GDAHC 2012 Report to the Community

A Letter from our President

Richard Haller

Chair, GDAHC Board of Directors, and President and COO, Walbridge

Kate Kohn-Parrott

President and CEO, GDAHC

Dear Members, Stakeholders, Partners, Consumers, Family, Friends and Community,

It is an honor to write to you about the Greater Detroit Area Health Council (GDAHC) and share the progress that has taken place in the first eight months of 2012 to ensure that GDAHC is focused and efficient, and provides value to its stakeholders. As this letter is part of our Annual Report, perhaps technically I should report on all of the activities that this organization has engaged in since our last Annual Report in September 2011, but I am not going to do that. So, I ask your indulgence as I only share with you (some of) the areas where I have focused my time and attention since becoming the leader of GDAHC.

2012 has been a year of redefining, (re)engaging, and refocusing GDAHC:

- Redefining who we are and why we matter to the southeast Michigan community;
- (Re)engaging our members, stakeholders, constituents, colleagues, consumers, counterpart organizations, and local government; and
- Refocusing our efforts on a vital few initiatives that will make a lasting positive impact as we work together to transform health care delivery in our region.

We recognize there is no shortage of people and organizations with ideas and recommendations for what GDAHC is and what it should be. In an effort to assure the broadest and most comprehensive input, we met and listened to the thoughts and ideas of as many stakeholders as practicable.

We started the year by hosting a number of open-dialogue forums with our members and other interested individuals to get input into GDAHC's vision and mission. Each session was thought-provoking and provided sincere, constructive guidance. Yet, they were all different in terms of interpersonal dynamics and focus, offering a glimpse into the unique needs and multifaceted personalities of our constituency.

Separate from the vision and mission sessions, I met with the GDAHC board chairs to get their recommendations on the future of GDAHC and the areas where they want us to focus. I formed a revenue and program planning team, bringing together a diverse group of savvy individuals—some who represent voices that have never been at the GDAHC table—to get new and fresh perspectives.

One of the requirements of our application for our next round of funding from the Robert Wood Johnson Foundation's *Aligning Forces for Quality* (AF4Q) grant is that we discuss strategic intent with the community; we have done that with our planning team and Cost Quality Steering Committee.

Finally, and perhaps most importantly, I have spoken with as many of you as possible in one-on-one and informal settings to gain an understanding of your expectations from GDAHC.

There has obviously been a large amount of data to assimilate, which was an important step as we strive to represent the needs of all of our constituents. Recognizing the strength in our diversity, the GDAHC team found common messages and began to build a vision and mission that focus on the areas where our separate agendas intersect.

One thing that we did not lose sight of, however, is that as a non-profit, we exist to make a better community—to give back; to improve the lives of those around us; to encourage southeast Michigan to adequately invest in the health of its citizens; and to ensure that collectively we optimize the use of limited health care resources—people, brick and mortar, beds, pharmaceuticals, electronic records, supplies, and so much more.

And so, we offer to you for reflection and consideration the following vision, mission and strategies:

VISION: *Healthy people. Healthy economy.*

MISSION: *As the health care thought leader in southeast Michigan, GDAHC's mission is to help the community deliver on the promise of a high-value health care system.*

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STRATEGIES:

COST AND QUALITY—to create and nurture multi-stakeholder partnerships; and to engage and lead multi-stakeholder initiatives to improve the quality of health care in southeast Michigan while managing the overall cost of care. (The focus of this work will be on cardiac-related conditions, including a corollary reduction in disparate care, through at least 2015.)

COMMUNITY SUPPORT—support projects (lead as appropriate) to improve health literacy, eliminate disparities, and increase access to appropriate care; and collaborate with other organizations focused on creating a healthier community.

PUBLIC POLICY, NETWORKING AND EDUCATION—bring together disparate voices and facilitate robust community dialogue on tough, controversial health care topics; create networking opportunities across the health care sector; and offer education opportunities.

