



# A Regional Focus on Advancing Health and the Patient-Centered Medical Home

*The Michigan Health Information  
Alliance, Inc. and The PCMH*

**Kim Morley**  
MiHIA CEO

**Catherine Baase, MD**  
MiHIA Board Chair



# Overview

- MiHIA Basic Information
- MiHIA Achievements
- MiHIA Organization and Project History
- MiHIA and the PCMH



## Who/ What is MiHIA?

- **Michigan Health Information Alliance, Inc.**
- Regional, not-for-profit collaborative to improve the health of people
- Multi-stakeholder organization – hosts several projects that run in parallel
- CEO is the only paid employee position. All other resources are in-kind and donated
- Core funding currently from employers in the region and project funding from grants

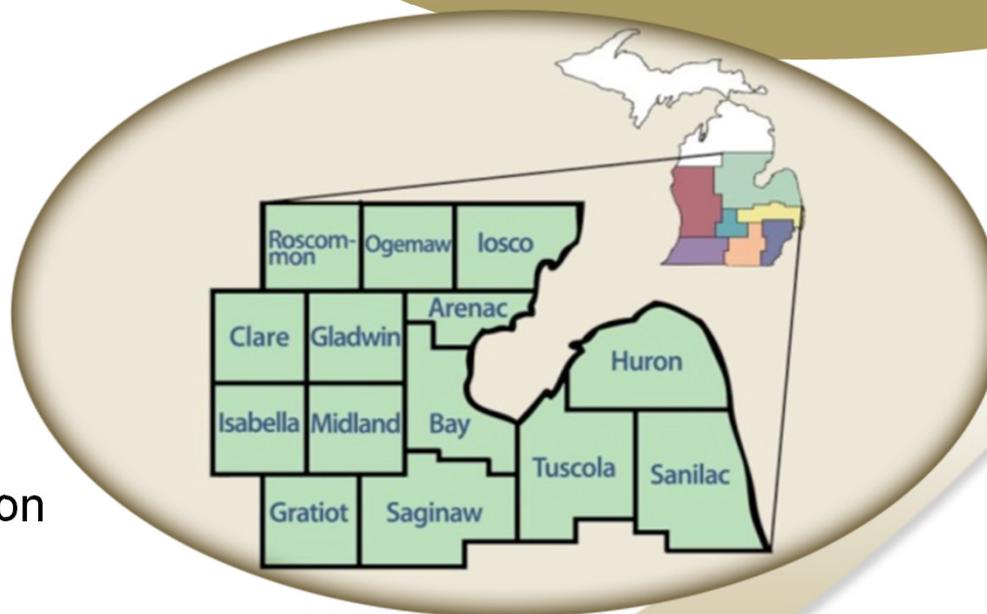


# Central Medical Trading Area

MiHIA supports the Central Medical Trading Area. As defined by the State of Michigan, this area includes 14 counties:

- Arenac
- Bay
- Clare
- Gratiot
- Gladwin
- Huron
- Isabella
- Iosco
- Ogemaw
- Midland
- Saginaw
- Sanilac
- Roscommon
- Tuscola

*More than 780,000 people live in the trading area*



# MiHIA Background & History

- Created in 2007: Incubated within CMU-RC and funded initially by a planning grant from the State
- 2008: MiHIA was designated as a Chartered Value Exchange by the U.S. Department of Health and Human Services
  - CVEs – community-based, multi-stakeholder cooperative efforts at the forefront of transforming healthcare at the local level
  - MiHIA is one of just 25 community collaborations in the nation
- 2008 – present: Six formal initiatives:
  - Consumer Engagement
  - Healthy Communities
  - Health Dashboard
  - Health Information Exchange
  - Personal Health Record
  - Patient-Centered Medical Home



## MiHIA Background & History, *cont.*

- February 2010 – First paid executive director
- September 2010 – MiHIA selected as the first region for *Achieving the Triple Aim in Geographic Regions*
- December 2010 – Official launch for the Triple Aim in our region
- March 2011 – MiHIA became an independent legal entity
- June 2011 – First meeting of MiHIA Board of Directors
- September 2011 – MiHIA hires first CEO, Kim Morley



