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Objectives:

- Answer these questions:
  - What's different about SHIP?
  - Why is that better?
  - How is it relevant to people in the room?
  - Will these ideas really get legs?

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SHIP Planning and Design Process

Designed using proven models of :

- Multi-stakeholder engagement (Collective Impact)
- Community level analysis (Population Health Institute Community Based Model for Health Outcomes)
- Sustainable transformation (ThedaCare Center for Healthcare Value)
- Joint problem definition, change management, measurement and sustainability (Lean Management Methods)

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“None of us is as smart as all of us.“

Japanese Proverb

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The SECRET of getting things DONE is to ACT

DANTE

Attributes of Effective Health and Healthcare Transformation

1. **Statewide Shared Vision**
2. **Local Leadership and Relevance**
3. **Speed, scale and spread**
4. **Adaptive Alignment**
5. **Sustainability**

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A Rich History of Health and Healthcare Innovation and Improvement

- Expanding and Enhancing Mental Health Services
- Redesigning Wisconsin's Dementia Care System
- Reforming Foodshare Employment and Training (FSET)Program
- Reforming Health Care Entitlements: Family Care/IRIS 2.0
- Enhancing Fraud Prevention in Public Assistance Programs
- Providing non-emergency Medical Transportation Services for Medicaid and BadgerCare Plus
- Reforming Wisconsin's Entitlement Programs
- Lacrosse Medical Health Science Consortium
- Milwaukee Healthcare Partnership
- Medicaid Complex Care Initiative
- County Health Ranking System
- Wisconsin Initiatives to Support Healthy Lifestyles
- Bellin/ThedaCare Pioneer ACO
- abouthealth
- Integrated Health Network
- Statewide Value Committee
- Partnership for Payment Reform
- Maternal and Child Health Disparity Programs
- WCHQ
- WHIO
- WISHIN
- WHAIC
- Many, MANY more

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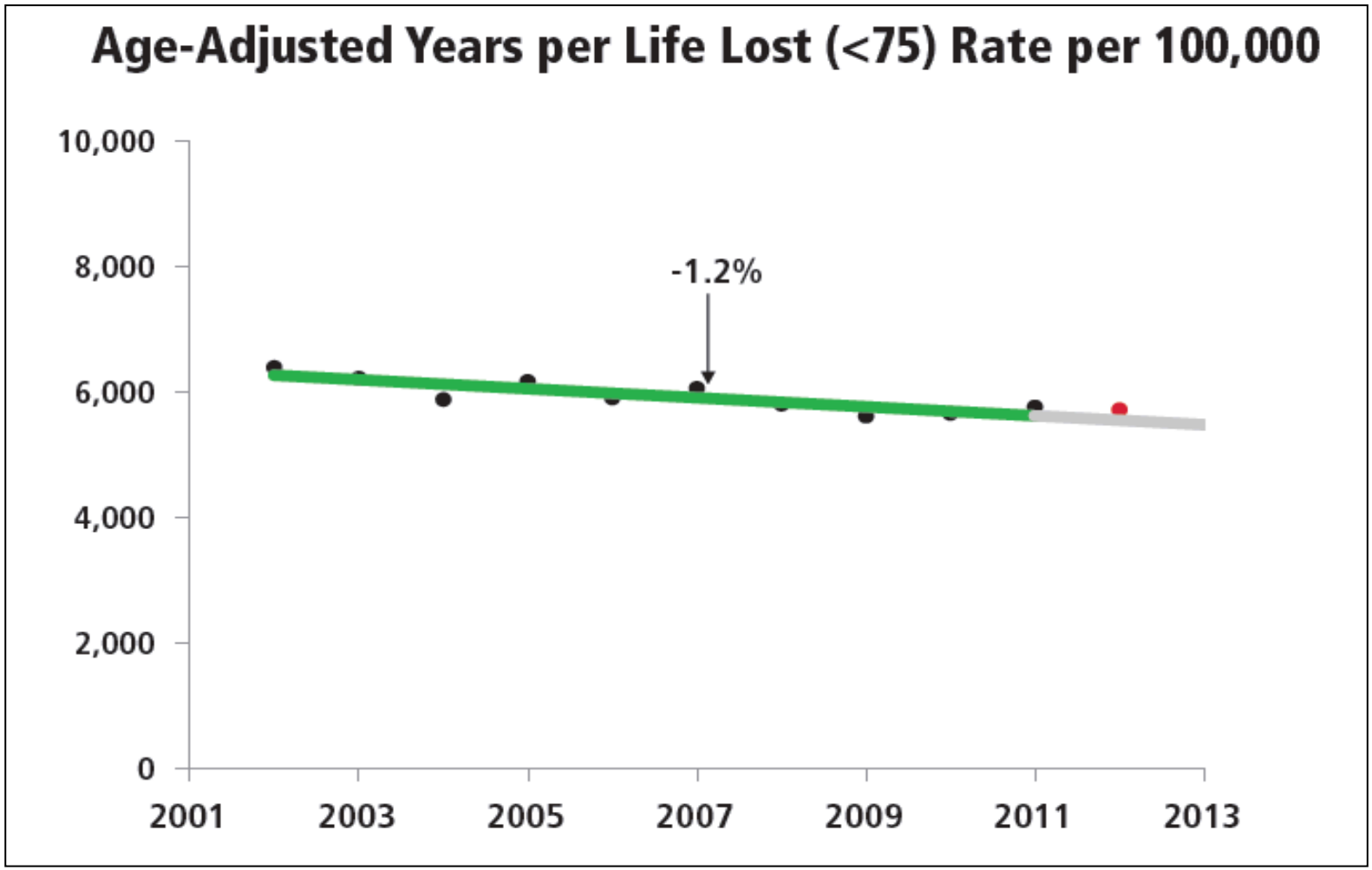
Health in Wisconsin: We Are Living Longer…



