Greater Detroit Area Health Council

Report to the Community
2017 to 2018
Purpose
To improve the health and economic well-being of individuals, organizations, and communities in Southeast Michigan.

Mission
We innovate and transform health and care by leveraging the strength of collaboration.

Values
- Innovation
- Integrity
- Knowledge & Awareness
- Connectivity
- Facilitation & Navigation

Vision
Healthy people.
Healthy economy.

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A letter from our President & CEO

It is a privilege and honor to address GDAHC’s many friends and partners and to report publicly on our collective successes. Thanks to the commitment of GDAHC’s superb staff and the dedication of all of our supporters, I am pleased to inform you that GDAHC delivered fully on its 2017 goals.

Leveraging the Power of Collective Impact

As Southeast Michigan’s Regional Health(care) Improvement Collaborative (RHIC), GDAHC serves as the area’s backbone organization using collective impact to lead the region’s efforts towards achievement of the health care quadruple aim. In this capacity, GDAHC actively seeks and seizes opportunities to improve both the health care delivery system and the health status of the people living in the communities that we serve. GDAHC recognizes that gaining alignment among disparate stakeholders with varying agendas can be a difficult and demanding process; one that is exacerbated, unfortunately, in Southeast Michigan because too many organizations are reluctant to cede any level of control in order to foster the greater good. Regardless of these challenges, we believe strongly that collective impact is the best way to achieve lasting, community-supported improvements. Our successes demonstrate clearly the value GDAHC brings to the community by using collective impact. Three of GDAHC’s driving principles support directly our role as the area’s backbone organization and promote our use of collective impact, those being connectivity, facilitation and negotiation.

Our Core Competencies and Positive Outcomes

Throughout this Annual Report are multiple examples of GDAHC’s leadership in challenging the status quo and driving positive action towards our vision of “Healthy people. Healthy economy.” We demonstrate our core competencies of community convener, collective impact facilitator, project/program management, data measurement and public reporter in every initiative that we undertake. Frankly, few, if any, local organizations can compete with us in this space. Highlighted below are just a few examples of powerful GDAHC initiatives. We are proud also of our work improving health outcomes for those who suffer from diabetes and opioid addictions, and ensuring that infants born in Detroit have a better chance at life. We encourage you to read the rest of this report to learn more about these and other GDAHC projects.

In 2017, GDAHC joined with 30+ other RHICs, who, like GDAHC, are members of the Network for Regional Healthcare Improvement (NRHI), across the U.S. in an effort to address the affordability of health care. Through this initiative, known as Getting to Affordability (G2A), we will build on our highly successful Choosing Wisely work, and will be part of the national voice seeking to make health care more affordable and, hence, more accessible for everyone. Several studies tell us that 30% of the costs associated with health care delivery are from “waste” in the process. Attacking and eliminating waste is just one way to make health care more affordable. With our NRHI partners, we identified two more areas that contribute to health care affordability: health and price. Healthy people put less stress on the health care system and, therefore, cost less; and there is little consistency or predictability in prices. Going forward, GDAHC will address these areas of focus in each of our projects and will launch a kick-off campaign shortly.

In addition, in 2017, we initiated a dialogue with Southeast Michigan’s independent Physician Organizations (POs) and challenged the PO leadership to identify ways that GDAHC could help them address the affordability and quality of care. After a couple of meetings, we came to a consensus that there is much more to do in managing inappropriate use of emergency services. What started as a small group of physician thought leaders has grown to a packed house that includes an increasingly diverse array of partners including purchasers and payers, and touching segments of the health care delivery system that have just learned about the collective power of GDAHC. This PO initiative, along with a diabetes-focused collective impact project that GDAHC is leading for the Detroit-based hospitals, articulates our value, influence and impact.

Exceptional Stewards of Your Investments

Over the past couple of years, GDAHC has implemented numerous operational and process improvements, creating a leaner and more efficient organization. Good timing, astute internal diligence, and prudent guidance from our board placed GDAHC ahead of the curve in making some of these changes. For example, it has been two years now since we made the difficult decision to relocate our offices from Detroit to Bingham Farms, saving, on average, $40,000 per year through 2022. Moreover, last year, through GDAHC’s persistence and tenacity, we reached with the Pension Benefit Guaranty Corporation (PBGC) a favorable resolution of the pension liabilities remaining from our earlier participation in the United Way of Southeast Michigan’s terminated pension plan. In the past several weeks, the Detroit Free Press and Crain’s Detroit Business have published articles on the challenges of both increasing rents and un-and-underfunded pension liabilities facing a number of our non-profits colleagues; we are pleased that GDAHC resolved these issues earlier and is able to count up to two-years in savings already.

