



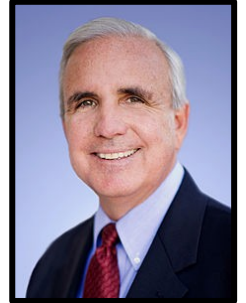
EVIDENCE to ACTION

Communication - Cooperation - Coordination - Collaboration



**Message from Miami-Dade County
Mayor Carlos Gimenez**

It is truly an honor for me to **recognize and applaud the**
Health Council of South Florida for their 45 years of
exceptional service as the state designated local health planning agency, unbiased data source
and **premier community collaborator** for Miami-Dade



and Monroe counties. As **forward thinkers**, the Council is working to improve the health of our
community using innovative technology solutions. We recognize that the **health and well-**
being of our residents plays a critical role in our county's **economic**
viability. We believe that through **shared leadership and the**
alignment of resources, our community can leverage strengths to create ongoing successes
with measurable results. Having affordable access to quality health care that results from providing leaders with
health-related quality of life **data, insights and ecosystem**
engagements is critical to making sound strategic decisions for our families, our businesses, and our
community. Our goal is to make **Miami-Dade County a recognized**
model as the happiest and healthiest community in the Nation. As this is a high priority for me and my
administration, I fully endorse the innovative efforts of the Health Council South Florida, and key stakeholders, as they
work diligently to improve healthcare access and **lead us into the future of**
healthcare.

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Miami-Dade Health Action Network

Joining Forces to Improve Health Outcomes in Miami-Dade County

What: A transdisciplinary, multi-sector, cross collaborative, which continuously has evolved, boasting over 2,300 engaged community partners representing 436 unique community organizations, serving as a neutral convening platform to collectively address issues and develop improvement strategies for an integrated safety-net system and increased access to health care in Miami-Dade County. Community leaders also placed high value on social capital and social ties, and relied on the latter to bring providers, payers, and community organizations, among many others, together. Many said that this collaboration (one called it “coopetition”) was a prerequisite for change as no individual effort by payers, providers, or patients would be strong enough to overcome the perverse incentives and fragmentation of services that contribute to the dysfunction of U.S health care.

Why: Miami-Dade County has a great opportunity to change the culture of healthcare. A number of converging forces encourage providers and community partners to take a collaborative approach to health assessment and interventions: (1) public health departments who seek accreditation must perform community needs assessments; (2) local governments are thinking seriously about their investments in health, assessing needs and setting priorities; (3) foundations, funders and philanthropists are increasingly choosing to invest in collaborative models rather than single agencies; (4) Federally Qualified Health Centers must assess the need for expansion; and (5) hospitals are pressed to assess, plan and invest to meet new IRS regulations. With the potential to be more efficient and effective, collaborative assessment can lay the groundwork for collective priority setting and investment to achieve maximum impact.

Who: Collaborative work by definition brings together traditional and non-traditional partners. The MDHAN has come together in response to the growing needs of our community. The Network includes: hospitals, Federally Qualified Health Centers, behavioral health providers, public health, local governments, regional leaders, academics, social service providers and community based non-profits. Over the past two (2) years these stakeholders including physicians, insurers, business leaders and representatives from the faith-based and business communities have helped shape the design and paint the portrait of a healthy Miami-Dade County.

How: Since its inception in 2008, the MDHAN stakeholders have participated in a series of crucial conversations to review our health system, analyze health data, build consensus and prioritize challenges/opportunities while proposing actionable recommendations for solutions. In 2012, with support from Baptist Health South Florida, the Health Access Initiative (HAI) escalated the work of the Network exponentially, which provided for the evolution of a countywide mission and long term vision to be realized.

Experience: The MDHAN provides strong evidence that a collaboration on improving outcomes and reducing costs really requires a commitment to capacity building in the community which can work. The Network collectively studies and prioritizes key issues, and provides actionable recommendations for implementation.