# MiHIA Achievements

- The Institute for Healthcare Improvement (IHI) selected MiHIA as the first of eight planned US regions for *Achieving the Triple Aim*
  - MiHIA raised the required matching grant funds and continues to move forward effectively in this initiative
- Received a competitive grant of \$40,000 from the Center for Health Value Innovation
- Received \$100,000 grant from Aetna
- Launched Consumer Engagement communication campaign “Questions Are the Answer”



## MiHIA Achievements, *cont.*

- The Agency of Health Research and Quality recognized MiHIA as a Chartered Value Exchange in August 2008
  - This status conferred on only 25 communities in the country
  - Provides direct access to AHRQ staff and resources
  - Positions the community more effectively for grants
  - Establishes baseline information
- MiHIA has connected and gained visibility for our region at the state and national level with various government agencies and NGOs
- MiHIA promoted participation in a portion of the \$22MM statewide FCC networking grant that resulted in high-speed network capability for our region. Many MiHIA community members became recipients.



## MiHIA Achievements, *cont.*

- The State of Michigan formally recognized MiHIA as supporting the HIE activities in this region
- MiHIA completed the functional requirements and a sustainability plan for a regional health information exchange
- MiHIA has hosted numerous seminars, meetings and presentations about the importance of key trends in contemporary health, such as: prevention, health information technology, patient-centered medical home and quality of care
- MiHIA conducted formal surveys of community physicians and office managers throughout the region about their use of, and opinions on, health information technology



## MiHIA Achievements, *cont.*

- MiHIA conducted consumer focus groups regarding the greater use of health information technology and health information exchange
- MiHIA has coordinated collaboration among hundreds of professionals and consumers throughout our region to engage in projects that will improve health
- MiHIA has chartered a number of projects that are currently underway in the community, including the IHI Triple Aim Initiative
- MiHIA partnered with the other CVEs in the state on a campaign to get Michigan selected as one of the few states for CMS medical home demonstrations



# MiHIA Governance

MiHIA Board of Directors		Sector
Catherine Baase, MD; Chair	Chief Health Officer, Dow Chemical	Employer
James Borin	Collaborative Council	Consumer Advocate
Sally Decker	Professor, SVSU	Academic
David Gamez	President/ CEO, Health Delivery, Inc.	Non-profit
Alice Gerard	President/ CEO, Bay Regional Medical Center	Health System
John Graham	President/ CEO, St. Mary's Medical Center	Health System
Chris Ingersoll, Treasurer	Dean, HH Dow College of Health Professions, CMU	Academic
Mike Krecek	Director/ Health Officer, Midland County Dept of Public Health	Public or Mental Health
Sandra Lindsey, Secretary	CEO, Saginaw County Community Mental Health Authority	Public or Mental Health
Spence Maidlow	CEO, Covenant Health Care System	Health System
Sushil Mankani, MD	Corporate Medical Director, Dow Corning	Employer
Kim Morley	CEO, MIHIA	CEO
Rick Reynolds	President, MidMichigan Health	Health System
Elizabeth Schnettler, Vice Chair	President, Hospital Council of East Central Michigan	At-Large
Michael Schultz, MD	Chief Medical Quality and Informatics Officer, Covenant	Triple Aim Leadership
Gary Smith, MD	President, Midland Family Physicians	Health Provider
Gregg Stefanek, DO	Covenant Health Care	Health Provider
Thomas Veverka, MD	Medical doctor, surgeon	Health Provider
Ernie Yoder, MD	Professor and Founding Dean, CMU College of Medicine	Triple Aim Leadership

