate National Payment Rate
GPCM1	APCM for patients with up to one chronic condition	99490	0.17	0.14	0.01	0.31	$10
GPCM2	APCM for patients with multiple (two or more) chronic conditions	99490, 99439, 99487, 99489	0.77	0.72	0.05	1.54	$50
GPCM3	APCM for QMBs enrollees with multiple chronic conditions	Calculated as a relative increase from GPCM2	1.67	1.57	0.12	3.36	$110

The APCM codes mean that practices that meet the requirements can receive payment (one of three levels, depending on a patient's complexity) to manage population health and coordinate patient care. The new APCM codes also help to prepare practices for the shift away from fee-for-service payment toward value-based care and payment. No codes are perfect and some patients without Medigap (about 10%) may face a 20% cost share. Still, the new codes represent a major step forward for implementing

hybrid payment in advanced primary care. CMS should be applauded for taking a big step forward for all of primary care.

The CMS Proposed 2025 Physician Fee Schedule Explained

CMS has released the proposed 2025 Physician Fee Schedule (PFS), the annual document that previews proposed changes to physician payment and other Medicare B services. CMS uses the PFS to issue proposed updates to existing codes and use the best of research to shape additional ways to structure payment within the boundaries of its statutory authority. Last year, for example, the PFS introduced the Community Health Integration and SDoH Risk Assessment codes. This year, the most exciting news is about the introduction of three advanced primary care management codes. There are also some interesting changes for MSSP ACO, telehealth, and Value Pathway reporting. It's a dense document, as usual, this year at 2,248 pages. Each year, MMI reads the proposed draft when it is released and captures the highlights for you. We've done the same this year and put it all together on this PPT summary.

Medicaid Care Management Comparative Payer Policy Table

We're happy to help when we have requests from practices. It was such a request that got us to start working on a new table to work with the Medicaid Health Plans to describe their care management policies in a new comparative policy table. We are especially grateful to the plans that worked to provide as much detail as possible to help practices understand Medicaid payer policies.

MMI Steering Committee Helping to Shape the Future Federal Direction for Primary Care Policy

The Steering Committee of Michigan Multipayer Initiatives (MMI) is a collective group of leaders that represent primary care practices, Physician Organizations, payers, and community-based organizations. Recently, in response to a Request for Information (RFI) that CMS included in the 2025 proposed Physician Fee Schedule (PFS) release, the MMI Steering Committee worked together to put the interest of patients

above the interest of individual organizations. Their comments on the proposed 2025 PFS and response to the RFI on primary care design reaches for the higher goal of the kind of comprehensive, whole-person, coordinated care we would all like to receive. Here is a summary of some of the recommendations that it contained on key elements of the RFI:

On Streamlining Value-Based Care Opportunities

We encourage continuation of the use of MSSP ACO as a vehicle to differentially reward providers who succeed in delivering whole-person care.

We encourage CMS to permit ACOs to waive beneficiary cost-sharing when members obtain services from ACO providers, especially for primary care services. This could function as a helpful incentive to keep providers in value-based arrangements.

Measures and metrics for primary care should be proportional to their sphere of influence.
We strongly support properly valuing primary care services. Real progress requires creating separate fee schedules (cognitive and procedural) and restoring the RUC to an advisory role.

On Billing Requirements

The cost-sharing requirement for APCM services will be problematic to engaging providers in its use. Commercial payers in our state have honored feedback from care managers about this concern and have freed cost-sharing from being a roadblock to care management engagement. Though we understand the statutory restrictions that CMS faces, we do believe that CMS has the authority to permit the exclusion of cost-sharing where there is allowance for program flexibility (e.g., excluding cost-sharing for primary care services when patients seek primary care services from ACO providers, etc.).

On Supporting Person-Centered Care

Further streamline measure and metric expectations for primary care.
We note with interest CMS' inclusion of the Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM) and believe it to be a promising tool.

