



**MICHIGAN HEALTH IMPROVEMENT ALLIANCE, INC.**

# **STRATEGIC BUSINESS PLAN**

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**2015 - 2017**

This document presents the 2015-2017 Strategic Business Plan for Michigan Health Improvement Alliance, Inc. In June 2014, the Board of Directors held a strategic planning meeting to develop key priorities to be focused on through 2017, which are intended to facilitate organizational achievement of its mission. Additional Addendums to the plan occurred in 2015 and 2016 following the Annual Strategic Planning Meeting.

**ORGANIZATIONAL CONCEPT:**

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The Michigan Health Improvement Alliance, Inc., or MiHIA (ma-high-ah), is a formal, multi-stakeholder, community collaboration working to achieve a community of health excellence for the 14-county region it serves. This initiative is based on a core belief that solutions to our health and health care problems can be found and designed at a regional level, accelerating regional competitive advantage and sustainability.

MiHIA's work varies, but it all falls under what is known as "The Triple Aim", which targets health and systems broadly at the regional level. The Triple Aim focuses on three elements of health which must all be achieved for success – population health, patient experience, and cost of care. At the individual level, this translates to good or better health, high quality care, and good value.

The intent of MiHIA is to address the Triple Aim within our region. Originally, 11-counties (Arenac, Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, and Tuscola) composed MiHIA's region, as a natural cluster had been created by the state and reflected the medical trading area. Later, 3 additional counties (Roscommon, Ogemaw, and Iosco) requested to join the MiHIA service region, thus resulting in a total of 14 counties. The full geographic area represents the broader space of our interest, not the mandatory implementation scope for each effort. Not all projects include all counties, but the intent is to be cognizant of the overall needs and integration synergy that we can achieve and the potential to serve all 14 counties. The total population contained in our region is important in enabling effective measurement – large enough to matter and have statistical significance in many aspects and yet small enough to be very practical for action.

Functionally and operationally, MiHIA works at many levels. In some cases, MiHIA acts as the convener for multiple parties, establishing shared goals and objectives, setting collective targets, or aligning business plans. In other cases, MiHIA is an assessor, evaluating processes and offerings to reduce redundancies, conducting environmental scans, or providing health data. MiHIA also seeks funding to bring resources to our area, and facilitates or supports projects or initiatives that will impact better health and health care in our region.

**VISION AND MISSION:**

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*Vision:* To become the healthiest thriving community with the best quality and value in health care.

*Mission:* To 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.

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**STRATEGIC PLANNING OVERVIEW:**

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The strategic planning process is dynamic. In June 2014, the Board of Directors held a strategic planning meeting to develop key priorities for to focus on for 2015-2017. These priorities are intended to facilitate organizational achievement of its mission.

During the planning session, the Board of Directors completed an environmental scan for the organization and developed a list of strengths, weakness, opportunities and threats, also known as a SWOT Analysis. Based on the analysis, the board was able to determine which strategic initiatives and key priorities the organization should address to achieve our mission.

The relationships between the components of the Strategic Plan are depicted in the graphic below:



MiHIA has many strong assets, one of which is the ability to convene key leaders who have the power and influence for effecting change. The ability to convene and view progress on a regional level, across all stakeholders and across “the system” recognizing its diverse components and interdependencies is unique and demonstrates value to funders.

As with any similar collaboration, our greatest challenge at times can be navigating the dynamics of how competitors collaborate around shared goals. We have grown tremendously in creating trust among all stakeholders to enable progress and true systematic positive changes; however it is still important to recognize this unique element of our organizational model.

While balancing our assets and challenges, MiHIA’s 2015-2017 Business and Organizational Objective is related to Triple Aim priorities. Each of the Key Priorities determined by the Board relate back to this objective.

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## STATE OF MIHIA:

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### Historical Viewpoint

Key priorities that MiHIA focused on from 2012 – 2014 were: youth population health, establishing community health workers, diabetes prevention and care, and consumer engagement. Throughout the last three years MiHIA was able to increase the number of community health workers and improve youth population health. The remaining two areas of diabetes prevention and care and consumer engagement are an on-going priority for the organization and are included within our 2015-2017 Organizational Objectives.

