Dear Colleagues and Partners,

It is our pleasure to share the 2014 Annual Report with you. This publication is a brief representation of the activities and partnerships undertaken to advance health and well-being in Michigan and the nation. It is our hope that you will glean much from this report as you learn about how we work with you to promote good health.

The themes of leadership and change characterized much of the excitement and productivity of our company this year. Reflective of those themes, we each experienced professional shifts. Our own leadership transitions occurred in the midst of unprecedented changes in health and health care systems, both leading to opportunities for innovation at the national and state levels. Our commitment to MPHI’s mission and values is emboldened by these opportunities.

In 2015, we will work to ensure MPHI’s continued dedication to collaboration, ethical behavior, quality work, professionalism, and innovation. We respect the public trust we uphold and value the many partners who look to us for science, skill, and passion. We trust that this report will strengthen your understanding of the projects and methods through which we partner to improve the health of our state and region.

Sincerely,

Nick Lyon
President, MPHI Board of Directors
Director, Michigan Department of Community Health
Interim Director, Michigan Department of Human Services

Renée Branch Canady
Chief Executive Officer
Michigan Public Health Institute

MPHI’s Mission
MPHI’s mission is to maximize positive health conditions in populations and communities through collaboration, scientific inquiry, and applied expertise which: carry the voice of communities to health policy makers, scientists, purchasers, and funders; advance the application of scientific health practices in communities; and advance community capacity to improve health and reduce disparities among population groups and geographic areas.
Nick Lyon, BA
President, MPHI Board of Directors
Director, Michigan Department of Community Health
Interim Director, Michigan Department of Human Services

Dean G. Smith, PhD
Vice-President, MPHI Board of Directors
Professor, Health Management and Policy
Director of Executive Education and Life-Long Learning, School of Public Health, University of Michigan

Jennifer L. Jordan, JD
Chief Administrative Officer, Goodwill Industries of Greater Grand Rapids, Inc.

Sarah Mayberry, MPH
Senior Special Projects Producer, WDIV-TV

Michael R. Rip, BSc, MSc, PhD
Secretary/Treasurer, MPHI Board of Directors
Founding Director, Program in Public Health, College of Human Medicine
Assistant Professor, Department of Family Medicine, Michigan State University

Phyllis Meadows, PhD, MSN, RN
Associate Dean for Practice and Clinical Professor of Health Management and Policy, School of Public Health, University of Michigan

Beverly Allen, CPA
President, CoventryCares of Michigan, Inc.

Dawn Misra, PhD
Associate Chair for Research, Department of Family Medicine & Public Health Sciences, Wayne State University School of Medicine

Tim Becker, CPA
Chief Deputy Director, Michigan Department of Community Health

Sue Moran, MPH
Senior Deputy Director, Public Health Administration, Michigan Department of Community Health

James E. Blessman, MD, MPH
Assistant Professor, Department of Family Medicine and Public Health Sciences, Wayne State University

Dean Sienko, MD, MS
Associate Dean for Prevention and Public Health, College of Human Medicine, Michigan State University

James Giordano, MBA
President and Chief Executive Officer, CareTech Solutions, Inc.

Ex Officio
Renée Branch Canady, PhD, MPH
Chief Executive Officer, Michigan Public Health Institute

Adnan Hammad, PhD
Senior Director, ACCESS Community Health & Research Center
Chairman, National & International Health Research Initiative

Not pictured:
Lisa Stefanovsky, M.Ed.
Health Officer, Ottawa County Department of Public Health
In partnership with the Michigan Department of Community Health (MDCH) and community agencies, MPHI received a $14 million, three-year grant from the Centers for Medicare and Medicaid Services in 2012 to implement the “Michigan Pathways to Better Health” (MPBH) initiative. With the goal to improve client outcomes and lower costs of care, MPBH addresses social needs and links clients to primary care and preventive health services.

