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# Sustainability Project Report

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Cost & Resource Planning Committee  
Report to the Board of Directors

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## Table of Contents

Executive Summary .....	3
Introduction .....	8
MIChild/Healthy Kids Outreach .....	9
Genesee Health Plan .....	14
Acute Myocardial Infarction / Guidelines Applied in Practice Project .....	16
Mid-Michigan Guidelines Applied in Practice (GAP) – Heart Failure Project .....	20
Antibiotic Resistance and Reduction Project and Cold Pack Campaign .....	24
Diabetes Detection Initiative .....	26
Back Pain Management .....	28

## Executive Summary

The Sustainability Project Report was an outgrowth of the January 2005 Strategic Planning Retreat of the Greater Flint Health Coalition (GFHC) Board of Directors as a process for tracking outcome measurements of GFHC activities (both past and present) over time. The Sustainability Project would be utilized to track progress being made by GFHC initiatives, while also acting as an activity monitor for the Board of Directors to provide continuous feedback on the impact of programs/initiatives to the community.

The Sustainability Project became the charge of the Cost & Resource Planning Committee Data Review Subcommittee in August 2005 enlisting the assistance of its data consultant Jack Wheeler, Ph.D. from the University of Michigan School of Public Health. The initial steps were to identify a set of performance measures for prominent Coalition programs with the goal to produce a report each year that enables the GFHC and its constituents to monitor the enduring effectiveness of the programs implemented. The seven initiatives included in this initial report are: 1). MIChild/Healthy Kids (Michigan's version of the State Children's Health Insurance Program (SCHIP)) outreach, 2). Genesee Health Plan, 3). Acute Myocardial Infarction/Guidelines Applied in Practice Project, 4). Mid-Michigan Guidelines Applied in Practice (GAP) – Heart Failure Project, 5). Antibiotic Resistance and Reduction Project and Cold Pack Campaign, 6). Diabetes Detection Initiative, and 7). Back Pain Management.

### **1. MIChild/Healthy Kids Outreach Program Years: 1998 – 2001**

Goal: To ensure that children are covered by public or private health insurance

In 1998, MiChild was a new program created to offer insurance coverage to children of families with incomes between 150% and 200% of the poverty level. Healthy Kids was an expansion of the Medicaid program to children of families with incomes up to 150% of the poverty level. MIChild and Healthy Kids are designed to provide health benefits to children from birth through nineteen years of age and were created by the State of Michigan as part of the federal State Children's Health Insurance Program (SCHIP).

The GFHC enrolled over 18,000 children in the two programs during 1998-2001 and though the GFHC had not been active since 2001, the MIChild/Healthy Kids health insurance programs continued to increase enrollment of children from 2001-2003. This report shows in subsequent year, MIChild/Healthy Kids enrollment has stabilized.

Though progress has been made, according to the 2005 Prevention Research Center, Speak to Your Health Community Survey, 5.65% of Genesee County households report children ages 17 and under lack health insurance. According to

the 2005 Michigan Household Health Insurance Survey, 3.7% of children under the age of 18 are uninsured across the State of Michigan.

## **2. Genesee Health Plan Program Years: Created in 2001**

Goal: To ensure adults have access to health insurance

In October 2001, the GFHC implemented the Genesee Health Plan (GHP) as an independent organization to provide quality medical care to the uninsured, which also resulted in the replacement of the state voucher system in the county and broadened the basic ambulatory medical care benefit package to include physician, diagnostic, and pharmacy services. The GFHC has representation on the GHP Board of Directors supporting continued GHP expansion. In November 2006, Genesee county voters approved a seven-year property-tax millage to support and expand GHP by about 8,000 additional enrollees. The plan currently provides coverage to over 22,000 adults ages 19-64 in Genesee County.

This report indicates an increase in the number of adults provided healthcare coverage in Genesee County; recent expansion to include a Tri-Share Program to help Genesee County small businesses (2-20 employees) provide basic healthcare insurance to employees and their spouses by paying one-third the cost of insuring low income employees (the employee also pays one-third with GHP paying one-third) will continue to increase access to healthcare coverage for adults in Genesee County.

## **3. Acute Myocardial Infarction / Guidelines Applied in Practice Project Program Years: 2001 – 2003**

Goal: To promote the use of cardiovascular science best practices in the treatment of heart attack patients within participating hospitals

The GFHC, in partnership with the American College of Cardiology (ACC), the Michigan Peer Review Organization (MPRO), and five Flint/Saginaw hospitals, developed a program to improve adherence to clinical practice guidelines for the care of acute myocardial infarction patients. This project called Guidelines Applied in Practice: *Quality Improvement in Acute Myocardial Infarction Care (AMI-GAP)*, distributed to the five participating hospitals a toolkit containing AMI standard orders, a clinical pathway, pocket guide card, patient information and discharge forms, chart stickers, and hospital performance charts in an effort to standardize care.

Participating Hospitals included:

Genesys Regional Medical Center (Genesee County)

Hurley Medical Center	(Genesee County)
McLaren Regional Medical Center	(Genesee County)
St. Mary's of Michigan Hospital	(Saginaw County)
Covenant Medical Center	(Saginaw County)

This report illustrates that the use of cardiovascular science best practices in the treatment of heart attack patients in Genesee and Saginaw Counties has continued to have an impact in years succeeding the end of the project.

#### **4. Mid-Michigan Guidelines Applied in Practice (GAP) – Heart Failure Project Program Years: 2003 – 2006**

Goal: To improve the care of patients with heart failure, reduce their risk of death, and lower readmission to the hospital within participating hospitals

Modeled after the successful AMI-GAP project in 2003, the GFHC launched the Mid-Michigan Guidelines Applied in Practice-Heart Failure Project (GAP-HF). In partnership with eight Mid-Michigan intervention hospitals and the American College of Cardiology (ACC), the GAP-HF initiative was designed to facilitate inpatient compliance with ACC/American Heart Association Guidelines for Heart Failure and patient transfer to a primary care physician. The GAP-HF initiative made use of a tool kit that included ACC-endorsed standing orders, critical pathways, and a discharge checklist.

Participating Hospitals included:

Genesys Regional Medical Center	(Genesee County)
Hurley Medical Center	(Genesee County)
McLaren Regional Medical Center	(Genesee County)
St. Mary's of Michigan Hospital	(Saginaw County)
Lapeer Regional Medical Center	(Lapeer County)
Bay Regional Medical Center	(Bay County)
Mid-Michigan Medical Center	(Midland County)
Ingham Regional Medical Center	(Ingham County)

Use of the GAP-HF toolkit was proven beneficial through initial chart abstraction in 2003-2004 showing readmission and mortality rate improvements in the first 30 days. Blue Cross Blue Shield of Michigan, as part of its incentive program, collects defined data measures on all hospital patients regardless of insurance. This data provides surrogate sustainability measures of left ventricular function assessment and angiotensin-converting enzyme (ACE) inhibitors at discharge. The breakout of aggregate data for the three Genesee County hospitals on the two sustainability measures showed performance 7-10 percentage points lower than the average for Michigan hospitals. As a result, the GFHC reconvened the Cardiac Task Force in May 2007 to discuss efforts to enhance sustainability of measures moving forward.

## **5. Antibiotic Resistance and Reduction Project and Cold Pack Campaign Program Years: 1998 – Present**

Goal: To prevent the development of antibiotic-resistant infections by reducing the number of inappropriate antibiotics prescribed for viral illnesses

In 1998, the GFHC's Pharmacy Task Force launched its Antibiotic Resistance and Reduction Project to educate physicians and the public on the proper use of antibiotics. A letter containing guidelines from the Center for Disease Control and Prevention and signed by local infectious disease physicians was sent to all physicians throughout Genesee County that year. In 2002, the Pharmacy Task Force distributed thousands of Cold Packs containing over-the-counter cold medications, cold relief items, and antibiotic information to area physicians to provide to their patients. This provided a replacement for unnecessary antibiotics while providing patients with an alternative to desired care. This campaign continued concurrent with "flu season" in each subsequent year.