On Supporting Health Equity

We share CMS' emphasis on the pursuit of health equity. Some Michigan payers have begun to adjust for social complexity via the Area Deprivation Index (ADI). We do think that adjusting on the basis of patient residence, not provider location, leads to more equitable allocation of resources. Our practices desire to support patients with social needs but believe that connection to community is key. Community-based organizations (CBOs) have the experience and expertise to help patients navigate and address health-related social needs and we believe that CBOs can only do this with appropriate resources and funding.

On Quality Improvement and Accountability

We believe that CEHRT technology is an important enabler to optimize the use of data for coordination and optimization of care. Instead of additional requirements on practices, however, we instead encourage CMS to focus on common expectations and requirements of EHR vendors. This is especially important so that primary care practices are not held hostage by them.

In closing, we applaud CMS' hard work and earnest effort to incorporate and implement the National Academy's recommendations into the 2025 PFS and note with appreciation the thoughtfulness with which

they have been proposed. We are, however, concerned about the impact of cost-sharing on restricting provider uptake of the codes, and encourage interagency action and coordination. We believe that the new APCM codes could be a gateway for real change and adoption by other payers. We also encourage CMS to watch developments in states (e.g., California) that are experimenting with comprehensive hybrid payment as you further explore additional hybrid payment reform.

Healthy Community Zones RFP to Be Released Later in Fall

On behalf of the Michigan Department of Health and Humans Services (MDHHS) Physical Activity and Nutrition Unit, we are excited to announce the upcoming Request for Proposals (RFP) for Healthy Community Zones.

Healthy Community Zones is a place-based, racial and health equity initiative that provides funding to communities disproportionally affected by chronic diseases, poor health outcomes, food insecurity and physical inactivity. Healthy Community Zones will support communities in implementing community-led initiatives to reduce racial disparities and to develop comprehensive long-term strategies that address inequities in the places where people are born, grow, live, work, learn, and age. Funding will be open to local public, private or nonprofit 501(c)(3) organizations including organizations supporting tribes and people with disabilities in three communities:

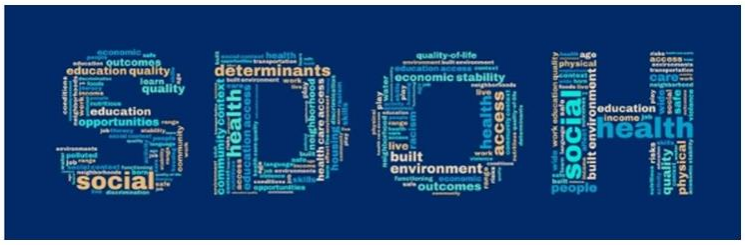
1. Chippewa County
2. Saginaw County
3. City of Detroit

Funding will support communities in initiatives that do one or more of the following:

1. Increase food security
2. Create a healthy built environment and active communities
3. Support healthy, thriving children and youth
4. Enhance social cohesion

MDHHS estimates thirty (30) awards with a maximum of $500,000 and minimum of $50,000.

The RFP will be available on the EGrAMS website in Fall 2024. To receive an update when the grant goes live, create an EGrAMS account ahead of the launch date or email: MDHHS-HCZ@michigan.gov to be notified.



MiHIN Issues New Tools to Assist with the Transition to the SDoH v.4 Use Case

In the interest of facilitating a seamless transition to the new SDOH (Social Needs Screening) Use Case file specification (v4.0), MiHIN has developed resources to help all submitting organizations successfully transition to the latest file specification by **December 15, 2024**.

Submissions using the previous file specification **will not be accepted after January 1, 2025**. Additionally, MiHIN will begin a production freeze in mid-December. This means that system updates will be limited during this period.

Early feedback from transitioned organizations highlighted the need for more specific validation criteria and information on common errors. In response, MiHIN developed three resources that will be available on their website until at least January 1, 2025:

- **SDOH Use Case File Format Description:** Provides detailed information on file structure, validation, submission process, and naming conventions. *(available also in the v4.0 file specification as an additional tab)*
- **SDOH Use Case File Failure Examples:** Highlights common errors that can lead to submission failures and will be updated regularly. *(available also in the v4.0 file specification as an additional tab)*
- **SDOH Use Case Translation Tool v3-v4:** Clearly outlines the changes between v3 and v4.

