Aligning Forces for Quality | Improving Health & Health Care in Communities Across America

Robert Wood Johnson Foundation

Expert Panel Review of *Aligning Forces for Quality*

November 2012

Overview

In 2006, the Robert Wood Johnson Foundation (RWJF) launched *Aligning Forces for Quality* (AF4Q) as its signature effort to improve the quality of health care in targeted communities across America. This 10-year, $300 million initiative has supported the development of multi-stakeholder organizations and coordinated efforts across these alliances to improve their communities' health care and, ultimately, their health. The program's chief objective is that "targeted communities will improve and sustain high-quality, patient-centered, equitable care by 2015." Now, six years later, these 16 alliances are led by teams comprised of those who give care, get care, and pay for care, working together to improve health care quality, reduce disparities, and control health care costs.

With the program scheduled to end in 2015, RWJF's Quality/Equality team, in the winter of 2011–2012, asked four experts to review AF4Q's accomplishments and provide guidance on how RWJF can best refine the program for its final phase. This overview outlines the panel's three chief recommendations, and the framework RWJF and the Aligning Forces national program office (NPO), which is housed at The George Washington University Medical Center's School of Public Health and Health Services, developed to address the panel's recommendations.

Making a Business Case for AF4Q

Recommendation

RWJF should help alliances demonstrate their work's impact on health care costs to make the "business case" for local stakeholders to sustain their efforts beyond 2015.

Current Progress

Before RWJF launched AF4Q, there was concern, but not a sense of urgency, about health care costs in the U.S. Now, with skyrocketing health care spending in the headlines, every one of the 16 alliances is exploring innovative ways to organize and pay for high-value health care, and work with insurers, payors, and providers to pilot these programs. Some examples follow.

Aligning Forces for Quality—South Central Pennsylvania is now working with seven medical groups, ten large employers, and two health plans, including WellSpan Health and Capital BlueCross, to change payment for services like knee and hip replacement surgery. The alliance convened key stakeholders to discuss redefining how care will be reimbursed, including implementing bundled payments for certain surgeries or ongoing conditions, and how these changes could improve quality and their bottom line.

Since 2008, AF4Q alliance Better Health Greater Cleveland has been working to improve quality outcomes and reduce costs by 20 percent by keeping patients with heart failure out of the hospital whenever possible. As part of this effort, hospitals are implementing programs that include assigning staff members to ensure patients being discharged have outpatient appointments to continue care, and to make follow-up calls to patients once they are home. If this effort succeeds, not only will patients be better off, but the alliance estimates that by May 2013, it will have saved employers and consumers more than $90 million.

In Minnesota, public reports published by the statewide alliance, MN Community Measurement, have demonstrated a steady increase since 2007 in the rate of patients whose blood pressure is under control. Now, the alliance is starting to see evidence that care provided in the state is not only improving in quality, but also in value. For example, in 2009, 25,000 patients were readmitted to hospitals in Minnesota within a month of discharge, signaling problems with the original hospital stay, such as unclear discharge instructions or a lack of follow-up care. MN Community Measurement is on track to eliminate 4,000 of those readmissions this year, which could translate into savings of $42 million. The alliance has also started using its public reports to engage patients and providers in reducing health care costs by reporting on the costs of common procedures, such as colonoscopies and blood tests, across practice sites in the state.

What's Next

RWJF will continue providing technical support to the 16 alliances currently experimenting with payment reforms that hold promise for bending the cost curve in health care. This work will give alliances proof of the value they provide to their local health care markets, positioning them for sustainability beyond 2015.

RWJF will also help alliance leadership strengthen their relationships with key community stakeholders, especially employers, and work to address the alliances' critical need for cost data by supporting local efforts to gain access to this data and continuing conversations with key stakeholders.

Encouraging Alliances to Customize Programs

Recommendation

RWJF should allow more flexibility in the AF4Q program requirements to help alliances emphasize parts of the program that are most strategic for them.

Current Progress

RWJF maintains that success needs to be defined differently for each alliance because no two of the 16 markets are alike—from rural California to Memphis to Wisconsin to Boston. Each alliance has set specific and measurable goals to improve quality and lower costs, and RWJF will measure success by how they meet these individual goals. The Foundation has also evolved the AF4Q program guidelines over time to reflect the changing health care landscape. As the environment has changed, the alliances have explored new ground to fill needs and take advantage of new opportunities in their markets.

For example, the Puget Sound Health Alliance, which leads AF4Q in Puget Sound, Washington, has focused on creating Community Checkup, a consumer-friendly website with information on the quality of care provided in hospitals and doctors' offices in the region. Community Checkup has garnered praise from physicians and patients, and continues to be a core part of the alliance's work, including the "Own Your Health" campaign, which is led by the alliance in partnership with King County, to encourage county employees to become active members of their health care team.

However, the New York alliance, the P^2 Collaborative of Western New York, is building on its success with practice coaching. The alliance created a network of practice enhancement associates who work with physician offices to help improve quality, for example, by adopting electronic health records. The organization is currently developing a business plan to expand this physician office work across eight counties in Western New York, in hopes of solidifying the strategic value the program brings to physicians and outpatient practices.