In 2002, the Pharmacy Tack Force Cold Pack Campaign resulted in a decline in inappropriate antibiotic usage. This was reported through Blue Cross Blue Shield of Michigan stating among the 17,000 diagnosed cases of acute respiratory infections Blue Cross Blue Shield of Michigan members had in 2002, 54% received antibiotics compared to 60% in 2001.

The Health Plan Employer Data and Information Set (HEDIS) 2006 measures included a new measurement for appropriate adult antibiotic treatment. The new measure shall be incorporated in future Sustainability Reports.

## **6. Diabetes Detection Initiative Program Years: 2003 – 2005**

Goal: To raise individuals' awareness of their risk of diabetes and increase the percentage of the population screened for diabetes

An estimated 10,000 undiagnosed diabetics live in Genesee County. The Diabetes Detection Initiative used a risk assessment tool to help determine a person's likelihood of developing diabetes and referred those identified as being at risk for follow-up. The GFHC distributed over 75,000 risk assessment tools to a multitude of organizations within Genesee County as part of the Diabetes Detection Initiative.

To track if Genesee County residents were being screened for diabetes, the number of individuals in the County without diabetes receiving a blood glucose test was measured. This measure was collected for the first time in calendar year 2005 from two Genesee County health plans showing two-thirds of insured county residents

ages 47-65 without a previous diabetes diagnosis received a blood glucose test in the past year.

**7. Back Pain Management**  
**Program Years: 2001 – 2003**

Goal: To reduce the rates of inappropriate back surgeries

In 2001 the GFHC convened a Back Pain Management Task Force to address the unusually high numbers of spinal surgeries within Genesee County as identified by the Data Review Subcommittee through the Michigan Inpatient Database. The Task Force's efforts culminated in 2003 with its Back Pain Management Report, which outlined a comprehensive strategy to address the problem. The report recommended physicians become familiar with Clinical Practice Guidelines and limit spinal surgery to those patients who had been carefully screened and had been identified to experience chronic spine pain.

Following the release of the Back Pain Management Report on Clinical Practice Guidelines, rates of lumbar fusion, surgical procedure, and lumbar discectomy were shown to have decreased or stabilized in Genesee County while rates across the State of Michigan remained higher and/or were shown to be increasing.

## Introduction

Since its establishment in 1996, the Greater Flint Health Coalition (GFHC) has implemented numerous interventions supporting its mission to improve the health status of Genesee County residents and to improve the cost effectiveness and quality of the community's healthcare system. The GFHC is both a community/institutional partnership and a multifaceted collaboration with a Board of Directors that broadly reflects the community and its leadership – government, hospitals, labor, business, insurers, physicians, the educational system, consumers, and faith-based organizations. This broad-base of stakeholders is represented on the GFHC's many committees, subcommittees, task forces, and work groups.

While all GFHC activities have measurable performance outcomes, the GFHC Board of Directors determined at its January 2005 Strategic Planning Retreat that a mechanism for ongoing performance monitoring of GFHC activities was needed. Charged with creating a Sustainability Project, the Cost & Resource Planning Committee enlisted the assistance of its data consultant from the University of Michigan School of Public Health, Jack Wheeler, Ph.D. and its Data Review Subcommittee.

The assignment was to identify a set of performance measures for prominent Coalition programs. The goal was to be able to produce a report each year that enables the GFHC and its constituents to monitor the enduring effectiveness of the programs implemented. The programs initially focused upon included: MIChild/Healthy Kids (Michigan's version of the State Children's Health Insurance Program (SCHIP)) outreach, health access, cardiac care best practices promotion, antibiotic resistance and reduction, diabetes detection, and back pain management. Criteria for selecting measures included: ease of data collection, ability to track over time, and relevance as a measure of program effect.

The following Sustainability Project Report describes the GFHC programs initially focused upon, the measures used to evaluate the effect of each program, and the first set of sustainability results.

## 1. MIChild/Healthy Kids Outreach

Program Years: 1998-2001

- Created by the State of Michigan as part of the federal State Children's Health Insurance Program (SCHIP), MIChild and Healthy Kids are designed to provide health benefits to children from birth through nineteen years of age. MIChild was a new program created to offer insurance coverage to children of families with incomes between 150% and 200% of the poverty level. Healthy Kids was an expansion of the Medicaid program to children of families with incomes up to 150% of the poverty level.

The GFHC Access Committee as part of its vision to enhance county-wide access to care included expanding MIChild/Healthy Kids outreach and coverage to children and family members of children as an outcome option. The GFHC created a specific MIChild/Healthy Kids Outreach Committee in 2001 to coordinate the collaboration of numerous agencies throughout Genesee County in enrolling eligible children. As the official outreach agent for Genesee County from 1998 to 2001, the GFHC spent \$445,000 on the activity. Contributions for MIChild/Healthy Kids Outreach came from a variety of sources:

- State of Michigan - \$45,000 direct funding, \$200,000 Medicaid outreach funds
- Genesee County Health Department - \$50,000
- Health Care Financing Administration - \$50,000 (GFHC recommended by the State as its one recipient for award funding)
- Blue Cross Blue Shield of Michigan Foundation - \$50,000
- Coalition Members - \$40,000
- Community Foundation of Greater Flint - \$10,000

The GFHC enrolled over 18,000 children in the two programs, allowing more of our area's youngest population access to regular health care. The GFHC identified through its outreach activities that families preferred MIChild to Healthy Kids because of the Medicaid program's linkages to the State's child support tracking system. Some families were unaccepting of the dual application process for the programs and would rather their children be uninsured than have Medicaid. Statewide programs to encourage enrollment continue, and while the Coalition is supportive, it has not been active since 2003.

Goal: To ensure that children are covered by public or private health insurance

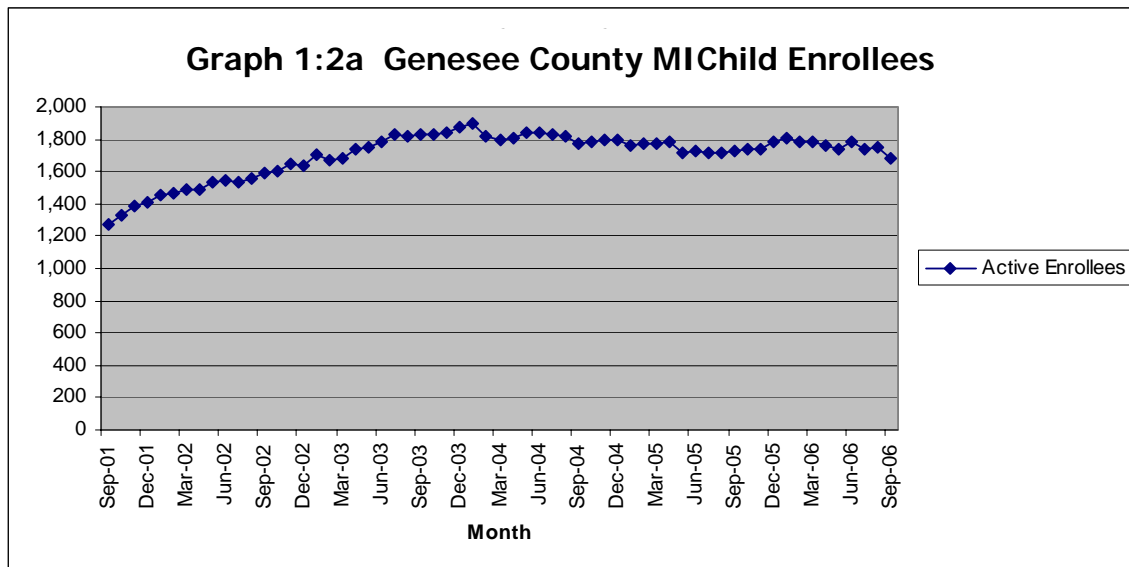
Sustainability Measures:

1:1 Percent of respondents with children ages 17 and under in household reporting that their children lack health insurance (source: Prevention Research Center, Speak to Your Health Community Surveys)

