* THE HEALTH COLLABORATIVE * COLLECTIVE IMPACTON HEALTH

😤 DATA-DRIVEN HEALTH IMPROVEMENT IN GREATER CINCINNATI 🔌

March 19, 2015 Leadership Forum Welcome and Agenda Review

Leadership Forum Process: Revised Flow

Meeting 3: HOW: Engage and Plan

Reach agreement on measurable goals for each initiative

Develop criteria for a community health dashboard

Define Collective Impact on Health commitment and accountabilities Review polling and scenarios to identify common themes

Translate themes into a shared vision

Reach consensus on Guiding Principles and Action Areas

Commitment and accountability

TODAY'S AGENDA

8:30-8:40	Welcome and Review of Purpose
8:40-8:50	Model Outcomes
8:50-9:15	Our Collective Vision
9:45-10:00	Break
10:00-10:50	Creating Alignment: Table Exercise and Report Out
10:50-11:15	Next Phase of Work
11:15-11:30	Meeting Wrap-Up



There is a fire alarm going off in our city...



- Our 7-county region loses \$2.5 billion every year in lost workforce production due to poor health
- 20% of local deaths in 2013 were attributable to the gap between the rich and the poor
- The Cincinnati region ranks in the bottom 25% for overall health nationally



Health Care Costs Continue to Rise



And overall health is not improving

2013 State of American Well-Being; Gallup - Healthways Well-Being Index





Employers individually have little impact on the overall cost of health to the community. Health System focus on delivery system reform and efficiency but not community health goal.

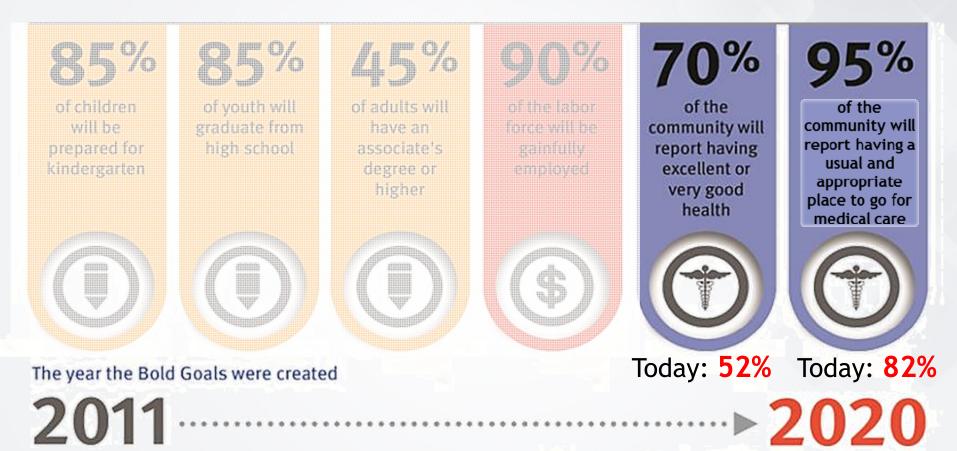
What's the Triple Aim, Again?



IMPROVED POPULATION HEALTH



Where Did We Begin: Bold Goals For Our Region



Target year for the Bold Goals to be achieved



The Value of the ReThink Model



- Shared Understanding of
 - Possible initiatives
 - Outcomes over time
 - Cost of effort

ReThink Health	* *								Resources Logout	
	ReThink Cincinnati,		T-blo All	Graphs Ma	inage					
	Introduction Create Scenario Summary I	What did you do	0?		How did you pay					
	Cumulative Performance	Cumulative Changes for Selected Metrics (2015-2040)					Financing & Yield			
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elect	Baseline			+17.1%	-9.1%		\$10.95 B	-\$38.38 B		
Select Scenarios	S + PCP + FQHC +	-10.6%	-9.0%	+1/.1.0			112 22 B	-\$33.10 B	\$74.81 B	
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	Most Recent Scenario									
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The Value of The ReThink Model



Shared Understanding of

 Impact on the Triple Aim





Collective Impact Goal

Arrive at a Small Number of **Actionable Initiatives** That in Combination Have the Power to Achieve the Triple Aim



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Review of Progress Since the November 3 Leadership Forum Jennifer Chubinski

Takeaways from Survey: Confidence Questions





Favored Scenarios from Post-Session Voting

	1. Behaviors 5. Family Pathways	4. Student Pathways		8. Seir-care 15. Medical Homes	7. Mental Health	6.Physical Health 16a. Technology Update	10. PCP Efficiency	-	2. Environment 20. Post discharge	12. Recruit PCPs for FQHC	Scenario #	Cost % change from baseline)	Deaths % change from baseline	Sufficiency of Care % change from baseline	Inequity % change from baseline	Workforce Productivity % change from baseline	Program Spending in billions	Net Cost Savings (all healthcare costs in baseline and all healthcare and program costs for scenario in billions	Productivity Increase in billions	Contingetnt Global Payment - Medicare/Medicaid/ Commercial
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	Best
	Worst
	Most sper
D =	Disadvant

nding

Disadvantaged Populations Only

Far right column showing changes in assumptions on contingent global payment Note:

Any number in columns A-N = % implementation of initiative



The story of our top scenarios...