### An Evolving MiHIA: Name Change Approved

It is important to note that during the June 2014 Strategic Planning session the Board of Directors have elected to change the current operating name of Michigan Health Information Alliance Inc. Our agency will be operating as: Michigan Health Improvement Alliance, Inc. (MiHIA). The board felt the word “Information” can be misleading as to the work MiHIA actually does, where as “improvement” better describes the overall work we as a whole strive for. With a unanimous vote of approval, MiHIA will be implementing a name change effective January 1, 2015.

### National and local recognition

MiHIA is recognized by the national Department of Health and Human Services as a Charter Value Exchange (CVE) and also was awarded the John J. Mahoney Award for Community Health Value.

MiHIA is recognized as an effective convener and neutral facilitator for a variety of health and health related needs. MiHIA was sought out by the State of Michigan to host the regional state engagement efforts to review the State Innovation Model, and also by the Michigan Primary Care Association to help coordinate a behavioral health summit for patient centered medical home practices.

### Using empirical data and convening power

MiHIA has established the first comprehensive health data dashboard in the region and developed a baseline and follow up Regional Cost of Care measure data analysis reports. We are using empirical data and convening power. In addition, we co-host a regional Annual Health Conference where over 200 health and health care leaders convene to share best practices and related to health care in the region. The conference emphasis is on enhancing the quality, effectiveness, and accountability of care across the continuum to improve the health of the population in the region.

### Proven ability to draw funding to our region

MiHIA has secured six grants totaling over \$2 million, directly or in-partnership, to support key projects in the region; one of which was a partner in the national Choosing Wisely campaign, an initiative of the ABIM Foundation, and supported by the Robert Wood Johnson Foundation. Via grant funding MiHIA has collaborated with partner organizations to add two Federally Qualified Health Centers and one free health clinic to the region, and since 2011, 11 out of 14 counties have improved their state health rankings.

### Achieving Success

MiHIA is positioned to be the architect of our region’s future, shaping the health of our people, and promoting systems that efficiently and effectively advance health for our community through alignment, collaboration and coordination.

### Sustainability

MiHIA has designed strategies that build upon a solid foundation and philosophy for the organization’s fund developing efforts. Throughout the last year work has been done to develop materials to be distributed throughout the region that explain our value to our communities, outlines compelling reasons to give to MiHIA, and the improvements that we can make within our region. It is the goal to increase and diversify our funding over the next three years and increase our annual contributions by five percent over the next three years. MiHIA as an

organization that improves health and health systems within our region; we are the change agents and the organizations that can meet and impact regional needs. An investment to MiHIA is an investment through MiHIA into the region we represent. To maintain our viability we will continue to meet the industry best practice guidelines of retaining six month of total operating budget as cash reserved.

### **Engaging Regional Leadership**

MiHIA's Board of Directors has a strong alignment to its mission and vision, utilizes board policies and procedures that effectively guides their practices, and implements the strategic plan to guide organizational work. Great strides have been made in establishing trust, communication and collaboration. MiHIA will continue to maintain the excellence of our current board, assess board engagement and effectiveness, and review progress towards our charters.

To achieve the goals of MiHIA's it is imperative that we expand our range of stakeholder involvement and effectively engage regional leaders beyond the Board of Directors. Strong participation and partnership from sectors such as hospitals, the civic arena, religious institutions, advocacy groups, etc., should be evaluated for mission alignment and ability to help achieve MiHIA's regional priorities. This will include identifying leaders that MiHIA will actively seek to engage and communicate the value proposition of MiHIA as well as the benefit of future collaborations for our region.