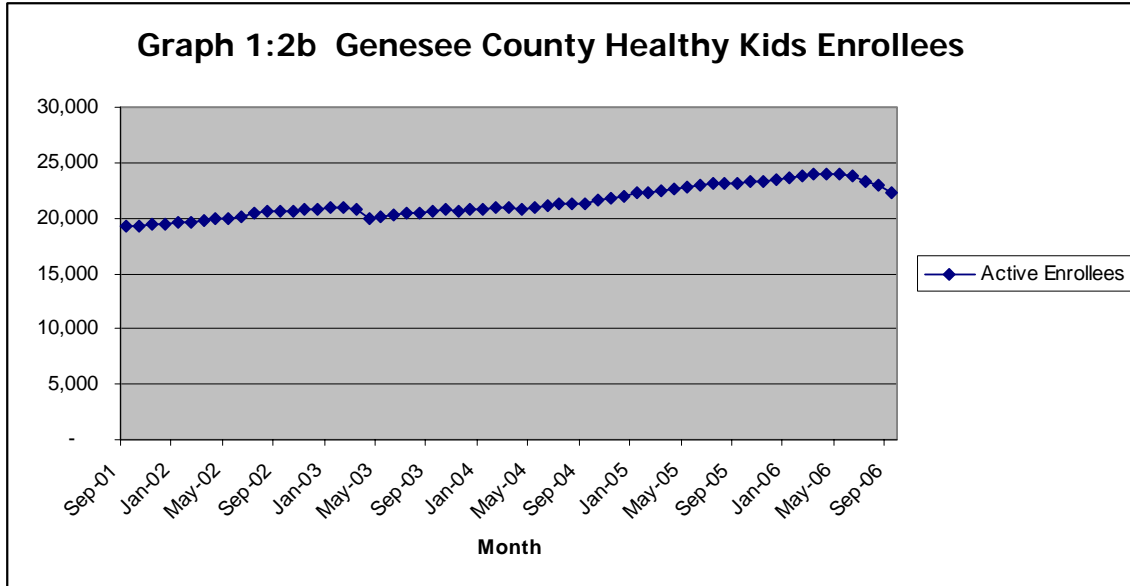
Survey Year	Number of Respondent Households	Number Households Reporting Children Lack Insurance	Rate
2003	850	48	5.65%
2005	676	38	5.62%

Based on this limited sample size, these data suggest no substantial change in the uninsured rate for Genesee County children between 2003 and 2005.

1:2 Numbers of children in Genesee County enrolled in MICHild and Healthy Kids (source: Michigan Department of Community Health (MDCH))



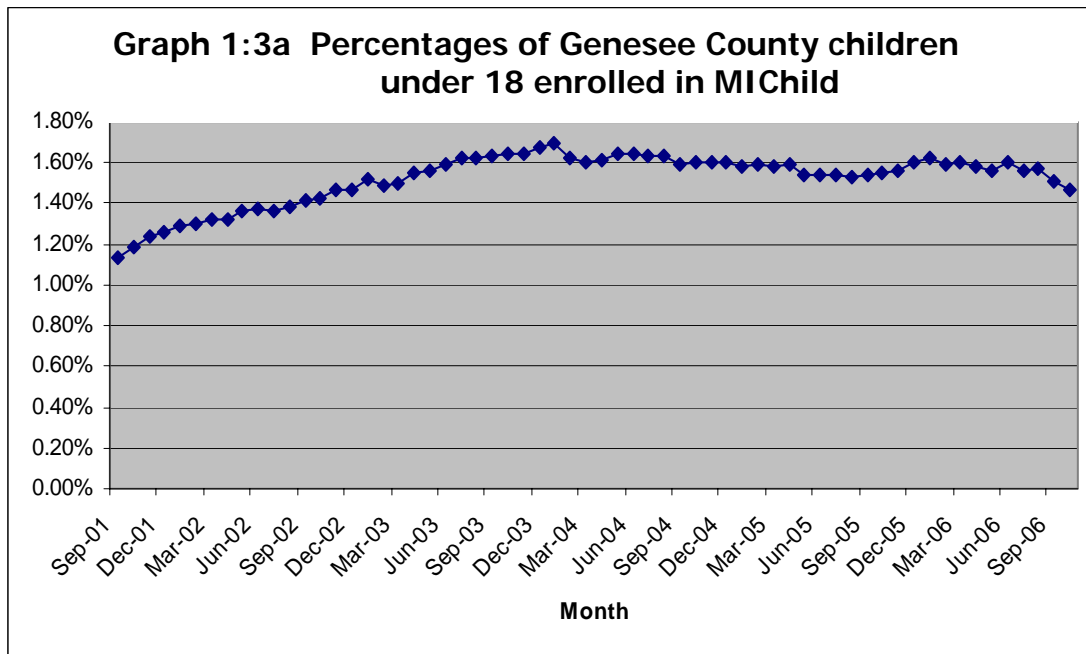
There was about a 50 percent (600 members) increase in MICHild enrollment during the period September 2001 through December 2003. Once the Genesee County agencies reduced or terminated their outreach programs, enrollment in MICHild stabilized. The dip in 2006 enrollment was attributed to possible lag in complete data collection.



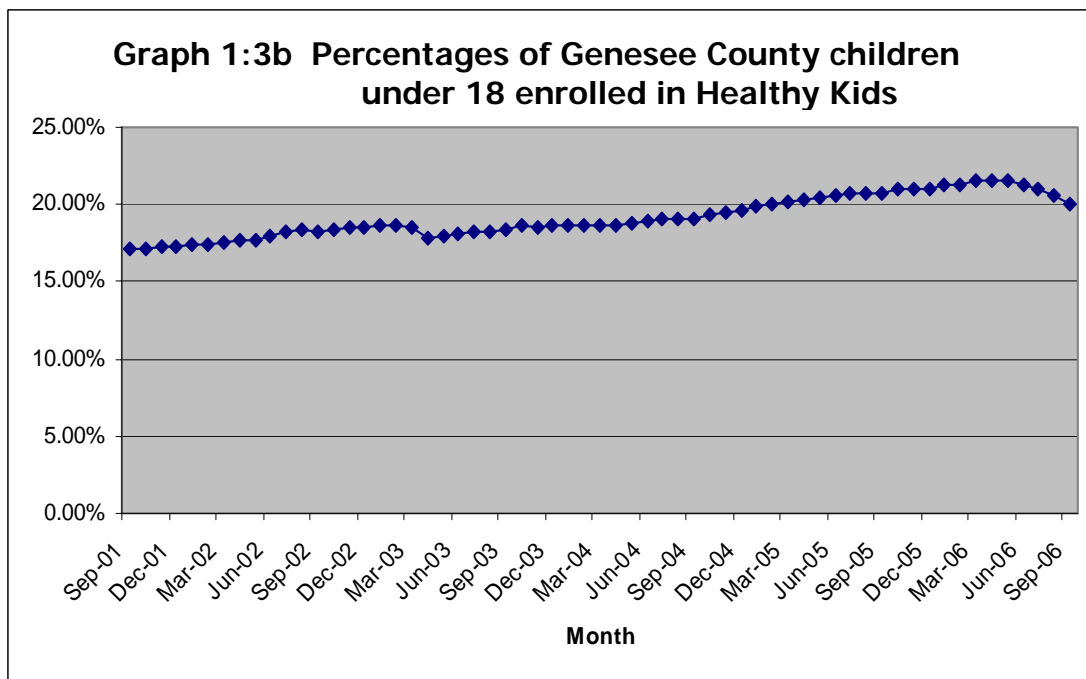
Enrollment in Healthy Kids has continued to increase rapidly. In five years there has been about a 25 percent increase in enrollment, and approximately 5,000 more people under 19 have been enrolled. The dip in 2006 enrollment was attributed to possible lag in complete data collection.

Members of both the Data Review Subcommittee and Cost & Resource Planning Committee discussed the dip in 2006 enrollment. While it may be attributable to a possible lag in data collection, a second possibility suggested the dip may be partly due to the declining numbers of children in Genesee County. As a result, it was agreed to review MICHild and Healthy Kids enrollment as a percentage of the under 18 population for a clearer picture.

1:3 Percentages of Genesee County children under 18 years of age enrolled in MICHild and Healthy Kids (source: MDCH and State of Michigan Census Data)



MICHild has covered between one and two percent of Genesee County residents under the age of 18 for the past five years. The percentage enrolled increased through 2003. Between 2003 and 2006, the percentage has been nearly constant at 1.6 percent.



