

Center for Health and Research Transformation

2018 ANNUAL REPORT

From health care to health

CHRT



Our mission

To transform research and evidence into actionable policy approaches that advance health care delivery, the health of the population, and access to care.

How we do it

Advancing evidence-based policies and practices

Providing partners and clients with actionable information

Demonstrating impact

“We believe that evidence-informed health policies and practices are achievable goals. And, we are confident that our communities and the citizens served will be better off as a result.”

— Marianne Udow-Phillips (Executive Director) and Tony Denton (Board Chair) Center for Health and Research Transformation

Dr. Eve Losman, assistant professor of emergency medicine at the University of Michigan, contributes to a health policy conversation at a Washtenaw Health Initiative stakeholders meeting (2018).

FRONT COVER: Dr. Timothy Florence, Washtenaw County Community Mental Health medical director, participates in a CHRT-supported community conversation about the substance use treatment system in Washtenaw County (2018).



Dear colleagues,

When the Center for Healthcare Research and Transformation (CHRT) first opened its doors in the fall of 2007, it was as a non-profit spinoff of Michigan Medicine and Blue Cross Blue Shield of Michigan.

Our mission—then and now—was to increase access to care, improve population health, and expand the use of evidence in policymaking and programming. While our mission hasn't wavered, the breadth and scope of our work has grown.

This year, we have been humbled by the fact that 34 funders—including our generous founding partners—now support our mission-based work.

In addition to the work we've been doing since our earliest years—the issue briefs, the consumer and physician surveys, the health policy fellowship program, and more—we are now managing 22 projects that address multiple dimensions of health.

We work on primary and behavioral health care integration, on health and human services integration, and on the social determinants of health.

We work on projects funded by the Community Mental Health Partnership of Southeast Michigan (CMHPSM), as well as the United States Substance Abuse and Mental Health Services Administration (SAMHSA).

We work to inform at the state and national level, by testing new ideas locally and translating research into policy and practice recommendations.

And, we have deepened and expanded our work in healthy aging, long-term supports and services, behavioral health, and more.

22

ACTIVE
PROJECTS

23

STAFF
MEMBERS

48

VOLUNTEER
LEADERS

This past year, as we reflected on our first decade, we took a close look at our history, our expanded portfolio, and our evolution as an organization, and decided it was time to change our name from the Center for *Healthcare* Research and Transformation (CHRT) to the Center for *Health* and Research Transformation (CHRT).

Our acronym, pronounced “chart,” remains the same—as does our longstanding commitment to improving the health of people and communities.

More and more partners are joining with us in this journey—to integrate health and human services, to focus on the upstream causes of ill health, and to implement what we know works and learn from new innovations to inform future directions.

We believe that evidence-informed policies and practices are achievable goals. And, we are confident that our communities and the citizens served will be better off as a result.

We hope you will join with us in this important work.



MARIANNE UDOW-PHILLIPS
Executive Director



TONY DENTON
Board Chair



Photo credit: William Watson / legacydesignphoto.com

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— Marianne Udow-Phillips (Executive Director)
and Tony Denton (Board Chair) Center for Health
and Research Transformation

Ashton Marr, community advocate, provides input on access and treatment gaps at the Opioid Summit, organized by the Washtenaw Health Initiative Opioid Project (2018).

Advancing evidence-based policies and practices

CHRT supports policymakers and decision leaders, advancing evidence-based policies and practices by:

- Developing and broadly disseminating timely, policy-relevant publications;
- Informing public discourse through presentations and rapid-response media enquiries;
- Conducting policy analyses, and providing evidence-based recommendations, to national, state, and local decision leaders;
- Teaching policymakers and decision leaders from both sides of the aisle about the health and human services research process; and
- Teaching health researchers how to communicate effectively with policymakers and the press.

RELEASED TIMELY PUBLICATIONS. CHRT issue briefs rapidly translate the technical details of health policy proposals while they're up for debate. They reveal significant cost and care trends for health care services in Michigan and across the nation. And, they describe promising strategies for improving population health. In 2018, CHRT published and disseminated 17 issue briefs, fact sheets, and survey briefs—some within hours of newly approved legislation.

