

HEALTH RE-IMAGINED

Chris Allen Executive Director/CEO Authority Health July 28, 2015

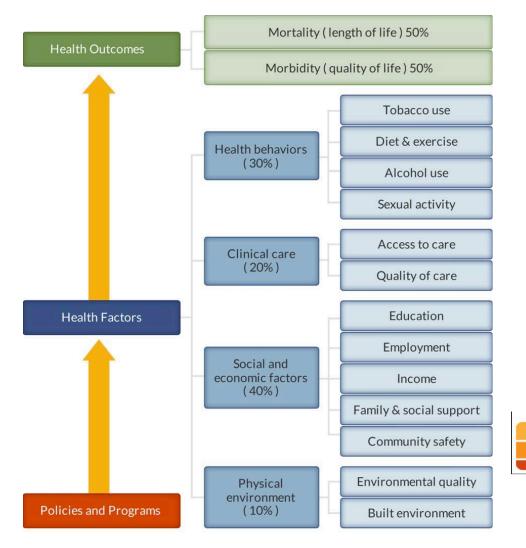


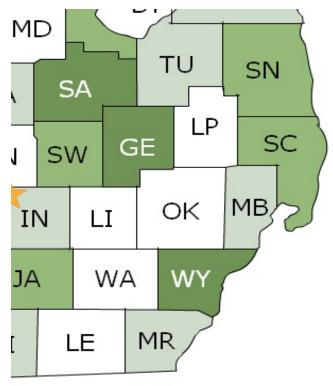
Congressional Co-Chairs: The Honorable Joe Heck, DO; The Honorable Ami Bera, MD

AuthorityHealth Preserving Public Health, Promoting Population Health



County Health Rankings in Michigan







Mobilizing Action Toward Community Health

Robert Wood Johnson Foundation





County Health Rankings model ©2012 UWPHI

2015 County Health Rankings

Wayne County (Detroit) Health Rankings (Among 82 Counties)								
Metric	Health Outcomes	Health Factors	Mortality	Morbidity				
Rank	82	82	81	80				
Metric	Health Behavior	Clinical Care	Socio- economics	Physical Environment				
Rank	70	81	81	82				

Overall Ranking: 82 (Last) Detroit Population: ~ 83% African American



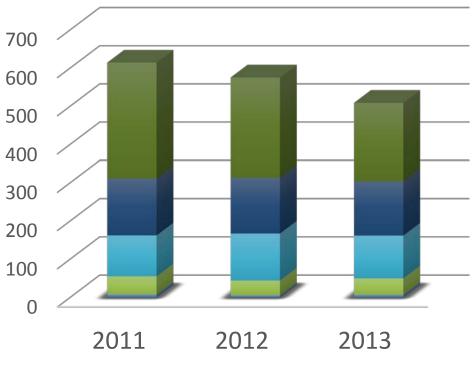
Source: www.countyhealthrankings.org/michigan

Southeast Michigan Community Benefit

Nonprofit hospitals are required to provide benefits to communities they serve to maintain tax-exempt status.

Community benefits can include activities related to: free and discounted care to uninsured and low-income patients, Medicaid reimbursement "shortfalls", population health improvement, access to care, medical research, training, and more.





A B C D E



Convening Structure for Authority Health

POPULATION HEALTH COUNCIL STEERING COMMITTEE Meets Quarterly Membership includes PHC co-chairs and co- chairs of Advisory Committees. Total membership to reflect RWJF County Health Rankings health factors.	Physical Environment (10%) FOCUS: Air & Water Quality, Housing & Transit Co-Chairs of Physical Environment AC (2)	Clinical Care (20%) FOCUS: Access to care, quality of care Co-Chairs of Primary Care & Safety Net and Provider & Payer ACs (4)		Health Behaviors (30%) FOCUS: Tobacco use, diet & exercise, alcohol & drug use, sexual activity Co-Chairs of Healthy Behaviors & Obesity AC, Integrated Health AC, and 2 Workgroup Chairs TBD (6)		Social & Economic Factors (40%) FOCUS: Education, employment, income, family & social support, community safety Co-Chairs of Social & Economic Determinants AC, Community AC, and 4 Work Group Chairs TBD (8)		
ADVISORY COMMITTEES Meet quarterly	Physical Environment	Primary Care & Safety Net ¹	Provider & Payer ²	Integrated Health ³	Healthy Behaviors & Obesity ⁴	Social & Economic Determinants	Community ^s	
Each Advisory Committee has two	Policy & Advocacy							
co-chairs who sit on the Steering	Data							
Committee.	Communication/Community Education/Engagement							
WORKGROUPS Meet as needed Workgroups are led by a member(s) of the Advisory Committee that forms it.	Project A	Project B	Project C	Project D	Project E	Project F	Project G	

POPULATION HEALTH COUNCIL GENERAL MEMBERSHIP Includes members of all Advisory Committees and Workgroups

Annual Forum









Detroit-Wayne County Health Improvement Plan Initiative Charter

Objectives:

- Develop three practical, current status and dashboard reports on state of health in Detroit and Wayne County
- Identify and develop collaborations with key community partners to develop a Detroit and Wayne County Community Health Needs Assessment that is practical, meaningful, and supports the critical programmatic mass needed to deliver measurable results
- Develop health improvement plans that effectively address highest health priorities as identified by the most motivated and capability Detroit and Wayne County stakeholders





Main Elements

Vision (Future):

A regional Detroit comprised of healthy communities

Mission (Always):

Health equity (opportunities) for vulnerable populations

Objective (Now):

Initiatives nurtured in a healthy collaborative environment





Main Elements (cont.)

