

LESSONS LEARNED: ALIGNING FORCES FOR QUALITY

Technical Assistance Investment Allocation

Aligning Forces for Quality Investment in Technical Assistance

ABOUT ALIGNING FORCES FOR QUALITY

Aligning Forces for Quality (AF4Q) was the Robert Wood Johnson Foundation's signature effort to lift the overall quality of health care in targeted communities, as well as reduce racial and ethnic disparities and provide real models for national reform. The Foundation's commitment to improve health care in 16 AF4Q communities represented the largest effort of its kind ever undertaken by a U.S. philanthropy. AF4Q asked the people who get care, give care, and pay for care to work together to improve the quality and value of care delivered locally.

Learn more about AF4Q at www.forces4quality.org. Learn more about RWJF's efforts to improve quality and equality of care at www.rwjf.org/en/our-work.html.



Robert Wood Johnson Foundation

**Aligning Forces
for Quality**

Aligning Forces for Quality (AF4Q) was a multi-year, multi-stakeholder effort funded by the Robert Wood Johnson Foundation (RWJF) to improve the quality and lower the cost of care in communities across the country. The breadth and depth of the program necessitated substantial investment in technical assistance (TA) to support the Alliances in achieving their goals. The AF4Q TA program evolved substantially over the nine years of the program. The following is a summary of the AF4Q investment in TA and key considerations for organizations funding or managing the deployment of substantial investments in technical assistance.

TOTAL TECHNICAL ASSISTANCE INVESTMENT BY PROGRAMMATIC AREA

More than \$25 million was invested in technical assistance for the AF4Q Alliances during the nine years of the initiative. **FIGURE 1** shows the total investment by the major programmatic area. The three areas with the largest cumulative investment are: quality improvement; consumer/patient engagement; and mini-grants (for self-directed TA) to the Alliances.

- **Quality improvement (QI):** More than \$7 million invested –The TA included funding to support ambulatory and inpatient QI and improving patient experience. Almost \$2 million was allocated to developing and implementing four virtual learning collaboratives (i.e., implemented via the Internet and telephone contact only). Ambulatory QI required customized, Alliance-specific TA, typically delivered during face-to-face meetings in order to build Alliance staff capacity and skills. Over \$5 million was invested to improve ambulatory quality.
- **Consumer/Patient Engagement:** More than \$5.5 million invested – Consumer engagement TA was delivered via global methods early in AF4Q (i.e., webinars), but quickly moved to customized TA that met the Alliance where it was in terms of capacity and skills to engage consumers purposefully in their work. More than any other AF4Q program areas, the consumer/patient engagement TA resulted in a suite of products that has greatly informed the field. The AF4Q work in this area contributed to building the evidence base for increasing patient engagement and defined the importance of determining the return on investment for consumer/patient engagement.

- **Mini-grants*:** Over \$4 million invested – In the latter half of Phase III and Phase IV, each Alliance was able to access a sum of money (\$40,000 in Phase III, and \$200,000 in Phase IV) that could be used for approved TA at the discretion of the Alliance. Mini-grants gave Alliances additional flexibility in self-determining needed TA.

AF4Q EVOLUTION

Phase I (2006) – performance measurement/ public reporting, ambulatory quality improvement, consumer engagement

Phase II (2008) – added inpatient quality improvement, identifying and eliminating racial and ethnic disparities

Phase III (2011) – added decreasing cost of care, increasing efficiency, payment reform

Phase IV (2013) – flexibility around community-identified goals, sustainability

TECHNICAL ASSISTANCE INVESTMENT TRENDS

FIGURE 2 shows the total TA investment by program area and year. It depicts how the TA investments supported the AF4Q program requirements, which evolved substantially over the nine years of the program. For example, payment reform was added as an area of focus during Phase III of AF4Q and technical assistance was deployed to support payment reform projects in increasing amounts in years four through six.

There was an increasing shift towards the Alliances' controlling their own technical assistance investments in the final three years of AF4Q. **FIGURE 3** shows how mini-grants grew from less than a quarter to over half of all TA investments. Lack of duplicity between the mini-grant funds and direct TA reiterates that the areas funded were supplementing rather than replicating existing TA (**FIGURE 4**).

KEY LEARNINGS AND FUTURE CONSIDERATIONS

- **Funding levels for TA must evolve with the program requirements.** Shifts in program areas and focus must be anticipated well in advance in order to make knowledgeable, effective TA providers available at the right time.
- **The more customized the TA, the larger the investment.** Customized, demand-driven TA evolved to meet the varying needs of the Alliances. This level of support required multiple 'high-touch' points between the TA providers and the Alliances and required an increase in investment—that is, TA providers had to work closely and often with Alliance staff face-to-face to achieve the outcome desired.
- **Determining the optimal time to allow for Alliance-directed TA investments required an in-depth understanding of the program requirements and Alliance marketplaces.** Alliances were given funds to allocate TA in self-determined program areas six years into the AF4Q initiative. The duration of AF4Q allowed most the Alliances to mature and achieve short-term and intermediate goals. The Alliances, developed, over time, a deep understanding of their own organizational capacity, as well as their longer-term goals. Alliances also understood which focus areas could be feasibly improved in their region, and how they might meet AF4Q program requirements. This provided the foundation for Alliances to responsibly invest in self-directed TA.