INFORMED PUBLIC DISCOURSE. In the last 12 months, CHRT staff members spoke to leaders and experts at two-dozen organizations and associations across the state; responded to 113 media enquiries—often under pressing time constraints; and were cited in 88 articles in a broad range of local and national media outlets including *USA Today*, the *Detroit Free Press*, *Modern Healthcare*, *Crain's Detroit*, *The Detroit News*, and more.

RESPONDED TO

113 Media enquiries

SELECT 2018 PUBLICATIONS

- Michigan at a Crossroads: Michigan Health Policy for the Incoming 2019 Gubernatorial Administration
- Proposed Medicaid Work Requirements for Michigan
- Setting the Stage for the 2019 Health Insurance Marketplace
- Health Care Policies in the Bipartisan Budget Act
- Changes in Primary Care Physicians' Patient Characteristics Under the Affordable Care Act
- Cover Michigan: The Use of Health Care Benefits in Michigan
- Creating Sustainability through Public-Private Partnerships: The Future of New Primary Care Models
- Advancing the Profession and Sustainability of Community Health Workers
- Learning Health for Michigan: The Path Forward

“CHRT [has] played a critical role in ensuring Michigan families and communities have the facts on health care reform. From disseminating thoughtful and relevant research to participating in town halls and answering questions from the community—not to mention answering my own real-time questions during markup—CHRT helped families understand how potential changes to health care policy would impact them.”

— U.S. Congresswoman Debbie Dingell (D-MI)

TRAINED HEALTH POLICY LEADERS. Through CHRT's policy fellowship, dozens of health researchers have learned how to communicate effectively with policymakers and the press while dozens of state decision leaders have learned how the research process works and how to access scientific studies that can inform the policymaking process. CHRT's 82 fellowship alumni now include legislative directors, policy analysts, and chiefs of staff for senators and representatives from both sides of the aisle, as well as professors of dentistry, internal medicine, pediatrics, social work, and more.

ANALYZED COMPLEX POLICY OPTIONS. CHRT regularly provides analytic support to state and local policymakers weighing complex policy options. CHRT is currently supporting the Michigan Department of Health and Human Services' efforts to improve the quality of long-term services and supports in the State of Michigan. CHRT helps department staff by collecting and analyzing relevant data and best practices; developing data-driven, evidence-based programmatic options and quality metrics; and outlining a stakeholder engagement strategy as the state explores a variety of managed long term service and support program elements.

TRAINED

12 New health
policy fellows

2018 health policy fellows

HEALTH RESEARCHERS

Shervin Assari, PhD

Dr. Lorraine Buis

Dr. Michelle Moniz

Dr. Romesh Nalliah

Dr. Renuka Tipirneni

Dr. Akbar Waljee

DECISION LEADERS

Matthew Black

Samuel Champagne

Kristen Jordan

Molly Korn

Stephanie McGuire

Renée Smiddy

FELLOWSHIP SPONSORS

Blue Cross Blue Shield of Michigan

DMC Foundation

Michigan Dental Association

Michigan Health and Hospital Association

Michigan Medicine

MSMS Foundation

Dr. Renuka Tipirneni, assistant professor and health services researcher at Michigan Medicine and the Institute for Healthcare Policy and Innovation, discusses health policy challenges at the Center for Health and Research Transformation (2018).

Providing partners and clients with actionable information

CHRT assembles actionable information by:

- Performing robust program evaluations and data analyses, and
- Conducting primary quantitative and qualitative research.

“CHRT brings expertise in knowing where to look for answers, and how to collect the information. The report provided us with data we can use and helped us articulate a lot of the issues and the breadth of the issues we will need to address as we build a new model.”

— Brian Barrie, Director, Michigan Medicaid Long-term Care Services,
Michigan Department of Health and Human Services

Data analytics and program evaluation

OUTCOME EVALUATIONS. For the Michigan Primary Care Association (MPCA), CHRT assessed the impact of embedding community health workers into care teams and clinics across the state. Using Medicaid utilization data, electronic health records data, and MPCA Linkages data for treatment and quasi-experimental comparison groups, CHRT analyzed health outcomes and health care utilization for pregnant women, children with asthma, and older adults with chronic conditions.

