



Robert Wood Johnson Foundation

**Aligning  
Forces  
for Quality:**  
The Regional  
Market Project



**2006 Call for Proposals**

**Proposal Deadline**

September 7, 2006

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## Program Overview

(Please refer to specific sections for complete detail.)

### Purpose

*Aligning Forces for Quality: The Regional Market Project* seeks to help communities dramatically improve the quality of the health care they provide for chronic diseases in ambulatory settings. The program will help up to six communities align three key drivers of quality improvement:

- performance measurement and public reporting;
- capacity to help physicians in the community improve the quality of ambulatory, chronic illness care; and
- consumer engagement.

### Eligibility Criteria (page 8)

- The program will accept only *one* proposal per community.
- To help ensure that only one organization per community applies, all applicant organizations must register with the program on or before July 14, 2006. *The program will only accept proposals from registered applicants.*
- Applicants must be an organization that represents multiple community stakeholders, including substantial representation from the following community health care market stakeholders:
  - health care providers, including physicians and safety net providers;
  - health care plans;
  - employers; and
  - consumers.
- The applicant organization must identify a leadership team whose members have decision-making authority from their represented organizations.

### Selection Criteria (page 9)

Complete selection criteria can be found on page 9.

### Total Awards

- Up to six communities will be awarded grants.
- Grants of up to \$600,000 over three years will be awarded per community.
- Substantial technical assistance resources are also available during the grant period.

### Key Dates and Deadlines

- **June 15 and June 20, 2006 (1 p.m.–3 p.m. EDT)**—Optional conference calls for interested applicants. (Registration is required. Please visit the program's Web site listed below.)
- **July 14, 2006 (5 p.m. EDT)**—Deadline for applicant registration on the RWJF Grantmaking Online system. For details on how to register, please see page 12.
- **September 7, 2006 (3 p.m. EDT)**—Deadline for receipt of full proposals.
- **November 15–December 13, 2006**—Site visits of finalist communities.
- **February 1, 2007**—Grant start date.

### How to Apply (page 12)

- This program only accepts proposals submitted online.
- For information about the program, selection criteria, application process, Web conference calls or application requirements, please contact: [info@forces4quality.org](mailto:info@forces4quality.org).

[www.forces4quality.org](http://www.forces4quality.org)

## Background

The quality of health care in America is not what it should be. For instance, from work supported by the Robert Wood Johnson Foundation (RWJF), we know that Americans typically receive only about 55 percent of the recommended standard of care. Over the years, RWJF and others have supported a variety of projects and programs that have helped identify the nation's health care quality challenges and, importantly, helped develop strategies and tools to address them.

These include tools and strategies to help physicians and other providers identify best practice approaches to improve the quality of care—disease by disease, practice by practice. It also includes some experience with designing and implementing incentives for quality. These incentives may target either providers or consumers, or both. In addition to this work, many communities are developing the health information technology infrastructure that could assist the flow of health care information.

However, these efforts frequently fall short of their potential because they don't work together. For instance, approaches that only help providers improve the quality of care they deliver too often are not sustainable because financial incentives work against them. Such efforts also usually fail to enlist patients and consumers adequately in what should be an intensely personal drive to improve the quality of care that each patient receives.

The key relationship in health care—the doctor and patient relationship—is struggling particularly in the current quality disarray. Without good information about health care performance, this important relationship is not effective and quality suffers. Health care is taking some initial steps on a long journey toward developing and reporting the kinds of information that will help providers, patients and consumers improve quality. Many are working hard to find ways not only to develop significantly more

information about health care performance than is currently available but also to help both providers and consumers get accustomed to using it.

Given this dynamic of promise and frustration, the logical next step, recommended by the Institute of Medicine in the *Crossing the Quality Chasm* report, is to align these tools where providers deliver care to their patients—in communities. This is the goal of *Aligning Forces for Quality*: to provide support to communities to cultivate and accelerate the alignment of disparate local forces to improve ambulatory, chronic care quality. This approach, however, entails more than simply coordinating multiple quality improvement efforts in a specific geographic area. Rather, the idea is to help communities build a system that not only drives, but sustains health care quality.

In developing this program, RWJF learned about how to help communities align market forces to accelerate quality improvement with an intensive environmental scan of four communities. For this scan, the program developed an assessment tool, called the “market readiness matrix”. This tool identifies six key market attributes: (1) community leadership; (2) quality improvement; (3) performance measurement and public reporting; (4) provider financial incentives; (5) health information incentives and infrastructure; and (6) consumer engagement. *Aligning Forces for Quality* focuses on three of these six attributes: performance measurement and public reporting, quality improvement capacity and consumer engagement.

