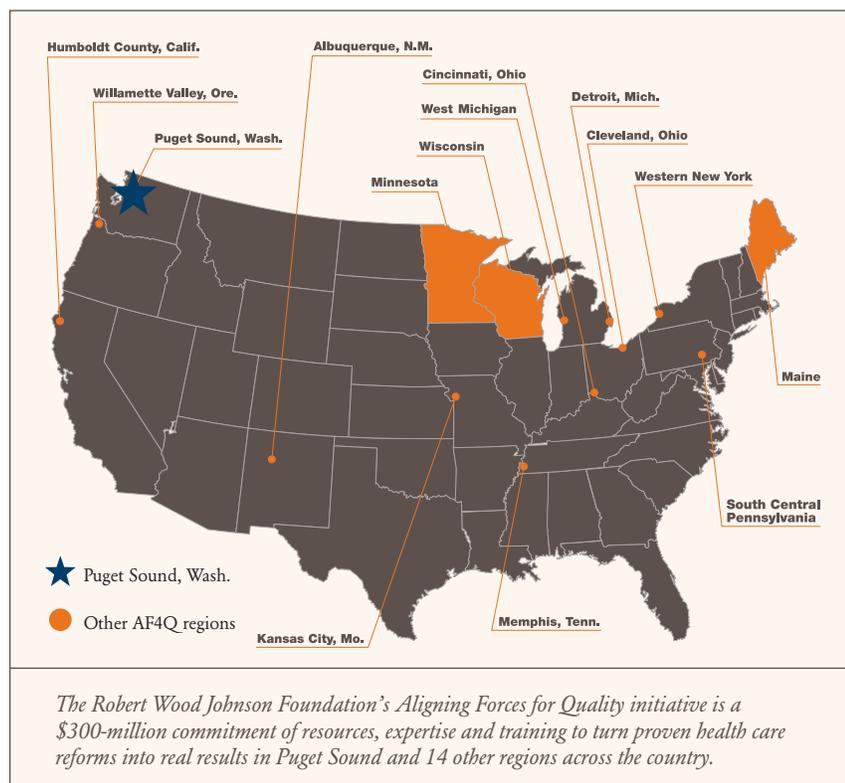


Aligning Forces for Quality in Puget Sound, Wash. A Community Snapshot

Seattle and Washington state's greater Puget Sound region captured the nation's imagination during the 1980s and '90s as the home to some of its strongest brands (Amazon.com, The Boeing Co., Nordstrom, Microsoft and Starbucks) and biggest trends (gourmet coffee, online commerce, and grunge music and fashion). And although the weakened national economy has dimmed some of its luster, it remains quite prosperous relative to other parts of the country.

But even trend-setting regions like Puget Sound face tough social problems, including serious health challenges. According to the Dartmouth Atlas of Health Care, more than a third of all women in the Puget Sound region who are insured by Medicare do not get mammograms to detect breast cancer. African Americans with diabetes and peripheral vascular disease, meanwhile, face a five-times greater risk than whites of having a leg amputated. Federal health researchers say Washington state could save more than \$52 million annually if it reduced hospitalizations for avoidable complications by just 10 percent.

Puget Sound is hardly alone. These are examples of a broader crisis in the quality of care that the U.S. medical system delivers. The statistics in Puget Sound are repeated in community after community, endangering the health of millions. And it is not just the failure to deliver care that contributes to the quality problem. Delivering care that harms people—or delivering care that people do not need—is adding billions of dollars to the national health care bill and is one reason why so many Americans cannot afford health insurance.



While the health care crisis is national, care is delivered locally. That is why the Robert Wood Johnson Foundation (RWJF) is investing \$300 million in promising efforts to improve local health systems in Puget Sound and 14 other regions across the nation. Called *Aligning Forces for Quality* (AF4Q), the initiative brings an unprecedented commitment of resources, expertise and training to turn proven health care reforms into real results at the community level. The AF4Q initiative focuses on the full continuum of health care delivery—the care provided in doctors' offices, clinics and hospitals, and the support provided in the community. It also emphasizes reducing racial and ethnic

disparities in care and strengthening nursing's role in improving quality. It advances three interrelated reforms that experts believe are essential to improving health care quality:

- **Performance measurement and public reporting:** using common standards to measure the quality of patient care and publicly disclosing that performance information.
- **Consumer engagement:** educating patients about their local health care systems to encourage them to demand higher-quality care and help them take a more active role in their own health.
- **Quality improvement:** implementing techniques and protocols that let doctors and hospitals raise the quality of care they deliver to patients.

This snapshot describes how the AF4Q initiative is being implemented in Puget Sound and the progress being made on these three main fronts.