Below is a list of organizations currently submitting data to the SDOH use case, along with the number of screening practices they represent. This table underscores the significant effort required to meet the January 1, 2025 deadline.

Provider Organization	Screening Locations	Moved to v4.0 Successfully
Ascension	27	
Beaumont Accountable Care Organization, L.L.C.	40	
BRONSON HEALTHCARE GROUP	36	

CIPA	7	
Corewell Health West	48	
Genesys PHO	49	
GMP Network	37	
Great Lakes OSC	9	
Holland PHO	7	
Huron Valley Physicians Association	12	
IHA	89	
INTEGRATED HEALTH PARTNERS	25	
Livingston Physician Organization	20	
McLaren Physician Partners	11	
Metro Health Integrated Network	16	
My Michigan Health	96	
NORTHERN MICHIGAN CARE PARTNERS	28	
Northern Michigan Health Consortium	3	yes
Oakland Physician Network Services	26	
Oakland Southfield Physicians	35	
Olympia Medical, LLC	6	
PMC	29	
Primary Care Partners	24	
Reliance PO (DBA CCA)	1	
Sparrow Care Network	44	
St. Mary's PHO	16	
The Physicians Alliance	82	
University of Michigan Medical Group	31	

A successful transition requires a collaborative effort! We appreciate your proactive participation in adopting the new format. Please don't hesitate to share any questions or challenges you encounter with lisa.nicolaou@mihin.org.

AHEAD Model States Announced

CMS/CMMI has announced the states that will participate in the first cohort of the States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model - Maryland, Vermont, Connecticut, and Hawaii. Four additional states expected to be announced later in 2024.
AHEAD is an all-payer model with hospital global budgets; investments in primary care; and total cost of care (TCOC) accountability. Each state receives up to $12M during first five years to assist in operationalization.

AHEAD is an interesting model because it features hospital global budgets, a component that many say is key to slowing health care cost growth and improving population health. AHEAD also includes enhanced primary care payments for practice and care transformation. It is an interesting model and we'll be watching to see what the AHEAD model can teach other states as everyone strives to use resources to optimize population health.

Preparing for the Effective Date of the New Medicaid Contract

Earlier this year, the Michigan Department of Health and Human Services (MDHHS) has awarded Comprehensive Health Care Program contracts for Michigan's Medicaid Health Plans (MHPs), which serve nearly 2 million Michigan residents receiving coverage through Medicaid and the Healthy Michigan Plan.

The five-year contracts include three, one-year optional extensions and go into effect Tuesday, Oct. 1, 2024. While MDHHS retained the same nine Medicaid health plans as their previous contract, there are some changes to their service areas:

Regions	Total Plans Current	Total Plans 10/1/24	Current Plans	10/1/24 Plans	Changes
Region 1 – Upper Peninsula Prosperity Alliance	1	1	Upper Peninsula Health Plan	Upper Peninsula Health Plan	None
Region 2 – Northwest Prosperity Region	4	4	McLaren, Meridian, Molina, United	Blue Cross Complete (BCC), McLaren, Molina, Priority	(-) Meridian and United (+) BCC and Priority
Region 3 – Northeast Prosperity Region	4	4	McLaren, Meridian, Molina, United	Blue Cross Complete (BCC), McLaren, Molina, Priority	(-) Meridian and United (+) BCC and Priority
Region 4 – West Michigan	6	6	Blue Cross Complete, McLaren, Meridian, Molina, Priority, United	Blue Cross Complete, McLaren, Meridian, Molina, Priority, United	None

