



Greater Cincinnati Health Transformation

Setting the Standard for Health Care in America



Craig Brammer, CEO
The Greater Cincinnati Health Council
The Health Collaborative
HealthBridge



Overview

- Alignment of successful 3 Organizations
- Cincinnati: A Unique Model of Health Transformation
- Results & Impact
- Looking Ahead: Collective Impact Agenda
- Next Steps

Greater Cincinnati:

Setting the Standard for Health Care in America



- **3 Organizations:** Greater Cincinnati Health Council, the Health Collaborative and HealthBridge
- **1 Goal:** Create an even stronger regional system of care that will achieve better care, better outcomes and lower costs
- Considered one of America's most connected health communities
- Created through a 20-year investment in multi-stakeholder collaboration

Greater Cincinnati Health Transformation Leadership At-a-Glance

Organizations & Roles

Health Collaborative

Practice transformation, payment reform and transparency

- Measurement
- Ambulatory improvement
- Patient Centered
- Medical Home
- Patient engagement
- Public reporting of provider performance

HealthBridge

Health IT & exchange, shared services and analytics

- Technology adoption support
- Meaningful use of HIT
- Health information exchange

Greater Cincinnati Health Council

Hospital quality improvement & transparency

- Inpatient quality improvement and safety
- Care transitions
- Readmissions reduction

Selected Services & Projects

- Adult diabetes improvement (AF4Q, Beacon)
- PCMH initiatives (AF4Q, Beacon, CPC)
- YourHealthMatters public reporting (AF4Q, Bethesda)
- Multi-payer claims data

- EHR and Meaningful Use support (REC)
- Health Information Exchange services
- ED alerts (Beacon)
- Secure messaging
- Business intelligence & analytics (Beacon)
- Integrated registry
- Shared services

- Hospital readmission reduction, education and measurement (Beacon)
- Care transitions (CMS project w/Council on Aging)
- Post-acute care transformation/metrics
- Care disparities reduction
- Hospital-specific quality reporting

Each Organization works with various community partners (employers, health plans, providers, academic institutions)



What's different in Cincinnati?

- Leadership
- Health IT
- Collaboration
- Payment Structure



Mission: To make health and health care a competitive advantage for the Greater Cincinnati region and other communities we serve

Greater Cincinnati:

Setting the Standard for Health Care in America



\$65 million in funding - The only community in America with this unique array of programs

- Leading national initiatives such as:
 - 1 of 7 Comprehensive Primary Care Initiative communities
 - 1 of 16 Aligning Forces for Quality (AF4Q) communities
 - 1 of 17 Beacon Communities
 - 1 of 62 Health IT Regional Extension Centers
 - Among first seven communities selected for CMS Care Transitions
 - 1 of 9 Qualified Entities
- **>80% of physicians and hospitals connected** through HealthBridge, one of the nation's largest and most advanced health information exchanges
- **500 physicians, 20+ hospitals on YourHealthMatters.org**, a voluntary public transparency website with patient outcome data from practices and hospitals for diabetes and other conditions is publicly available
- **109 Patient-Centered Medical Homes** –one of the highest concentrations of this highly respected primary care model anywhere in the nation

GE J&J
Ethicon Endo-Surgery
P&G Kroger

UC Health.
St. Elizabeth HEALTHCARE
The Christ Hospital Health Network
TriHealth
MERCYHEALTH
Cincinnati Children's



