

Healthy Behavior Optimization For Michigan



Making the healthy choice the easy choice.

At HBOM, we commit to making the healthy choice the easy choice by implementing systems-level change. We enable and motivate primary care and specialty physicians to design and work within systems that positively affect health behaviors. Our efforts make healthy behaviors achievable and sustainable by increasing access to innovative, evidence-based programs and support.

 HBOMich.org

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HBOM Team Members

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"Without this program I believe beginning anything of this kind would have been for naught."

- Jumpstart Participant

HBOM INITIATIVES



Surgical Healing

All patients deserve to heal better and feel better after surgery. HBOM is collaborating with CQIs to enhance perioperative patient-initiated lifestyle interventions.



Tobacco Cessation

Tobacco is the single greatest preventable cause of disease and premature death in America today. HBOM is working to ensure all patients get the support they need to quit smoking.



Healthy Eating

HBOM is making healthy eating the easy choice through innovative partnerships and food programs.



Physical Activity

Promoting physical activity is one of the most effective ways to improve health and well-being. HBOM has partnered with the Michigan Cardiac Rehab Network to increase enrollment and utilization of cardiac rehab.



ACHIEVEMENTS

HBOM has partnered with
12 CQIs & MDHHS
to reduce tobacco use across
Michigan.

33

Health systems implemented
NewBeat cardiac rehab materials
in their workflows in 2024.

HBOM's public-private partnership
with Shipt for the Jumpstart Program
was featured in a

**White House
Initiative.**

84%

of patients reported greater
confidence in managing their
diabetes after the Healthy Eating
Jumpstart Program.

Our partner MSQC has seen an
18% increase

in tobacco counseling rates and a
3% increase
in quit rates since 2021.



HEAL BETTER

Feel Better After Surgery

Patient health behaviors such as tobacco use, diet, physical activity, and stress management play a critical role in surgical outcomes, affecting healing time, complication rates, and long-term recovery.

For many individuals, surgery represents a critical moment when patients may be more motivated to engage in lasting behavior change. Research shows that even brief interventions during this period can lead to meaningful improvements in both short- and long-term health.

Despite the evidence, most patients receive limited or no counseling on health behaviors in the perioperative setting. This represents a missed opportunity to enhance outcomes and empower patients.

Every patient should be given the information they need to HEAL BETTER.

EXAMPLE DRAFT MATERIALS



INITIATIVE TIMELINE

JAN 2025

Initiative Kickoff

FEB 2025

Partnerships formed with MSQC, MOQC, MVC, and BMC2

MAR 2025

Post-Op Healing workshops with MOQC members

APR 2025

Design and development of V1 Heal Better tools

INTERESTED IN PARTNERING?

Contact info@HBOMich.org



University of Michigan Health-Sparrow Mobile Health Clinic



Mobile Health Clinic Bringing Health Care to Your Community

What We Do:

- The UM Health-Sparrow Mobile Health Clinic provides accessible, high-quality health care to underserved and uninsured communities.
- We bring essential medical services directly to where they are needed most

Service We Offer:

- Health and Wellness Exams
- Sports Physicals
- Acute Musculoskeletal Issues
- Blood Pressure Checks
- Influenza Vaccinations
- Patient Education
- Medical and Financial Resources

Why Mobile Health Matters:

- Many factors affect health beyond medical care. Our Mobile Health Clinic addresses Social Determinants of Health (SDOH) by:
 - Reducing transportation barriers
 - Connecting patients with community resources
 - Providing education to promote long-term wellness
 - Offering culturally competent care
 - Building trust in the community
 - Connecting patients with long-term primary care providers

Get in Touch:

- Service Area – UM Health-Sparrow services the Mid-Michigan region
- Website - uofmhealthsparrow.org/um-health-sparrow-community-health/mobile-clinics
- Contact Information: SparrowMobileHealthClinic@UMHSparrow.org



COMFORT CUISINE

Delivering care one meal at a time

Comfort Cuisine is a pilot initiative developed through a collaborative effort between the **Michigan Oncology Quality Consortium (MOQC)** and **Healthy Behavior Optimization for Michigan (HBOM)**. This program support cancer patients and their caregivers by improving access to nutrient-rich foods and providing essential educational resources. We focus on helping people maintain adequate nutrition during treatment, manage side effects, and promote overall well-being.