RWJF has selected these three key drivers—performance measurement and public reporting, quality improvement capacity and consumer engagement—because they are each critical for the alignment of a community’s health care market forces. More importantly, these three drivers support and enhance the doctor and patient relationship. If quality is to improve, the alignment of market forces

must support and enhance—not ignore or damage—this most critical dyad.

The program will help communities knit the emerging parts and pieces of their respective health care markets together into functioning economic units that drive sustainable high quality provider and patient interactions. This market model identifies the key players: providers, consumers, plans and employers. The model requires that: (1) providers get support to improve care; (2) purchasers are willing to reward good care; (3) the community’s civic, business and health care leadership are committed; (4) accurate, understandable information about health care is available; and (5) patients and consumers understand this information in making care decisions and are motivated to act on that information.

This program is a key part of the RWJF Quality team’s efforts to improve the care delivered in ambulatory settings for people with chronic diseases.

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## The Program

The program will select up to six communities in a national competition. Communities must identify a lead, multistakeholder organization acceptable to a broad cross-section of stakeholders. This organization must have a project management structure that can receive grant funds and coordinate the program work. Grantee communities under this program will have three years to achieve:

- Substantial improvement in the measurement and public reporting of performance information using nationally recognized ambulatory care measurement sets. This can include measures of clinical quality, patient experience, price, cost and efficiency.
- Substantial progress toward a sustainable community-wide capability to help providers improve the community’s ambulatory, chronic illness care quality.

- Substantial progress toward engaging community consumers to demand improved ambulatory, chronic illness care quality, including better public information about that care; and motivating those consumers to act on that publicly reported care information.

Selected communities will each receive grants of up to \$600,000 to use over three years for planning, convening, coordination and infrastructure development. In addition to their grant awards, the community grantees will also have access to a substantial pool of technical assistance support.

The technical assistance under Aligning Forces for Quality will include an early focus on the issues related to performance measurement. This is because the Foundation is strongly committed to promoting nationally standardized measures of quality care, as they will produce the most reliable measures of performance, and reduce the burden and confusion that multiple quality measures currently create for physicians, purchasers and consumers. The Foundation expects that grantees under Aligning Forces for Quality will have familiarity with, and the commitment and capacity to use nationally recognized performance measures of ambulatory care for chronic illness. Grantees are expected to work with the national program office (NPO), the evaluation team, and other communities, to standardize measurement approaches as much as possible across the sites.

Grantees' initial work will include an intensive three- to six-month planning phase. The program will provide extensive technical assistance to help grantees finalize their program plans. As part of this initial planning phase, grantees must develop specific, quantifiable milestones and benchmarks to achieve the substantial improvement work in the three areas.

The program will then provide technical assistance to grantees to support their work to improve measurement and public reporting, provider improvement capacity, and consumer engagement. This technical assistance will, for instance, help grantees by:

- providing expertise on measurement and building data collection infrastructure;
- providing information about relevant national efforts and initiatives under way in other communities;
- connecting grantees with resources to perform audience analysis and expertise on when and how information can be used by various audiences such as providers, purchasers and consumers;
- providing grantees with expertise on physician engagement;
- educating grantees on best promising practices in building a community quality improvement capability; and
- teaching grantees to learn and share innovative consumer engagement strategies.

Aligning Forces for Quality grantees will be successful if, at the end of three years, they: (1) achieve substantial advances in performance measurement and public reporting; (2) make progress toward a sustainable infrastructure to help providers improve the quality of the care they provide; and (3) engage consumers to take action based on the information they receive.

The Foundation values diversity and expects that grantees will have strong representation from racial and ethnic minorities and vulnerable populations in the patients covered by the applicant organizations and within the organizations themselves.

## Eligibility Criteria

- ***Only One Proposal per Community.*** The program will accept only *one* proposal from any community. All potential applicants must register before submitting a proposal. Only registered applicants may submit proposals. The deadline for registration is July 14, 2006. For details on how to register, please see page 12.
- ***Applicant Organization.*** The applicant organization must represent multiple community stakeholders with substantial representation from:
  - health care providers, including physicians and safety net providers;
  - health care plans;
  - employers; and
  - consumers.

