Vision.

Healthy people. Healthy economy.

Mission.

We improve the health and wellbeing of people living in southeast Michigan by solving health problems that can be addressed only through multi-sector collaboration.

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Greater Detroit Area
Health Council, Inc.

Who we are.

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A Message from our President and CEO

On behalf of GDAHC’s staff, members and partners, it is an honor to provide this Annual Report to the communities and people who we serve in southeast Michigan; that is, the nine counties that make up the GDAHC service area and their cities, townships, villages, towns and other municipal organizations.

You are invited to read and use this report to learn more about GDAHC and the great things we are doing to improve the health and wellbeing of the people who live, work and play in southeast Michigan.

The GDAHC team is serious about the responsibilities vested in our organization. As a non-profit, we are accountable for protecting the public good and we are pleased to tell you that GDAHC is delivering on this expectation. GDAHC has a singular vision—“Healthy people. Healthy economy.” This is a vision that is all about our community; it seeks to create an environment where people have the resources, wherewithal, knowledge and power to live healthy and productive lives.

As southeast Michigan’s health care thought leader, we tackle the needs of our community by addressing health issues that require multi-sector collaboration and multi-sector solutions. We are the common table, the safe haven where all constituents who touch health care are summoned and welcome.

GDAHC embarked last year on a path of rediscovery and redefinition. We recognized the need to sustain and build on our successes in driving improvements in health care quality, and we are pleased to report that the Robert Wood Johnson Foundation has once again acknowledged GDAHC’s cost and quality initiatives by renewing our Aligning Forces for Quality grant for another two years.

Yet we also realized the need to prepare for the future—a future where the tenets of the Affordable Care Act are operative (not an upcoming target); where access means that primary care services are able and available to meet basic medical needs, not that individuals merely hold an insurance card in their hands; where purchasers (employers) and patients possess high levels of health literacy; where everyone receives equitable care that respects their race, ethnicity and primary language; and where GDAHC tackles tough, controversial health and health care issues in open community forums.

We are encouraged by the broad-based support we are receiving as we chart and move down a path to long-term sustainability. High levels of member engagement are inspiring our team to peak performance. Wayne State University recently recognized our commitment to increased access and enriched knowledge by awarding GDAHC with the Southeast Michigan Regional Area Health Education Center grant.

Our Annual Report highlights just some of our successes in the last nine months while giving you a peek into the future. We are pleased that you have accepted our invitation to read our report. But, we really hope that you will accept our challenge to join GDAHC as we tackle the health and health care needs of southeast Michigan. We cannot do this without you.
Our Members and Community Partners

AARP  Michigan State Medical Society
ACCESS  Midwest Health Plan, Inc.
Adult Well Being Services  Molina Healthcare of Michigan
American Heart Association  MPRO
Arab American & Chaldean Association  National Association of Health Services Executives
AstraZeneca  National Kidney Foundation of Michigan
Automotive Industry Action Group  Novartis
Beaumont Health System  Novo Nordisk
Blue Care Network  Oakland County Medical Society
Blue Cross Blue Shield of Michigan  Oakland Regional Hospital
Botsford Hospital  Oakland Southfield Physicians
Buck Consultants  Oakwood Healthcare System
Chrysler Group, LLC  PASSES
Crain’s Detroit Business  Presbyterian Villages of Michigan
Delta Dental Plan of Michigan  Priority Health
Detroit Community Health Connection  River Centre Clinic
Detroit Medical Center  Sanofi
Detroit Regional Chamber  Somat Engineering
Detroit Wayne County Health Authority  Southeast Michigan Beacon Community
DMC-PHO  Southeast Michigan Dietetic Association
Easter Seals of Michigan  Southeast Michigan Health Association
eHealth Technologies  Starfish Family Services
General Motors  State of Michigan
Health Alliance Plan  St. Clair County Medical Society
Health Management Systems of America  St. John Providence Health System
HealthPlus  Synergy Partners, LLC
Henry Ford Health System  T.J. Adams & Associates
Hospice of Michigan  The Physician Alliance
Humana, Inc.  Trinity Health
Hurón Valley Physicians Association  St. Joseph Mercy Oakland Hospital
Institution for Population Health  St. Joseph Mercy Ann Arbor
Jewish Family Services  UAW
Komen Mid-Michigan  UAW Retiree Medical Benefits Trust
Lilly  Ulliance
Macomb County Medical Society  University of Michigan Health System
MedNet Solutions  UnitedHealthcare
Merck  United Physicians, PC
Metro Solutions  Valassis
Michigan Bldg. and Const. Trades Council  Voices of Detroit Initiative
Michigan Consumers for Healthcare  Walbridge
Michigan Health & Hospital Association (MHA)  Washtenaw Community College
Michigan Osteopathic Association  Washtenaw County Medical Society
Michigan Primary Care Consortium  Wayne County Medical Society of Southeast Michigan
Michigan Quality Improvement Consortium (MQIC)  Wayne State University
Who we are.