MPBH uses community HUBs (referral/tracking centers) to coordinate resources and deploy community health workers (CHWs). The CHWs assist adult Medicaid and Medicare beneficiaries with two or more chronic conditions by using evidence-based pathways (protocols). In other states, this approach has shown improved health outcomes and lowered the number of client hospital admissions and emergency department visits.

In 2014, MPHI and MDCH collaborated on sub-projects to develop new pathways and provide client-education resources for tobacco cessation, hypertension, diabetes, and fall prevention. Staff trained CHWs on the new resources and implementation of the new pathways. MPBH collects and shares client data with MDCH to better understand the client population and improve services.

The MPBH project described was supported by Funding Opportunity Number 1C1CMS331025 from Centers for Medicare and Medicaid Services, Center for Medicare and Medicaid Innovation. The contents of these materials are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies.
MPHI is home to the “Sudden Death in the Young Registry,” the new national registry of deaths in children from conditions such as heart disease, epilepsy, and infant sleep-related deaths. The registry will help define the scope of the problem, understand the characteristics, and estimate the incidence of sudden death in infants, children, and young adults.

MPHI manages the registry, including the data collection system and data repository, and provides training and technical assistance to funded states. MPHI also received funding to support the registry’s DNA biorepository, through a subcontract with the University of Michigan Medical School. Ten states (including Michigan) are funded to identify their occurrences of sudden death in the young, conduct child death reviews, and submit data to the registry.

The NIH’s National Heart, Lung, and Blood Institute (NHLBI) will analyze data related to sudden cardiac death, and the National Institute for Neurological Disorders and Stroke (NINDS) and the Centers for Disease Control and Prevention (CDC) will analyze data on incidences of sudden unexpected death in epilepsy; the CDC will also analyze data on infant deaths. The registry is funded by the NHLBI, the NINDS, and the CDC.
Health information technology (HIT) is at the forefront of improving health care delivery and coordination. When physicians and specialists are able to securely share electronic health records, patients are assured that providers in their care network have the information they need to deliver the best care possible. Sharing of electronic health records has been shown to save providers time and money in the long run and to result in a smarter, more efficient system of care.¹

MPHI is engaged in a variety of initiatives to support the use of HIT for care coordination in public health. We are partnering with the Michigan Department of Community Health to support continued improvement in the electronic records used by Michigan’s public mental health system, and to optimize systems that enable care coordination for specialized patient populations, including people with HIV. These and other initiatives at MPHI are helping to ensure that highly advanced, coordinated care driven by HIT is the standard in Michigan. ¹

¹http://www.healthit.gov/providers-professionals/medical-practice-efficiencies-cost-savings
Physician care is only one step in the journey to wellness. When consumers adhere to treatment plans, make healthy choices, and understand their health needs, everyone wins. Payers save money on expensive emergency care, hospitals retain resources for the most critically ill patients, and consumers enjoy a better quality of life.

With the majority of Americans owning smartphones or other Internet-enabled devices, mobile and web-based technology gives providers the opportunity to engage consumers on their own terms. MPHI is exploring cutting-edge tactics to leverage health information technology (HIT) to keep the public informed, engaged, and healthy.

In late 2013, MPHI hosted Michigan’s first series of consumer engagement stakeholder meetings, during which HIT experts, state government leaders, consumer group representatives, and provider groups worked with MPHI’s analysts to identify ways HIT can be used to promote consumer engagement. Throughout 2014, MPHI researched the best use of mobile apps, patient portals, and other effective, intuitive, and realistic technologies to help put consumers in the driver’s seat.

With the Healthy Michigan Plan and traditional Medicaid continuing to grow, MPHI is prepared to advise partners at the Michigan Department of Community Health on innovative and practical HIT-based consumer engagement strategies. For more information, visit www.MiEngagement.org.
The Michigan Primary Care Transformation (MiPCT) demonstration project is a statewide health care change effort that addresses the Centers for Medicare and Medicaid Services’ (CMS) three-part aim of improved population health, better experience of care, and lower costs. MiPCT is one of CMS’ Multi-Payer Advanced Primary Care Practice demonstration projects; five payers, 37 physician organizations, and 358 practices participate. Through the project, more than 400 care managers in primary care practices serve over 1.1 million Michigan residents, providing self-management support, medication management, care coordination, patient education, and transitional care.