*Each* of these stakeholder organizations must submit a letter of commitment that indicates, at a minimum:

- why the organization is participating;
  - how the organization will contribute to the effort;
  - if the organization will provide financial support to the effort; and
  - how the community is going to succeed.
- ***Leadership Commitment.*** The applicant must identify a leadership team. This team must include individuals with decision-making authority from applicant member organizations and *may* also include individuals with decision-making authority from organizations that are not members of the applicant organization. *Each* proposed member of the leadership team must submit a letter of commitment which outlines:
    - why he or she is participating;
    - the individual's authorization to make decisions quickly on behalf of his or her organization;
    - the individual's intended role; and
    - how the community is going to succeed.

## Selection Criteria

- ***Consumer Representation.*** Applicants must make the case that their proposed leadership structure has substantial and credible consumer representation.
- ***Community Leadership.*** Applicants must demonstrate that their community has the appropriate, credible, strong community leadership backing this effort.
- ***National Measurement Standards.*** Applicants should demonstrate familiarity with major, nationally recognized measurement sets, such as those endorsed by the Ambulatory Care Quality Alliance, those proposed by Centers for Medicare & Medicaid Services under its Physician Voluntary Reporting Program, or those endorsed by the National Quality Forum, as well as nationally recognized measures of patient experience (such as A-CAHPS) and of efficiency. They should also demonstrate commitment and capacity to develop a feasible plan to publicly report these measures.
- ***Market Characteristics.*** Applicants must describe their community's health care market. They must provide a clear definition of their health care market within which people who live and work in that community receive their ambulatory, chronic illness care. Applicants must then provide validation of their market by linking the definition to some external definitions, such as a Metropolitan Statistical Area or Hospital Referral Region. Applicants should also describe their market with concrete, objective descriptive examples such as: the market's demographics, including race and ethnicity; percentage of the community's covered lives that the project is likely to affect; percentage of the community's primary care providers that would be covered by this proposal; amount of aggregate health care expenditures represented by the applicant organizations; detailed estimates of the number of chronically ill patients covered by this proposal; proportion of community's private sector providers, public sector providers, safety net organizations, and the portion of community's private sector health care purchasers covered by this proposal.

- **Work Plan.** Applicants must present a preliminary work plan that outlines how the community will improve performance measurement and public reporting, develop provider quality improvement capacity and engage consumers. The applicant should describe current community capabilities and resources for each of these items and provide examples of previous experience with community collaboration. They should describe the proposed work they will do for each required area. They should describe how they will use the grant funds and outline the kinds of technical assistance that they believe will be helpful. The plan should describe how the community intends to sustain these efforts after participation in this program.
- **Public Reporting Commitment.** The work plan must specifically include a credible strategy that shows how the community will achieve public reporting of ambulatory care performance information by more than 50 percent of the community's primary care providers by the end of three years. Applicants should also, if possible, present baseline evidence of a *commitment* by the community's primary care providers to report this information publicly. Applicants must also present evidence about the current, baseline public reporting of health care performance information. This evidence should show either a track record of public reporting on either inpatient or ambulatory quality or substantial reporting to insurers, or progress in that direction.
- **Capacity for Collecting Information.** Applicants must present a workable methodology and capacity for collecting performance information, or substantial progress toward such a capability.
- **Nonprofit Preference.** Preference will be given to those applicants who may be either public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code.

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**Evaluation**

RWJF expects this project to contribute to national efforts to improve the quality of health care, so the purpose of the evaluation is learning rather than accountability. We will publicly release results from this evaluation. An independent research group selected and funded by RWJF will conduct an evaluation of the program. The evaluation team will study the impact of the program in grantee communities on chronic care processes and patient outcomes. As a condition of accepting RWJF funds, grantees must participate in the evaluation. Grantee participation includes assisting with necessary data collection to accomplish the evaluation objectives. These data collection efforts may include interviews with key stakeholders, participation in phone or mail surveys, access to project documents, and arranging for the evaluation team to observe key meetings and to have access to clinical process and outcomes data where available.

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**Monitoring**

RWJF and NPO program staff, not the evaluation team, monitors the grantees' efforts and careful stewardship of grant funds to assure accountability.

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## Use of Grant Funds

Grant funds may be used for project staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel, and other direct project expenses, including a limited amount of equipment deemed essential to the project. Grantees may not use funds to *maintain* aspects of the program, such as data collection. They *may* use grant funds for one time “start up” activities necessary to begin program activities. In keeping with RWJF policy, grant funds may *not* be used to subsidize individuals for the costs of their health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, or as a substitute for funds currently being used to support similar activities.

