Trends and Gaps Shaping the Vision

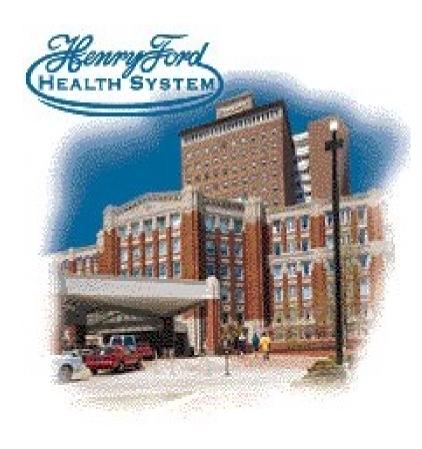
Jennifer Elston Lafata, Ph.D.

Director, Center for Health Services Research



Presented at the Joint Workgroup Hearing for the 21st Century and NHII July 10, 2000 Chicago, IL

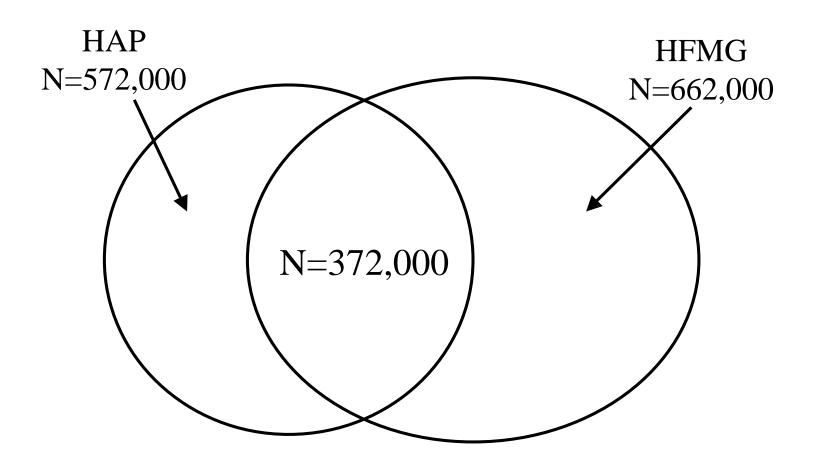
The Henry Ford Health System



- Henry Ford Hospital
- Henry Ford Medical Group
- Health Alliance Plan
- Henry Ford Wyandotte Hospital
- Horizon Health System
- Henry Ford Behavioral Health
- Community Care Services
- William Clay Ford Center for Athletic Medicine
- Bon Secours Cottage Health Services
- Henry Ford Mercy Health Network
- Child Health Network

Henry Ford Health System, Center for Health Services Research

The HFHS Patient Population



Automated Data Sources Available within the HFMG-HAP

HFMG:

- Master Patient Index
- Panel Management File
- Administrative Encounter Data
- Clinical Management Information System
- Cancer Registry

HAP:

- HMO Membership Files
- HMO Claim Files (all covered services, including prescription drugs)

The Capabilities

- Complete data dating back to 1994
- All data can be linked using unique patient, physician, clinic identifiers
- Data can be aggregated at patient, physician, clinic, region, or health system level
- Most tables updated monthly, with no more than 3 month delay

A Proposed 11th and 12th Principle

- 11. Data must be available in a timely manner to be useful and relevant to decision-making on health.
- 12. The accuracy of the information compiled must be continually assessed.

Socio-economic, Demographic, and Environmental Factors

- Knowledge of the burden of illness to patients, their families, and support networks
 - employment, under-employment
 - receipt and provision of care
 - changes with health status and time
 - by population subgroups

The Health of Populations

- Information on the presence of multiple conditions
 - additional knowledge is needed on the interaction of multiple conditions
 - the role environment plays in the manifestation of health among those with multiple conditions

Health Care, Health Services Delivery, and Health Care Seeking

- An important trend to consider is the increasing expectation for patient input in treatment decisions
 - What are patient preferences regarding such input?
 - When given the option, how do they actually make a decision?
 - What are different patients' capabilities of making decisions and in which situations are informed decisions
 Made 2

Health Care, Health Services Delivery, and Health Care Seeking

 Information to allow risk/severity adjustments

Health Care, Health Services Delivery, and Health Care Seeking

- The relationship of the population's health and relative investments in primary and specialty care are of interest at a macro level only
- At a micro level the question is how to structure care delivery processes to ensure the provision of appropriate care, regardless of the provider type

Scientific Research

- Information on what scientific evidence has been translated into practice, and where voids remain
- Information on the effectiveness of dissemination and implementation of research findings into practice
 - alternative environments/settings
 - alternative populations

Public Policy and Advocacy

- Priorities/preferences of the general population as compared to interest groups
- Influence of reporting/report card initiatives on driving priorities

Information Technology

- Ongoing assessments of accuracy of different data for different applications (both intended and unintended)
- Mechanisms that allow linkages across systems and over time

Conclusions

Key principles revolve around ensuring accurate information at the right time and carefully thinking through the macro and micro policy issues that are likely to be addressed.