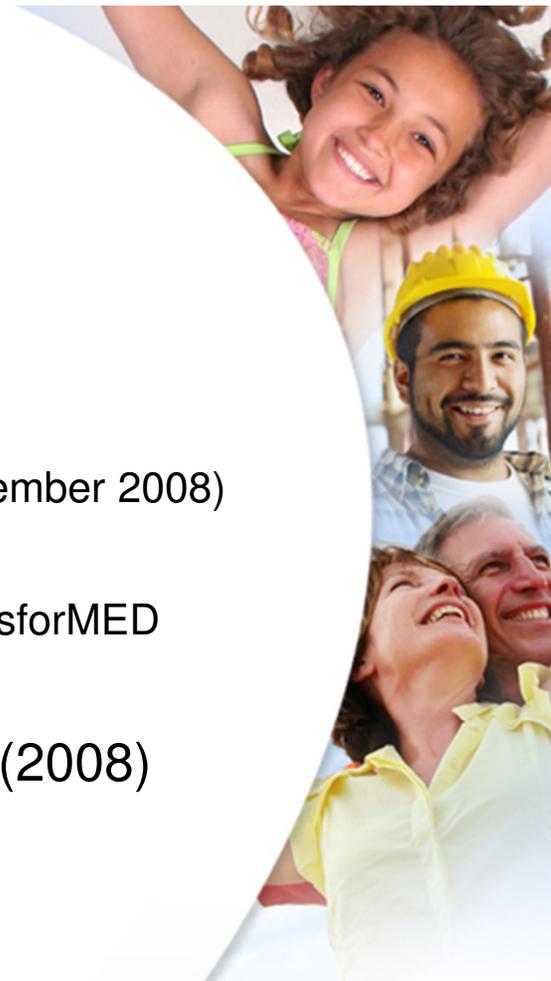
# MiHIA: Key Projects

- MIHIA – IHI Triple Aim in the Region
- Chartered Value Exchange
  - Community Awareness and Education
  - Consumer Engagement
  - Healthy Cities
  - Health Dashboard
- Health Information Technology
  - Health Information Exchange connection to State backbone
  - Promotion of Personal Health Records
- Patient-Centered Medical Home (PCMH)



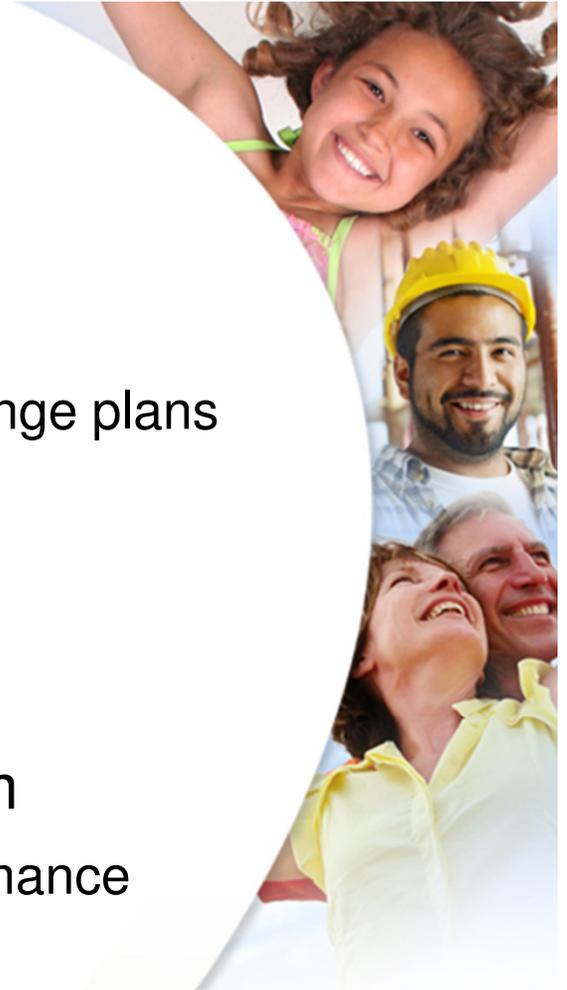
# Patient-Centered Medical Home

- Raised Awareness and Promoted PCMH
  - Hosted events and press conference
    - Terry McGeeney, MD, MBA CEO – TransforMED (November 2008)
    - Bruce Hamory, MD; Geisinger (January 2010)
    - Kristin Brown, MD; Diane Caldwell, MPA, ARNP – TransforMED
    - PCPCC executive director
  - Created small team of leaders in medical home (2008)
    - Chartered a project team
  - Met with PO and PHO leaders
  - Met with county medical societies
  - Held legislative breakfast sessions
  - Met with health system execs
  - Met with payers



