Fiscal Years 2020 – 2022

Ascension Genesys Hospital Community Health Implementation Strategy

CHNA Conducted: FY 2019 (July 1, 2018 – June 30, 2019)

Ascension Genesys

Public-facing Version

Ascension Genesys Hospital Implementation Strategy

Implementation Strategy Narrative

Overview

Ascension Genesys Hospital is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. As a member of Ascension, the largest non-profit health system in the U.S. and the world's largest Catholic health system, Ascension Genesys Hospital is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. As a leading health care provider in Mid-Michigan, Ascension Genesys Hospital is anchored by a 21st century, 412 bed inpatient facility, built both clinically and architecturally around a patient-centered care philosophy. In FY 2019, Ascension Genesys Hospital had 20,243 patient discharges and provided over $25 million in care of persons living in poverty and other community benefit programs. Ascension Genesys Hospital utilizes a regionally integrated health care delivery system comprised of a complete continuum of care servicing Genesee, Shiawassee, Lapeer, Oakland, Livingston and Tuscola counties.

Over 160 family practice physicians in the Ascension Genesys Hospital network serve as health advocates through the provision of a primary care "medical home." Committed to the medical, economic and spiritual vitality of the region, Ascension Genesys Hospital is one of the area's largest employers with over 2,900 employees who contribute to the regional healthcare economy within a population health model of care to improve health outcomes, enhance the patient and provider experience of care, and lower healthcare costs.

The 2019 Community Health Needs Assessment (CHNA) identified health needs were prioritized based upon potential long-term health outcomes, ability for a health system to have an impact on addressing the need, current priorities and programs, and effectiveness of existing programs. The prioritization process involved data review from the Greater Flint Health Coalition's Data Review Subcommittee and Cost & Resource Planning Committee. Twelve (12) priority health needs for Flint/Genesee County were selected:

- Social Determinants of Health
- Substance Use (with emphasis on Opioid Misuse and Addiction)
- Child Health & Development
- Mental Health
- Obesity & Health Behaviors
- Safe & Affordable Drinking Water
- Healthcare Access
- Chronic Disease Burden
- Effective Care Delivery for an Aging Population
- Maternal & Infant Health
- Sexual Health
- Health Equity

Needs That Will Be Addressed

Ascension Genesys Hospital leadership in collaboration with the Ascension Genesys Hospital CHNA Steering Committee assessed how the 2019 Genesee County CHNA Priority Health Needs aligned with both current and projected Ascension Genesys programs/initiatives to inform the prioritization of four of these as primary areas of focus for the next three years. These four priority areas – 1. Mental Health; 2.

Obesity and Health Behaviors; 3. Healthcare Access; and 4. Chronic Disease Burden - were selected because of the potential to extend the reach of Genesys' current services into the community (i.e.: Behavioral Telehealth); improve the health of specific populations (i.e.: people with diabetes/pre-diabetes; Veterans); and/or provide opportunities to collaborate/partner with other organizations to leverage community resources and achieve greater impact (i.e.: EVANS Project).

It is important to note that these priority areas often overlap with each and with priority needs not selected. Although not called out specifically as focus areas for Genesys, we will view each of our four priority areas through the lens of Social Determinants of Health and Health Equity which concentrate our efforts to serve community residents who are poor and most vulnerable due to social, economic, and environmental conditions.

Priority 1: Mental Health
Rationale: The Genesee County State Innovation Model Project consistently indicates depression as the greatest social determinants of health need; over 19% of Medicaid respondents responded they felt sad or depressed most of the time in the past year. The Genesee County Medicare population exhibits higher rates of depression (20.3%) than the state (18.6%) or national (16.7%) counterparts. Genesee County has been designated as a Health Professional Shortage Area for mental health services. 38% of respondents to the CHNA Community Resident Survey identified Mental Health Problems as one of their top three community health problems.

Priority 2: Obesity & Health Behaviors
Rationale: Overall, Genesee County's health behaviors are some of the poorest in the state ranking 76th out of 83 Michigan counties for health behaviors. Community residents lack regular physical activity and healthy eating (dining) practices. Genesee County's obesity rate (34.5%) is significantly higher than state (32.5%) and national (29.8%) averages with the combined obesity and overweight rate being 67.1%. Flint / Genesee County's physical environment presents many challenges for residents attempting to incorporate physical activity into their daily routines including neighborhood blight, crime, and limited recreation and fitness facilities. Genesee County adults report "No Leisure Time Physical Activity" at rates greater than those for the state and nation. Access to recreation and fitness facilities is significantly worse than state and national comparisons. 81.6% of adults in Genesee County have inadequate fruit and vegetable consumption, worse than state and national norms.

Priority 3: Healthcare Access
Rationale: The uninsured rate increased 3% between 2016 and 2017 and is expected to rise further due to pending implementation of Medicaid work requirements (to be implemented January 1, 2020.) One-third of residents received Medicaid healthcare coverage; numbers continue to grow slightly each year Healthy Michigan enrollment increased 5.9% between December 2016 (35,514) and December 2017 (37,640). The Flint Medicaid Expansion Waiver provides additional coverage to over 27,000 individuals impacted by the Flint Water Crisis. Genesee County continues to experience an ongoing demand for safety-net services with the total number of patient visits increasing 64% since 2007. The physician population is aging with 44% of practicing physicians over the age of 55 years of age.

Priority 4: Chronic Disease Burden
Rationale: Poor health behaviors are associated with high rates of chronic diseases and conditions like diabetes mellitus, high cholesterol, and heart disease. Genesee County ranks 80th out of 83 counties for length of life in the 2018 Robert Wood Johnson Foundation's County Health Rankings Report. The prevalence of diabetes mellitus continues to rise for both adults and children in Genesee County. Diabetes is a significant health status indicator and high cost disease. Numerous factors contribute to chronic disease burden: aging population, obesity, unhealthy behaviors, substance use, social

determinant of health needs, and lack of health care access. Age-adjusted mortality rate for all causes has increased 3.3% between 2015 and 2017.

