“The Difficult I’ll Do Right Now. The Impossible Will Take A Little While.”*

Advancing Population Health Through Collaboration

Tenth Annual Conference
The Region’s Health and Health Care Systems: Communities Achieving Excellence and Accountability
Friday, January 25, 2019

Karen Timberlake, Principal
Michael Best Strategies
Madison, WI

*Attributed to Billie Holiday
Overview

• “How’d you get this job?”
• What is driving your partners? Why are they at the table with you?
• Views from the Field –
  • Improving Mental Health Across Sectors and Across WI
  • Reducing Mental Health Crisis in Ashland and Bayfield Counties
  • Deeper Dive with Health System Engagement in Community Health – AboutHealth and Opioids
• “The Impossible…” – Money, Control, Credit
• “…will take a little while.” What will continue to drive your partners? Why will they stay at the table and bring their friends?
I am a fellow traveler.

• Began my work in collaborative leadership with angry parents of children on the autism spectrum
• Secretary of Wisconsin Department of Health Services
• Partnership for Healthcare Payment Reform
• University of WI Population Health Institute and UW School of Medicine and Public Health
• Michael Best Strategies –collaborative leadership strategy development, coalition facilitation, corporate social responsibility
• Hospital system and United Way boards
You Are Doing Amazing Work

- **Significant**: Achieve transformational positive impact
- **Regional**: No preferences to single counties; change should accrue beyond the dotted lines
- **Multi-sector**: Recognition that health and economic prosperity is created by a diverse set of regional stakeholders
- **Upstream**: When possible, investments should be targeted at the root causes and drivers of health and economic success
- **Collective**: Transcend individual institutional benefits and seek a win for the entire community; Win-Win vs win-lose thinking; collective commitment to achieve collective benefit
- **Balanced**: Focus on balanced impact—short-term gains as well as long-term
- **Learning-oriented**: Grounded in evidence and experience with explicit measures to chart progress and guide change over time
- **Sustainable system change**: Actions based upon an understanding of the regional health ecosystem and effectively drive sustainable change
Things You Already Know

• Coalitions lay the groundwork
• Find committed leaders early
• Make the value proposition
• You need decision makers at the table
• There are no shortcuts
• Establish principles
• Know your stakeholders
• Know your system
• Support your teams
• Connect to a growing movement
“The Difficult I’ll Do Today” – Why are People at the Table?
What Drives Health Care to Focus on Population Health Improvement?

• Vondie!
• Mission and compassion
• Triple/Quadruple Aim
• Payment innovation?
• Pressure from patients, employers, government purchasers??
What Drives Health Care to Focus on Population Health Improvement?

- In Maryland’s Health Enterprise Zones
  - Community health workers
  - Behavioral health
  - Dental services
  - Health education
  - School based services

Led to....

<table>
<thead>
<tr>
<th>Results</th>
<th>All Zip Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED Visits</td>
<td>40,488</td>
</tr>
<tr>
<td>In Patient Stays</td>
<td>(18,562)</td>
</tr>
<tr>
<td><strong>Charges in Millions</strong></td>
<td></td>
</tr>
<tr>
<td>ED Visits</td>
<td>$59.93</td>
</tr>
<tr>
<td>In Patient Stays</td>
<td>($168.39)</td>
</tr>
<tr>
<td><strong>Net Financial Impact</strong></td>
<td></td>
</tr>
<tr>
<td>Cost to State</td>
<td>$15.07</td>
</tr>
<tr>
<td>Net Savings</td>
<td>($93.39)</td>
</tr>
</tbody>
</table>

Gaskin et al., The Maryland Health Enterprise Zone Initiative Reduced Hospital Cost and Utilization in Underserved Communities, Health Affairs October 2018
Even Better If...

“What if we treated health like a disease?”

“The hospital of the future is a hospital with no patients in it.”

What could we accomplish if it didn’t matter who got the credit?