# Patient-Centered Medical Home

- Strategy
  - Incorporated into our Chartered Value Exchange plans
- Advocacy
  - Contacted legislators
  - Letter writing campaign (October 2008)
- Focused on How To and Payment Reform
  - Connected with state IPIP (Improving Performance in Practice)
  - Lean engineering integration



# Letter: From elected officials organized by three CVEs in State of MI

October , 2008

Dear :

Via this letter, we are communicating our strong interest in, and support for inclusion of Michigan as one of the states within which CMS will operate the Medicare Medical Home Demonstration Project. Michigan has a sizeable and growing foundation of interest in, and support for patient-centered medical homes—among physicians, professional societies, payers, purchasers and coalitions. We have organizational infrastructures. We need the resources that will allow us to move from interest to action and implementation.

We understand that CMS will select demonstration sites in up to eight (8) states by December, 2008, that a demonstration site will be no smaller than a single county and no larger than a state, and that sites must include urban, rural and underserved areas. Accordingly, we note that a demonstration site defined as an aggregation of the service areas of the three (3) Chartered Value Exchanges (CVEs) located in the State of Michigan (Mid-Michigan, Southeast Michigan and West Michigan counties) would offer many benefits and be strongly positioned to achieve success. First, HHS Secretary Leavitt's designation of three CVEs within Michigan (the only state with 3) forcefully demonstrates the level of commitment in Michigan to improving the quality and value of health care. Each of these CVEs are collaborations of providers (including physicians), community purchasers, health plans and consumers, thus offering a ready-made environment for nurturing innovative projects like patient-centered medical homes which require the engagement of purchasers, plans and consumers—not just providers—to be effective. Secondly, these 3 regions of Michigan cumulatively represent almost three-fourths of the state's population and encompass highly urban communities, some of the most rural parts of the state and some of the most highly underserved areas of the country—providing the diversity required under the enabling legislation for this project.

## Letter, *cont.*

Selection of these Michigan communities as a demonstration site also creates many potential synergies with other initiatives.

Two of the major private health plans serving Michigan, Blue Cross Blue Shield of Michigan and Priority Health, will be launching patient-centered medical home demonstration projects in the coming months. The opportunity to align the efforts of CMS with these initiatives, thereby encompassing the vast majority of patients in many practices, offers huge incentives to physicians to transform their practices into medical homes, maximizing the impact upon care and the potential for cost savings. It is also noteworthy that Southeast Michigan and West Michigan are two of only fourteen communities across the country to be awarded Aligning Forces for Quality grants by the Robert Wood Johnson Foundation. As with the CVE designations, these grants are supporting multi-stakeholder efforts to improve the quality of health care. Also noteworthy are the work of the State to advance the practice of primary care in Michigan through the Michigan Primary Care Consortium, its support for the development of Health Information Exchanges, the collaborative activities of the state's Quality Improvement Organization (Michigan Peer Review Organization) and the support being offered by the Michigan State Medical Society and the Michigan Osteopathic Association to their respective members for creation of patient-centered medical homes.

The existence of these various efforts should not lead to a conclusion that Michigan has an overabundance of riches and resources—far from it. Many of these activities are being carried out by committed people volunteering their time and expertise, but without the resources needed to strengthen practice infrastructures and support other critical interventions. However, we hope that this brief description does convey the idea that Michigan, and these three regions in particular, has built a strong foundation of stakeholder engagement for this type of work and is truly at a tipping point in terms of undertaking health care transformative activity. We believe that participation in the Medicare Medical Home Demonstration Project will be the impetus needed to coalesce these projects into a comprehensive and synergistic endeavor that drives change and improvement down to the physician practice level, with all of its inherent potential for improving quality, improving health and reducing costs.