ECONOMIC IMPACT EVALUATIONS. For Starfish Family Services, CHRT is evaluating the integration of behavioral health consultants into pediatric clinical settings in Wayne County, Michigan. Funded by the Michigan Health Endowment Fund, the two-year grant will establish the cost effectiveness and impact of integrating behavioral health consultants into pediatric practices.

RESEARCH AND KNOWLEDGE TRANSLATIONS. For the National Institute on Disability, Independent Living and Rehabilitation Research, CHRT is working with researchers from five University of Michigan departments, in two institutes and four schools, to establish a national Rehabilitation Research and Training Center (RRTC) focused on promoting healthy aging for people with long-term physical disabilities. Over the five-year grant period, the RRTC will conduct research on factors associated with better health and functioning outcomes, develop evidence-based interventions and knowledge translation activities, and will serve as a national resource center for stakeholders, policymakers, and disability organizations.

Survey research

COVER MICHIGAN SURVEY. Since 2009, CHRT has run the annual Cover Michigan Survey, which asks Michigan consumers about their insurance coverage and access to care. By assembling important data from the years before the Affordable Care Act went into effect, and by refreshing the data annually, CHRT continues to track trends over time, providing useful evidence for decision leaders.

MICHIGAN PRIMARY CARE PHYSICIAN SURVEY. Since 2012, CHRT has surveyed primary care physicians through its annual Michigan Primary Care Physician Survey. Results from this survey regularly help decision makers learn about new health technologies and insurance trends, as well as the Affordable Care Act's impact on medical practices and patients.

Results from CHRT's 2012 Physician Survey helped to influence the state's decision to develop the Healthy Michigan Plan, which now provides coverage to more than 650,000 Michigan residents.

SURVEY ADVISORY COMMITTEE

Tom Buchmueller
Bob Goodman
Helen Levy
Renuka Tipirneni
Marianne Udow-Phillips



Qualitative research

KEY INFORMANT INTERVIEWS. CHRT is conducting key informant interviews to assess understanding of social impact bonds (also known as Pay for Success initiatives) and evidence-based diabetes prevention programs. The research, funded by the Local Initiatives Support Corporation, aims to assess the efficacy of using social impact bond funding for National Diabetes Prevention Program activities and to outline barriers organizations face when participating in social impact bonds.

QUALITATIVE INTERVIEWS. With funding from the U.S. Health Resources and Services Administration, CHRT is helping the U-M School of Public Health identify successful strategies that states use to recruit and retain behavioral health providers in rural areas. CHRT's study will include findings from interviews with 101 experts, across all 50 states and the District of Columbia, and will culminate in a toolkit sharing best practices for national distribution.

LANDSCAPE ANALYSIS. Since 2017, CHRT has served as a Kresge Foundation thought partner around health and human services integration. Last year, CHRT conducted an extensive literature review, interviewed diverse integration leaders across the country, and reviewed operational and organizational structures for integration. This work culminated in a paper outlining the stages of integration along a continuum, a series of case studies that informed and illustrated these stages, and a model to boost integration efforts across the nation.

“CHRT’s paper, analyzing the state of the integration of health and human services, was absolutely critical to the Kresge Foundation’s Health Program strategic planning process. It has deeply influenced the next stage of our work to foster and support the ongoing transformation of the health system, which is moving towards greater value as well as equity.”

— David D. Fukuzawa, Managing Director, Health Program, Kresge Foundation

Dr. Jessie Kimbrough Marshall, medical director for the Washtenaw County Health Department, contributes to a health policy conversation at a Washtenaw Health Initiative stakeholders meeting (2018).

Demonstrating impact

CHRT tests new ideas and translates research findings, helping local and regional health and human service initiatives:

- Identify community health needs;
- Design, implement, and evaluate the effectiveness of new care approaches;
- Establish and maintain effective collaborations between community and practice leaders;
- Engage stakeholders, strengthen partnerships, attract resources, evaluate programs, and continuously learn and improve.

“As backbone for the Washtenaw Health Initiative and Livingston-Washtenaw State Innovation Model/Community Health Innovation Region, CHRT provides significant support with research and facilitation. CHRT’s support has been critical in what our region has accomplished over the past eight years with coordinated health care and the integration of care between clinical offices and social service agencies.”

