

GREATER FLINT HEALTH COALITION

TERMS OF REFERENCE

PHARMACY TASK FORCE 2008

MISSION:

Improve the health status of our residents, 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 effective health and medical care.

CORE VALUES:

Consensus
Collaboration
Fairness
Integrity
Continuous Improvement
Innovation
Public Participation

TASK FORCE VISION:

In the area of pharmaceutical services, to support the mission of the Greater Flint Health Coalition:

- Improve the health status of residents of Genesee County
- Improve the quality and cost effectiveness of pharmaceutical utilization within the health care system in Genesee County.
- To improve the quality, cost effectiveness, and compliance of the use of pharmaceuticals in Genesee County
- To address and improve Patient Safety in the use of pharmaceuticals in Genesee County

OUTCOME OPTIONS

1. Develop a patient-focused (consumer) educational campaign to increase adherence to medications/treatment within a specific population; to assist with hospital admissions/routine medical appointments; and to ensure accurate administration of medications (e.g. the Emergency Health Card, Diabetes Group Visits).

2. Support projects designed to enhance communication between patients and providers by increasing patients' comfort level with asking questions (e.g. Diabetes education algorithm).
3. Support projects designed to give Pharmacists the tools to counsel a patient on the appropriate use of medications (e.g. Pharmacy lectures at Diabetes Group Visit meetings, HealthPlus' Ashville Project).
4. Develop a prescription assistance educational campaign to increase access to pharmaceuticals for uninsured and underinsured populations; intended to improve pharmaceutical access and adherence rates for this population.

OUTCOME OPTION IMPACT ON 2007 - 2012 GOAL FRAMEWORK

Improved health status is promoted collectively through the focus areas of quality, access, cost, and health improvement. Specifically, quality is impacted through efforts to; increase adherence to medications/treatment and the provision of information to pharmacists, providers, and patients focused on the appropriate prescription (and use) of medications. Improved communication between these groups also impacts quality (options #1, 2, 3, 4).

Access is impacted through work assisting people with communication during emergencies; providing information about appropriate medications; efforts to increase patients' comfort level asking questions; and providing information on various assistance programs. These efforts can each reduce barriers to care for county residents (options #1, 2, 3, 4)

Cost is impacted through increased patient adherence to medications/treatment; accurate and appropriate administration of medications; the use of new medical treatment programs; education of various prescription assistance programs; and the enhanced communications between pharmacists, providers, and patients (options #1, 2, 3, 4).

Health improvement is impacted through the involvement of patients in their own care thereby promotion healthy behaviors (options #1, 2, 3, 4).

MEASURABLE HEALTH OUTCOMES:

1. Number of program materials distributed (e.g. Emergency Health Cards, algorithms, access tool).
2. Number of program participants at events sponsored by the Pharmacy Task Force.
3. Penetration of Pharmacy Task Force materials into the community (e.g. surveys of awareness and understanding of Pharmacy Task Force projects and the topics being promoted).
4. Patient adherence rates for a specific population.
5. Increased awareness of prescription assistance programs.

TASK FORCE MEMBERSHIP:

The membership will be no larger than 27 individuals. All individuals will either be appointed by their organizations' chief executive officer/director or the President of the Coalition. The individuals should be senior enough to be able to influence and represent their organization's policies on the subject matter.

Commitments: The task force will meet monthly for one and a half hours at the Coalition's office during a time to be determined by members. Additional time commitments may occur through specific work groups.

The membership will be categorized by the Coalition's "sectors":

Purchasers (2):	2 UAW/GM Community Health Initiatives
Consumers (1):	Faith Access to Community Economic Development (F.A.C.E.D.)
Providers (8):	3 Health Systems: Genesys Health System Hurley Medical Center McLaren Regional Medical Center
	2 Physicians: Genesee County Medical Society Vacancy
	4 Pharmacists (retail): Diplomat Health Services Meijer Pharmacy Union Prescription Center and Medical Supplies Walgreens/ Rite Aid
Government (2):	Genesee County Health Department Genesee County Community Mental Health
Insurers (4):	2 Blue Cross Blue Shield of Michigan 1 HealthPlus of Michigan 1 Molina 1 McLaren Health Plan
Pharmaceutical Drug Manufacturer	

Representatives (4): AstraZeneca
Eli Lilly and Company
Medco Health Solutions
2 Pfizer, Inc.

Ex-officio Members (2): President, Greater Flint Health Coalition
Chair, GFHC Board of Directors

REPORTING:

The Pharmacy Task Force will report to the Cost & Resource Planning Committee.

STAFFING:

The staffing of the Pharmacy Task Force will be handled by the Greater Flint Health Coalition.

BUDGET:

It is anticipated that the activities of the Pharmacy Task Force will be funded through specific external grants; unrestricted contributions will also be pursued.

On October 18, 1999 the Coalition Board approved the REACH Task Force Terms of Reference. In doing so, the Board recommended the vision and outcome option of the REACH (Racial and Ethnic Approaches to Community Health) Task Force to 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 members' health.
- To keep front and center the issue of ethnic and racial disparities in the work of the Coalition.

Approved by the Task Force on October 28, 2008.

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