Report to the Community
June 2013—May 2014
VISION

Healthy people. Healthy economy.

MISSION

We improve the health and wellbeing of the people who live, work, play and pray in southeast Michigan by solving health issues that can be addressed only through multi-sector collaboration

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This is GDAHC

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A Message from our President and CEO

Welcome to the Greater Detroit Area Health Council’s (GDAHC) 2014 Annual Report. This year we celebrate our 70th Anniversary serving as the meeting place for sharing ideas to improve health and health care in southeast Michigan. Inside these pages you will see proof of our continued commitment to be true to our past while meeting the needs of the present and preparing for the future.

GDAHC was established in 1944 to improve the management of community health resources city-wide, providing health facility planning to hospitals. As new technologies and societal needs changed the face of health and health care delivery over the past 70 years, GDAHC changed its focus from serving only hospitals in Detroit to being a coalition dedicated to improving the health and wellbeing of the people in southeast Michigan.

As reflected by the highlights summarized below and showcased throughout this report, GDAHC continues its mission today through innovative programs that leverage our strong multi-stakeholder, multi-sector collaborations and partnerships.

In the past year, GDAHC has been a leader in helping our members and the community understand and prepare for the changes brought by the Affordable Care Act. Whether it was through our webinars in collaboration with Crain’s Detroit Business, our private exchange forum, the State Innovation Model public forum, the State of Population Health community summit, or other efforts, our goal was—and continues to be—to provide education to help consumers, employers, and providers make well-informed decisions.

We partnered with local hospitals and health clinics to increase access to affordable, quality health care by launching a searchable website and mobile app called Find MI Care. Patients in need of primary care now can search easily for health care services at a low-cost clinic near their home rather than visit an Emergency Department where it’s difficult to build a doctor/patient relationship and the cost of care is at a premium. Through this effort we forged a new partnership with the Michigan Department of Community Health, which is funding training to help integrate the Find MI Care website and mobile app into workflow practices at local hospitals.

As an Aligning Forces for Quality (AF4Q) community through our alliance with the Robert Wood Johnson Foundation, we continued our valuable work improving the quality of health care delivery while reducing costs. We saw evidence of our efforts through our “See You in 7” Hospital Collaborative where participating hospitals reduced 30-day heart failure readmissions by 9.47 percent, while other hospitals across the state experienced a reduction of only 4.86 percent during the same period. Even though this coming year marks the last year of AF4Q funding, we look forward to ongoing improvements as a result of our pilot projects and our continued efforts to move southeast Michigan towards the Triple Aim.

Another highlight of the last year was GDAHC’s selection by Wayne State University to host the Southeast Michigan Area Health Education (AHEC) Regional Center. AHEC is a program sponsored through the Health Resources and Services Administration. AHEC “seeks to expose disadvantaged students to health care opportunities, expand the number of underrepresented minorities in the health professions, and encourage students and health professionals to work in areas that need greater access to primary care providers.” We could not have designed a program that is more aligned with GDAHC’s vision than AHEC.

As we reflect back on 70 years of service, we pause to appreciate our members, our board of directors, committee volunteers and the successes we have achieved together. Looking forward to the next 70 years, we invite you to renew your commitment to GDAHC as we lay the foundation for a bright future. It is through our collaborative efforts that GDAHC remains strong and able to achieve more than it could on its own.
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Joie West, Executive Director, Southeast Regional Center, Area Health Education Center

*Asterisk denotes Executive Committee Member
We welcome our newest GDAHC members:

ALS Association – Michigan Chapter  
CBM Health Care, Inc.  
Genomic Health

The following organizations provided grant funding to GDAHC between June 2013 and June 2014:

Health Resources and Services Administration  
Michigan Department of Community Health  
Robert Wood Johnson Foundation

Educational and Event Sponsors:

Aetna  
Blue Care Network  
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Priority Health  
River Centre Clinic  
Sanofi  
Somat Engineering  
Southeast Michigan Beacon Community  
Southeast Michigan Dietetic Association  
Southeast Michigan Health Association  
Southeast Michigan Regional Area Health Education Center  
Starfish Family Services  
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UAW  
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University of Michigan Health System  
UnitedHealthcare  
United Physicians, PC  
Valassis  
Voices of Detroit Initiative  
Walbridge  
Washtenaw Community College  
Washtenaw County Medical Society  
Wayne County Medical Society of Southeast Michigan  
Wayne State University
Highlights