In addition to addressing the four prioritized needs, Ascension Genesys will work collaboratively with the Greater Flint Health Coalition, Hurley Medical Center, McLaren Flint, Genesee County Health Department, and other community partners to develop and implement joint strategies to address and contribute to some of the remaining priority areas.

Needs That Will Not Be Addressed

Ascension Genesys Hospital will not directly address the following priority health needs identified within the 2019 CHNA: Social Determinants of Health, Substance Use, Child Health & Development, Safe & Affordable Drinking Water, Effective Care Delivery for an Aging Population, Maternal & Infant Health, Sexual Health, Health Equity.

It is important to note however, that priority areas not selected often overlap with those that were selected such as Mental Health and Substance Use; and as stated above, although not called out specifically as focus areas for Genesys, we will view each of our four priority areas through the lens of Social Determinants of Health and Health Equity which concentrate our efforts to serve community residents who are poor and most vulnerable. While critically important to overall community health, needs not addressed did not meet internally determined criteria that prioritized addressing needs by either continuing or expanding current programs, services and initiatives to steward resources and achieve the greatest community impact; or because other service providers in the community are better resourced to address these priorities. Ascension Genesys will work collaboratively with community organizations as appropriate to ensure optimal service coordination and utilization.

Action Plan for Each Priority (following pages)

An action plan follows for each prioritized need, including the resources, proposed actions, planned collaboration, and anticipated impact of each strategy.

Prioritized Need #1: Mental Health/Substance Use Disorder

GOAL: Expand access to behavioral health services by building capacity through the addition of practitioners (Psychiatrists and therapists), enhancements of technology (tele-health), and leveraged community resources (Greater Flint Health Coalition, Human Trafficking Multidisciplinary Team, New Paths, Opioid Overdose Response Program).

Action Plan

> **STRATEGY 1:** Build capacity of the Ascension Genesys Hospital Emergency Department (ED) to identify, assess, and treat patients with Substance Use Disorder (SUD) by implementing the Medically Assisted Treatment (MAT) Protocol.

BACKGROUND INFORMATION:

- **Target Population:** Opioid Use Disorder (OUD) patients presenting to Ascension Genesys Hospital Emergency Department

- **How the strategy addresses social determinants of health, health disparities and challenges of the underserved**: As with many communities having significant health disparities and high rates of poverty, mental health is a serious concern for Genesee County. Mental health indicators demonstrate that Genesee County residents receive insufficient social and emotional support and have higher rates of depression than their state and national counterparts. Social and emotional support is critical for navigating the challenges of daily life, as well as good mental health. Depression is often overlooked in treating chronic disease even though it may have a great impact on health behaviors, morbidity and health outcomes. Genesee County residents report 4.4 poor mental health days, defined as the average number of mentally unhealthy days experienced in the past 30 days (age adjusted) per the Behavioral Health Risk Factor Surveillance System (BRFSS). Additionally, 13% of county adults report 14 or more days of poor mental health per month. Evidence suggests that communities with more unhealthy days were likely to have higher rates of unemployment and poverty, increase percentages of adults who did not complete high school, and higher mortality rates (County Health Rankings, 2018). Rates of depression within Genesee County's Medicare population has been trending upward at a rate that is greater than that for Michigan and the United States. Mental Health related needs in Genesee Count, particularly those with the City of Flint are expected to be much higher today due to the ongoing community-wide trauma experienced as a result of the Flint Water Crises. While new services have been put into place to serve the residents impacted by the Water Crisis, demand is greater than current capacity. Genesee County has been designated as a Health Professional Shortage Area for Mental Health (as reported by US Department of health & Human Services, Health Resource and Services Administration).
  According to the Robert Wood Johnson, 80% of the factors impacting health outcomes fall outside traditional healthcare delivery. When these social determinants of health needs are not met, more serious health concerns may emerge, while existing conditions are often left untreated or undiagnosed. In Genesee County, this relationship could not be more apparent. In the 2018 County Health Rankings & Roadmap Report, Genesee County ranked 27th out of 83 counties in Michigan for clinical care and 83rd in health outcomes. The disparity is explained by the county's poor rankings in Social and Economic Factors (71st) and Physical Environment (82nd) emphasizing the impact that social and environmental conditions have on an individual's health. Coupled with Genesee County being designated as a Health Professional Shortage Area for Mental Health, this strategy will address access to necessary Mental Health services.

- **Strategy Source:** Robert Wood Johnson Foundation's County Health Rankings (https://www.countyhealthrankings.org/app/michigan/2019/rankings/genesee/county/outcomes/overall/snapshot); Behavioral Health Risk Factor Surveillance System (BRFSS) (https://www.cdc.gov/brfss/annual_data/annual_2018.html)

RESOURCES:

- Ascension Genesys Hospital (H), including Emergency, I/T, and Pharmacy Departments
- Ascension Medical Group Genesys (AMGG)

STRATEGY 1: Build capacity of the Ascension Genesys Hospital Emergency Department (ED) to identify, assess, and treat patients with Substance Use Disorder (SUD) by implementing the Medically Assisted Treatment (MAT) Protocol.

- Ascension Genesys Hillside Center for Behavioral Health (HS)

COLLABORATION:
- New Paths (NP)
- Greater Flint Health Coalition (GFHC)

ACTIONS:
1. Maintain representation on the GFHC's Mental and Substance Use Committee as a linkage to the community wide Mental Health and Substance Use Disorder plan Add action here
2. Design and develop the ED MAT Protocol Add action here
3. Design and develop ED MAT Order Set
4. Provide necessary initial training to ED staff; conduct on-going training annually
5. Implement the ED MAT Protocol
6. Review ED MAT Protocol annually

ANTICIPATED IMPACT:
I. Through June 2022 and after, Continue Ascension Genesys Hospital's alignment, collaboration, and integration with the GFHC's community-wide Mental Health and Substance Use Disorder Plan.
II. By June 2022, Ascension Genesys Hospital's SUD patients are identified, assessed, and enter needed treatment.