The Michigan Department of Community Health and University of Michigan provide leadership and daily management. MPHI collects monitoring data and is conducting a robust evaluation, including analyzing claims and encounter data, and surveying care managers, providers, practice staff, physician organization leadership, and patients. CMS recently extended MiPCT through 2016.

Patient-centered medical home models hold great promise. As one of the largest demonstration projects in the U.S., Michigan’s outcomes are of great importance.
For the past four years, MPHI has worked with the Office of Performance Improvement and Management (OPIM) within the Michigan Department of Community Health’s Public Health Administration, to prepare public health agencies for participation in national public health accreditation through the Public Health Accreditation Board (PHAB). With funding from the National Public Health Improvement Initiative, MPHI provided training, technical assistance, and funding opportunities to build capacity in areas related to PHAB accreditation, including quality improvement, performance management, community health assessment, community health improvement planning, strategic planning, workforce development, and more.

In the second year of funding, MPHI and OPIM staff developed *Embracing Quality in Public Health: A Practitioner’s Performance Management Primer*, a free online training tool that introduces the basics of performance management for a public health audience. In the two years since launch of the primer, nearly 900 public health professionals have completed it, and approximately 55 new users sign up each month. The primer can be accessed at [http://www.mphiaccredandqi.org/pmqi-primer/](http://www.mphiaccredandqi.org/pmqi-primer/).
Pregnancy and childbearing can present substantial health, social, and financial costs to teen parents and their children. The Michigan Adolescent Pregnancy and Parenting Program (MI-APPP), funded by the Michigan Department of Community Health (MDCH), aims to create integrated systems of care in high-need communities for expectant and parenting teens 15-19 years old. MI-APPP’s goals include reducing repeat pregnancies, supporting access to and completion of secondary education, improving maternal and child health, and strengthening familial connections and support networks.

In 2014, MDCH contracted with MPHI to conduct a comprehensive needs assessment in collaboration with five MI-APPP-funded agencies. MPHI studied community resources, service gaps, and expectant and parenting teens’ needs; conducted focus groups; and analyzed secondary data of risk and protective factors for each community. The community-based agencies completed key informant interviews and resource inventories with service providers. MPHI facilitated workshops with community agency staff, during which needs assessment data were co-analyzed and key findings were prioritized. MPHI developed infographic reports to share findings with stakeholders. The results help communities make responsive, data-driven decisions about local programming that may best serve expectant and parenting teens.
From 1989-2004, Genesee County, MI was home to Project SEEK (Services to Enable and Empower Kids), the country’s first and only comprehensive service provider and longitudinal study focused on children of incarcerated parents and their caregivers. In 2014, with funding from the Ruth Mott Foundation, MPHI and project partners conducted a research study to determine how Project SEEK influenced the life course of its participants (who are now 16-34 years old) and their childhood caregivers.

Key informant interview findings indicated that parental incarceration had a significant impact on the relationship between parent and child. Respondents expressed feelings of anger and abandonment because of their parent’s incarceration, but felt conflicted because they loved and missed their family member. However, children and caregivers felt that Project SEEK minimized the negative effects of incarceration on their lives. They indicated that the project provided them with an opportunity to discuss their parent’s confinement and an avenue for them to visit and communicate with their parent; Project SEEK also gave them a sense of normalcy. Additionally, most caregivers found their caseworker to be an integral source of support during their partner/family member’s incarceration. Results from the 2014 exploratory study were presented at stakeholder meetings across the state and will be used as pilot data for a future larger study.
Training, infrastructure supports, and resources are essential for public health entities looking to enact sustainable change through process improvements. Public health systems, however, often do not have the support they need as they begin their quality improvement (QI) journey.