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## How to Apply

The program will accept only one proposal per community. In order to reduce the likelihood that several applicants from a single community submit separate proposals, all interested applicants must register through the RWJF Grantmaking Online system at: <http://grantmaking.rwjf.org/forces4quality> prior to submitting a proposal. **The deadline for applicant registration is July 14, 2006.**

The program will use this registration information to help match potential applicants from the same community to ensure that the community only submits a single proposal. The program will *only* accept proposals from *registered* applicants. If an applicant submits a proposal without registering, the program will not review that proposal. If two or more registered applicants from the same community submit proposals, the program will not review any of those proposals. If a registered applicant submits a proposal for a community and one or more unregistered applicants also submit proposals, the program will only review the proposal from the *registered* applicant.

All proposals for this program must be submitted through the RWJF Grantmaking Online system at: <http://grantmaking.rwjf.org/forces4quality>.

All inquiries regarding the program, selection criteria or application requirements may be directed via phone or e-mail to:

Cindy Keltner, M.P.A., *deputy director*  
Aligning Forces for Quality  
Phone: (916) 930-9200  
E-mail: [info@forces4quality.org](mailto:info@forces4quality.org)

RWJF does not provide individual critiques of proposals submitted.

This program has a National Advisory Committee that makes recommendations to RWJF staff about grant selections. RWJF staff make all grant decisions.

### **Optional Web Conference Calls** (*Registration required*)

The program will hold two Web conference calls for applicants on June 15, 2006 and June 20, 2006. These calls will provide information on the project goals, assistance with the application process and an opportunity for applicants to ask questions. Participation in a Web conference call is not mandatory, but it is highly encouraged. Potential applicants can learn more about the Web calls and must register for them at [www.forces4quality.org](http://www.forces4quality.org). Applicants may attend either one of the calls. *Please note that registration for the Web calls is separate from the proposal submission registration.*

## Program Direction

Direction and coordination of technical assistance will be provided by Aligning Forces for Quality NPO located at:

Aligning Forces for Quality: The Regional  
Market Project  
Center for Health Improvement  
1330 21st Street, Suite 100  
Sacramento, California 95814  
Phone: (916) 930-9200  
Fax: (916) 930-9010  
E-mail: [info@forces4quality.org](mailto:info@forces4quality.org)  
[www.forces4quality.org](http://www.forces4quality.org)

Responsible staff members at the national program office are:

- Patricia Powers, M.P.P.A., *program director*
- Cindy Keltner, M.P.A., *deputy director*
- Becky Dirk, M.B.A., *grants administrator*
- Vonnie Madigan, M.F.A., *program officer*
- Gregg Shibata, *program officer*

Responsible staff members at the Robert Wood Johnson Foundation are:

- Michael Painter, J.D., M.D., *senior program officer*
- Anne Weiss, M.P.P., *senior program officer*
- John Lumpkin, M.D., M.P.H., *senior vice president and director, Health Care group*
- Lori Grubstein, M.P.H., M.S.W., M.P.A., *program officer*
- Paul Tarini, M.A., *senior communications officer*
- Fran Ferrara, *grants administrator*

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## Timetable

### **June 15, 2006 and June 20, 2006 (1 p.m.–3 p.m. EDT)**

Optional Applicant Web Conference Calls. Registration is required. To register please visit [www.forces4quality.org](http://www.forces4quality.org).

### **July 14, 2006 (3 p.m. EDT)**

Deadline for applicant registration on the RWJF Grantmaking Online system. *To ensure that multiple applicants from a single community do not submit proposals, the program will not accept proposals from applicants who have not registered by this date.*

### **September 7, 2006 (3 p.m. EDT)**

Deadline for receipt of full proposals.

### **November 15–December 13, 2006**

Site visits of finalist communities.

### **February 1, 2007**

Grant start date.

## About the Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. The Foundation seeks to:

- assure that all Americans have access to quality health care at reasonable cost.
- improve the quality of care and support for people with chronic health conditions.
- promote healthy communities and lifestyles.
- reduce the personal, social and economic harm caused by substance abuse—tobacco, alcohol and illicit drugs.

For more than 30 years the Foundation has brought experience, commitment and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime.

For more information, visit [www.rwjf.org](http://www.rwjf.org).

Sign up to receive e-mail alerts on upcoming calls for proposals at:  
<http://subscribe.rwjf.org>.



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