

Maximizing the GPC's value to Member Institutions (McClay & Waitman)

Health systems engagement – topic for session

- Health systems are source of data; we have agreements in place with them to obtain/use data
- Most member institutions are academic medical centers
- Health system is responsible for health care delivery

Sustainability question – how do we provide value to our data source (health systems)?

- PCORI has done some work to engage health systems
 - Asked –what kind of projects might health systems want done?
 - Provided funding for GPC institutions to talk with their health system leaders; Gary Rosenthal convened this meeting in Chicago; meeting resulted in a list of projects, ranked; Russ provided overview of final report
 - 1 funded project – health system demonstration (Iowa, Wisconsin, Boston hospitals)
- Importance of language in engaging health systems – “research” (no), “quality improvement” (yes)
- What we can offer –
 - Internal consulting
 - Quality improvement (access to i2b2, training, data access)
 - Aggregation of data (geocoding, CMS, cancer & other registries)
 - Research trials
 - Benchmarking (very competitive landscape)
 - Better data

Babel –tool that lets GPC sites view what data is available from other sites [babel.gpcnetwork.org]

Downside of PCORI funding – not federal funding (like NIH)

Going forward – next steps: How do we want to organize our health systems engagement work?

- Idea: provide update to health systems leaders re. health systems demonstration project
- Provide info about what GPC does to health systems leaders (see to-do below)

To-do:

1. quarterly report (to patients, health systems) with patient case study/story/use case/successes & high-level numbers