Overview and Key Findings

- Miami-Dade County is the largest metropolitan area in the State of Florida, representing 13.5% of the State's population.
- The eighth largest county in the Nation and per 2012 U.S. Census estimates, Miami-Dade is home to 2,527,709 residents.
- It is one of the few counties in the U.S. that is "minority-majority," in that a minority group comprises the majority of the population, with 66% Latino or Hispanic residents, 19% black, non-Hispanic, and 15% white, non-Hispanic.
- As per the 2010 US Census Bureau's American Community Survey (ACS), 52% of its nearly 2.5 million residents are foreign-born, a percentage greater than any other American county. Of residents age five and older, 72% speak a language other than English at home; often Spanish or Creole.
- Unlike much of Florida, Miami-Dade County has a relatively young population with 86% of residents under age 65 and 22% under the age of 18.
- The City of Miami has one of the highest poverty levels in the country. 26% of African Americans or black residents live below the federal poverty level (FPL), while 17% of Hispanics fall below FPL and only 10% of white non-Hispanics.
- Median annual family income for Hispanics was \$45,000 while it was \$39,000 for African Americans and more than double for white non-Hispanics, at \$84,000.
- Disparities in educational attainment are also apparent; 92% of non-Hispanic whites possess a high school diploma or better, while the same is true of only 73% of Hispanics, and 72% of African Americans. Data also suggest that Miami Dade residents who speak English less than very well – as well as English speakers with limited literacy skills – may struggle to access the healthcare services they need.
- Miami-Dade County scores very low in terms of access to comprehensive, high quality health care and other services which are essential in preventing illness, promoting wellness, and fostering vibrant communities.
- Miami-Dade County is faced with approximately 400,000 undocumented residents and 600,000 uninsured who represent a great deal of the uncompensated costs to the healthcare system. The high cost of uncompensated care overburdens the health care safety net.

Two key challenges that impact the Miami-Dade County safety net delivery system:

- 1) Limited number of licensed primary care providers who are accepting Medicaid patients and
- 2) Lack of Medicaid reform and expansion.

Inadequacy of Current Efforts

The Robert Wood Johnson 2013 County Health Rankings report, Miami-Dade received a Clinical Care ranking of 60 of 67 Florida counties given high rates of uninsured and preventable hospitalizations. Health Behaviors and Mortality rank 2 of 67, including lower than average rates of smoking, obesity, excessive drinking and premature death. A morbidity ranking of 22 was given, largely due to high rates of low birth weight babies and residents reporting “poor or fair” health.

In 2013, the county was ranked 14 of 67 in a healthy Physical Environment. However, when it comes to Socioeconomic Factors, including high rates of unemployment, children in poverty, inadequate social support and violent crime, Miami-Dade was ranked 50 of 67.

The process of identifying at-risk individuals and connecting them to the care and services they need is generally known as “care coordination.” The current business model for the provision of care coordination services remains inadequate to the task at hand. For example, the traditional system of accountability focuses on “activities” that may or may not be meaningful to and produce a benefit for the recipient of the service. While more than one organization may provide care coordination services within a given geographic area, generally little or no collaboration occurs across these programs, thus, individuals fall through the cracks and efforts are duplicated.

Changes Impacting the National Health Care Policy Landscape

- Patient Protection and Affordable Care Act and increased regulations;
- Penalties for hospitals with excessive readmissions;
- Codes to pay physicians for post-hospital discharge care coordination provided to Medicare beneficiaries;
- Payment mechanism for community organizations to bill Medicare for transitional care;
- Bundled payment for episodes of care;
- Accountable care organizations;
- Major shifts from pay for volume-based reimbursement policies to pay for value models; and
- Need for more informed, data driven policy over time to help guide care delivery, care management transitions and care coordination activities.

“The Florida Department of Health in Miami-Dade salutes the efforts of the Miami-Dade Health Action Network. We cannot ask for a better partner as we achieve our mission, which



is to protect and promote the health of all residents and visitors of Miami-Dade County. We are thankful for the Network’s commitment to Miami-Dade County as we work in increase access to care to Miami-Dade’s underserved population.”

- Lillian Rivera, PhD, Administrator Florida Department of Health in Miami-Dade County

Collective Impact of MDHAN

Inspired by the Collective Impact model, the MDHAN is using the model's principles, lessons, and structure to achieve transformational change locally. "Collective Impact" is defined as the commitment of a group of stakeholders from different sectors to a common agenda for solving a specific social problem, using a structured form of collaboration. Collective Impact initiatives are distinguished from other types of collaboration by creating or expanding upon these conditions of success.

