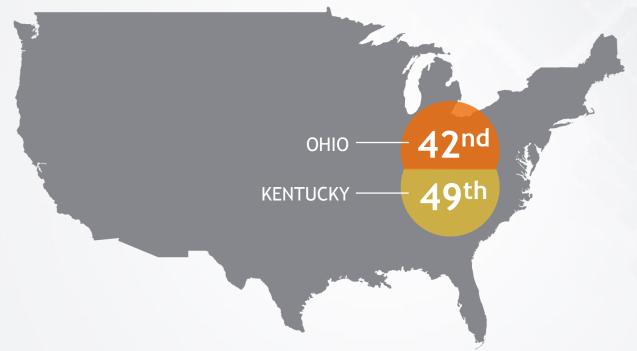


👙 DATA-DRIVEN HEALTH IMPROVEMENT IN GREATER CINCINNATI 👙

Health Care Costs Continue to Rise







We have incredible resources and support for healthy programs in the Greater Cincinnati region



Despite this, we aren't seeing enough improvements in overall physical health in our population



There is a fire alarm going off in our city...

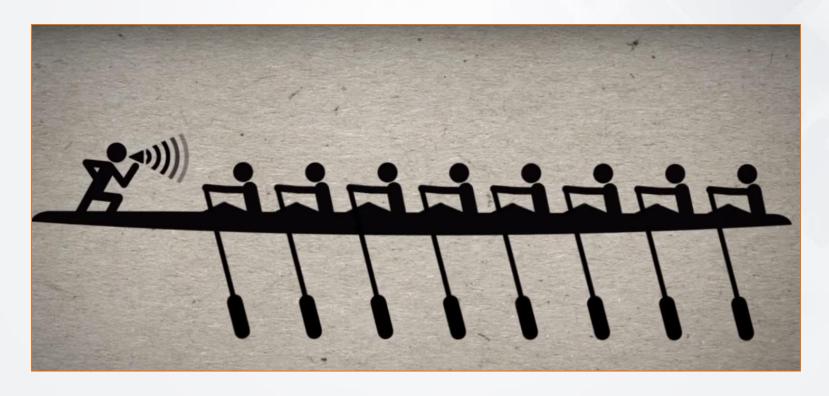


- Our 7-county region loses \$2.5 billion every year in lost workforce production due to poor health
- 20% of local deaths in 2013 were attributable to the gap between the rich and the poor



What is Collective Impact? How is it Different?

Everyone rowing together toward a common agenda...



The Triple Aim



IMPROVED POPULATION HEALTH



Rowing Toward the Triple Aim



...by selecting a small number of doable initiatives that, in combination, have the power to move all three Triple Aim goals

The Health Collaborative as the Backbone Organization

UNITED WAY

The United Way has entrusted the Health Collaborative to lead its Bold Goals for Health.



HEALTH SYSTEMS

All of the major area Health Systems are contributing significant financial and in-kind support.





PRIVATE FOUNDATIONS

Several local and national foundations are major supporters, providing both financial and operational support.



EMPLOYERS AND HEALTH PLANS

Seeking participation and financial support from health plans, an Employer Council is in development for the business community.



What Does a Backbone Organization Do?

Guide vision and strategy

Support aligned activities

Establish shared measurement practices

Build public will

Advance policy

Mobilize funding

Backbones must balance the tension between coordinating and maintaining accountability, while staying behind the scenes to establish collective ownership



Structure Of Collective Impact On Health



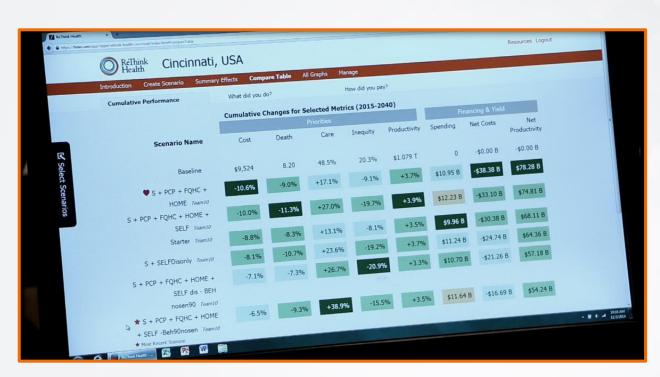




Building consensus across organizational boundaries using an experiential, evidencebased approach



The Value of the ReThink Model





- Shared Understanding of
 - Possible initiatives
 - Outcomes over time
 - Cost of effort