## Business and Organizational Objective: TRIPLE AIM

### METRICS OF SUCCESS

<b>Population Health</b>	<ul style="list-style-type: none"> <li>All 14 MiHIA counties to be ranked in the top half of the state county health rankings</li> </ul>
<b>Patient Experience</b>	<ul style="list-style-type: none"> <li>For our region (Saginaw and part of the Lansing Hospital Referral Region) to be ranked in the first quartile by the Commonwealth Foundation</li> <li>Focus on improving areas in the third and fourth quartile (hospitalized for heart failure and pneumonia that received the recommended care , percent of adult diabetics that receive the recommended preventive care, number of avoidable emergency department visits among Medicare beneficiaries and the percent of adults that have a Body Mass Index (BMI) of &gt;=30)</li> </ul>
<b>Cost of Care</b>	<ul style="list-style-type: none"> <li>Cost of Care inflation trend for the MiHIA region will not exceed the Consumer Price Index (CPI)</li> </ul>

### SWOT ANALYSIS

<b>Strengths</b>	<ul style="list-style-type: none"> <li>Alignment to MiHIA’s Mission and Vision</li> <li>Competition among Healthcare Providers (when the consumer benefits)</li> <li>Track record of improved Health Rankings</li> <li>Convening power and partner cooperation</li> <li>Passion of participants</li> <li>Board engagement</li> </ul>
<b>Weaknesses</b>	<ul style="list-style-type: none"> <li>Minimal staff resources</li> <li>Competition among Healthcare Providers (when MiHIA is requesting collaboration)</li> <li>Lack of financial resources</li> <li>Large region with different needs and characteristics</li> <li>Lack of consumer involvement</li> <li>Lack of awareness and relevancy to our community</li> </ul>
<b>Opportunities</b>	<ul style="list-style-type: none"> <li>Volunteer Base</li> <li>In-kind contributions</li> <li>Dashboard</li> <li>Alignment of our stakeholders with MiHIA’s Mission and Vision</li> <li>Collaboration with other regional entities</li> <li>New potential funding opportunities</li> <li>Approved name change to: Michigan Health Improvement Alliance, Inc.</li> <li>CVE designation</li> </ul>
<b>Threats</b>	<ul style="list-style-type: none"> <li>Increasing chronic disease</li> <li>High users of expensive healthcare</li> <li>Minimal amount of facilities within the region</li> <li>Changes in federal and state regulations and requirements</li> <li>Uncertainty of the state healthcare system</li> <li>Competing for funds within our region</li> </ul>

**PRIORITIES**

**PRIORITY 1: On-going Grant Projects: *Choosing Wisely* and *Centering Pregnancy***

<b>Choosing Wisely</b>	
<b>Background</b>	MiHIA is educating physicians, hospital systems, providers, patients and other community health organizations about established guidelines for evaluating tests and procedures. MiHIA has enlisted the support of local community partners to support this campaign. The Choosing Wisely Campaign directly supports population health, cost of care and patient experience. The success of Choosing Wisely has been strong, reaching 586,741 people in our communities and convening 4,015 partners to support educational initiatives. Based on the board’s unanimous support of the continuation of this initiative within the MiHIA region, MiHIA staff and contractors will be conducting scenario based planning dependent on the funding opportunities and resources available to continue the Choosing Wisely work when the ABIM grant concludes in March 2015.
<b>Implementation Strategies</b>	<ul style="list-style-type: none"> <li>a. Execute Choosing Wisely grant deliverables</li> <li>b. Prepare to sustain Choosing Wisely</li> <li>c. Develop baseline data for reach of the campaign and tests/procedures identified in each specialty that were provided within our region</li> <li>d. Assess opportunities for Phase II funding through ABIM</li> <li>e. Establish proactive funding plans for Choosing Wisely continuation, including scenarios with ABIM, hospital and physician groups, and local support. (Annual expenses to support Choosing Wisely, include in-kind contributions, are approximately \$40,000 per year)</li> </ul>
<b>Resources Needed</b>	<ul style="list-style-type: none"> <li>a. Project Leader for completion of Choosing Wisely</li> <li>b. Choosing Wisely funding for additional project work and project leadership beyond March 31, 2015</li> </ul>
<b>CenteringPregnancy</b>	
<b>Background</b>	MiHIA sought funding from the Michigan Health Endowment Fund to collaborate with Central Michigan University Medical Education Partners (CMU Partners) to implement and expand CenteringPregnancy®, a proven group-based model of providing prenatal care to patients over a two year project period. The goal of this project, evidenced by large trials, is to improve perinatal outcomes by reducing the rate of spontaneous preterm birth, low birth weight infants, which are the leading contributing factors for perinatal mortality.
<b>Implementation Strategies</b>	<ul style="list-style-type: none"> <li>a. Maintain convener role for Saginaw Pathways grant participants</li> <li>b. MiHIA staff will regularly attend Implementation and Steering Committee Meeting</li> <li>c. Provide convener support to develop increased partnership</li> <li>d. Facilitate replication of CenteringPregnancy to other counties within the region</li> <li>e. Monitor two year work plan, budget, and assess sustainability beyond the grant</li> </ul>
<b>Resources Needed</b>	<ul style="list-style-type: none"> <li>a. Centering Coordinator, 4 hours per week provided via Grant Funding</li> <li>b. Identify revenue sources for group model of care, to aide in the expansion to other counties</li> </ul>