Everything on the “business” list coming up – health care represents 18% of the economy and large, growing employment sector
<table>
<thead>
<tr>
<th>CATALYST FOR ACTION</th>
<th>STRATEGIC PHILANTROPY</th>
<th>CORPORATE SOCIAL RESPONSIBILITY</th>
<th>SHARED VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISION</td>
<td>Charitable giving and social impact</td>
<td>Citizenship, sustainability, ethical leadership</td>
<td>Competitiveness and strategic market positioning</td>
</tr>
<tr>
<td>VALUE FOR BUSINESS</td>
<td>Purely social but can inform business strategy</td>
<td>Primarily social, some financial returns</td>
<td>Balanced Social and financial returns</td>
</tr>
<tr>
<td>VALUE FOR COMMUNITY</td>
<td>Financial support sustains successful community initiatives</td>
<td>Businesses reduce adverse effects on planet and people</td>
<td>Communities demand more healthful, environmentally friendly or socially responsible products while supporting economic growth</td>
</tr>
<tr>
<td>IMPACT ON BUSINESS P&amp;L</td>
<td>Funding comes from foundation (tax exempt); not included in P&amp;L; business continues as usual</td>
<td>Indirectly profit maximizing through branding included in P&amp;L; some financial loss if changes to operations are not profit maximizing</td>
<td>Included in P&amp;L; business model redesigned to maximize social and financial</td>
</tr>
<tr>
<td>LONG-TERM RETURNS</td>
<td>Enhances reputation, recruitment and talent retention Promotes population health, environmental sustainability and social well-being. Supports Long-term business growth and sustainability</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What Drives Business to Focus on Population Health Improvement?
# What Drives Business to Focus on Population Health Improvement?

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Costs to Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Obesity</td>
<td>Health Care Claims</td>
</tr>
<tr>
<td>• High cholesterol</td>
<td>• Diabetes</td>
</tr>
<tr>
<td>• High blood pressure</td>
<td>• Cardiovascular disease</td>
</tr>
<tr>
<td>• Stress</td>
<td>• Asthma</td>
</tr>
<tr>
<td>• Depression</td>
<td>• Cancer</td>
</tr>
<tr>
<td>• Smoking/Tobacco use</td>
<td>• Mental health and substance use disorders</td>
</tr>
<tr>
<td>• Inappropriate diet</td>
<td>• Musculoskeletal issues</td>
</tr>
<tr>
<td>• Excessive alcohol consumption</td>
<td></td>
</tr>
<tr>
<td>• Lack of exercise</td>
<td></td>
</tr>
<tr>
<td>• High blood glucose levels</td>
<td></td>
</tr>
<tr>
<td>• Transportation infrastructure</td>
<td></td>
</tr>
<tr>
<td>• Air quality</td>
<td></td>
</tr>
<tr>
<td>• Water quality</td>
<td></td>
</tr>
<tr>
<td>• Lead exposure</td>
<td></td>
</tr>
<tr>
<td>• Lack of social cohesion</td>
<td></td>
</tr>
<tr>
<td>• Violence</td>
<td></td>
</tr>
<tr>
<td>• Discrimination and bias (race, gender, national origin, sexual orientation, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

| Worker Productivity                                                         |
| • Presenteeism                                                               |
| • Absenteeism                                                                |
| • Mental health and stress issues in the workplace                          |
What Drives Business to Focus on Population Health Improvement?

Sub-optimal health creates a “cascade” of economic challenges for business:

- **Wage compression**, as resources are diverted to benefit costs rather than pay increases.
- Employees and their family members have **less disposable income** and participate less in consumer-driven economic activity.
- **Government resources** are diverted from other business priorities, including education and infrastructure, to meet higher demand for health care services.
- In turn, the **substitution of government investments in health care for investments in education and infrastructure** suppresses business growth.

All of these factors work together to **reduce business profitability**.
Even Better If...

- **Leadership** participation in cross-sector efforts

- **Local** decision making even with national ownership, e.g. on payment innovation

- **Really smart** benefit design

- Support for **public policy** that promotes health and well-being
What Drives Philanthropy, other Grantmakers to Focus on Population Health Improvement?