— Norman Herbert, Co-chair, Washtenaw Health Initiative

Washtenaw Health Initiative

STEERING COMMITTEE

Jack Billi
Connie Conklin
Trish Cortes
Ginny Creasman
Ann Davis
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Alfreda Rooks
Pam Smith
Doug Strong, co-chair
Rosalie Tocco-Bradley
George W. Waddles Jr.
Brent Williams
Marti Walsh

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Medicaid and Marketplace Outreach:

Cindy Bodewes

Mental Health and Substance Use Disorders:

Tim Florence, Nancy Siegrist

Communications: Liz Conlin

Opioid Project: Jimena Loveluck, Marci Scalera

Senior Services: Rachel Dewees, Joanne Grosh

Advance Care Planning: Sheryl Kurze

Washtenaw Health Initiative

CHRT serves as backbone organization to the Washtenaw Health Initiative, a community health collaborative comprised of more than 200 individuals and organizations committed to delivering better care to low-income, uninsured, and under-insured populations across Washtenaw and Livingston Counties. Organizational members include local hospitals and health services providers as well as faith leaders, schools, funding agencies, and veteran service providers.

This collaborative—co-sponsored by Michigan Medicine and the Saint Joseph Mercy Health System and supported by city, county, and foundation leaders—focuses on community health assessments, the social determinants of health, expanding health insurance coverage, mental health and substance use recovery support, and senior services. Within these focus areas, and with support from CHRT staff members, teams conduct applied research and plan evidence-informed interventions.

COORDINATED ACTIVITIES OF **200+** members of
the Washtenaw
Health Initiative

SUBSTANCE USE. The Washtenaw Health Initiative's mental health and substance use team, for example, helped facilitate a collaboration between regional law enforcement and health department leaders and the public substance use funding agency. The goal: to ensure law enforcement first responders had access to naloxone treatment kits and training in naloxone treatment protocols. To date, this effort has helped reverse opioid overdoses more than 100 times. This team is now engaging diverse stakeholders—from the health, human services, and behavioral health community as well as from law enforcement, education, housing services, and faith-based institutions—to create and implement an equity-informed, county-wide plan to reduce harm from substance use and change service delivery systems to better meet local needs.

EXPANDED COVERAGE. The Washtenaw Health Initiative's Medicaid and Marketplace outreach and enrollment team designs and implements community-based initiatives to increase enrollment in health care coverage. During the fifth open enrollment period alone—the shortest since the Affordable Care Act launched in 2014—WHI member organizations processed 12,869 Medicaid and Healthy Michigan Plan applications. As the state prepares to implement Medicaid work requirements, the team will ensure that those who are subject to the new requirements know when and how to take action, receive assistance with exemption applications, and get the ongoing support they need to maintain coverage.

“The talent and professionalism of the CHRT staff have been vital to the accomplishments of the Washtenaw Health Initiative and the State Innovation Model. Although often “behind the scenes,” CHRT consistently works to improve the health of our citizens by identifying community needs, engaging and organizing stakeholders to address those needs, and fostering effective collaborations among community, human services, and health care leaders.”

— Doug Strong, Co-chair, Washtenaw Health Initiative

Community-wide care coordination

CHRT provides backbone support—strategic, fiscal, analytic, and administrative—to the Livingston and Washtenaw County Community Health Innovation Region. The region is one of five geographic areas in Michigan operating a three-year State Innovation Model demonstration project, funded by the Michigan Department of Health and Human Services with national grant support, to identify and address the health, mental health, and human service needs of Michigan residents.

SOCIAL AND MEDICAL CARE COORDINATION. In the social and medical care coordination pilot more than a dozen health and human service organizations in Livingston and Washtenaw Counties are working together to coordinate person-centered care for hundreds of residents with complex and co-occurring social and medical needs. The goal: to reduce emergency department utilization by addressing the health, mental health, and social service needs of frequent users. CHRT provides backbone support for the entire project while working to streamline communication and service delivery between stakeholders, health care providers, mental health providers, social service providers, and health plans.

SOCIAL DETERMINANTS OF HEALTH SCREENINGS.

Last year, the community health innovation region's patient-centered medical home team designed a screening tool to assess patients for social determinants of health needs and a process to refer willing patients to community resources that can help fulfill those needs. Fifty-four primary care practices in Livingston and Washtenaw Counties screened more than 75,000 residents for the kind of social needs that can have an outsized impact on health, including housing, food, transportation, social isolation, and more. The aggregated data from these assessments will be used to inform new programs and services.

