

Morris Hood III
Chronic Kidney
Disease and COVID-19
Complications
Prevention Initiative

Year Two Legislative Report

October 2022–September 2023



NATIONAL KIDNEY
FOUNDATION®

of Michigan

TABLE OF CONTENTS

Mo Hood III Initiative	3
Background and Purpose	5
A Note from the Mo Hood III Advisory Committee Co-chairs	7
Progress	8
Partnerships.....	9
Progress Indicators.....	10
Community Awareness	11
Healthcare Systems Engagement.....	18
Advisory Committee	20
Sharing Our Work	21
Appendix A: Data Partners	22
Appendix B: Advisory Committee Members	23
Appendix C: Statewide Presentations and Events	24

Mo Hood III Initiative

Year Two Legislative Report Overview October 2022–September 2023

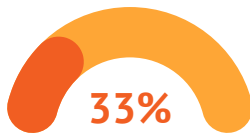
The National Kidney Foundation of Michigan (NKFMI) has teamed up with the Michigan Department of Health and Human Services (MDHHS) to implement **The Morris Hood III Chronic Kidney Disease and COVID-19 Complications Prevention Initiative** (Mo Hood III Initiative).

Morris (Mo) Hood III was a Michigan legislator and a kidney transplant recipient—he dedicated his time to educating others about CKD prevention and early detection. Mo passed away in 2020 from COVID-19 complications, yet his legacy continues.

What is chronic kidney disease (CKD)?

CKD is permanent kidney damage or a decreased level of kidney function that continues for three months or more. If untreated, CKD can lead to complete kidney failure, leaving the only options for survival as dialysis or a kidney transplant.¹

Who does CKD affect?



Percentage of adults in the United States who are at risk for kidney disease.



One in seven (more than one million) Michigan adults have CKD, and most don't know it.

DIABETES

The leading cause of kidney disease in the U.S., followed closely by high blood pressure (i.e., hypertension [HTN]).



People who are African American, Asian, Hispanic, or Native American are at an increased risk for developing CKD.



Kidney failure due to diabetes or HTN can be prevented or delayed through healthy eating, increasing physical activity, and/or taking the right medications.²

The Mo Hood III Initiative serves Michiganders with CKD, at elevated risk for CKD, and at risk for COVID-19.

Goals

- Prevent CKD and improve the lives of those living with it.
- Increase knowledge, awareness, and understanding of preventable CKD and its health risks among community members and healthcare providers.
- Increase understanding of the relationship and risk between CKD and COVID-19 among those with and at risk for CKD and among healthcare providers.

Key Activities

- Establish a statewide advisory committee that will guide the work of the initiative.
- Analyze data to understand which populations are most at risk for CKD, identify costs associated with treating CKD, and find the social drivers that may increase risk for CKD.
- Engage communities to increase knowledge, awareness, and understanding of preventable CKD through evidence-based programs (EBP) and the *Are You The 33%?* campaign.
- Develop healthcare systems initiatives to increase early detection and management of CKD.

Mo Hood III Initiative Year Two Accomplishments

Are You The 33%? Campaign Reach

- The *Are You The 33%?* campaign educates providers and the public on the prevalence of CKD and the percentage of those that may be at risk.³
- *Minute for your Kidneys* quiz is a brief risk assessment that is promoted through the campaign and uses health and lifestyle information to assess an individual's risk.

10,300

The number of Michiganders who took the quiz.

75%

Percentage of respondents who were identified as "at risk," indicating the assessment is reaching those who need to discuss CKD with a healthcare provider.



Beyond the numbers
We see PEOPLE



LEARN HOW TO ASSESS YOUR RISK AT
WWW.KIDNEYMI.ORG/KIDNEY_QUIZ

Evidence-based Program Participation Expansion

EBPs are health prevention and/or self-management programs used to support individuals with making lifestyle changes that can help them to prevent or manage CKD.

895

The number of individuals enrolled in EBP, of which **88 percent** indicated they have a health condition that puts them at risk for CKD.

42%

Percentage of participants who have had COVID-19, with **19 percent** having long COVID symptoms.

Medicaid Health Plan Contract Changes to Align with Improving CKD Care

- Adding quality measures related to reporting on blood pressure control for members who have HTN and diabetes and/or CKD.
- Offering CKD educational materials to providers on guidelines and routine orders for CKD tests.
- Delivering beneficiary communications on the impact of HTN and diabetes on kidney function.

This project is being supported, in whole or in part, by federal award number LFRP0127 awarded to the State of Michigan by the U.S. Department of the Treasury.

¹ National Kidney Foundation of Michigan. 2023. "Kidney Disease." *National Kidney Foundation of Michigan*. Accessed October 5, 2023. [The National Kidney Foundation of Michigan \(NKFM\) has teamed up with the Michigan Department of Health and Human Services \(MDHHS\) to implement The Morris Hood III Chronic Kidney Disease \(CKD\) and COVID-19 Complications Prevention Initiative \(Mo Hood III Initiative\).](https://www.kidney.org/kidneydisease)

² National Kidney Foundation of Michigan. 2023. "Kidney Disease."

