Greater Flint Health Coalition
Cost & Resource Planning Data Review Subcommittee
Historical Report / Accomplishments
September 2000-Present

Date	Activity / Conclusion / Report / Recommendation
September 20, 2000	First meeting – Reports to Cost & Resource Planning Committee Outcome Option (same as Cost & Resource Planning Committee) • Benchmark total community health care costs (both unit cost and utilization); demographically adjusted overall (age, race, gender, and income); and within specific disease categories by provider type/site of service • Implement and continue to refine an ongoing benchmarking process for Genesee County in-conjunction with the University of Michigan – Ann Arbor Function of Cost & Resource Planning Data Review Subcommittee – • As the data management center is implemented, the subcommittee will assess the validity and usefulness of the information collected and to provide recommendations, to the Cost & Resource Planning Committee on areas of opportunity for the Coalition to pursue as well as validate its current activities. - Reviewed Hysterectomy Task Force Terms of Reference - Discussed congestive heart failure – programs at each hospital different approaches – Chief of Cardiology will monitor, seek opportunities for collaboration. Chiefs looking for specific cardiac research project
November 8, 2000	Reviewed Executive Summary Cost & Use Planning Model Inpatient utilization 1995-1998 by University of Michigan - Michigan Health Services Research (Data Management Center began in 1999) -Utilized Michigan Inpatient Database and BCBSM data summarized utilization, length of stay, charge and Medicare reimbursement information – age & sex adjusted for Genesee County was compared with data from other Michigan counties, as well as the State of Michigan in total. -The procedures were grouped into the following categories: Cardiac, Intestinal Operations, Orthopedics, Reproductive System (female), Reproductive System (male), and Back

	Procedures.
January 10, 2001	• VOTED to recommend to the Cost & Resource Planning Committee that the physicians be brought together prior to formalizing task forces to give input on the data. • VOTED that the Cost & Resource Planning Committee should bring together a group of physicians to respond to the potential creation of a Task Force on Back Surgery.
April 11, 2001	Requested staff to create terms of reference for a Back Pain Management Task Force after reviewing brainstorming discussion by a selected group of physicians
June 13, 2001	Recommended Terms of Reference for Back Pain Management to the Cost & Resource Planning Committee
September 20, 2000 – March 18, 2002 (over 18 months)	The work of the subcommittee can be divided in four components: 1. Orientation to available data: Dartmouth Atlas of Michigan, BCBSM "Auto Data", and BCN data 2. University of Michigan (Ann Arbor) "Use & Cost Comparison Report for Genesee & Other Michigan Counties" 3. Task Force Development • Hysterectomy Task Force • Acute Myocardial Infarction (AMI) Guidelines Applied in Practice (GAP) Project • Back Pain Management Task Force 4. Review of Proposals • BCBSM Foundation Geographic Variation, Community Academic Partnership • Association of Health Plans of Michigan Stroke & Cancer
March 18, 2002	Upon approval of the Cost & Use Model Report for submission to the Cost & Resource Planning Committee the subcommittee suggested the all payer model might be done every five years or so.
April 19, 2002	Data Review Subcommittee recommendations to the Cost & Resource Planning Committee were approved as follows: 1. Discontinuing the work of the Use & Cost as presently formatted and reformulate the Model using MIDB & MODB as recommended by Professor Wheeler in his executive summary. 2. Promote the sharing of payer data as has been superbly done by BCBSM and more recently BCN. HealthPlus of

	Michigan and The Wellness Plan should be strongly encouraged to do the same. 3. The providers, i.e. the three health systems, should be encouraged to bring forward data that would validate or refine the payer data. It would also be helpful to better understand the utilization issues that health systems are working on to compliment or enhance the work of the Coalition. 4. The Cost & Resource Planning Committee should adopt the "brainstorming approach" to the creation of any future committees/task forces.
September, 2002	Board approved to continue to fund the Cost & Use Model with reformulation of the Model, using the MIDB and the MODB as the base, with special studies of particular procedures as necessary
May, 2002 – July, 2003	Investigated as a potential area of opportunity was radiological services health plan data due to high cost and utilization. The committee concluded that no immediate activity seemed to materialize.
September 3, 2003	Terms of reference for the Diabetes Task Force require a yearly monitoring of HbA1c, lipid, and nephropathy rates. GFHC staff will work with the health plans to report findings to the Diabetes Task Force
December, 2003	Began analysis of Inpatient Utilization data – Michigan Health & Hospital Association
September 1, 2004	Cost & Use Model – Committee suggested the report should go beyond surgical procedures as socio-economic factors affect health. Dr. Wheeler was asked to outline measures to address

January 5, 2005	Develop a more inclusive picture of health care use and cost by providing Genesee County with a balance scorecard regarding its health status
	
	Dr. Wheeler agreed to develop a proposed method for the work involved in the new scope of data review. He will include elements from:
	• Lewin Report
	• Michigan State Environmental Project
	• Information from:
	  • Genesee County Health Department
	  • Health systems
	  • Health plans
	• Prevention Research Center's Community Survey