Alignment with Local, State & National Priorities (Long-Term Outcomes for Prioritized Need #1)

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	"HEALTHY PEOPLE 2020" (or OTHER NATIONAL PLAN):
I., II.	Greater Flint Health Coalition's Mental Health & Substance Use Task Force	Ascension Michigan's Behavioral Health Service Line Strategic Plan	SAMHSA-HRSA Center for Integrated Health Solutions

STRATEGY 2: Build capacity at Ascension Genesys Hillside Center for Behavioral Health (HS) to expand access to behavioral health services by adding additional practitioners (Psychiatrists and Mid-Level) and implementing a tele-behavioral health program.

BACKGROUND INFORMATION:

- **Target Population:** Patients receiving, or in need of receiving, behavioral health services at Ascension Genesys Hillside Center for Behavioral Health (HS).

- **How the strategy addresses social determinants of health, health disparities and challenges of the underserved**: For Genesee County, as with many communities having significant health disparities and high rates of poverty, mental health is a serious concern. Mental health indicators demonstrate that Genesee County residents receive insufficient social and emotional support and have higher rates of depression than their state and national counterparts. Social and emotional support is critical for navigating the challenges of daily life, as well as good mental health. Depression is often overlooked in treating chronic disease even though it may have a great impact on health behaviors, morbidity and health outcomes. Genesee County residents report 4.4 poor mental health days, defined as the average number of mentally unhealthy days experienced in the past 30 days (age adjusted) per the Behavioral Health Risk Factor Surveillance System (BRFSS). Additionally, 13% of county adults report 14 or more days of poor mental health per month. Evidence suggests that communities with more unhealthy days were likely to have higher rates of unemployment and poverty, increase percentages of adults who did not complete high school, and higher mortality rates (County Health Rankings, 2018). Rates of depression within Genesee County's Medicare population has been trending upward at a rate that is greater than that for Michigan and the United States. Mental Health related needs in Genesee Count, particularly those with the City of Flint are expected to be much higher today due to the ongoing community-wide trauma experienced as a result of the Flint Water Crises. While new services have been put into place to serve the residents impacted by the Water Crisis, demand is greater than current capacity. Genesee County has been designated as a Health Professional Shortage Area for Mental Health (as reported by US Department of health & Human Services, Health Resource and Services Administration).
  According to the Robert Wood Johnson, 80% of the factors impacting health outcomes fall outside traditional healthcare delivery. When these social determinants of health needs are not met, more serious health concerns may emerge, while existing conditions are often left untreated or undiagnosed. In Genesee County, this relationship could not be more apparent. In the 2018 County Health Rankings & Roadmap Report, Genesee County ranked 27th out of 83 counties in Michigan for clinical care and 83rd in health outcomes. The disparity is explained by the county's poor rankings in Social and Economic Factors (71st) and Physical Environment (82nd) emphasizing the impact that social and environmental conditions have on an individual's health. Coupled with Genesee County being designated as a Health Professional Shortage Area for Mental Health, this strategy will address access to necessary Mental Health services.

- **Strategy Source:** Robert Wood Johnson Foundation's County Health Rankings (https://www.countyhealthrankings.org/app/michigan/2019/rankings/genesee/county/outcomes/overall/snapshot); Behavioral Health Risk Factor Surveillance System (BRFSS) (https://www.cdc.gov/brfss/annual_data/annual_2018.html)

RESOURCES:

- Ascension Genesys Hospital (H)
- Ascension Medical Group Genesys (AMGG)
- Ascension Genesys Hillside Center for Behavioral Health (HS)

COLLABORATION:

- SAMHSA-HRSA Center for Integrated Health Solutions

ACTIONS:

1. Design and develop a tele-behavioral health program
2. Implement a tele-behavioral health program
3. Hire Mid-Level mental health providers
4. Hire Psychiatrists
5. Review, evaluate, and determine replicability of Integrated Behavioral Health model

ANTICIPATED IMPACT:

I. By February 2020, patients will be seen via the Ascension Genesys Hospital Tele-Behavioral Health Program.

II. By June 2021, additional patients will be seen through increased capacity at Ascension Genesys Hillside Center for Behavioral Health (HS).

III. By June 2022, Ascension Medical Group Genesys will review, evaluate, and determine replicability of Integrated Behavioral Health model.

Alignment with Local, State & National Priorities (Long-Term Outcomes for Prioritized Need #1)

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	"HEALTHY PEOPLE 2020" (or OTHER NATIONAL PLAN):
I., II.	Greater Flint Health Coalition's Mental Health & Substance Use Task Force	Ascension Michigan's Behavioral Health Service Line Strategic Plan	SAMHSA-HRSA Center for Integrated Health Solutions

STRATEGY 3: Build the capacity of Ascension Genesys Hospital Department Associates (Emergency, Observation, Women& Children, Neuro) to identify, assess, treat, and initiate community outreach to refer and coordinate optimal support services for victims of Human Trafficking (HK) across the continuum of care

BACKGROUND INFORMATION:

- **Target Population:** Patients who present for care in the Ascension Genesys Hospital Emergency, Women and Children's, Observation, and Neurotrauma Departments identified as victims of Human Trafficking