³ National Kidney Foundation of Michigan. n.d. "Are You The 33%? Campaign." *National Kidney Foundation of Michigan*. Accessed October 10, 2023. [Prevent CKD and improve the lives of those living with it](https://www.kidney.org/kidneydisease)



Mo Hood and Regie
of Regie's Rainbow

BACKGROUND AND PURPOSE

Morris (Mo) Hood III was a Michigan legislator who was passionate about accessible healthcare. He served as a state representative from 2003–2008 and as a state senator from 2010–2018. As a kidney recipient, he was dedicated to educating others on the importance of chronic kidney disease prevention and early detection, with a focus on children’s nutrition education through programs like Regie's Rainbow (Regie’s Rainbow mascot pictured above with Mo Hood). Mo passed away in 2020 from COVID-19 complications, yet his legacy lives on.

The National Kidney Foundation of Michigan seeks to prevent kidney disease and improve the quality of life for those living with it. CKD is permanent kidney damage or a decreased level of kidney function that continues for three months or longer. More than one million Michigan adults have CKD, and most don’t know it. People who are Black or African American, Asian, Hispanic, or Native American are at an increased risk for developing CKD. If untreated, CKD can lead to heart disease or complete kidney failure, leaving the only survival options as dialysis or a kidney transplant.⁴

⁴ National Kidney Foundation of Michigan. 2023. “Kidney Disease.”

People living with CKD, or its leading causes of diabetes and high blood pressure, are at greater risk for severe illness, complications, and/or death from COVID-19.⁵ The pandemic continues to highlight the challenges faced by populations ranked high on the Centers for Disease Control and Prevention’s social vulnerability index, including evidence that kidney disease and its precursors—obesity, diabetes, and hypertension, which significantly affect older adults—are known risk factors for serious COVID-19.⁶



With support from the Michigan Department of Health and Human Services and Public Sector Consultants, NKFM published the [Chronic Kidney Disease Prevention Strategy in Michigan 2021–2026](#).⁷ This strategy document emphasizes the need for collaboration across healthcare, government, and communities to address chronic kidney disease.

When MDHHS began soliciting American Rescue Plan Act (ARPA) proposals from community-based organizations statewide, NKFM applied to continue their work of fighting kidney disease in the state of Michigan. In 2021, the Michigan legislature appropriated \$14 million in ARPA funding to implement The Morris Hood III Chronic Kidney Disease and COVID-19 Complications Prevention Initiative, also called the Mo Hood III Initiative, under House Bill 5523.

This initiative is dedicated to transforming kidney care and CKD prevention across the state, particularly for those affected by or are at risk for COVID-19. Bringing together partners and setting up a statewide advisory committee, the Mo Hood III Initiative is focused on working with the provider community, collecting and analyzing critical data, educating community members, and raising awareness of CKD while empowering Michiganders to take steps to address their health needs.

⁵ Centers for Disease Control and Prevention. February 2023. *Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals*. Accessed July 28, 2023. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html>

⁶ National Kidney Foundation of Michigan. 2023. “About Us.” *National Kidney Foundation of Michigan* Accessed July 28, 2023. <https://nkfm.org/about-us/>

⁷ National Kidney Foundation of Michigan. n.d. *The Chronic Kidney Disease Prevention Strategy in Michigan 2021–2026*. Ann Arbor: National Kidney Foundation of Michigan. Accessed July 28, 2023. <https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder2/Folder54/Folder1/Folder154/Michigan-CKD-Plan-2021-2026.pdf?rev=4eecd5bac654110b95a85feb3fb162c>

A NOTE FROM THE MO HOOD III ADVISORY COMMITTEE CO-CHAIRS



Dr. Charles Bloom



Dennis Smith

Over its short history, the Mo Hood III Initiative has set strategies in motion that are intended to demonstrate a new paradigm for addressing long-standing chronic conditions facing Michigan's population.

The Mo Hood III Initiative has demonstrated the power of collaboration and the value of data. When brought together, the partners of this initiative have undertaken innovative avenues for early detection of CKD while committing to emphasizing the needs of at-risk individuals. Due to these efforts, we are beginning to see the development and deployment of tools to increase knowledge, awareness, and understanding of preventable kidney disease and COVID-19 risk factors.

Through leveraging data from MDHHS Medicaid, Medicare, laboratories, and health systems, we are excited to see how these efforts will grow in the coming years. We know that all of the initiative's partners are focused on establishing sustainable strategies to continue the work of kidney disease detection and management. Because of this, we can safely say our combined work is just starting to show promise of continued program interventions. We thank all our partners and we look forward to sharing additional results in our future reports.

—Committee Co-chairs Dr. Charles Bloom, Chief Medical Officer at Health Alliance Plan of Michigan (HAP) and Dennis Smith, Dennis H. Smith Consulting



PROGRESS

Over the last year, NKFM and partners have worked toward achieving the Mo Hood III Initiative's goals. Progress has been made in building partnerships across the state, working with partners to collect and analyze relevant data, engaging communities to educate and raise awareness, and working with healthcare systems to create and enhance intervention strategies.