Prosperity Alliance					
Region 5 – East Central Michigan Prosperity Region	4	4	McLaren, Meridian, Molina, United	Blue Cross Complete (BCC), McLaren, Meridian, Molina	(-) United (+) BCC
Region 6 – East Michigan Prosperity Region	6	6	Blue Cross Complete, HAP CareSource, McLaren, Meridian, Molina, United	Blue Cross Complete, HAP CareSource, McLaren, Meridian, Molina, United	None
Region 7 – South Central Prosperity Region	4	4	Blue Cross Complete (BCC), McLaren, Meridian, Molina	Aetna, HAP CareSource, McLaren, United	(-) BCC, Meridian and Molina (+) Aetna, HAP, and United
Region 8 – Southwest Prosperity Region	6	4	Aetna, McLaren, Meridian, Molina, Priority, United	Aetna, McLaren, Meridian, United	(-) Molina and Priority
Region 9 – Southeast Prosperity Region	6	6	Aetna, Blue Cross Complete, McLaren, Meridian, Molina, United	Aetna, Blue Cross Complete, HAP CareSource, McLaren, Meridian Health Plan, United	(-) Molina (+) HAP
Region 10 – Detroit Metro Prosperity Region	8	8	Aetna, Blue Cross Complete, HAP CareSource, McLaren, Meridian, Molina, Priority, United	Aetna, Blue Cross Complete, HAP CareSource, McLaren, Meridian, Molina, Priority, United	None

With these changes, there will be impacts for beneficiaries who are currently enrolled with a health plan leaving a region. MDHHS has developed plans for ensuring individuals whose health plan is leaving a region are properly notified and can transition to another plan that will hold a contract within their county of residence. As they prepared for this, they prioritized (1) allowing for beneficiary transition that will involve choice; and (2) creating an environment with as little disruption as possible, aiming for no interim period of fee for service.

Beneficiaries whose plan will be leaving a region will receive a notification letter from the Department's enrollment broker. Mailings began on August 26, 2024, and will continue through early September. The letters is printed on yellow paper and includes detailed instructions on how to choose a new health plan. Beneficiaries must respond by September 17, 2024, prior to the auto-assignment process starting on September 18, 2024, for new health plan coverage effective on October 1, 2024.

We're introducing a new Journal Club section of the Primary Care Review with the goal of distilling the best of the recently published literature, realizing that your time is scarce. The Journal Club section will share the best of what we're reading about strengthening primary care and population health. We're starting this month with four articles worth reading.

Proposed Medicare Fee Schedule Brings Important New Tools to Primary Care: Has CMS Nailed It? | Milbank Memorial Fund

The Advanced Primary Care Management (APCM) codes that CMS proposed in the 2025 Physician Fee Schedule (PFS) are big news. The new codes work within the FFS foundation of the PFS in a creative way by creating bundled payments for the behind the scenes and patient-facing work of comprehensive care management. The proposed rule does not require time-tracking, and the bundled payments have three levels to cover the array of patients – from those without chronic illness to those who are highly complex. CMS did the best they could within the statutory constraints that are inherent to the design of Traditional Medicare, like the 20% coinsurance provision. Even though most Traditional Medicare beneficiaries have Medigap that would protect them from paying the coinsurance, about 10% do not. Will this be a rate-limiter in practices using the new codes? Time will tell, and this article encourages us to not let the perfect be the enemy of the good.

Out Of Balance: Fixing Our Health System's Neglect Of Primary Care

You know you've got something when national thoughtleaders from different organizations align on a common path forward. The Commonwealth Fund, Milbank Fund, and Arnold Ventures all submitted individual responses to the Senate Finance Committee's information request on how to improve care for those with chronic conditions. Their responses had three things in common. This piece explores the common themes and policy actions that relate to each.

Vermont All-Payer ACO Model: Evaluation of the First Five Years

Fifteen times as many people live in Michigan than live in Vermont. There is good reason, however, to be attentive to the Granite State's experience with value-based care and payment. Vermont has had an All-Payer ACO Model for over five years, which has had robust payer participation (Medicare, Medicaid and commercial). CMS engaged researchers at NORC at the University of Chicago to evaluate the first five years of the All-Payer ACO model. The results are in and they are promising.

The Failing Experiment Of Primary Care As A For-Profit Enterprise

Three members who serve on the National Academy of Sciences, Engineering, and Medicine's (NASEM) Standing Committee on Primary Care reflect on the trend in the last decade of investor-owned corporations buying primary care practices and the use of venture capital to establish alternatives to

traditional primary care. When they look at the landscape of primary care in 2024, they conclude that there has been quite a scaling back of corporate investment into primary care. This isn't surprising to many – especially those on the front lines who were hard at work meeting their patients' needs before the corporate actors entered. In this article, the authors consider regulating corporate and private equity ownership and urge more assertive public policy that places the needs of the patient above other considerations.

