



Memorial Citizens' Commission

Citizens' Commission on Ownership & Governance of Memorial Health System

The Data Aggregation Tool

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The Challenge

- How to integrate a multitude of information sources
 - Guest Speakers
 - Reference Books
 - Professional Articles
 - Conversations with consultants

Into . . .

- A specific recommendation on an ownership and governance structure for the Memorial Health System that will best serve the interests of our citizens well into the future

What was Ruled out and Why

- Developing a *quantitative* analysis methodology that is fed data, processes it, and delivers “the answer”
 - Significant differences in the types of information needed
 - Questions on the applicability and reliability of data sources
 - Failure to use the Commissioners’ knowledge and expertise
 - Questions concerning the ability to generalize the results that others have had through case studies, etc.
- The likelihood that decision makers—City Council and citizens alike -wouldn’t believe the results if they didn’t understand the process

Our Approach

- Develop a qualitative (not quantitative) methodology
- Employ the unique capabilities of the Commissioners
- Engage a high-quality health care consultant
- Organize the information that we collected into common and easy to understand formats
 - Use a tabular form
 - Begin by placing “pros and cons” in the cells
- All Commissioners have an equal voice

What's in the Cells?

- The “pros and cons” address:
 - The degree to which the hospital models (the columns) satisfy the criteria (the rows)
 - Typically, between one and five pros and cons
 - Recognized not to be of equal importance
- Reducing the cell content to a uniform and manageable size
 - Each Commissioner weighs the pros and cons in each of 96 cells
 - They then assign one of the following four ratings to each cell:
 - “Very Poorly”
 - “Poorly”
 - “Well”
 - “Very Well”
 - For convenience, the ratings are numbered 1, 2, 3 and 4 respectively

Sample Commissioner's Input

	1. Stay as is	2. Stay as is - with mil levy ordinance revoked	3. Stay as is - with changes in governance	4. Create Hospital District	5. Stand Alone Spinoff 501(c)(3)	6. Affiliate with non-profit	7. Joint Venture with For-profit	8. Sell to For-Profit
Objective 1, Criterion 1 Minimizes Taxpayer Financial Exposure	1	4	1	1	4	1	1	4
Objective 1, Criterion 2 Minimizes Taxpayer Legal Exposure	1	1	1	2	4	3	3	4
Objective 2, Criterion 1 Ensures Effective Health System Governance	2	2	2	3	4	3	2	4
Objective 2, Criterion 2 Assists in Attracting Effective Executive Leadership	2	2	2	3	4	3	3	4
Objective 2, Criterion 3 Promotes the Delivery of High Quality Care	2	2	3	3	4	3	3	4
Objective 2, Criterion 4 Facilitates the Creation of a Highly Agile Organization	1	1	2	3	4	3	3	4
Objective 2, Criterion 5 Facilitates the Creation of a High Efficiency Organization	1	1	2	2	3	3	3	3
Objective 2, Criterion 6 Facilitates the Development of an Integrated Delivery System	1	1	2	3	3	3	3	3
Objective 2, Criterion 7 Facilitates Achieving Strong Financial Performance	1	1	2	3	4	3	3	4
Objective 2, Criterion 8 Financial Return to the Community	3	3	3	3	4	3	3	4
Objective 3, Criterion 1 Protects and Strengthens Charity Care Policy (Safety Net)	2	2	3	3	4	3	3	3
Additional Consideration, Criterion 1 Return on Community	3	3	3	3	4	3	2	2

Each Commissioner's input is done privately

Compute the Composite Assessment

- The average score is computed for each cell
- This results in each cell having a score between 1.0 and 4.0

	1. Stay as is	2. Stay as is - with mil levy ordinance revoked	3. Stay as is - with changes in governance	4. Create Hospital District	5. Stand Alone Spinoff 501(c)(3)	6. Affiliate with non-profit	7. Joint Venture with For-profit	8. Sell to For-Profit
Objective 1, Criterion 1 Minimizes Taxpayer Financial Exposure	1.9	3.3	2.2	2.0	3.9	3.1	2.6	3.4
Objective 1, Criterion 2 Minimizes Taxpayer Legal Exposure	2.6	3.0	2.7	3.0	3.7	3.6	2.9	3.4
Objective 2, Criterion 1 Ensures Effective Health System Governance	1.8	1.8	2.3	2.8	3.8	2.7	2.0	2.1
Objective 2, Criterion 2 Assists in Attracting Effective Executive Leadership	1.6	1.4	2.0	2.7	3.7	2.8	2.8	2.7
Objective 2, Criterion 3 Promotes the Delivery of High Quality Care	2.1	2.1	2.4	2.9	3.3	3.0	2.8	2.6
Objective 2, Criterion 4 Facilitates the Creation of a Highly Agile Organization	1.0	1.0	1.4	2.0	3.8	2.6	2.8	2.9
Objective 2, Criterion 5 Facilitates the Creation of a High Efficiency Organization	1.2	1.2	1.7	2.2	3.8	2.7	3.0	3.1
Objective 2, Criterion 6 Facilitates the Development of an Integrated Delivery System	1.3	1.3	1.6	2.3	3.6	2.8	2.6	2.3
Objective 2, Criterion 7 Facilitates Achieving Strong Financial Performance	1.8	2.0	2.1	2.6	3.6	2.9	2.8	2.7
Objective 2, Criterion 8 Financial Return to the Community	2.7	2.8	2.7	2.8	3.6	2.0	1.9	2.0
Objective 3, Criterion 1 Protects and Strengthens Charity Care Policy (Safety Net)	3.1	2.9	3.1	2.9	3.7	2.4	1.8	1.4
Additional Consideration, Criterion 1 Return on Community	2.9	2.8	2.8	2.6	3.6	2.0	1.4	1.4

Color Helps Visualization

	1. Stay as is	2. Stay as is - with mil levy ordinance revoked	3. Stay as is - with changes in governance	4. Create Hospital District	5. Stand Alone Spinoff 501(c)(3)	6. Affiliate with non-profit	7. Joint Venture with For-profit	8. Sell to For-Profit
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Additional Consideration, Criterion 1 Return on Community	2.9	2.8	2.8	2.6	3.6	2.0	1.4	1.4

Now to Discuss our Recommendation

- The Data Aggregation Tool is only a way to display the composite results of the Commissioners' individual assessments of the 96 cells:
 - No automated decision engine was developed
 - No decision rules were mandated
- The Data Aggregation Tool is simply a straightforward approach to combining everyone's views in a clear noncontroversial way
 - **Each Commissioner decides upon his or her own method of assessing the data**
 - This tool simply serves as a focus for our discussions
 - Example

- Questions from the Commissioners?