

Grand Rapids Medical Education & Research Center

Community Engagement for Health Improvement

Background and Community Overview

Grand Rapids, the second largest city in Michigan with a metropolitan population of over 650,000 and the fastest growing major city in the upper Midwest, both in population and job creation, has a long tradition of community-wide collegiality and collaboration, as well as a long history of commitment to health care quality improvement. Examples span a broad continuum from public health initiatives (in 1945, Grand Rapids became the first municipality in the country to add fluoride to its water supply) to the decision earlier this year to join the Institute for Healthcare Improvement's *IMPACT Program* as a community-wide effort with the following specific aim:

Improve health care for all residents of Grand Rapids and Kent County by making substantive and measurable quality improvements at each participating provider organization (hospitals, physician groups, and other health care organizations) and shape the health of the community by learning from and actively engaging other participating or affiliated organizations (Chamber of Commerce, Healthy Kent 2010, Employer Associations, Alliance for Health, Grand Valley State University, etc.). The focus of the community-wide initiative will be on improvements that impact the six dimensions of quality identified by the Institute of Medicine, i.e., health care should be safe, effective, patient-centered, timely, efficient and equitable.

Despite the tradition of collaboration across all segments of the health care system and community, much of the past work in the quality improvement arena has been done at the institutional level. With the establishment of the Grand Rapids Medical Education & Research Center (GR-MERC) in 1999 as a medical, health education and research consortium representing the shared interests of the local health systems and educational entities, it was a natural step for GR-MERC to evolve into a coordinative and facilitative role in other areas that lent themselves to collaborative approaches, such as community-wide health improvement.

Notwithstanding GR-MERC's coordinative role, the most striking feature of the effort in Grand Rapids is the breadth and depth of the interest and involvement on the part of all segments of the community. Fully committed and actively engaged participants include the local hospitals/health systems (Spectrum Health, Saint Mary's Mercy Medical Center, Metro Health, Mary Free Bed and Kent Community Care), the two largest private physician groups in the region (Michigan Medical, PC and Advantage Health), the two largest health plans/insurance entities in the area (Priority Health and Blue Cross/Blue Shield), the local state university campus and its health professional education programs (Grand Valley State University), the Chamber of Commerce and local businesses, the Kent County Health Department and Healthy Kent 2010, the newly elected mayor of Grand Rapids (George Heartwell), a wide range of community organizations (e.g., the African American Health Institute, Tobacco Free Partners, Get the Lead Out, etc.), and neighborhood associations and parish nursing programs, among others. The direct investments and in-kind contribution of staff resources by these institutions and organizations, combined with GR-MERC's employment of staff to support the community-wide health improvement initiative, represent a significant collective commitment to these activities.

Activities Now Underway

With the broad support described above, the community-wide health improvement initiative in Grand Rapids now encompasses a diverse array of activities, including:

Healthcare Delivery:

Through the IHI *IMPACT Program*, front-line action teams are at work within local hospitals and medical groups on projects aimed at improving patient safety, flow through acute care settings, critical care practices, and the management of office practices and outpatient settings.

A community-wide collaborative project is now being developed to assess and improve patient flow through the health system, with a particular emphasis on the handling of patient transfers, information hand-offs and related issues at the interface between institutions. This project builds on the IHI *IMPACT Program* domain entitled “Improving Flow Through Acute Care Settings” and uses the same framework and methodology to expand the effort to the community-wide level. The patient transfer initiative will initially be organized around patients with Diabetes, and the movement of patients within and across care providers in the community.

Two efforts involve the use of evidence-based medicine to promote health improvement in Grand Rapids and West Michigan. The first involves collaboration in disease management aimed at improving the health status and quality of care delivered to defined patient populations (e.g., diabetics) through the use of evidence-based medicine to identify “best practices” that can be adopted as the community-wide standard of care. The second is oriented toward education in evidence-based medicine and draws upon the talent and experience of a new member of the local medical community (Dr. Lilly Immergluck) to develop an evidence-based medicine education program for residency program directors and key members of the community-based teaching staff. We anticipate offering the first such program in the spring of 2004.

Health Professions Education:

While change in the education of future health care professionals has not, in and of itself, been shown to bring about health system improvement, positive change cannot be sustained in the long term without investing in the development of the next generation of health care leaders. Through the deployment of inter-disciplinary “learner teams”, GR-MERC is pursuing fulfillment of the goal articulated in the Institute of Medicine’s April 2003 report entitled “Health Professions Education: A Bridge to Quality”, namely that:

All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics.

In addition, GR-MERC has developed and begun to implement a “core curriculum” that will complement strong clinical education with increased exposure to interdisciplinary learning and the development of enhanced skills in communication, quality improvement techniques, use of information technology, understanding of complex systems of care, critical assessment of medical literature, use of tools for life-long learning, and adaptation to a continuously changing environment.

Community Integration:

Consumer engagement is a “critical success factor” that supports a range of more focused initiatives. Our two most significant efforts to engage consumers involve active participation in Healthy Kent 2010, the local implementation of the federal Healthy People 2010 initiative, and development of a program that places inter-disciplinary “learner teams” in the community, in partnership with neighborhood associations and parish nursing programs, to conduct community health assessments and develop focused interventions to address identified problems.

Core Facility for Measurement and Evaluation:

One of the most important components of the community-wide health improvement initiative is the development of a capacity to apply greater rigor to the collection of data and the measurement and documentation of the effect of various projects and interventions. To create this capacity, we have established a “core facility” within GR-MERC to provide measurement and evaluation support to health improvement projects throughout the community. This unit is headed by Tom Summerfelt, Ph.D., Director of Research and Innovation at GR-MERC, who has held faculty appointments at Michigan State University and Vanderbilt University, as well as done previous evaluation work for the Kellogg Foundation and the State of Illinois.

Among the early achievements of this unit is the development of a closely integrated relationship with the Community Assessment Technology Changing Children’s Health (CATCCH) Project, which includes a unique data base that links health measures with information from public health, education and human services agencies to allow for a better understanding of the full range of factors that influence maternal/child health and development.

The “core facility” for measurement and evaluation has also entered into a contract to provide an “evaluation system for community health improvement aimed at sustainability and community capacity building” for Spectrum Health’s Healthier Communities Department, which coordinates that health system’s annual court-mandated \$6 million investment in community agencies and individual projects dedicated to improving the health of the community.

Finally, the “core facility”, in partnership with Michigan State University’s Institute for Health Care Studies and the Kent County Health Department, recently received notification of its receipt of funding from the Michigan Department of Community Health to provide the evaluation component of an effort to assess maternal and infant support services for Medicaid recipients.

Summary

There is an extraordinary opportunity in Grand Rapids, due in large part to the extensive commitment to community-wide health improvement on the part of local leaders and the existence of a coordinative framework for working across traditional organizational/institutional lines. Few communities in the country have the potential to serve as a comprehensive laboratory for the design and testing of large-scale interventions aimed at enhancing health system quality and safety while simultaneously improving the health of the population.

For more information relating to the community-wide health improvement initiative, contact Dr. Kent Bottles, MD, GR-MERC President and CEO, at: 616-732-6206, or email:

Kent.Bottles@grmerc.net