Scope

- Develop a common understanding of regional health priorities and opportunities
- Deliver a cost-effective and meaningful regional Community Health Needs Assessment (CHNA)
- Identify highest value, practical priorities
- Develop effective strategies for inventorying, marshalling and focusing community resources





Main Elements (cont.)

Deliverables

- Regional, Annual, Compliant, CHNA
 - Common understanding of regional priorities
 - Practical inventory of regional resources
 - Other elements of a regional CHNA
- Initiative Development
 - Promising or best practice models
 - Integration of learnings
 - A safe collaborative environment
- Ongoing backbone support for initiative deployment





Main Elements (cont.)

Members

- First wave...
 - Health Centers
 - Hospital based health systems
 - Public health departments and organizations
 - Regional and community health advocacy organizations
 - Health services research organizations
 - Others





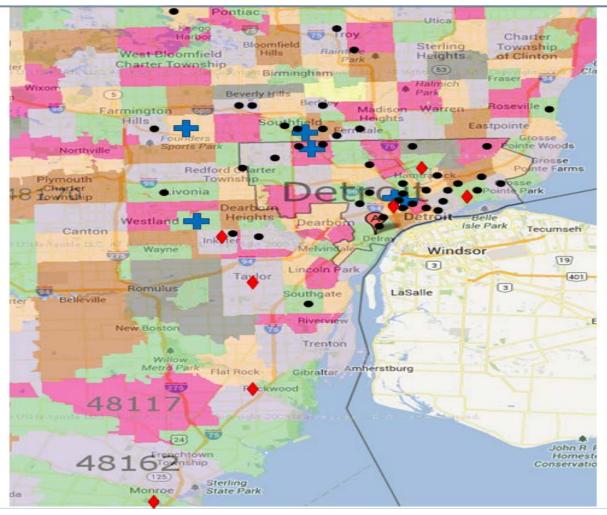
Authority Health White Coat Ceremony







Authority Health Teaching Health Center Locations







Nurse Family Partnership Maternal Health: A Critical Indicator

- Using data, community based maternal wellness resources, and incentives to create change
- Nurse-Family Partnership: Evidencebased, outcomes-driven
- Community-based nurse midwifery
- Advocacy: "Microbirth"/"Raising of America"





Quality Measures Comparison

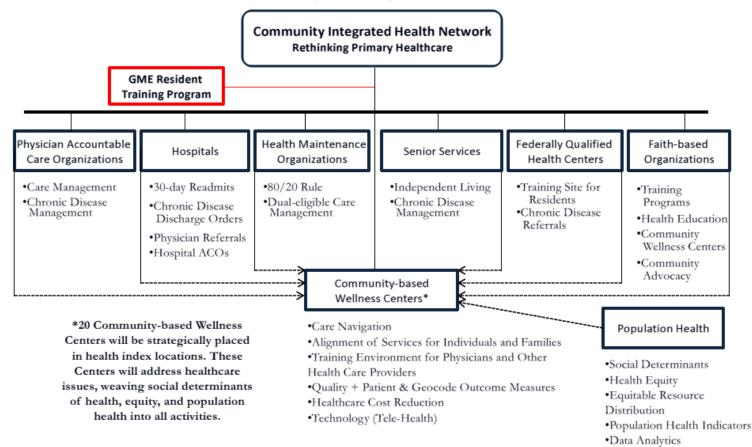
Quality Measure	Authority Health	HEDIS	CHIPRA	NCQA- PCMH
ED Use	Yes		Yes	Yes
Access to PCP	Yes	Yes	Yes	Yes
Access to BH/MH	Yes	Yes	Yes	
Developmental Screening (ASQ and ASQ-SE)	Yes		Yes	
Well child visits – First 15 months	Yes	Yes	Yes	
Birth weight < 2.5 Kg	Yes		Yes	
Preterm Births < 39 weeks				
Timeliness & Frequency of Pre-Natal Care	Yes	Yes	Yes	
Post Partum Care	Yes		Yes	
Immunization Status	Yes	Yes	Yes	
Depression Screening (Edinburgh or PHQ-9)	Yes		Yes	
Lead Screening	Yes			
BMI Assessment	Yes	Yes		
Connection to community resources	Yes			Yes
Culturally & linguistically appropriate care	Yes			Yes





Vision for the Future

Health Authority + Strategic Financial Partner







Re-imagining a Future

- Defining a space for innovation in primary care
- Making decisions based on sound health data analytics
- Leading the regional health industry private and public – toward population health improvement