GDAHC Board of Directors, 2013

Wayne W. Bradley*  
President and CEO  
Detroit Community Health Connection

Paul Bridgewater  
Executive Director  
Detroit Area Agency on Aging

Robert Casalou  
President and CEO  
St. Joseph Mercy Health System – Ann Arbor

Ryan Catignani  
Field Vice President, MI/WI Humana

Thomas Cieszynski  
Executive Director  
Southeastern Michigan Health Association

Loretta Davis  
President and CEO  
Institute for Population Health

Edward Deeb  
Chairman  
Michigan Business and Professional Association

Dorothy E. Deremo  
President & CEO  
Hospice of Michigan

Patrick Devlin  
Secretary-Treasurer  
MI Bldg. and Const. Trades Council

Rev. John Duckworth  
Pastor  
Gethsemane Missionary Baptist Church  
(Public Member)

Monty Fakhouri, MSCHS, CHES  
Public Health Consultant  
(Public Member)

Gerald D. Fitzgerald  
Vice Chairman (Retired)  
Oakwood Healthcare, Inc.

Dr. Jerome Frankel, DO  
President and CEO  
Oakland Southfield Physicians, PC

Cheryl Gibson-Fountain, MD  
Beaumont Hospital System

Steven Grant, MD*  
Doctors of Internal Medicine

Richard J. Haller*  
President and COO  
Walbridge

Stephen Harris  
President  
Molina Healthcare of Michigan

James Haveman  
Director  
Michigan Department of Community Health  
(Public Member)

Sr. Mary Ellen Howard  
Executive Director  
Cabrinii Clinic  
(Public Member)

Rodney Huebbers*  
President and COO  
Detroit Medical Center

Adam Jablonowski  
Interim Executive Vice President  
Wayne County Medical Society

Dr. Algidas Juocys, DO  
President and CEO  
MedNet Solutions

Rose Khalifa  
Executive Director  
Metro Solutions

Edith Killins  
Director, Health and Human Services  
Wayne County

Isadore J. King*  
President and CEO  
Synergy Partners, LLC

Kevin J. Klobovec  
President & CEO  
Blue Care Network

Eric Labe  
Senior Vice President  
Behavior Sciences Technology, Inc.

Paul LaCasse, DO  
President & CEO  
Botsford Hospital

David Lalain *  
V.P., Commercial Development  
Automotive Industry Action Group

John D. Lewis  
Donnelly Penman Capital LLC  
(Director Emeritus)

Marsha Manning  
Manager, Health Care Initiatives & Public Policy  
General Motors

Patricia Maryland, Dr.PH  
President and CEO  
St. John Providence Health System

Robert Milewski*  
S.V.P., Special Assistant to the President for Hospital Relations  
Blue Cross Blue Shield of MI
Our Staff

Kate Kohn-Parrott, President and CEO

Laurie Arora, Director of Member Relations

Hanna Harp, Project Coordinator

Cindy Jacques, Executive Assistant to the President and CEO

Lisa Mason, Vice President of Cost Quality

Annie Melia, Program Manager

Tawana Nettles-Robinson, Program Manager

Ramona Pearson, Chief Financial Officer

Brenda Ufford, Program Assistant

Linda Ward, Controller

Joie West, Executive Director, Southeast Michigan Regional Area Health Education Center

Treassa White, Administrative Assistant, Finance

Gary Morrison
COO
Karmanos Cancer Institute

Jacqueline Morrison
State Director
AARP

Roger Myers
President
Presbyterian Villages of Michigan

Kathleen Neal*
Director, Integrated Healthcare & Disability
Chrysler Group LLC

Francine Parker*
Executive Director
UAW Retiree Medical Benefits Trust

Barbara Redman, Ph.D.
Dean
Wayne State University
College of Nursing

Robert G. Riney*
President & COO
Henry Ford Health System

Michele Samuels
Vice President and General Auditor
Blue Cross Blue Shield of MI

Michael A Sandler, M.D., FACP
Specialist, Strategic Initiatives
Henry Ford Health System