• Mission and desire for impact
• Current state:
  • Short-term
  • Small scale
  • Restricted
  • Risk-averse
  • Not focused on root cause or systems change
• Investments driven by donors/funders rather than end users/program sponsors
Even Better If...

- Make Better Big Bets
- Bigger bets are being driven by...
  - Awareness of limits of status quo
  - Fragmented non-profit (and coalition?) environments
  - Scale of problems including health, education, income inequality, housing...
- For Example – BUILD Health Challenge
  - Pooled resources and shared priorities among national funders.
  - A focus on social determinants of health and health equity
  - Required participation in funded communities by community anchor institution partners, including public health departments, health systems, and community organizations.
Why do we care about “Why?”

“People don’t buy what you say, they buy why you say it.”

- Simon Sinek
Why do we care about “Why?”

- **Why do people participate** in cross-sector efforts to improve population health?
  - Mindset and expectations, sense of community, civic engagement

- Why is it important to **connect to motivation**?
  - “In this environment, it is difficult to arrive at any shared view about critical factors outside of health care that drive health, including social determinants of health.”

- First why...then who...then how...then what
What’s **Your** “Why?”

“Collectively impacting health in our region to become the healthiest thriving community with the best quality and value in health care.”

-MiHIA Vision Statement
What’s Your “Why?”

The mission of THRIVE is to deliver improved health and sustained economic growth in our communities.

The ALL THRIVE portfolio illustrates positive benefits including improved worker productivity, reversal of population loss, more people in the workforce, less poverty and disadvantaged populations, increased average income, less Medicaid/more commercial pay, increased hospital net return.
What’s Your “Why?”

The Great Lakes Bay is on the path to becoming an exemplary region. This journey is not over. It will require on-going commitment, with intentional dialogue from regional leaders, funders and community members to create conditions for system change to occur. Each of us has a role to play in solidifying as a region, acting with a shared purpose and unity.

-Progress Update THRIVE Portfolio Design Workshop 9/13/2018
Why “Health”

Success Outcomes
What we will see if we are successful

1. Improve County Health Rankings
2. Increase prevention healthcare delivery
3. Improve community well-being
4. Reduce Healthcare Costs
5. Improve healthcare safety
6. Increase Provider Well-being
7. Increase patient satisfaction
8. Increase jobs for existing and new employers,
9. Reduce regional out-migration of working-age residents
10. Ensure the economic prosperity of residents
Why “Workforce”
Why “Well-Being”

- **We know** Health = education, income, family and community supports, purpose, etc., but Health = Health Care for too many, still

- **Gallup-Sharecare Well-Being Index**
  - **Purpose**: liking what you do each day and being motivated to achieve your goals
  - **Social**: having supportive relationships and love in your life
  - **Financial**: managing your economic life to reduce stress and increase security
  - **Community**: liking where you live, feeling safe, and having pride in your community
  - **Physical**: having good health and enough energy to get things done daily

- ACES and Trauma, e.g.
What does health have to do with economic development and business growth? The answer, quite simply, is everything.

The Greater Kansas City Chamber of Commerce represents 300,000 workers across 2,250 local companies. Promoting the health and wellness of each one of those workers and their families is an imperative if we want our region to thrive economically.”

-Joe Reardon, President and CEO, KC Chamber
Homework/Check-In #1

• Why are you in this work?

• Where are you on the continuum from “mitigate financial losses” to “change the world?”