March 2, 2005	Balanced Scorecard or Community Scorecard -

	Several factors were identified to take into consideration in the development of a data set including: • Creation of a dynamic data set • Goal is to translate data into information • Information should be useful to the GFHC • Information reflect definition of a healthy community • Method must be outlined A suggestion was made to look at HEDIS measures as they are routinely collected from a broad spectrum of organizations, consider preventative health, and could be broken out for Genesee County residents. Dr. Wheeler will connect with members Margaret Koskoszka and Sharon Leenhouts to review HEDIS measures and develop a list of those worthwhile for discussion by the subcommittee.
July 6, 2005	Sustainability Project – A result of the GFHC's strategic planning retreat in January 2005. The board wanted to develop a set of measures to track the continuous progress of the GFHC's activities. Subcommittee reviewed potential GFHC activities to be measured: MIChild, Diabetes Detection Initiative, Genesee Health Plan (GHP), Cardiac Catheterization Initiative, Antibiotic Resistance and Reduction Project-Cold Pack Campaign, Acute Myocardial Infarction-Guidelines Applied in Practice (GAP) and Mid Michigan GAP-Heart Failure Project, Take One Campaign, Back Pain Management, Undoing Racism Workshops and the Flint Healthcare Employment Opportunities It was noted there is a difference between the sustainability project and the community scorecard. The community scorecard is more general in its data collection identifying future areas for directing efforts. The sustainability project is focused on the GFHC activity areas identifying opportunities for improvement within the system or process.
November 2, 2005	Began to review HEDIS data and discuss elements of the Sustainability project (discussed at meetings in January 2006 and March 2006; Note: These were the only meetings held during this time period)
September 6, 2006	Agency for Healthcare Research and Quality (AHRQ) Quality Indicators Mapping Tool (QIMT) presented An agreement document was signed by each hospital chief executive officer that states the QIMT would be used only to look at county data and would not be used competitively or for any form of marketing advantage.

	The QIMT list of measures is more comprehensive and it allows for comparison on a broader national level than the research currently done for the Subcommittee. QIMT analysis can be relevant to the Flint community and Coalition.
March 7, 2007	Investigate purchasing the AHRQ's data set yearly at a cost of $575.00/year.
May 2, 2007	Dr. Wheeler reviewed his interpretation of potential areas of concern for Genesee County from the 2003 and 2004 analyses. The following outline highlights areas within each of the four QIMT modules (prevention quality indicators, inpatient quality indicators, patient safety indicators, and pediatric quality indicators) which warrant closer investigation. **Prevention Quality Indicators** ▪ Diabetes Short-term Complications Admission Rate ▪ Diabetes Long-term Complications Admission Rate ▪ Hypertension Admission Rate ▪ Congestive Heart Failure Admission Rate ▪ Low Birth Weight Rate ▪ Dehydration Admission Rate ▪ Angina without Procedure Admission Rate ▪ Adult Asthma Admission Rate ▪ Lower-extremity Amputation Rate among Diabetic Patients Dr. Wheeler observed that in the area of Prevention Quality Indicators Genesee County is generally behind the curve given data for the State for Michigan. Areas where the Genesee County rate was in the top quintile and was statistically higher than the State overall rate included: Diabetes Long-term Complications, Hypertension, Congestive Heart Failure, Low Birth Weight, and Lower-extremity Amputation among Diabetic Patients. Potentially, the problems may be due to lifestyle/epidemiology issues or access to care issues. Results showed hospital care does not put the population at risk. Genesee County is not doing well in all outcomes where sedentary or unhealthy lifestyles play a factor. The next step for DRS members would be to investigate HEDIS (Health Plan Employer Data Information Set) measures to determine if they correlate with the QIMT analyses that are consistently above the State average. Dr. Wheeler would also check on the availability of the 2005 QIMT analysis.

	The DRS's will track the comparison of the QIMT to HEDIS over time.
September 5, 2007	Work began on the Sustainability Report on July 6, 2005 after 26 months of work a finalized Sustainability Report was recommended to the Cost & Resource Planning Committee. The Sustainability Report was presented by Jack Wheeler, Consultant, to the Greater Flint Health Coalition's Board of Directors on Monday, November 19, 2007
September 5, 2007	DRS Members discussed the article *U.S. Health System Performance: A National Scorecard* from Health Affairs Magazine September 20, 2006 Dr. Wheeler was asked to perform a number of follow up activities: ▪ Assess the data elements in the article of interest to the DRS ▪ Identify the source for the data elements of interest ▪ Determine what data is feasible to collect for Genesee County
December 2007 – December 2008	The DRS was charged with assisting the Regional Health Information Exchange (HIE) Planning Project Workgroup in developing a sustainable business case for the Regional HIE Planning Project. The DRS developed a Balanced Scorecard Framework of quantitative and qualitative measures to track the value of the pilot phase of the Regional HIE Project. The Balanced Scorecard Framework began by identifying Emergency Department (ED) service utilization patterns/volume and associated data elements that could be measured overtime to show the value of a RHIE to the various stakeholders, then expanded to include additional "community" measures to be collected from the hospital and payor members to demonstrate the value of the HIE outside of the ED setting.