Karen Schrock*
Executive Director
Adult Well Being Services

Ed Scribner
Retired Labor & Community Leader
(Director Emeritus)

Herbert Smitherman, MD
Associate Chairman - Dept. of Community Medicine
Wayne State University

Richard P. Swaine*
S.V.P., Hospital President,
Grosse Pointe
Beaumont Hospitals

Renee Turner-Bailey*
Senior Benefits Consultant
UAW

Marianne Udow-Phillips*
Director
Center for Healthcare Research and Transformation

Gail Warden
President Emeritus
Henry Ford Health System
(Director Emeritus)

Jack Weiner
President & CEO
St Joseph Mercy Oakland

Donald Whitford*
Vice President, East Region
Priority Health

Edward Wolking*
Executive Vice President
Detroit Regional Chamber

Robert Yellan
President & CEO
MPRO

* Asterisk denotes Executive Committee Member
Who we are.

Highlights ▶

- Received funding from the Robert Wood Johnson Foundation to continue efforts in the Aligning Forces for Quality (AF4Q) initiative
- Received new grant funding to host the Southeast Michigan Area Health Education Center
- Gained nine new members
- Launched a redesigned website, GDAHC.org and its consumer-facing website myCareCompare.org to better communicate information to stakeholders
- Reduced hospital readmissions for heart failure patients through the Southeast Michigan "See You in 7" Hospital Collaborative
- Developing a Low-Cost Clinic Mobile App and Website to help reduce the inappropriate use of the Emergency Department, reduce inpatient readmissions due to lack of appropriate follow-up post-discharge, and to improve patients' experience and access to care
- Reduced the risks associated with heart disease through a Cardiac Disease Prevention Exercise Pilot
- Completed Diabetes Self-Management Education Pilot 12-month follow-up evaluation sessions at all seven participating worksites and union halls
- Drove increased transparency by posting the 6th Physician Organization Performance Report on myCareCompare.org. which showed significant improvements in care in southeast Michigan in areas like diabetes care and cancer screening; posted updates to hospital report
- Spread the results of the Pilot to Reduce ED use for PCP Treatable Conditions through meetings with health plans, employer groups, physician organizations and practices
- Engaged employers in the payment reform conversation through a Payment Reform Summit
- Developed and conducted training sessions with physician practices to improve the collection of Race, Ethnicity, and Language (RELas) data used to track and reduce disparities in health and health care quality
- Developing consumer focused REAL Awareness video for use on social media outlets, in health systems, public health organizations, and physician practices
- Held four Consumer Engagement Committee meetings to support the inclusion of consumers' participation into GDAHC initiatives
- Established the Michigan Patient Experience of Care Workgroup in partnership with Alliance for Health to facilitate a collaborative approach to patient experience measurement, reporting and improvement in both regions
- Hosted a consumer empowerment event featuring Dave deBronkart, or ePatient Dave, who gave several useful strategies on becoming a more engaged patient to almost 150 attendees
- Partnered with the Michigan Chamber of Commerce and the Detroit Black Chamber of Commerce to bring Dr. Regina Benjamin to Detroit to present the National Prevention Strategy to over 200 business professionals
- Partnered with Crain's Detroit Business to develop and present educational webinars to employers, employees and providers on navigating the Patient Protection and Affordable Care Act
- Held three Coffee and Controversy sessions and one educational seminar to present cutting-edge health care issues to health care and business professionals
Educating the community.

10  US Surgeon General Visit
11  Salute! to Healthcare Awards
12  Appropriate ED Use
13  Empowering Consumers
13  Coffee and Controversy Sessions
14  Website Redesign
14  Health Facts 2014
GDAHC Co-Hosts US Surgeon General

GDAHC, in collaboration with Business Forward, the Michigan Black Chamber of Commerce, and the Detroit Black Chamber of Commerce, hosted US Surgeon General, Dr. Regina Benjamin who presented the National Prevention Strategy developed by the National Prevention Council. The event was held at the Charles Wright Museum of African American History.