What's Next

RWJF is giving the alliances more strategic flexibility in the fourth and final phase of Aligning Forces for Quality, beginning in the spring of 2013 and continuing through 2015. Instead of a detailed list of program requirements, each alliance will be able to focus on the activities they believe to be most likely to help them achieve and sustain improved quality and equality in health care in their markets while reducing costs.

Sharing Lessons Learned

Recommendation

RWJF should share early results and lessons learned from the alliances with local and national policy-makers and health care leaders.

Current Progress

In 2006, before health care reform was on the horizon, the AF4Q alliances began to map out and pilot innovative programs to improve transparency, quality, and patient engagement. Now that health care reform is taking effect, there is much more pressure and opportunity to improve quality and reduce costs in both the public and private sectors. The 16 alliances are ahead of the game and have a better idea of what works—and what doesn't—to improve health care in their communities.

Earlier this year, RWJF released the first in a series of issue briefs that draw on experiences from AF4Q to inform post-reform initiatives. The inaugural brief aimed to help states develop health insurance exchanges under the Affordable Care Act and highlighted lessons learned in providing consumers information they can use to choose quality health care, which is integral to the success of exchanges. Additional briefs in the series share experiences from measuring and reporting on health care quality, ambulatory quality improvement, and patient engagement, among others.

In addition, the Foundation partnered with *Consumer Reports* to release a series of special inserts to help people in three markets with AF4Q alliances—Massachusetts, Wisconsin, and Minnesota—make more informed choices about their health care. The first issue, in Massachusetts, highlighted patients' ratings of their experiences with more than 500 primary care practices across the state.

RWJF has also built on the success of the 16 alliances' public reports on the quality of health care in their communities by compiling a map of similar reports across America. This resource highlights the alliances' work, and aligns them with other organizations aiming to improve transparency as part of a national movement to measure and report on the quality of health care.

In addition, the Quality/Equality team has created a "group" on Facebook called Transformation Has Begun, which now has more than 700 members. This active and vibrant community encourages members to post and share ideas, resources, and questions about efforts to improve the quality and value of health care in America. The Institute for Healthcare Improvement is helping RWJF build this group into a more extended network of leaders from other communities who are ready to build on lessons learned from AF4Q.

What's Next

RWJF aims to be less focused on specific AF4Q "pieces," and communicate more about Aligning Forces' full impact at the community and national levels.

RWJF will also plan more peer-to-peer learning opportunities and build a stronger network of alliance leaders to share lessons learned within the program. For example, the Foundation will create a more robust library of program results and best practices, specifically on reducing readmissions and improving care transitions, in its "Promising Practices Library." By sharing lessons within the AF4Q community, alliance leaders can begin disseminating key messages through their networks, as well as using these lessons to shape strategic plans moving forward.

About the Panel

Lisa A. Simpson served as the panel's chair, and is the president and CEO of AcademyHealth. Bruce E. Bradley is a faculty member for the Institute for Health Care Improvement's "Triple Aim" and a member of the Quality Committee of the Board of Trustees of the Henry Ford Health System. Tracey Moorhead is president and chief executive officer of the Care Continuum Alliance. Lewis G. Sandy, MD, is the senior vice president of clinical advancement at the UnitedHealth Group. Katherine E. Garrett wrote the panel's report.

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Analysis of the Strategic Environment for AF4Q			
Strengths	**Weaknesses**	**Opportunities**	**Threats**

• Sizable and sustained commitment by RWJF, which has given credibility to communities' work on quality. • Success at bringing multiple stakeholders together to work on health care quality. • Catalyst for alliances that pre-existed AF4Q. • Clear methodology that built on RWJF's previous work on quality. • Successful implementation of parts of the prescribed methodology (especially public reporting) in specific sites. • Initial improvements in process measures. • Appropriate evolution of NPO support and technical assistance over time.	• Limited national visibility given the magnitude of the initiative. • Lack of clarity around the program's definition of success. • Program expectations may not match alliance capabilities, as new priorities were added over time. • Unclear theory of how to spread the program beyond the funded communities. • Methodology may not be enough to drive significant and/or sustainable change. • Payers, especially the national payers and employers, are not sufficiently active in alliances. • Limited work among alliances to date addressing the business case for quality, limiting the program's long-term potential. • Confusion over consumer engagement scope and approach. • Lack of consensus about role in disparity reduction, resulting in little action. • Little involvement of public health agencies and little focus on population health.	• The federal and state policy environment is flourishing and is closely aligned with the goals and strategies of AF4Q, with concomitant energy in the private sector. • There is a growing consensus on the need to address health care costs. • Sites are already focused on sustainability and are pursuing new initiatives. • Successful alliances are beginning to share tools and effective strategies. • The program has achieved results that can be better disseminated. • The increasing national focus on population health has led to new measures, data sources, and strategies that AF4Q can leverage.	• Community-level change occurs slowly. • Coalitions may be an unstable platform for long-term change. • Multiple activities around quality stretch communities' resources and interest. • It is difficult to engage and sustain political support when budgets must be cut and partisanship is strong. • Quality data that can be stratified by REL or SES are not readily available. • It is difficult to fully capture the value of improving health care: In the absence of good outcome measures there is a risk that cost will become the sole driver of improvement. • Key program components lack evidence of their effectiveness.