HealthBridge
the Health Collaborative
GREATER CINCINNATI HEALTH COUNCIL

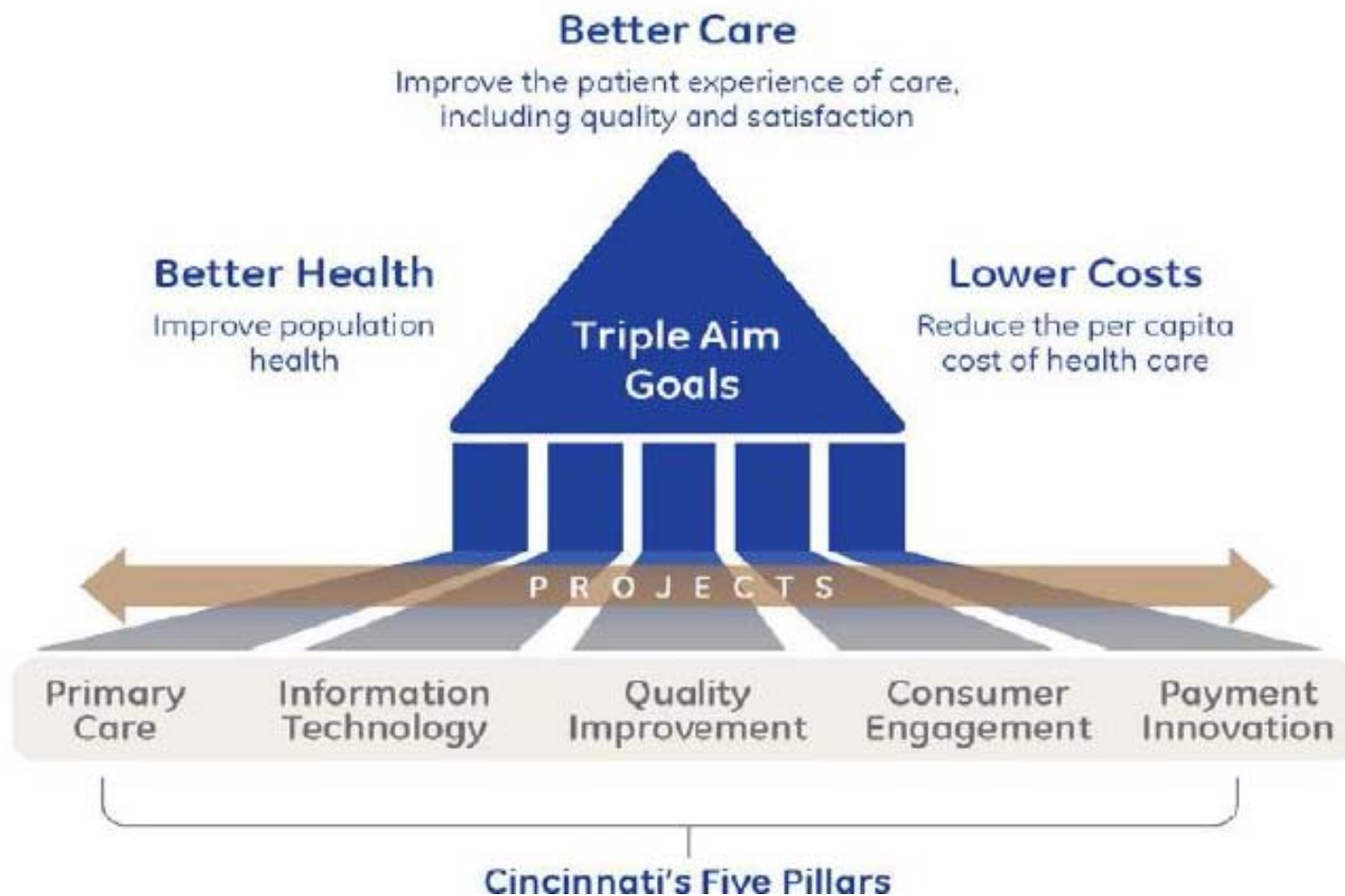
MEDICAL MUTUAL
HealthSpan
aetna Anthem BlueCross BlueShield
UnitedHealthcare
Humana.

CITY OF CINCINNATI OHIO
HAMILTON COUNTY PUBLIC HEALTH

The Office of the National Coordinator for Health Information Technology
NCGA
DEPARTMENT OF HEALTH & HUMAN SERVICES USA