From L: Kate Kohn-Parrott, Dr. Tom Simmer, and Dr. Cheryl Gibson-Fountain with U.S. Surgeon General, Dr. Regina Benjamin

The National Prevention Council, which is composed of the heads of 17 Federal agencies and chaired by the Surgeon General, was called for by the Affordable Care Act. The National Prevention Strategy was developed by the Council with input from stakeholders, the public, and the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health. Under the coordination of the National Prevention Council and the advice of the Advisory Group, Federal agencies and private and public partners will work together to help implement the Strategy at the national, state, tribal, and local levels, recognizing the importance of a broad approach to addressing the health and wellbeing of our communities.

The National Prevention Strategy’s main goal is to increase the number of Americans who are healthy at every stage of life. This will be accomplished by the following: Building Healthy and Safe Community Environments, Expanding Quality Preventive Services in both Clinical and Community Settings, Empowering People to Make Healthy Choices, and Eliminating Health Disparities.

After the presentation, panel members - Michael Brady, CEO of MobileCare247; Cheryl Gibson-Fountain, MD, Beaumont Health System; and Tom Simmer, MD, SVP and Chief Medical Officer, Blue Cross Blue Shield of Michigan - posed questions submitted by attendees for Dr. Regina Benjamin to address.
Salute! to Healthcare Honors Visionary Leaders ►

GDAHC honored the recipients of its annual awards – the Sy Gottlieb Award and the Eagle Award for Visionary Leadership - at its Annual Awards Celebration, Salute! to Healthcare held at the Detroit Institute of Arts. This sold-out event drew nearly 200 attendees. Michigan State Treasurer Andy Dillon welcomed guests for the evening.

The 2012 honorees of the Sy Gottlieb Award were Adam Jablonowski, EVP Emeritus of the Wayne County Medical Society of Southeast Michigan and Dr. Tom Simmer, SVP and Chief Medical Officer, Blue Cross Blue Shield of Michigan. The Sy Gottlieb Award recognizes an outstanding health care professional who has demonstrated sustained visionary leadership in southeast Michigan.

The Eagle Award was presented to Dr. Chad Audi, Executive Director of the Detroit Rescue Mission Ministries. The Eagle Award recognizes and publicly acknowledges the contributions and achievements of an organization in the southeast Michigan region that has made steady progress in advancing a health care issue of quality, access or cost.
Driving Appropriate Use of Emergency Services

During the past year, GDAHC’s Emergency Department Utilization Team continued working to spread results of its successful PCP Access Pilot. The Pilot demonstrated actions Primary Care Physicians (PCPs) can implement to reduce their patients’ use of Emergency Departments (EDs) for conditions that can commonly be treated in the PCP office. Additional sessions were held to share Pilot results, including an interactive Learning Collaborative for Southeast Michigan Beacon Community practices where participants were able to update or create their own tools (e.g. access to care policies, new patient welcome materials and after-hours telephone scripts). An Implementation Guide was developed in interactive community sessions; posted on GDAHC’s website, the Guide can help PCPs and their staff to effectively use the Pilot toolkit materials. Finally, a formal study of the Pilot written by the Team’s Chair, Dr. Robert Goodman of Blue Care Network of Michigan, was peer-reviewed and published in the American Journal of Managed Care.

In addition, the Team created a “stoplight” poster to help consumers better understand how to appropriately use the ED and to drive them to their PCP for medical concerns that are less urgent and commonly treatable in the primary care office. Using a stoplight as a visual cue, the poster provides this information in a memorable and informative manner. Available in a variety of sizes, the poster is now being widely distributed for display throughout the community including physician offices, employer lunchrooms and other community settings. The Institute for Population Health has created a co-branded magnet version of the poster for distribution in Wayne County.
Empowering Consumers ➤

Thanks to a grant from the Robert Wood Johnson Foundation, GDAHC, in partnership with the Michigan Consumers for Healthcare, hosted an event designed to promote patient empowerment. The morning featured Dave deBronkart, better known as “e-Patient Dave,” internationally renowned cancer survivor and patient empowerment advocate.

Dave gave an inspiring talk about his medical journey and offered participants tips on getting more engaged as a member of their own healthcare team including setting an agenda for appointments with their doctor and checking their electronic medical record (EMR) for accuracy.

Dave’s talk was followed by a panel discussion with Dr. Monique Butler, Vice President, Quality and Safety, DMC Sinai Grace Hospital; Don Whitford, Vice President, East Region, Priority Health; and Mark Manquen, CPA, MST, President and CEO, Cornerstone Municipal, who shared activities that further encourage patients to be more involved in their health care decisions.