For seven years, MPHI has provided practical, accessible, hands-on training and technical assistance using Plan-Do-Study-Act methodology, which enables public health systems to build internal infrastructure to integrate QI methods and tools into their day-to-day practices. Staff tailor trainings, technical assistance, and resources to clients’ needs, to strengthen their capacity to implement QI and engrain it in the way the system carries out business. QI is a requirement of many sources of funding available to public health systems, and is becoming a key component of systems work.

MPHI is providing QI support to numerous entities, including the Michigan Department of Community Health’s Public Health Administration and federal Maternal, Infant, and Early Childhood Home Visiting programs in Michigan, Indiana, Idaho, and the Tribal grantees. MPHI uses “Embracing Quality in Local Public Health: A Practitioners Quality Improvement Guidebook” (www.mphiaccredandqi.org/qi-guidebook/) as its main training resource.

1Institute for Healthcare Improvement. http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx
MPHI houses the Region 4 Midwest Genetics Collaborative, one of seven collaboratives in the U.S. funded by the Health Resources and Services Administration’s Maternal and Child Health Bureau (MCHB). The collaboratives address the maldistribution of genetic services and expertise, improve and expand newborn screening, and enhance delivery of genetics services.

Region 4 launched a training for families of children with genetic conditions, “Care Coordination: Empowering Families.” The program helps parents increase skills, knowledge, and resources to coordinate their child’s care, and meets a need for those who score below the national sample on MCHB’s core outcomes related to shared decision-making, coordinated care, and transition.\(^1\) Prior to attending the training, 73% reported they didn’t have care coordination help; after the training, 89% said they were likely to change their care coordination strategies. Preliminary data from one-year follow-up surveys showed that 20% of participants added at least one person to their care team, 44% reported being more comfortable communicating with their child’s doctor, and 36% increased peer supports. For more information, visit: http://www.region4genetics.org/Education/CareCoordination.html.

<table>
<thead>
<tr>
<th>2014 FUNDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acadiana Cares, Inc</td>
</tr>
<tr>
<td>ACCESS</td>
</tr>
<tr>
<td>Altarum Institute</td>
</tr>
<tr>
<td>Arbor Circle Corporation</td>
</tr>
<tr>
<td>Calhoun County Public Health Department</td>
</tr>
<tr>
<td>Cherokee Nation</td>
</tr>
<tr>
<td>CJ Foundation for SIDS</td>
</tr>
<tr>
<td>Detroit Public Television</td>
</tr>
<tr>
<td>Delta-Menominee County Public Health Department</td>
</tr>
<tr>
<td>Early Childhood Investment Corporation</td>
</tr>
<tr>
<td>Emory University</td>
</tr>
<tr>
<td>Genetic Alliance, Inc.</td>
</tr>
<tr>
<td>Gift of Life Michigan</td>
</tr>
<tr>
<td>Ingham County Health Department</td>
</tr>
<tr>
<td>Ingham Health Plan</td>
</tr>
<tr>
<td>Inter-Tribal Council of Michigan, Inc.</td>
</tr>
<tr>
<td>Marshfield Clinic Research Foundation</td>
</tr>
<tr>
<td>Michigan Association of Health Plans</td>
</tr>
<tr>
<td>Michigan Health &amp; Hospital Association</td>
</tr>
</tbody>
</table>
**COMPANY DEMOGRAPHICS**

- **434 TOTAL EMPLOYEES**
- **17 EMPLOYEES HAVE DOCTORATE DEGREES**
- **4 EMPLOYEES HAVE JURIS DOCTOR DEGREES**
- **115 EMPLOYEES HAVE MASTER’S DEGREES**

**PROJECT TOTALS BY YEAR**

2008: 182
2009: 172
2010: 220
2011: 212
2012: 237
2013: 223
2014: 269

**FUNDING (IN MILLIONS)**

- State Government
- Federal Government
- Local Government
- Universities
- For-Profit Businesses
- Non-Profit Businesses
- Foundations
- Native American Tribes
- Tribal Organizations

**48 TOTAL FUNDERS IN FY 2014**

Bar chart showing funding amounts from FY 2008 to FY 2014.