In June 2017, we insourced our bookkeeping functions using cloud-based accounting software that provides the team with the ability to monitor and track financial performance and cash flows on a daily basis. Concurrent with this change, we engaged a new external accounting firm to watch over our shoulders and validate accounting transactions and internal controls. We also restructured our payroll function so that we now are able to track and apply hours to grants and programs on a real-time basis, engaged a new external auditing firm, rebid all of our insurance and benefit programs, sublet some office space, and reduced other indirect costs. Annual savings from these actions totaled about $75,000 in just the past year. This is significant on an annual budget of $1.6 million; and represents savings of about 31% of GDAHC’s general and administrative expense.

In January 2019, GDAHC kicks off its 75th year. We look forward to celebrating that anniversary with each of you as we continue our joint efforts to create a community with healthy people and a healthy economy. Thanks for supporting GDAHC, our mission and our incredibly talented staff.

Sincerely, Kate Kohn-Parrott
Our Staff

Kate Kohn-Parrott
President & CEO

Roger Panella
Chief Operating Officer

Lisa Mason
Vice President of Program Partnerships

Lisa Braddix
Director, Population Health & Health Equity

Brian Love
Director, Public Affairs

Nicki Gabel
Special Events & Fund Development

Devon Parrott
Manager, Media Strategies & Initiatives

Andrell Sturdivant
Project & Outreach Specialist

Our Board of Directors

Steven Grant, MD *
Chair of the Board
Practicing Physician

Barbara Rossman *
Chair-elect
President & CEO, Henry Ford Macomb Hospital

Mary Beth Kuderik *
Chair of Budget & Finance
Chief Strategy & Financial Officer, UAW Retiree Medical Benefits Trust

Thomas J. Adams *
Chair of Nominating Committee
President, T.J. Adams Staffing, Inc.

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Executive Director, Advantage Health Center

Kathy Angerer
City Manager, City of Hamtramck

Leland Babitch, MD
President & CEO, MPRO

Hadi Berry, MD *
Physician Leader, Dearborn Internal Medicine

Jack Billi, MD
AVP, Medical Affairs, University of Michigan Health System

Mike Bobak
Vice President, Sales & Account Management, Delta Dental of Michigan

Ryan Catignani
Vice President, Provider Contracting, Beaumont Health

Frank Comito *
Director of Benefits, Guardian Industries

Edward Deeb
President & CEO, Michigan Business & Professional Association

Monty Fakhoury
Public Health Consultant, Beaumont Health

Gerald Fitzgerald **
CEO (Retired), Oakwood Health

Jerome Frankel, DO
President & CEO, Oakland Southfield Physicians

Michael Genord, MD *
Senior Vice President & Chief Medical Officer, Health Alliance Plan (HAP)

Cheryl Gibson-Fountain, MD *
Practicing Physician, Beaumont Health & Immediate Past President, Michigan State Medical Society

Kimberly Hassan
Program Coordinator, Arab American & Chaldean Council

Michael Jasperson *
Vice President, East Region, Priority Health System

Amelia (Millie) Jones
Executive Administrator, Life Care Centers of America

Rose Khalifa
Chief Executive Officer, Metro Solutions

Kevin Klobucar *
Executive Vice President, Health Care Value, Blue Cross Blue Shield of Michigan

Paul LaCasse, DO
Executive Vice President, Post-Acute Care & Diversified Operations, Beaumont Health

John Lewis **
Board Chair (Retired), Beaumont Health Managing Director, Donnelly Penman Capital, LLC

Nick Lyon
Director, Michigan Department of Health and Human Services

Ted Makowiec
Vice President & Health Consultant, Segal Consulting

Nancy Malo
Manager of Quality & Project Management, Automotive Industry Action Group

Sonya Mays
President & CEO, Develop Detroit

Robert Milewski **
Senior Vice President (Retired), Blue Cross Blue Shield of Michigan

Roger Myers
President, Presbyterian Villages of Michigan

Kathleen Neal *
Director, Integrated Healthcare & Disability, Fiat Chrysler Automobiles, LLC

Gary Petroni
Executive Director, Southeastern Michigan Health Association

William Ridella
Director/Health Officer, Macomb County Health Department

Robert Riney
President, Health Care Operations & Chief Operating Officer, Henry Ford Health System

Contessa Rudolph
Program Manager, Partners 4 Health

Michael Sandler, MC, FACR
Specialist, Strategic Initiatives, Henry Ford Health System