Morning Education: Coffee and Controversy ➤

From September 2013 to June 2013, GDAHC has held three Coffee and Controversy sessions and a morning seminar. These events encourage the sharing of different stakeholder perspectives and stimulate innovative thinking.

Topics covered cutting-edge health care issues such as Value-Based Insurance Design, racial and ethnic disparities in health care, specialty pharmaceuticals and self-management of diabetes.

The support of our educational sponsors Merck, Novartis and Sanofi makes these informative events possible.
GDAHC Launches Redesigned Websites

In January, GDAHC launched its new main website, GDAHC.org, and its redesigned consumer-facing website, myCareCompare.org, to better communicate information to stakeholders. GDAHC's mission is to improve the health and wellbeing of people living in southeast Michigan by solving health problems through multi-sector collaboration. In support of this mission, the redesigned sites offer health care providers, employers, health plans and consumers easier navigation and more features that improve the ability for stakeholders to work together to improve health care in the region.

Funded by a grant from the Robert Wood Johnson Foundation, the two sites retain their unique brands while sharing design elements that support a single vision and help visitors explore and understand how they can improve health care in the region by becoming involved in the Greater Detroit Area Health Council. Media Genesis, a metro Detroit digital media firm, provided web design and development services for both sites.

The redesigned GDAHC.org allows visitors to sign up to become members, sponsors, register for events, and to receive the GDAHC newsletter. The features and services that have made GDAHC a leader in transforming health care in southeast Michigan continue to be accessible on the new website including information about GDAHC events and programs.

myCareCompare.org now gives each visitor the ability to easily search for his or her doctor to see which physician organization that doctor belongs to, as well as the power to compare the quality of care provided by local hospitals and physician organizations. The site continues to feature many resources such as information on child immunizations, getting the most out of your doctor visit, and appropriate antibiotic use.

Health Facts 2014

Health care as we know it fundamentally changes in 2014 when the full force of the Affordable Care Act (ACA) goes into effect. Employers are confused. Patients are worried. Providers are unsure. In response to this overwhelming community need, GDAHC has partnered with Crain's Detroit Business to offer “Health Facts 2014,” a series of webinars designed to give real guidance on what the ACA means to those who get care, give care and pay for care.

The free webinars offer information for employers, employees, patients and providers on topics such as the individual and employer mandates, the introduction of Health Insurance Exchanges, small business strategies, wellness programs, benefit design and high-deductible health plans.

This webinar series explores opposing viewpoints and features thought-provoking panel discussions.
Improving health and wellbeing.

16  Utilizing Foundation Grant
17  Driving Payent Reform
17  Listening to Patients
18  Updating PO Performance Report
19  Developing Low-Cost Clinic App and Site
19  Managing SERC, MI-AHEC
20  Preventing Cardiac Disease
21  Improving Diabetes Self-Management
22  Collecting REaL Data
22  Engaging Consumers in Health Care
23  Reducing Readmissions
Funding from Robert Wood Johnson Foundation ►

GDAHC was awarded a grant of $1 million for the final phase of the Robert Wood Johnson Foundation’s Aligning Forces for Quality (AF4Q) initiative, a national effort to lift the quality and value of health care in communities across the U.S. GDAHC is one of 16 organizations across the country designated as an AF4Q community, and has been participating in the initiative since 2006. As with most of GDAHC’s projects, a multistakeholder planning team was formed to assist with the application process and participate in the RWJF site visit that was part of the approval process. In the award notification, it was noted that RWJF was impressed with the collaborative efforts, support for GDAHC and the important role GDAHC plays in leading transformation of health care in the southeast Michigan region.

Planning Team members included:
- Jack Billi, MD, University of Michigan Health System
- Bruce Carl, MD, UAW Retiree Medical Benefits Trust
- Steve Grant, MD, Doctors of Internal Medicine
- George Kipa, MD, Blue Cross Blue Shield of Michigan
- Kate Kohn-Parrott, GDAHC
- Lisa Mason, GDAHC
- Jelka Petrovic, UnitedHealthcare
- Don Whitford, Priority Health
- Kimberlydawn Wisdom, MD, Henry Ford Health System
- Ed Wolking, Detroit Regional Chamber
- Mike Zubrzycki, Chrysler Group LLC