Program Details:

- **Enrollment:** 50 individuals undergoing cancer treatment who are identified as food insecure, along with one of their caregivers.
- **Meals and Duration:** Participants receive up to 14 medically tailored meals per week for 4 weeks through vendor Mom's Meals.
- **Education:** Educational materials are provided on nutrition during treatment, budget considerations, community resources and more.
- **Comfort Kit:** Participants receive a kit containing interactive napkins that include inspirational messaging, imagery, and games along with markers and soft utensils.
- **Surveys:** Baseline and experience questionnaires provided to patients.



Collaboration Overview

This partnership combines HBOM's expertise in establishing public-private partnerships to optimize healthy behaviors and MOQC's 15-year dedication to supporting Michigan practices in the improvement of cancer care.

MOQC Contributions:

- Recruitment and training of oncology practices
- Developed content for educational materials
- Ongoing tracking of enrollment and surveys
- Provided funding

HBOM Contributions:

- Program consultation and insights
- Design of logo and educational materials
- Created comfort kit
- Provided funding

Weekly meetings to review enrollment status, survey results, budget, materials, support, and expansion.

Contact

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www.comfortcuisine.moqc.org



Support for HBOM and MOQC is provided by the Value Partnerships program of Blue Cross Blue Shield of Michigan.

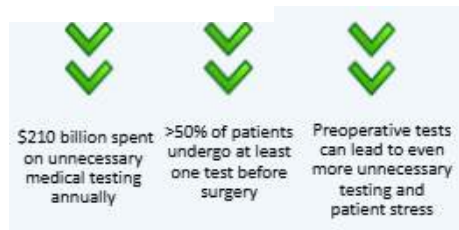
PREOPERATIVE TESTING

Reduce unnecessary medical testing

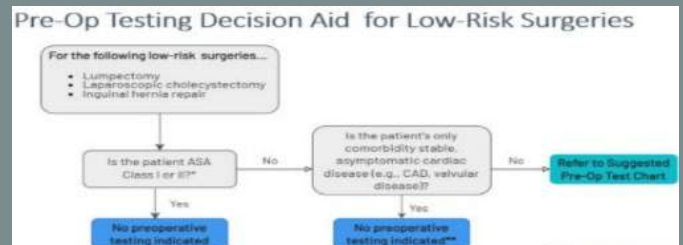


PURPOSE

- Use time and resources when they benefit the patient
- Reduce costs of unnecessary testing
- Improve timeliness of care