Shannon Striebech
President, St. Joseph Mercy Health System

J. William Sumner
President & CEO, Health Management Systems of America

Christine Surdock
President, Molina Healthcare of Michigan

Richard Swaine *
President, Beaumont Hospital Grosse Pointe

Cynthia Taeug
Vice President, Community Health, St. John Providence Health System

Madiba Tariq
Deputy Director, Community Health & Research Center, ACCESS

Renee Turner-Bailey *
Senior Benefits Consultant, United Auto Workers

Marianne Udow-Phillips *
Director, Center for Healthcare Research & Transformation

Gail Warden **
CEO (Retired), Henry Ford Health System

Pastor Jerome Warfield
Mt. Vernon Baptist Church

Karen Wood
President, MyCare Health Center

* Indicates Executive Committee member
** Indicates Emeritus status
Our Members, Partners & Collaborators

- ACCESS
- Accountable Healthcare Advantage
- Adult Well-Being Services
- Advance Michigan Physician Organization (DMC PHO)
- Advantage Health Centers
- Affinia Health Network
- Alkermes
- Answer Health
- Arab American & Chaldean Council
- AudioNet America
- Authority Health
- Automotive Industry Action Group
- Beaumont Health
- Blue Care Network
- Blue Cross Blue Shield of Michigan
- Center for Healthcare Research & Transformation
- City of Hamtramck
- City of Warren Parks & Recreation
- Common Ground
- Community Health Awareness Group
- Delta Dental of Michigan
- Detroit Health Department
- Detroit Medical Center
- Detroit Regional Chamber
- Detroit Wayne Mental Health Authority
- Develop Detroit
- Emergency Physicians Medical Group
- Emergent Health Partners
- Fiat Chrysler Automobiles, LLC
- Focus: HOPE
- FOHC Council of Southeast Michigan
- GMP Network
- Guardian Industries
- Health Alliance Plan (HAP)
- Health Management Systems of America
- Henry Ford Health System
- Henry Ford Medical Group
- Henry Ford Physician Network
- Holland Physician Hospital Organization
- Huron Valley Physicians Association
- IHA
- Independent Emergency Physicians
- Institute for Population Health
- Integrated Care Alliance
- Interfaith Health & Hope Coalition
- Interfaith Leadership Council of Metropolitan Detroit
- John D. Dingell VA Medical Center
- Life Care Centers of America
- Lilly USA
- Livingston Physician Organization
- M-CEITA
- Macomb Community College
- Macomb County Health Department
- McLaren Macomb Hospital
- McLaren Physician Partners
- Medical Education Consulting Group
- MedNetOne Health Solutions
- MedWork United
- Merck & Co.
- Mercy Primary Care Center
- Meridian Health Plan of Michigan
- Metro Solutions
- Michigan Business & Professional Association
- Michigan Department of Health and Human Services
- Michigan Health & Hospitals Association
- Michigan Primary Care Association
- Michigan Primary Care Consortium
- Michigan Public Health Institute
- Michigan State Medical Society
- MichUHCAN
- Molina Healthcare of Michigan
- MPRO
- MSU Extension
- MyCare Health Center
- National Kidney Foundation of Michigan
- Novartis Pharmaceutical Corp.
- Novo Nordisk
- Oakland Physician Network Services, Inc.
- Oakland Regional Hospital
- Oakland Southfield Physicians
- Olympia Medical
- Ortele, LLC
- Partners 4 Health
- Physician Organization of Michigan ACO
- Pierce, Monroe & Associates, LLC
- Presbyterian Villages of Michigan
- Priority Health/Spectrum Health
- Recreation Authority of Roseville & Eastpointe
- Sanofi
- Segal Consulting
- Serra's Market
- Society of St. Vincent de Paul Detroit Dental Clinic
- Southeast Michigan Dietetic Association
- Southeast Michigan Health Association
- St. Francis Cabrini Clinic
- St. John Providence Health System
- St. John Providence Partners in Care
- St. Joseph Mercy Health System
- Students First
- T.J. Adams Staffing, Inc.
- The Physician Alliance
- The Senior Alliance
- Trinity Health System
- UAW Retiree Medical Benefits Trust
- United Auto Workers
- United Physicians
- University of Michigan
- University of Michigan Health System
- University of Michigan Medical Group
- Walgreens
- Wayne County Health & Human Services
- Wayne State University
- Wayne State University Physician Group
- Wexford Crawford PHO

Thank You to Our Event Sponsors!

Salute to Healthcare!