Through AF4Q, GDAHC works to improve health care in southeast Michigan by engaging patients in their care, publicly reporting on the quality of care provided by local physicians and hospitals, implementing quality improvement programs in doctors’ offices and hospitals, and exploring new payment methods to promote high-quality care. In the fourth and final phase of AF4Q that will end in April 2015, GDAHC will accelerate its work, leveraging progress in these focus areas and striving for sustainable progress in meeting the goals of a reformed health care system: better value, greater transparency, and improved care coordination.
Payment Reform Summit

GDAHC is committed to payment reform, an essential element in transforming the health care delivery system. Recently, GDAHC partnered with the Automotive Industry Action Group’s Healthcare Value Task Force to engage employers in helping to reform payment for health care services.

A payment reform summit was held on May 15, 2013, with a variety of employers attending. Titled “Re-Thinking How Purchasers Pay for Healthcare,” the summit featured renowned speaker Paul Brand, Executive Director, Employers Coalition on Health, who introduced the bundled payment approach to participants and led a discussion on areas of acute interest to employers. The session wrapped up with a brainstorming session on solutions and plans for next steps.

What Do Patients Think?

GDAHC continued its partnership with west Michigan’s Alliance for Health to facilitate a collaborative approach to patient experience measurement, reporting and improvement in both regions. The two organizations formed and staff the Michigan Patient Experience of Care Workgroup, consisting of representatives from physician practices, physician organizations, health plans, the Michigan State Medical Society and the Michigan Primary Care Consortium. The Workgroup created a charter and endorsed the Patient Centered Medical Home version of the Clinician and Group—Consumer Assessment of Health Care Providers and Systems as the preferred survey instrument; it provides evidence-based actionable information for physician practices and an opportunity to benchmark performance against like practices both locally and nationally. An Action Plan to begin regular statewide patient survey activity has been drafted, including a proposed method for funding the surveys. The draft Action Plan is being vetted throughout the community and has gained initial support. The Workgroup aims to conduct the first survey in mid-2014.
Improving health and wellbeing.

Physician Organization Performance Report on myCareCompare.org Shows Improvements ▶

GDAHC’s newly updated health care report on Physician Organization (PO) performance illustrates that the delivery of care in southeast Michigan is improving. Featured on GDAHC’s website, myCareCompare.org, the sixth round report demonstrates improvements in quality from 2006 to 2011 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.

Southeast Michigan experienced significant improvements from 2006 through 2011 in the following areas reported on the website:

- Colorectal cancer screening improved by more than 14 percentage points
- Controlling blood sugar for patients with diabetes improved by more than 14 percentage points
- Well-child visits for children from birth to 15-months old improved by more than 20 percentage points

Almost all of the 25 measures included in the physician organization report improved during this time period.

myCareCompare.org’s physician and hospital reports allow consumers to choose providers based on the quality of care they deliver. Physicians use the site to compare how their physician organization compares to other POs in southeast Michigan and make changes in care based on these reports. Additionally, there are resources for providers, such as a toolkit on how to reduce emergency department visits for conditions better treated in a primary care setting, as well as resources for consumers, such as information on “What to Ask Your Doctor.” These resources and reports help consumers understand what quality is, how it is measured, and what they can do to be sure they are getting high-quality health care. All of these tips and tools drive improvements in the delivery of health care reflected in the reports.

myCareCompare.org is funded by a grant from the Robert Wood Johnson Foundation and by the generous support of GDAHC member organizations.
Low-Cost Clinic Mobile App and Website ▶

GDAHC is developing a website and mobile application with a searchable list of Michigan’s free and low-cost health clinics for use by patients, clinics, community members, hospitals, and health systems. The goals of the project are to reduce ED visits and inpatient readmissions due to lack of appropriate follow-up post-discharge, reduce ED visits by decreasing inappropriate use of the ED for primary care-treatable conditions, and to improve patients’ experience and access to care.

GDAHC is partnering with Henry Ford Health System, St. John Providence Health System, Detroit Medical Center, Advantage Health Centers, Cabrini Clinic, and a consumer representative to implement this project.

This project is made possible through the support of the Robert Wood Johnson Foundation, and Media Genesis, a southeast Michigan-based web design firm, has been selected to develop the website and app.

