GREATER FLINT HEALTH COALITION

TERMS OF REFERENCE

ADVANCE CARE PLANNING TASK FORCE

2012

MISSION OF THE COALITION:
- Improve the health status of our residents
- To improve the quality and cost effectiveness of the health care system in our community

VISION OF THE COALITION:
A healthy Genesee County community practicing healthy lifestyles with access to the best and most cost effective health and medical care.

CORE VALUES:
Consensus, Collaboration, Fairness, Integrity, Continuous Improvement, Innovation, Public Participation

VISION OF THE ADVANCE CARE PLANNING TASK FORCE:
A single, community-wide process of advance care planning in the Genesee County / Flint community that emphasizes the shared practice of comprehensive, effective methods that result in honoring informed healthcare decisions of patients that respect each patient’s wishes and rights while making advance care plans readily available to healthcare providers so that patient decisions can be accurately converted to medical orders when necessary and appropriate.

OUTCOME OPTIONS 2012-2020:
- Develop, a sustainable, systemic standard of care and culture within Genesee County to implement Advance Care Planning (ACP) and Advance Directives (AD) so that all individuals, especially those with chronic illness, can decide “how they will live” at or near the end of their lives.

- Develop a shared, community-wide process of advance care planning that emphasizes the creation of comprehensive, effective methods that result in honoring informed healthcare decisions of patients that respect each patient’s rights, while:
  a) providing comfort and dignity during end-of-life care;
  b) increasing the patient’s participation in decisions regarding the patient’s care, treatment, or services before and at the end of life; and
  c) ensuring a complete patient record reflecting the patient’s care, treatment, or service is available when needed across Genesee County / Flint health systems and provider sites.
• Complete the three-year planning and development of a Genesee County / Flint Advance Care Planning process and micro-system that creates shared standards of:

  1. Advance Care Planning and Advance Directive System Design, which includes a single Advance Directive document used across provider and community settings, a reliable medical record storage and retrieval process, and an integrated Advance Care Planning team and referral protocol;
  2. Advance Care Planning facilitation skills training and curriculum to ensure delivery of a consistent and reliable Advance Care Planning service to residents across provider and community sites;
  3. Advance Care Planning referral processes and timing of planning services to patients and citizens;
  4. Advance Care Planning Community Engagement to ensure residents are provided a consistent, common, and repetitive message to meet the needs of diverse communities about the benefits of advance care planning;
  5. Advance Care Planning measurement that focuses on continuous quality improvement and demonstrates evidence that plans were honored.

• Deliver best practice *Gundersen Lutheran Respecting Choices’ First Steps Facilitator Training* to cross-sectional designees from each Genesee County / Flint hospital system, major health plan, and a number of other provider and community entities to be designated.

**MEASURABLE HEALTH OUTCOMES:**
• Measure the number of Genesee County residents with documented advance care plans / advance directives that are (1) completed and (2) available in their patient medical record.

• Measure the percentage of written advance directives (ADs) at time of death compared to pre-project baseline rates.

• Upon project implementation and sustained annual operation, compare the following to pre-project baseline rates:
  
  o Number of hospital deaths in Genesee County;
  o Number of hospice admissions in Genesee County;
  o Median length of admission to hospice in Genesee County;
  o Transfer rate of patients’ written preferences, found in the Advance Directive, or provided by the healthcare agent, to appropriate medical orders;
  o Surveyed family members’ self-reported rates that a physician or other healthcare provider or community agent discussed specific plans for the patient’s medical care and that these plans were consistent with the medical treatment received;
Surveyed individuals’ self-reported satisfaction rate after participating in an Advance Care Planning facilitated discussion in Genesee County.

**TASK FORCE MEMBERSHIP**

The task force will initially be no larger than seventeen individuals. All individuals will either be appointed by their organization’s chief executive officer/director or the president of the GFHC. The Board of Directors will appoint the Task Force Chair. The individuals appointed should be senior enough to be able to influence and represent their organization’s policies on the subject matter.

**Commitments:** It is anticipated the task force will meet monthly for one and a half hours at a time to be determined by members.

Additional commitments of time will occur through specific ad hoc project working groups and/or designees that will be convened from time-to-time to address more technical issues of coordination, planning, and implementation.

**Timeline:** Given numerous developmental milestones anticipated in this three-year project, some membership of the task force may require less engagement in early, more technical stages of project development and will thus be asked to serve on an “as needed” basis. It is the intent to revisit membership on a regular basis to ensure productivity, resource allocation, and inclusion is maximized.

The initial membership will be categorized by the coalition “sectors”:

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<tr>
<th>Providers (9)</th>
<th>Senior Designee – To Be Determined</th>
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<tbody>
<tr>
<td></td>
<td>Genesys Health System</td>
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<tr>
<td></td>
<td>Hurley Medical Center</td>
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<td>McLaren-Flint</td>
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<td>Genesee County Medical Society</td>
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<td>Genesee County Osteopathic Association</td>
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<td>Genesys PHO</td>
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<td>McLaren PHO</td>
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<td>Professional Medical Corporation (PMC)</td>
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Insurers (5)
Medical Director (or senior designee)
Hamilton Community Health Network

Medical Director (or senior designee)
HealthPlus of Michigan

Medical Director (or senior designee)
Blue Cross Blue Shield of Michigan

Medical Director (or senior designee)
Blue Care Network

Medical Director (or senior designee)
McLaren Health Plan

Medical Director (or senior designee)
Genesee Health Plan

Purchaser (1)
Medical Director (or senior designee)
United Auto Workers (UAW) Retiree Medical Benefit Trust (RMBT)

Ex-Officio Members (2)
President & CEO, Greater Flint Health Coalition

Chair, Greater Flint Health Coalition

Additional membership of the Task Force to be engaged as appropriate given the project’s progress and development stages:

Consumers
To Be Added As Appropriate
UAW/GM Community Health Initiatives

Faith-Based
To Be Added As Appropriate
Clergy - To Be Determined

Education
To Be Added As Appropriate
(Residency Program Leadership)

Government
To Be Added As Appropriate
Genesee County Health Department

REPORTING:
The Task Force will report to the Cost & Resource Planning Committee and will provide an annual progress report to the Board of Directors.
STAFFING:
The staffing of the task force will be handled by a dedicated Project Manager for the GFHC’s Advance Care Planning Project.

FUNDING:
A three-year planning project will be funded jointly by:

- Batdorf Family Fund (via Genesys Foundation)
- Blue Cross Blue Shield of Michigan / Blue Care Network
- UAW Retiree Medical Benefit Trust
- Other – Pending Review

On October 18, 1999 the board approved the REACH Task Force Terms of Reference. In doing so, the board recommended the vision and outcome option of REACH (Racial and Ethnic Approaches to Community Health) become part of the operational terms of reference of every committee/task force of the Coalition.

THE REACH TASK FORCE
Vision:
To keep before the Coalition the issue of ethnic & racial disparities in health care.
Outcome Options:
- To assist a broad base of community leaders in health care in understanding the multifaceted challenges of race relations and its impact on individual community member’s health.
- To keep front and center the issue of ethnic and racial disparities in the work of the Coalition.

The Advance Care Planning Task Force Terms of Reference were approved by the Cost & Resource Planning Committee on September 7, 2012.

The Advance Care Planning Task Force Terms of Reference were approved by the Board of Directors on September 17, 2012.