

# **GREATER FLINT HEALTH COALITION**

## **TERMS OF REFERENCE**

### **COST & RESOURCE PLANNING COMMITTEE (2000)**

#### **PURPOSE:**

- Improve the health status of residents of Genesee County
- To improve the quality and cost effectiveness of the health care system in our community

#### **VISION OF THE COALITION:**

Better Quality, Better Health, Better Access, Optimal Cost!

#### **CORE VALUES:**

Consensus  
Collaboration  
Fairness  
Integrity  
Continuous Improvement  
Innovation  
Public Participation

#### **VISION:**

To benchmark total community health care costs which would be demographically adjusted by age, race, gender, and income; and within specific disease states by provider type/site of service

#### **OUTCOME OPTION FY 00/01**

- 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

## **OTHER FUNCTIONS OF THE COST & RESOURCE PLANNING COMMITTEE:**

As the data management process is implemented, the committee assess and utilize the information collected to; provide recommendations, to the Executive Committee and the Board of Directors, about priority issues to be addressed by the Coalition, and aid in the assessment of progress of current coalition activities. Furthermore this aggregate data will be used to educate and inform the entire community.

## **COMMITTEE MEMBERSHIP**

The committee will be no larger than twelve individuals. All individuals will either be appointed by their organization's chief executive officer/director or the president of the coalition. The Board of Directors will appoint the committee chair. The individuals should be senior enough to be able to influence and represent their organization's policies on the subject matter.

**Commitments:** The committee 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 working groups.

The membership will be categorized by the coalition "sectors":

Purchasers (3)	Regional Coordinator, Health Care Initiatives, UAW/GM
	Superintendent, Genesee Intermediate School District
	Regional Director, Health Care Initiatives, GM/UAW (Chair)
Providers (4)	President & CEO, Hurley Medical Center
	President & CEO, McLaren Health Regional Medical Center
	President & CEO, Genesys Health System
	Medical Society Representative
Government (2)	Michigan State Senate, State Senator

Health Officer,  
Genesee County Health Department

Insurers (3)

President & CEO  
HealthPlus of Michigan

Vice President of PPO & Ancillary Services  
Blue Cross Blue Shield of Michigan

Regional Executive  
Blue Care Network

Consumers (1)

AFL-CIO Labor Director  
United Way

Ex-Officio members:

President, Greater Flint Health Coalition

### **REPORTING:**

The committee will report to the Board of Directors.

### **STAFFING:**

The staffing of the committee will be handled by the coalition staff in consultation with Jack Wheeler, Ph.D., Director, Michigan Health Services Research (M HSR), University of Michigan – Ann Arbor.

### **BUDGET:**

The preliminary budget for the first year is \$20,000 through the studies and research line item of the coalition. Specific external grants will also be pursued.

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.

\*Approved by the Board of Directors on October 18, 1999.