• Are you inviting people to join you because you have a plan, or because you have a dream?
From Why to How – Advancing Behavioral Health Across Wisconsin

Coalition goals include:

- Reduce by 10% the number of people experiencing 14+ days of poor mental health
- Reduce youth at risk of depression by 26%
- Reduce calls for crisis response due to behavioral health by 30%
- Decrease excessive drinking by 10%
From Why to How

10 community coalitions formed across Wisconsin

8 year commitment to convene and connect

$20 million investment

A uniquely structured investment to equip communities with skills and resources for sustainable impact:

PHASE 1
Funded learning & planning phase
July 1, 2016 - June 30, 2017

PHASE 2
Project implementation phase
July 1, 2017 - June 30, 2022

PHASE 3
Sustainable transformation phase
July 1, 2022 - June 30, 2024
Success and Success Factors (So Far)

• Success
  • School based mental health awareness, initiatives
  • Culture of crisis services changing
  • Use of statewide information sharing platforms
  • Building statewide policy and system change capability

• Success Factors
  • Cross-sector coalitions with funded coordinators
  • Time
  • Planning process focusing on a needle to move
  • Facilitated learning community
Success and Success Factors (So Far) – First Why and Who

“Our coalition is a highly trusting environment. We know we need to serve kids better, and we know we can best do that collaboratively. Trust breeds trust.”

“As we develop relationships, we see momentum build.”

“Our success depends more on the people involved than the actual activities. If people aren’t committee to follow through, nothing will move. We have to remind people of their motivation to be in this work.”

“We know the system will snap back as we advance change, and when it does, we will focus on the ‘why’ first, before the ‘what.’”
Leveraging Resources in Rural WI to Reduce Mental Health Crisis
What is an Accountable Community for Health?

- **Shared responsibility** for the health of a community or patient population across sectors.
- Align **clinical and community-based** organizations
- **Integrated** approach to health, health care, and social needs of individuals and communities
- **WHY?** to achieve equity, better population health outcomes, reach a higher quality of health care, and reduce costs
- Shares many features with collective impact
Year One

- Identify shared challenges and goals
- Collect data on population-level indicators
- Research factors affecting indicators
- Review population-level indicators with partners and identify a single collective population-level indicator
- Research evidence-based strategies and interventions
- Develop shared strategies and evaluation plan
Key Concerns

• Poverty
• ACEs (Adverse Childhood Experiences)
• Youth depression
• Supports for youth (social networks, families)
• Truancy and school suspensions
• Resources for teachers experiencing “burnout”
• Historical trauma
Additional Concerns

- Poverty
- ACEs (Adverse Childhood Experiences)
- Youth depression
- Supports for youth (social networks, families)
- Truancy and school suspensions
- Resources for teachers experiencing “burnout”
- Historical trauma
Crisis Calls by County

<table>
<thead>
<tr>
<th>Year</th>
<th>Ashland</th>
<th>Bayfield</th>
<th>Sawyer</th>
<th>Washburn</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>502</td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>549</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>531</td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>647</td>
</tr>
</tbody>
</table>
Tier 3 Services (E.g., Crisis response, ER visits, inpatient stays, out of county transports)

Tier 2 Services (E.g., alerts re: individuals at risk, jail diversions, access to community supports, reengaging disengaged people and families)

Tier 1 Services (E.g., reduced stigma, more access to behavioral health services, trauma ID and response, responding to truancy as an early warning)
Tier 3 (E.g., Standard response to BH crisis across organizations, consistent assessments of risk)

Tier 2 (E.g., Treatment and crisis plans developed, aligned, shared; community supports understood and accessed timely; alerts/flags re: people at risk; shared protocol to reengage clients; shared protocol for transitions)

Tier 1 (E.g., Better use of limited BH care and treatment capacity; existing resources understood and shared; stronger collaboration across organizations)

...To This
Recent Progress

- Safety Plan
- ACH ROI
- Workflow
- MOU content
- Contract with state health information exchange
- Changes in community conversations around behavioral health crisis
- Ongoing commitment to the project
Homework/Check-In #2

How many of these success factors of an Accountable Community for Health can you say “yes” to about your work?

☐ Our community is aligned behind a shared vision and purpose for action.

☐ Our coalition/initiative includes mutual accountability among all participants.

☐ Our coalition/initiative is financially sustainable.

☐ We are using data and metrics to understand our progress.

☐ We regularly adjust, start, or end initiatives based on input from our cross-sector partners and community members.