To those of you who were looking for a bold statement that we have completely transformed GDAHC, I hope you are not disappointed. We are still a work in progress and have taken tremendous strides in moving GDAHC to a better place—a place where we deliver results and create a positive Return on Investment for our members and our community.

2012 was a year of discovery and deliberation.

2013 will be the year for transformation. Multi-stakeholder support and commitment have been the hallmarks of GDAHC's history; and we need that now more than ever. Southeast Michigan awaits the changes in health and health care that we will bring forth together. We are counting on you to be part of this exciting chapter in GDAHC's evolution.

All the best and thanks for your support,

Kate

Improving Cardiac Care and Reducing the Risks of Heart Disease

The Greater Detroit Area Health Council continues to work towards reducing heart failure readmissions and reducing the risks associated with heart disease. These goals were set by GDAHC's multi-stakeholder *Aligning Forces for Quality* (AF4Q) **Planning Team** in the summer of 2010 as they planned for the third round of AF4Q projects. AF4Q is the Robert Wood Johnson Foundation's signature effort to lift the overall quality of health care in targeted communities, reduce racial and ethnic disparities and provide models for national reform. GDAHC is proud to be one of 16 AF4Q communities across the country.

Southeast Michigan "See You in 7" Hospital Collaborative

In order to achieve GDAHC's goal of reducing heart failure readmissions, GDAHC has launched the **Southeast Michigan "See You in 7" Hospital Collaborative** in partnership with the American College of Cardiology and MPRO, Michigan's Quality Improvement Organization. The Collaborative focuses on process measures from the ACC's "See You in 7" toolkit to increase and improve follow-up appointments within 7 days of discharge. Twelve southeast Michigan hospitals are participating in the Collaborative.

Four "See You in 7" Sessions have been held, including two in-person sessions and two webinars. Sessions have focused on hospital/outpatient provider collaboration to achieve and improve the follow-up appointment, heart failure clinics, and the importance of administrative buy-in. Based on the evaluations, the sessions have been valuable for participants, and the most useful portion of the sessions has been the roundtable discussions on achieving the selected process measures. Monthly sessions will continue to be held until the Collaborative ends in April 2013.

MPRO will supply GDAHC, the ACC and Collaborative participant hospitals with readmissions and outpatient follow-up data to show any progress made during the course of the Collaborative.

Cardiac Disease Prevention Exercise Pilot

In order to achieve GDAHC's goal of reducing the risks associated with heart disease, GDAHC is launching a **Cardiac Disease Prevention Exercise Pilot**, which will kick-off in October, when sessions begin. Over thirty patients have signed on to participate in the initiative, which will replicate a successful exercise program aimed at preventing heart disease. Implemented in a community setting, the Program will recruit a diverse group of adults without known heart disease but who have risk factors to commit to participate in a structured exercise program. Goals of the program include demonstrating reduction of risk factors in participants and creation of a template program that can be widely implemented throughout the community.

Engaging Consumers in Health Care

GDAHC remains committed to ensuring that the consumer voice is adequately represented in work in the organization and the community. This past year GDAHC convened the **Consumer Engagement Committee** which meets quarterly.

Individuals from the twelve-member Committee provide program development assistance within their assigned GDAHC workgroup or team. The Consumer Engagement Committee is also providing input into the redesign of the GDAHC and *myCareCompare.org* websites and supporting the planning and marketing for several GDAHC consumer-focused events.

One such event, held in partnership with Michigan Consumers for Healthcare, is **You! At the Center of Your Care.** The breakfast event will feature **Dave deBronkart**, an internationally renowned cancer survivor and patient empowerment advocate, better known as "*e-patient Dave*." GDAHC Executive Board Member **Don Whitford,** Vice President, Eastern Region at Priority Health, **Monique Butler, MD,** Medical Director of Corporate Health and Wellness Promotions, DMC Harper University, are among the panelists to be featured during the discussion portion of the morning. The event was made possible by a grant from the **Robert Wood Johnson Foundation.**

Educating Consumers in the Workplace and Community

GDAHC completed 12-month follow-up evaluation sessions to the **Diabetes Self-Management Education Pilot (DSME)** held earlier at seven worksites and union halls. Extensive data is being collected and compiled in order to evaluate the Pilot, including the following: clinical, productivity, medical and pharmacy claims, participant self-reported behavioral and lifestyle changes and satisfaction surveys. Completion of a final report is expected by the end of the year.