Southeast Regional Center, MI-AHEC ▶

In January, GDAHC was selected to manage the Southeast Regional Center (SERC) of the Michigan Area Health Education Center (MI-AHEC). The MI-AHEC is a program of Wayne State University, which was established in 2011 with funding from the Health Resources and Services Administration (HRSA). In April 2013, the Executive Director, Joie West, M.S., was hired to lead the AHEC mission of “Connecting students to careers; Professionals to communities; and Communities to better health” in nine counties: Genesee, Livingston Lapeer, Macomb, Monroe, Oakland, St. Clair, Washtenaw and Wayne.

The primary purpose of the MI-AHEC is to increase access to primary care health professionals throughout the state. This will be accomplished by recruiting K-12 youth to health careers, identifying and coordinating rotations for health students in clinics and retaining clinical professionals in rural and urban medically underserved areas. Over the next six to nine months the SERC will develop a solid infrastructure by hiring a Program Manager and Administrative Assistant, identifying and recruiting members to be part of a Community Advisory Board, conducting a regional assessment, developing an implementation, marketing and fundraising plan and creating educational initiatives to meet AHEC’s goals.
Preventing Cardiac Disease

GDAHC created a Cardiac Disease Prevention Exercise Program to demonstrate the benefits of exercise in decreasing the risk of heart disease. More than 30 consumers at risk for developing cardiac disease were recruited to participate in the Program which began in October 2012 with a fitness assessment where baseline data was collected on all participants, including height, weight, body mass index, heart rate, METs and perceived exertion. Hemoglobin A1c and lipid level data were collected from participants’ primary care physicians. Participants were given pedometers and taught how to use them. More than half of the participants attended twice weekly sessions where Exercise Specialists provided training and educational information on topics such as appropriate exercise techniques, benefits of exercise and warm up and cool down. In addition, educational sessions were held throughout the program, including a primary care physician explaining heart disease, a dietitian presenting information on dining out, label reading and portion control; a cooking demonstration with information on recipe modification and “heart smart” values; and a presentation on sustaining healthy habit change that included information on stress management, relaxation techniques, motivation and empowerment to be responsible and create success toward health goals. A testimonial session was held where two presenters shared their success stories as a way to motivate participants. One presenter had survived a cardiac event and the other lost over 200 pounds and is continuing her weight loss journey; participants found these stories inspiring.

The Program ended in April 2013. Final assessments on 18 participants were completed to compare changes in their baseline data. Comparing final assessment results for the participants as a group to original assessment findings shows statistically significant reductions were achieved in weight (3.7%) and BMI (3.7%) and improvement in participants’ functional capacity (31.1%). Some of the individual results participants achieved during the project are even more impressive, with one individual losing over 25 pounds and lowering her blood pressure significantly to 112/65, a second participant who lowered her systolic blood pressure by 20 mm Hg and another who lost over 18 pounds.

A graduation ceremony was held to mark the participants’ completion of the six-month sessions and to encourage them to continue the regular exercise and healthy eating habits.

Continued on next page

Graduates of the Cardiac Exercise Program
they had established. Several participants intend to continue exercising together as a result of the bond they formed and the motivation they provided to each other during the GDAHC Exercise Program.

The completion of the six-month sessions marks the end of “Phase 1” of this project. For Phase 2, a toolkit is being developed based on the lessons learned in Phase 1; the toolkit will describe how similar exercise programs can be implemented in community settings where residents don’t have access to gyms and/or can’t afford health club memberships. It will include “how to” tips for starting a program and include community resources and sample forms, such as an announcement for church newsletters. Several participants of the Phase 1 session have volunteered to serve as “ambassadors” to help develop the toolkit and work to implement it in community settings such as their churches. A “Launch” event will be held in July 2013 to share final data from Phase 1, celebrate participants’ accomplishments and roll out the toolkit.

Managing Diabetes

Over the past year, GDAHC completed 12-month evaluation sessions of the Diabetes Self-Management Education Program. Designed to help people with diabetes better manage their complex condition, the Program provided eight hours of customized education at seven work sites and union halls. Research shows that almost half of those with diabetes receive little to no formal training; the GDAHC Program aimed to improve this by making education more convenient for people to access. MedNet Solutions and Blue Cross Blue Shield of Michigan partnered with GDAHC to design and present the Program, which included curriculum based on American Diabetes Association standards of care. A multidisciplinary team of nurses, certified diabetes educators, wellness coaches, exercises specialists and registered dietitians presented the interactive sessions, which were based on adult learning principles.