Gold Sponsors:
Beaumont Health
Priority Health
Trinity Health

Silver Sponsors:
Health Alliance Plan (HAP)
Henry Ford Health Systems
Henry Ford Macomb Hospital
MPRO
St. John Providence
University of Michigan

3rd Annual Opioid Abuse & Heroin Overdose Solutions Summit

Presenting Sponsor

Elite Sponsor

Associate Sponsors
Alkermes
Beaumont Health
Sedgwick CMS
Team Wellness Center
Starting in 2017, we transitioned away from our outsourced financial team to handle things more in-house. Maner Costerisan, an accounting firm from Lansing, was selected to assist and look over our shoulders in this transition. In addition to this, we also selected new auditors to help keep us current by finding any inefficiencies and areas for improvement. We are happy to announce that, not only have we completed the audit in record time, but that this year’s audit is outstanding! As communicated to GDAHC’s Budget & Finance Committee by the team at Baker Tilly:

- Transition to Maner Costerisan was very smooth
- GDAHC does a really good job owning the process
- Financials are up-to-date, accurate and kept current throughout the year
- No material weaknesses or deficiencies
- Funders should know that their funds are being managed responsibly with GDAHC

Not only did Baker Tilly perform a fantastic audit, they assisted us in completing our 990, showing us ways in which we can improve our messaging to better communicate our strengths and talents as Southeast Michigan’s collective impact leader.

The Macomb Partners in Health team successfully launched the first ever Diabetes Prevention Program (DPP) for primary Arabic language speakers in Macomb County in March 2018. The need for an Arabic language DPP class was identified in working with Dr. Siddique, a practicing physician within the program’s target communities. Through many office visits and conversations with Dr. Siddique and his office, we learned that, while DPP would be beneficial for his pre-diabetic patients, many would not be able to effectively participate because of the language barrier. Determined to make this class a reality and serve a population in need, we worked with our friends at ACCESS, the Macomb County Health Department, and Henry Ford Macomb Hospital to make this happen.

Hosted in May, with the great help of our friends at the Detroit Wayne Mental Health Authority, we held another highly successful Opioid Summit with 600 engaged attendees and provided them with 6.25 CMEs. Through these summits, we have helped to educate the community on the opioid epidemic, sharing the most up-to-date information, and foster a deeper sense of collaboration in the fight against this crisis. A more in-depth review of this year’s 3rd Annual Opioid Abuse & Heroin Overdose Solutions Summit can be found on page 9.

Our Work: Program Updates & Highlights

Choosing Wisely
In the first quarter, we wrapped up our formal participation in a Choosing Wisely grant, an initiative of the American Board of Internal Medicine Foundation and Consumer Reports. At its heart, Choosing Wisely is a common-sense initiative, designed to help foster communication between patients and providers to help reduce unnecessary care, which accounts for nearly one-third of all American healthcare spending. Over the past three years, we worked with the Henry Ford Physician Network, Advance Michigan Provider Organization (formerly, DMC PHO), Blue Care Network, HAP, the UAW Retiree Medical Benefits Trust, the Michigan State Medical Society, and the Michigan Health & Hospitals Association to educate providers and patients alike, and to decrease unnecessary care in three key areas: prescribing antibiotics for respiratory illness; imaging for low back pain; and inappropriate vitamin D testing. Collectively, we were able to see an average reduction of 70% across target areas and reach over 8 million individuals with the Choosing Wisely message. While the grant period has ended, GDAHC continues to live the core tenets of Choosing Wisely in our work and are actively seeking funding to build upon our successes.

Find MI Care
Developed in response to a community need for patients to receive better coordinated care and treatment in an appropriate setting, Find MI Care allows patients to search for a provider by zip code, city, or home address, connecting them to low-cost care close nearby. In addition to this, Find MI Care connects patients to services beyond primary care, and incorporates searches for dental, vision, pediatrics, behavioural health and more. The Find MI Care interface can also be used by providers to help connect patients to additional nearby services, or by community groups to aid in connecting individuals in need to appropriate care.
Health Equity Resource Group
Our Health Equity Resource Group (HERG), seeks to increase and promote awareness of the consequences of inequities in health outcomes by supporting practical and worthwhile initiatives focused on creating equity across populations and improving overall population wellness. In 2018, the HERG will address the social determinants of health recommended by the GDAHC board, including health literacy.