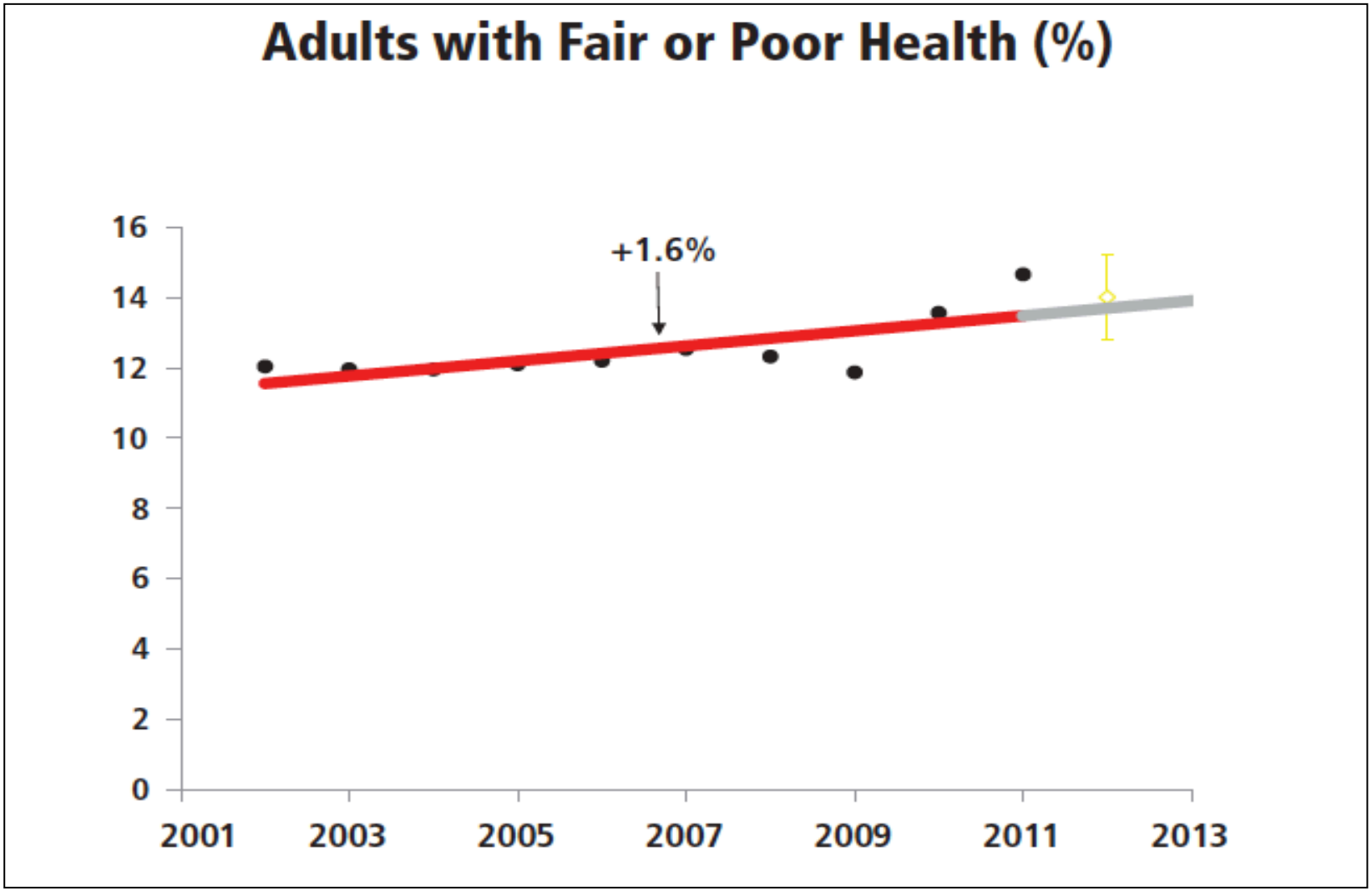
Baseline Trend = -1.2%/year Much Better

Current Rate (vs. Expected) = +3.0% Worse

UW Population Health Institute
2014 Wisconsin Health Trends
https://uwphi.pophealth.wisc.edu/

…But Are In Worsening Health

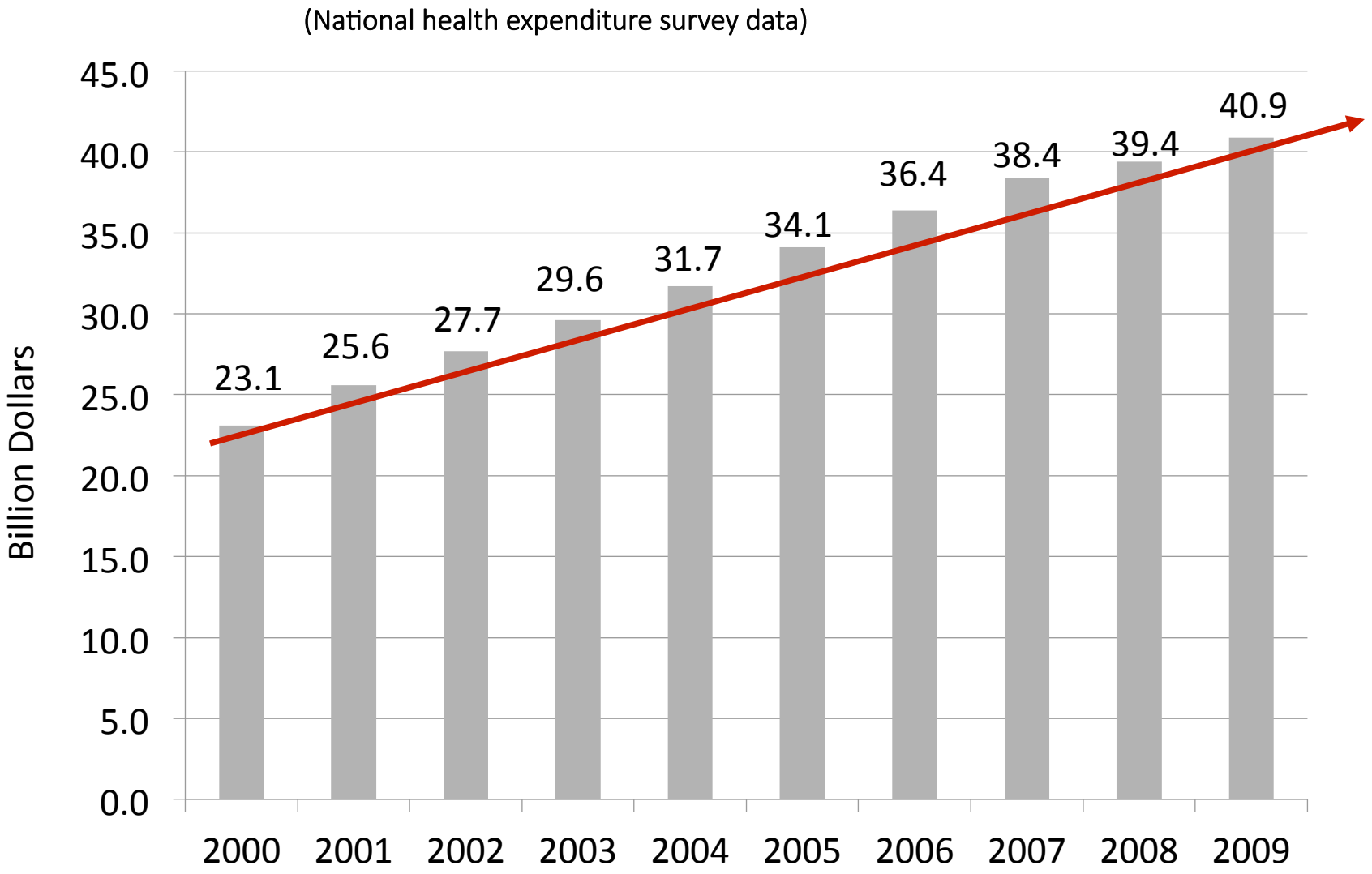
Health Outcome Trends



Baseline Trend = +1.6%/year Much Worse

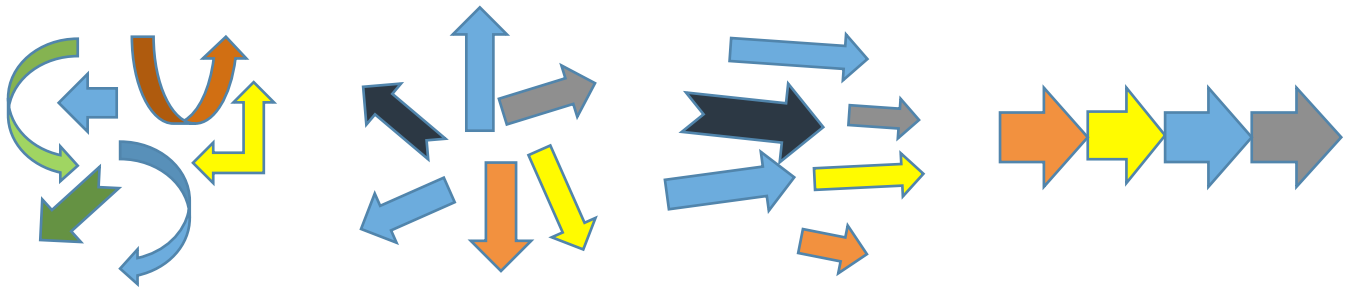
UW Population Health Institute
2014 Wisconsin Health Trends
https://uwphi.pophealth.wisc.edu/

And…Healthcare Costs Continue to Rise



Source: Office of Actuary, CMS, December 2011

COLLECTIVE IMPACT: A MODEL FOR COMMUNITY ACTION



Disorder and Confusion

Individual Impact

Coordinated Impact with Alignment

Collective Impact with Collaborative Action

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Collaborating for Action and Results

OLD/CURRENT BEHAVIOR

NEW BEHAVIOR

DISORDER + CONFUSION

Inconsistent quality and sporadic accountability perpetuate poor results with some pockets of excellence.

ISOLATION

Individual pockets of excellence operate disconnected from one another with little ability to scale results. "Everyone for everything."

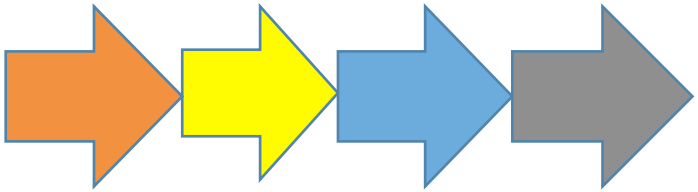
ALIGNMENT

Shared ideas and goals begin to galvanize partners and shared aspirations inspire repurposed budgets and "random acts of partnership"

COLLECTIVE IMPACT

Collaborative action rooted in shared responsibility and accountability using aligned budgets; work plans and measurements are understood by all partners and the community.

Roadmap to Collective Impact: What does it take to *ACT* Collectively?