NKFM is working to achieve its goals of:

- Preventing CKD and improving the lives of those living with it
- Increasing CKD knowledge, awareness, and prevention
- Increasing understanding of the relationship and risk between CKD and COVID-19

The Mo Hood III Initiative aims to achieve its goals by:

- Engaging partners
- Collecting data to track progress
- Raising community awareness
- Engaging healthcare systems

Partnerships

NKFM's partnerships are key to reaching the initiative's goals. Partners support the Mo Hood III Initiative in several ways, including, but not limited to, conducting outreach and education on CKD risk factors and prevention, providing strategic counsel through the advisory committee, and working together on data analysis to understand CKD prevalence and costs.

NKFM engages partners across sectors through all facets of the initiative. Its partners include:

- Greater Flint Health Coalition
- HHS Technology Group (HTG)
- Inter-Tribal Council of Michigan
- Joint Venture Hospital Laboratories (JVHL)
- Mathematica
- Michigan Association of Health Plans (MAHP)
- Michigan Association of Health Plans Foundation
- Michigan Department of Health and Human Services
 - Bureau of Medicaid Care Management and Customer Service
 - Diabetes and Other Chronic Diseases Section
 - Public Health Administration
 - Division of Chronic Disease and Injury Control
- Michigan Primary Care Association (MPCA)
- Michigan Public Health Institute (MPHI)
- Public Sector Consultants
- Michigan Medicine, Department of Internal Medicine, Division of Nephrology
- Michigan Medicine, Department of Family Medicine
- University of Michigan Kidney Epidemiology and Cost Center (KECC)



Mo Hood with NKFM board and staff members at an NKFM event.

“Chronic kidney disease prevention is core to my values. As a leader in health plans and integrated health systems, I believe this is an important opportunity to engage and align private, public, and community resources to help improve prevention practices.”

—Dr. Charles Bloom, CMO, HAP

Progress Indicators

NKFM is partnering with private analytics companies, health systems, and the state to analyze Medicaid and Medicare claims and laboratory data and Behavioral Risk Factor Surveillance System (BRFSS) data to tell the story of CKD across Michigan. BRFSS is an annual statewide telephone survey of Michigan adults 18 years of age and older. The annual state-level surveys calculate population-based estimates of the prevalence of various behaviors, medical conditions, and preventive healthcare practices among Michigan adults.⁸ A description and list of data partners is in Appendix A.



Through the Mo Hood III Initiative, NKFM is using data to understand:

- The prevalence and incidence of CKD in Michigan
- The areas in Michigan that are most affected by CKD and its risk factors, e.g., diabetes, HTN, and obesity
- The social and environmental determinants of health that increase risk of CKD
- The impact of COVID-19 on CKD trends and its risk factors
- The best opportunities for intervention
- How well Michigan is identifying and treating CKD across the state
- How much it costs for Medicaid to treat individuals with CKD

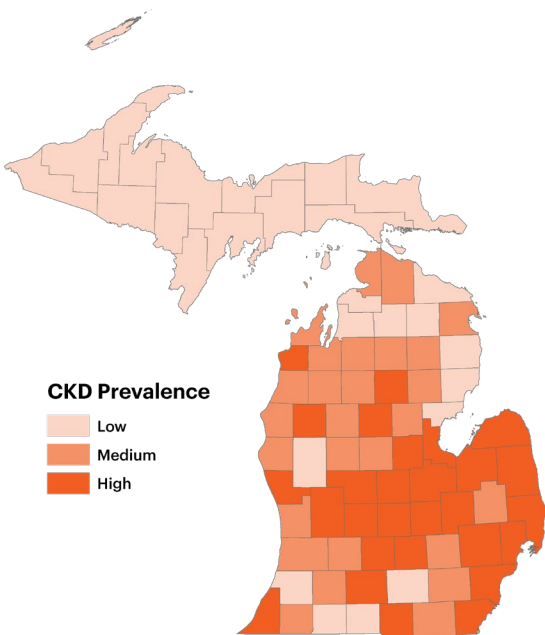
CKD Prevalence and Screening in Michigan

The Mo Hood III Initiative is working with partners to analyze Michigan Medicaid data to understand the number of Medicaid beneficiaries with CKD across the state by county alongside kidney disease screening rates of Medicaid beneficiaries.⁹ High percentage of CKD and low rates of screening can be seen in the dark orange counties on the next page.

⁸ Michigan Department of Health and Human Services. 2023. *Michigan Behavioral Risk Factor Surveillance System (MiBRFSS) Dashboard, 2023*. Accessed October 10, 2023. <https://www.michigan.gov/mdhhs/keep-mi-healthy/communicablediseases/epidemiology/chronicepi/bfrs>

⁹ The kidney disease screening measure uses the Healthcare Effectiveness Data Information Set (HEDIS) definition for Kidney Health Evaluation for Patients with Diabetes (KED), meaning it is measured on persons with diabetes and looks at whether both tests were received—an estimated glomerular filtration rate and a urine albumin-creatinine ratio during the measurement year.