Hospital Community Health Improvement Collaborative
Established in 2017, the Hospital Community Health Improvement Collaborative (HCHIC) brings together four major health system partners, including: Ascension, Beaumont Health, Henry Ford Health System, and Trinity Health/St. Mary Mercy Livonia to address the regional diabetes problem, as identified by individual Community Health Needs Assessments; focusing specifically on pre-diabetes and diabetes prevention activities in a target region of Detroit. GDAHC is the facilitator on this project, using our experience as a trusted convener in leading collective impact initiatives, to help guide HCHIC’s efforts, effectively set and achieve goals, establish appropriate metrics, and collect data to demonstrate successful outcomes. In addition to the hospital systems, HCHIC also includes the National Kidney Foundation of Michigan, which provides community-level support, and the Medical Education Consulting Group, providing metrics and evaluations. HCHIC is currently assessing our ongoing work with the Macomb Partners in Health (below) to use as a model and to build upon in Detroit.

Macomb Partners in Health & Health Around the Corner
As GDAHC enters its fourth and final year of the “MI 1422” grant from the US Centers for Disease Control and Prevention through the Michigan Department of Health and Human Services, the focus is on sustainability of grant efforts. Aimed at preventing chronic disease, the grant promotes healthy eating and increased physical activity in four Macomb County communities with the greatest disparities: Center Line, Eastpointe, Roseville and Warren. Achievements were made possible through the formation of Macomb Partners in Health, a strong and effective partnership that includes Henry Ford Macomb Hospital, the Macomb County Health Department, MyCare Health Centers, Advantage Health Centers, St. John Providence Health System and municipal leadership from the four cities. Activities over the grant period included:

- Offering cooking classes and grocery store tours
- Raising awareness of pre-diabetes, training coaches in evidence-based models of care
- Offering and promoting healthy food items in corner stores
- Increased physical activity and healthier eating for school staff
- Improving food pantry donations and availability of healthy food
- Creating walk-bike websites
- Encouraging cities to pass Complete Streets ordinances
- Implementing healthy meeting guidelines
- Helping health systems use their Electronic Health Records to more effectively prevent chronic disease
- Holding “Brown Bag” events at drug stores and using pharmacists to educate consumers
- Supporting and training Community Health Workers and their supervisors

Grant activities will wrap up at the end of September. The Michigan Department of Health and Human Services is holding a celebration event in June to honor partners and highlight grant successes. GDAHC is excited to be celebrating the enrollment of more than 560 Macomb County residents in the CDC-approved National Diabetes Prevention Program, which has been shown to reduce the risk of developing type 2 diabetes by more than 58%.

Michigan Patient Experience of Care
Michigan is one of only three states with a program to measure and report patient experience of care in a comparable, standardized manner across the state, and Michigan Patient Experience of Care (MiPEC) is the program that provides Michigan with this distinction. In 2018, MiPEC will wrap up its fourth round of measuring, reporting and improving the patient experience of care in the primary care provider setting. Representing over 950 primary care providers in more than 200 practices and 11 Physician Organizations in Round 4, MiPEC is a voluntary, state-wide collaborative effort created to fill unmet needs by helping providers collect meaningful data and use it to improve their patients’ experiences of care. These data are publicly reported on GDAHC’s provider performance website, myCareCompare.org. Currently, Round 3 data is available on the website at the Physician Organization level; Round 4 data, which was collected in 2017, will be reported at the individual practice level by the fall of 2018. This is the first time performance data will be published at this level, comparing practices from across the State. We believe that this information is important because, as research has shown, one’s experience of care plays a critical role in determining appropriate care and in fostering patient-provider engagement, leading to better health outcomes. MiPEC provides this information to patients in an evidence-based manner. We laid the ground work for reporting patient experience of care data by practice for more than 950 primary care providers across Michigan.
myCareCompare.org

myCareCompare.org is where we report and publish primary care provider performance data. The Measurement & Reporting Team, led by Dr. Steven Grant, is preparing to post its 12th round of Physician Organization performance on several nationally accepted quality measurements from calendar year 2017. The report remains the only one of its kind in Michigan, reporting information about people enrolled in four major Southeast Michigan commercial health plans: Blue Cross and Blue Shield of Michigan’s PPO and HMOs, Blue Care Network, Health Alliance Plan (“HAP”) and Priority Health. The report is voluntary and includes information on the performance of fourteen Physician Organizations. It is through our successful history of publishing this report on myCareCompare.org, that GDAHC is able to be one of nineteen Qualified Entities in the country. In 2018, we added the 11th report of PO performance on 19 quality measures and began work on the 12th report, which is scheduled to be posted before the end of the year.