Collective Impact with Collaborative Action

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The 5 Conditions of Collective Impact

1	Common Agenda	• **Common understanding** of the problem • **Shared vision** for change
2	Shared Measurement	• **Collecting data** and **measuring results** • Focus on **performance management** • **Shared accountability**
3	Mutually Reinforcing Activities	• **Differentiated approaches** • **Coordination** through joint plan of action
4	Continuous Communication	• **Consistent** and **open communication** • Focus on **building trust**
5	Backbone Support	• Separate organization(s) with **staff** • Resources and skills to **convene** and **coordinate** participating organizations

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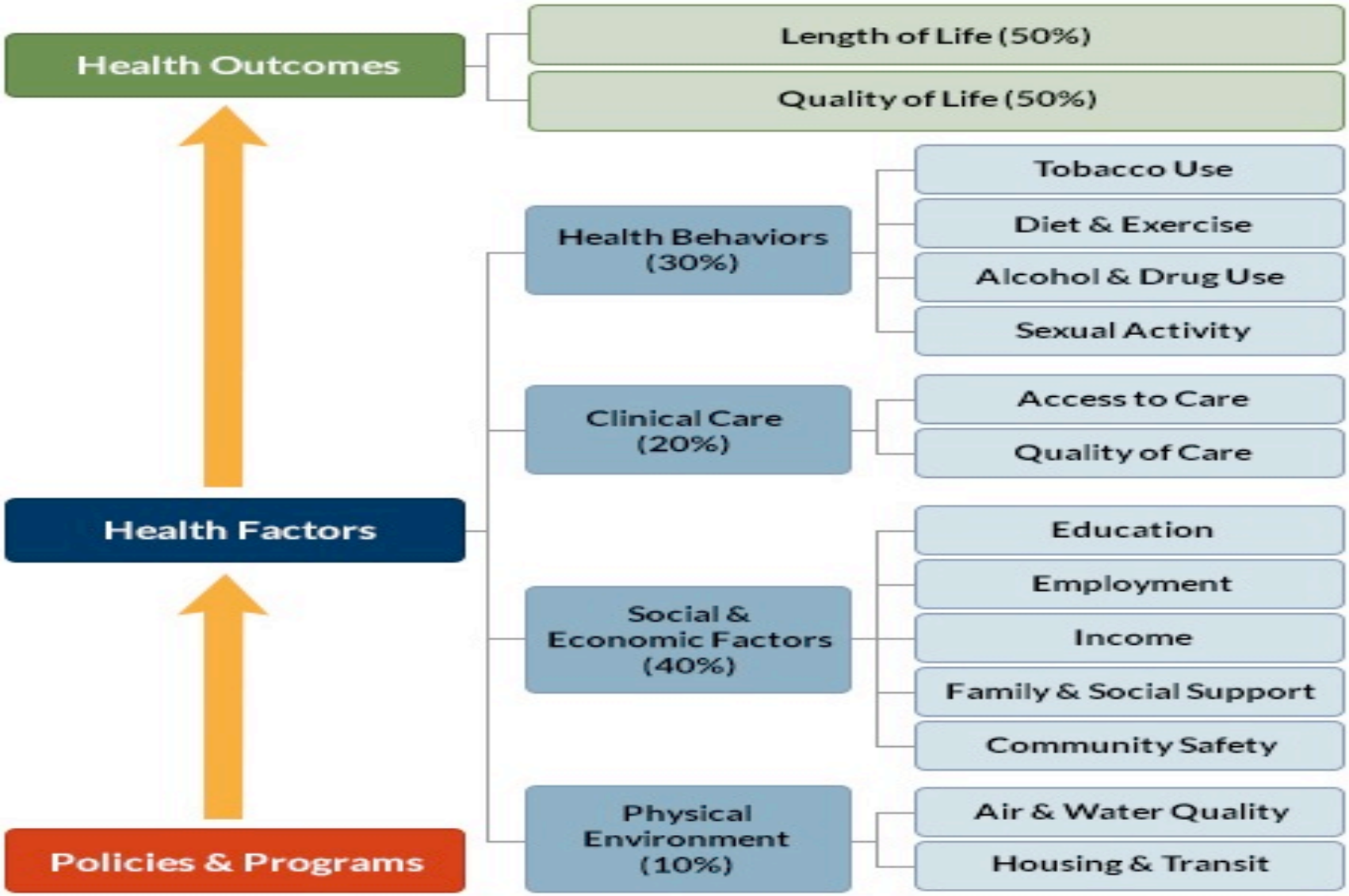
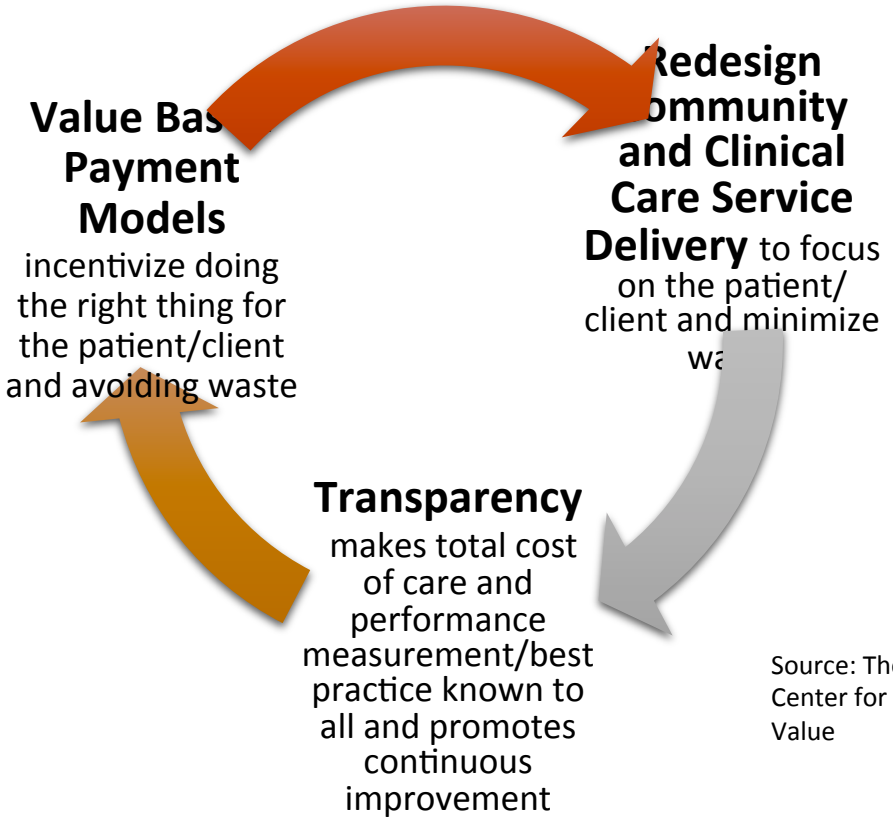
Organizing for SHIP Activation and Sustained Collective Impact

