



**Making Tomorrow**

**Healthier Than Today**

**2016 MPHI ANNUAL REPORT**



**Advancing  
Population Health  
Through Public  
Health Innovation  
And Collaboration**





## A Message From Our CEO



Health and community are inextricably connected - we can't look at health and ignore cultural, societal, and political influences. Our goal at MPHI is to understand those influences and find innovative and collaborative ways to improve population health.

**Renée Branch Canady, PhD, MPA**  
Chief Executive Officer, MPHI



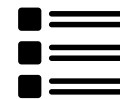
## The Year in Numbers



**506** Employees



**\$79M** in Revenue



**325** Projects



**55** Funding Partners



## We Educate Decision Makers.

Medicaid and CHIP cover 1 in every 5 people in the United States. Understanding federal health policy is critical to understanding our fragmented healthcare system. MPHI co-chairs the National Medicaid EDI in Healthcare Operating Standards Sub-workgroup and participates in the HIMSS Interoperability and Standards Work Group & Task Force. MPHI has also been called on to testify before the National Committee on Vital and Health Statistics Subcommittee on Standards.

MPHI monitors the federal and state regulatory landscape to keep our partners informed. We are public health thought leaders with proven expertise on: HIPAA Administrative Simplification; national healthcare reform initiatives in clinical quality; health system reform (Centers for Medicare and Medicaid Innovation State Innovation Model); health information technology adoption and exchange (Medicaid Electronic Health Records Incentive Program); and on continuing efforts to improve population health.

MPHI also provides technical expertise in database design and analysis tools, consumer outreach support, and advance planning document support. We have over 25 years of experience working with health and human services agencies. Our expertise comes from industry, government, academia, and other health professions.

# We Protect Information.

In 2016 there were over 30,000,000 reported data breaches in the U.S. MPHI works diligently to monitor an ever-growing list of internet threats that include malware and ransomware, keeping our electronic systems safe and secure. We use state-of-the-art, 24x7 event detection and filter nearly 3 million emails per month to detect spam and computer viruses before they harm computers. Our security team is highly certified and has over 20 years of IT experience.

MPHI receives nearly 3 million emails per month, and through the implementation of key technologies, we proactively filter emails based on the sender's reputation, attachments, and other factors. Typically, we filter out 95% to 97% of all incoming emails before they reach the intended recipient.

MPHI regularly scans the IT environment to identify potential vulnerabilities based on current threats. In addition, we perform external penetration testing on our internet facing environment providing further information on vulnerabilities allowing us to protect the data of our employees and our partners.

## **Our team includes security professionals with the following certifications**

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Certified Information Systems Security Professional (CISSP)

Certified Ethical Hacker

Certified HIPAA Professional (CHP)

Certified Security Compliance Specialist (CSCS)

GIAC Certified Incident Handler (GCIH)

CompTIA Security+

MPHI is proactive when it comes to protecting data. We are focused on best practices and mitigating risk, while supporting the business needs of our employees and customers. MPHI uses a robust set of information security controls for managing, protecting, and auditing access to data.



## We Innovate Research.

Inborn errors of metabolism collectively affect 1 in every 1,000 infants. MPHI has led the way in creating the largest, most robust collection of long-term data on these rare genetic disorders. This data is providing a foundation for translational research and clinical trials, resulting in improved treatment for children with metabolic conditions.

Nearly every baby born in the United States is tested shortly after birth for inborn errors of metabolism through newborn blood spot screening. The screening, also known as the heel prick test, identifies rare and life-threatening conditions. Rare conditions such as inborn errors of metabolism are particularly challenging to study because the availability of subjects to study is limited. Due to this limitation, after over 50 years of newborn screening, few of the identified conditions have a sufficient evidence base to guide the clinical management of inborn errors of metabolism.

In 2005, MPHI launched an effort aimed at collecting enough data to give researchers the data needed to more effectively study these rare conditions and provide an adequate evidence base. This effort culminated in the establishment of the Inborn Errors of Metabolism Collaborative (the Collaborative).

The Collaborative has enrolled over 2000 patients and has collected over 600,000 individual data points, making this the largest collection of clinical data on patients with inborn errors of metabolism. These data have been used to provide a robust picture of the presentation and early clinical course of several inborn errors of metabolism and ongoing efforts will continue to contribute to the evidence base required for the effective clinical management of these rare conditions.