THE TRAINING CORNER

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

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.

2024 Schedule

MICMT Approved Trainings – Offered by IHP

Introduction to Team Based Care 8:30 a.m. – 5:00 p.m.	Patient Engagement 8:30 a.m. – 5:00 p.m.	Foundational CM Codes & Billing Opps Times vary; see below
Tuesday – 09/24/2024	Friday – 09/13/2024	Tuesday – 10/22/2024; 9a-2p
Wednesday – 10/09/2024	Monday – 10/07/2024	Monday – 11/04/2024; 11a-4p
Tuesday – 11/12/2024	Wednesday – 11/06/2024	
REGISTER HERE	REGISTER HERE	REGISTER HERE

If you have any questions, please reach out to Amber Jackson at jacksona@integratedhealthpartners.net.

Michigan Institute for Care Management and Transformation (MICMT)

MICMT is excited to announce **Medication Reconciliation training**, led by Dr. Nada Farhat, PharmD, BCPS, BCACP. This training will focus on medication reconciliation best practices across multiple care team settings, including primary care, specialty, care management focused visits, and transitions of care. The 2-day training **Optimizing Medication Reconciliation: Role of Care Team Members** will be held on, Tuesdays, January 21st & 28th, 2025 at 11 am – 1 pm. The training is intended for licensed and unlicensed care team members and will cover how various roles on the care team can contribute to the medication reconciliation process. To learn more, please visit the Medication Reconciliation Training Info Page. Early registration will ensure that you receive timely reminders and Zoom links!

Please be sure to check MICMT's event calendar to view a list of upcoming trainings, including live webinars or at a glance view please find the event calendars and event flyers in the "news" section here. For questions and concerns please Submit a Ticket | Michigan Institute for Care Management and Transformation (micmt-cares.org)

Practice Transformation Institute (PTI)

Introduction to Team Based Care

About this course:

The Introduction to Team-Based Care course helps the learner better understand how to work in a multidisciplinary care team and in collaboration with the patient. Open to all members of the practice to gain foundational knowledge in Team-Based Care.

Course Date and Time: (Live Virtual)

Wednesday, October 2, 2024, , 8:00am-4:00pm

Click here to register!

Patient Engagement

About the course:

The goal of this course is for all Care Team Members to learn engagement tools/skills in order to have productive conversations with patients about their health including basic motivational interviewing skills.

The Care Team Member will build upon this foundation, to utilize patient engagement skills in different situations such as Medication Assisted Treatment, (MAT) and Palliative Care.

It is strongly recommended to take Introduction to Team Based Care before taking this course.
For additional details, please visit https://micmt-cares.org/training/patient-engagement

Course Date and Time: (Live Virtual)

Wednesday, December 4, 2024 9:00am-4:00pm
Click here to register!

Foundational CM Codes and Billing Opportunities

About the course:

This course builds upon the Introduction to Team-Based Care course, focusing on reimbursement for care management services. The course is designed to support and train physician organizations and practice staff on care management billing.

Course Date and Time: (Live Virtual):

Wednesday, October 23, 2024 8:00am - 12:00pm
Click here to register!

Community Health Worker Program Opportunities

Practice Transformation Institute (PTI) is an approved provider of Community Health Worker (CHW) training by the Michigan Department of Health & Human Services (MDHHS). A Fall Virtual class is scheduled to start September, 17, 204. To learn more about this opportunity sign up for a CHW Informational Session, https://transformcoach.wufoo.com/forms/zd5en0x0mphmal/

About the program:

The program teaches the Core Consensus Project (C3) skills and health knowledge necessary to function as a CHW in a variety of community settings. This robust training offers teaching excellence along with a leading-edge curriculum that supports the participants in achieving the learning objectives of the program.