A Community Based Model for Understanding and Improving Health Outcomes



Source: UW Population Health Institute
County Health Rankings

Model of Sustainable Transformation of Health and Healthcare



Source: ThedaCare Center for Healthcare Value

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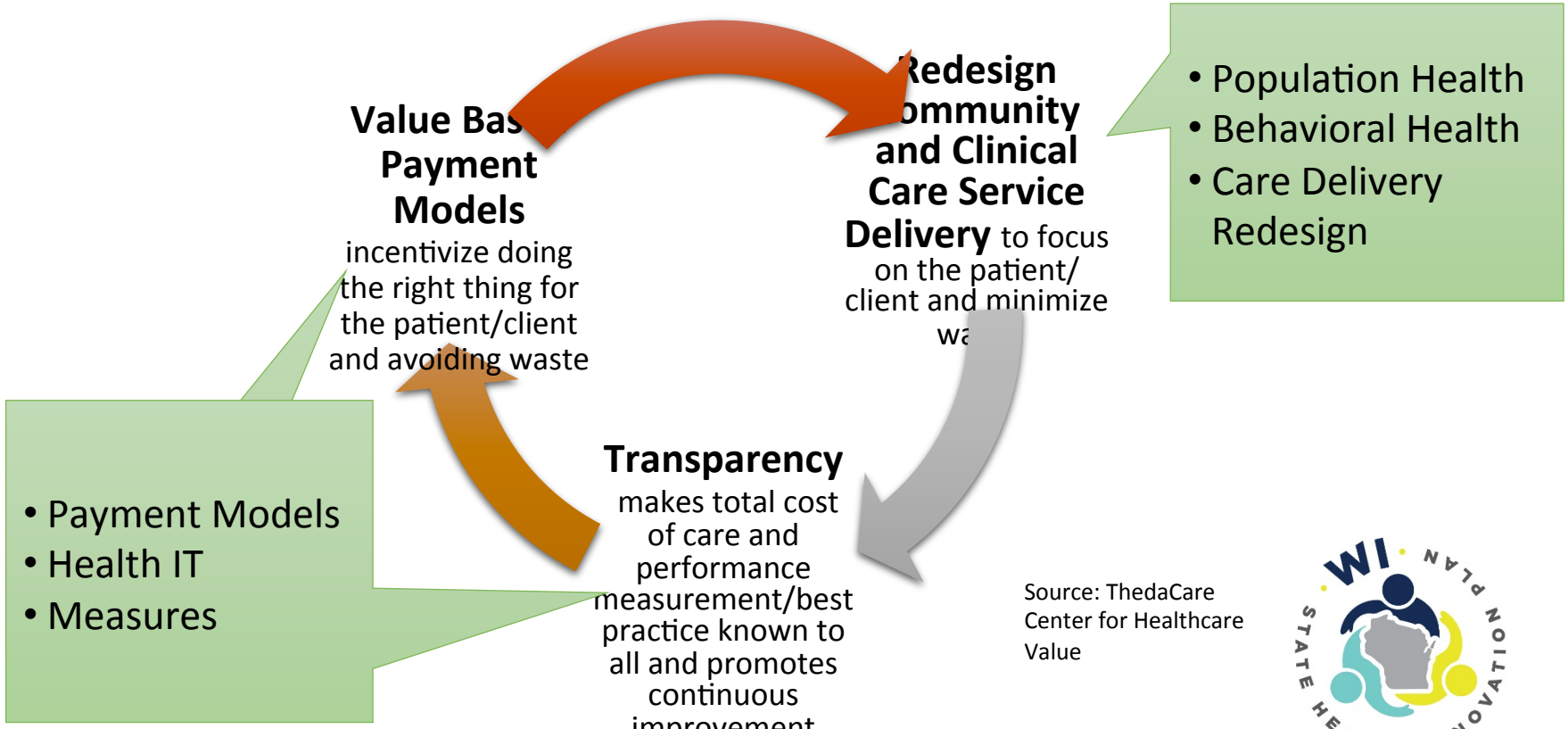
SHIP Team Organizational Alignment to Transformation Model



Source: ThedaCare Center for Healthcare Value

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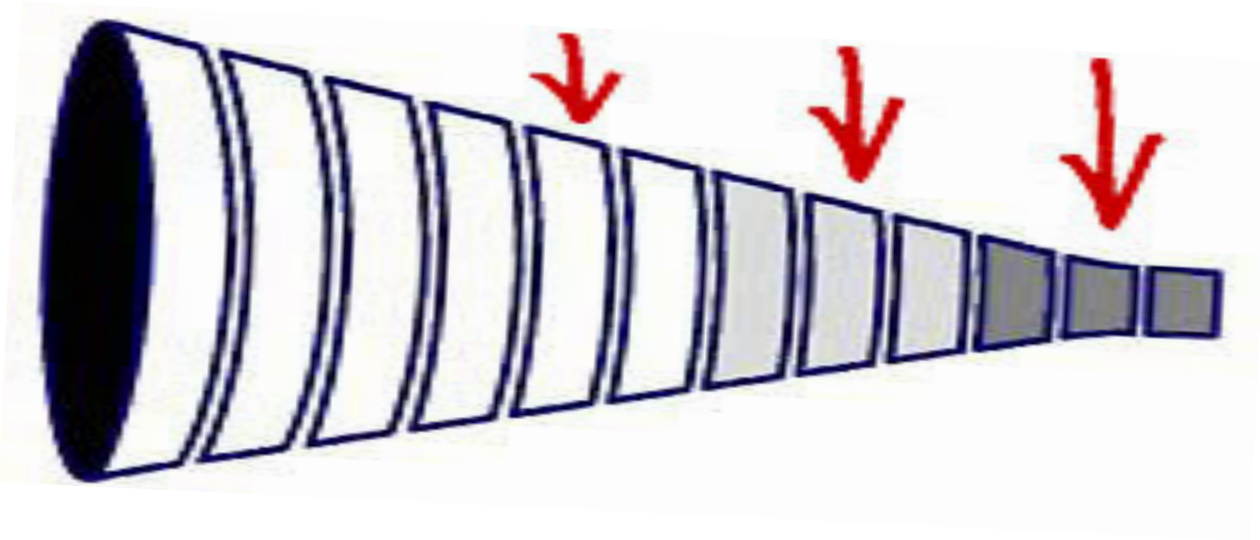
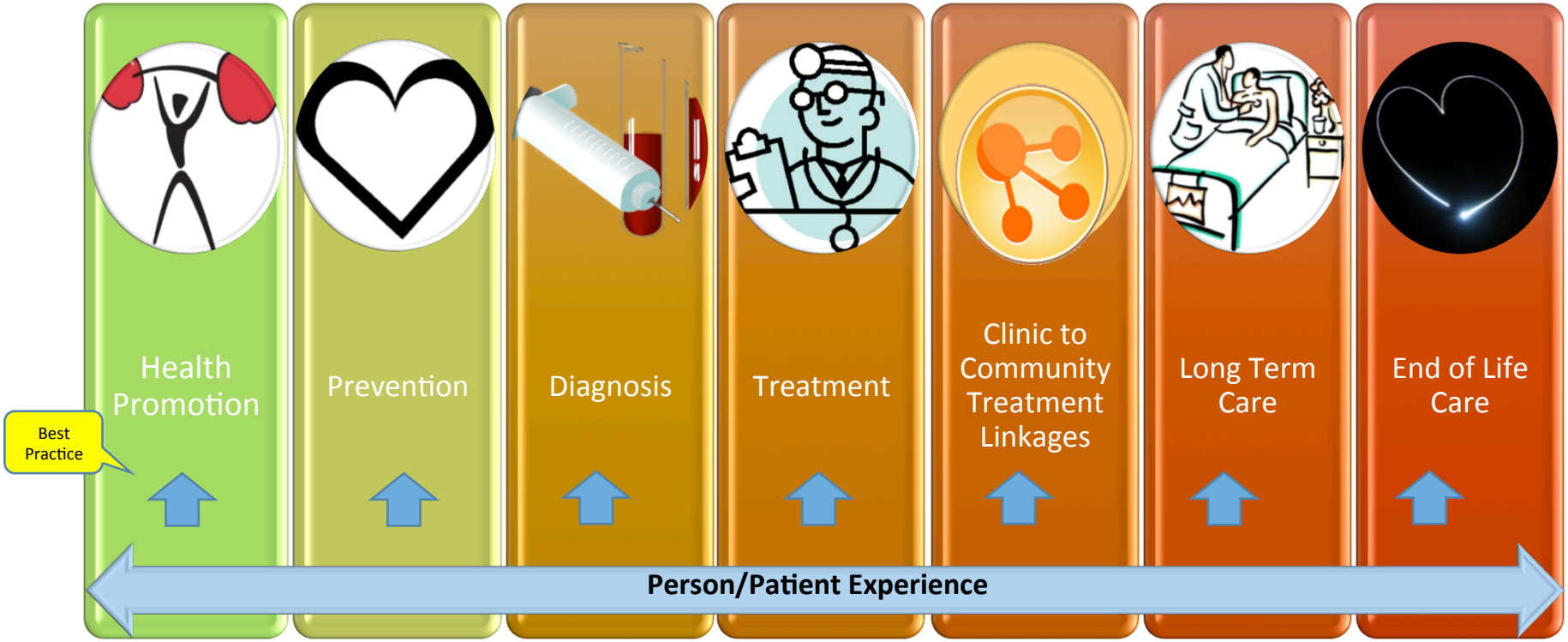
A Disciplined and Sustainable Approach to Transformation

For the ***Defined Population or Specific Challenge***
Given the ***Facts*** (data and evidence) we know
What stretch ***Goals*** (desired future state) are appropriate?
What ***Gaps*** exist between the Facts and the Goals?
What ***Root Cause(s)*** exacerbate Goal Achievement?
What ***Best Practices*** will help close the Gaps?
What ***Better Practices*** will accelerate goal achievement?
What are the **recommendations and considerations**
are there for successful and sustaining
Implementation