- Completed data collection for the See You in 7 Hospital Collaborative which ultimately reduced heart failure readmissions by 9.47% compared to statewide reductions of 4.86%
- Secured funding commitments from five major commercial health plans for a statewide experience of care survey effort that will provide primary care practices with actionable data to improve patient experience of care
- Launched Find MI Care, a low-cost clinic website and mobile app 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
- Received new grant funding from the Michigan Department of Community Health for Find MI Care website and mobile app training
- Held an informative Summit where nationally recognized presenter Suzanne Del Banco from the Catalyst for Payment Reform explained the range of payment reform options and what’s working well across the country
- Supported three Community-based Care Transitions Programs which have collectively achieved 15% reductions in overall readmissions and 20% reductions in heart failure readmissions; helped launch the Southeast Michigan Care Transitions Improvement Coalition website
- Distributed more than 2500 “Stoplight” posters in workplaces, physician offices and other community settings to educate the public on appropriate ED use; and through partnership with the Michigan Health and Hospital Association, made an additional 2500 posters available for further distribution
- Convened a team to develop a more effective and coordinated approach to post-discharge phone calls for some patients who are currently receiving multiple calls from hospitals, health plans, care managers and PCMH/ACO providers
- Held four Consumer Engagement Committee meetings to support the inclusion of consumers’ participation in GDAHC initiatives
- 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 four Coffee and Controversy sessions, a State Innovation Model public outreach forum, and a workshop on private exchanges to present cutting-edge health care issues to health care and business professionals
- Partnered with the Detroit Wayne County Health Authority to host a community forum on “The State of Population Health” attended by state and county elected officials, business leaders, and community partners
- Developed a consumer focused Race, Ethnicity and preferred Language (REaL) awareness video for use on social media outlets, in health systems, public health organizations, and physician practices reaching approximately 50,000 patients
- Trained 185 individuals in over 50 organizations on the collection of REaL data. Surveyed trainees to assess if data collection has improved in the region since training began in 2010. Results showed a 20% increase in the number of organizations now collecting REaL data, 31% more organizations use racial and ethnic categories specific to their patient population’s needs, and 23% of organizations say they have put training in place within their own organizations to improve the quantity and quality of data collected
- Initiated the Hypertension Intervention Project (HIP), creating a video and other resource materials starring local patients to support blood pressure control in the African-American community
- Collaborated with numerous community partners to provide healthcare career enrichments to over 1,200 students and career-changing adults throughout our Southeast Regional Area Health Education Center’s nine-county region
- Partnered with Detroit VA Healthcare System on a “Returning Veterans Healthcare Conference,” which included CME/CEs for physicians, physician assistants, nurses, nurse practitioners and social workers. A live presentation was held in Detroit and simulcast to five locations throughout Michigan with over 175 registrants
- Developed Community Based Student Education opportunities with Wayne State University students seeking a Masters in Public Health and with the College of Nursing. Currently working with Children’s Hospital of Michigan, Workforce Development, local community colleges and high schools to develop a Behavioral Health Technician program to work with children with autism.
GDAHC—Educational Resource

State Innovation Model Public Forum

Almost 90 people attended the State Innovation Model (SIM) public forum in September hosted by GDAHC in partnership with the Michigan Department of Community Health (MDCH). Participants heard an overview of the SIM from Melanie Brim, Senior Deputy Director, Public Health Administration at the MDCH. Following the talk, attendees had the opportunity to offer feedback on the SIM. Also participating on the panel were Ann Batdorf-Barnes, DO, MPH, founder of Population Health Partners, PLC; and Clare Tanner, Program Director, Department of Data Management and Translational Research, Michigan Public Health Institute. Amanda Menzies, Senior Consultant, Public Sector Consultants, facilitated the community discussion.