PROTOCOLS/TOOLS



PROJECT

Team

Established committee project team including Nursing, Anesthesia, and Surgery

Strong participation and leadership from all area disciplines

Met at least bimonthly to monitor and adjust strategies

PROTOCOLS/TOOLS

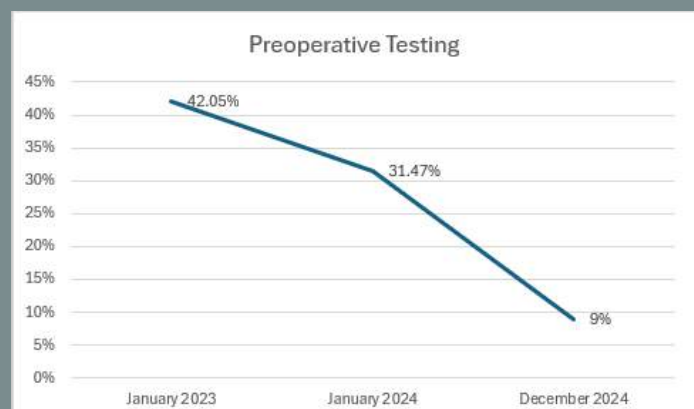
Test	ASA 1	ASA 2	ASA 3 or ASA 4
Minor Surgery (Use NICE Surgical Classifications List)			
CBC	Not Required	Not Required	Not Required
PLATT/INR	Not Required	Not Required	Not Required
Complete Metabolic Panel	Not Required	Not Required	Obtain for patients with documented CKD ≥ 3rd stage
ESG	Not Required	Not Required	Obtain if the ESG results available from past 12 months
Lung Function (PFT) (Refer to Manual)	Not Required	Not Required	Not Required
Intermediate Surgery (Use NICE Surgical Classifications List)			
CBC	Not Required	Not Required	Obtain in patients if no results within 30 days
PT/INR/APTT	Not Required	Not Required	Obtain in patients with chronic liver disease or documented blood clotting disorders
Complete Metabolic Panel	Not Required	Not Required	YES
ESG	Not Required	Not Required	YES
Lung Function (PFT) (Refer to Manual)	Not Required	Not Required	Obtain with anesthesia provider if patient has known or suspected respiratory disease
Major or complex surgery (Use NICE surgical classifications list)			
CBC	YES	YES	YES
PLATT/INR	Not Required	Not Required	Obtain in patients with chronic liver disease, anticoagulated or documented blood clotting disorders
Complete Metabolic Panel	Not Required	YES	YES
ESG	Not Required	YES	YES
Lung Function (PFT) (Refer to Manual)	Not Required	Not Required	Obtain with anesthesia provider if patient has known or suspected respiratory disease

Process & Implementation

- Selected guidelines (NICE)
- Implemented new protocol and algorithm

RESULTS

- Revised RN preadmission testing assessment to help identify ASA class
- Updated ASA reference with specificity to improve anesthesiology consistency in categorizing/ordering
- Expanded to all appropriate elective surgeries



Behavioral Health Collaborative Care

Collaborative Care: What is it?

In the Collaborative Care Model (CoCM), collaboration between specialties, primary care, therapy, and psychiatry is fundamental to delivering comprehensive and effective behavioral health care. This model fosters a team-based approach where primary care providers (PCPs) work closely with behavioral health therapists (BHTs) and psychiatric consultants to ensure patients receive holistic care. PCPs coordinate overall patient care, integrating insights from therapists and psychiatrists to address both physical and mental health needs. BHTs support patients through care management and systematic case reviews, facilitating communication between all team members. BHT's in our program are LLMSW/LMSW experienced therapists providing evidence based brief interventions along with collaborative care management. Psychiatric consultants provide expert treatment recommendations, enhancing the PCP's ability to manage complex cases. This seamless collaboration ensures that patients benefit from a well-rounded treatment plan, leading to improved health outcomes and greater access to mental health services. By leveraging the strengths of each specialty, CoCM creates a cohesive and supportive environment for patient care.

How does a PO assist with CoCM

Physician organizations play a crucial role in supporting the Collaborative Care Model (CoCM) by integrating behavioral health services into primary care practices. CoCM involves a team-based approach where primary care physicians work alongside behavioral health care managers and psychiatric consultants to provide comprehensive care for patients with mental health conditions. This model enhances patient outcomes by ensuring timely and effective treatment, regular progress monitoring, and adjustments to care plans as needed. By promoting CoCM, these organizations help bridge the gap between mental and physical health care, ultimately improving access to holistic care for patients.

Feedback from a High Utilizing Internal Medicine Provider

Success with Collaborative Care:

- Numerous patients have completed the program successfully.
- Particularly effective for patients in acute mental health crises. Invaluable services when specialists and counselors are booked months out.
- Quick access to medication adjustments and counseling.

Engagement Strategies

- Short-term nature of the program is appealing.
- Focus on stabilizing conditions with multiple resources and Graduates are better equipped to manage their mental health independently.