**PRIORITY 2: Population Health Team and Regional Strategy**

<b>Background</b>	MiHIA has convened a Population Health Team that brings stakeholders and community partners together to improve health and County Health Rankings for our counties. The Team, which has been aligned and reconvened under the leadership of Mary Kushion, has updated the Regional Population Health Strategy (via the Triple Aim Leadership Committee) and establishing a 2015-2017 Strategic Plan. Objectives included within the three year plan are to: 1) Develop a regional community health needs assessment, jointly implement a community health improvement plan, focusing improving County Health Rankings Health Factors and other outcomes 2) Develop and promote a health excellence award system (communities of excellence) to support and recognize the health improvement efforts within the region 3) Improve access to care.
<b>Implementation Strategies</b>	<ul style="list-style-type: none"> <li>a. Actualize each Year of the 2015-2017 Population Health Strategic Plan; meeting milestones and benchmarks approved by the Triple Aim Leadership Committee, including, but not limited to: <ul style="list-style-type: none"> <li>i. DigIt! Community Gardens in 3 total counties in three years</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>ii. Continued efforts of the Million Hearts Learning Collaborative, focused preventing 1,000,000 heart attacks and strokes by 2017; efforts include revised practice protocols, adherence to treatment plan, behavioral lifestyle change courses/programs</li> <li>iii. Patient Centered Outcomes Research Institute Project: building a pipeline to improve mental health care, self-management, and outcomes in rural communities. This is a pre-engagement proposal/project that aims to develop a mental health patient-centered research community and advisory board for Midland, MI and the surrounding rural communities with the long-term goal of improving mental health care, self-management, and outcomes. MiHIA will partner with Michigan State University and oversee the focus group facilitation.</li> <li>iv. Develop a regional plan to improve and reduce the effects of opioids, conducting an environmental scan, identifying alternative interventions, building capacity for those identified interventions, including seeking funding to adequately implement</li> </ul>
	<p><b>Resources Needed</b></p>	<ul style="list-style-type: none"> <li>a. Maintain a Population Health Team Project Leader</li> <li>b. Regional involvement and participation on the Population Health Team</li> <li>c. Funding to support the Population Health Strategies</li> </ul>
<b>PRIORITY 3: Pre-Diabetes (Implementation of Prevention Program)</b>		
	<p><b>Background</b></p>	<p>MiHIA's goal is to improve the long-term clinical outcomes related to diabetes by making system-level changes to better detect and treat pre-diabetes. These changes could be used as a model for other chronic disease prevention. Based on national data, 1-in-3 residents of the MiHIA region are likely pre-diabetic. Similarly, a recent survey by MiHIA found multiple gaps in diabetes prevention, including no current pre-diabetes or diabetes programming focus. MiHIA and its partners have been working diligently over the last 12-months to establish and implement the CDC/NIH Diabetes Prevention Program (DPP) within our region. Our focus will include monitoring participation rates, treatment fidelity, and sustainability. Statistics provided by the Center for Disease Control show that at least 30% (&gt; 200,000) of adult citizens within our region are pre-diabetic. Based on these figures the MiHIA Region stands to save \$2.76 million over four years, with the initial participation of just 3,000 regional residents.</p> <p>There have been a variety of different implementation plans based on funding sources that have been developed over the past year, none of which at this time have come to fruition. For 2015, MiHIA's charge is to implement the 2 year, 3 county, 500 participant funded project, through the Strosacker Foundation. This includes focusing on sustainability post grant funding, expand the implementation into other MiHIA counties, and exploring virtual delivery models.</p>
	<p><b>Implementation Strategies</b></p>	<ul style="list-style-type: none"> <li>a. Identify and obtain future funding for adding additional counties and/or organizations for dissemination of the program</li> <li>b. Obtain commitments of local organizations to provide in-kind contribution(s), including but not limited to providing coaches and provider sites, A1c testing, and screening and referrals for the program</li> <li>c. Complete 2 Year Project Implementation Plan</li> <li>d. Coordinate with payers to develop billable codes to provide sustainability for the program, including self-insured employers to offer DPP as a covered benefit for their beneficiaries.</li> </ul>
	<p><b>Resources Needed</b></p>	<ul style="list-style-type: none"> <li>a. Funding for implementation within each county of the MiHIA region (Approximately \$350,000 per 3,000 participants)</li> <li>b. Project Leader</li> <li>c. Commitment to partner with MiHIA from hospitals, health systems, large employers, and/or payers</li> </ul>