Healthy Kids now covers about 20 percent of the population less than 18 years of age, up from about 17 percent five years ago.

The fact that both enrollment percentages have fallen implies that enrollment has fallen faster than population meaning the decline in the number of children in Genesee County did not account for the 2006 dip in enrollments. There was some concern expressed that reductions in the population of children as reported by the Michigan Department of Community Health are underestimates of the actual population reductions experienced in Genesee County.

Continued monitoring of the measures will resolve whether enrollment is dropping or if it is a recording issue.

## 2. Genesee Health Plan

Program Years: 2001-present

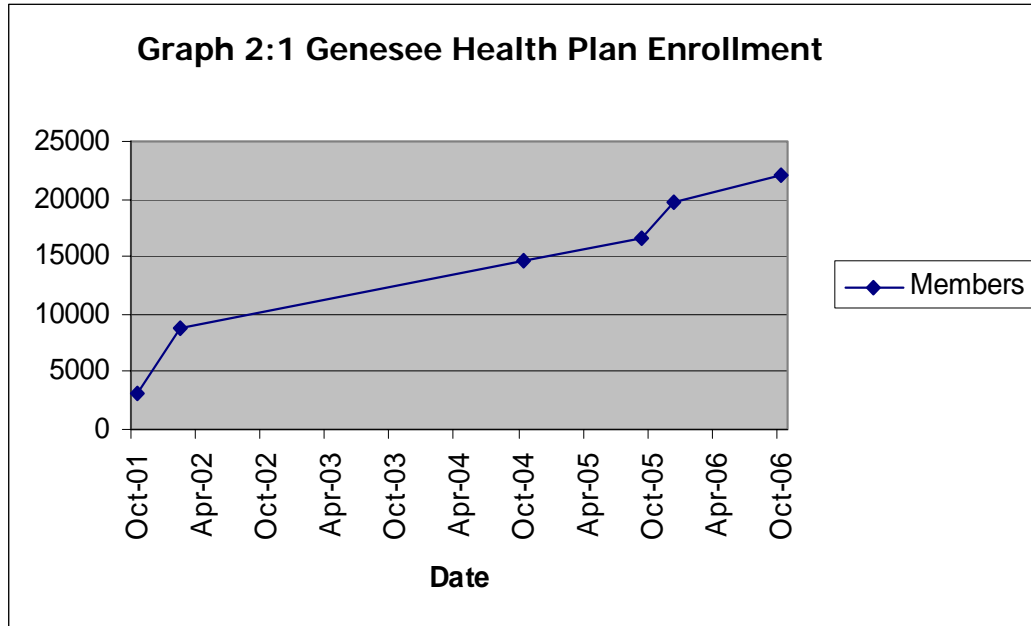
In October 2001, the GFHC implemented the Genesee Health Plan (GHP) as an independent organization to provide quality medical care to the uninsured, which also resulted in the replacement of the state voucher system in the county and broadened the basic ambulatory medical care benefit package to include physician, diagnostic, and pharmacy services. With the support of state and federal funds, the plan enrolled 3,200 State Medical Program clients – primarily low income adults who do not qualify for Medicaid. In the following years the program underwent a series of expansions:

- February 2002 – coverage expanded to include an additional 5,500 uninsured individuals in Genesee County with incomes up to 150 percent of the poverty level
- April 2004 – infusion of \$3 million as part of the “Governor Granholm Challenge” initiative resulted in an additional 6,000 enrollees by October 2004
- November 2004 – funding from the Charles Stewart Mott Foundation, Ruth Mott Foundation, and Community Foundation of Greater Flint permit coverage to be extended to even more Genesee County residents with income limits raised to 175 percent of the poverty level
- November 2006 – Genesee county voters approved a seven-year property-tax millage to support and expand GHP by about 8,000 additional enrollees
- 2007 – GHP begins offering its Tri-Share Program to help Genesee County small businesses (2-20 employees) provide basic healthcare insurance to employees and their spouses by paying one-third the cost of insuring low income employees

Goal: To ensure adults have access to health insurance

Sustainability Measure:

2:1 Numbers of Genesee Health Plan enrollees over time (source: Genesee Health Plan)



Enrollment in the Genesee Health Plan has grown very rapidly in five years, currently covering approximately 8 percent of people aged 19-64 in Genesee County.

### 3. Acute Myocardial Infarction / Guidelines Applied in Practice Project

Program Years: 2001-2003

With appropriate intervention and treatment, survival rates can be significantly improved for patients who suffer a heart attack. The GFHC, in partnership with the American College of Cardiology (ACC), the Michigan Peer Review Organization (MPRO), and five Flint/Saginaw hospitals, developed a program to improve adherence to clinical practice guidelines for the care of acute myocardial infarction patients. Called Guidelines Applied in Practice: *Quality Improvement in Acute Myocardial Infarction Care (AMI-GAP)*, the program distributed to the five participating hospitals a toolkit containing AMI standard orders, a clinical pathway, pocket guide card, patient information and discharge forms, chart stickers, and hospital performance charts in an effort to standardize care. Outcomes were measured by quality indicators that tracked the application of set guidelines and the results were impressive. Statistically significant improvements were seen for the following outcomes (source: MPRO chart abstraction/350 Medicare and 200 non-Medicare cases reviewed at baseline and and remeasurement):

- Heart attack patients receiving aspirin within 24 hours of admission increased from 81% to 93%
- Patients given aspirin at discharge improved from 84% to 98%
- Patients given beta blockers at discharge improved from 89% to 100%
- Measurement of LDL cholesterol levels rose from 64% to 82%

Goal: To promote the use of cardiovascular science best practices in the treatment of heart attack patients within participating hospitals

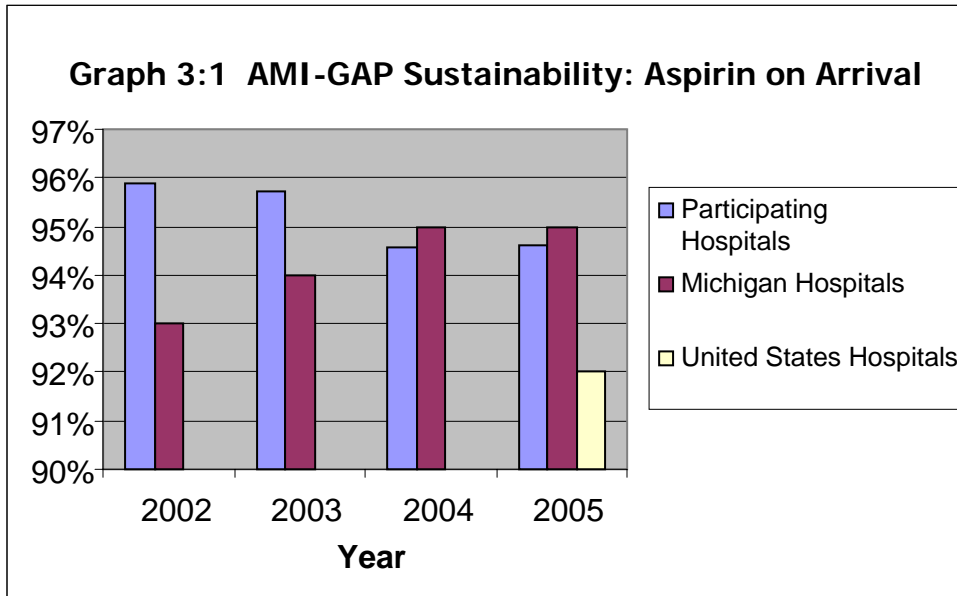
Participating Hospitals included:

Genesys Regional Medical Center	(Genesee County)
Hurley Medical Center	(Genesee County)
McLaren Regional Medical Center	(Genesee County)
St. Mary's of Michigan Hospital	(Saginaw County)
Covenant Medical Center	(Saginaw County)

Sustainability Measures:

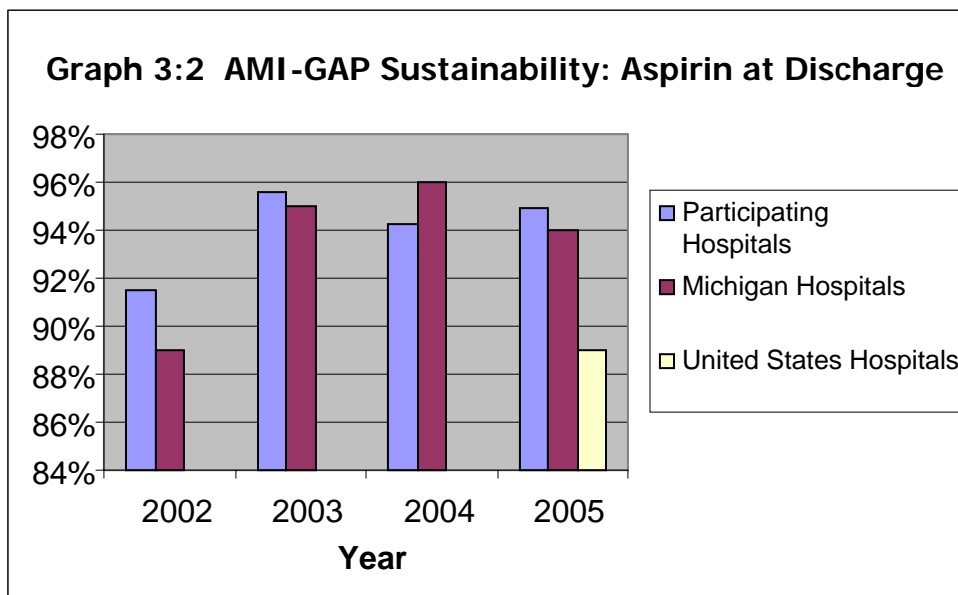
Blue Cross Blue Shield of Michigan as part of its incentive program collects defined data measures on all hospital patients regardless of insurance. This data was used for periods beyond 2003 by the Sustainability Project as a surrogate for the costly chart abstraction used as the data source in the original AMI-GAP Project.

3:1 Administration of aspirin upon arrival at the hospital (source: Blue Cross Blue Shield of Michigan Physician Hospital Agreement Data for all patients in Michigan)



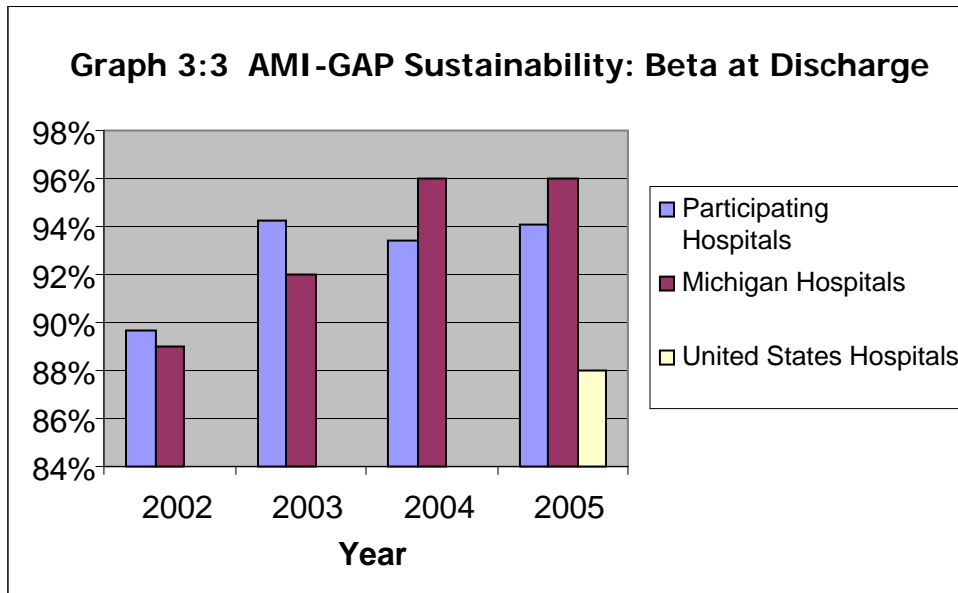
Participating hospitals in Genesee County and Saginaw County continue to perform well, compared to averages for hospitals in Michigan and nationally, after the conclusion of the AMI-GAP initiative.

3:2 Administration of aspirin at discharge from the hospital (source: Blue Cross Blue Shield of Michigan Physician Hospital Agreement Data for all patients in Michigan)



Participating hospitals in Genesee County and Saginaw continue to perform well, compared to the national average, and at levels similar to other hospitals in Michigan, after the conclusion of the AMI-GAP initiative.

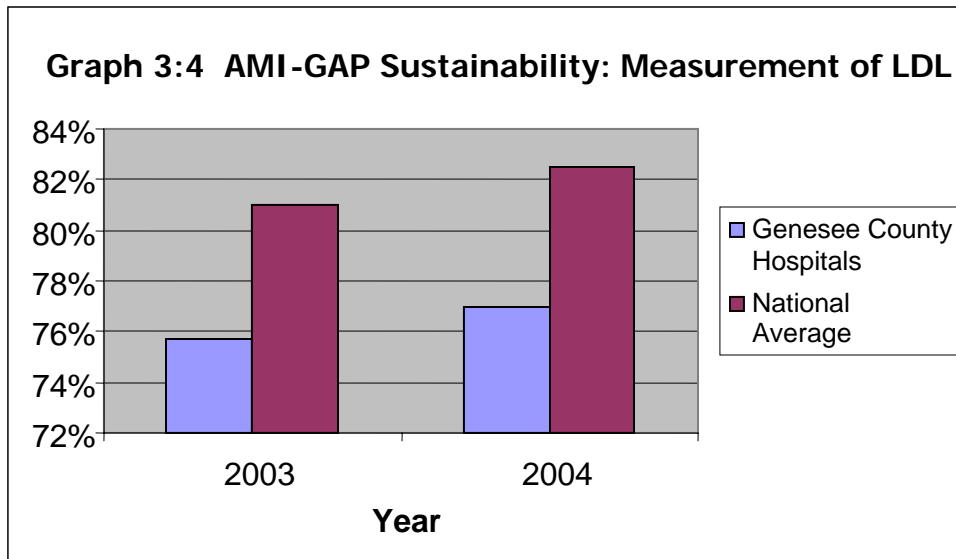
3:3 Administration of beta blocker at discharge (source: Blue Cross Blue Shield of Michigan Physician Hospital Agreement Data for all patients in Michigan)



Participating hospitals in Genesee County and Saginaw County continue to improve after the conclusion of the AMI-GAP initiative. Performance was consistently high, compared to the national average, and at levels similar to other hospitals in Michigan.

Note that the three measures of AMI-GAP Sustainability reported above reflect the experience of two of the three Genesee County hospitals (only one Genesee County hospital in 2003), plus two hospitals in Saginaw County participating in AMI-GAP, for 2002-2004. In 2005, these measures reflect the experience of all three Genesee County hospitals, plus the two Saginaw County hospitals. These measures were not collected by BCBSM in 2006 and hence are not available for this report. Going forward, all hospitals will be reporting these measures to BCBSM. Hence, for tracking sustainability post-2006, these measures will be available and complete.

3:4 Measurement of LDL cholesterol (source: Health Plan Employer Data and Information Set (HEDIS) reports for 2 health plans)



Members of Genesee County health plans receive screening for LDL cholesterol at rates below national averages.

Note that the LDL cholesterol measure was not part of the original AMI-GAP Project. It is however part of the current standard of best practice and as such the Cost & Resource Planning Data Review Subcommittee determined it was important to monitor in continued tracking of the AMI-GAP Project.

Progress of improvement shall be monitored to determine if Genesee County Hospitals need to address measurement of LDL cholesterol in their AMI-GAP sustainability efforts.