Adapted from: Levi et al., Developing a Common Framework for Assessing Accountable Communities for Health. Health Affairs Blog, October 24, 2018
Bridging Across Health Systems and Between Clinic and Community: AboutHealth

Provider clinics by county

Our locations are throughout Wisconsin and beyond. Click a provider logo below to view their coverage area:

- ASPIRUS
- Aurora Health Care
- bellinhealth
- GUARDSEN HEALTH SYSTEM
- ProHEALTH Care
- ThedaCare
# Opioid Collaborative

**Opportunities & Examples for Community Collaboration and Coordination**

<table>
<thead>
<tr>
<th>Access to Drugs</th>
<th>Safe Prescribing</th>
<th>Harm Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reduce illicit supply</td>
<td>• Prescriber guidelines, edu.</td>
<td>• Overdose education and naloxone access</td>
</tr>
<tr>
<td>• Medication take-backs</td>
<td>• Patient education</td>
<td>• Needle exchange (HIV, Hep C prevention)</td>
</tr>
<tr>
<td>• Permanent drop boxes</td>
<td>• Non-Opioid drugs and alternative therapies</td>
<td></td>
</tr>
<tr>
<td>• Safe storage</td>
<td>• Enhanced PDMP</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Restorative Justice</th>
<th>Treatment &amp; Recovery</th>
<th>Substance Abuse Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Police training on addiction</td>
<td>• MAT</td>
<td>• Drug free coalitions</td>
</tr>
<tr>
<td>• Early diversion and intervention</td>
<td>• Recovery Support</td>
<td>• Prevention education for youth</td>
</tr>
<tr>
<td>• Drug treatment court</td>
<td>• Resources for families</td>
<td>• Trauma screening</td>
</tr>
<tr>
<td></td>
<td>• Care of pregnant women</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Integrate mental health care</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Homework/Check-In #3

• Where you have meaningful collaboration between health systems and community partners, why is it occurring?

• How can you “person-proof” it?

• How consistent is the implementation of your strategies across your region? How important is consistency to the impact you seek?
“The Impossible Will Take a Little While”... Reconnect with Why, Commit to How
Why Is This Work Hard?

FIGURE 1. SHIFTING THE CONDITIONS THAT HOLD THE PROBLEM IN PLACE

Six Conditions of Systems Change

- Policies
- Practices
- Resource Flows
- Relationships & Connections
- Power Dynamics
- Mental Models

Structural Change (explicit)

Transformative Change (implicit)

(semi-explicit)
Money – Control - Credit

Money
• Who is asked to invest vs. who saves. “That’s my savings and I’m not sharing.”
• Funders and payers drive fragmentation

Control
• Line of sight
• Definition of Innovation
• Trust

Credit
• First among equals
• Protecting staffing, reputation as innovators/leaders, opportunities for growth
Homework/Check-In #4

Where have you experienced barriers to participation, results, or expansion?

- **Money**
  - Who is asked to invest vs. who saves. “That’s my savings and I’m not sharing.”
  - Funders and payers drive fragmentation

- **Control**
  - Line of sight
  - Innovation
  - Trust

- **Credit**
  - First among equals
  - Protecting staffing, reputation as innovators/leaders, opportunities for growth
Homework/Check-In #4

Where have you overcome barriers to participation, results, or expansion? How did you do it?

- Money
- Control
- Credit
Reconnect with Why, Commit to How

• The kids are all we have, so they have to be all right.

• “The hospital of the future is a hospital with no patients in it.”

• Think locally, act locally (and regionally!)
Persistently high poverty rates, poor educational outcomes, and a relatively weak safety net have made the US the most dangerous of wealthy nations for a child to be born into.

- Thakrar et al., Health Affairs 2018
Do We Need More than This?

Thakrar et al., Child Mortality in the US and 19 OECD Competitor Nations, Health Affairs January 2018; County Health Rankings
Why, and How, Did Children Become Unimportant?