Almost half of people who suffer from diabetes report that they never receive any formal diabetes education. When educating healthcare consumers, a good approach is to reach them where they spend a lot of their time. Therefore, GDAHC's **(DSME) Pilot** sought to demonstrate that reaching consumers at their workplace and community settings improves outcomes.

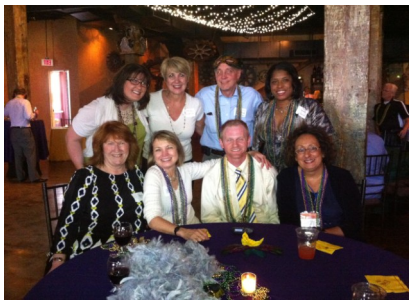
GDAHC partnered with **Medical Network One**, who developed the program. The American Diabetes Association-approved program consisted of six to eight one-hour sessions. Follow-up sessions were held to evaluate the long-term impact on collected measures.

The program was funded by grants from **Sanofi, Novo Nordisk** and AstraZeneca**. Blue Cross Blue Shield of Michigan** helped identify interested employer groups and covered the program costs on a pilot basis; **Health Alliance Plan** also participated at one worksite.

GDAHC Developing Application for Fourth Round of Aligning Forces for Quality Program

The Greater Detroit Area Health Council continues to make progress developing its application for a fourth and final round of funding through the Robert Wood Johnson Foundation's *Aligning Forces for Quality* (AF4Q) program.

Cardiac Disease will remain the focus of GDAHC's fourth-round AF4Q application. The AF4Q **4.0 Planning Team** continues to develop strategies for achieving the goals that will be outlined in the proposal. The application will be submitted in October, and the grant runs from May 2013 through April 2015.



The GDAHC team at the AF4Q Conference

Reducing Disparities in Care

Disparities in health care access and outcomes can occur within a wide range of health care settings and is associated with lower quality of care and higher mortality among racial and ethnic minorities and individuals with limited English proficiency.

Providers and health plans cannot address disparities and improve health care services without knowing where the gaps occur. Consistently collecting and assessing accurate race, ethnicity, and language (REaL) data allows hospitals, health plans, and physicians to identify where disparities exist and then take steps to eliminate them.

Sister Mary Ellen Howard, Calibri Clinic; Stephen Harris, Molina Healthcare of Michigan; and Dr. Jack Billi, University of Michigan Health System, discuss Race, Ethnicity, and Language disparities at the June board meeting

GDAHC's **Race, Ethnicity and Language (REAL)** Committee is providing direction and strategies to ensure that health plans, ambulatory and inpatient providers and their staff are trained in the standardized collection of self-reported REaL data. Since 2010, the REAL Committee has trained over 140 health care and health plan personnel on the importance of best practices and data collection. The Committee is developing training sessions focused specifically on supporting physician practices to aid in the difficulty of collecting sensitive data.

In April, GDAHC collaborated with **Trinity Health Systems** and **New Detroit Incorporated** to develop a REaL consumer awareness campaign focused on informing consumers of the need for and uses of REaL data in healthcare settings. The campaign uses various forms of public, private, and social media outlets to educate consumers on how and why REaL data is collected and how the data can be used to develop interventions to improve the care they receive.

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Additionally, the REaL Committee continues to work towards establishing a REaL data repository in our region consistent with the U.S. Office of Management and Budgets' (OMB) categories for race, ethnicity, and analyzing available data to identify disparities in care.