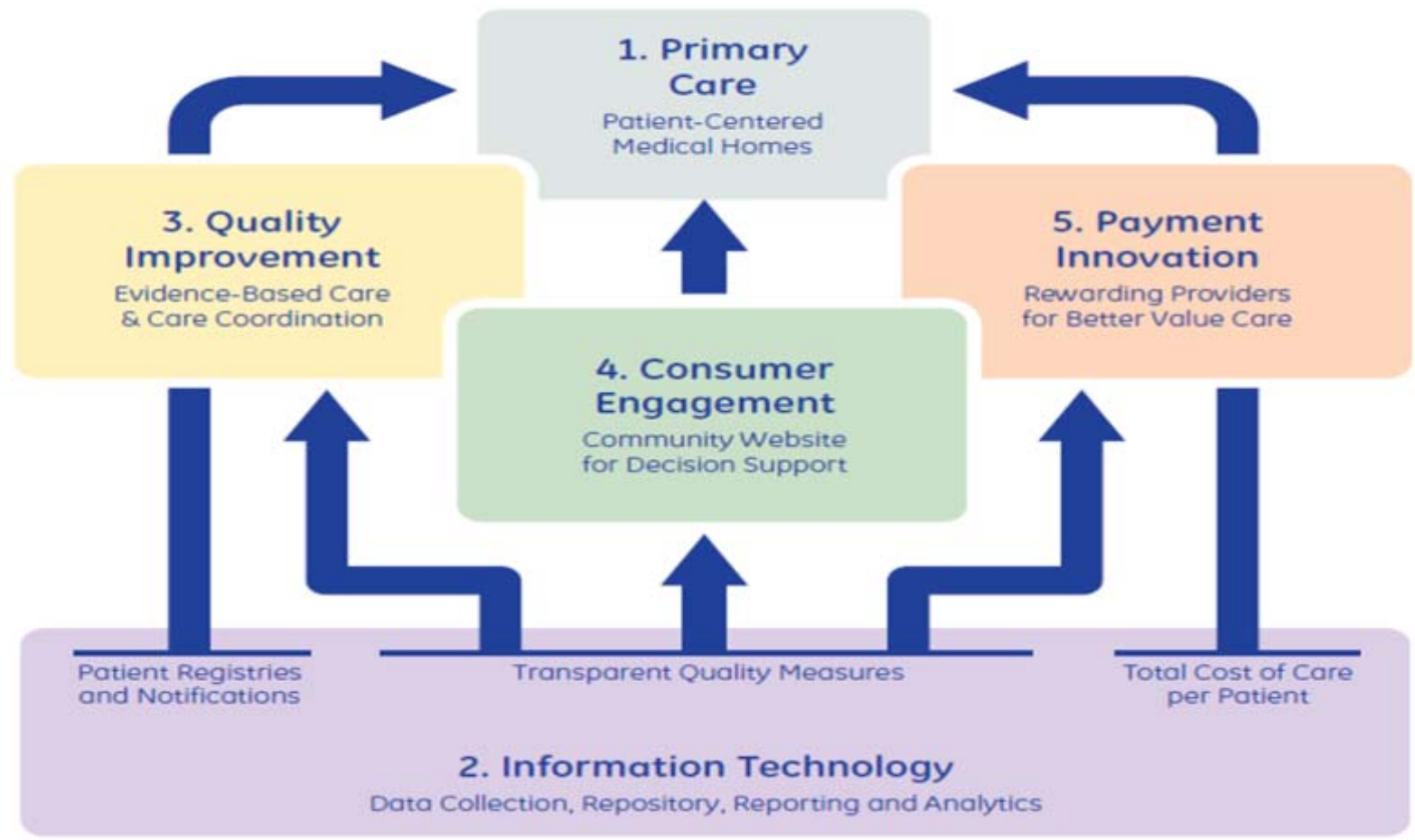


Strategic Framework





Operating Model



From pilot projects to production

Results: Impact at GE

IMPROVING PRIMARY CARE THROUGH PCMH

● 2008 ● 2012

Emergency Room Visits per 1000 Members

PCMH PILOT



NON-PCMH MATCHED COHORT



Hospital Admissions per 1000 Members

PCMH PILOT



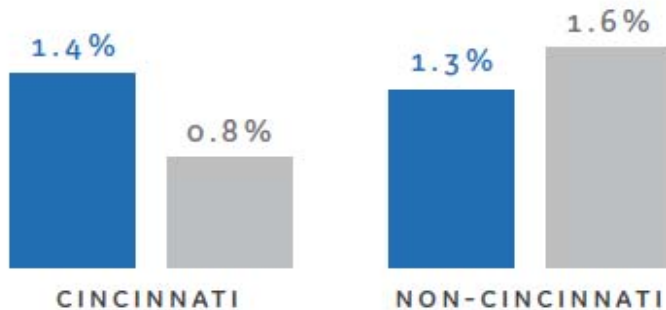
NON-PCMH MATCHED COHORT



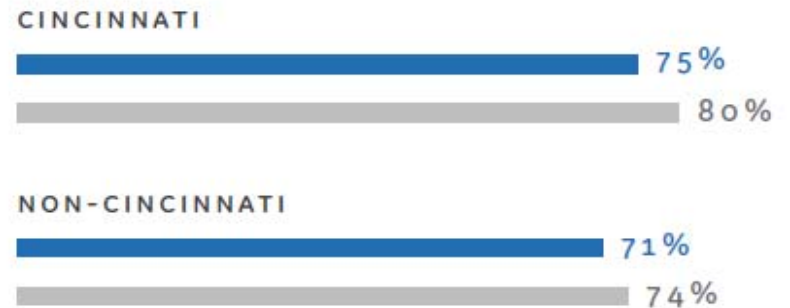
QUALITY IMPROVEMENT IN THE CARE OF ADULT DIABETES

