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

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).

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).
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.
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.

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

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

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<tr>
<th>SURVEY ADVISORY COMMITTEE</th>
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<tr>
<td>Tom Buchmueller</td>
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<td>Bob Goodman</td>
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<td>Helen Levy</td>
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<td>Renuka Tipirneni</td>
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<td>Marianne Udow-Phillips</td>
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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
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
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.

**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.
“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
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
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

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Sources of funds and expenditures
12 months ended December 31, 2017 (audited)
Board of directors

Tony Denton, Chair
Senior Vice President and
Chief Operating Officer
University of Michigan
Health System - Michigan Medicine

Thomas L. Simmer, Vice Chair
Senior Vice President for Health Care
Value and Provider Affiliation and
Chief Medical Officer
Blue Cross Blue Shield of Michigan

John Ayanian
Director, Institute for Healthcare
Policy and Innovation (IHPI)
University of Michigan

Rob Casalou
Regional President and
Chief Executive Officer
St. Joseph Mercy Health System

Kevin Klobucar
Executive Vice President,
Health Care Value
Blue Cross Blue Shield of Michigan

Fran Parker
Executive Director
United Auto Workers Retiree
Medical Benefits Trust

Lynda Rossi
Executive Vice President, Strategy,
Government, and Public Affairs
Blue Cross Blue Shield of Michigan

Terence Thomas
Co-Founder
Thomas Group Consulting, Inc.

Brent Williams
Medical Director, Complex Care
Management Program
Michigan Medicine

Funders and clients

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

Financial Position | Funders and Clients | Board of Directors | Staff
Staff

Nancy Baum
Health Policy Director

Sandra Bitonti Stewart
Business Development Director

Kirsten Cormier
Administrative Assistant

Ana Dora
Administrative and HR Specialist Senior

Megan Foster Friedman
Senior Healthcare Analyst

Elizabeth Jahn
Business and Finance Director

Patrick Kelly
Senior Healthcare Analyst

Jaque King
Health Policy and Data Analyst

Joe Koss
Business and Finance Analyst

Jeremy Lapedis
Project Manager, State Innovation Model

Kathryne O’Grady
Human Services Director

Gregory Powers
Senior Healthcare Analyst

Maggie Randolph
Senior Healthcare Analyst

Melissa Riba
Research and Evaluation Director

Carrie Rheingans
Project Manager, Washtenaw Health Initiative and Community Implementation

Robyn Rontal
Policy Analytics Director

Megan Slowey
Healthcare Analyst

Andrew Smentkowski
Contract and Grant Specialist

Erin Spanier
Marketing and Communications Manager

Karin Teske
Healthcare Analyst

Marianne Udow-Phillips
Executive Director

Molly Welch-Marahar
Program Manager, Policy Fellowship

Michelle Williams
Healthcare Analyst