In July, with support from individuals from the Aligning Forces for Quality (AF4Q) grant community, GDAHC held a combined meeting of the REAL and Community Health Improvement (CHI) Committees which focused on creating strategies to encourage health care leadership to promote standardized REaL data collection within their organization and to move from collection to developing and implementing improvement initiatives that decrease identified disparities in care. The Committee is also developing other initiatives that address this important issue.

Decreasing Emergency Department Use for PCP Treatable Conditions

Tools from the Greater Detroit Area Health Council's Emergency Department Utilization Pilot will be utilized by physician offices beyond the initial Oakland Southfield Physicians offices that participated in the Pilot. The toolkit will be used in McLaren PHO offices, and it will be presented to Physician Organization leaders at the quarterly meeting of physician organizations participating in the Blue Cross Blue Shield of Michigan's Physician Group Incentive Program (PGIP). GDAHC is seeking other POs who are interested in utilizing the tools from the EDU Pilot.

The goal of the **Emergency Department Utilization Team**, which developed the Toolkit, is to reduce the use of Emergency Departments for PCP (Primary Care Physician) treatable conditions. The toolkit is available in the "Provider Resources" section of *myCareCompare.org*.

myCARE COMPARE.org

Improving the Delivery of Care Through Transparency

The Greater Detroit Area Health Council released its updated physician organization (PO) and hospital reports on *myCareCompare.org* this summer. The physician organization performance report demonstrates improvements in PO quality from 2006 to 2010 in key areas, including cancer screening and diabetes care. While many factors contribute to improvements in the delivery of health care, increased transparency in quality for consumers and physicians through *myCareCompare.org* is a key driver of these advances.

While almost all of the 22 measures included in the physician organization report improved, southeast Michigan experienced significant improvements from 2006 through 2010 in the following areas:

All five diabetes measures improved, particularly cholesterol control for patients with diabetes, which improved by more than 10 percentage points;
Colorectal cancer screening increased by almost 14 percentage points;
Blood sugar control in patients with diabetes improved by more than 13 percentage points;
Well Child Visits for 15-month old children increased by almost 20 percentage points;
Use of generic (non-brand) medications increased by more than 18 percentage points.

The recently updated report includes two new Physician Organizations that were not included in previous reports, **Beaumont Physician Organization (BPO)** and **Greater Macomb PHO.**

Addressing Payment Reform

In February, GDAHC hosted a Payment Reform Summit for stakeholders and leaders from southeast Michigan. The Summit, held in collaboration with the **Automotive Industry Action Group (AIAG)**, the **Health Care Value Task Force** and the **Detroit Regional Chamber,** was held to build consensus on the kind of healthcare payment systems and health plan benefit designs the southeast Michigan region needs to support high-quality, affordable healthcare in our region. The multi-stakeholder participants included payers, purchasers, physicians, hospitals, consumers and policy makers.

Harold Miller presents at the February Payment Reform Summit

There is growing consensus around the country that fundamental changes in healthcare payment systems, benefit designs, and delivery systems are needed in order to enable physicians and hospitals to deliver higher quality care at a lower cost. However, there is also a growing recognition that there is no one-size-fits-all solution that can be implemented successfully across the country.

Harold Miller, Executive Director of the Center for Healthcare Quality and Payment Reform, and CEO of the Network for Regional Healthcare Improvement, began the Summit with an overview of healthcare payment reform options focused on issues specific to the southeast Michigan region.

Information about the recommendations developed at the GDAHC Payment Reform Summit was shared with the more than 150 attendees of the Detroit Regional Chamber's Health Care Leaders Forum, where the response to the summary of the Summit and plans for next steps going forward were well received.

The Summit was made possible by a grant from the Robert Wood Johnson Foundation through its Aligning Forces for Quality (AF4Q) grant.

Providing Educational and Networking Activities

Coffee and Controversy: Providing a Wide Variety of Learning Opportunities

GDAHC held seven **Coffee & Controversy** sessions this year to encourage the sharing of different stakeholder perspectives and stimulate innovative thinking. Attendees learned about Issues covered ranged from implementation of an Accountable Care Organization to oral health and its relation to overall health.