How AF4Q is Being Implemented in Puget Sound

In 2006, RWJF selected the nonprofit Puget Sound Health Alliance (the Alliance) to implement the region's AF4Q effort. Founded in 2004, the Alliance mobilizes health care providers, payers, consumers and other stakeholders in five counties to use performance measurement, public outreach and quality improvement strategies to make health care more effective and less costly. In 2008, for example, it began publishing a series of *Community Checkup* reports that highlight variations in the quality of care among providers and identify priority areas for quality improvement initiatives. It also launched an interactive, user-friendly companion Web site (www.wacomunitycheckup.org) that lets consumers and others compare local clinics', hospitals' and medical groups' performance in areas including diabetes, heart disease, asthma, depression, lower-back pain, antibiotic- and generic-drug use, and preventive care.

The Alliance was chosen by RWJF through a competition to find groups best positioned to make fundamental, cutting-edge changes to their region's health care system. In addition to expertise, technical assistance and training from national experts, RWJF is providing the Alliance with more than \$1 million over three years and access to additional grants for specific projects.

The Alliance has also drawn the federal government's notice as a promising national model. The U.S. Department of Health and Human Services named the Alliance one of the first members of its national network of 25 Chartered Value Exchanges. Membership gives the Alliance access to technical assistance that will enrich its AF4Q work, plus opportunities to learn from other collaboratives pursuing data-driven quality improvement.

Puget Sound Overview

AF4Q service region:

- 5 counties: King, Kitsap, Pierce, Snohomish and Thurston

Health system:

- General hospitals:¹ 29
- General hospital beds:¹ 6,105
- Primary care providers (M.D.s):^{2,4} 3,023
- Primary care providers (D.O.s):^{3,4} 376

Population:⁵ 3,784,634

- White: 79.5%
- African American: 5.2%
- Asian: 9.8%
- Two or more races: 3.6%
- American Indian or Pacific Islander: 1.8%
- Hispanic: 7.0% (includes all races)
- Under age 18: 23.2%
- Ages 18–64: 66.2%
- Ages 65 and older: 10.6%

Per capita income:⁶ \$32,186

Uninsured (ages 18–64):⁷ 15.6%

The Alliance is using its AF4Q funds to: (a) promote performance measurement and reporting by expanding and updating its *Community Checkup* reports; (b) empower consumers to actively manage their care by promoting health risk assessments and improving health literacy; and (c) develop quality improvement strategies and resources in areas including reduction of disparities and greater use of health information technology. It has created multiple teams to guide its work on these AF4Qs focus areas as well as a leadership team to concentrate on advancing its overall AF4Q agenda.

Progress on Performance Measurement and Public Reporting

In most places in the United States, information about health care quality is siloed in a number of sources. The 15 AF4Q teams are forging relationships and breaking down barriers between health care providers, payers and employers to create common systems for collecting and reporting health care performance data.

In addition to collecting and reporting performance data, all AF4Q teams are seeking ways to measure and analyze their community's overall health. These efforts can help them identify public health interventions in tandem with improvements in care in clinical settings.

Alliance members and partners have been in the vanguard of health care performance measurement and reporting for years. The nonprofit Washington Health Foundation, for example, publishes an annual report ranking the state's performance on 17 health care measures. Boeing, one of the state's largest employers, is among the most active members and promoters of the Leapfrog Group (www.leapfroggroup.org), a national association of health care purchasers that aims to reduce preventable medical mistakes and improve the quality and affordability of care.

The Washington State Hospital Association publishes comparative data about hospitals drawn from federal sources on its Web site. Additionally, the Washington Healthcare Forum, a coalition of health plans, physicians and hospitals, identified an early set of clinical quality measures that helped form the basis for the Alliance's first *Community Checkup* report. The group, which focuses on identifying and promoting best practices for health plans and providers, continues to identify complimentary areas of work with the Alliance.

The Alliance's *Community Checkup* reports are based on combined claims data from more than 14 health plans, union trusts and self-insured employers in the region. The first report, issued in January 2008, measured 21 categories of care provided at 14 medical groups. These groups represent about 80 clinics and about 1.6 million patients with diabetes, heart disease and depression. The second report, released in November 2008, provided information on all clinics with six or more clinicians, expanding the report to 45 medical groups and more than 170 clinics. The second report also introduced quality measures for hospitals and added an asthma care measure. In September 2008, the Alliance launched its *Community Checkup* companion Web site. The Alliance is developing cost-efficiency measures for inclusion in future reports and studying the possibility of developing measures of patients' satisfaction with and experiences receiving care.

The Alliance is also spearheading a campaign to encourage more local businesses and other health care payers to adopt eValue8 (www.evalue8.org), a tool used by more than 10,000 payers nationally to assess and manage the quality of their health care vendors. It also has received state funding to publicly promote local physicians recognized by the National Committee for Quality Assurance for providing high-quality care to patients with diabetes and cardiovascular disease.

Progress on Consumer Engagement

In early 2006, the Alliance conducted focus groups, surveys and interviews with local opinion leaders, key stakeholders and consumers at large on their views about health care quality and value. More recently, the Alliance created a multi-stakeholder, 21-member Consumer Engagement Team to: (a) obtain advice on ways to encourage patients to become more active in their care; (b) promote patient-centered and culturally competent care; (c) improve patient-provider communication; and (d) address racial and ethnic disparities in care.

