



ALL IN

DATA FOR COMMUNITY HEALTH

- Community Health Peer Learning Program
- Data Across Sectors for Health
- The Colorado Health Foundation
- BUILD Health Challenge

Sustainability

March 29, 2017
3:30 p.m. – 4:30 p.m. ET

Meeting Information

- Conference Line: 1-866-269-6685
- Conference Code: 6763836672#
- Reminders:
 - Please **hard-mute your computer speakers** and the **speakers in the web conference**
 - Please **mute your phone line** when you are not speaking to minimize background noise
- Technical difficulties? Email us at chpinfo@academyhealth.org



Chat Feature

- To share your comments using the chat feature:
 - Click in the chat box on the left side of your screen
 - Type into the dialog box and click the send button
- To signal to presenters you have a question / comment:
 - Click on the drop down menu near the person icon and choose *raise your hand*





We are All In!

COMMUNITY HEALTH PEER LEARNING PROGRAM

NPO: AcademyHealth, Washington DC

Funded by the federal Office of the National Coordinator

*10 Participant (planning) &
5 SME communities*

BUILD HEALTH CHALLENGE

Funded by 10 national & local funders (including Advisory Board, de Beaumont Foundation, the Colorado Health Foundation, The Kresge Foundation and Robert Wood Johnson Foundation)

18 implementation and planning awardees

DATA ACROSS SECTORS FOR HEALTH

NPO: Illinois Public Health Institute in partnership with the Michigan Public Health Institute

Funded by the Robert Wood Johnson Foundation

10 grantees

THE COLORADO HEALTH FOUNDATION: CONNECTING COMMUNITIES AND CARE

Funded by the Colorado Health Foundation

14 collaborations

All In: Data for Community Health



1. Support a movement acknowledging the social determinants of health



2. Build an evidence base for the field of multi-sector data integration to improve health



3. Utilize the power of peer learning and collaboration

Goals

- Hear from two organizations about sustainability frameworks, barriers, and best practices.
- Provide an opportunity for participants to ask questions and dialogue with one another about different sustainability activities.
- Inform the planning for the Sustainability plenary session at the *All In* National Meeting next month.

Facilitator



Katherine Browne, MBA, MHA
Principal,
Constellation Consulting

Presenters



Lindsey Alexander, MPP
Senior Project Director of
Regional Financing & Investment,
ReThink Health



