

THE FRIEDELLE COMMITTEE

FOR HEALTH SYSTEM TRANSFORMATION

Kentuckians Uniting for Healthy Communities

Mission

To improve the health of Kentuckians by promoting an effective, values-based health system, advocating for community action, and measuring the system's performance.

Goals

Our work is not done until:

1. All Kentuckians are included in an effective health system based on the following Friedell Committee values:
 - a. Health systems are **accountable to the public** in every aspect of care and resource use.
 - b. Health systems are responsible for **promoting the health of individuals and populations**.
 - c. Health professionals are responsible for providing **safe and effective care**
 - d. Each individual has **equal access to effective care** without regard to race, gender, culture, geography or socioeconomic status.
 - e. Care for each individual is **safe and of high quality**.
 - f. Care for each individual is **affordable**.
 - g. Care for each individual is **efficient and of high** value to recipient and family.
 - h. Patients and families are **treated with respect**.
 - i. **Patient rights** are clearly expressed and honored.
 - j. Individuals and communities **share responsibility** for their health and for the cost of care.
2. Every Kentucky county has a method to measure and improve health status.
3. Kentucky's health system's performance is measurably excellent.

Objectives

1. To **promote the Friedell Committee's values-based principles** in a high performance health system for all Kentuckians.
2. To **develop instruments to measure each principle**.
3. To **develop practical applications for every principle** (a toolkit) for the use of community groups in assessing different aspects of the health system, periodically revising them based on feedback from communities.
4. To **encourage communities and other entities to use the principles**:
 - a. as benchmarks in evaluating the present system;
 - b. as foundational elements in health system transformation; and
 - c. as criteria for assessing progress toward these principles.
5. To **reframe the public discussion** now centered on health insurance to the need for a comprehensive, coordinated values-based health system for all Kentuckians focused on prevention as well as clinical care.
6. To **work with other groups and organizations** to build public support for these principles.
7. To **make research-based public policy recommendations** promoting these principles.

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Since our first meeting in Fall 2008, the Friedell Committee has:

- Developed governance and management structures with regular meetings of the Executive Committee, Board of Directors and full Committee of statewide members.
- Studied the implementation of the KCHIP enrollment initiative in one Kentucky county with recommendations for local and state action, generating press coverage of our results.
- Improved visibility and both internal and external communication by:
 - a. Developing our website, www.FriedellCommittee.org.
 - b. Publishing two editions of our Newsletter, Spring 2009 and Winter 2010.
- Developed Work Groups, under the guidance of a Task Force, to look at six areas of significant health system concern:
 1. **Diabetes as a Model for Chronic Disease**, including development of the Tri-County Diabetes Partnership in Johnson, Magoffin and Floyd Counties to reduce the high incidence, morbidity and mortality of diabetes;
 2. **The Health Home**, exploring the importance of providing patient-centered, comprehensive, coordinated, and continuous physical, mental and oral health services, with an emphasis on prevention;
 3. **The Role of Health Departments**, emphasizing the statutory responsibility of Boards of Health to encourage the active role by Health Departments in improving all aspects of health and health services in communities;
 4. **The Accountable Health Community**, an approach to assisting communities in defining “healthy community,” and encouraging communities to take responsibility for achieving this status;
 5. **Hospital Acquired Infections (HAI)**, recognizing that it is community members who acquire the infections and sometimes die from them, and who directly or indirectly pay for the additional care needed; and
 6. **Child Health**, an effort to identify the most important contributors to the health of children with recommendations for action.

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