Southeast Michigan Alliance for Addiction-Free Communities

GDAHC founded the Southeast Michigan Alliance for Addiction-Free Communities (SEMAAC) task force in 2016 as a response to the ongoing opioid epidemic’s impact on Southeast Michigan. SEMAAC brings together a broad coalition of healthcare, government, business, and non-profit organizations to fight substance abuse by developing realistic prevention plans, increased education and awareness of substance use disorders, and aid in making access to treatment more equitable. The aim of SEMAAC is to be a resource to employers, provide substance abuse recovery support and education, and above all else, empower our community by providing regional leadership - which is what GDAHC does best! Currently, SEMAAC is addressing the following issues:

- Educate and demonstrate ways to improve gaps in the healthcare system for opioid patients
- Conduct regional conversations to solve the opioid crisis in Southeast Michigan
- Develop a web-based toolkit to promote resources and collaboration in our region

SEMAAC is actively seeking funding through GDAHC’s oversight. As an established backbone organization and leader in collective impact for almost 75 years, GDAHC leverages the strength of collaboration to deliver upon our Vision for Southeast Michigan: “Healthy People. Healthy Economy.” This makes us the perfect organization to lead a task force like SEMAAC.

Southeast Michigan Perinatal Quality Improvement Coalition

The Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) was established in 2015 with funding from the Michigan Department of Health and Human Services to address infant mortality in Wayne, Oakland, and Macomb counties (Region 10). The goal of SEMPQIC is to create a coordinated, equitable, and sustainable network for perinatal care based on best practices and evidenced-based strategies that will result in improved birth outcomes for all babies in Southeast Michigan, and narrow disparities between black and white births including adverse maternal/perinatal and infant outcomes like infant mortality. In 2018, SEMPQIC implemented the Healthy Baby at Home project to improve participation in home visiting programs designed to reduce infant mortality in areas of most affected by infant deaths.

PO Affinity Group

GDAHC convened a group of independent Physician Organizations in 2017 to identify common needs and explore potential opportunities to combine forces to work collectively on improving health and reducing costs. Under the leadership of our board chair, Dr. Steven Grant, the POs have met several times and identified emergency admissions and emergency department use as an area of interest. Blue Cross Blue Shield of Michigan was invited to join the conversation, and a pilot project with the potential to make a significant impact is currently being developed. Based on successful projects that have demonstrated early success, the GDAHC pilot includes improved communication between ED and primary care physicians and a payment mechanism that rewards the provision of high quality care in a low cost setting while appropriately meeting patients’ care needs. Priority Health and HAP will also participate in this project.

Left to Right: Opioid Summit emcee, Andrea Isom, poses with an attendee for a selfie.; DWMHA’s Darleen Owens is interviewed by Ms. Isom for the evening news.; Attendees of this year’s Opioid Summit; Henry Ford Macomb’s Amelia Brown with GDAHC’s Andrell Sturdivant at the 2017 Salute! to Healthcare awards. Ms. Brown received the Breakthrough Award.
The Year’s Events

3rd Annual Opioid Abuse & Heroin Overdose Solutions Summit
GDAHC and Detroit Wayne Mental Health Authority came together once again to present on the current state of the opioid and heroin epidemic in our community. Outstanding speakers provided new resources and approaches to treatment and prevention through creative collaboration while addressing gaps in the system. Some of the event highlights were Dr. Bassam Batarse, Medical Acupuncturist with the John D. Dingell VA Medical Center, Randaldo Ollie, Assistant Special Agent in Charge, Drug Enforcement Administration, Dr. Calista Harbaugh, General Surgery Resident, Michigan-OPEN, and three exceptional panels discussing a range of topics addressed through work in the community, with employers, law enforcement, and health providers.

Salute! to Healthcare
Every year we invite the community to nominate individuals and organizations who have dedicated their work to improving health care in the region. The honorees are celebrated in an evening to remember among friends, co-workers, and appreciative community members. Three awards are bestowed including the Sy Gottlieb Award, the Eagle Award for Visionary Leadership, and the Breakthrough Award.

Sy Gottlieb Award: In 2017, GDAHC and the community recognized Vernice Anthony, BSN, MPH, President & CEO, VDA Health Connect, Inc. The Sy Gottlieb Award was established in 1992 in recognition of Symond Gottlieb, a former executive director of GDAHC. Mr. Gottlieb was an outstanding leader who made numerous contributions to healthcare reform in our region. The award recognizes an outstanding healthcare professional who has demonstrated sustained visionary leadership in Southeast Michigan.