Kate Kohn-Parrot, MBA
President and CEO,
Greater Detroit Area Health Council

Health System Sustainable Financing

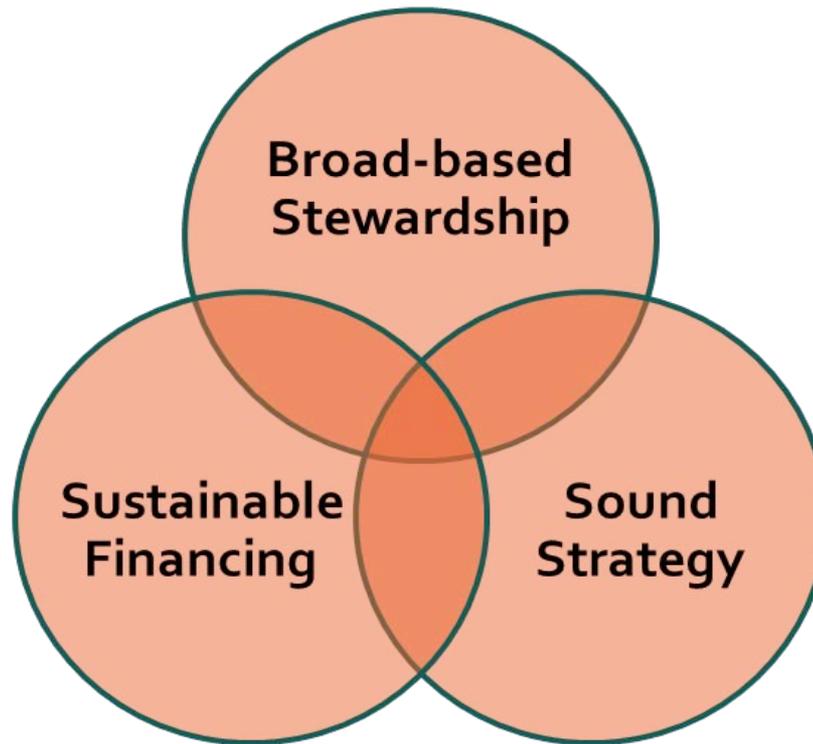
All In Webinar

Wednesday, March 29, 2017



ReThink Health Approach

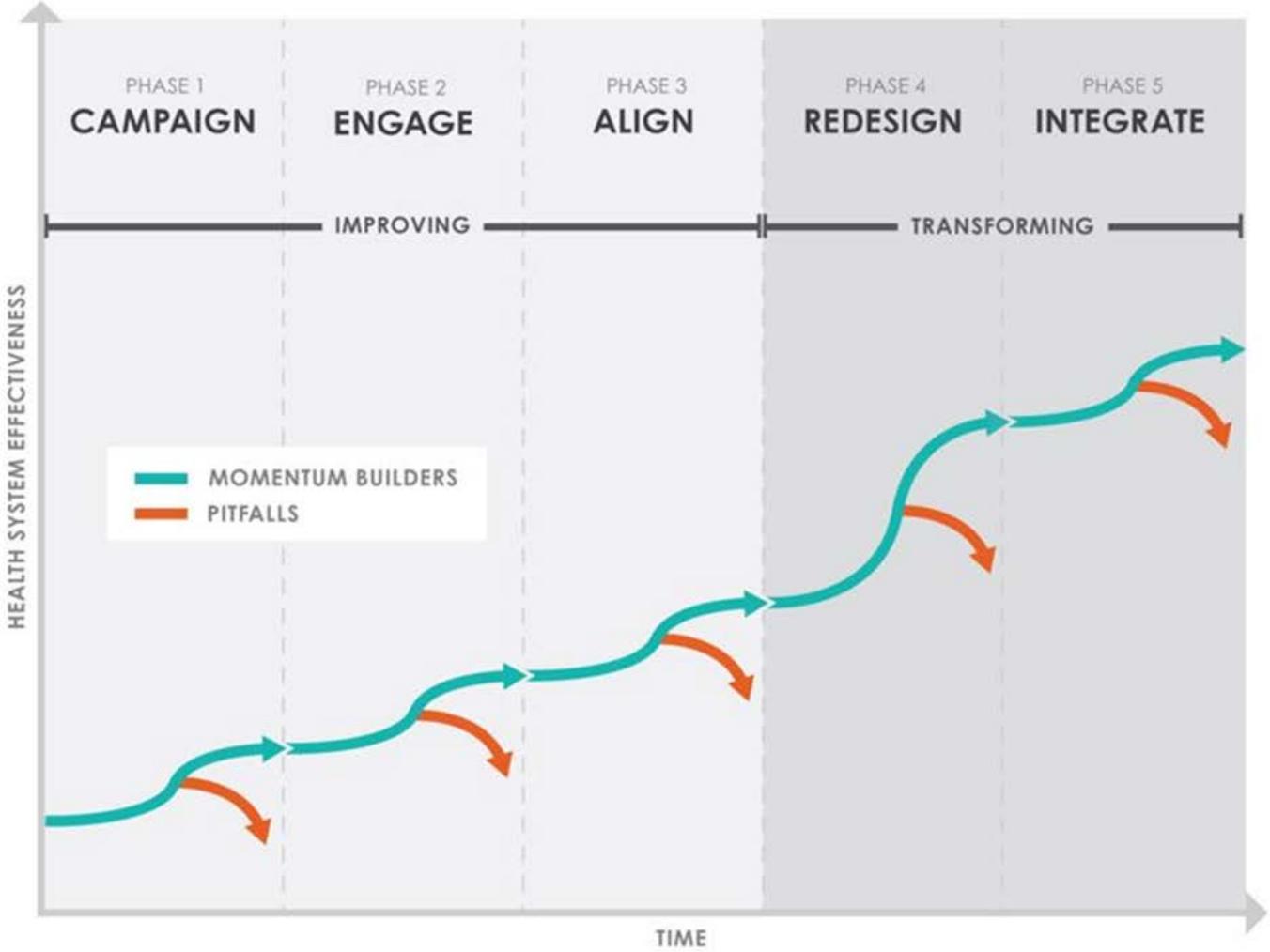
Catalyzing change together



Moving from cost to value

Making different choices

Pathway for Transforming Regional Health





Sustainable Financing

Imagine if communities only had grants to deliver affordable housing and community development...





Yet, grants are the overwhelming funding source for population health

According to RTH's 2016 Pulse Check, 89% of multi-sector partnerships rely on grants, with slight use of financing sources that might be considered "sustainable"



What does the field need in order to finance population health at scale and over the long-term?