- **How the strategy addresses social determinants of health, health disparities and challenges of the underserved**: Human trafficking is a $150 billion global, criminal industry that robs 25 million people around the world of their freedom. The United Nations (U.N.) defines human trafficking, also called "trafficking in persons," as: The recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability, or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person for the purpose of exploitation. Exploitation includes, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs. Because human trafficking is a crime, it is often un/under reported to authorities. Accurate estimates of human trafficking remain elusive due to the clandestine nature of the crime, victims' fear of disclosure, stigma and shame, and the corresponding challenges of data collection. However, the efforts of Polaris and the National Human Trafficking Hotline have begun to shed light on the extent of the issue. In Michigan, since 2007, the National Hotline has received 5,713 reports of human trafficking and of those, has established 1,504 cases. In 2018 alone, there were 1,038 contacts and 383 substantiated cases in Michigan. Of these cases, 283 involved sex trafficking, 37 involved labor, 28 involved both sex and labor trafficking, and in 35 cases, the type of trafficking was not identified. Further, 269 victims were women, 48 were men, 194 were adults, and 93 were minors. Victims of HT are vulnerable to traffickers due to sexual and physical abuse, children who are seeking affirmation and attention, children aging-out of the foster care system, and those who are poor and homeless
Healthcare is the one legitimate service that human trafficking victims are "allowed" to access by their traffickers to keep victims healthy enough to generate income. Nationally, 87.8% of HT victims visit a healthcare facility. Of this group, 63% sought care in an ED, which positions health systems as a critical resource to improve HT services and combat HT spread. The 2013 Michigan Commission on Human Trafficking Report cited many professionals fail to recognize the indicators of human trafficking and accordingly called for the development of a standardized human trafficking assessment tool and enhanced communication networks among service providers. The 2018 "On-Ramps, Intersections and Exit Routes" Polaris report notes, "the health care system is rife with opportunities for alert and well-trained professionals and team members to identify and offer support to trafficking victims". And, according to the report, calls from healthcare providers have significantly increased due to increased awareness and professional training. When hospital staff are knowledgeable about human trafficking and its indicators, they can treat victims medically and assist them to exit trafficking and connect with other needed service providers within the community. Health care providers who are educated about the risk factors and clinical manifestations of human trafficking, and who can provide efficient and compassionate assistance to patients, have the potential to play a key role in addressing this age-old yet newly recognized problem. As such, Ascension Michigan including Genesys Hospital, recognized its key role in interrupting the cycle of trafficking and has prioritized its ability to identify, assess, treat and refer victims to safe services. This includes creation of a trauma informed environment of safety where a victim might

STRATEGY 3: Build the capacity of Ascension Genesys Hospital Department Associates (Emergency, Observation, Women& Children, Neuro) to identify, assess, treat, and initiate community outreach to refer and coordinate optimal support services for victims of Human Trafficking (HK) across the continuum of care

acknowledge their circumstances and agree to assistance that would lead to leaving their trafficker. With this level of agreement, the hospital staff needs to establish vetted relationships with service providers in their community as a next step along the continuum of care for the victim.

From FY 2019 – present (August 2019): Ascension Michigan has identified 27 HT cases with 19 suspected and 11 confirmed. Of those cases, 16 were identified at Ascension Genesys with 14 suspected and 2 confirmed.

Note: Confirmation is defined as a disclosure from a victim or reported by law enforcement. A victim may take up to 7 contacts with hospitals and other providers before being ready to disclose.

- **Strategy Source:** All evidence base references below are aimed at systemic change across the continuum of care to support victims of HT to escape and receive the resources necessary to re-enter society. Polaris Project (https://polarisproject.org/sites/default/files/A%20Roadmap%20for%20Systems%20and%20Industries%20to%20Prevent%20and%20Disrupt%20Human%20Trafficking%20-%20Social%20Media.pdf); Michigan Commission on Human Trafficking (http://www.michigan.gov/documents/ag/2013_Human_Trafficking_Commission_Report_439218_7.pdf); Massachusetts General Hospital and Massachusetts Medical Society (http://www.massmed.org/Patient-Care/Health-Topics/Violence-Prevention-and-Intervention/Human-Trafficking-(pdf)/); and DoSomething.org (https://www.dosomething.org/us)

RESOURCES:
- Ascension Genesys Hospital (H), including Emergency, Women and Children's, Observation, and Neurotrauma Departments, and Clinical Professional Development (CPD)
- Ascension Genesys Hospital Human Trafficking RN/PNP Project Coordinator (PC)

COLLABORATION:
- Law Enforcement (LE)
- Substance Use/Detox (D)
- Human Trafficking Advocates (A)
- Housing (H)
- Health and Human Service providers (HHS)

ACTIONS:
1. Provide HT onboarding education for new Associates within Emergency Department
2. Provide refresher HT education for trained nursing staff
3. Create and implement a Nurse Self-Care Protocol to address personal stress and secondary trauma
4. Extend HT education beyond the Emergency Department to include Women and Children's, Observation, and Neurotrauma Departments
5. Recruit and train additional HT Subject Matter Experts
6. Create and implement a Trauma-Informed Care Module focused on caring for victims of HT
7. Conduct two Multidisciplinary Team (MDT) meetings each year

STRATEGY 3: Build the capacity of Ascension Genesys Hospital Department Associates (Emergency, Observation, Women& Children, Neuro) to identify, assess, treat, and initiate community outreach to refer and coordinate optimal support services for victims of Human Trafficking (HK) across the continuum of care

8. Formalize community partnerships with YWCA of Greater Flint and Voices for Children to ensure optimal service delivery for victims of HT

9. Identify and collaborate on grant proposals to support victim services across the continuum of care (locally, regionally, and /or statewide)

ANTICIPATED IMPACT:

I. By June 2022, Ascension Genesys Hospital Nurses and Associates are educated about human trafficking, including risk factors and clinical manifestations

II. By June 2022, Ascension Genesys Hospital will create a trauma informed environment of safety where a victim might acknowledge their circumstances and agree to assistance that would lead to leaving their trafficker.

III. By June 2022, Ascension Genesys Hospital will establish vetted relationships with service providers in the community as a next step along the continuum of care for the victim.

IV. By June 2022, Ascension Genesys Hospital will procure appropriate resources to support HK programs and services

Alignment with Local, State & National Priorities (Long-Term Outcomes for Prioritized Need #1)

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	"HEALTHY PEOPLE 2020" (or OTHER NATIONAL PLAN):
I, II, III, IV	Ascension Mid-Michigan HT Response Best Practice Document	Michigan Human Trafficking Commission, 2013 and 2016 Reports	Polaris Project, "On-Ramps, Intersections, and Exit Routes: A Roadmap for Systems and Industries to Prevent and Disrupt Human Trafficking," 2018
I, II, III, IV	Genesee County Human Trafficking Protocol for Children	Ascension Michigan HT Case Statement	Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States, 2013-2017 Strategic Plan
I, II, III, IV	Genesee County Human Trafficking Task Force		

Prioritized Need #2: Obesity and Health Behaviors

GOAL: Improve health behaviors and outcomes of individual with diabetes and prediabetes to address obesity and related chronic diseases by focusing on readiness to change and sustained lifestyle modification.