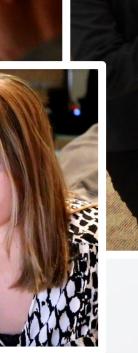


The Leadership Forum Events



The Leadership Forum Events









Using Data to Make Reasoned Choices

| | Health | | | | | | | | | | | | | | | | | |
|------------------------------------|---|-----------------------------------|--------|-------------------|-----|----------|--------|----------------------------|------------|------------------------------------|-------------------------------------|---|---------------------------------------|--|------------------------------------|---|---|---|
| 1. Behaviors 5. Family Pathways | 4. Student Pathways 16. Care Coordination | 8. Self-care 15. Medical Homes | Health | 6.Physical Health | | 3. Crime | e. | 12. Recruit PCPs for FQHCs | Scenario # | Cost % change from baseline) | Deaths % change from baseline | Sufficiency of Care % change from baseline | Inequity % change from baseline | Workforce Productivity % change from baseline | Program Spending in billions | Net Cost Savings (all healthcare costs in baseline and all healthcare and program costs for scenario in billions | Productivity Increase in billions | Contingetnt Global Payment - Medicare/Medicaid/ Commercial |
| x 20 | 20 x | D : | k D | x x | × | | | | 1 | -10.90 | -13.00 | 37.40 | -20.20 | | \$ 9.69 | -\$39.47 | \$72.67 | 50/50/50 |
| x 20 | 20 x | x : | (D | | | | | X | 2 | -9.90 | | 36.10 | -15.30 | | \$ 10.20 | -\$34.17 | \$66.58 | 50/50/50 |
| x 20 | 20 x | x : | x x | | X | | X | | 3 | -10.50 | -15.00 | 39.40 | -16.40 | | \$ 13.66 | -\$32.33 | \$77.33 | 50/50/50 |
| x 50 | 20 x | x : | Κ . | | | | | X | 4 | -10.20 | | 34.60 | -15.10 | 3.70 | \$ 12.58 | -\$33.37 | \$73.42 | 50/50/50 |
| x 20 | 20 x | D : | (D | | X | | | | 5 | -10.40 | -10.60 | | -20.40 | | \$ 9.29 | -\$38.06 | \$68.65 | 50/50/50 |
| x 20 | 20 x | D : | (X | × | (| | | | 6 | -11.80 | -11.50 | 27.70 | -19.80 | | \$ 11.41 | -\$42.84 | \$85.57 | 80/50/70 |
| x 20 | 20 x | D : | < | × | | | | | 7 | -9.20 | -12.20 | 34.10 | -16.00 | 2.70 | \$ 8.14 | -\$32.95 | \$61.71 | 50/50/50 |
| x 20 | 20 x | x : | x x | × | X | | | | 8 | -11.20 | -13.20 | 39.40 | -14.60 | 4.10 | \$ 12.47 | -\$37.95 | \$82.20 | 50/50/50 |
| x 50 | 20 x | x : | x x | × | (| | | | 9 | -11.20 | -13.30 | 39.30 | -17.50 | 5.10 | \$ 15.97 | -\$34.33 | \$89.17 | 50/50/50 |
| x 100 | X | X : | (X | | X | | | X | 10 | -9.70 | -13.50 | 39.80 | -22.00 | 6.50 | \$ 20.95 | -\$21.94 | \$91.95 | 50/50/50 |
| x 25 | 25 x | x : | x x | × | × | 50/D | | | 11 | -11.90 | -13.80 | 40.70 | -16.80 | 4.40 | \$ 13.59 | -\$40.01 | \$87.18 | 70/70/70 |
| x 20 | 20 x | D : | D | | | | x | | 12 | -11.00 | -10.60 | 23.70 | -20.30 | 2.90 | \$ 9.34 | -\$41.24 | \$72.24 | 50/50/50 |
| x 20 | 20 x | | × | | (st | tarter s | scenar | io) | S | -8.80 | -8.30 | 13.10 | -8.10 | 3.50 | \$9.96 | -\$30.45 | \$68.10 | 50/50/50 |

Best Worst Most spending

RéThink

D = Disadvantaged Populations Only

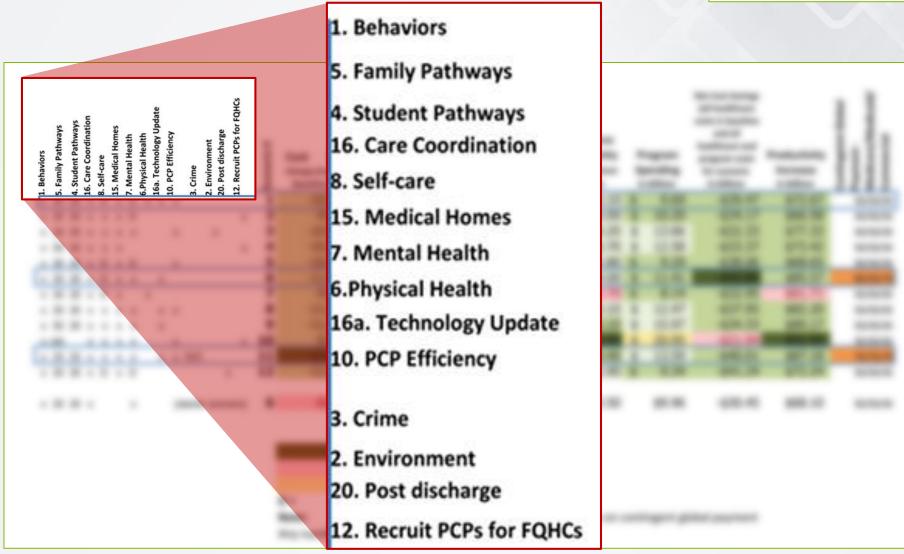
Note: Far right column showing changes in assumptions on contingent global payment