Financing Challenge

...It's not that we can't afford to have healthy people and communities

If we want healthy people and communities, we must change our spending patterns



Misalignment between spending and health

A Virtual Visit to a Relative in Jail

By NATA SCHENWAR SEPT. 25, 2016



Screen Loan for The New York Times

Physical contact known to improve health, yet private contractors make money from video visits

Poor islanders being relocated to unknown spot (significant cultural, mental health, and well-being issues) at cost of \$800,000 per person



\$300 billion of health (and other) costs incurred for lack of \$150,000 spending on chemicals



Annual spending of \$3 trillion; ~90% of health produced outside of health care.



Mindsets

PEOPLE
GENERALLY SEE
WHAT THEY LOOK FOR
AND HEAR
WHAT THEY LISTEN FOR

TO KILL A MOCKINGBIRD

A New Financing Narrative

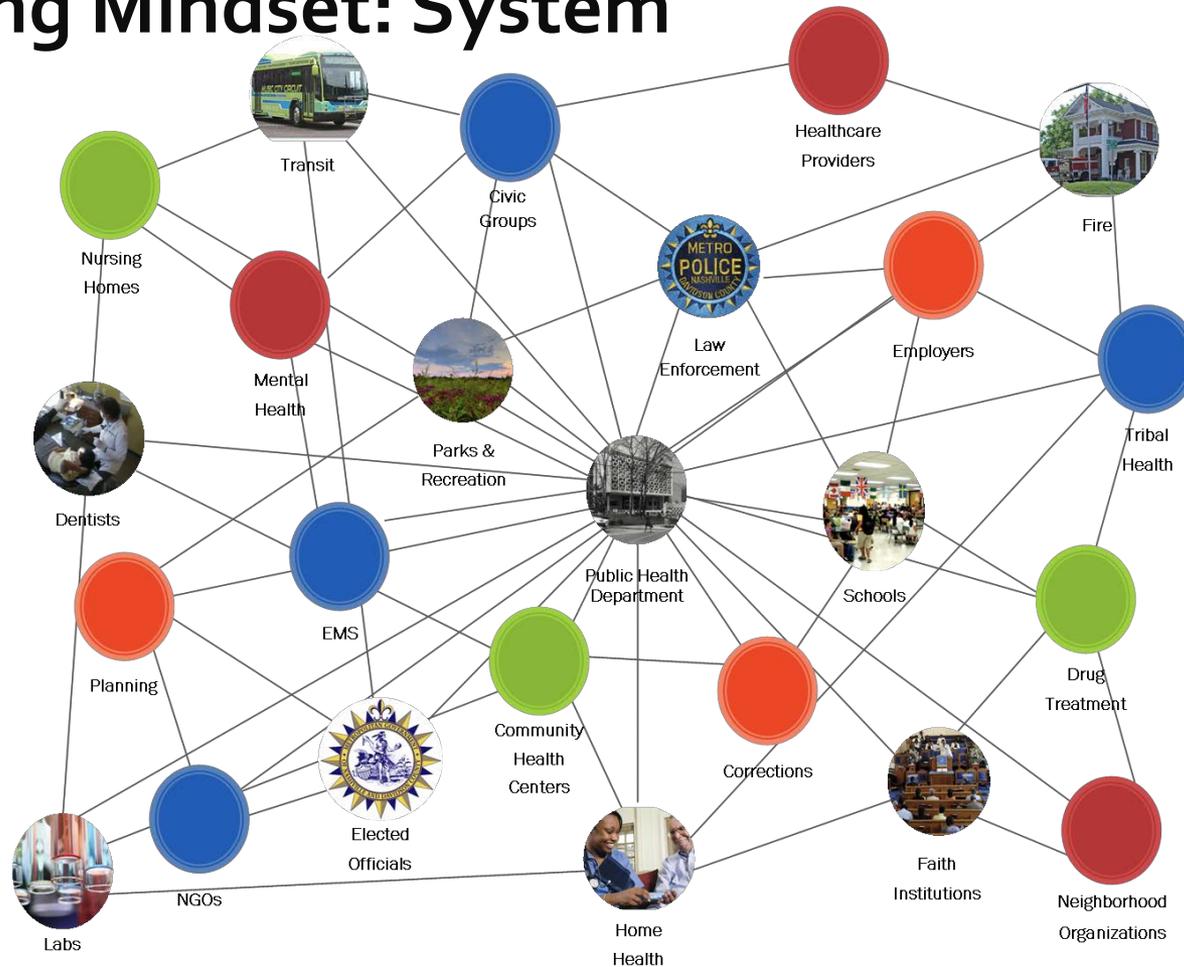
Dominant Narrative	ReThinkers' Narrative
Central challenge is acquiring scarce resources for individual initiatives	Central challenge is repurposing of abundant resources to create new flows of funding for health
Deference to Status Quo	Agency
Technical	Values-based
Transactional	Systemic
Assembly	Creativity
Task	Journey

Financing Mindset: Values

- Behind the numbers is a system of values, a culture of health
- This culture (or lack thereof) shows up in who gets the money, under what conditions & who decides



Financing Mindset: System



- The arrows show relationships, including financial.
- Can't keep spending & investing in silos.