#### 4. Mid-Michigan Guidelines Applied in Practice (GAP) – Heart Failure Project

Program Years: 2003-2006

Modeled after the successful AMI-GAP project in 2002, the GFHC launched the Mid-Michigan Guidelines Applied in Practice-Heart Failure Project (GAP-HF). In partnership with eight Mid-Michigan intervention hospitals and the American College of Cardiology (ACC), the GAP-HF initiative was designed to facilitate inpatient compliance with ACC/American Heart Association Guidelines for Heart Failure and patient transfer to a primary care physician. The GAP-HF initiative made use of a tool kit that included ACC-endorsed standing orders, critical pathways, and a discharge checklist. Results released in 2005 showed a 22% reduction in 30 day readmission rates for heart failure patients in participating hospitals and a 27% reduction 30-day mortality rates for heart failure patients in participating hospitals compared to controls (source: independent chart abstractions/ 1273 baseline and 1282 remeasurement for participating hospitals, 547 baseline and 581 remeasurement for 6 control hospitals).

Goal: To improve the care of patients with heart failure, reduce their risk of death, and lower readmission to the hospital within participating hospitals

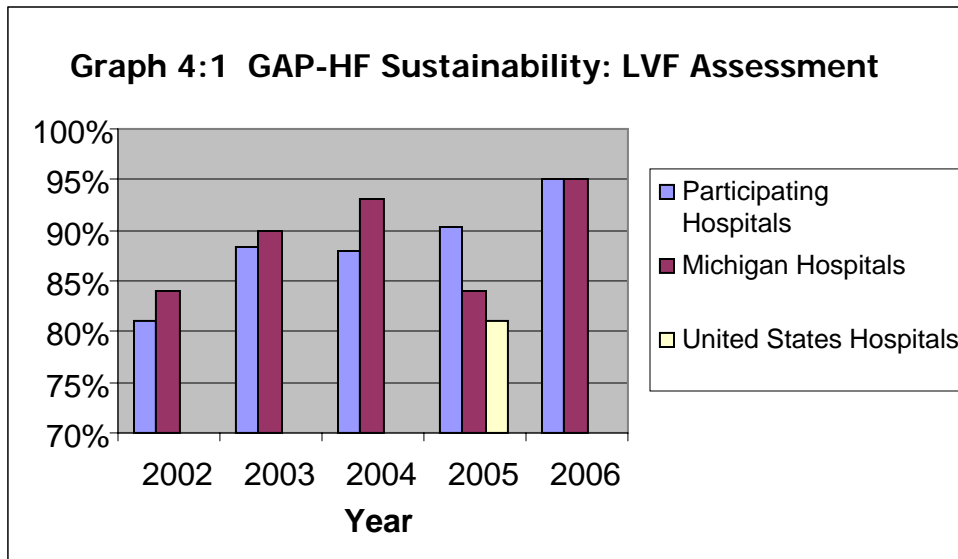
Participating Hospitals included:

Genesys Regional Medical Center	(Genesee County)
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Lapeer Regional Medical Center	(Lapeer County)
Bay Regional Medical Center	(Bay County)
Mid-Michigan Medical Center	(Midland County)
Ingham Regional Medical Center	(Ingham County)

Sustainability Measures:

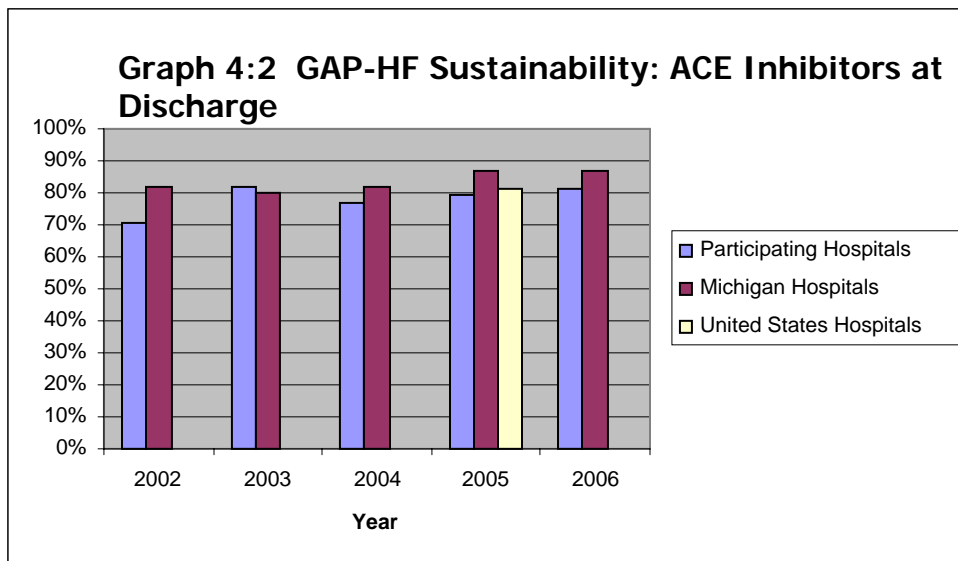
Blue Cross Blue Shield of Michigan, as part of its incentive program, collects defined data measures on all hospital patients regardless of insurance. This data was used for periods beyond initial abstraction/remeasurement of 2003-2004 by the Sustainability Project as a surrogate for the costly chart abstraction used as the data source in the original GAP-HF Project.

4:1 Assessment of left ventricular function (source: Blue Cross Blue Shield of Michigan Physician Hospital Agreement Data for all patients in Michigan)



Hospitals in Genesee County and surrounding areas continue to improve after the conclusion of the GAP-HF initiative. Performance was consistently high, compared to the national average, and at levels similar to other hospitals in Michigan.

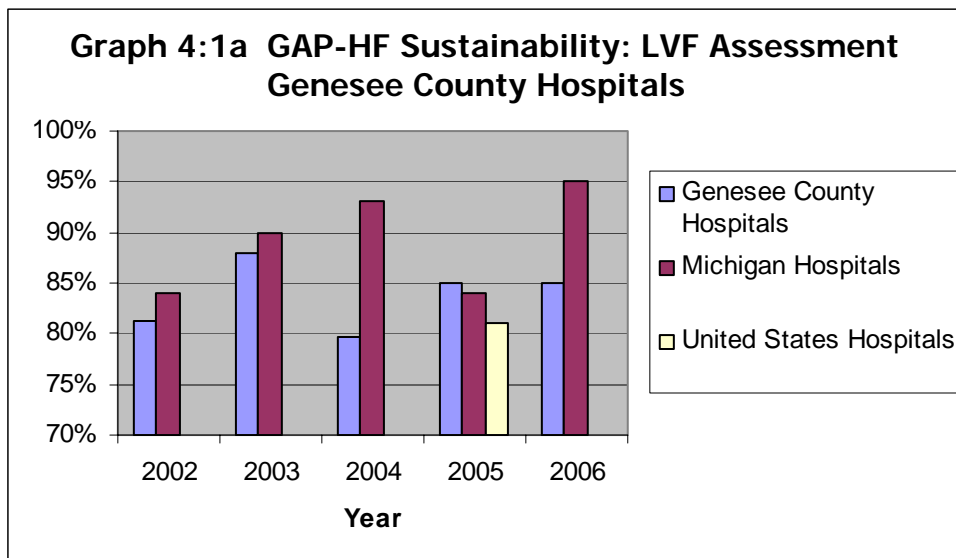
4:2 Administration of Angiotensin-Converting Enzymes (ACE) Inhibitors at hospital discharge (source: Blue Cross Blue Shield of Michigan Physician Hospital Agreement Data for all patients in Michigan)