Backbone Organization

Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.



"As Co-founder of the MD-HAN, I have observed the exponential growth of the Network from a few dozen partners to over 2,300 community partners. With an emphasis on "Health in all Policies", we

continue leverage our strengths to promote and implement innovative models that increase affordable access to quality health care for our community."

- Commissioner Juan Carlos Zapata, District 11, Miami-Dade County Board of County Commissioners



Common Agenda

All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.

Shared Measurement

Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.

Incorporating Health in All Policies

The MDHAN realizes that health is influenced by a wide range of factors, many of which fall outside of the health care delivery section. These determinants of health include, for example, the characteristics of how people live, work, learn, and play. Decision and policy making in areas such as transportation, housing, and education at different levels of government, and in the private sector, can have far-reaching impacts on health. Throughout the U.S. there has been increasing dialogue on incorporating a health perspective into policies, programs, and projects outside the health field. The Institute of Medicine and the National Research Council is calling for government and the private sector to adopt a "Health in All Policies" approach.

Promoting a System of Collaboration, Accountability, and Improved Outcomes

Despite the many accomplishments of local public health, we continue to see emerging population-wide health threats as we forged ahead into the 21st Century. Unfortunately, Miami-Dade County's silo culture led to a very fragmented healthcare community making change slow and difficult to accomplish. In response to this issue, the Florida Department of Health in Miami-Dade County (FDOH-MDC), in partnership with the Health Council of South Florida (HCSF) and then Florida State Representative Juan Carlos Zapata convened a group of community stakeholders to establish the Miami-Dade Health Action Network (MDHAN), a "community collaboratory" designed to address issues regarding access to healthcare. MDHAN launched its kick-off initiative in 2008, with approximately 30 partners coming to the table to participate in collective strategizing, crucial communitywide health conversations and improvement planning activities.

In 2010, the FDOH-MDC announced a budget cut of the MDHAN. Understanding the value and realizing the importance and potential for a collective voice, the HCSF continued to facilitate MDHAN community partnership meetings as an in-kind service to our community. With increased recruitment efforts, the membership grew to 179 partners and the search continued for bridge funding for the evolution of the Network.

Proposal to Baptist Health South Florida

In 2012, the HCSF originally proposed a four-year Health Access Initiative (HAI) to implement a system-wide change with a number of components that were set forth to improve access to primary care for the uninsured and underserved, promote a system of coordinated continuity of care that reduces the incidence of costly, non-reimbursable emergency room visits and readmissions, and focus on preventive care. The HAI was also set to promote coordination, cooperation, collaboration and communication between all healthcare providers to improve access and continuity of care to reduce the burden of charity care across healthcare providers.

The HCSF, positioned as Network Administrator, was awarded \$500,000 from Baptist Health South Florida over a two year period from September 1, 2012 through August 31, 2014 to launch the MDHAN HAI. The HAI was directly aligned with the mission of Baptist Health South Florida to improve the health and well-being of individuals, and to promote the sanctity and preservation of life in the communities served. This initiative engaged community stakeholders to focus on reducing uncompensated care and the mis-utilization of emergency departments and healthcare services. The \$500,000 commitment from Baptist Health South Florida to further its mission was payable in eight (8) installments of \$62,500 each and have been paid on a quarterly basis and was contingent upon HCSF's achievement of the goals, outcomes, and milestones set forth in the original attached scope of work and work plan.



MDHAN Health Access Initiative

Community Centered - taking full advantage of local organization support's ability to meet individuals where they are and to reflect their needs, strengths, lives and aspirations.

Population Focused - organized, implemented, and sustained to meet the needs of all those for whom they are designed.

Community Oriented Network - reflect the importance of communities in health behavior, addresses, community resources, and helps individuals take advantage of them.

Comprehensive - flexible in the intervention of local support interventions to meet varied needs and circumstances of intended populations.

The HCSF has consistently strived to meet and exceed all goals originally defined by developing an organizational structure that would enable meeting all objectives. The following were the goals, which would be examined quarterly for the status of their development.

Goal 1: Build improved collaborative capacity among Miami-Dade Safety-Net Providers;

Goal 2: Formalize a Miami-Dade Leadership Team; and

Goal 3: Design and promote a system of coordinated care.