SYSTEM IMPROVEMENTS. CHRT is now using information about community health needs—data aggregated from the intervention, social determinants of health screenings, and additional stakeholder engagement activities—to improve wellbeing and reduce unnecessary medical costs in Livingston and Washtenaw Counties. By collecting and disseminating data on community health needs and creating a neutral space for local partners to unite around those needs—aligning objectives and services in pursuit of a common vision—CHRT helps the region address a number of factors that affect community health such as substance use disorders, housing and transportation needs, and food insecurity.

AGGREGATED SDOH DATA FROM

75,721 well-visit
patient
screens

“Our average patient makes 12 trips to the ER each year, is admitted to the hospital 2 or 3 times annually, and is more likely than not to suffer from mental illness or substance abuse. No single individual or organization is equipped to change the lives of many of our participants, so we assembled a diverse coalition that includes agencies that focus on housing, food, mental health, and other needs. While this work is overseen by a diverse committee that includes professional care managers and stakeholders with real world experience, the staff who keep the effort on track are employed by CHRT, an NGO with broad community governance.”

— Paul Valenstein, Co-chair, Livingston-Washtenaw State Innovation Model / Community Health Innovation Region

Livingston-Washtenaw County Community Health Innovation Region

SOCIAL AND MEDICAL CARE COORDINATION CO-CHAIRS

Doug Strong

Paul Valenstein

SOCIAL AND MEDICAL CARE COORDINATION FOUNDING PARTNERS

Avalon Housing

Corner Health Center

Delonis Center

Home of New Vision

Integrated Health Associates (IHA)

Jewish Family Services of Washtenaw County

Livingston County Catholic Charities

Livingston County Community Mental Health

Livingston County Department of Public Health

Michigan Data Collaborative

Michigan Health Information Network

Michigan Medicine Complex Care

Packard Health

St. Joseph Mercy Health System

University of Michigan Learning Health Science Department

Washtenaw County Community Mental Health

Washtenaw County Public Health

Washtenaw Health Plan

SOCIAL DETERMINANTS OF HEALTH SCREENING INITIATIVE ORGANIZATIONS

Huron Valley Physicians Association (HVPA)

Integrated Health Associates (IHA)

Michigan Medicine

SOCIAL DETERMINANTS OF HEALTH SCREENING INITIATIVE CO-CHAIRS

Leah Corneail

Marti Walsh

Mental health and criminal justice initiatives

PRIMARY AND BEHAVIORAL HEALTH CARE. CHRT is serving as project manager and evaluator of Michigan's five-year primary and behavioral health care integration initiative funded by the U.S. Substance Abuse and Mental Health Services Administration. The goal: to integrate primary and behavioral health care in clinical settings and to improve care for adults with a serious mental illness, children with a serious emotional disturbance, and those with co-occurring conditions.

JAIL DIVERSION. CHRT serves as backbone organization to the Washtenaw County Mental Health Criminal Justice Diversion Advisory Council, which is working to reduce the number of low-risk, low-level offenders with mental illness and substance use disorders in the jail system. The initiative does this by uniting leaders from the county and the criminal justice system, behavioral health

professionals, and community stakeholders to achieve a common goal: to safely keep people with mental illness and substance use disorder out of jail and on the path to recovery.

MENTAL HEALTH MILLAGE. CHRT is working with Washtenaw County Community Mental Health to implement the recommendations of the Washtenaw County Mental Health Advisory Council. These recommendations for mental health millage investments include helping residents better navigate the county's mental health system, expanding crisis services, increasing prevention work, enhancing youth services, addressing substance use service gaps, and more. CHRT will also assist with evaluation and communications, ensuring that the community is aware of service expansions and that staff have the data they need to continuously improve programs and services.

“I view CHRT as the control tower. It takes community resource organizations, mental health providers, and the medical community and brings them together to discuss public health needs. We come to appreciate each other's contributions and challenges. We learn from each other. And we take those learnings to improve our practices. What I love about CHRT is that it brings us all together as a team.”