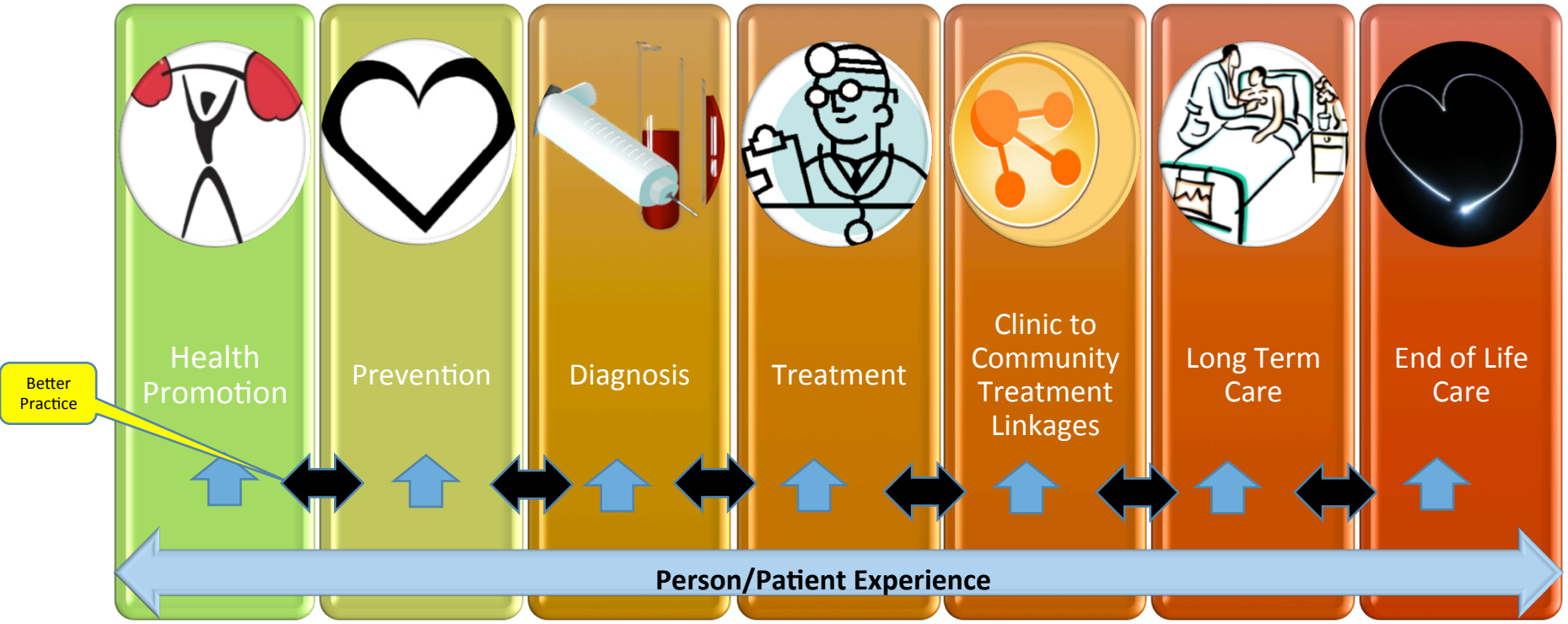
Diabetics with Depression and Diabetics with Hypertension



Finding and Adopting Health and Healthcare Best Practice(s)



Designing Health and Healthcare *Better* Practice(s)



Challenges Ahead:

- Converting Consumer Interest -> Consumer Engagement
- Workforce Assessment
- Education and Dissemination
- Statewide Leadership and Backbone
- Activating Local Communities

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How You Can Help

SHIP wishes to speak with health and healthcare organizations, community leaders, consumers and consumer advocate organizations to

- Share the plan
- Address questions and collect observations and recommendations for improvements.

Contact:
Julie Bartels,
SHIP Program Manager
jbartels@createvalue.org
920-309-2216

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Karen Timberlake

Connecting Health Care Transformation and Population Health Improvement

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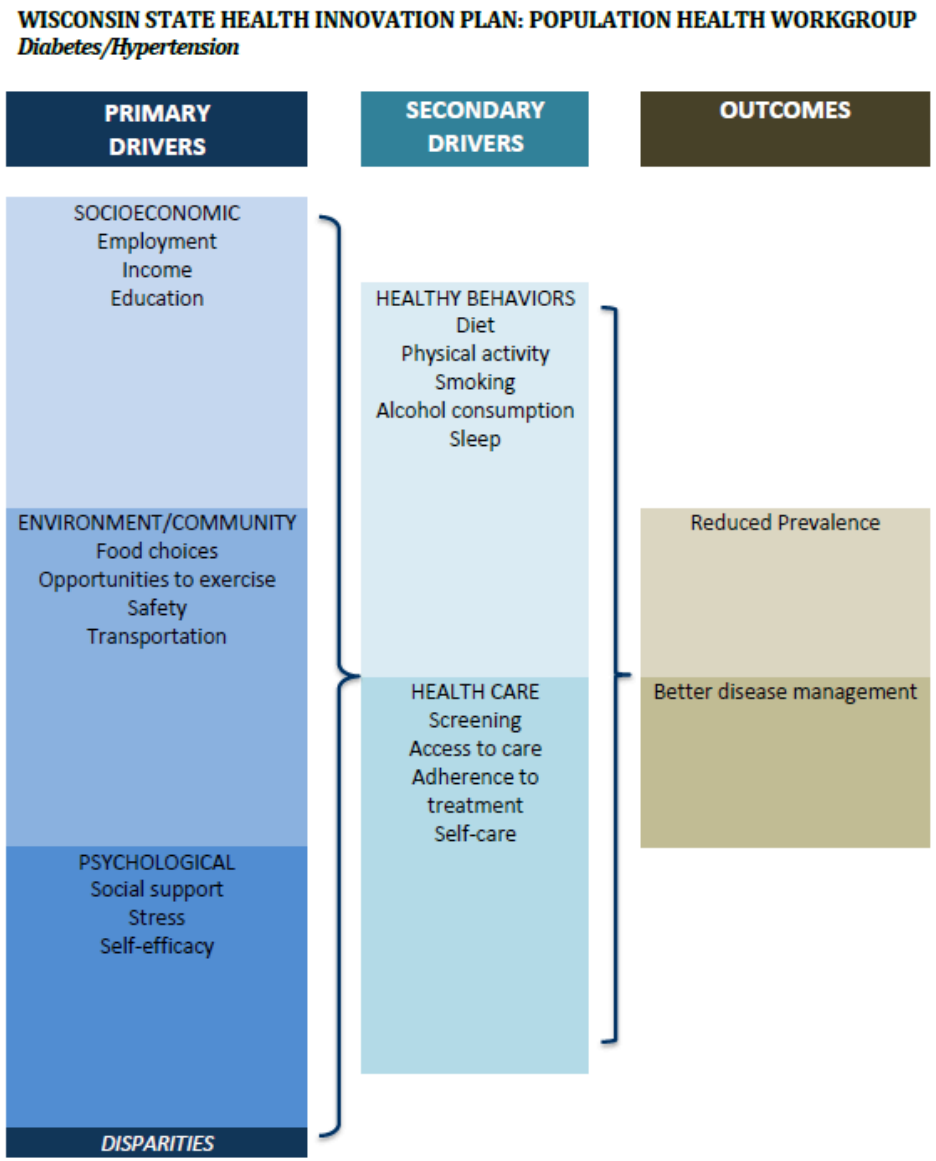
What Should We Consider? – Diabetes and Hypertension