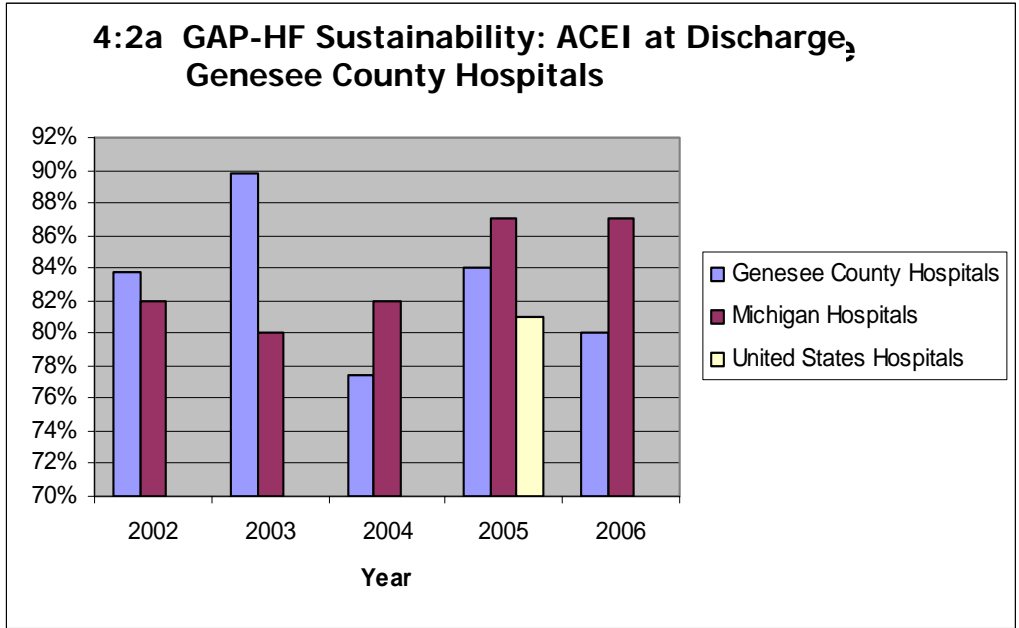


Hospitals in Genesee County and surrounding areas continue to improve after the conclusion of the GAP-HF initiative. Performance was generally similar to the national average, however slightly below that of other hospitals in Michigan.

Note that the two measures of GAP-HF Sustainability reported above reflect the experience of two of the three Genesee County Hospitals (one Genesee County hospital in 2003), plus two to four hospitals in the surrounding area, for 2002-2004. For 2005-2006, these measures reflect the experience of all three Genesee County Hospitals, plus all five hospitals in surrounding areas that participated in GAP-HF initiative. Going forward, all hospitals will be reporting these measures to BCBSM. Hence, for tracking sustainability, these measures will be available and complete.

Also note that a breakout of aggregate data for the three Genesee County hospitals on the two sustainability measures (4:1 and 4:2) showed performance ten percentage points and seven percentage points lower than the average for Michigan hospitals for measures of left ventricular function assessment and angiotensin-converting enzyme (ACE) inhibitors at discharge, respectively (see Graphs 4.1a and 4.2a). The GFHC reconvened the Cardiac Task Force in May 2007 to discuss efforts to enhance sustainability of measures moving forward.





## 5. Antibiotic Resistance and Reduction Project and Cold Pack Campaign

Program Years: 1998-Present

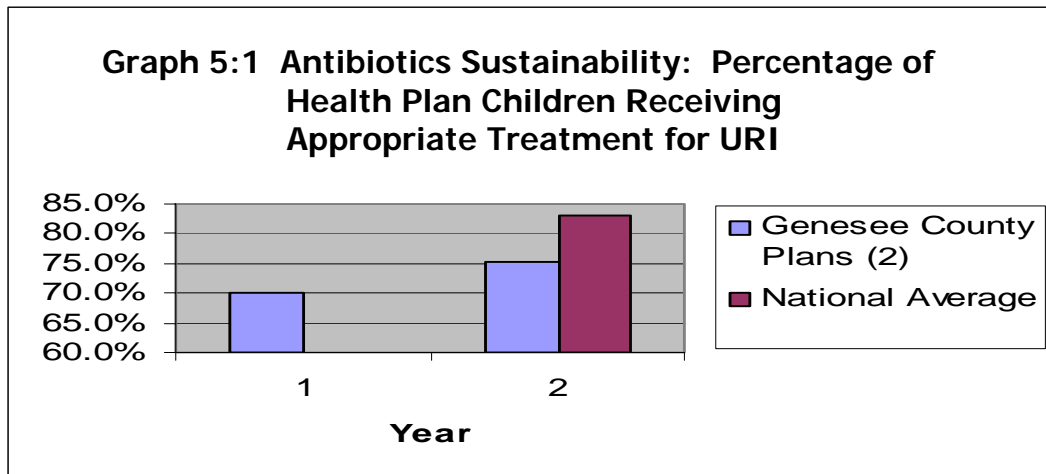
In 1998, the GFHC's Pharmacy Task Force launched its Antibiotic Resistance and Reduction Project to educate physicians and the public on the proper use of antibiotics. A letter containing guidelines from the Center for Disease Control and Prevention and signed by local infectious disease physicians was sent to all doctors throughout Genesee County that year. In 2002, the Pharmacy Task Force followed up on the initial activity with the Cold Pack Campaign. Thousands of Cold Packs containing over-the-counter cold medications, cold relief items, and antibiotic information were distributed to area physicians to provide to their patients. The Cold Packs satisfied patients' psychological need for medication while reducing the possibility of patients developing an antibiotic-resistant infection. The Cold Pack Campaign resulted in a decline in inappropriate antibiotic usage. Among the 17,000 diagnosed cases of acute respiratory infections Blue Cross Blue Shield of Michigan members had in 2002, 54% received antibiotics compared to 60% in 2001.

Goal: To prevent the development of antibiotic-resistant infections by reducing the number of inappropriate antibiotics prescribed for viral illnesses

Sustainability Measure:

The Cold Pack Campaign focused on adult antibiotic usage. The Health Plan Employer Data and Information Set (HEDIS) measure of appropriate treatment for upper respiratory infection (URI) was used as a surrogate measure for antibiotic usage within the community of Genesee County. Until recently HEDIS only contained a measure for children receiving appropriate treatment for URI. HEDIS 2006 measures for health plans included a new measurement for appropriate adult antibiotic treatment. The new measure shall be incorporated in future Sustainability Reports. Meanwhile the measure for children receiving appropriate treatment for URI is included to provide some picture of antibiotic usage within Genesee County.

5:1 Percentage of health plan children receiving appropriate treatment for upper respiratory infection (URI) (source: Health Plan Employer Data and Information Set (HEDIS) data for 2 Genesee County health plans)



An increasing percentage of health plan child members are receiving appropriate treatment for upper respiratory infection; i.e., fewer children are being prescribed antibiotics for viral illnesses. Experience in Genesee County health plans is somewhat below the national average.

## 6. Diabetes Detection Initiative

Program Years: 2003-2005

In 2003, Flint was chosen as one of ten communities nationwide to pilot a federal Health and Human Services program to screen and identify undiagnosed diabetics. An estimated 10,000 undiagnosed diabetics live in Genesee County. The Diabetes Detection Initiative used a risk assessment tool to help determine a person's likelihood of developing diabetes and referred those identified as being at risk for follow-up. The GFHC distributed over 75,000 risk assessment tools to a multitude of organizations within Genesee County as part of the Diabetes Detection Initiative.

Goal: To raise individuals' awareness of their risk of diabetes and increase the percentage of the population screened for diabetes

Sustainability Measure:

The original Diabetes Detection Initiative only used metrics related to the distribution of risk assessment tools. The Cost & Resource Data Review Subcommittee identified that one way to track if Genesee County residents were being screened for diabetes was to track the number of individuals in the County without diabetes receiving a blood glucose test.

6:1 Percentage of county health plan members aged 47 to 65 without a previous diagnosis of diabetes administered a blood glucose test in the past year (source: Two Genesee County health plans)

**Table 6:1 Genesee County Adults Aged 47-65  
Screened for Diabetes Within the Past Year**

2005		
Numerator	Denominator	Rate
12001	18516	64.81%

This measure was collected for the first time for calendar year 2005. Continued collection of this measure will enable tracking of progress toward the program's goal.

The Data Review Subcommittee acknowledged that the 2005 Prevention Research Center (PRC) Speak to Your Health Community Survey asked participants who had not responded positively to a diagnosis of diabetes if they had been screened for diabetes. Members of the Data Review Subcommittee recognized that patients may not know if their physicians have had them screened for diabetes. It was requested that future PRC Speak to Your Health Community Surveys question participants who had not responded positively to a diagnosis of diabetes if their physician had spoken to them about diabetes and their risk for contracting the disease. This question was added to the 2007 Survey.