To best address the foregoing goals, a number of strategies have been implemented resulting in projects that have met these objectives.

MDHAN Vision

To realize an integrated safety-net that cooperatively maximizes its resources, influence, and capacity to provide care and leverage policy.

MDHAN Mission

To serve as the catalyst and resource for safety-net innovation, collaboration, and policy direction to promote accessible, coordinated, and affordable care to the uninsured and underserved of Miami-Dade County.



"I am pleased to support the efforts of the Miami-Dade Health Action Network. Community partners across all sectors must collaborate in order to ensure that the safety-net provides efficient, effective and coordinated care to Miami-Dade County residents."

– The Honorable Rene Garcia, State Senator, District 38

MDHAN Structure

The Miami-Dade Health Action Network (MDHAN) is a multi-sector, transdisciplinary collaborative, which continuously has evolved since 2008 boasting over 2,300 engaged community partners representing 436 unique community organizations. The Network, championed by the Honorable Carlos Gimenez, Mayor of Miami-Dade County, and the Honorable Rene Garica, State Senator, District 38, serves as the neutral convening platform to address issues regarding the promotion of an integrated safety-net system and access to health care in Miami-Dade County. It has evolved into a thriving, active coalition with community partners engaged in Work Groups and health improvement activities to bring about thoughtful and targeted improvements to our local healthcare delivery system.

The MDHAN is a four-tiered structure, composed of a Network of Community Partners, four work groups, a Steering Committee, and the Transformational Leadership Council (TLC).



Since 2012, the MDHAN has increased community partner participation to more the 2,300 members and 436 unique organizations.



MDHAN Leadership and Governance

Transformational Leadership Council

Chair: Steven E. Marcus, EdD, President and Chief Executive Officer, of Health Foundation of South Florida

The TLC, a cadre of policy advocates, influential community leaders, key legislators and local decision-makers, is charged with and able to move change forward, leads the action, and is responsible to champion support for the policies necessary to effect system changes and make them truly sustainable.

Steering Committee

Co-Chair: Annie Neasman, RN, MS, President and Chief Executive Officer, Jessie Trice Community Health Centers

Co-Chair: Robert Schwartz, MD, Professor and Chair of the Department of Family Medicine and Community Health at University of Miami

The MDHAN Steering Committee actively promotes and prioritizes goals and objectives ensuring achievement of the HAI outcomes. It continuously monitors, reviews, evaluates and aligns ongoing program implementation with supportive policy. The four (4) Work Groups are platforms for knowledge exchange, best practice adaptation and planning. The Steering Committee is tasked with the prioritization of actionable recommendations, informed by the MDHAN's vision and mission, for submission to the TLC.

The MDHAN's collective voice, through its Steering Committee and work groups, reflects the broad community with health, education, social services, government and business. The MDHAN serves as a platform for knowledge exchange and best practice adaptation and planning.

The Work Groups are led by active community agencies and supported by staff from HCSF. This arrangement provides ample support for the development of community driven priority setting. Interventions are selected and developed by Work Groups to target specific health improvement areas. These Work Groups comprised of community members and advocates work together in a comprehensive, coordinated approach for planning and accountability.

The Work Groups serve as a resource for agencies addressing overall health and well-being while leveraging resources for community initiatives. The MDHAN incorporates evidence-based practices to increase access to care and address health disparities for underserved and underprivileged populations.

"The Health Council of South Florida is truly committed to being the catalyst to bring change to Miami-Dade County's safety-net. Through their work in the MD-HAN, they are convening key community partners together to develop promising programs and support essential innovations that can lead to improvements in the health of our community."

- Annie Neasman, RN, MS, President and CEO, Jessie Trice Community Health Centers



MDHAN Steering Committee Meeting

Robert Schwartz, MD, MDHAN Steering Committee Co-Chair, presenting at the MDHAN Primary Care Safety-Net Summit on the work of the South Florida Regional Extension Center which focuses on using current technology to provide increased quality of care to patients in our community.