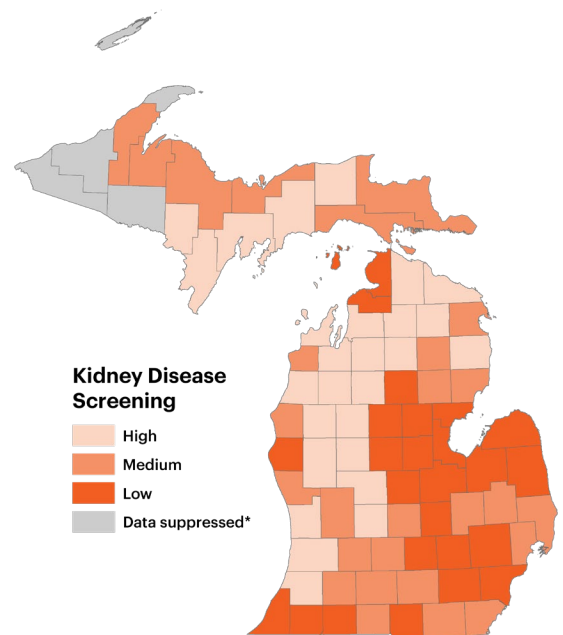
CKD Prevalence Among Michigan Medicaid Beneficiaries, 2021



Percentage Range	Percent Value
0 to 7%	Low
7% to 8%	Medium
>8%	High

Source: Michigan Medicaid data analyzed by Mathematica.

Kidney Disease Screening Rates of Michigan Medicaid Beneficiaries with Diabetes, 2021



Percentage Range	Percent Value
>33%	High
21% to 22%	Medium
0 to 21%	Low
*Data suppressed due to small sample size.	

Source: Michigan Medicaid data analyzed by Mathematica.

Community Awareness

The Mo Hood III Initiative educates and serves people with CKD and those at elevated risk for CKD or COVID-19 through an awareness campaign, evidence-based self-management, and nutrition and physical activity programs. NKFM also emphasizes interventions that address individuals' social determinants of health (SDOH) needs.

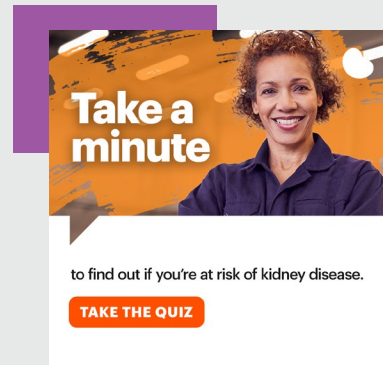
"I am hopeful The Mo Hood III Initiative can identify community-based interventions that improve engagement among at-risk populations and prevent CKD." —Dominick Pallone, MAHP

Are You The 33%? Campaign

Thirty-three percent of adults in the United States are at risk for kidney disease. NKFM partnered with the National Kidney Foundation to adapt and implement their **Are You The 33%?** campaign across the state to raise awareness of kidney disease and the relationship between CKD and COVID-19 among key audiences. The campaign's goal was to connect people to the **Minute for your Kidneys** quiz, an easy-to-complete online self-assessment of an individual's CKD risk.

NKFM created and implemented its promotion and communications plan, which included:

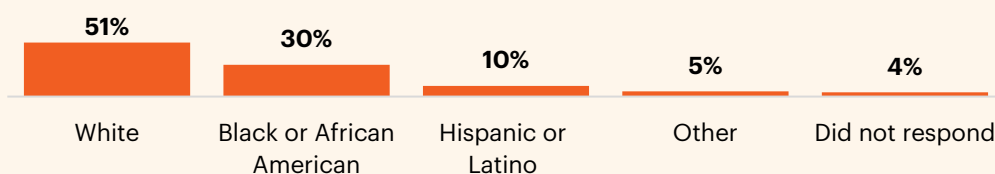
- Community-specific, customizable digital advertisements for the quiz that were rolled out across the state, including in areas with high populations of individuals who are Black/African American, Hispanic/Latino, Native American/tribal communities, and in rural areas
- A suite of communications tools for providers and partners, including information on the increased health risks of CKD and the relationship between CKD and COVID-19 to engage African American, Hispanic/Latino, and tribal populations
 - Tools highlighting population-specific CKD risk factors
 - Spanish-language campaign materials for wider accessibility
 - Relationship building with the Inter-Tribal Council of Michigan to help connect and grow partnerships with individual tribes across the state
 - Campaign website for accessing resources and information



- Tools that were shared with MPCA to include in the CKD Learning Collaborative, a group of four federally qualified health centers (FQHCs), to raise awareness of the resources available for educating patients as appropriate
- Links to the *Are You The 33%?* campaign resources—which includes the *Minute for your Kidneys* quiz—on MDHHS’ Diabetes Prevention and Control Program home page—CKD page, and on the Medicaid providers homepage

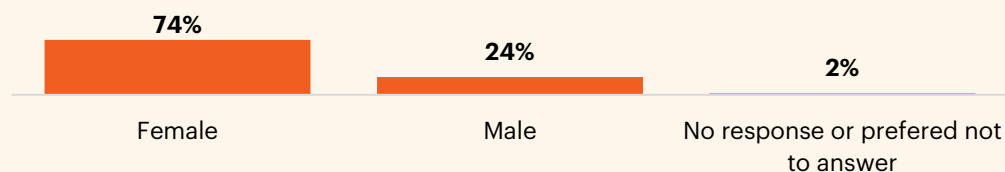
Ads related to the *Are You The 33%?* campaign launched in September 2022 and received **over seven million** impressions, with more than **10,000** individuals completing the *Minute for your Kidneys* assessment, and more than **3,000** providing email addresses to receive follow-up information on CKD prevention and COVID-19 resources. Additional information about quiz respondents include:

Race/Ethnicity of Quiz Respondents



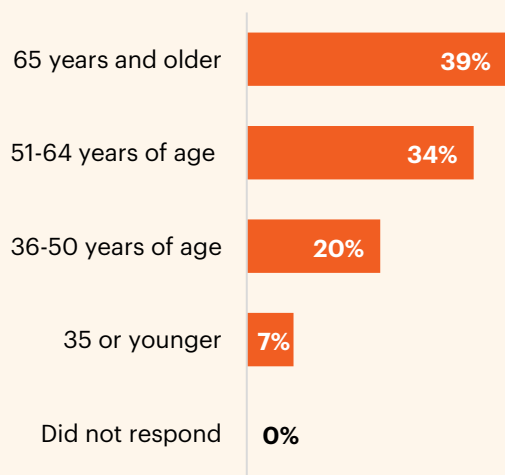
Note: Other races and/or ethnicities included: other/mixed race, Asian, American Indian and Alaskan Native, Black and Hispanic, Native Hawaiian and Pacific Islander.
Source: Data collected and analyzed by NKFM.

Gender of Quiz Respondents



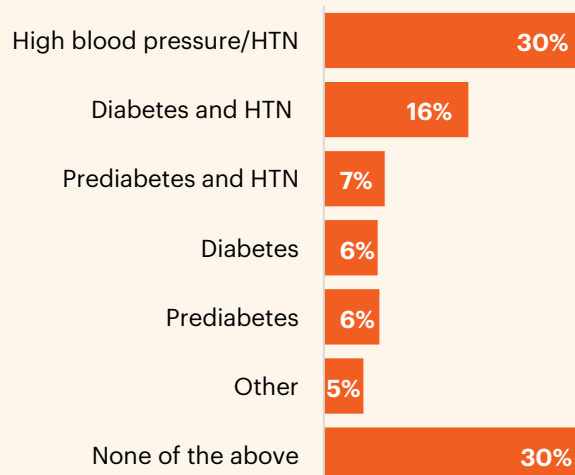
Source: Data collected and analyzed by NKFM.

Age Ranges of Quiz Respondents



Source: Data collected and analyzed by NKFM.

Health Conditions Indicated by Respondents



Note: Diabetes and HTN includes those who also selected heart disease or heart failure. HTN includes those who selected heart disease or heart failure.

Source: Data collected and analyzed by NKFM.

75 percent of respondents were deemed high risk



Evidence-based Programming

One of the initiative’s strategies is to provide EBPs and/or culturally appropriate nutrition and physical activity programs to communities in Michigan. These programs serve persons with, or at risk for, CKD and those with a history of COVID-19. During registration for each program, individuals answer a series of questions indicating if they have had acute kidney injury and/or a history for COVID-19. These quick assessments will help NKFM understand the number of people at risk for CKD and the number of people with CKD who have participated in evidence-based programming. Participants are also screened for SDOH needs and receive referrals from an NKFM resource navigator as needs are identified.

EBPs available include the Diabetes Prevention Program, A Matter of Balance, Enhance Fitness, Personal Action Towards Health (PATH) suite of programs, High Blood Pressure Control, Walk with Ease, WISEWOMAN, Cooking Matters, Michigan ACE Initiative, Regie's Rainbow Adventure, and NAPSACC.



Key achievements include:

- 12 NKFM staff were trained to be EBP leaders, allowing them to build capacity. Additional capacity will allow more community members to participate in evidence-based programming to make healthy lifestyle changes that can reduce their risk of CKD.
- More than 55 special project associates were hired and trained to deliver community-based programming, health coaching, and evidence-based programming to persons with CKD, at risk for CKD, and/or with a history of COVID-19.
- NKFM has more than 30 active partnerships with community partners to increase nutrition and physical activity education programming.