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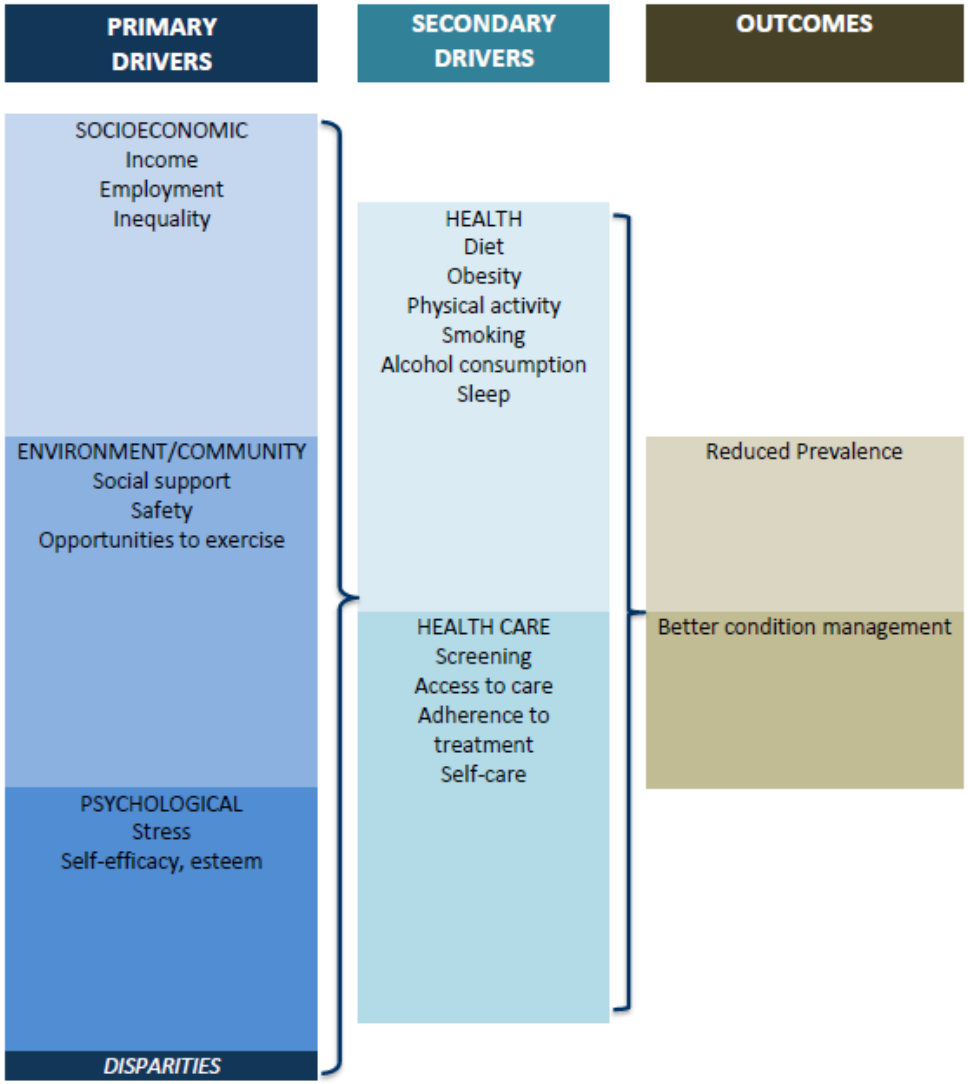
What Should We Consider? – Depression and Diabetes

WISCONSIN STATE HEALTH INNOVATION PLAN: POPULATION HEALTH WORKGROUP
Depression



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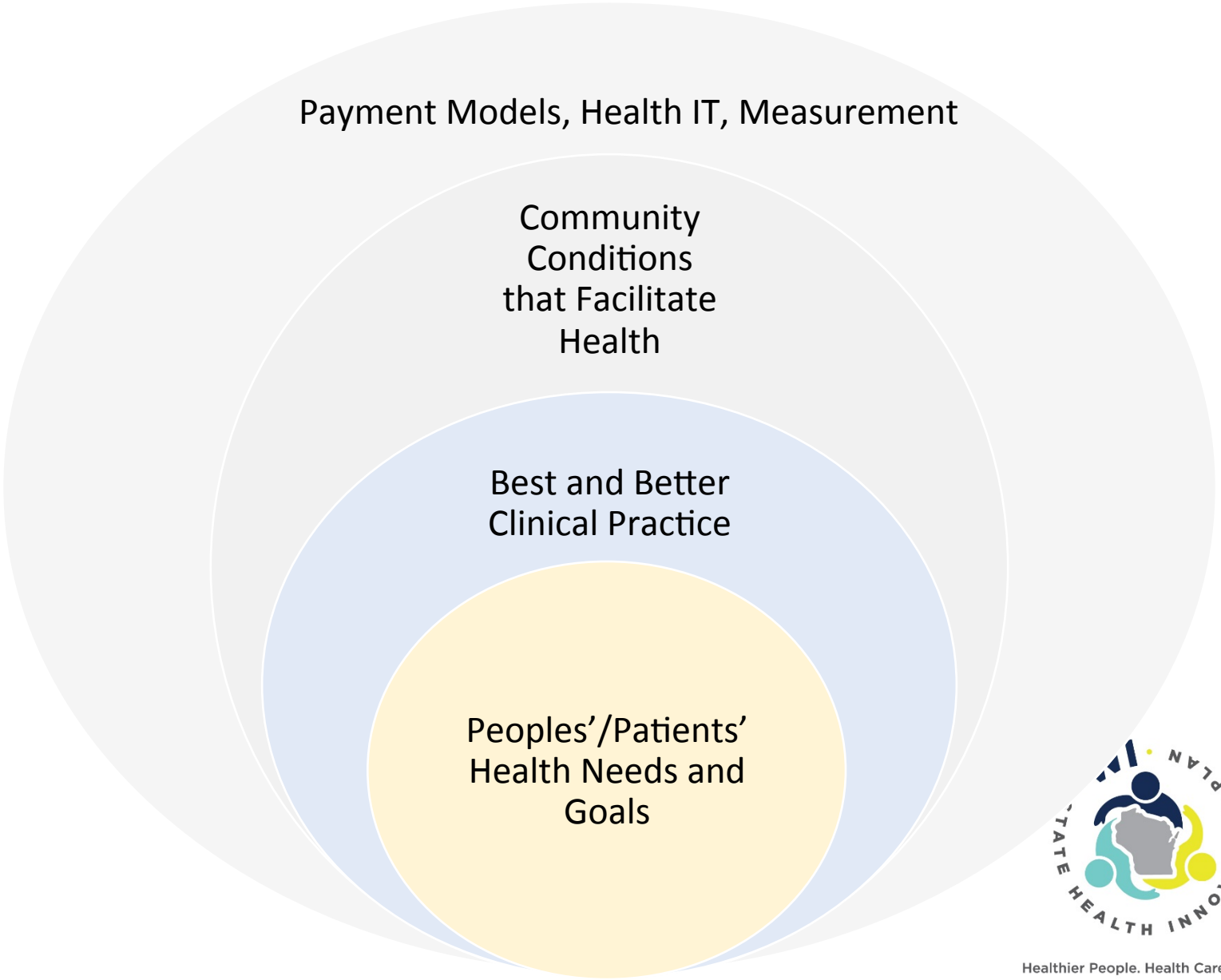

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The Big Ideas

- Optimize health and interrupt disease progression

- Make smarter investments to promote health and health care value

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Optimize Health and Interrupt Disease Progression - *Gaps and Root Causes*

- Our culture (beliefs, norms, traditions) and community environments make unhealthy choices easier than healthy ones
  - Mass marketing (McDonalds all day breakfast, alcohol, etc.)
  - Public and private sector policies do not consistently promote health
  - Consumer demand for healthy choices is low
- We respond to disease rather than developing a proactive approach to optimizing health
  - The health care delivery and payment system (*all* participants) prioritizes treatment over prevention
  - Communities lack sustainable, adequate resources to support health promotion and disease prevention

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Make Smarter Investments to Promote Health and Health Care Value - Gaps And Root Causes

- The health care reimbursement system does not yet hold providers accountable for maintaining/improving the health of patients
- Historically, the health care system does not encourage active patient participation or provide holistic care responsive to patient needs
  - Production based reimbursement and compensation – connections between care coordination, e.g., and productivity not well understood
  - Policy barriers to covering non-traditional providers
  - Purchaser reluctance to pay "extra" for what "should be happening"
- **Community services and resources are underinvested in and are funded in fragmented, short term ways**
  - Services are not profitable
  - Isolated impact model of funding/investing in individual organizations in siloes
  - Probably too many organizations chasing too few resources

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Big Ideas ⟹ Strategic Focus Areas

- Optimize Care Delivery
- Improve People's Active Participation in their Health and Health Care
- Expand Primary Care and Behavioral Health Integration
- **Connect People to Community and Social Resources**
- Reduce Disparities Linked to Poor Health and Health Care Outcomes

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Connect People to Community and Social Resources - Gaps and Root Causes