Primary Care Safety Net Work Group

Co-Lead: Lillian Rivera, PHD, MSN, RN, Administrator at the Florida Department of Health in Miami-Dade County

Co-Lead: Thao Tran, MD, MPH, Strategic and Clinical Advisor, HCSF

The Primary Care Safety Net Work Group examines access issues and collaborates towards finding solutions focused on improving primary care and the safety-net. The Work Groups serves as a platform for all primary care providers to collaborate towards a system of care coordination that enables the provision of quality health care while reducing unnecessary costs.

The Primary Care Work Group, in collaboration with MDHAN members, leveraged additional funding specific to interventions aimed at reducing racial and ethnic disparities in Deep South Dade. Through chronic disease trainings for professionals, and one-on-one assistance, over 370 patients were reached.



MDHAN South Dade Community Partner Meetings



Enroll America is proud to partner with the Health Council of South Florida and values the vital role the MDHAN played during the Affordable Care Act/Health Insurance Marketplace's first open enrollment period. The Network provided us with a platform to highlight useful tools, community events and other pertinent Marketplace information to educate and inform residents and community partners throughout Miami-Dade County."

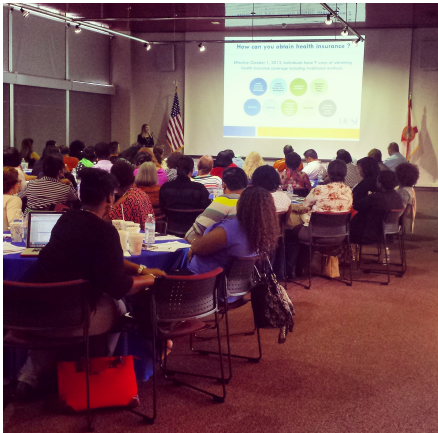
- Nick Duran, State Director, Enroll America

Community Health Worker/Patient Navigator Work Group

Co-Lead: Linda Callejas, PhD, Vice President of Strategic Innovation, ConnectFamilias

Co-Lead: Brendaly Rodriguez, MA, Project Manager, University of Miami

The MDHAN CHW/PN Work Group exchanges and disseminates best practices/lessons learned crossing throughout an eight (8) county network contributing to the enhancement of service delivery among CHWs and PNs.



The MDHAN CHW/PN Work Group aligned its efforts with the Florida Community Health Worker Coalition to enhance capacity of Community Health Workers (CHWs) through increased training and advocated on behalf of establishing a nationally recognized CHW definition adopted by the Bureau of Labor Statistics. As CHWs serve critical roles to increased access to care, advocacy efforts are also focused on creating a pathway to certification and incorporating reimbursement for prevention through CHWs for reimbursement in the Medicaid State Plan.

The CHW/PN regional summits, annual statewide and national conference series provide professional development and networking opportunities, along with tools, resources, and practical skills building sessions. Among many diverse programs there is a focus on training lay health educators or hiring community health workers to find and assist residents who could benefit from health coaching and better chronic disease management, these two strategies have proven to reduce poor health outcomes and associated health care spending. The work of the MDHAN CHW/PN Work Group has promoted a statewide CHW coalition focused on development of a standardized CHW/PN curriculum as an economic development strategy.

"Since its inception in 2008, I've been a member of the MDHAN in various capacities. First as a general member, and for the last 4 years, as Co-Chair of the MDHAN Community Health Worker/Patient Navigator Work Group. Throughout this time, I've witnessed the growth of the MDHAN and its strength in partnership development at the regional level. It is through this work that we have been able to develop a sustainable, collaborative model in South Florida for Community Health Workers/Promotores/Patient Navigators that has already inspired other groups across the state of Florida to model our structure and hopefully will inspire others across the nation."

- Brendaly Rodriguez, MA, MDHAN CHW/PN Work Group Co-Lead (right), pictured with her Co-Lead Linda Callejas, PhD



Data/Technology Work Group

Co-Lead: Ari Entin, MHSA, Director of Information Technology, Florida Department of Health in Miami-Dade County

Co-Lead: Alejandro Romillo, Executive Vice President & Chief Operating Officer, Health Choice Network

The MDHAN Data/Technology Work Group analyzes how to share patient demographic and utilization data securely, in compliance with HIPAA regulations, and provides recommendations on technology solutions that address the needs of this community in support of a coordinated healthcare delivery system.