<b>PRIORITY 4: State Innovation Model (SIM): Better Health, Better Care, Lower Cost</b>		
<b>Background</b>	SIM is also known as the Blueprint for Health Innovation is Michigan’s plan for health system innovation. The Blueprint recommends health system changes that achieve better outcomes for patients and provide value to individuals and organizations that are paying for healthcare. The State of Michigan proposes a three-year test of the Blueprint for Health Innovation and is seeking a Model Test Funding Award from the Center for Medicare and Medicaid Services (CMS) to conduct test pilots in two or three regions in Michigan. MiHIA has submitted Survey results for our region. Following submission of the survey illustrating our readiness, MiHIA is in a holding pattern until funding is awarded to the state of Michigan. We will remain ready to move forward if and when a determination from CMS and MPHI has been made.	
<b>Implementation Strategies</b>	<ul style="list-style-type: none"> <li>a. Maintain regional readiness</li> <li>b. Continue advocacy for MiHIA and our region</li> <li>c. Develop a regional Community Health Needs Assessment and Community Health Improvement Plan, utilizing the Health Communities Institute Platform</li> </ul>	
<b>Resources Needed</b>	<ul style="list-style-type: none"> <li>a. To be identified as a test pilot region by CMS, MDHHS and/or MPHI</li> <li>b. \$195,000 to implement HCI for three years, proposing a January 1, 2017 start-up</li> </ul>	
<b>PRIORITY 5: Consumerism: Consumer Voice and Consumer Messaging</b>		
<b>Background</b>	Identified in the board’s 2014 Strategic Planning session was a strong desire to integrate the consumer voice into our business plan strategies and goals. Evaluation of MiHIA’s ability to: expand into providing resources for consumers, lead health messaging for consumers (through the Population Health Team), and regularly access the consumer for feedback via a council and/or advocacy group.	
<b>Implementation Strategies</b>	<ul style="list-style-type: none"> <li>a. Develop a Consumer Council and Charter</li> <li>b. Determine the level of focus for MiHIA being a consumer resource organization</li> <li>c. Incorporate eConsumer Health to improve outcome data and adherence to treatment plans.</li> </ul>	
<b>Resources Needed</b>	<ul style="list-style-type: none"> <li>a. Consumer Council chair or co-chairs</li> </ul>	

As appropriate, each priority or implementation strategy will have an annual work plan that will be reviewed monthly by MiHIA Operations Team and reports provided to the board of directors on a quarterly basis.