Eagle Award for Visionary Leadership: Last year the decision between two deserving honorees was made simple by honoring both: Dan Hale, Interim Executive Director, St. Frances Cabrini Clinic and ACCESS Community Health & Research Center. The Eagle Award recognizes the contributions of an individual or organization in southeast Michigan that has made steady progress in advancing healthcare quality, access or cost.

Breakthrough Award: The 2017 awardee was Amelia Brown, M. Div., BSN, RN, Director/Manager, Faith Community Nursing Network, Henry Ford Macomb Hospital. Introduced in 2015, the Breakthrough Award recognizes an individual or organization for their impact on the health and well-being of southeast Michigan through community engagement and innovation.

In Sickness & In Health: Enhancing Health Engagement & Population Health Management
GDAHC, Health Management Systems of America (HMSA), Detroit Regional Chamber, and Automotive Industry Action Group (AIAG) collaborated to bring in three speakers to address the health care experience from both the payer and provider vantage point: Robin DiMatteo, Ph.D. Professor of Psychology University of California, Scott Foster President, Wellco, and Jonathan So Senior Director, Health Care Initiatives Detroit Regional Chamber. Topics included improving health literacy, employee health engagement, and understanding millennials healthcare sentiments and habits to boost participation.

Medical Marijuana vs. Opioids: Current Research, Addiction, & How it is Affecting Employers
Debates around Medical Marijuana continue as the search for alternative treatments for pain and a variety of health care issues ensue. GDAHC invited a few experts to help
discuss the benefits and drawbacks of its use, how employers are approaching the subject as drug testing becomes more complicated, and the legal issues surrounding medical cannabis. A fantastic group of speakers generated more discussion, answering questions, and feeding the need to learn more. Dustin Walsh, Senior Reporter at Crain’s Detroit Business moderated the discussion with Tony Behrman, Executive Director Human Resources, Nexteer Automotive, Dr. Daniel Clauw, Professor of Anesthesiology, Medicine and Psychiatry, University of Michigan, Mark Ilgen, Ph.D., Professor, Department of Psychiatry, University of Michigan, and Jacqulyn G. Schulte, Esq.

Opioids in the Workplace
The Greater Detroit Area Health Council (GDAHC) and Tri-Community Coalition hosted an informal Lunch & Learn opportunity accompanied by area experts who shared information about the current opioid crisis and how employers can help employees and their families. Presenters included Rony Foumia, Pharmacy District Leader, Commissioner Helaine Zack Oakland County, District 18, Trisha Zizumbo, MSA, CHES Public Health Education Supervisor, Oakland County Health Division, and Matt Colvin Manager of Clinical Pharmacy Services, Priority Health. Participants learned how to recognize if a person is suffering from Opioid Use Disorder, and how all community members can help to diminish this growing trend through education and proper disposal of medications. Narcan training was also offered to interested individuals.

Save the Date!

Salute! to Healthcare
Friday, November 9th at the Best Western Premier Detroit-Southfield
Rise and Shine! Salute to Healthcare will try a new format this year, moving to a morning event! Watch your email for more info.

Nominations for all three awards are now open! Please visit GDAHC.org/Salute for more information or contact Nicki Gabel at ngabel@gdahc.org or 248-282-6911. All nominations are due by July 13, 2018.

SEMPQIC Annual Conference
Friday, September 26 at Focus: HOPE
Please join the Southeast Michigan Perinatal Quality Improvement Coalition for their second annual conference. This year’s theme looks at how the social determinants of health and implicit bias plays in infant and maternal care. More details are to follow!

SCOPE of Pain: Safe & Competent Opioid Prescribing Education
Friday, September 28; Location TBD
Designed for physicians, nurse practitioners, nurses, physician assistants, dentists, and pharmacists, SCOPE of Pain will help you safely and competently manage your patients with chronic pain. This event is provided by the Boston University School of Medicine (BUSM).

Stay tuned for upcoming Coffee & Controversy discussions and other educational forums including:

- Anxiety, Depression, and Suicide – Integrating the Discussion into Office Visits and the Workplace
- A Focus on Social Determinants of Health
- Revisiting Public Transit and Healthcare
- Physician Orientation to National Trends and Data Tools
# Statement of Financial Position

**December 31, 2107 & 2016**

## ASSETS

### Current Assets

<table>
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<th>2017</th>
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<td><strong>Total Current Assets</strong></td>
<td><strong>$604,851</strong></td>
<td><strong>$358,506</strong></td>
</tr>
</tbody>
</table>