Innovation/Impact Work Group

Lead: Steven Ullmann, PhD, Professor and Director of Programs in Health Sector Management and Policy, University of Miami

The MDHAN Innovation/Impact Work Group guides the Network by developing and refining sound direction which supports and advances the mission and vision, resulting in significant value. This Work Group forges key community partnership with interested participants who are focused on research, innovation and impact.



Network Accomplishments

Goal 1: Build improved collaborative capacity among Miami-Dade County safety-net providers

Strategy 1: Develop and implement MDHAN recruitment plan and retention strategies

- Developed the MDHAN Orientation handbook and operational guidelines
- Incorporated continued recruitment efforts throughout all MDHAN meetings and related messaging
- Established an online electronic registration process for Network membership
- MDHAN endorsed the HCSF Ethics Committee White Paper titled “Preserving the Health Care Safety Net”

Strategy 2: Enhance MDHAN Capacity

- Increased membership to over 2,300 members and 436 unique organizations
- Formalized MDHAN Structure with four (4) Work Groups
- Engaged commitment from Work Group leaders
- Secured community leaders to serve on Steering Committee
- Conducted extensive research on various potential technology solutions focused on centralized eligibility and care coordination
- Spearheaded meetings with technology companies for community presentations
- Partnered with Switchboard Miami/211 to update a countywide community partner organization directory

Strategy 3: Strengthen MDHAN member communication

- Created and currently maintain MDHAN member database
- Generated and distributed quarterly MDHAN newsletters
- Created and currently maintain MDHAN community page on Miami Matters website
- Facilitated monthly Steering Committee meetings
- Facilitated Work Group meetings
- Facilitated quarterly Community Partner meetings
- Established the MDHAN South Dade Chapter
- Co-hosted monthly South Dade meetings with We Care of South Dade
- Convened Affordable Care Act partner meetings
- Hosted the Innovation/Impact Clinical Research Forum
- Conducted the Primary Care Safety-Net Summit
- Facilitated Annual Community Health Worker/Patient Navigator Symposia

Goal 2: Formalize a Miami-Dade Leadership Team

Strategy 1: Identify community leaders

- Attended several recruitment and educational meetings with elected local, state and national officials, public/private community leaders and community decision makers
- Met with Michelle Obama, First Lady of the United States, to discuss local enrollment efforts at Jessie Trice Community Health Center
- Hosted intimate discussion with healthcare leaders and Kathleen Sebelius, former U.S. Secretary of Health and Human Services
- Co-hosted Affordable Care Act panel discussion at Miami-Dade College with Kathleen Sebelius, former U.S. Secretary of Health and Human Services
- Delivered MDHAN presentation to the Miami-Dade Legislative Delegation
- Participated at Dade Days Event in Tallahassee, Florida, and included MDHAN priorities as part of HCSF legislative priorities
- Attended various community events to recruit interested leaders

Strategy 2: Formalize health leadership team

- Conducted various meetings with community leaders to educate about the MDHAN mission and goals, as well as garner their support and commitment to advocate on behalf of the Network. The community leaders include, but are not limited to:
 - Rene Garcia, State Senator, Florida, District 38
 - Dwight Bullard, State Senator, Florida, District 39
 - Carlos Gimenez, Mayor, Miami-Dade County
 - Rebeca Sosa, Chairwoman, Board of County Commissioners, Miami-Dade County, District 6
 - Juan C. Zapata, Commissioner, Miami-Dade County, District 11
 - Daniella Levine Cava, Commissioner Elect, Miami-Dade County, District 8
 - Jean Monestime, Commissioner, Miami-Dade County, District 2
 - Alina Hudak, Deputy Mayor, Miami-Dade County
 - Russell Benford, Deputy Mayor, Miami-Dade County
 - Alberto M. Carvalho, Superintendent of Schools, Miami-Dade County
 - Kevin Kearns, President & CEO, Health Choice Network
 - Steven E. Marcus, EdD, President & CEO, Health Foundation of South Florida
 - Carlos Migoya, MBA, CEO, Jackson Health System
 - Eduardo Padron, PhD, President, Miami-Dade College
 - Linda Quick, MSM, President, South Florida Hospital & Healthcare Association
 - Eneida O. Roldan, MD, MPH, MBA, Associate Dean, Herbert Wertheim College of Medicine, Florida International University
- Co-hosted meeting with the Honorable Carlos Gimenez, Mayor of Miami-Dade County, and the Honorable Rene Garcia, State Senator, District 38, to initiate an intimate discussion with an elite group of top community leaders concerning an opportunity to champion strategies for the improved the health and well-being of Miami-Dade County