Action Plan

> **STRATEGY 1:** Implement the Ascension DREAM (Diabetes Resources for Education And Motivation) project which will embed a computer-assisted Motivational Interviewing (MI) enhancement into Diabetes Prevention Program (DPP) and Diabetes Self-Management Education (DSME) curriculums to guide patients in setting behavior change goals resulting in improved behavior change readiness and sustained self-directed change.

BACKGROUND INFORMATION:

- **Target Population:** Diabetic and prediabetic patients (primarily between the ages of 45 and 64) who are referred by their physicians to reduce the risk of diabetes or to effectively manage their disease.
- **How the strategy addresses social determinants of health, health disparities and challenges of the underserved**: According to the Michigan Department of Health and Human Services, diabetes was the 7th leading cause of death in Michigan in 2015. The Gallup & Sharecare Face of Diabetes in the United States report notes the prevalence of diabetes in the U.S. climbed to 11.6% and cites a direct correlation between age and diabetes prevalence. With a rate of 23.6% for individuals age 65 and older, and 14.9% for those ages 45-64, aging adults have one of the highest rates of diabetes in the country. Employment sector also plays a role in diabetes prevalence with transportation and manufacturing workers with the highest risk – two occupations that are represented among General Motors retirees in Genesee County. The American Diabetes Association (ADA) recommends that adult people with diabetes (PWD) regularly perform aerobic exercise (e.g. walking) as well as muscle strengthening to help maintain glycemic (blood sugar) control and a healthy weight. However, adult PWD in Michigan had a higher tendency of no leisure-time physical activity than adults without diabetes.

  Effective self-management of diabetes requires extensive behavior change. Although Diabetes Prevention Program (DPP) and Diabetes Self-Management Education (DSME) curriculums require patients to set health behavior change goals, health behavior change is challenging for patients due to the overwhelming volume of behavior change required and the very "human phenomena of ambivalence" to change. Ascension Genesys Diabetes, Nutrition and Learning Center (Grand Blanc, MI) offers DPP and DSME which provide rich information for patients with diabetes concerning their disease and help them establish goals for change. Currently, 32% of patients do not complete education; and for those that do complete education, 76% do not respond to follow-up calls to report goal attainment. However, these programs do not routinely incorporate a motivational interviewing strategy that is consistent with a self-management approach. In clinical settings, an increased understanding of what motivates people to initiate changes in diet and physical activity and what sustains engagement in these behaviors for the long term is needed. This Motivational Interviewing (MI) framework is critical to standardize the delivery of education that leads to improved and sustained self-directed health behavior change. To enable health behavior change, MI is a learnable evidence-based clinical style to help patients voice their own motivations for and ideas about change and has been shown to be effective in in lowering A1C levels in women w/type 2 diabetes. MI is also a consistent strategy to "meet people where they are" in the change process with the goal of helping people to set meaningful goals that are manageable and achievable.

  Ascension's DREAM (Diabetes Resources for Education And Motivation) project will develop and implement a computer assisted Motivational Interviewing (MI) enhancement that will be embedded into Diabetes Prevention Program (DPP) and Diabetes Self-Management Education (DSME) curriculums, and supported with professional MI training for Diabetes Educators to guide patients in setting behavior change goals that will lead to behavior change readiness and sustained self-directed health behavior change. This initiative is funded by a two-year Michigan

STRATEGY 1: Implement the Ascension DREAM (Diabetes Resources for Education And Motivation) project which will embed a computer-assisted Motivational Interviewing (MI) enhancement into Diabetes Prevention Program (DPP) and Diabetes Self-Management Education (DSME) curriculums to guide patients in setting behavior change goals resulting in improved behavior change readiness and sustained self-directed change.

Health Endowment Fund (MHEF) Grant which covers all program development and implementation costs. Over a three-year timeframe, this program will reach an approximately 600 patients, and an estimated $900 per person may be saved annually for PWD who attend self-management education courses and learn how to incorporate healthy eating and physical activity into sustained behavior (MDHHS Diabetes in Michigan Update – 2015). While we may not be able to predict specific cost savings as a result of the DREAM technology enhancement, introducing and sustaining healthy behaviors should impact disease prevention and related costs of chronic illness to reduce costs over time.

- **Strategy Source:** Strategy source: American Diabetes Association (http://care.diabetesjournals.org/content/24/1/117); Michigan Department of Health and Human Services (http://www.michigan.gov/documents/mdhhs/Diabetes-in-Michigan-Update-2015_516855_7.pdf); The Guilford Press (https://www.guilford.com/excerpts/steinberg.pdf?t); Robert Wood Johnson Foundation (https://stateofobesity.org/states/mi/); Boston University School of Public Health (http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories6.html)

RESOURCES:
- Ascension Genesys Hospital (H), including Health Psychologist, Foundation, Community Benefit, I/T, and Compliance Departments
- Ascension Genesys Hospital Diabetes Program Coordinator (DPC)

COLLABORATION:
- E-work.com (EW)

ACTIONS:
1. Engage e-work.com to customize existing e-work Diabetes Education on-line educational modules to enhance and standardize classroom DSME and DPP
2. Engage e-work.com to develop computer assisted MI modules for diabetes-related behavior change goal setting in collaboration with Diabetes Educators and Clinical Health Psychologists
3. Develop MI Behavior Change goal readiness and goal setting Module
4. Clinical Health Psychologists will train diabetes educators (DE) to use MI to guide patient goal setting with lecture and role play curriculum.
5. Utilize new patient assessment and MI tools with DPP and DSME patients within existing program structure.
6. Evaluate behavioral and clinical short, medium and long-term outcomes

ANTICIPATED IMPACT:
I. By December 2019, a computer assisted diabetes self-management/health behavior goal setting

> **STRATEGY 1:** Implement the Ascension DREAM (Diabetes Resources for Education And Motivation) project which will embed a computer-assisted Motivational Interviewing (MI) enhancement into Diabetes Prevention Program (DPP) and Diabetes Self-Management Education (DSME) curriculums to guide patients in setting behavior change goals resulting in improved behavior change readiness and sustained self-directed change.

Motivational Interviewing (MI) framework is developed and ready for use with DSME and DPP patients.