### Exhibit 7. Greatest State Gains and Losses in Children in Absolute Numbers

#### 5 Biggest Winners of Children 5 to 14

<table>
<thead>
<tr>
<th></th>
<th>Texas</th>
<th>Florida</th>
<th>Georgia</th>
<th>North Carolina</th>
<th>Arizona</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Children 5 to 14 in 2000</td>
<td>3,285,376</td>
<td>2,088,742</td>
<td>1,223,343</td>
<td>1,113,920</td>
<td>768,080</td>
<td>41,101,548</td>
</tr>
<tr>
<td>Total Number of Children 5 to 14 in 2015</td>
<td>4,042,191</td>
<td>2,283,483</td>
<td>1,416,490</td>
<td>1,293,660</td>
<td>917,797</td>
<td>41,109,506</td>
</tr>
<tr>
<td>Numerical Growth of Children 5 to 14, 2000 to 2015</td>
<td>756,815</td>
<td>194,741</td>
<td>193,147</td>
<td>179,740</td>
<td>149,717</td>
<td>7,958</td>
</tr>
<tr>
<td>Share of all Positive Growth Nationwide</td>
<td>36.1%</td>
<td>9.3%</td>
<td>9.2%</td>
<td>8.6%</td>
<td>7.1%</td>
<td>100%</td>
</tr>
</tbody>
</table>

#### 5 Biggest Losers of Children 5 to 14

<table>
<thead>
<tr>
<th></th>
<th>New York</th>
<th>Michigan</th>
<th>California</th>
<th>Pennsylvania</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Children 5 to 14 in 2000</td>
<td>2,684,290</td>
<td>1,492,193</td>
<td>5,296,702</td>
<td>1,691,794</td>
<td>1,834,955</td>
<td>41,101,548</td>
</tr>
<tr>
<td>Total Number of Children 5 to 14 in 2015</td>
<td>2,298,180</td>
<td>1,232,854</td>
<td>5,062,372</td>
<td>1,496,122</td>
<td>1,658,608</td>
<td>41,109,506</td>
</tr>
<tr>
<td>Share of all Negative Growth Nationwide</td>
<td>18.8%</td>
<td>12.6%</td>
<td>11.4%</td>
<td>9.5%</td>
<td>8.6%</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Source*: U.S. Census Bureau, 2000 census, P012; 2015 population estimates, PEP_2015_PEPAGESEX
Kids Live in Families
We Know What the Problems Are, and We Know What to Do

Michigan KidsCount 2018 – Among 50 states:

- **31st in economic well-being:** 21 percent of Michigan kids live in poverty, higher than the national average of 19 percent.

- **38th in education:** 69 percent of eighth-graders are not proficient in math and 68 percent of fourth graders are not proficient in reading.

- **25th in health:** Only 3 percent of children in Michigan are without health insurance.

- **30th in family and community:** 17 percent of kids live in high-poverty areas, which makes Michigan one of the worst six states in the nation for that indicator.

The Michigan League for Public Policy has these suggestions:

- Increase the state Earned Income Tax Credit
- Invest in pre-natal care programs
- Have high quality child care
- Offer more adult educational programs
- Help parents find meaningful employment

...Or, invest in population health improvement strategies
“The hospital of the future is a hospital with no patients in it.” – Kim Miller, hospital CEO
Are We Here Yet?

"As cost containment efforts continue in healthcare, there must be a greater emphasis placed on keeping patients healthy and out of the hospital.

This will probably come in some form of community wellness model where physicians and hospitals are rewarded for treating conditions on [an] outpatient basis before they become so severe that they actually require hospitalization."

- Craig Rhyne, MD, chief medical officer of Lubbock, Texas-based Covenant Health System
Or Here?

"I don't think providing a gym for people is a business strategy, necessarily. But, providing the kind of care that keeps people well and has the right incentives — that will be a strategy. This is an issue of value. Those [hospitals] delivering that kind of value will have more patients sent to them.” - Steve Lefar, President of Sg2.

"In a broader sense, as a convener of human activities and resources to deliver wellness care, [the hospital] will flourish. That will expand beyond the four walls of the traditional hospital. That's the role the hospital of the old will fulfill in the new world." - Dr. Eric Louie Sg2 CMO.
Or Here?

