

GREATER FLINT HEALTH COALITION

TERMS OF REFERENCE

DEPRESSION IN PRIMARY CARE (DPC) PROJECT COMMUNITY STEERING COMMITTEE (CSC)

2008

PURPOSE OF THE COALITION:

- 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:

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 STEERING COMMITTEE:

To build a community-wide system of care for mental health problems, focused on the primary care setting and to carry out translational research exploring the effectiveness of this system of care in a "real-world setting", utilizing a long-term community-academic partnership between Genesee County stakeholders and partners from the University of Michigan Depression Center.

OUTCOME OPTION:

- Create the infrastructure to support a long-term community-academic partnership, that will accomplish the following:
 - Create a community "mental health care map", which (a) demonstrate the places in which mental health care occurs; (b) provides a description of the providers and patients at each entity; and (c) provides a description of the health system, payers, and employers involved.
 - Create a community "information management map", which (a) exhibits the clinical data flows between providers and systems; (b) exhibits the number of

information technology systems in place; and (c) exhibits where information flow is smooth and useful as well as where discontinuities exist.

- Determine a set of measurable community mental health metrics that will assess quality for each of the key stakeholders (patients, providers, health plans, employers, etc.) and for the system as a whole.
- Develop and implement the Greater Flint Depression in Primary Care Partnership Pilot Project

OUTCOME OPTION IMPACT ON 2007 – 2012 GOAL FRAMEWORK:

- Access, quality, and health improvement are impacted by the development of a “mental health care map” for Genesee County which will identify where services are provided and will improve patients’ ability to navigate the mental health care system. Access, quality, and health improvement are also impacted through the development of a DPC Pilot Project that is focused on mental health care navigators assisting patients and connecting feedback to providers.
- Cost is impacted by improving the efficiency of care for depressed patients in the primary care setting. The development of an “information management map” will also impact costs by improving the efficiency of the flow of data between providers and reduce costs for data exchange

MEASURABLE HEALTH OUTCOMES:

The community mental health metrics identified by the Depression in Primary Care Steering Committee will be measured to assess the success and effectiveness of the Depression in Primary Care Pilot Project and may include:

- Using the Patient Health Questionnaire (PHQ) - 9 Depression Scale to assess the symptoms and severity of a depression diagnosis
 - PHQ-9 scores will be benchmarked prior to beginning the DPC Pilot Project and will be periodically monitored through out the Project to evaluate the success of the Project.
- Surveying physicians and patient regarding their satisfaction with the DPC Pilot Project

STEERING COMMITTEE MEMBERSHIP:

The Depression in Primary Care (DPC) Project Community Steering Committee (CSC) will be no larger than 21 individuals. All individuals will either be appointed by their organizations’ chief executive officer/director or by the president of the Coalition. The CSC can make recommendations on additional members, as necessary. **The individuals should be senior enough to be able to influence and represent their organization’s policies on the subject matter.**

Commitments: The DPC CSC will meet monthly for one and a half hours at the Coalition office, at a time to be determined by the DPC CSC members. Additional time commitments will occur through specific work/ad-hoc groups as needed.

The membership will be categorized by the Coalition "sectors", as follows*:

| | |
|-------------------------|---|
| Providers (10) | Genesee County Medical Society Genesee County Osteopathic Society Genesys Health System Hurley Medical Center McLaren Regional Medical Center Mott Children's Health Center Physicians (3) Psychiatrist |
| Insurers (2) | Blue Cross Blue Shield of Michigan (BCBSM)/ Blue Care Network (BCN) HealthPlus of Michigan |
| Consumers/Residents (3) | NAMI Genesee County Faith Access to Community Economic Development (FACED) Hispanic/Latino Community Representative |
| Purchasers (1) | ValueOptions |
| Government (1) | Genesee County Community Mental Health (CMH) |
| Co-Chairs (3) | Administrator for Clinical Programs & Support Services, Hurley Medical Center Program Director, McLaren Family Practice Residency Program Medical Director, Health & Disease Management, Genesys Health System |
| Co-Investigators (2) | Paul Lazar, M.D. Trissa Torres, M.D. |
| Ex-Officio members (2) | President & CEO, Greater Flint Health Coalition Principal Investigator, University of Michigan Depression Center |

*Note: As approved at the August 9, 2006 meeting of the Mental Health & Substance Use Task Force, there is an option to make future additions to the CSC (where necessary) to aid in the carrying out of the mission. Additional

members representing underserved and underrepresented constituents in the community will be added as needed.

ROLE OF CO-INVESTIGATORS:

Role of the Co-Investigators includes, but is not limited to, attendance at Steering Committee meetings, participation in monthly Depression in Primary Care Project Co-Chair conference calls, acting as local co-lead on the project and working closely with the Principle Investigator to build the community-academic coalition. In addition, the Co-Investigators will focus on coordinating activities of the Depression in Primary Care Steering Committee and on identifying and enlisting physician champions from the community. Specific and deep knowledge of the local health care system and the county physician network are critical to the eventual success of this effort.

REPORTING:

The Depression in Primary Care Community Steering Committee will report to the Mental Health & Substance Use (MH/SU) Task Force.

STAFFING:

The staffing of the Steering Committee will be handled by the Coalition.

BUDGET:

Activities of the DPC Steering Committee will be funded by grants from the Michigan Institute of Clinical and Health Research and the National Institute of Mental Health.

It is anticipated that other specific external grants and unrestricted contributions will also be pursued.

On October 18, 1999 the Coalition Board of Directors approved the REACH (Racial and Ethnic Approaches to Community Health) Task Force Terms of Reference. In so doing, the Board recommended the vision and outcome option of REACH become part of the operational terms of reference of every committee/task force/group 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 members' health.
- To keep front and center the issue of ethnic and racial disparities in the work of the Coalition.

Approved by the Mental Health & Substance Use Task Force on August 20, 2008.

Approved by the Board of Directors on December 15, 2008.