II. By May 2020 and ongoing patients will demonstrate improved health behavior change readiness measured by Motivational Interviewing Confidence and Motivation tool and goal progress records class 1, class 6, and 6-month follow-up.

III. By November 2020 and ongoing, patients will report improved health behavior change measured by Motivational Interviewing confidence and Motivation tool and goal progress records class 1, class 6, and 6-month follow-up.

IV. By May 2021, 600 DSME/DPP patients will participate in the program.

V. By May 2021, improved clinical patient outcomes as measured by patient health record.

VI. By May 2021, improved care delivery outcomes as measured by utilization of MI goal setting framework as standard for DSME and DPPP programming, and integration with the GFHC's community-wide Mental Health and Substance Use Disorder Plan.

VII. By June 2022, Ascension Genesys Hospital's SUD patients are identified, assessed, and enter needed treatment.

Alignment with Local, State & National Priorities (Long-Term Outcomes for Prioritized Need 2)

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	"HEALTHY PEOPLE 2020" (or OTHER NATIONAL PLAN):
I, II	Diabetes prevention and self-management classes meet identified needs in the Genesee County CHNA that show obesity, overweight and healthy lifestyles as priority health needs, citing chronic diseases including diabetes mellitus, and challenges in the physical environment for physical activity/exercise as major health challenges.	Ascension has prioritized diabetes prevention and self-management to improve health outcomes, increase patient and provider satisfaction, and lower healthcare costs with an emphasis on raising awareness in the community via diabetes screenings and increasing access to DPP.	HP 2030: Reduce the annual number of new cases of diagnosed diabetes in the Population HP 2030: Reduce the proportion of adults with diagnosed diabetes with an A1c value greater than 9 percent HP 2030: Increase the proportion of persons with diagnosed diabetes who ever receive formal diabetes education HP 2030: Increase the proportion of eligible individuals completing CDC-recognized lifestyle change programs

Prioritized Need #3: Healthcare Access

GOAL: Improve access to healthcare and basic services for poor and vulnerable populations in Genesee County through integrated service models and community-based events which address Social Detainments of Health by providing residents with the right services, at the right time, in the right location, for the right cost.

> **STRATEGY 1:** Implement emPOWER Genesee in collaboration with Genesee Health Plan, Consumers Energy, and Huntington Bank to engage a vulnerable Genesee County population by assisting residents to achieve optimal utilization of healthcare, financial, energy assistance services, and community resources.

BACKGROUND INFORMATION:

- **Target Population:** A vulnerable population within Genesee County, specifically clients of Consumers Energy who regularly visit the Direct Payment Office in Flint, MI, to pay energy bills (mostly in cash).
- **How the strategy addresses social determinants of health, health disparities and challenges of the underserved**: A community's capacity to provide access to primary, specialty, mental health, or dental care is important. Healthcare access is impacted by a variety of factors including one's healthcare coverage status (i.e. covered, uninsured, underinsured, etc.). Affordability and the Social Determinants of Health (SDoH) can also impact a resident's ability to access and receive care.
  In the 2018 Robert Wood Johnson Foundation's County Health Rankings, Genesee County ranked 27th (out of 83 counties in Michigan) for clinical care and 83rd in health outcomes. The disparity is explained by the County's poor rankings in Social and Economic Factors (71st) and Physical Environment (82nd) emphasizing the impact that social and environmental conditions have on an individual's health.
  In 2017, approximately one-third of Genesee County residents received Medicaid healthcare coverage. While the number of providers accepting Medicaid coverage has increased over the past decade, the Medicaid reimbursement rate in Michigan is one of the lowest in the nation. Healthy Michigan (Michigan's Medicaid expansion program under the Affordable Care Act) enrollment increased 5.9% between December 2016 (35,514) and December 2017 (37,640), contributing to the 1.6% rise in Medicaid enrollment. The Flint Medicaid Expansion Waiver provides additional coverage to over 27,000 individuals impacted by the Flint Water Crisis. This payer mix can potentially impact a provider's willingness to practice in the community. Beginning January 2020, the number of uninsured is expected to rise due to the pending implementation of Medicaid work requirements, which will result in coverage loss for many residents that are not compliant with the new law. While all Medicaid beneficiaries have a designated primary care provider, often residents are unaware who their provider is or they are impacted by issues accessing primary care appointments, including a lack of transportation or an inability to receive time off of work. Initiatives focused addressing social determinant of health needs are important.
  emPOWER Genesee is a collaboration between Ascension Genesys Hospital, Consumers Energy, Huntington Bank, and Genesee Health Plan. The program will address SDoH needs by engaging Genesee Health Plan as the anchor organization to provide operational management, data collection, and support of a Community Navigator to assess needs of Consumers Energy clients and work with them to connect to community resources and services. The Community Navigator will be on-site at the Direct Payment Office during peak use hours in a designated, private space adjacent to payment tellers, so client needs can be assessed in real-time and then linked directly to, or referred for, resources and services. In addition to the Community Navigator, Genesee Health Plan will coordinate with other health and human service agencies to provide on-site services to clients in real-time (Special Service Days) to ensure prompt access to services and navigation to meet program enrollment requirements. Specific SDoH issues to be addressed include: access to healthy food, utility shut-off, healthcare access & affordability (PCMH), lack of transportation, literacy (financial, health, reading), mental health/ depression, and jobs that pay a living wage.
- **Strategy Source:** 2019 Genesee County Community Health Needs Assessment (http://gfhc.org/wp-content/uploads/2019/06/hc540_comm_hlth_needs_rept2019_final.pdf); Robert Wood Johnson Foundation's County Health Rankings

STRATEGY 1: Implement emPOWER Genesee in collaboration with Genesee Health Plan, Consumers Energy, and Huntington Bank to engage a vulnerable Genesee County population by assisting residents to achieve optimal utilization of healthcare, financial, energy assistance services, and community resources.