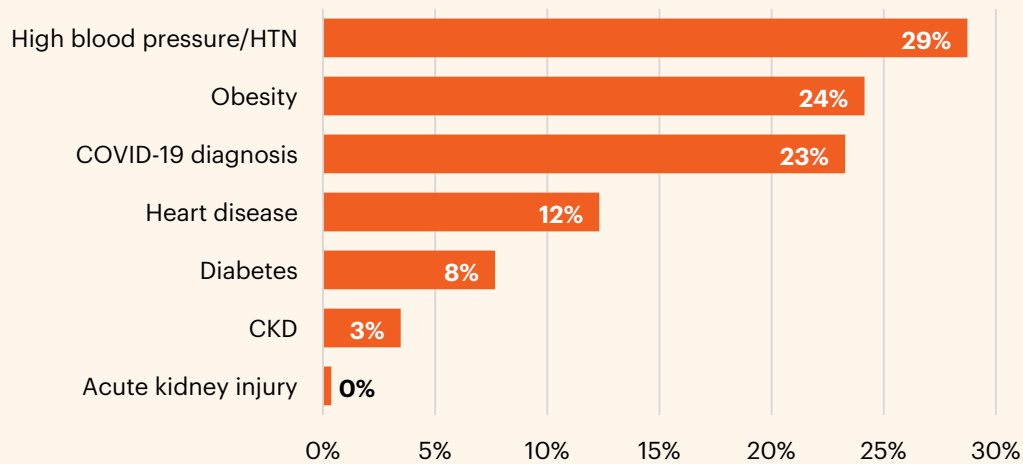
895 individuals participated in EBPs

88% (786) reported having one or more CKD risk factor

42% (376) indicated having a history of COVID-19

19% (70) of those who have had COVID-19 reported long COVID symptoms

Percentage of Evidence-based Program Participants by Risk Factor



N = 1,615

Note: Data collected and analyzed by NKFM.

SDOH Strategy

SDOHs include nonmedical factors—such as neighborhoods, environment, and nutrition security—that can significantly impact a person’s current health, their quality of life, and their future risk of poor health outcomes.¹⁰

NKFM recognizes key social determinants linked to poor kidney health may include food security, housing stability, transportation, education and income, employment opportunities, racial segregation, exposure to environmental pollution, and access to healthcare.¹¹

The Mo Hood III Initiative works to prevent CKD and reduce related COVID-19 complications by recognizing the effects of SDOH and focusing on risk factors that can perpetuate the disease, such as obesity, diabetes, and HTN. This work aligns with the MDHHS’ Social Determinants of Health Strategy, which focuses on preventive measures to chronic conditions, especially in vulnerable populations. NKFM partners with several community initiatives to support this work, including those listed on page 15.

¹⁰ Centers for Disease Control and Prevention. December 8, 2022. “Social Determinants of Health at CDC.” *Centers for Disease Control and Prevention*. Accessed October 9, 2023. <https://www.cdc.gov/about/sdoh/index.html>

¹¹ National Kidney Foundation of Michigan. n.d. “Social Determinants of Kidney Disease.” *National Kidney Foundation of Michigan*. Accessed October 9, 2023. <https://www.kidney.org/atoz/content/kidneydiscauses>



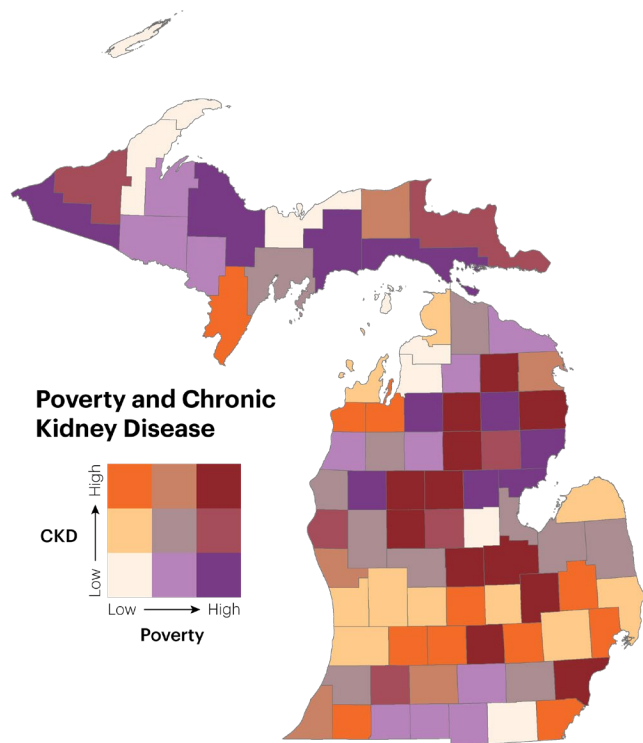
A Diabetes PATH participant, who is the sole caregiver for her disabled adult daughter, shared that due to rising costs she has been scaling back on food. She is on a fixed income and, even though her daughter is on Social Security Disability, it isn't enough to help with her household budget. She also struggles with gas to get her and her daughter to doctor appointments. She was approved by NKFM to receive SDOH support and was given information for drive-thru food pantries near her home and for several home delivery food pantries that could make it easier for her to access supplemental food without having to use the gas she needs to travel to doctor appointments.

SDOH Data Analysis

Michigan Medicine analyzed BRFSS data to visualize the geographic locations where there are both a high rate of people living at or below the poverty threshold and high rates of self-reported CKD. The following counties exhibited populations with a high percentage of CKD prevalence and poverty: Alcona, Clare, Crawford, Genesee, Gratiot, Ingham, Mecosta, Montmorency, Osceola, Roscommon, Saginaw, and Wayne (these counties are represented in dark red on the following map).

Level	CKD Prevalence	Percentage Below Poverty
Low	<21%	<13%
Medium	21% to 25%	13% to 17%
High	>25%	>17%

Population Below the Poverty Threshold Level and CKD in Michigan, by County



Source: MiBRFSS and Medicare data analyzed by Michigan Medicine

Healthcare Systems Engagement

The Mo Hood III Initiative provides technical assistance to health plans and healthcare providers to build strategies for early identification of CKD. NKFM has built partnerships with insurers and providers to offer support in increasing screening for CKD through innovative models and tools. This approach aims to transform population health practices for CKD by leveraging health information to improve patient outcomes and cost effectiveness of care.