Strategy 3: Construct community healthcare needs

- Co-hosted and co-facilitated two-day meeting with the Florida Department of Health in Miami-Dade to develop the Miami-Dade Community Health Improvement Plan that is aligned with the State Health Improvement Plan
 - Convened community partners to prioritize local needs
 - Assigned responsibilities to assist in improving specific priority areas
- Steering Committee identified specific priorities from the Community Health Improvement Plan to guide MDHAN efforts

Goal 3: Design and promote a system of coordinated care

Strategy 1: Assess feasibility

- Researched, reviewed and presented various technology platforms and vendors
- Researched, reviewed and presented CMS Innovation Models
- Researched, reviewed and presented Beacon Communities Model
 - Attended HIMSS conference in Washington, D.C. and secured meetings with IBM, Intersystems and GE
- Attended Nanobiosym Summit in Boston, Massachusetts, and participated on a speaker panel showcasing collaborative work of MDHAN in Miami-Dade County to help introduce new innovative technology to market

Strategy 2: Develop a business plan

- Components pending continued community engagement and future financial support

Strategy 3: Promote sustainable care coordination

- HCSF has actively pursued additional funding to support MDHAN efforts, including the following:
 - Successfully received nominal funding from Florida Blue Foundation to Build Healthy Strong Communities
 - Awaiting award determination from:
 - Florida Blue Sapphire Awards - Improving the Health Care System: Recognizing Excellence and Innovation in Community Health
 - Intends to submit application to:
 - Centers for Medicare and Medicaid Services Health Care Innovation Award
 - Kresge Foundation, Innovative Approaches to Improve Community Health

MDHAN's Collective Strategies to Improve Health Care Access

After much discussion and deliberation, the MDHAN collectively concluded that the current healthcare delivery system in Miami-Dade County is fragmented, inefficient and increasingly challenged with today's ever-changing healthcare landscape. Our current system treats sickness through episodic care, rather than wellness and prevention. It operates in silos, which are reinforced by a culture driven by specialists instead of a focus on primary care.

The intrinsic problem stems from the payment structure coupled with a lack of communication and coordinated care within multiple healthcare providers. Furthermore, the lack of collaboration of healthcare providers contribute to our broken system in the same manner with duplication of services and a lack of comprehensive understanding of a patient's overall health.



The MDHAN placed a heavy emphasis on identifying and addressing the needs of the underserved, reflecting both a sense of social responsibility and a pragmatic awareness that this could lead to savings downstream. The populations MDHAN targeted for better care were the underserved, high safety net and frequent emergency department users. The Network agreed that building a well-conceived and properly executed coordinated health care community would allow for the ability to coordinate care for a critical mass of a defined population. However, this would require reining in spending on inappropriate and duplicative care to transform our current system into an integrated care model. The following recommendations were made for the Network to pursue:

- Leverage social ties to bring providers, payers and community organizations together to improve healthcare;
- Ambitious goal setting for improving population health and health system efficiency;
- Consideration of key goals as pivotal strategies for revitalizing the local economy;
- Commitment to responsible stewardship of healthcare resources;
- Pursue sustainability opportunities focused on public/private stakeholders and investors;

- Institute policies and programs (for example, living wage policies, tax credits and subsidies, and housing vouchers) to improve economic prospects so that some disadvantaged families - those earning below twice the federal poverty level - may become advantaged;
- Share payment reform models: managed care contracting and performance incentive programs provide significant support for primary care physicians to adopt best practices and improve the quality of care; and
- Share innovative models involving social change, which put them at the forefront of the nation in introducing models of care that change the way patients interact with the health system.