— Dr. Rosalie Tocco-Bradley, Statewide Chief Clinical Officer, Saint Joseph Mercy Health and Mercy Health of Trinity

EARNED

88 Media
mentions

OFFERED

24 Public presentations
on a range of important health
policy topics

ENROLLED

200+

**Frequent emergency
department utilizers**

in the Livingston and Washtenaw County Community
Health Innovation Region intervention

PUBLISHED

17 Policy-relevant
reports, issue briefs, and
one-pagers

TRAINED

12 New health
policy
fellows

Financial position

Audited statement of financial position

December 31, 2017

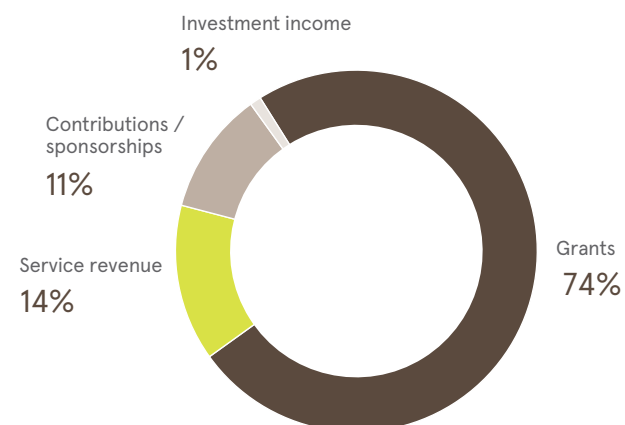
ASSETS	
CURRENT ASSETS	
Cash and cash equivalents	\$2,454,901
Contracts receivable	\$431,115
Contributions receivable	–
Prepaid expenses and other	\$8,637
Total current assets	\$2,894,653
Property and equipment, net	\$34,795
Total assets	\$2,929,448

LIABILITIES AND NET ASSETS	
CURRENT LIABILITIES	
Accounts payable	\$442,156
Accrued liabilities and other	\$95,583
Deferred revenue	\$17,500
Total liabilities	\$555,239
NET ASSETS	
Unrestricted	\$2,244,984
Temporarily restricted	\$129,225
Total net assets	\$2,374,209
Total liabilities and net assets	\$2,929,448

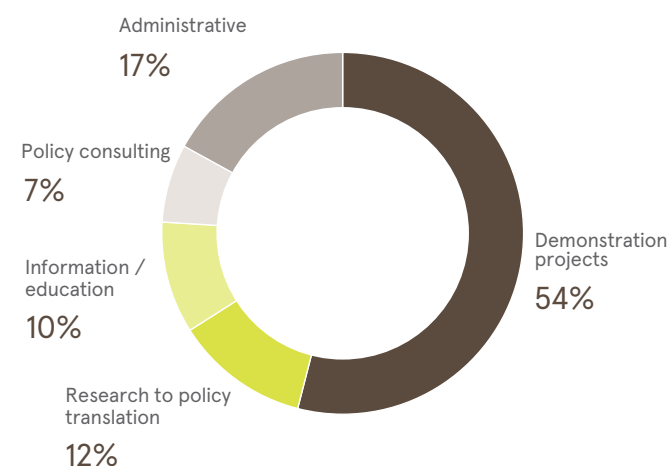
Sources of funds and expenditures

12 months ended December 31, 2017 (audited)

SOURCES OF FUNDS



EXPENDITURES



Funders and clients

Blue Cross Blue Shield of Michigan	Michigan Health and Hospital Association
Community Foundation of Southeast Michigan	Michigan Medicine
Community Mental Health Partnership of Southeast Michigan	Michigan Primary Care Association
Detroit Health Department	Michigan State Medical Society Foundation
Detroit Wayne Mental Health Authority	Poverty Solutions at the University of Michigan
DMC Fund	Saint Joseph Mercy Health System
Henry Ford Health System (US Centers for Disease Control and Prevention Grant)	Starfish Family Services
Kresge Foundation	Trinity Health
Learning Health 4 Michigan	University of Michigan (US Department of Health and Human Services Grant)
Local Initiatives Support Corporation	University of Michigan School of Public Health (US Substance Abuse and Mental Health Services Administration Grant)
Michigan Community Health Worker Alliance	Washtenaw County Community Mental Health
Michigan Department of Health and Human Services	Washtenaw County Sheriff's Office
Michigan Health Endowment Fund	

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