Financing Mindset: Agency



- It's about exercising the power you have to act and bring about change.
 - Influence vs. control
- Create and explore opportunities in order to see financing in a new light.
 - Demonstrate willingness to take action.

Financing Mindset: Creativity

- **“Creativity is just connecting things.”
- Steve Jobs**
- **Building a culture that fosters creativity:**
 - iterating,
 - willingness to take risk,
 - experimentation.

Financing Mindset: Journey

- **Creating & maintaining a culture of health is a long-term proposition.**
- **Creating a process that builds towards the future is important.**

Financing Resources

ReThinkers' Blog

- This Friday "*Big Tent, Big Insights*"
- Some "aha's" and an exercise

Beyond the Grant, a financing workbook for local partnerships

- Information and tools –
 - Funding your backbone
 - Payment model for a service
 - Securing funding for an intervention
 - Creating a financial plan



Thank you!

Lindsey Alexander

Senior Project Director, Sustainable Financing

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GREATER DETROIT AREA HEALTH COUNCIL

All In Webinar: Sustainability Planning

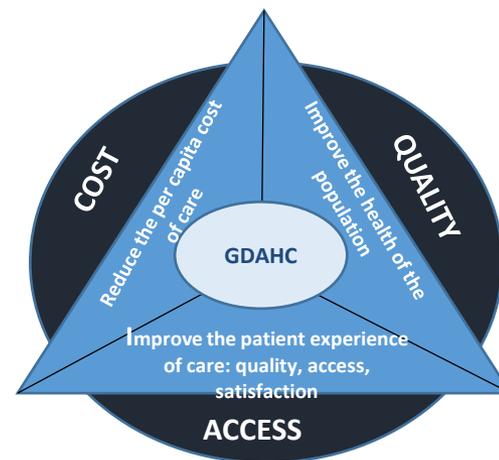
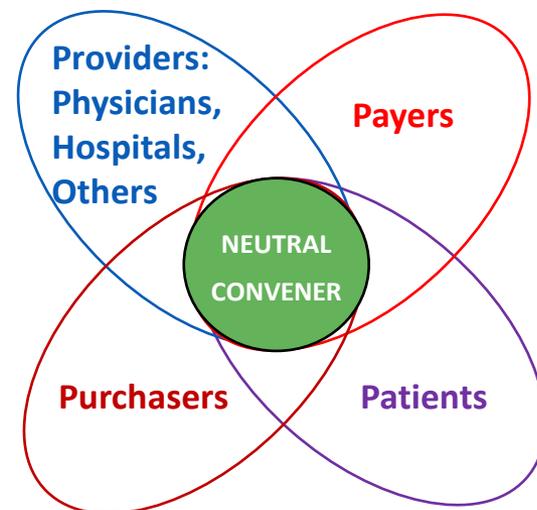
Contact:

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535 Griswold, Suite 1300, Detroit, MI 48226
30200 Telegraph, Suite 105, Bingham Farms, MI 48025

GDAHC is a Regional Healthcare Improvement Collaborative (RHIC) dedicated to improving health and economic viability in southeast Michigan

- A RHIC is a **non-profit**, non-governmental, multi-sector organization that partners with those who get care (patients), give care (providers), and pay for care (plans and purchasers)
- GDAHC
 - Was founded in 1944
 - Serves southeast Michigan
 - Leads collaborations to improve health care delivery, and manage costs (achieve the Health Care Triple Aim)
 - Is Dedicated to integrating social determinants of health, health and health care delivery—“blurring the lines” to seamless care



GDAHC's vision, mission and strategic pillars focus today on a culture of health

VISION

Healthy people. Healthy economy.

MISSION

We improve health and care by leveraging the strength of collaboration.

STRATEGIC PILLARS

CONNECT

**MEASURE AND
IMPROVE**

TRANSFORM

GDAHC delivers on its mission, vision and strategic pillars every day, fulfilling the needs of the communities served, through innovative, collaborative programs

CONNECT

MEASURE AND IMPROVE

TRANSFORM



An initiative of the ABIM Foundation

Find My Care
HOW FIND MY CARE WORKS
Patients looking for a doctor or other health care services can use the Find My Care website and mobile application to compare the quality and availability of their top picks.