(https://www.countyhealthrankings.org/app/michigan/2019/rankings/genesee/county/outcomes/overall/snapshot)

RESOURCES:
- Ascension Genesys Hospital (H), including Community Benefit, Foundation, and Administration Departments as well as community clinics
- Ascension's Medical Mission at Home (MMaH)

COLLABORATION:
- Consumers Energy (CE)
- Huntington Bank (HB)
- Genesee Health Plan (GHP), including a Community Navigator (CN)

ACTIONS:

1. Develop emPOWER Genesee Community Navigation Model within identified community-based location

2. Hire Community Navigator

3. Train Navigator

4. Provide navigation services to CE clients

5. Hold kick-off event in alignment with MMaH

6. Establish and implement dedicated data tracking module within GHP's existing system(s)

7. Serve as a member on the stakeholder organization advisory group to provide project oversight and evaluation

ANTICIPATED IMPACT:

I. By September 2020, Consumers Energy clients will report improved access to healthcare, financial, energy assistance services, and community resources.

II. By September 2020, Consumers Energy clients will report optimal utilization of healthcare, financial, energy assistance services, and community resources.

III. By September 2020, Optimal service coordination among Stakeholder Collaborative will be achieved.

Alignment with Local, State & National Priorities (Long-Term Outcomes for Prioritized Need 3)

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	"HEALTHY PEOPLE 2020" (or OTHER NATIONAL

			PLAN):
I, II	2019 Genesee County Community Health Needs Assessment	Ascension Health's Core Value(s): Service to the Poor and Vulnerable	HP 2030: Health and well-being of all people and communities are essential to a thriving, equitable society. HP 2030: Promoting health and well-being and preventing disease are linked efforts that encompass physical, mental and social health dimensions. HP 2030: Investing to achieve the full potential for health and well-being for all provides valuable benefits to society. HP 2030: Achieving health and well-being requires eliminating health disparities, achieving health equity, and attaining health literacy. HP 2030: Promoting and achieving the Nation's health and well-being is a shared responsibility that is distributed across the national, state, tribal, and community levels, including the public, private, and not-for-profit sectors. HP 2030: Working to attain the full potential for health and well-being of the population is a component of decision-making and policy formulation across all sectors.

STRATEGY 2: Hold one (1) Medical Mission at Home in FY20 for low-income and uninsured residents within Genesee County who do not have (adequate) access to healthcare services by providing real-time delivery of organized health and social services with follow-up care and continuity as needed to sustain and improve the health of individuals and the community.

BACKGROUND INFORMATION:

- **Target Population:** Low-income, uninsured, and underinsured residents of Genesee County, especially those residents without a primary care provider.

- **How the strategy addresses social determinants of health, health disparities and challenges of the underserved**: The uninsured rate increased 3% between 2016 and 2017 and is expected to rise further due to pending implementation of Medicaid work requirements (to be implemented January 1, 2020.) One-third of residents received Medicaid healthcare coverage; numbers continue to grow slightly each year Healthy Michigan enrollment increased 5.9% between December 2016 (35,514) and December 2017 (37,640). The Flint Medicaid Expansion Waiver provides additional coverage to over 27,000 individuals impacted by the Flint Water Crisis. Genesee County continues to experience an ongoing demand for safety-net services with the total number of patient visits increasing 64% since 2007. The physician population is aging with 44% of practicing physicians over the age of 55 years of age.

  Preventative services such as well visits and routine screenings are critical for identifying chronic conditions early and ensuring proper treatment is received. Centers for Disease Control and Prevention data from the 500 Cities Project indicated that only 21.5% of Flint residents over the age of 65 reported receiving preventative health services compared to an average of 32% for all the cities in the Project. This is important because this is the age when many chronic conditions are likely to begin manifesting or already exist.

  The Ascension Medical Mission at Home (MMaH) is a community-based, Health Ministry-sponsored event which is designed to connect certain healthcare and support services to those who might not otherwise have access to these services in our Health Ministry. The MMaH provides real-time delivery of organized health and social services to those who would not have access to care with follow-up care and continuity as needed. Ascension's MMaH closely aligns with the goals and scope of emPOWER Genesee and as such, the MMaH will merge with the emPOWER kick-off event. emPOWER Genesee is a collaboration between Ascension Genesys Hospital, Consumers Energy, Huntington Bank, and Genesee Health Plan. The program employs a Community Navigator on-site at Consumer Energy's Direct Payment Office during peak-use hours in a designated, private space adjacent to payment tellers, so client needs can be assessed in real-time and then linked directly to, or referred for, resources and services. In addition to the Community Navigator, Genesee Health Plan coordinates with other health and human service agencies to provide on-site services to clients in real-time (Special Service Days) to ensure prompt access to services and navigation to meet program enrollment requirements.

- **Strategy Source:** Centers for Disease Control and Prevention's 500 Cities Project (https://nccd.cdc.gov/500_Cities/rdPage.aspx?rdReport=DPH_500_Cities.ComparisonReport&Locations=2629000): 2019 Genesee County Community Health Needs Assessment (http://gfhc.org/wp-content/uploads/2019/06/hc540_comm_hlth_needs_rept2019_final.pdf)

RESOURCES:

- Ascension Genesys Hospital (H), including Mission Integration, Community Benefit, Foundation, and Administration Departments as well as community clinics
- Ascension Medical Group Genesys (AMGG)

STRATEGY 2: Hold one (1) Medical Mission at Home in FY20 for low-income and uninsured residents within Genesee County who do not have (adequate) access to healthcare services by providing real-time delivery of organized health and social services with follow-up care and continuity as needed to sustain and improve the health of individuals and the community.

COLLABORATION:
- Genesee County Health Department (HD)
- emPOWER Genesee Stakeholder Collaborative, including Consumers Energy, Huntington Bank, and Genesee Health Plan (ePG)
- Exhibitors/Vendors which include community coalitions and health agencies that can provide health education materials and resources to the community

ACTIONS:
1. Form a MMaH Planning Committee which will plan and coordinate the event, including logistics, promotional materials, collaboration with key organizations, day of event flow etc.
2. Identify and outreach to key community partners; join MMaH Steering Committee
3. Determine event logistics (date, time, location, etc.)
4. Determine and confirm day-of event health screenings
5. Determine participant incentives
6. Design and develop a marketing toolkit to be used by Ascension Genesys and community partners to promote event
7. Recruit volunteers
8. Determine and confirm refreshments (participants, volunteers, Exhibitors/Vendors)
9. Determine and confirm day-of event details (agenda, signage, volunteer and exhibitor/vendor training, sign-in, opening ceremony, sign-out / participant survey.)
10. Hold one (1) Medical Mission at Home (MMaH)
11. Hold debrief for Ascension Genesys associates and physicians and ePG

ANTICIPATED IMPACT:
I. By June 2020, Ascension Genesys Hospital will connect certain healthcare and support services to those who might not otherwise have access to these services in its Health Ministry.