Thank you very much for your careful consideration of our collective support for the selection of Michigan as one of the states in which the Medicare Medical Home Demonstration Project is carried out.

Sincerely,

# Measure of Progress

- Dec. 15: Launch of the MiHIA – IHI Triple Aim
  - PCMH proposed as project focus for each Triple Aim area
  - Substantial PCMH certifications and applications in the region
  - Payment models continue to advance



# Key Messages

## MiHIA and Triple Aim: Key Messages

MiHIA facilitates a healthier community and region	Local initiatives are vital to health care and improvements	There are advantages to implementation of a sustainable health system	MiHIA is partnering with IHI Triple Aim on Regional Health and Health Care Delivery	The three dimensions of Triple Aim are: Population Health, Experience of Care and Per Capita Cost
<ul style="list-style-type: none"> <li>- <b>MiHIA's vision</b> is for its region <i>to become the healthiest thriving community with the best quality and value in health care.</i></li> <li>- <b>MiHIA's mission</b> is to <i>improve the health of people within our region through effective use of information and collaboration to establish our region as a community of health excellence through a comprehensive focus on population health, patient experience and cost of care.</i></li> <li>- <b>MiHIA's strategy</b> is to <i>serve as the regional hub for sharing health information and for collaboration among multiple stakeholders, including patients and their families.</i></li> </ul>	<ul style="list-style-type: none"> <li>- It is essential for community stakeholders to identify and work together on shared, health-related community priorities.</li> <li>- MiHIA is committed to advancing the experience of care, cost of care and overall health status for the 14 counties it represents.</li> <li>- MiHIA has coordinated collaboration among hundreds of professionals and consumers to engage in projects that improve health throughout the region.</li> <li>- MiHIA has chartered a number of projects that are currently underway within the community.</li> <li>- MiHIA enables our community to be eligible for, and gain further streams of, economic support and opportunity.</li> </ul>	<ul style="list-style-type: none"> <li>- Improved health systems lead to healthier and more productive communities.</li> <li>- Current trends in health care delivery systems are <i>not</i> sustainable.</li> <li>- Healthy communities are more attractive to new businesses.</li> <li>- Health care will represent a smaller burden on employers, state and local budgets, and individuals.</li> <li>- Providers are better able to meet tough health reform challenges for improved quality and cost containment/reduction.</li> </ul>	<ul style="list-style-type: none"> <li>- MiHIA was selected as the first regional multi-stakeholder community organization for IHI's new focus on the Triple Aim.               <ul style="list-style-type: none"> <li>• Eight to 10 regions will ultimately be selected for this elite opportunity.</li> <li>• MiHIA demonstrated that it had the right regional characteristics and the proper "readiness" to move forward successfully.</li> <li>• MiHIA had a range of key stakeholders committed to making changes necessary to achieve improvements.</li> </ul> </li> <li>- The Triple Aim requires engagement and leadership from local stakeholders and utilizes a plan developed and implemented regionally.</li> <li>- The visibility associated with Triple Aim has the potential to position our community for additional grants, financial support, health research dollars and innovation opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>- At the individual level, this translates to good or better health, good experience and good value.</li> <li>- Improvements in the health of the population will be measured using mortality rates, self-assessed health status and other local priorities (such as obesity rates).</li> <li>- Experience of care will be assessed by access to appropriate care (especially comprehensive primary care) and by other health care related measures.</li> <li>- Per capita costs will be calculated based on a weighted average of the "per person per month" cost for commercial payers, Medicare, Medicaid, self-pay and charity care.</li> </ul>

# Summary

- Changed the conversation in our region – increased consciousness and the imperative for change
- Creating a mindset of value and accountability to the community; a platform for future action owned and driven by the community
- Set up a regional dashboard and metrics
- Accelerated Health Information Technology
- Accelerated Patient-Centered Medical Home
- Advancing Triple Aim outcomes with multi-stakeholder collaboration and support: Improve Health, Improve Quality and Control Costs
- Secured external expertise, resources and leverage to advance our objectives