Private Exchange Panel Discussion

Six Private Exchange vendors explained the new marketplace for health insurance to an audience of nearly 150 employers and consumers at the Westin Southfield in June. After presentations about each specific product, the audience was engaged in a thoughtful question and answer session. Panel members included Dan Graovac, Buck Consultants; Dave Osterndorf, Towers Watson; Mike Vaught, Mercer; Jeff Rubleski, Blue Cross Blue Shield of Michigan; Dave Garratt, Aon Hewitt; and Denise Christy, iSelect Custom Business Store.

State of Population Health Community Forum

GDAHC partnered with the Detroit Wayne County Health Authority to host a forum on The State of Population Health. The intent of this event was to spark a community dialogue on southeast Michigan’s most pressing health needs—particularly those driven by social and economic inequities—and develop plans to address those needs going forward.

The State of Population Health is a report developed by the Population Health Council, a regional collaborative established by the Health Authority to create and nurture an environment for open dialogue and leadership consensus around social, physical, and economic issues critical to building a healthier community in Southeast Michigan. Forum participants had an opportunity to build on the recommendations included in the report and help develop community-based action plans to improve the health of those who live in southeast Michigan.

Professor John A. Powell from the University of California-Berkley and Dr. Julie Willems Van Dijk from the University of Wisconsin Population Health Institute were the keynote speakers. They provided an overview of health equity and the national county health rankings, including those for southeast Michigan.
Health Facts Webinars

Look forward to 2015 and nobody knows what health care will look like, but everyone knows things will be different. That was the starting point for Health Facts, a project to provide facts for health care providers, employers of all size, and employees as they make near-term health care decisions.

In response to this community need, GDAHC once again partnered with Crain’s Detroit Business to offer a series of free webinars designed to give real guidance on what the Affordable Care Act (ACA) means.

The free webinars offer information on Medicaid expansion, employer responsibility, health care alternatives, and avoiding pitfalls, all offered through thought-provoking panel discussions.

Community Health Improvement Committee (CHI)

Chaired by Wayne Bradley, President and CEO, Detroit Community Health Connection, the CHI Committee serves as a forum to advise GDAHC and its partners on the formation, structure, and evaluation of new regional evidence-based community level health care and health improvement initiatives.

This year the CHI Committee held discussion sessions and welcomed guest-speakers on best practices for implementing regulations associated with the Affordable Care Act (ACA), addressing the social determinates of health, reducing infant mortality in metro-Detroit, improving coordination of care for Oakland and Wayne Countys’ homeless populations, and reducing disparities in cardiac care and outcomes for African-American patients.

The Committee continues to provide direction on the development of GDAHC initiatives including the Hypertension Intervention Project (HIP), Find Mi Care website and smart phone application, promotion of the Choosing Wisely campaign and the Michigan Area Educational Heath Center (AHEC).
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 International Banquet Center at the Atheneum Hotel. This event drew nearly 200 attendees. TV personality *Lila Lazarus* welcomed guests for the evening.

The 2013 honoree of the *Sy Gottlieb* award was *Kimberlydawn Wisdom*, MD, MS, Senior Vice President of Community Health and Equity and Chief Wellness Officer at Henry Ford Health System. The *Sy Gottlieb* award recognizes an outstanding health care professional who has demonstrated sustained visionary leadership in southeastern Michigan.

The *Eagle Award* was presented to *Marcella Wilson*, PhD, President and CEO of *Matrix Human Services*. 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.

Coffee and Controversy is a morning educational series offered several times a year by GDAHC. These events encourage the sharing of different stakeholder perspectives and stimulate innovative thinking.

Topics included super utilizers of the Emergency Department, Value-Based Insurance Design in a Patient Center Medical Home setting, and health literacy.

Coffee and Controversy was made possible through the support of our educational sponsors *Merck, Priority Health, and Sanofi.*
GDAHC began the fiduciary and hosting responsibilities of Southeast Regional Area Health Education Center (SERC AHEC) in January of 2013. Throughout 2013, SERC AHEC became fully staffed with an Executive Director (Joie West), Program Manager (Marie Bristow) and Office Coordinator (Terra Birsen). In addition, SERC AHEC formed a Community Advisory Board comprised of 17 members representing most disciplines and nearly all nine counties which include Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw and Wayne.