During its first year of involvement in AF4Q, the Alliance focused its consumer engagement work on the prevention and reduction of obesity. It has used its Web site and partnerships with physicians, employers, member groups and other stakeholders to point consumers to online health risk assessments and to offer them tips on talking to their doctors and ways to enjoy better health. The Alliance has also conducted consumer-outreach campaigns on generic and antibiotic medications and cardiovascular health, and partnered with the regional Center for Medicare and Medicaid Services on a health literacy campaign.

The Alliance's latest phase of consumer engagement work focuses on using trusted sources of health information—such as libraries, clinics and mentors to patients newly diagnosed with a chronic disease—to help patients improve their self-care and seek higher-quality care from providers. For example, local physicians participating in the Alliance's Prescription for Information pilot program write "prescriptions" directing their patients to go to their local library to learn more about their conditions. The Alliance has also customized the national AF4Q program's health literacy brochure on chronic conditions for local audiences and distributed copies to libraries and physician practices.

The next phase of the Alliance's consumer engagement effort will focus on reducing racial and ethnic disparities in care. Specifically, it plans to educate key stakeholders about the issue, connect providers with community service organizations, assess potential ways to stratify performance data by race, ethnicity and language, and share best practices in health literacy and culturally competent care among providers.

Progress on Quality Improvement

Quality improvement efforts in health care increasingly focus on lifting the performance of entire systems, not just that of individuals. All 15 AF4Q grantees have been asked to consider ways to create a permanent quality improvement resource in their community, for example by identifying or founding an entity or setting up a network to share knowledge and best practices on improving care.

Washington state has a long history of state-level health care quality improvement activities. Since 1999, Washington physician organizations, the state Department of Health, and Qualis (the state's Medicare quality improvement organization) have co-developed quality improvement collaboratives on conditions such as diabetes, asthma, cardiovascular disease and depression and on care of the frail elderly. All of the state's hospitals participate in the Institute for Healthcare Improvement's national 100,000 Lives Campaign to prevent avoidable deaths and many participated in the institute's 5 Million Lives Campaign, a two-year voluntary initiative to protect patients from 5 million incidents of medical harm. For nearly a decade, the Seattle-based Foundation for Health Care Quality's physician-led Clinical Outcomes Assessment Program has been measuring hospital performance in care for cardiac conditions, and more recently, surgical infection rates. In 2009, these performance data were published for the first time.

Since its inception, the Alliance has convened several teams of physicians and other experts to guide clinical improvements in the areas of heart disease, diabetes, prescription drugs, depression, lower-back pain, disease prevention and asthma. The teams identify and recommend evidence-based guidelines of care, choose measures to rate the performance of care and identify strategies to improve the quality of care.

Performance measurement and public reporting are integral parts of the Alliance’s quality improvement strategy. In conjunction with its *Community Checkup* report, the Alliance has created a secure Web portal that allows providers to access detailed performance data about their practices for internal quality improvement efforts. The Alliance also has created a workgroup that reviews the results of the *Community Checkup* reports and recommends quality improvement areas of focus for medical groups, hospitals and the community as a whole.

Additionally, the Alliance is promoting data collection to address racial and ethnic disparities in health care and is a member of the Washington Health Information Collaborative, a public-private partnership that provides funds to clinics and small hospitals for the acquisition, implementation and expansion of health information technology as a means to improve patient care.

Aligning Forces for Quality

The premise of AF4Q is that these strategies—public reporting and performance measurement, consumer engagement and quality improvement—must be implemented in a coordinated way in order to lift the overall quality of health care. That is why the overarching goal of both the national AF4Q program and the Alliance in Puget Sound is to bring community stakeholders together to drive change on these three critical fronts to improve health and health care quality.

For more information about AF4Q in Puget Sound, visit www.pugetsoundhealthalliance.org, www.wacomcommunitycheckup.org and www.rwjf.org/qualityquality/af4q/communities/seattle.jsp.

Research for this report was provided by the Aligning Forces for Quality Evaluation Team at Penn State University’s Center for Health Care and Policy Research, which is studying the AF4Q initiative to gain insights about community-based reform that can guide health care practice and policy. For more information, visit www.bhdev.psu.edu/CHCPR/activities/project_alignforce.html.

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¹2005 American Hospital Association Annual Survey of Hospitals (taken from the 2007 HRSA Area Resource File).

²2006 American Medical Association Physician Masterfile (taken from the 2007 HRSA Area Resource File).

³2004 American Osteopathic Association (taken from the 2007 HRSA Area Resource File).

⁴These data do not include ARNPs and PAs who provide primary care, M.D.s who are not members of the AMA, or D.O.s who are not members of the AOA.

⁵2007 Population Estimates—U.S. Census Bureau.

⁶2005-2007 American Community Survey 3-Year Estimates.

⁷2005 Census Small Area Health Insurance Estimates.