Healthy people. Healthy economy.

2018 Annual Meeting
June 14, 2018

President’s Report
Kate Kohn-Parrott
GDAHC is a Regional Healthcare Improvement Collaborative (RHIC) serving as Southeast Michigan’s trusted convener

- A cross-sector, multi-stakeholder, non-profit, non-governmental membership organization, founded in 1944 (73 years!), serving southeast Michigan
  - Partner with those who get care (patients), give care (providers), and pay for care (purchasers and plans)

- Collaborating with the community to improve health, transform health care delivery, manage costs (achieve the Health Care Triple Aim)

- Working to “blur the lines” to seamless, whole-person care: integrating social determinants of health; bridging health and health care delivery
We facilitate improvements in health care delivery and health outcomes through projects no one organization may do alone.

VISION

Healthy people. Healthy economy.

PURPOSE

To improve the health and economic vitality of individuals, communities and organizations – (bringing together the community to make this happen).

MISSION

We improve health and care through the strength of collaboration – (accomplishing “things” no one organization may do on their own).

VALUES

* Innovation  * Honesty  * Knowledge and Awareness  
* Connectivity  * Facilitation and Negotiation
As a trusted convener, GDAHC uses Collective Impact to move the health care sector towards a common goal.

Catalyst for Collective Impact

- Trusted convener
- Backbone organization
- Focal point for community alignment
- Accelerator that maximizes positive outcomes across all partners
- Program manager
- Project facilitator
- Data architect (measurement and assessment)
- Public reporter
**GDAHC’s current initiatives include**

<table>
<thead>
<tr>
<th>Community Benefit</th>
<th>Events</th>
<th>Grants and Special Purpose Funding</th>
<th>Sustaining</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funded with Membership Dues</strong></td>
<td>Funded by Sponsorships and Registration Fees</td>
<td>Funded through grants and direct contribution</td>
<td>Represents former grant work that is now sustained on as needed basis, using general funds</td>
</tr>
<tr>
<td>Public Reporting: MyCareCompare and Qualified Entity*</td>
<td>Coffee &amp; Controversy (breakfast meetings to address controversial topics that impact health)</td>
<td>Southeast Michigan Perinatal Quality Improvement Coalition</td>
<td>Hypertension Intervention Program (continues with modest funding from Wayne State)</td>
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<tr>
<td>FindMICare</td>
<td>Other Education Events</td>
<td>Macomb Partners in Health</td>
<td>Programs to encourage proper Emergency Room usage</td>
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<tr>
<td>Opioid Task Force</td>
<td>Conferences and Summits (i.e., Opioid Summit)</td>
<td>Choosing Wisely</td>
<td>Care Coordination</td>
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<tr>
<td>Health Equity Resource Group</td>
<td>Salute! To Health Care (annual fund raiser)</td>
<td>Michigan Patient Experience of Care</td>
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<tr>
<td>Independent Physician Organization Collaborative</td>
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<td>Diabetes Prevention Program</td>
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<td>Hospital Coalition</td>
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<td>Getting to Affordability</td>
<td></td>
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Regarding health care affordability, “we” have an unsustainable problem. Harder choices are coming.

Health spending as a share of U.S. GDP, 1963 to 2023 - selected years

1963: 5.4%
1973: 7.2%
1983: 10.1%
1993: 13.4%
2003: 17.4%
2013*: 19.3%
2023P: 19.3%

*2013 figure reflects a 3.1% increase in gross domestic product (GDP) and a 3.6% increase in national health spending over the prior year. See page 27 for a comparison of economic growth and health spending growth.

Notes: Health spending refers to national health expenditures. Projections shown as P.

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Between 2006 to 2016 premiums are up 77%

Healthcare costs will consume half of household income by 2021


Value is LOWER today than six years ago.

Higher cost

Poorer quality

Source: National Council of State Legislatures
Percent change in middle income households’ spending on basic needs (2007-2014).

- Healthcare: -18.8%
- Food at home: -6.0%
- Housing: -6.3%
- Transportation: -6.4%
- Total food: -7.6%
- Food away from home: -13.4%
- Clothing: -24.8%

Source: Brookings Institution, Wall Street Journal
Healthcare costs for typical American family hit record high.

Source: Fiscal Times, Health Care Costs for Typical American Family Hit Record High, May 23, 2018
We ALL created this problem. We ALL need to be part of the solution.

Patients    Payers    Providers    Purchasers    Policymakers
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Next Steps
Dr. Steven Grant and Kate Kohn-Parrott
There are three major drivers of affordability.

Solving one issue in isolation does not achieve the goal.
Addressing the drivers of affordability has systemic benefits — in addition to the positive economic impact.

**+ HEALTH**

*Healthier populations:*
- use fewer resources
- increase productivity
- enhance communities

**- WASTE**

*Unnecessary clinical procedures:*
- increase clinical harm
- cause emotional distress
- incur financial harm

*Administrative burden:*
- increases cost
- is burning out providers

**- PRICE**

*High prices:*
- don’t correlate with quality
- incentivize waste
- misallocate resources
What would it take to fix all this?

Transparency
Data & Information
Aligned Incentives
Community Engagement
Collaboration Across Sectors
New Payment Models
Informed Consumers
Linking SDoH with Delivery

Who can do all this?
Regional Health improvement collaboratives, like GDAHC, are the only organizations who can pull all the levers to fix affordability.
This chart shows the roles that RHICs play in improving health care delivery and health outcomes.

- Patient Education & Engagement
- Quality/Cost Analysis & Reporting
- Value-Driven Delivery Systems
- Value-Driven Payment Systems & Benefit Designs
As heard from Mylia Christensen, leader of the RHIC working in Portland, Oregon

“Regional Health Improvement Collaboratives are key to our community’s ability to deliver higher quality and more affordable healthcare, serving many critical roles.”

- Mylia Christensen, COO, HealthInsight
RHICs are successful by working with multiple stakeholders, deploying various tactics and focusing on one goal.

Members engage from positions of particular knowledge, experience and strengths:

Population Health
Payment Reform
Quality Improvement
Data Analysis

- Cross pollenate best practices
- Disseminate educational materials
- Lead community dialogue
GDAHC is not alone--RHICs work in many regions across the county
We all need to do our part to make health care more affordable.

The Path to Affordable Healthcare

We have a problem. We all created the situation. It will take all of us working together to solve it.

Regional Health Improvement Collaboratives

The way we receive healthcare in the United States is broken, and as a result Americans are less healthy while paying more.

A Pathway to Affordable Healthcare

What does it take to address the problem?

- Transparency
- Data & Information
- Aligning Incentives
- Community Engagement
- Collaboration Across Sectors
- New Payment Models
- Informed Consumers

Who could do all this?

Patient Education & Engagement
Value-driven Payment Systems & Benefit Design
Quality/Cost Analysis & Reporting
Technical Assistance for Delivery System Quality Improvement

http://www.nrhi.org/affordability-campaign/

#AffordHC18