● 2008 ● 2012

Percentage of Diabetes Patients with Complications



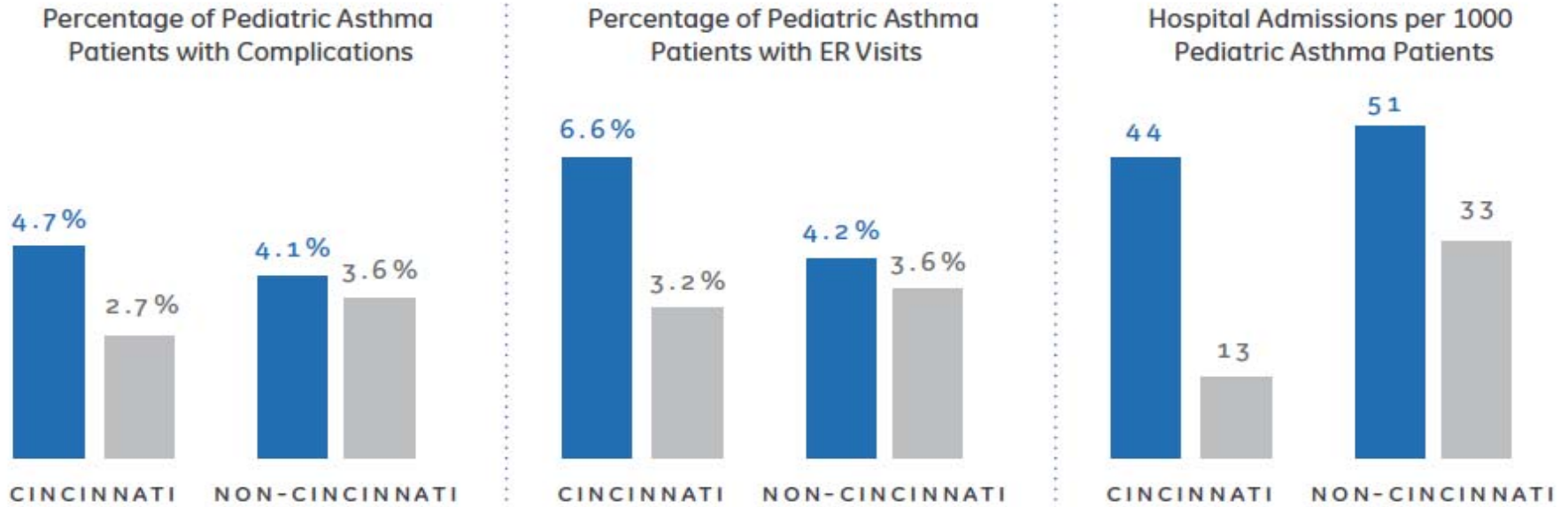
Percentage of Diabetes Patients with HbA1c Tests



Results: Impact at GE

QUALITY IMPROVEMENT IN THE CARE OF PEDIATRIC ASTHMA

● 2008 ● 2012





Looking Ahead

— THE HEALTH COLLABORATIVE —

COLLECTIVE
IMPACT  ON HEALTH

— DATA DRIVEN HEALTH IMPROVEMENT IN GREATER CINCINNATI —



Collective Impact Agenda

- Multi-stakeholder process with 3 primary functions:
 - Identify best opportunities to improve health and delivery of health care
 - Design and align strategies and activities that will leverage progress towards goals
 - Develop data-driven systems to measure results

- Health Collaborative: Backbone organization to drive vision and strategy & coordinate resources and results

- Emphasis on aligning healthcare with population health



Summary

- The world is changing. Quickly
- States and communities need even greater alignment among those leading measurement, QI, payment and IT work
- Strive to reduce complexity, don't add to it
- Sustainability is about spreading fixed costs and being efficient
- Business school tip: Sell something people want to buy.

Contacts



Questions? Comments?

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