Program Benefits

- Ease of access to mental health services.
- Specialist insights without long wait times for appointments.
- Comfortable with all medication recommendations.
- Collaborative team approach to patient care.
- Close monitoring and follow-up during medication adjustments.
- Frees up time for primary care providers.



REMOTE PATIENT MONITORING FOR RURAL MICHIGAN HOSPITALS

Goal: Increase digital health capacity and access to care for rural, independent critical access hospitals while capturing lessons learned for statewide dissemination.

About MCRH

- The Michigan Center for Rural Health (MCRH) serves as Michigan's State Office of Rural Health (SORH) and is one of only three non-profit SORHs in the U.S.
- MCRH fosters collaborations among healthcare organizations to enhance rural health care services.
- Dedicated to coordinating, planning, and advocating for improved health in Michigan's rural communities.

Partners



Nov 2022

Jul 2023

Jun 2024

Planning & Recruitment Phase

RPM Pilot in 3 Critical Access Hospitals

Operational Outcomes



70 patients enrolled in RPM



Over 36,000 readings recorded



45 patients surveyed

- Likelihood to Recommend | 9.09
- Device Ease of Use | 9.33
- Initial Telehealth Appointment Experience | 9.75
- Overall Experience with Higi Care Manager | 9.71



HEDIS Control Blood Pressure

Control rates for 46 patients improved from 39% to 78% in 6 months. Among 28 with uncontrolled hypertension, average reductions were 27 mmHg systolic and 11 mmHg diastolic—moving most into the normal range.



HEDIS Control Blood Glucose

17 patients achieved and maintained HEDIS-compliant blood glucose control within the first month.



Weight Control

31 patients using digital scales averaged a 4-pound weight loss over six months, with sustained improvements over time.



This initiative successfully demonstrated how digital health solutions can improve patient outcomes, enhance access to care, and reduce clinical burden in rural Michigan.

**Explore the
Playbook**



Thriving Together

A Collaborative Demonstration Project to Improve Interprofessional Teamwork



Project Objective

Demonstrate a collective approach where we use an evidence-informed methodology to identify the appropriate settings and leverage the respective expertise among our **Center for Interprofessional Education (C-IPE) Systems Transformation Committee (STC)**. We will work as partners to help teams design and execute customized local action plans focused on improving interprofessional teamwork to **enhance the quintuple aims of health**.

Our Central-Outward Approach

We adopted a central-outward strategy with a mission-aligned approach that fosters interprofessional teamwork by convening a central team, securing executive buy-in, and partnering with frontline teams for implementation.

1 Defining the Problem

Adopt an approach that aligns our mission with a health system wide strategy.

2 Convening the Central team

Form the C-IPE STC with leaders from central offices across the health system.

3 Securing Executive Buy-In

Present a data-informed business plan by crosswalking workforce and patient data to gain executive support.

4 Partnering with Front-Line Teams

Work at the elbow with frontline teams to implement and sustain action plans to improve interprofessional teamwork.

C-IPE Systems Transformation Committee (STC)



In 2023, C-IPE convened **leaders across several key areas of influence within Michigan Medicine**, which evolved into the STC. After an **extensive listening tour of Michigan Medicine leaders** and an **exhaustive review of Press Ganey data** (and other data sources), the STC reached a pivotal point in mid-2024 to come together and develop a strong business case to improve interprofessional teamwork. What followed was an **intentional and thorough engagement of leaders at every level**, starting with executives, to obtain their **buy-in and support** for the launch of the collaborative demonstration project in an ambulatory care and inpatient unit.

Project Overview

Thriving Together consists of three pillars, supported by an evidence based framework: **Assessment, Coaching and Support**, and customized **Training and Development**.

Thriving Together leverages the respective expertise among the STC members and their offices in a **collaborative and cohesive approach**, providing streamlined and focused improvement processes and implementation as well as greater access to Michigan Medicine and University of Michigan resources to result in greater impact and reduced redundancy.