“Most people appear to embrace a future of health care that allows them to get care outside hospital walls, lets them anonymously share their information for better outcomes, and personalizes care all the way down to an individual’s specific genetic makeup. Care must occur at home as the default model, not in a hospital or clinic.” – Eric Dishman, All of Us (precision medicine)

57% of survey respondents believe traditional hospitals will be obsolete in the future.
Are We on the Right Paths?

“I’m thrilled to be named CEO of this healthcare initiative. I have devoted my public health career to building scalable solutions for better healthcare delivery that are saving lives, reducing suffering, and eliminating wasteful spending both in the US and across the world.

Now I have the backing of these remarkable organizations to pursue this mission with even greater impact for more than a million people, and in doing so incubate better models of care for all.

This work will take time but must be done. The system is broken, and better is possible.” – Atul Gawande, MD
Are We on the Right Paths?

- Ascension Health is restructuring as it pursues a new strategic direction, hinting at transitioning from a hospital-oriented system to one that's focused on outpatient care and telemedicine.

- **Ascension Health Michigan** employs 26,000 associates at 14 hospitals in four operating divisions and its corporate office.

- Michigan is one of Ascension's four major markets that account for about half Ascension's 141 hospitals and half its $22.6 billion revenue.
<table>
<thead>
<tr>
<th>Expected to Find..</th>
<th>In Reality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stewardship</td>
<td></td>
</tr>
<tr>
<td>- Identified governance</td>
<td>- Single-org led initiatives</td>
</tr>
<tr>
<td>- Stable backbone</td>
<td>- Fragile governance</td>
</tr>
<tr>
<td>- Dependable funding</td>
<td>- Health care at the table through community benefit not senior leaders</td>
</tr>
<tr>
<td></td>
<td>- Little participation from payers and economic development orgs</td>
</tr>
</tbody>
</table>

Siegell et al. Multisector Partnerships Need Further Development to Fulfill Aspirations for Transforming Regional Health and Well-Being, Health Affairs January 2018
### Expected to Find.. | In Reality

#### Strategy

- Comprehensive, integrated strategy to enhance population health, improve care, reduce cost,, improve equity, improve economic productivity
- Portfolio of interventions spanning sectors, including strategies to transform health care delivery
- Willingness to bridge interests, not simply convene

- Few examples of this
- Minimal initiatives linking to community development, housing, planning, etc.
- Prioritizing harmony over confronting competing interests
- Major focus on gathering data
The Impossible Will Take a Little While. Stay the Course.

<table>
<thead>
<tr>
<th>Expected to Find..</th>
<th>In Reality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sustainable Financing</strong></td>
<td></td>
</tr>
<tr>
<td>• Comprehensive, long-term financial plans</td>
<td>• Financial planning is short term, initiative-specific</td>
</tr>
<tr>
<td>• New forms of health care provider payment linked to population health, equity, well-being</td>
<td>• Providers not fully reimbursed for the value they create</td>
</tr>
<tr>
<td></td>
<td>• No serious efforts to move away from current financing structures</td>
</tr>
<tr>
<td><strong>Market and Policy Conditions</strong></td>
<td></td>
</tr>
<tr>
<td>• Stronger partnerships in states with more favorable policy environments</td>
<td>• Favorable environments did enhance innovation, breadth of focus areas, financing</td>
</tr>
<tr>
<td>• Multiple competing institutions (e.g. health care) working together to address challenges in their shared systems</td>
<td>• High degree of health care market competition or instability = less mature, collaborative partnerships</td>
</tr>
</tbody>
</table>
Things You Already Know...and must keep in front of you

- **Coalitions** lay the groundwork
- Find committed **leaders** early
- Establish **principles**
- Make the **value proposition**
- Connect to a **growing movement**

- You need decision makers at the table
- Know your stakeholders
- Know your system
- Support your teams

There are no shortcuts.
Karen Timberlake
ketimberlake@michaelbeststrategies.com

Thank you, good luck, and keep in touch.