Organized Care
Doctors, hospitals, and other health care providers can use the platform to learn about other health care providers, determine an appropriate care plan, and make referrals to other health care providers.

STEP ONE
GET THE APP
STEP TWO
SEARCH FOR CARE
STEP THREE
CALL US AT 800-458-7273
STEP FOUR
FIND MY CARE

DOWNLOAD THE FREE APP
Available on the App Store and Google Play



THINGS TO TAKE

- mom
- dad
- grandma
- Rx
- ?

myCARE COMPARE.org powered by GDAHC

Learn About Us | Understand Quality Care | Compare Care | Find Resources | Test Size | Search

Compare Your Care Is your family getting the best care possible?

Hospitals
Find & compare the care of hospitals in Southeast Michigan

Doctors & Organizations
Search for your doctor
Last Name: [input] [search]

Find & compare the care of physician organizations in Southeast Michigan



I'm sick or hurt... Where do I go?
Go to where to take my child or parent?

- CALL OR SEE MY DOCTOR**
Need medical care and feel safe to visit a doctor.
- GO TO URGENT CARE**
Need medical care today and feel safe to visit a doctor.
- GO TO EMERGENCY ROOM OR CALL 911**
Need medical care now and do not feel safe to wait.

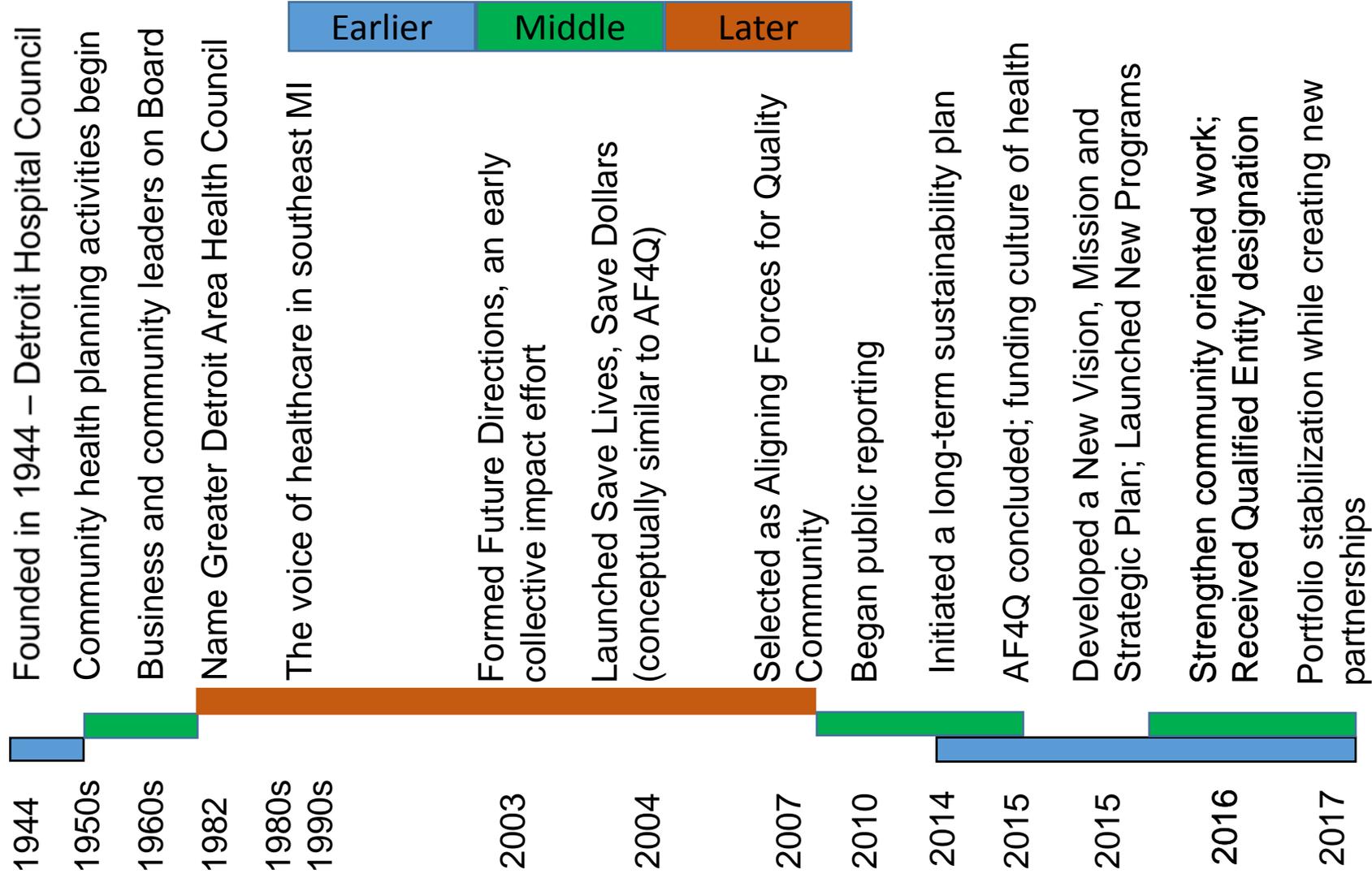
HYPERTENSION INTERVENTION PROJECT

Living with and controlling high-blood pressure in our community.

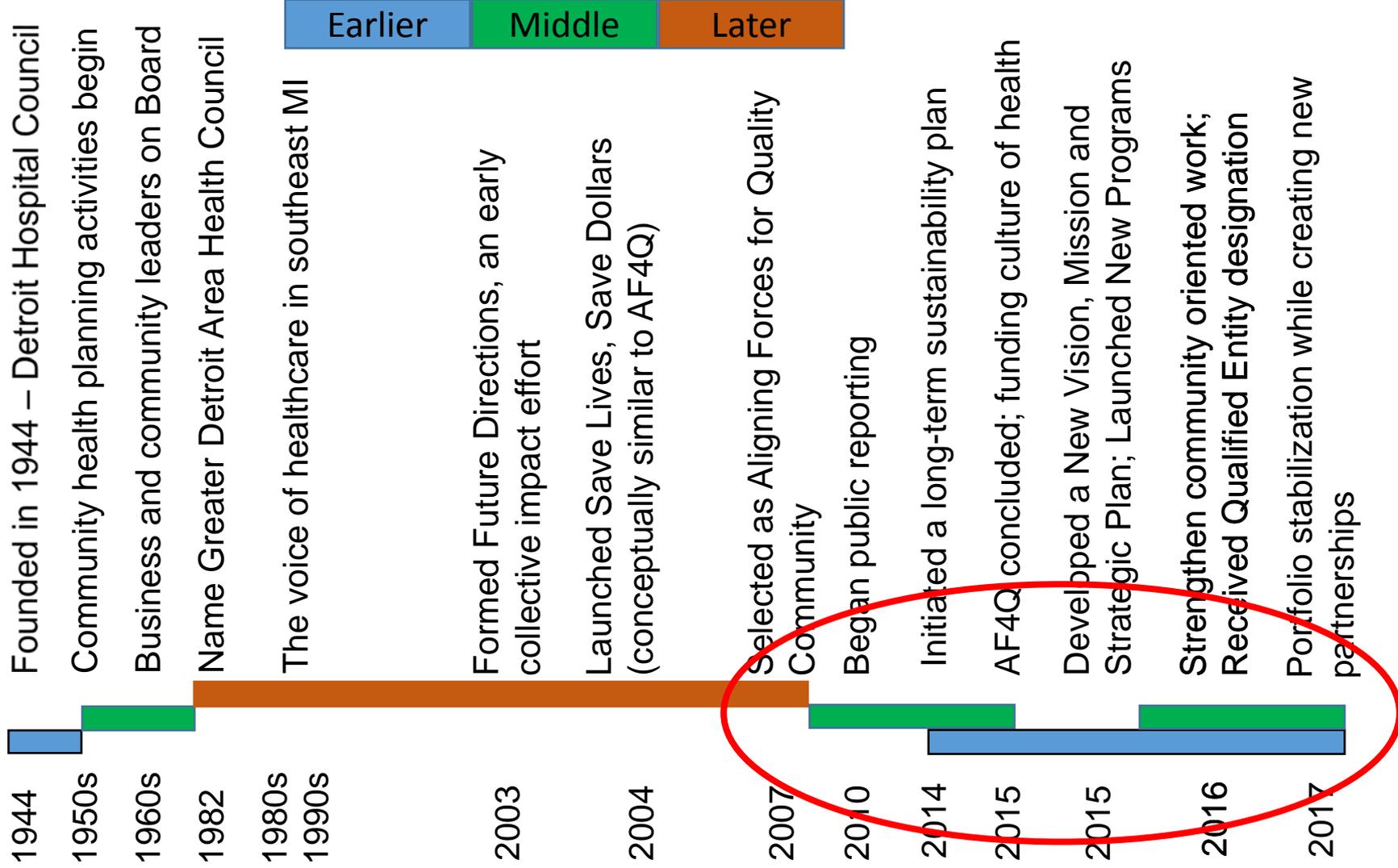
www.GDAHC.org



GDAHC over many years has crossed multiple developmental stages as the organization responds to an evolving health care landscape and community needs