- Historically, communication between health providers and community services has been weak
- Organizations are often disconnected and siloed
- Patients are not typically referred to community resources to address needs beyond immediate physical or mental health care
- Payment typically does not support coordination

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Connect People to Community and Social Resources - Recommended Best Practices

- Increase understanding of community resources available to address identified needs
  - **Hub and pathway models** with clinical environment as hub and referral pathways to commonly needed community resources
  - **Existing community resources** and roles, e.g., 211 Helpline, Community Action Program agencies, public health, service co-location, etc.
- Leverage **"connector" roles** to help facilitate connections, e.g., peer specialists, community health workers, case managers, parish nurses, etc.
- Enable **collaboration** through warm handoffs that include follow up, feedback loops, common information systems, and a connection that's maintained with referring clinic
- Work with payers and purchasers to build both support and demand for these approaches

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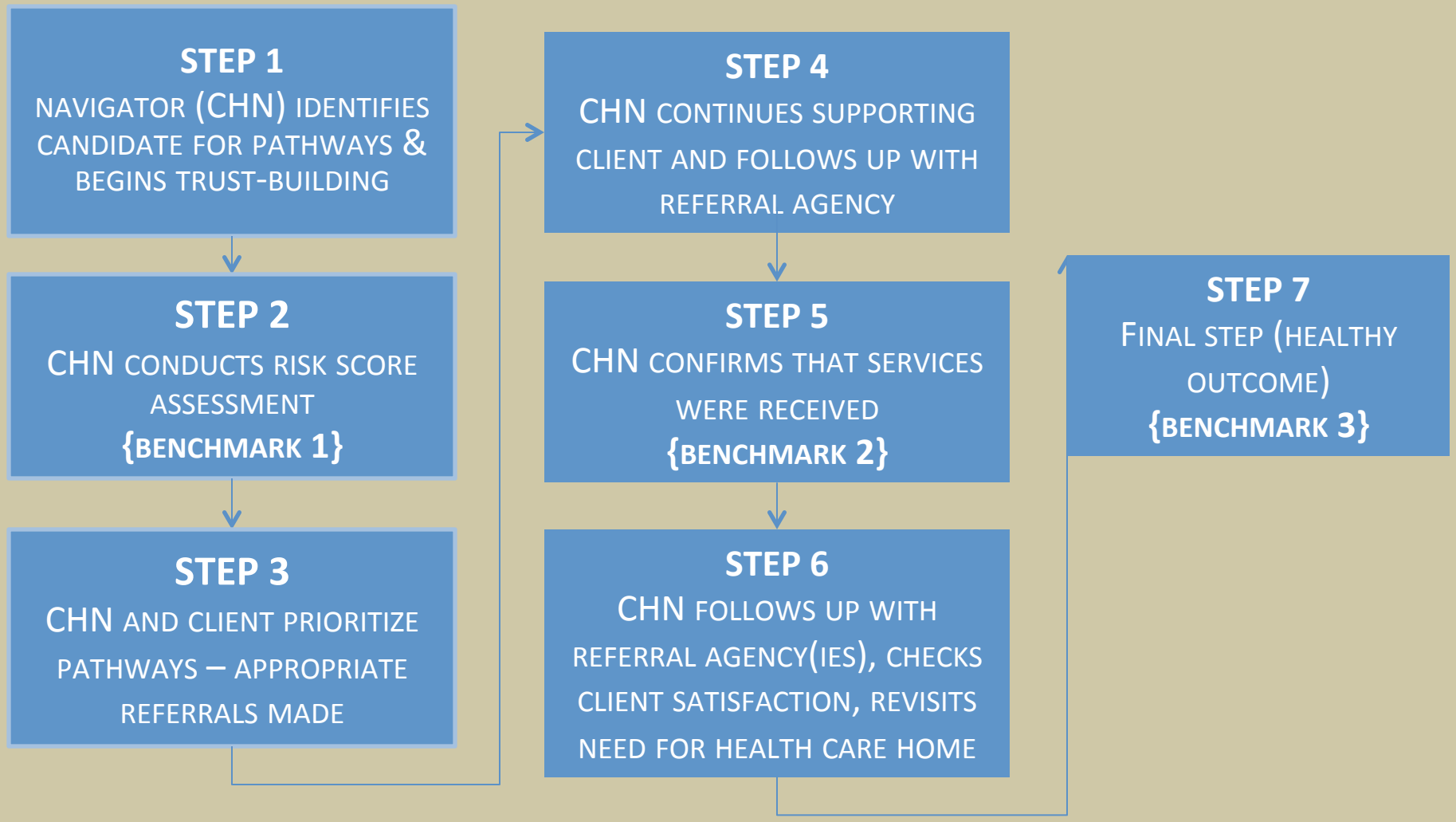
Pathways to A Healthy Bernalillo County



Can *You* Be the Connectors?

- DHS Chronic Disease Prevention and Control
  - CDC funds
  - Million Hearts
  - Other….
- Local public health, local hospital, CAP, FQHC, United Way, etc., plans
- Local nutrition/physical activity/other coalitions
- Local funders
- Hospitals/clinics/payers/employers and SHIP

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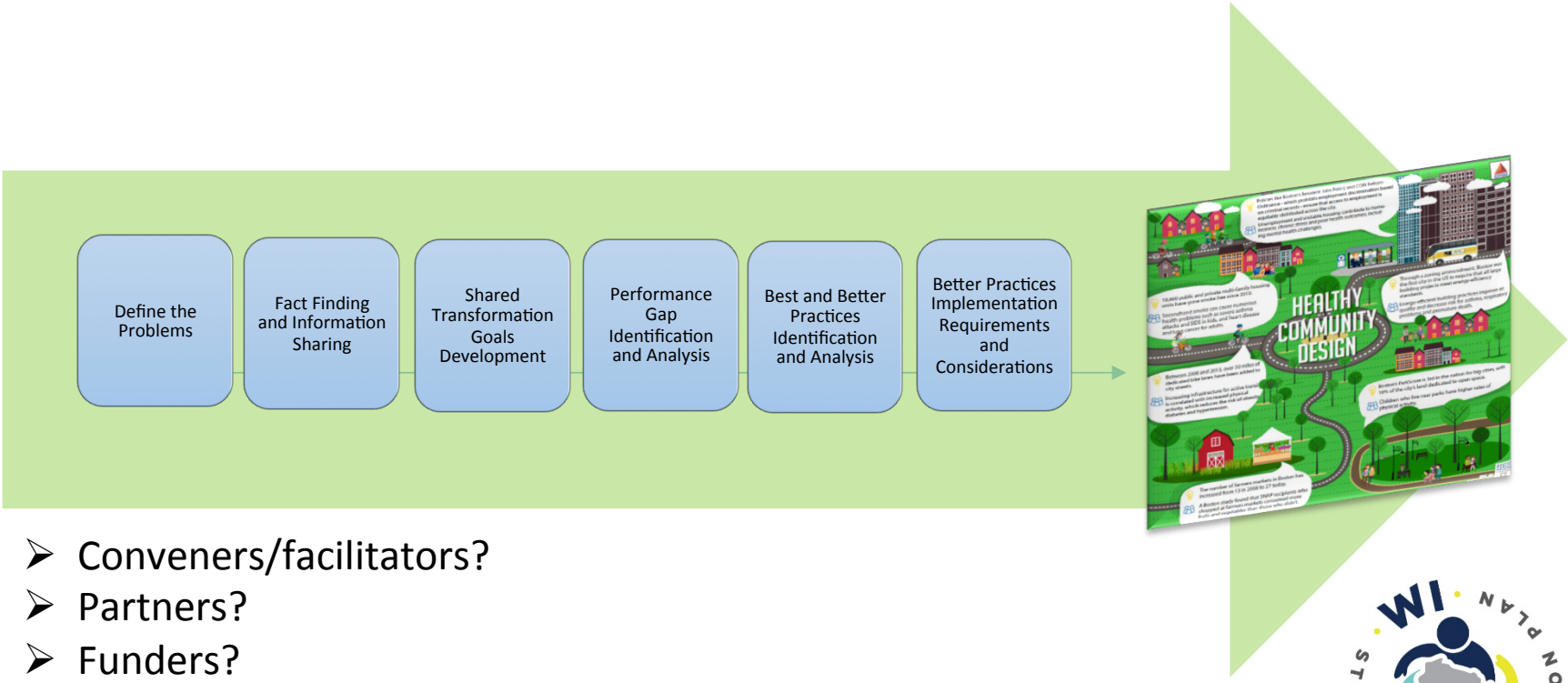
Community Health Transformation Planning Work Flow?