An Ecosystem of Opportunity

With the infrastructure of the collaborative MDHAN in place, the next step for the Network is to focus on key strategies identified by the Network to address the needs of our diverse population. Our goal of interoperability and objective of improved health and wellness outcomes for Miami- Dade County residents, while lowering overall costs and improving quality and patient safety using the Triple Aim of Healthcare. We aim to establish a



system of collaborative forces to enable healthcare teams to provide the right care at the right time in the right place at the right price to individuals and population segments.

Accountable Care Communities

After extensive review of the diverse care coordination models throughout the nation, the MDHAN has endorsed the development of an innovative model entitled the “Accountable Care Community” that embraces and enables many of the reform concepts and offers significant potential to address the core challenges. The Miami-Dade County Accountable Care Community, would be a collaborative, integrated, and measurable strategy that emphasizes shared responsibility for the health of the community, including health promotion and disease prevention, access to quality services, and healthcare delivery. The Accountable Care Community consists of a healthcare system, payers, grassroots, community stakeholders and community organizations.

The intent of the Miami-Dade County Accountable Care Community is to achieve the following:

Mission: To establish an integrated, multi-disciplinary collaborative through shared responsibility of healthcare partners that focuses on improving health and wellness for Miami-Dade County residents.

Outcomes:

- Improve overall health indicators of the community;
- Improve patient engagement in health promotion and disease prevention;
- Improve access to care and services;
- Improve coordination through the continuum of care; and
- Grow in job creation and economic vitality to the community.

Establishing the Miami-Dade County Accountable Care Community will allow our community to tackle a broad range of issues with greater breadth and depth. Through a collaborative and integrated network, we will be able to coordinate services from a community and patient centric perspective. By leveraging collaborative partnerships between multi-disciplinary resources to improve community health and prevent redundant efforts, the Miami-Dade County Accountable Care Community will focus on the health outcomes of our community.

During the first two years of MDHAN, the HCSF successfully engaged health care leaders and Network members to accomplish the following:

- Identify and rank health priorities with community stakeholders;
- Conduct and enhance an inventory of public and private community assets and resources;
- Re-define and prioritize health outcomes for the community; and
- Gather community consensus for a system of health promotion and disease prevention, access to care and services.

Through Baptist Health South Florida's continued commitment to supporting the efforts of the Miami-Dade Health Action Network, we can continue to build on the collaborative work and milestones already achieved over the past two years.

In collaboration with the Honorable Carlos Gimenez, Mayor of Miami-Dade County, and the Honorable Rene Garcia, State Senator, District 38, the Health Council of South Florida has hosted an intimate discussion with an elite group of top community leaders on October 20, 2014, to discuss an opportunity to champion strategies for the improved health and well-being of Miami-Dade County residents. During this meeting, the HCSF presented the next crucial steps to establishing the Miami-Dade County Accountable Care Community.

In an effort to establish a self-sustaining Miami-Dade County Accountable Care Community, we must:

- Design an innovative financial model to deliver of cost effective care, improve health indicators, and lower preventable burden of chronic diseases for the community; and
- Benchmark measures for short-term process, intermediate outcome, and longitudinal measures of impact for Miami-Dade County.

As such, the Health Council of South Florida has identified an innovative financial model that will incorporate all of the necessary aspects of a fully functioning and sustainable Miami-Dade County Accountable Care Community.

Moving Towards an Innovative Healthcare Delivery System:

This innovative financial model consists of a neutral entity serving as the system of care coordinator through a collaborative and coordinated patient centric care model. This approach to care coordination is successful because it shifts away from traditional medicine and evolves toward population health management, which focuses on wellness, prevention and primary care. This model encourages all providers across the continuum of care to collaborate and coordinate by providing evidence-based medicine through technology that can integrate the patient horizontally and vertical through care management teams.

Moving forward, the Health Council of South Florida and the Miami-Dade Health Action Network would like to continue efforts to establish a Miami-Dade County Accountable Care Community through a submission to the Centers for Medicare and Medicaid Services Healthcare Innovation Awards. Our goal of establishing a Miami-Dade County Affordable Care Community will allow Miami-Dade County to showcase a new idea to deliver better health, with the support of public and private organizations, by driving a healthcare system transformation that will yield better population outcomes.

"Collective impact is a marathon not a sprint."

Hanleybrown, F., Kania, J., & Kramer, M. "