AHECs throughout the country are organized to improve access to primary care, especially in underserved communities. SERC AHEC has had positive action in the three pillars of AHEC: Pipeline Programs, Community Based Student Education and Continuing Education for Professionals.

**Pipeline**

SERC AHEC collaborated with numerous partners including hospitals, schools, college alumni associations, government agencies and human service organizations to develop a variety of enrichments that touched over 1,200 students and career-changing adults. Some of our programs include:

- Biomedical Career Advancement Program
- College and Career Ready (C2) Pipeline
- Dental Hygiene Enrichment Workshop
- Dental Imprint Program
- Dental Summer Enrichment Program
- Detroit College Promise
- Detroit Pre-Medical Scholars Program
- Junior Leadership Macomb Health Day
- Molina Teen Town Hall
- Morehouse S.T.E.M. Illumination Seminar
- Student Career Tours at Children’s Hospital, Hutzel, McLaren Oakland, Wayne State University

**Community Based Student Education**

SERC AHEC developed Community Based Student Education opportunities with Wayne State University (WSU) students seeking a Masters in Public Health and with the WSU College of Nursing. SERC AHEC is collaborating with other community organizations in the process of developing programs to train Behavioral Health Technicians to work with children with autism. Collaborative partners include: Children’s Hospital of Michigan, Michigan Works!, Workforce Intelligence Network, local community colleges and high schools.

**Continuing Education for Professionals**

SERC AHEC partnered with the Detroit VA Healthcare System and the WSU School of Social work to present the “Returning Veterans Healthcare Conference for Providers.” Over 175 participants registered for the event that offered free CME and CEs for physicians, physician assistants, nurses, nurse practitioners and social workers. One of the program attendees stated “I am a nursing instructor and this session inspired me to focus my attention and my students’ attention on these issues. We have integrated veteran screening questions as part of our health history forms, but I now have the knowledge to provide them the ‘whys’. This presentation provided a terrific overview; this was consciousness raising for me. Thank you.” Plans are underway to offer additional continuing education opportunities for healthcare professionals in the areas of veterans and public health issues.

SERC AHEC is looking forward to the next fiscal year to expand programming throughout the nine-county region.
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 Eldora Stevens, retired education administrator. 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 act as “ambassadors” for GDAHC and help spread GDAHC’s consumer messages throughout the community.

This year, the Committee provided feedback and input on the development of new GDAHC initiatives and a consumer perspective on the implementation of new healthcare reform activities. Discussions centered on such topics as:

- The usefulness of patient/family advisor panels to support physician practices as they transform to patient-centered medical homes
- The roll-out of Michigan’s new federal health plan exchange website “healthcare.gov”
- Medicaid expansion efforts in Michigan
- Level of consumer awareness and understanding of ongoing GDAHC initiatives including: Choosing Wisely campaign, provider collection of self-identified race, ethnicity and primary language preference, and how often consumers actually use web-based public reporting sites to compare health care provider quality

GDAHC continues to place great value on the consumer perspective of GDAHC’s work and is extremely grateful for the continued support of each member of this Committee.

“See You in 7” Hospital Collaborative Reduces Readmissions

The Greater Detroit Area Health Council (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 year-long collaborative was to improve the early follow-up processes for heart failure patients with the goal of reducing readmissions for these patients. This was the first pilot project in the country based on the ACC’s “See You in 7” Hospital to Home (H2H) process measures.

Collaborative hospitals reduced 30-day heart failure readmissions by 9.47 percent, while hospitals across the state experienced a 4.86 percent reduction during the same period.

Examples of interventions that hospitals implemented include developing a program for follow-up phone calls to patients after they are discharged, providing a list of transportation resources for patients who have difficulty getting to their follow-up appointment, and streamlining the process of identifying heart failure patients prior to leaving the hospital.