II. By June 2020, Ascension Genesys Hospital Associates and Physicians will report a deepened engagement with persons most vulnerable in the community through the applied learning and experience gained.

Alignment with Local, State & National Priorities (Long-Term Outcomes for Prioritized Need 3)

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	"HEALTHY PEOPLE 2020" (or OTHER NATIONAL PLAN):
I, II	2019 Genesee County Community Health Needs Assessment	Ascension Health's Core Value(s): Service to the Poor and Vulnerable	HP 2020 objectives related to Access to Healthcare Services, Diabetes, Heart Disease and Stroke,
I, II	emPOWER Genesee Community Navigation Model	Ascension Michigan's FY 20 goal to host a MMaH in each of the Market's regions	Ascension Health's Mission-inspired Transformation

Prioritized Need #4: Chronic Disease Burden

GOAL: Reduce chronic disease burden within Genesee County by providing community-facing, best practice models to ensure that patients receive the right services, at the right time, in the right location, for the right cost.

Action Plan

STRATEGY 1: Implement the Ascension Genesys Hospital Palliative Care (PC) Program by creating a community-facing, best practice model care to identify, assess, and provide optimal PC services for patients with a serious illness in need of specialized medical care and their families

BACKGROUND INFORMATION:
- **Target Population:** Ascension Genesys Hospital patients, and their families, living with a serious illness in need of specialized medical care, including those with Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), Cancer, Renal Failure, and Dementia.
- **How the strategy addresses social determinants of health, health disparities and challenges of the underserved**: Each year an estimated 40 million people globally are in need of palliative care, 78% of whom live in low- and middle-income countries. Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual. Palliative care is required for a wide range of diseases. The majority of adults in need of palliative care have chronic diseases such as cardiovascular diseases (38.5%), cancer (34%), chronic respiratory diseases (10.3%), AIDS (5.7%) and diabetes (4.6%). Many other conditions may require palliative care, including kidney failure, chronic liver disease, multiple sclerosis, Parkinson's disease, rheumatoid arthritis, neurological disease, dementia, congenital anomalies and drug-resistant tuberculosis.
  The Ascension Genesys Hospital Palliative Care (PC) Program will seek to ensure that PC patients receive the right services, at the right time, in the right location, for the right cost to address suffering that involves care of issues beyond physical symptoms. Palliative care will us a team approach to support patients and their caregivers and addressing practical needs and providing bereavement counselling. It offers a support system to help patients live as actively as possible until death. The Ascension PC Program will develop protocols around five (5) ICD 10 diagnoses (COPD, CHF, Cancer, Renal Failure, Dementia) resulting in improved patient satisfaction with care scores. Additionally, clinicians will learn & gain mastery about how to have PC discussion with patients & families while also improving practitioner satisfaction with care scores. Ultimately, Ascension Genesys Hospital will achieve improved cost savings through appropriate location of care/reduced readmissions
- **Strategy Source:** Center to Advance Palliative Care (CAPC) (https://www.capc.org); World Health Organization (https://www.who.int/news-room/fact-sheets/detail/palliative-care)

RESOURCES:
- Ascension Genesys Hospital (H), including Reverence, PCPs, Specialists, Nurse Practitioners, spiritual care, I/T, Finance
- Ascension Medical Group Genesys (AMGG)

COLLABORATION:
- Community members, including patients and their families
- Center to Advance Palliative Care (CAPC)

STRATEGY 1: Implement the Ascension Genesys Hospital Palliative Care (PC) Program by creating a community-facing, best practice model care to identify, assess, and provide optimal PC services for patients with a serious illness in need of specialized medical care and their families

ACTIONS:

1. Establish & conduct regular Palliative Care Multidisciplinary Team (MDT) meetings to provide program oversight, planning, implementation, sustainability
2. Set outcomes & metrics for PC program: Program, Clinical, Financial, Satisfaction, Sustainability
3. Hire and train three (3) Palliative Care Nurse Practitioners to implement PC Program
4. Hire and train Medical Director (part time) to oversee PC Program
5. Develop AGH/AMGG Palliative Care Protocol around five (5) ICD 10 diagnoses (COPD, CHF, Cancer, Renal Failure, Dementia)
6. Develop an electronic flag for patients who need PC to be sent to physician to make a referral
7. Identify & develop an outpatient community-facing space for PC referrals, consults, and exams; and business office space
8. Pilot PC program in three (3) practices with two (2) diagnoses – CHF and Renal Failure

ANTICIPATED IMPACT:

I. By June 2022, Ascension Genesys Hospital patient satisfaction with care scores will improve.
II. By June 2022, Ascension Genesys Hospital clinicians will learn & gain mastery about how to have PC discussion with patients & families.
III. By June 2022, Ascension Genesys Hospital practitioner satisfaction with care scores will improve.
IV. By June 2022, Ascension Genesys Hospital cost savings will improve through appropriate location of care/reduced readmissions.

Alignment with Local, State & National Priorities (Long-Term Outcomes for Prioritized Need 4)

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	"HEALTHY PEOPLE 2020" (or OTHER NATIONAL PLAN):
I, IV	Ascension Genesys Hospital mission to serve all persons with special attention to those who are vulnerable	Ascension Health's Core Value(s): Service to the Poor and Vulnerable	Center to Advance Palliative Care (CAPC) vision: Palliative care everywhere.
I, II, III, IV	Ascension Medical Group Genesys Patient-Centered Medical Home	The Michigan Dignified Death Act (1996 Public Act 594)	World Health Assembly resolution WHA67.19