- Unanimous
 - -Pathways (income and education)
 - -Healthy Behaviors
 - -Care Coordination w/technology updates
 - -Medical Homes
 - -Payment Reform (CGP)



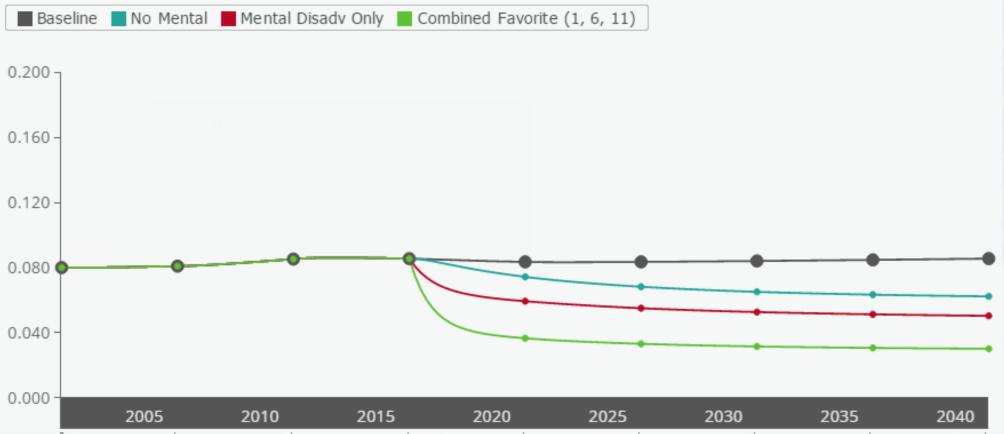
Steering Committee Examination...

Addressing Equity Mental Health



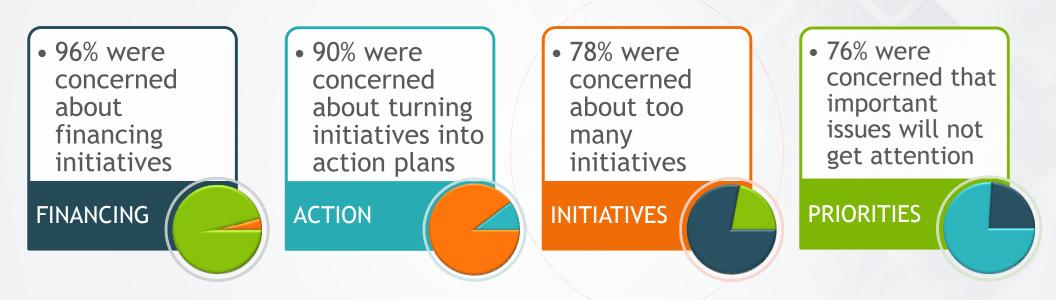
Exploring Mental Health

Untreated mental illness fraction





Takeaways from Survey: Challenge Questions







Steering Committee Conclusions

Big Ideas:

Four main action areas are needed:

- 1. Pathways
- 2. Healthy Behaviors
- 3. Care Delivery Bundle (PCMH, Efficiency, Coordination)
- 4. Payment and Financing



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Our Collective Vision Dr. Lynne Saddler Collective Vision -Pathways



Improving health is tightly linked to Improvement in **Education** and Reduction of **Poverty**

Collective Impact efforts to improve these areas are already active

Good News: There is an effort beginning to coordinate the different Collective Impact backbones.



Collective Vision -Healthy Behaviors



We cannot improve health without addressing behaviors

Diet and Nutrition Active Living Smoking Addiction Self Care/Chronically Ill

Good News: There are some programs already in process in our community. There is room to coordinate and add resources.



Collective Vision -Care Delivery



Improvements in care delivery will produce better outcomes, particularly for the chronically ill.

Patient Centered Medical Homes (PCMH) Primary Care Efficiency Care Coordination

Good News:

Good work is already underway in this area that we can work to scale and spread.



Collective Vision -Payment & Financing



All scenarios contemplated Contingent Global Payment increasing to 50% or more

How should we leverage current activity? Can we reinvest savings/ other financing options?

Good News:

Government and market forces are moving in this direction. Our influence may be best used to help align the application to our goals.





These will be our most complex issues

Good News:

The Steering Committee is committed to these issues...





Big Ideas:



Our community's definition of health will include both mental and physical health



Steering Committee Conclusions

Big Ideas:



Action areas will have to include special strategies that address the needs of vulnerable populations