Participating hospitals included Beaumont Hospital-Grosse Pointe, Crittenton Hospital and Medical Center, Garden City Hospital, Henry Ford Macomb Hospital, McLaren – Macomb, Providence Hospital, St. John Macomb-Oakland Hospital, St. John Hospital and Medical Center, St. Joseph Mercy Hospital Ann Arbor, St. Joseph Mercy Oakland, and the VA Ann Arbor Health Care System.

The project was funded by a grant from the Robert Wood Johnson Foundation.
For many, controlling blood pressure is difficult because it requires patients to closely follow provider’s instructions, including taking medication as prescribed, changing diet, exercising and keeping health care appointments. Sometimes, social and cultural norms, understanding provider recommendations, and a patient’s environment can challenge the patient to comply with the physician-recommended treatment and lifestyle changes that can lead to blood pressure control.

In February 2013, GDAHC, led by Cheryl Gibson Fountain, MD, Beaumont Health Systems, formed the Hypertension Intervention Project (HIP) Team focused on creating initiatives to improve blood pressure control for African American patients in metro-Detroit. The project has two aims:

- Create professional peer-to-peer video recordings (DVDs and online versions) of local patients sharing their “own stories” and tips to help other patients learn how to take their medication, talk to their doctor and overcome barriers to improve their blood pressure.
- Work with healthcare providers and patients to create and utilize a useful electronic tool (touch screen applications and voice recordings) for use on electronic tablets or other formats that providers can use to assess health literacy and patients can use to support decision-making and understanding provider recommendations.

The peer-to-peer video recordings have been completed. Patients diagnosed with high blood pressure will evaluate the usefulness of the resources through pilot programs.

Emergency Department Utilization Team

GDAHC continued efforts to help consumers better understand appropriate use of emergency department services through distribution of stoplight posters throughout the southeast Michigan region. Using a stoplight as a visual cue, the poster explains appropriate ED use in a simple and memorable manner. Over 2,500 posters in various sizes were distributed to physician offices, employee lunch rooms and other settings throughout the community. An additional 2,500 posters are currently being distributed through the generous support of the Michigan Health and Hospital Association.

In addition, the EDU Team developed a definition to measure ED use for PCP-treatable conditions. Under the direction of the GDAHC Measurement and Reporting Team, data is being collected from the area’s major commercial health plans that will provide community-wide data on this measure for the first time. Data will show baseline use rates and trends over the past several years.

GDAHC’s PCP Access Pilot was showcased on RWJF’s Quality Field Notes website, featuring a short video clip describing the successful pilot, a Q&A piece with Oakland Southfield Physician’s Jeni Hughes and links to the Pilot tools and resources. The QFN website has garnered inquiries from across the country from other communities interested in learning more about GDAHC’s efforts.

Find MI Care Launch

GDAHC launched a website and mobile application with a searchable list of Michigan’s 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 partnered 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.

The Michigan Department of Community Health granted funding to improve usage of the website and app by providing training to hospital staff to incorporate Find MI Care tools into discharge procedures.

The Find MI Care website and mobile app were made possible through the support of the Robert Wood Johnson Foundation.
Race, Ethnicity, and Language (REaL) Data Collection

This year, GDAHC announced the selection of Antoinette Green, Vice President, Diversity and Inclusion, CHE, Trinity Health and Monty Fakhouri, Community and Minority Outreach Coordinator, Beaumont Health Systems, as the new co-chairs of GDAHC’s Race, Ethnicity and Language (REaL) Committee.

The REaL Committee has developed resources and materials and conducted numerous training sessions to help healthcare organizations (health plans, providers, public health agencies, and community partners) increase the volume of REaL data and how it is collected in order to better measure the quality of care and health outcomes of all patients.

In an effort to monitor the region’s progress, in January 2014, the REaL Committee created and distributed a web-based survey to all past REaL training participants to assess if data collection has improved. The results show that it has improved in many areas including:

- Increasing the volume of REaL data collected;
- Utilizing REaL data to identify and address disparities in quality and outcomes;
- Listing and allowing patients to identify ethnic categories specific to southeast Michigan populations;
- Implementing organizational policies and procedures for continual training and monitoring of data collection.

However, not all the news is good. Survey results also show that intake workers and providers still struggle with accurate data collection and having the time and tools to address patients’ concerns. As a result, personnel may not be allowing patients to self-identify their own REaL categories.