To learn more about upcoming opportunities visit: https://transformcoach.org/learning-solutions/community-health-worker-chw-program/

Health Net of West Michigan

Health Net of West Michigan provides facilitated training and curriculum packages that engage learners with practical expertise so that participants can apply session concepts and skills in their everyday work and advance in their skillsets and careers. Two training programs are available and are approved for **continuing education** for community health workers (MiCHWA-approved) and social workers (NASW-MI approved).

- The Care Model© Training Series develops core skills for frontline health and social service navigators to increase client engagement and community well-being through equitable access to resources. The series consists of seven topics chosen to address core competencies needed by frontline professionals, including:
    - Empowerment Approach & Skills
    - Professional Boundaries
    - Health Equity 101
    - Best Practices for Working with Interpreters
    - Personal Interview & Client Action Plan
    - Strengths-Based Documentation
    - Community Resource Navigation
- Facilitated Supervisor Training is a peer-supported cohort that guides participants in developing their leadership approach, competencies, and confidence for supervision. Participants attain a toolbox of practical leadership skills that will guide them in their journey. Investment in supervision competencies is a key component to effective service delivery and staff engagement and retention. Supervisor training topics include:
    - Developing Your Supervision Approach
    - Giving & Receiving Feedback
    - Documentation of Supervision
    - Cross-Cultural Supervision
    - Secondary Traumatic Stress & Burnout
    - Self-Care for Supervisors
    - Conflict Resolution/Mediation
    - Group Dynamics
    - Meeting Facilitation
    - Accountability & Delegation
- Health Net is available to bring training to your organization or community. Please reach out to Christina Pavlak, Vice President of Training & Development, about your training needs.

Michigan Center for Clinical Systems Improvement (Mi-CCSI)

MI-CCSI
Center for Clinical Systems Improvement

The Michigan Center for Clinical Systems Improvement (MI-CCSI) is a non-profit member organization and quality improvement consortium that partners to better care. MI-CCSI convenes payers, health systems and other health and healthcare stakeholders to measurably improve the healthcare system.

PARTNERING TO BETTER CARE

- Evidence-based Trainings
- Sustainable Impact
- Collaborative Approaches
- Engaging Heart and Mind
- Measurable Outcomes
- Enhanced Patient Focus

SERIOUS ILLNESS TRAINING

Optimizing Serious Illness Conversations, Conducting a Comprehensive Assessment, and Care Coordination.

https://www.miccsi.org/training_event/palliative-care-training/

OVERVIEW

This evidence-based, live, virtual training is designed to enhance the clinical team's skills in supporting patients with a serious illness. The training includes:

- **Patient Diagnosis Understanding:** Identify the patient's awareness of their diagnosis and prognosis.
- **Honoring Patient Wishes:** Approaches to respect and align with the patient's values, especially as their condition progresses.
- **Engagement Training:** Leverage skills in motivational interviewing and develop care plans that balance patient wishes with biomedical and psychosocial needs.
- **Team-based Care:** Learn about patient identification, assessment, care planning, monitoring, transitioning, and the role of the interdisciplinary team.
- **Palliative & Hospice Care Definitions:** Clarify definitions pertinent to palliative and hospice care services.
- **Billing & Benefits:** Understand billing processes and benefits for providing serious illness, palliative care, and hospice services.
- **Simulation Practice:** Engage in practical simulations to solidify the skills needed for serious illness conversations.

CONTACT

Sue Vos, Program Director
Sue.Vos@miccsi.org

To view the entirety of the training programs offered at MI-CCSI, please go to the MI-CCSI website at:
https://www.miccsi.org

MI-CCSI
Center for Clinical Systems Improvement

The Michigan Center for Clinical Systems Improvement (MI-CCSI) is a non-profit member organization and quality improvement consortium that partners to better care. MI-CCSI convenes payers, health systems and other health and healthcare stakeholders to measurably improve the healthcare system.

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OVERVIEW

This on-demnd learning series is comprised of three independent vignettes that were created to address the understanding and confidence of having a serious illness conversation. In the vignettes the learner will explore the purpose of a serious illness conversation, the difference from an advance directive, and the three key components of the Serious Illness Guide. These vignettes are organized as three independent learning activities that can be completed separately or as the whole series. The learning series complements the all-day Serious Illness training. To expand the learnings on managing populations with a serious illness, it is highly recommended to take the all-day Serious Illness training.