The University of Michigan completed an analysis of the data collected from the Program, including medical and pharmacy claims data, work productivity data and clinical and self-reported behavioral change data collected from the participants. Data were collected at the beginning of the program and at three, six and 12 months after the education sessions were completed. Results showed statistically significant improvements in all participants’ clinical measures except blood sugar, including weight, Body Mass Index, blood pressure (systolic and diastolic), and cholesterol levels. Significant change in blood sugar levels was not surprising, given the relatively low level at baseline (7.01). At-work productivity increased by 20 percent at six months and more than 11 percent after 12 months, as measured by their reduced burden of illness in that setting.

GDAHC is preparing a formal report of the Program, which will be used to lobby health plans to cover this type of education in the community setting, promote development of additional vendors and market the Program to employers and other community organizations.
Collecting Race, Ethnicity and Language Data is Key to Tracking Disparities

Providers cannot address disparities and improve health care services without knowing where gaps in care occur. Consistently collecting and assessing robust data about race, ethnicity, and language preferences (ReaL) allows hospitals, health plans, and physician practices to identify where disparities exist and then take steps to eliminate them.

Hosted in collaboration with our partners Oakland Southfield Physicians, GDAHC’s Race, Ethnicity, and Language (ReaL) Committee conducted its fourth and fifth training sessions on increasing and improving the standardized collection of patients’ self-identified categories for ReaL data collection in southeast Michigan. To date, with the support of the ReaL Committee, GDAHC has trained nearly 200 health professionals. The latest training sessions focused on supporting physician practices in the collection of ReaL data. While the Center for Medicaid and Medicare Services’ (CMS) requirements for Meaningful Use and the implementation of electronic medical records have increased the percentage of practices collecting ReaL data, too often the information is collected improperly, randomly or differently across the same organization. The training educates staff on improving and standardizing the collection process.

While provider education and training is key, consumers must also be aware of why ReaL data is being collected and how it is used to improve the quality of their care. To help consumers understand why providers are asking them to self-identify information on ReaL, GDAHC and Trinity Health Systems are developing a Consumer ReaL Awareness video. Links and a DVD recording of the video will be available by August 2013.

Engaging Consumers in Health Care

GDAHC remains committed to ensuring that the consumer voice is fully represented in its work. Since 2011, GDAHC has regularly convened the Consumer Engagement Committee, which is chaired by Marjorie Mitchell, executive director of MichUHCAN and retired education administrator, Eldora Stevens. Each of the twelve Consumer Engagement Committee members also belongs to a specific GDAHC workgroup or committee where they provide the consumer perspective on program development, implementation and oversight. In addition, they have agreed to serve as “ambassadors” to represent GDAHC and help spread consumer messages throughout the community.

In 2013, the Consumer Engagement Committee continues to meet quarterly to provide a forum for the consumer representatives to support and educate each other on the work of their individual GDAHC committees and workgroups. This year the Consumer Engagement Committee provided significant input to the redesign of GDAHC’s two websites, gdahc.org and myCareCompare.org. The Committee members have truly been an asset and GDAHC is grateful for their time and dedication to GDAHC’s work.
“See You in 7” Hospital Collaborative Reduces Readmissions ▶

Preliminary results from the year-long Southeast Michigan “See You in 7” Hospital Collaborative show that improved early follow-up for patients discharged with heart failure can reduce readmissions.

Over the past year, GDAHC partnered with the Michigan Chapter of the American College of Cardiology (ACC) and MPRO, Michigan’s Quality Improvement Organization, to launch the Southeast Michigan “See You in 7” Hospital Collaborative. The purpose of the Collaborative was to improve the early follow-up process for heart failure patients with the goal of reducing readmissions. The Collaborative focused on process measures from the ACC’s “See You in 7” Toolkit to increase the number of follow-up appointments within seven days of discharge and to improve the quality of these appointments.

Preliminary findings show hospitals that participated in the Southeast Michigan “See You in 7” Hospital Collaborative reduced readmissions by 11%, while hospitals across the state averaged a 4.6% reduction during the same period. Examples of interventions that hospitals are implementing include a follow-up phone call program to heart failure patients, working with the hospital’s marketing department to develop a robust list of transportation resources to give to patients who do not have a way to get the their follow-up appointment, and streamlining the process of identifying heart failure patients. Participants stated that they benefited greatly from the collaboration and the opportunity for learning and sharing best practices with their peers.