Any number in columns A-N = % implementation of initiative



Using Data to Make Reasoned Choices



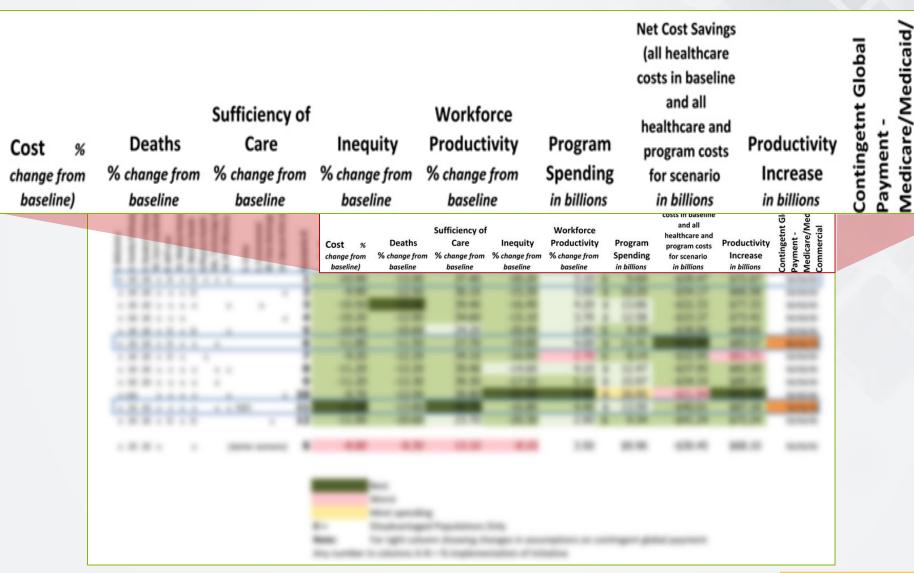




Using Data to Make Reasoned Choices



Commercial





Takeaway from the March 19 Leadership Forum

Four Action Areas:







Steering Committee 2.0 and Action Teams



Proposed Action Teams:











Action Team Structure Co-Chairs, Members, Staff:

- Co-Chairs to reflect diversity
- Members from Steering Committee or Leadership Forum
- Cross-sector community leaders and subject matter experts

Steering Committee 2.0 Members:

- Existing Steering Committee members
- Action team co-chairs & staff

Braiding the Rope



Collective Impact = Aligned & Coordinated



Aspirational goal:

"Individuals and families will have the means, opportunity and motivation to make choices that lead to healthier lives."



goals by 2020:

- Community 95% of the community will report having a usual and appropriate place to go for health care
 - 70% of the community will report having excellent or very good health
 - Cost goal TBD "Cincinnati MSA is in the best quartile in per capita spending on health care, compared to state/regional competing MSA's"



Action plans must address equity and incoportate mental health as part of overall health

Action Areas

Increase Health Behaviors

Healthy Eating - Active Living - Smoking Cessation - Improved Coping Skills

Improve Effiency and Coordination of the Care Delivery System

Community-Clinical Linkages - Health Delivery System Interventions - Care Coordination -Self-Management (Clinical/Non-Clinical)

Finance & Payment

Suggested Goal: "Put Cincinnati in the best quartile of per capita health care spending" (Actual Goal TBD)



Challenges and Lessons Learned



- Showing stakeholders that this work is different from previous efforts
- Gaining CONSENSUS on what NOT to do





- Non-health factors and barriers impacting health, quality of life for vulnerable populations
- Relationship-building with certain key stakeholders





- How to collect/calculate/track meaningful, consistent **cost measures**
- Time commitment & capacity of stakeholders is limited





 The backbone as facilitator of the community's work, while maintaining accountability





- Lead time needed for convening large community events
- Vocabulary and definitions are key (scenarios/initiatives, goals/objectives, focus areas, hospice/ advance care planning)





• Managing expectations: Some want to act quickly and some need more time for thoughtful deliberation





- This work takes time and endurance
- Shared learning and relationship building are at the core





 Need a nimble and tightly managed process for **planning** objectives/strategies