- **Session 1: Difference Between a SI Conversation & Advance Directive**
  Dr. Ellen Fink Samnick and Dr. Mary Beth Billie, provide a discussion that centers around the importance of serious illness conversations, especially from the perspective of primary care providers.
- **Session 2: Review the Purpose of the Serious Illness Conversation**
  Dr. Mary Beth Billie interviews Dr. Keith Veselik, a primary care physician and Chief Medical Officer for Population Health at Loyola Medicine, about serious illness communications.
- **Session 3: The 3 Components of Serious Illness Conversation Guide**
  Dr. Billie demonstrates the serious illness conversation between provider and patient focusing on the patient's recent health struggles. They discuss his hospitalization experience, current health condition, concerns about the future, and what matters most to him.

CONTACT

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Sue.Vos@miccsi.org

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https://www.miccsi.org

If you have any questions regarding the new "Advanced Engagement" training or any other trainings, please contact Sue Vos via email at sue.vos@miccsi.org or phone at 616.292.5774.

MyMichigan Health

Please register by Tuesday November 5, 2024 by contacting
Amy Bailey at amy.bailey@mymichigan.org or Kelly Perry at kelly.perry@mymichigan.org

Michigan Community Health Worker Alliance (MiCHWA)

MiCHWA offers an array of trainings throughout the year. Below is a list of our trainings scheduled for the rest of the year. Please check out our Training Schedule on our website for registration details.

https://michwa.org/upcoming-training-certifications/?fbclid=IwAR1lZEe-odWk0zRfQ6gz4ebKBB1uTHjfUgcRI61o2sDkpz0WDsvukjDdujI

Community Health Worker Training Program

The curriculum is designed to train front-line health workers to provide culturally responsive services in Michigan communities. The 166 training hours includes 25 hours for independent self-study. Independent self-study ensures that the participants are given sufficient time to work on homework, quizzes, projects, and other assignments. Independent self-study hours may be completed at the participant's home, work location, or other location.

As part of the 166 training hours, 40 internship hours are required, consisting of field experiences in local agencies where the focus is for the student to apply and integrate theory into practice. CHWs who are currently employed will complete the internship at their place of work.

Tuition varies by certification training programs and is set by the training organizations, not by MiCHWA.

Place	Time	Location	Date
Henry Ford College	8:30am-5:00pm	In-Person	Start date: September 3, 2024 End date: October 24, 2024
MiCHWA	9:00am-4:30pm	Virtual	Start date: September 9, 2024 End date: October 30, 2024 Registration Opens: July 9,2024
Corewell Health	8:30am-4:30pm (Tuesdays)	Virtual	Start date: September 10, 2024 End Date: December 19, 2024
Detroit Recovery Project	8:30am-5:00pm	In-Person	Start date: September 16, 2024 End date: October 23, 2024
Henry Ford Health System		Virtual	Start date: November 4, 2024 End date: January 20, 2025

Foundations of Behavioral Health Micro-Credential

The Community Health Worker (CHW) Foundations in Behavioral Health is a 64-hour micro-credential that

prepares CHWs to bridge gaps in behavioral health care and provide invaluable support to individuals in need. Upon successful completion, the student will receive a certificate for this micro- credential from MiCHWA. This training has a value of $600.

Place	Time	Location	Date
FBH	9:00am-4:30pm	Virtual	Start date: November 4, 2024 End date: November 29, 2024

- Virtual classes will be held on Tuesdays and Thursdays from 9am-4:30pm.
- This program is conducted virtually. It is **an online synchronous** model incorporating learn at your own pace modules as well as face to face Zoom meetings.

- Mental Health First Aid
- ACES – Adverse Childhood Experiences
- Eating disorders
- Violence prevention
- Stress management
- Substance abuse prevention
- QPR – Suicide Prevention
- Early childhood development
- Human trafficking
- Depression
- Racism's impact on children and adolescents