## We Implement Change.

Timely, rigorous autopsies are critical in cases where the cause of death is uncertain. Varying local standards and practices create inconsistencies in death investigations and reporting. MPHI is working with state and local government to assess, develop and implement improvements to update the medical examiner system in Michigan for greater collaboration with public health and the judicial system.

The medical examiner system is an essential public health function in each state. Medical examiners across the state identify potential public health and safety hazards, information which is vital to inform public health, law enforcement, child welfare, and medical professionals' policies and practices.

While Medical Examiner (ME) systems tend to vary somewhat from state to state, Michigan is one of only two states in the nation that has a county ME system. The gaps in quality in the current ME system in Michigan can lead to unreliable and inadequate information regarding how and why Michigan citizens are dying. This information is necessary in understanding all factors surrounding an individual's death, and can be used to inform prevention and health promotion efforts, public health practice and health policy throughout Michigan communities.

To fully assess the gaps in the quality of the current Medical Examiner system and determine the ways in which the system can be strengthened to address these gaps, the Michigan Department of Health and Human Services contracted with MPHI to convene a workgroup of stakeholders. Over the course of their meetings, the workgroup provided recommendations for training and qualification standards for Medical Examiners and Medical Examiner Investigators death scene investigation standards, autopsy requirements and changes to the Public Health Code, standardized data systems and reporting, and identified options for a new ME system model including an office of the State Medical Examiners. With recommendations nearly finalized, work remains to ensure that these recommendations are operationalized and implemented, resulting in measurable change for Michigan's Medical Examiners system.

## We Turn Data Into Action.

Every year nearly 45,000 children die in the United States. MPHI's National Center for Fatality Review and Prevention works with all 50 states to identify the circumstances and risk factors related to individual child deaths and develops recommendations to prevent similar deaths from occurring.

The [National Center for Fatality Review & Prevention](https://bit.ly/41Lb226) (URL: <https://bit.ly/41Lb226>), a program of MPHI is funded by the U.S. Health Resources & Services Administration Maternal and Child Health Bureau. We provide training, technical assistance, and data services to Child Death Review and Fetal Infant Mortality Review programs around the country, while promoting, supporting, and enhancing death review methodology and activities at the state, community, and national levels.

The Center uses on-site and remote consultations, web-based trainings, and an interactive website to support review programs. The data gathered by Child Death Review programs is entered and stored in MPHI's secure database. The database, which now contains the circumstances of more than 183,000 individual deaths, is a rich resource for understanding how and why children die.

Across the nation, Fetal Infant Mortality Review and Child Death Review teams identify the key risk factors involved in the deaths of children and work to develop programs and policies to reduce risks, such as maternal and child health and safety programs, improved agency policies, community education, and laws and enforcement. Teams also focus on addressing and reducing health disparities in their communities and states that are associated with fetal, infant, child and adolescent deaths.



## We Pursue Health Equity.

Early childhood education is an important social determinant of health equity. Poor children and children of color often have limited access to high quality programs. Additionally, due to implicit and explicit bias based on race, children of color are disproportionately suspended or expelled from early childhood programs; MPHI is working with state and national partners to reduce this number.

The Center for Health Equity Practice (CHEP) is leading intensive learning lab sessions with early childhood health staff at the Michigan Department of Health and Human Services to help identify and implement concrete strategies to address health inequities within the communities they serve. We also work closely with the **Michigan Power to Thrive**, a community based advocacy group working for social justice and health equity, to help develop early childhood advocacy and action plans.

CHEP also helps those who work in public health and related fields understand health equity, social justice, and the social determinants of health so that they can work together to reduce the likelihood that people are disadvantaged because of their race, class, or gender. This is accomplished by collaborating with partners to implement programs, conduct research, and advocate for strategies that address the root causes of inequities.

Examples of our partners include: local public health departments, community organizers, the Michigan Department of Health and Human Services, and national organizations such as the National Association of County and City Health Officials, and the United States Center for Disease Control and Prevention.

CHEP projects speak directly to issues of poverty, inequality, and the social systems that contribute to them. We use a variety of strategies to accomplish our work, including data collection and analysis, program evaluation, program development and pilot testing, strategic planning and facilitation, project management, and parent and community engagement.



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