**Addendum I.**

*Updated December 2015 by Beth Roszatycki, CEO, MiHIA*

In June 2015, the MiHIA Board of Directors met to review progress made towards meeting the initiatives of the Strategic Business Plan, and to ensure that the MiHIA priorities are appropriately connected to our strategic direction. The current healthcare environmental elements, resources, and landscape of the region were evaluated; it was then unanimously agreed that the Business Plan priorities, as identified in June, 2014 were aligned with the mission and vision of MiHIA and should remain. MiHIA's 2015-2017 Strategic Business Plan will continue as originally designed. Implementation plans will be updated and revised for 2016. Funding will be taken into consideration for current elements included in Priority 1 – “On-going Grant Projects”.

**Addendum II.**

*Updated September 2016 by Beth Roszatycki, CEO, MiHIA*

In June 2016, the MiHIA Board of Directors held its annual strategic planning session to review progress made towards the five key priority areas within the 2015-2017 Strategic Business Plan, and the initiatives tied to each priority. This process and review was to ensure that the MiHIA priorities are appropriately connected to our overarching mission and vision. The current federal and state healthcare environmental elements were evaluated, including overall capacity and resources, as well as the landscape of the region to determine our strategic objectives for the next year and beyond.

The board recommended and approved a modification to the mission and vision, incorporating a fourth facet in our aim, revising the MiHIA focus to include the Quadruple Aim. The three focus areas within the Triple Aim are: improved population health, improved patient experience, and providing care at a lower cost. When incorporating the fourth aim we add focus on improving the work life of health care providers, clinicians and staff. We have incorporated this fourth aim with the understanding and belief that organizations who take better care of their people will develop a massive competitive advantage; happier, healthier providers deliver higher quality care, with better patient satisfaction and are more engaged in their organizations. MiHIA will begin to incorporate these efforts in 4Q 2016 and 2017 through our symposiums, town hall event, annual conference and other hosted events.

It was then unanimously agreed that the Business Plan priorities, as identified in June, 2014 were aligned with the mission and vision of MiHIA and should remain; MiHIA's 2015-2017 Strategic Business Plan will continue as originally designed. Initiatives under each of the priorities are updated below, considering funding for current projects under each priority area.

Noted Revisions:

Priority 1 – On-going Grant Projects: MiHIA will continue to seek funding to carry forward Choosing Wisely and implement Centering Pregnancy in Saginaw County. Grant Project, Saginaw Pathways for Better Health, utilizing Community Health Workers (CHW) to improve the triple aim, has concluded from the original 3 year pilot funded through CMS. MiHIA partnered with Saginaw County Community Mental Health Authority to advance communication, referrals and marketing of the services. Community partners have continued efforts to utilize CHW's and MiHIA remains focused on the advantages utilizing CHW's has on our region. We continue to be involved as appropriate with these efforts.

Priority 2 – Population Health Team and Regional Strategy: The additions of completing Community Gardens in minimally one county in 2017; carrying forward Million Hearts Learning Collaborative efforts, sharing practice flow protocols, providing outcomes on the interventions from the project, and sharing best practices/lessons learned through our implementation; participate in Patient Centered Outcomes Research Institute Project: building a pipeline to improve mental health care, self-management, and outcomes in rural communities; iv. Develop a regional plan to improve and reduce the effects of opioids, conducting an environmental scan, identifying alternative interventions, building capacity for those identified interventions, including seeking funding to adequately implement.

Priority 3 - Pre-Diabetes (Implementation of Prevention Program): Continue building the sustainability of the current DPP efforts within the region, expanding to other provider locations, partnering organizations, self-insured employers and engaging additional health plans.

Priority 4 – State Innovation Model: Develop a regional Community Health Needs Assessment and Community Health Improvement Plan, utilizing the Health Communities Institute (HCI) Platform, including seeking funding for the three year implementation of HCI.

Priority 5 - Consumerism: Consumer Voice and Consumer Messaging: Incorporate eConsumer Health to improve outcome data and adherence to treatment plans.