In response to the survey results, the REaL Committee sent respondents a letter re-emphasizing the importance of patient self-identification of this data and asking that organizations take steps to ensure that individuals within their organizations are not assuming or guessing patients’ REAL information.

Individuals from the REaL Committee are continually available to help organizations reduce barriers to collecting REaL data by facilitating discussions and helping to train staff on data collection, its legality, uses, and how to effectively work with patients.

The REaL Awareness video and toolkit are available on the GDAHC website gdahc.org.

MI Patient Experience of Care Workgroup

During the past year, GDAHC and its west Michigan partner Alliance for Health continued to staff the MI Patient Experience of Care Workgroup. Support and funding commitments were obtained from Michigan’s five major commercial health plans for the MI PEC Workgroup’s proposed Action Plan for instituting a statewide measurement of patients’ experience of care.

Through this collaborative approach, primary care practices designated as Patient-Centered Medical Homes (PCMH) will survey their patients about their experience of care using a survey tool endorsed by the Agency for Healthcare Research and Quality, the PCMH version of the Clinician and Group Consumer Assessment of Healthcare Providers and Systems. The survey will provide physicians with actionable data to improve their patients’ experience and the ability to benchmark their performance to each other and to like providers across the country. The statewide survey effort avoids duplicate efforts and prepares physicians and Physician Organizations for an activity that is expected to be required by CMS and others in the near future.

Choosing Wisely Speaker’s Bureau

In partnership with the Michigan State Medical Society and MedNetOne Health Solutions, GDAHC re-energized its multi-stakeholder Choosing Wisely Team to promote awareness and adoption of Choosing Wisely. Launched by the American Board of Internal Medicine Foundation, Choosing Wisely is a campaign to foster meaningful, informed conversations between patients and doctors. Over 50 physician organizations such as the American Academy of Family Physicians and the American College of Radiologists each identified five tests, treatments or procedures that tend to be overused and Consumer Reports created materials aimed at consumers. GDAHC’s Team worked with MedNetOne Health Solutions to create training for consumers and physicians to make presentations to their peers. Based on principles of the Stanford chronic disease PATH model, the training will help consumers develop their speaking skills and prepare them to make 15- and 30-minute presentations on Choosing Wisely. The Team will also work to identify presentation opportunities at employer lunch and learn sessions, libraries, churches and other community settings. Consumer presenters are currently being recruited.
STATEMENTS OF FINANCIAL POSITION
December 31, 2013 and 2012

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$ 333,858</td>
<td>$ 594,117</td>
</tr>
<tr>
<td>Accounts receivable (no allowance considered necessary)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core program</td>
<td>19,211</td>
<td>28,649</td>
</tr>
<tr>
<td>Other programs</td>
<td>1,035,553</td>
<td>580,647</td>
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<tr>
<td>Prepaid expenses</td>
<td>17,143</td>
<td>14,440</td>
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<tr>
<td>Total Current Assets</td>
<td>1,405,765</td>
<td>1,217,853</td>
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<tr>
<td><strong>Other Assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed assets, net</td>
<td>5,538</td>
<td>10,368</td>
</tr>
<tr>
<td>Total Assets</td>
<td>$1,411,303</td>
<td>$1,228,221</td>
</tr>
</tbody>
</table>

| LIABILITIES AND NET ASSETS          |         |        |
| Current Liabilities:                |         |        |
| Accounts payable and accrued expenses | $ 108,227 | $ 88,459 |
| Accrued pension                     | 432,726  | 432,726 |
| Accrued payroll and related liabilities | 22,370   | 12,226 |
| Deferred revenue                    | 51,975   | 195,610 |
| Total Liabilities                   | 615,298  | 729,021 |
| Net Assets (Deficit):               |         |        |
| Unrestricted                        | (215,682) | (68,134) |
| Temporarily restricted              | 1,011,687 | 567,334 |
| **Total Net Assets**                | 796,005  | 499,200 |
| Total Liabilities and Net Assets    | $1,411,303 | $1,228,221 |
Greater Detroit Area
Health Council, Inc.

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