Partnerships

NKFM worked closely with the MDHHS Bureau of Medicaid Care Management and Customer Service to determine benchmarks for CKD metrics that Medicaid requires health plans to report. Requirements within the 2024 Medicaid contract language requires Medicaid health plans to:

- Report on quality measures such as blood pressure control for members with HTN and diabetes and/or CKD
- Offer CKD educational materials to providers on testing guidelines and routine orders for CKD tests
- Deliver beneficiary communications on the impact of HTN and diabetes on kidney function. MDHHS also preapproved the materials in the *Are You The 33%?* toolkit for distribution to Michigan Medicaid Health Plans.

NKFM has worked to further build relationships with health plans by providing technical assistance around closing the gap for the KED measure, a HEDIS measure of the percent of patients with diabetes who receive an annual kidney evaluation.¹² NKFM is also working with partners to share tools for provider education, connect patients to self-management programs, and link patients to the *Minute for your Kidneys* quiz. NKFM is working with the following health insurers and healthcare organizations:

- Ascension Macomb-Oakland Residency Program, Motor City Internists
- Authority Health
- Blue Cross Blue Shield of Michigan
- Blue Cross Complete of Michigan
- Hannahville Indian Community
- Health Alliance Plan
- Keweenaw Bay Indian Community
- Michigan Institute for Care Management and Transformation (MICMT)
- Michigan FQHCs
- Molina Healthcare of Michigan
- Priority Health

¹² National Committee for Quality Assurance. n.d. "Kidney Health Evaluation for Patients with Diabetes (KED)." *National Committee for Quality Assurance*. Accessed October 9, 2023. [https://www.ncqa.org/hedis/measures/kidney-health-evaluation-for-patients-with-diabetes/#:~:text=Kidney%20Health%20Evaluation%20for%20Patients%20With%20Diabetes%20assesses%20whether%20adults.for%20kidney%20damage%20\(urine%20albumin%20](https://www.ncqa.org/hedis/measures/kidney-health-evaluation-for-patients-with-diabetes/#:~:text=Kidney%20Health%20Evaluation%20for%20Patients%20With%20Diabetes%20assesses%20whether%20adults.for%20kidney%20damage%20(urine%20albumin%20)

“The Mo Hood III initiative offers access to new expertise, resources, and a broader campaign to focus on and align with health centers’ priorities. This opportunity allows MPCA, and its members, to improve patients’ health outcomes and provide enhanced support to care teams.”

—Amy Alward, MPCA

CKD Learning Collaborative

NKFM and the MPCA partnered to form the CKD Learning Collaborative to implement a CKD screening initiative on the impacts of COVID-19 and kidney disease. The CKD Learning Collaborative’s goals include:

- Implementing processes to increase screening rates
- Implementing processes to diagnose and stage kidney disease
- Understanding when to refer patients to kidney specialists
- Increasing knowledge of kidney disease treatment and management in primary care through medication, nutrition, and referrals to evidence-based lifestyle change programs

Collaborative participants joined in a series of learning sessions that included provider and clinical education. Learning sessions focused on CKD screening and management, patient education, benefits of incorporating referrals to evidence-based programming, and utilizing technology tools available to support health centers in screening and management of high-risk populations.

“The Learning Collaborative helped me to be more mindful of continuously evaluating patients’ renal function and being more aggressive with preventing progression.” —FQHC participating provider

NKFM and MPCA offered technical assistance and individualized support to each health center. Group learning sessions and one-on-one technical assistance check-ins supported each FQHC in action planning, development, and progress to reach the collaborative’s goals. As part of the data-driven approach, collaborative participants gathered baseline and six-month follow-up CKD screening rates for patients with diabetes or HTN.

FQHC Learning Collaborative participants:

- Cherry Health
- Honor Community Health
- Western Wayne Family Health Centers
- Family Medical Center of Michigan

“Health plans continue to have conversations about the different treatment options and educational resources for members. We’re seeing health plan leaders get much more engaged and do more with this population—but it’s not just us alone. There are ways we can be innovative and use more community-based resources to achieve better outcomes.”

—Dominick Pallone, MAHP



ADVISORY COMMITTEE

An advisory committee composed of experts in the healthcare, business, and philanthropic fields alongside consumers, providers, policymakers, and/or advocates impacted by CKD and COVID-19 guided the implementation of the Mo Hood III Initiative action plan. The committee, that includes 27 individuals, met in December 2022, May 2023, and again in September 2023. In addition, regular communications occurred monthly throughout the year. As a result of these touchpoints, committee members generated ideas on how to integrate the Mo Hood III Initiative goals into current work at their organizations, shared the *Are You The 33%?* Campaign, engaged with partners to increase awareness of CKD treatment and prevention, and collected data to contribute to the development of tools that could be used across sectors to share information. A list of advisory committee members and organizations is in Appendix B.