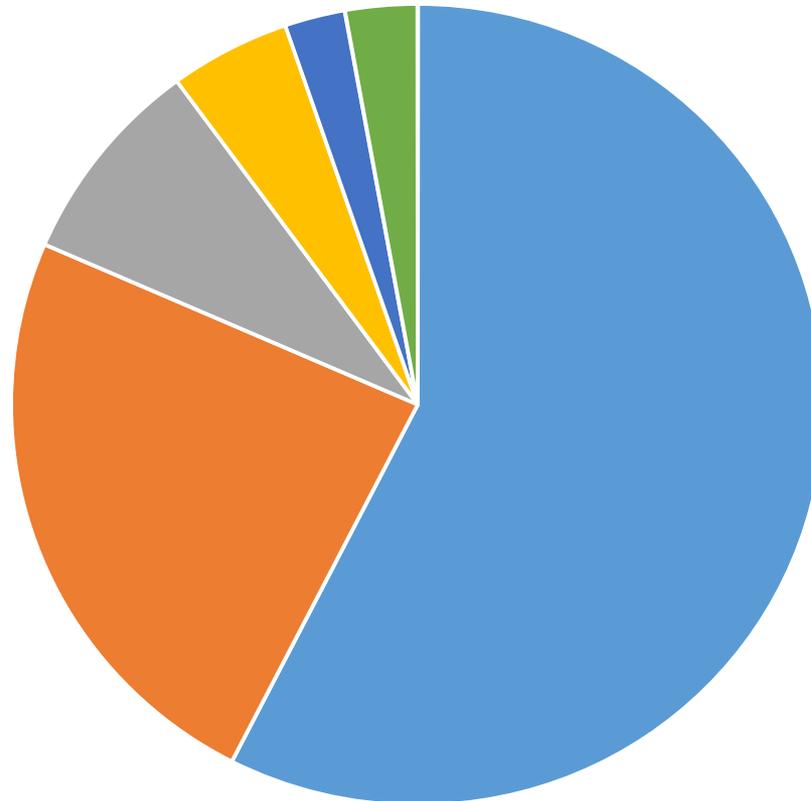


At times, GDAHC has operated in more than one developmental stage at a single point in time, as is the case today



GDAHC relies on membership dues to help fund its backbone operations and recognizes the need for other unrestricted funds to support sustainability

Sources of Revenue



■ Grants ■ Member Dues ■ Consulting ■ Community Outreach ■ Fund Development ■ Value Partnerships

GDAHC successfully expanded its public transparency and reporting work into a new effort to support Patient Experience of Care evaluations and reporting

*Mi*chigan *P*atient *E*xperience of *C*are



MiPEC Project

Vision: standardized state-wide initiative to measure, report and improve patient experience of care.

85% Plan / 15% Provider

Value-Proposition:

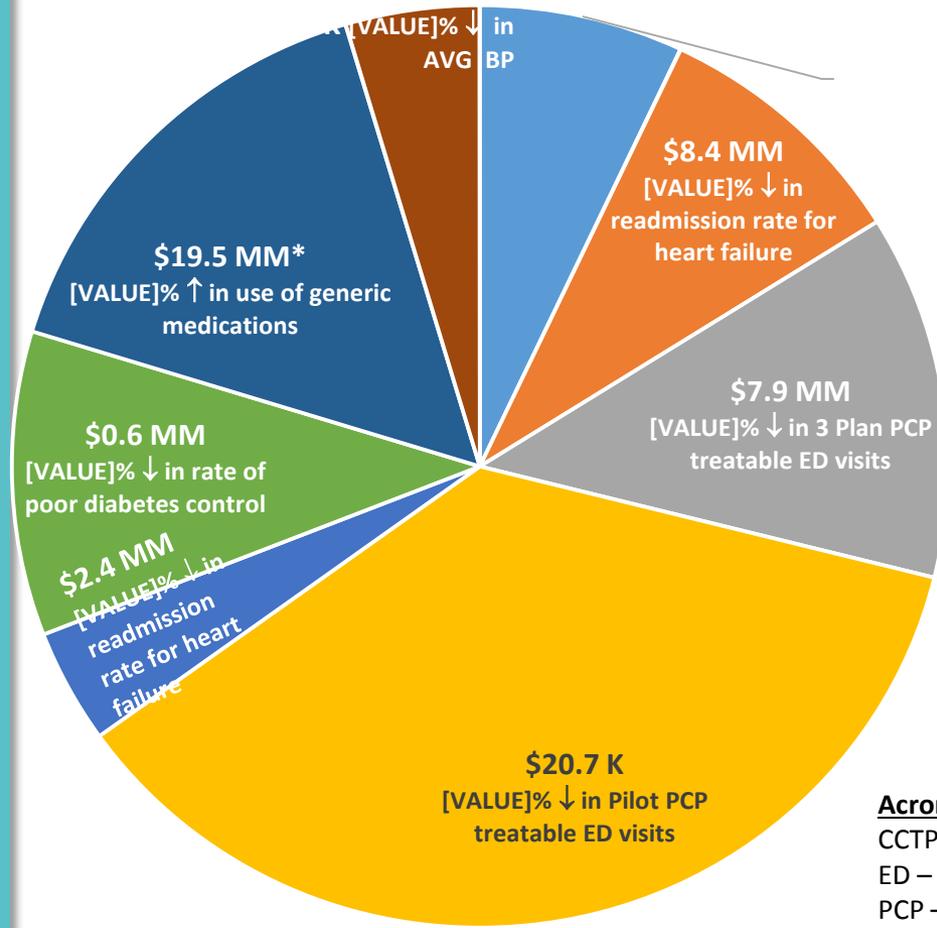
- Lower cost
- Actionable data to catalyze improvement
- Access to improvement resources/forums
- Prepares for CMS reporting requirements
- Demonstrates patient-centeredness and interest in the patient's voice
- Promotes alignment
- Satisfies NCQA reporting requirements
- Keeps participants apprised of innovations and opportunities

Status

- Data collected is posted on *myCareCompare.org*
- First public report was at a regional level, per the consensus decision reached by the MiPEC Workgroup
- Established performance targets that POs/practices must achieve to continue receiving same level of funding from health plans in Round 3 (2016 collection)
- Hosting the 2nd Annual Planning Quality Improvement Summit in April to provide POs and physician practices with tools and resources for improving performance

GDAHC's members seek a positive ROI in terms of health improvement and cost savings, so we build measurement into our programs

GDAHC Initiatives' Impact Total Cost Savings: \$40.2 MM



- CCTP All-Cause Readmissions
- CCTP Heart Failure Readmissions
- 3 Plan ED Usage
- ED Pilot
- See You in Seven
- Diabetes Poor Control
- Generic Medication Use
- Hypertension Intervention Program

Acronym Key

CCTP – Community-Based Care Transitions Program
 ED – Emergency Department
 PCP – Primary Care Physician
 BP – Blood Pressure

* Observed population larger than estimated extrapolation

How is GDAHC's Impact Measured?

The Greater Detroit Area Health Council [GDAHC] has led several programs and initiatives during the past nine years that were funded by the Robert Wood Johnson Foundation (RWJF), including through Aligning Forces for Quality. This chart reflects GDAHC's financial impact on health care improvements in the southeast Michigan region. GDAHC accomplished these positive financial results by reducing health care costs and improving quality.

The methodology used to calculate results was reviewed and supported by Jack Billi, M.D., University of Michigan Health System; Steven Grant, M.D., HAP/Midwest Health Plan; George Kipa, M.D., Blue Cross Blue Shield of Michigan; and Ed Wolking, Jr., Detroit Regional Chamber.



Reflecting on Sustainability in terms of the ReThink Health *Pathway for Transforming Regional Health* . . .

- The pathway is not linear-it's possible to cross phases
- Organizations may operate in multiple phases
- Getting to the Later phase is not guaranteed
- Staying in the Later phase takes tenacity
- Investors and partners want an ROI
- It's difficult to get parties to give up control
- An idea and a long-term plan to get there are critical
- Think about sustainability when in the earlier phases
- Sustainability requires a different mode of thinking
- Non-restricted funds are critical
- Define your expertise and space and charge for it



Join the conversation... become a member, partner and/or sponsor.



GREATER DETROIT AREA HEALTH COUNCIL

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Connect with Us!

- Continue the conversation on the [online platform](#)
- Sign up for news from *All In*
- Contact information for speakers
 - Lindsey Alexander: lalexander@rethinkhealth.org
 - Kate Kohn-Parrott: KateKohnParrott@gdahc.org
- [Evaluation](#)
- A resource list, slides, and recording will be available