## 7. Back Pain Management

Program Years: 2001-2003

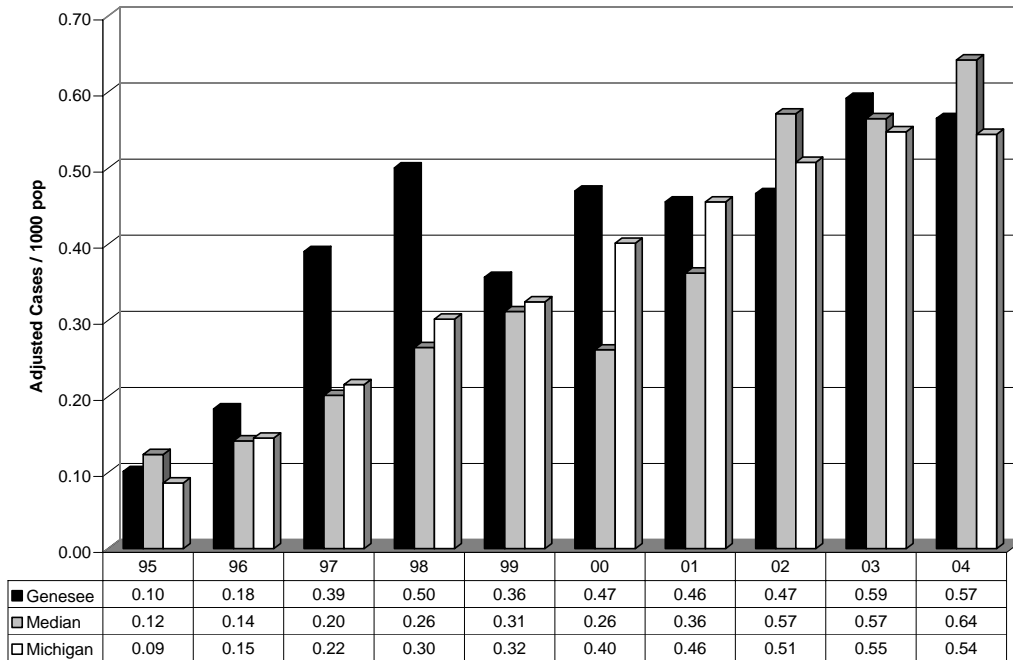
In 2001 the GFHC convened a Back Pain Management Task Force to address the unusually high numbers of spinal surgeries within Genesee County as identified by the Data Review Subcommittee through the Michigan Inpatient Database. The Back Pain Management Task Force set to work with a charge to assess the current system of treating back pain, identify causes, develop interventions, educate patients and employers, and implement best-practice guidelines. The Task Force's efforts cumulated in 2003 with its Back Pain Management Report, which outlined a comprehensive strategy to address the problem. The report recommended physicians become familiar with Clinical Practice Guidelines and limit spinal surgery to those patients carefully screened and experiencing chronic spine pain. The report received local and statewide attention. The strategy contributed to Blue Care Network's pilot Low Back Pain Program which met with great success in improving patients' functional status and reducing inpatient hospitalizations.

Goal: To reduce the rates of inappropriate back surgeries

Sustainability Measure:

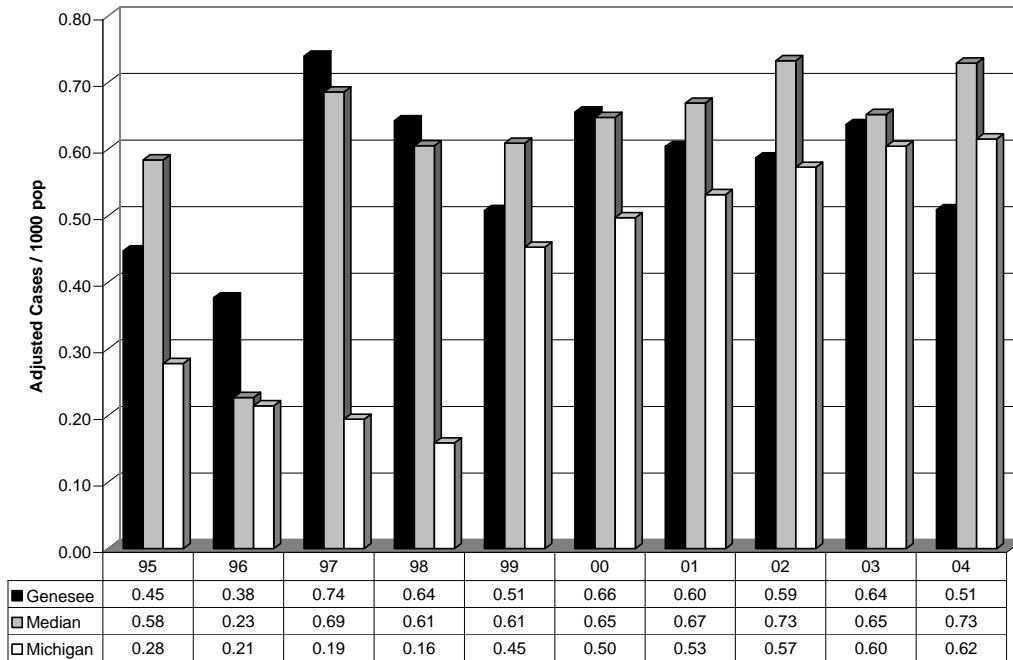
7.1 Per capita hospitalization rates (adjusted for age and sex) for back surgeries (source: Michigan Health and Hospital Association's Michigan Inpatient Database)

**Graph 7:1a Spinal Procedures - Lumbar Fusion**



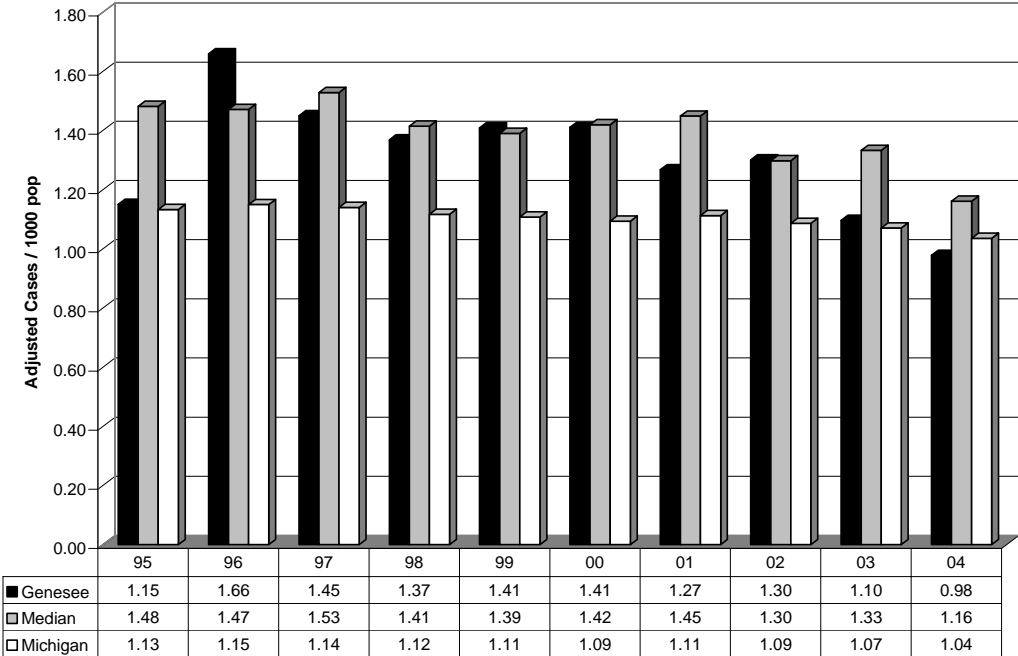
Hospitalization rates for lumbar fusion for Genesee County residents were increasing rapidly and were much higher than rates in Michigan and in comparison counties in the late 1990s. Since that time, Genesee County rates have stabilized, while those in the rest of the state have continued to increase.

**Graph 7:1b Spinal Procedures - Cervical Fusion**



Rates of this surgical procedure have been generally declining for Genesee County residents since 1997. In contrast, rates across the state and in comparison counties have been rising, so that the Genesee County rate is now below both comparison bases.

**Graph 7:1c Spinal Procedures - Lumbar Diskectomy**



Inpatient rates for lumbar diskectomy have been declining for Genesee County residents since 1996. Rates across the state have been fairly stable. In 2004, rates in Genesee County were below both comparison bases.