“So many groups are really involved in this work, representing key collaborators and communities. This work is moving forward as a result of buy-in from each individual and group. Implementation of the Mo Hood III Initiative is structured, has people engaged, and ensures action is being taken to move the work forward.” —Dennis Smith, Dennis H. Smith Consulting



Mo Hood addressing a group about CKD.

SHARING OUR WORK

NKFM is dedicated to outreach and education on the Mo Hood III Initiative to help prevent and manage CKD. Nationally, the Mo Hood III Initiative was highlighted as a poster presentation at the National Kidney Foundation Spring Clinical Meeting 2023. The initiative has been shared across Michigan, including at the Michigan ACE Conference, the Michigan Association of Health Plans Summer Conference, and with several other partners listed in Appendix C.

“Moving this initiative’s work forward takes years to build a sustainable foundation for change. At the end of the initiative’s third year, we might begin to see movement from building awareness to changes in health outcomes. It will take more than three years to see major outcomes and we will need to have conversations with policymakers on the timeline and expectations for major health outcomes. Moreover, the advisory committee needs to focus on SDOH and strategies outside of medical practices for ultimate success.”

—Rick Murdock, NKFM consultant

APPENDIX A

Data Partners

NKFM and partners are monitoring the prevalence of CKD and its two major risk factors—diabetes and HTN—among Michigan’s Medicaid population. Increasing screening rates will help improve detection and the appropriate use of medications to treat CKD. NKFM and its partners are also working to identify a baseline of CKD screening rates among the Michigan Medicaid population.

HTG: NKFM collaborates with HTG to utilize Discover your Data platform to monitor data and gain an understanding of CKD screening rates, prevalence of CKD, and prevalence of key risk factors for CKD, such as diabetes and HTN, prevalence of acute kidney injury, and the impact of COVID-19 on CKD. The platform will use Medicaid claims and laboratory data for an increased understanding of CKD’s impact on specified populations.

Mathematica: NKFM is working with Mathematica to analyze Medicaid claims data from 2017 to 2021 to identify CKD screening rates of persons with diabetes, and CKD diagnosis. Mathematica has developed interactive maps to identify counties to focus efforts based on risk factors, screening rates, and SDOH. Mathematica is also using this data to create a cost calculator intended to assess the expenses associated with treating those at risk of or currently living with kidney disease.

Michigan Medicine and KECC: NKFM is working with Michigan Medicine and KECC to analyze Medicare claims data, BRFSS data, and deidentified health data from their patient base. Michigan Medicine is using these data sources to understand the social and environmental determinants of health on kidney disease. Michigan Medicine is sharing their findings with NKFM to inform the Mo Hood III Initiative.

Joint Venture Hospital Laboratories: NKFM worked with JVHL to identify and share state Medicaid laboratory data to gain a better understanding of CKD prevalence and its progression.

APPENDIX B

Advisory Committee Members

- Committee Co-chair: Dr. Charles Bloom, Health Alliance Plan of Michigan (HAP); NKFM Board
- Committee Co-chair: Dennis Smith, Dennis H. Smith Consulting; NKFM Board
- Amy Ghannam, Michigan Fitness Foundation
- Bryanna McGarry, Greater Flint Health Coalition (GFHC)
- Danielle Sirianni, The Frederick Group
- Dawn Opel, Food Bank Council of Michigan
- Dominick Pallone, MAHP
- Erich Ditschman, volunteer and patient advocate
- Dr. Heather Stamat, Blue Cross Blue Shield of Michigan
- Jan Delatorre, Michigan Health Endowment Fund
- Jim Ananich, GFHC
- Krystal Hood-Smith, niece of Morris Hood III
- Laura Appel, Michigan Health and Hospital Association
- Linda Little, Neighborhood Services Organization; The Links Incorporated
- Linda Scarpetta, MDHHS
- Loretta Bush, Authority Health
- Michael Frederick, The Frederick Group
- Dr. Natasha Bagdasarian, MDHHS
- Nathan Kark, former Chief of Staff for Morris Hood III
- Paul Peterson, nephew of Morris Hood III
- Penny Rutledge, MDHHS
- Phil Bergquist, MPCA
- Dr. Prashanti Boinapally, Authority Health
- Renee Canady Bush, MPH
- Rick Murdock, R.B. Murdock Consulting; NKFM Consultant

APPENDIX C

Statewide Presentations and Events

NKFM and/or its partners have presented the Mo Hood III Initiative to the following Michigan partners:

- Michigan Department of Health and Human Services
- Michigan Primary Care Association health centers
- Greater Flint Health Coalition
- Inter-Tribal Council of Michigan medical directors and clinics
- MAHP members
- Bronson Healthcare
- Over 20 Michigan legislators

NKFM displayed *Are You The 33%?* campaign materials at various community events throughout the year, including:

- Meijer Health Fair in Grand Rapids
- NKFM Champion of Hope
- Inkster Community Health Fair
- Kidney screening at Latinx Community and Technology Center in Flint
- Michigan Kidney Walk at the Detroit Zoo
- Community Health and Social Services Center (CHASS) Mercado in Detroit
- Detroit Senior Olympics



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