The support of our educational sponsors and partners made Cof-Coffee & Controversy possible. They are as follows:

Delta Dental

Lilly

Merck

Novartis

Sanofi

Sanofi– Oncology

The National Association of Service Executives—Detroit Chapter

Kate Kohn-Parrott, Dr. Steven Grant, Detroit Medical Center; Carrie Harris-Muller, Detroit Medical Center ACO; and Kathleen Shoemaker, Lilly USA present at the April Coffee and Controversy

Updating Members About Health Care Reform

In January, GDAHC hosted Caya Lewis, Senior Advisor to the Administrator at the Centers for Medicare and Medicaid Services (CMS). She spoke before a large group of health care stakeholders at Hospice of Michigan.

Ms. Lewis presented information on the Affordable Care Act and reported on progress regarding recent implementation steps. The Affordable Care Act (ACA) was passed by the U.S. Congress and signed into law by President Obama in March 2010.

She explained many of the provisions of the federal health care reform and said that the CMS website www.healthcare.gov, is the central place for information on the ACA to reach the average health care consumer.

Statement of Financial Position - December 31, 2011

ASSETS	**2011**
Current Assets:	
Cash and cash equivalents	$ 682,848
Accounts receivable	
Core program	51,514
Other program	811,664
Prepaid expenses	4,671
Total Current Assets	**$ 1,550,697**
Fixed Assets:	
Furniture and equipment	$ 343,792
Leasehold improvements	32,273
Leased equipment	124,932
	500,947
Less: Accumulated Depreciation	(483,198)
Total Fixed Assets	$ 17,749
Total Assets	**$1,568,446**
LIABILITIES AND NET ASSETS	
Current Liabilities:	
Accounts payable and accrued expenses	$ 87,880
Accrued payroll and related liabilities	26,384
Deferred revenue	139,342
Accrued Pension	350,301
Leases payable	-
Total Current Liabilities	**$ 603,907**
Long-Term Liabilities:	
Leases payable	-
Total Liabilities	**$ 603,907**
Net Assets (Deficit)	
Unrestricted	$ (128,601)
Temporarily restricted	1,093,140
Total Net Assets	**$ 964,539**
Total Liabilities & Net Assets	**$ 1,568,446**

2012 GDAHC Members and Cost Quality Sponsors and Community Partners

AARP
ACCESS
Adult Well Being Services
AFL-CIO Employer Purchasing Coalition
American Heart Association
Arab American & Chaldean Association
Astrazeneca
Automotive Industry Action Group
Barbara Ann Karmanos Cancer Institute
Beaumont Health System
Blue Care Network
Blue Cross Blue Shield of Michigan
Botsford Hospital
Buck Consultants
Chrysler Group, LLC
Delta Dental Plan of Michigan
Detroit Community Health Connection
Detroit Medical Center
Detroit Medical Society
Detroit Regional Chamber
Detroit Wayne County Health Authority
Easter Seals Michigan
General Motors
Health Alliance Plan
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Michigan Primary Care Consortium
Michigan Quality Improvement Consortium (MQIC)
Michigan State AFL-CIO
Michigan State Medical Society
Midwest Health Plan, Inc.
Molina Healthcare of Michigan
MPRO
National Association of Health Services Executives
National Kidney Foundation of Michigan
Novartis
Novo Nordisk
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Oakland Southfield Physicians
Oakwood Healthcare System
PASSES
Pierce, Monroe & Associates, LLC
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UAW
UAW Retiree Medical Benefits Trust
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Valassis
Voices of Detroit Initiative
Walbridge

The following organization provided grant funding to GDAHC in 2012:

Robert Wood Johnson Foundation

2012 Educational and Event Sponsors

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Greater Detroit Area Health Council, Inc.
407 E. Fort Street, Suite 600
Detroit, MI 48226
313-963-4990 www.gdahc.org