

# **GREATER FLINT HEALTH COALITION**

## **TERMS OF REFERENCE**

### **QUALITY & INNOVATION TASK FORCE (2013)**

#### **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 QUALITY & INNOVATION TASK FORCE\*:**

A community health care delivery system that collaborates to promote shared policies and practices that continuously improve the quality of health care provided as well as the patient's experience, encouraging the adoption of safe, evidence-based, best-practice guidelines for treatment in all areas, including the ten major chronic disease areas in the community.

#### **OUTCOME OPTIONS 2012-2020:**

- Collaboratively develop and implement evidence-based quality improvement initiatives across health systems, payers, public health, providers, and the community at-large to: (a) improve the health of the population; (b) enhance the patient experience of care; and (c) reduce, or at least control, the per capita cost of care.\*
- Create, address, and respond to opportunities for innovative, collaborative quality improvement efforts, especially those focused on Genesee County's major mortality, morbidity, and care experience challenges with an emphasis on the top ten major chronic disease areas in the region.\*

*\*Per GFHC Board of Directors adopted GFHC 2020 Strategic Business Plan*

- Initially, the primary activity of the Quality & Innovation Task Force will be to review existing quality improvement needs and initiatives of local health systems, payers, and providers, allowing the Task Force to collaboratively prioritize the specific quality issues that could (a) be addressed collaboratively through the GFHC to establish community-wide best practices or protocols that add value and improve quality of care, while (b) identifying priority quality improvement issues that are currently being adequately addressed as a part of other private, state, or federal initiatives, thus not requiring local collaborative duplication.
  - Following initial analysis as described, the Quality & Innovation Task Force will serve a “clearinghouse” role in the Coalition and Genesee County community relative to proposed new collaborative quality improvement opportunities.
  - Initial areas of consideration could included (but are not limited to):
    - Hospital readmissions;
    - Care transitions;
    - Emergency department utilization;
    - Medication adherence;
    - Patient safety;
    - Palliative care utilization;

*NOTE: These initial focus areas for consideration have been identified by the GFHC Cost & Resource Planning Committee and local provider partners.*

#### **MEASURABLE HEALTH OUTCOMES:**

- Monitor annual trends in the following areas (as well as others deemed appropriate and relevant) to inform decision-making on priority collaborative quality improvement needs in Genesee County:
  - Mortality rates for the ten major chronic disease areas including cardiovascular disease, cancer, chronic lower respiratory diseases, stroke, unintentional injuries, diabetes, Alzheimer’s disease, pneumonia/influenza, kidney disease, intentional self-harm;
  - Infant mortality rate, including a focus on the racial disparity;
  - Rate of residents reporting depression;
  - Child immunization rate;
  - Hospital readmission rates relating to total (all cause) readmissions, heart failure, acute myocardial infarction, and pneumonia;
- Relative to the Task Force’s “clearinghouse” role, track the process measure of (a) the number of new collaborative quality improvement initiatives created based on identified need and (b) the number of proposed new collaborative quality improvement initiatives redirected.

- Additional metrics will be defined by the Task Force at its initial meetings.

**TASK FORCE MEMBERSHIP**

The task force will initially be no larger than sixteen individuals. All individuals will either be appointed by their organization’s chief executive officer/director or the president of the GFHC. 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 quarterly for one and a half to two 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.

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

Providers (9)

Tammy Merkel, Vice President of Quality  
Genesys Health System

Scott Kaatz, M.D., Chief Quality Officer  
Hurley Medical Center

Danette Hayman  
Director Quality Management/Infection Control  
McLaren-Flint

Laura Carravallah, M.D.  
Genesee County Medical Society

Peter Levine, Executive Director  
Genesee County Medical Society

Jaimee Dunkel, Manager Quality Improvement  
Genesys PHO

Michael Ziccardi, Jr., D.O.  
Medical Director of Quality & Compliance  
McLaren PHO

Senior Quality Designee – To Be Determined  
Professional Medical Corporation (PMC)

	Lauren Tompkins, Chief Clinical Officer Genesee Health System
	Medical Director (or Senior Quality Designee) Hamilton Community Health Network
Insurers (3)	Michael Genord, M.D. Vice President & Chief Medical Officer HealthPlus of Michigan
	Felecia Williams, M.D., Medical Director Blue Cross Blue Shield of Michigan/Blue Care Network
	Carmen McGlinchey Quality Management Administrator McLaren Health Plan
Government (1)	Gary Johnson, M.D, Medical Director Genesee County Health Department
Purchaser (1)	Medical Director (or Senior Quality 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 task force activities will be supported through ad hoc workgroups in specific topic areas.

**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 the assigned GFHC Project Manager.

**FUNDING:**

Funding for the task force will be supported by the GFHC, and grants may be sought for funding in specific topic areas.

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 Quality & Innovation Task Force Terms of Reference were approved by the Cost & Resource Planning Committee on May 3, 2013.

The Quality & Innovation Task Force Terms of Reference were approved by the Board of Directors on May 20, 2013

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