- Conveners/facilitators?
- Partners?
- Funders?
- Data sources?
- Local initiatives?
- Connection to state priorities, state activities?
- Collective, rather than accidental, impact?

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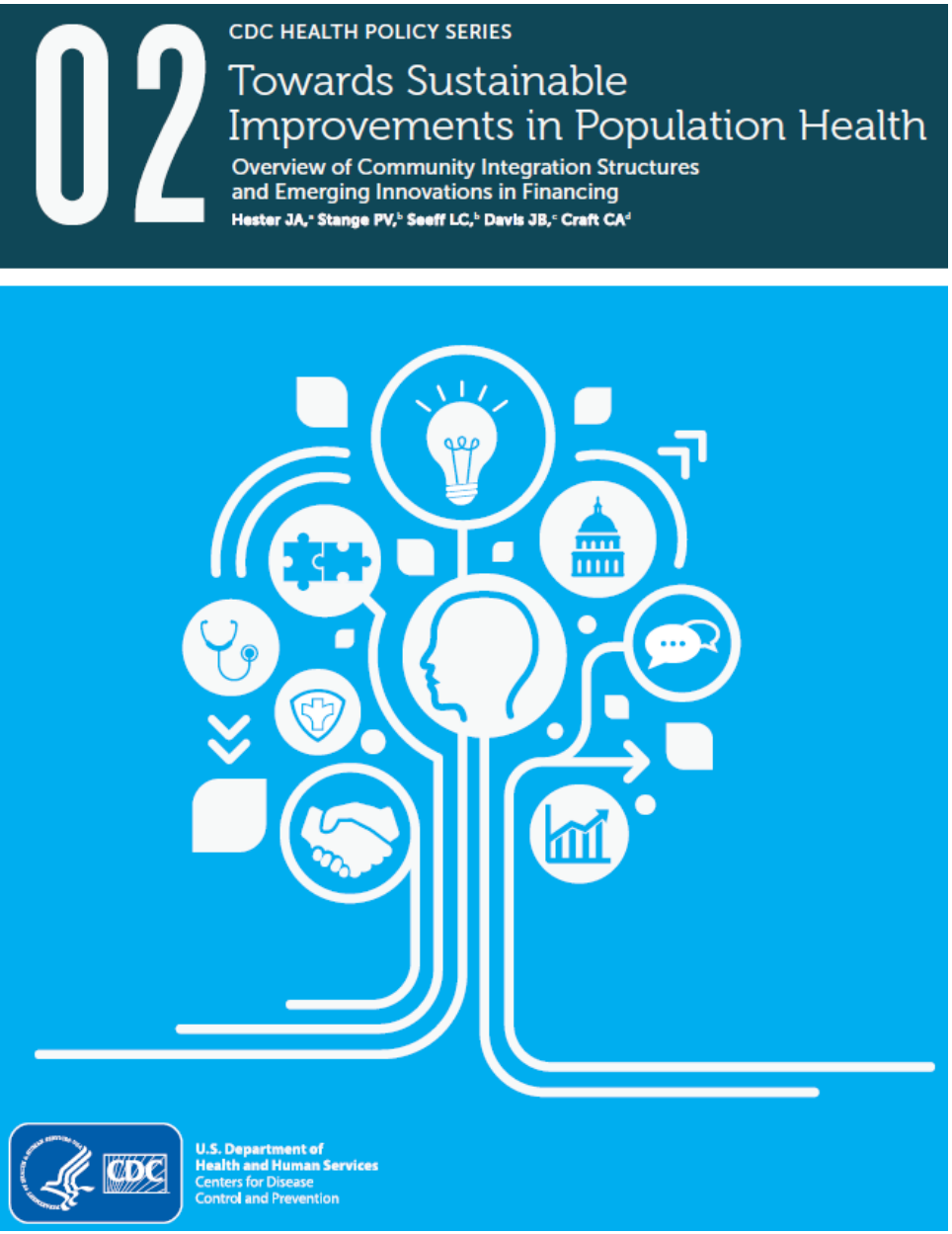
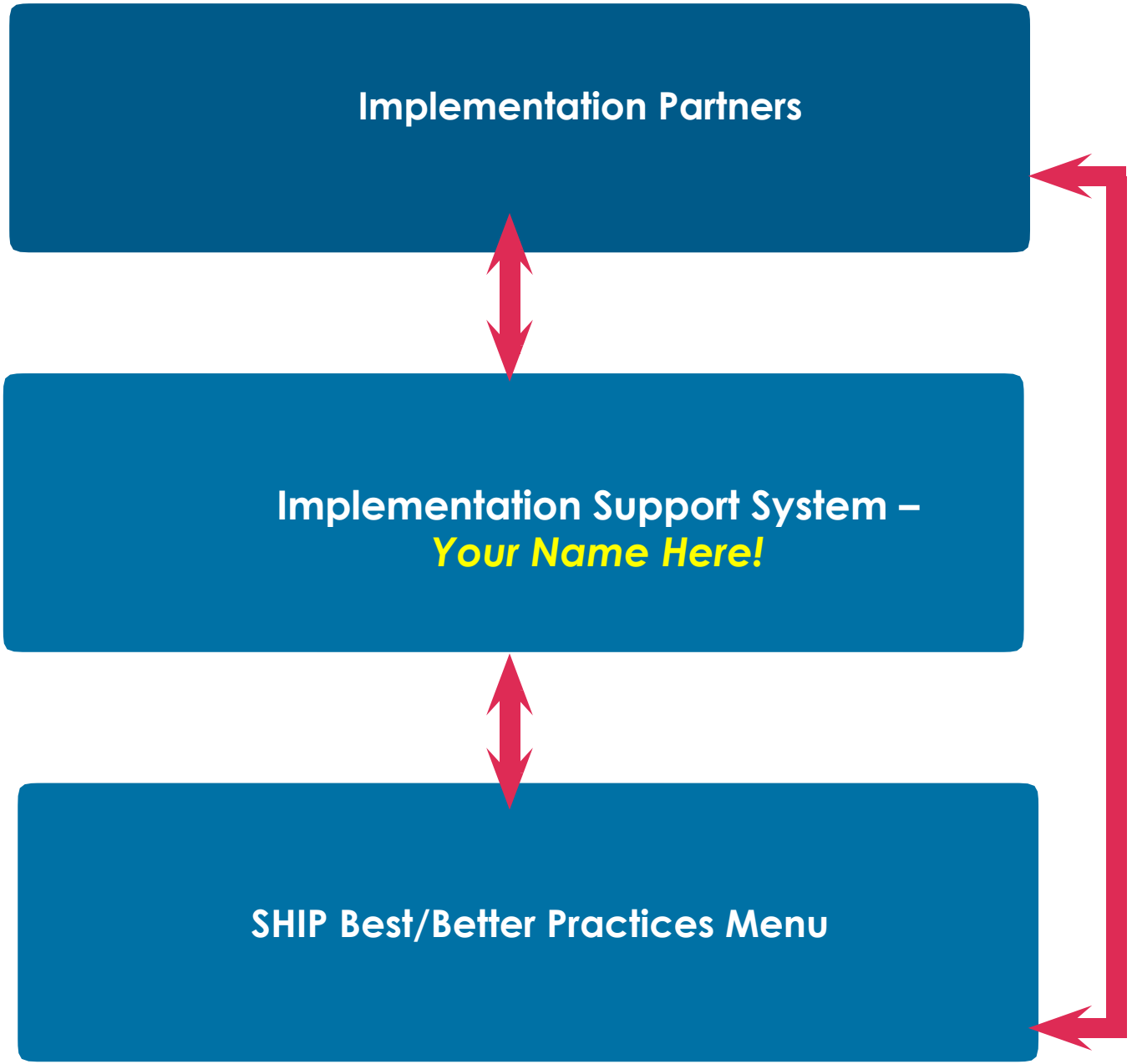


Funding the Work:

- Program-related philanthropy (community foundations, United Way, WCHF?)
- Charitable hospital community benefit
- Pay for success or social impact bonds/investments
- Community development financial institutions
- Prevention and wellness trusts
- Local government – public health, human services, transportation…



Adapted From: Interactive Systems Framework, Centers for Disease Control & Prevention