### Other Assets

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property &amp; Equipment</td>
<td>$4,852</td>
<td>$6,208</td>
</tr>
<tr>
<td>Security Deposits</td>
<td>$5,996</td>
<td>$6,336</td>
</tr>
<tr>
<td><strong>Total Other Assets</strong></td>
<td><strong>$10,848</strong></td>
<td><strong>$12,544</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$615,699</strong></td>
<td><strong>$371,050</strong></td>
</tr>
</tbody>
</table>

## LIABILITIES & NET ASSETS

### Current Liabilities

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable &amp; Accrued Expenses</td>
<td>$159,383</td>
<td>$143,491</td>
</tr>
<tr>
<td>Pension Liability - Current Portion</td>
<td>$11,000</td>
<td>$6,470</td>
</tr>
<tr>
<td>Accrued Payroll &amp; Related Liabilities</td>
<td>$26,198</td>
<td>$39,092</td>
</tr>
<tr>
<td>Deferred Revenue</td>
<td>$381,911</td>
<td>$46,673</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>$578,492</strong></td>
<td><strong>$235,726</strong></td>
</tr>
</tbody>
</table>

### Long-Term Liabilities

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pension Liability (Net of Current Portion)</td>
<td>$79,590</td>
<td>$90,591</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>$658,082</strong></td>
<td><strong>$326,317</strong></td>
</tr>
</tbody>
</table>

### Net Assets (Deficit)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>$(42,383)</td>
<td>$15895</td>
</tr>
<tr>
<td>Temporarily Restricted</td>
<td>$ -</td>
<td>$28,838</td>
</tr>
<tr>
<td><strong>Total Net Assets (Deficit)</strong></td>
<td><strong>$(42,383)</strong></td>
<td><strong>$44,733</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Liabilities &amp; Net Assets</strong></td>
<td><strong>$615,699</strong></td>
<td><strong>$371,050</strong></td>
</tr>
</tbody>
</table>

# Statement of Activities

**December 31, 2107 & 2016**

## REVENUE

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dues</td>
<td>$485,452</td>
<td>$506,102</td>
</tr>
<tr>
<td>Contributions, Grants, &amp; Other Revenue</td>
<td>$902,086</td>
<td>$1,090,777</td>
</tr>
<tr>
<td>Program / Events</td>
<td>$234,214</td>
<td>$125,193</td>
</tr>
<tr>
<td>Gain on Settlement of Pension Liability</td>
<td>$ -</td>
<td>$335,665</td>
</tr>
<tr>
<td><strong>Total Unrestricted Revenue</strong></td>
<td><strong>$1,621,752</strong></td>
<td><strong>$2,057,737</strong></td>
</tr>
</tbody>
</table>

Net Assets Released from Restriction | $28,838 | $11,000 |

**Total Unrestricted Revenue & Other Support** | **$1,650,590** | **$2,068,737**

## EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Services &amp; Core</td>
<td>$1,473,718</td>
<td>$1,697,369</td>
</tr>
<tr>
<td>Management &amp; General</td>
<td>$209,741</td>
<td>$256,094</td>
</tr>
<tr>
<td>Fundraising</td>
<td>$25,409</td>
<td>$12,969</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$1,708,868</strong></td>
<td><strong>$1,966,432</strong></td>
</tr>
</tbody>
</table>

Contributions to Temporarily Restricted Net Assets | $(28,838) | $(6,500) |

**NET ASSETS - Beginning of Year** | **$44,733** | **$51,072** |

**NET ASSETS (DEFICIT) - END OF YEAR** | **$(42,383)** | **$44,733** |
**Find MI Care**

HOW FIND MI CARE WORKS

Patients looking for a doctor or other health care services can use the Find MI Care website and mobile application to search for clinics in their area and specifically in their zip code.

**Organizations**

Hospitals, physicians, and clinic staff are able to print a list of clinics near the patient’s home during the discharge process. Community groups can use this site to assist in connecting people to health care resources.

---

FIND THE RIGHT CLINIC FOR YOU!

1. **STEP ONE**
   Go to: www.FindMiCare.org

2. **STEP TWO**
   Enter your location

3. **STEP THREE**
   Click on all your care needs

4. **STEP FOUR**
   Find the right clinic for you!

**DOWNLOAD THE FREE APP!**

[Scan QR Code]

www.findmicare.org

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JOIN THE CONVERSATION!

@GDAHC | #healthypeople #healthyeconomy

Become a GDAHC member, partner or supporter: memberrelations@gdahc.org

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Greater Detroit Area Health Council [GDAHC]
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248.282.6742 Main | 248.282.5495 Fax