* Mini-grants were implemented to provide an opportunity for each Alliance to develop a customized strategy and increase flexibility about how to advance AF4Q goals. Alliances could identify, engage, and contract with external experts/consultants to help build. Mini-grant funds could only be used support TA and costs related to TA provision.

FIGURE 1. Total Technical Assistance Investment by Program Area

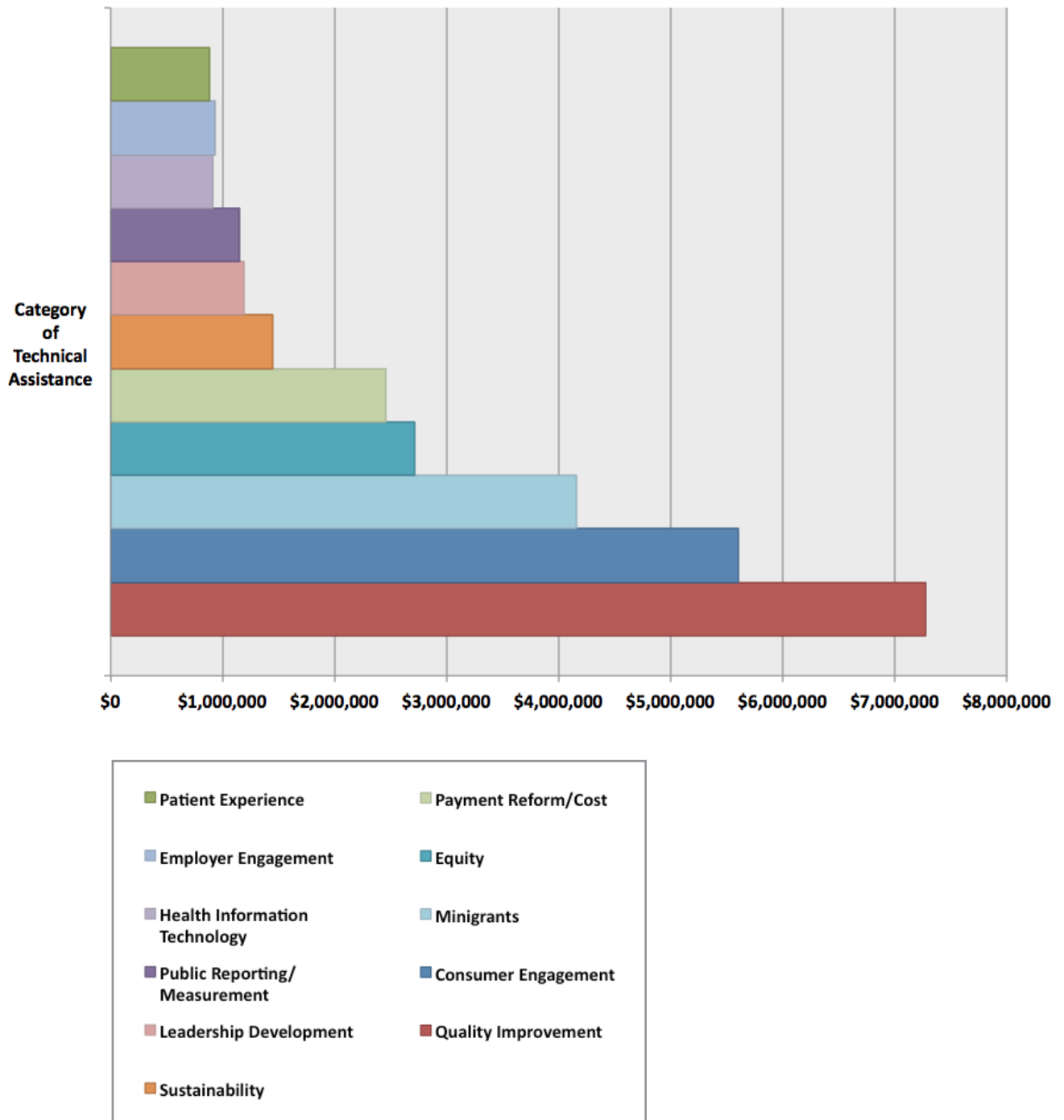


FIGURE 2. Total Technical Assistance Investment by Program Area and Year

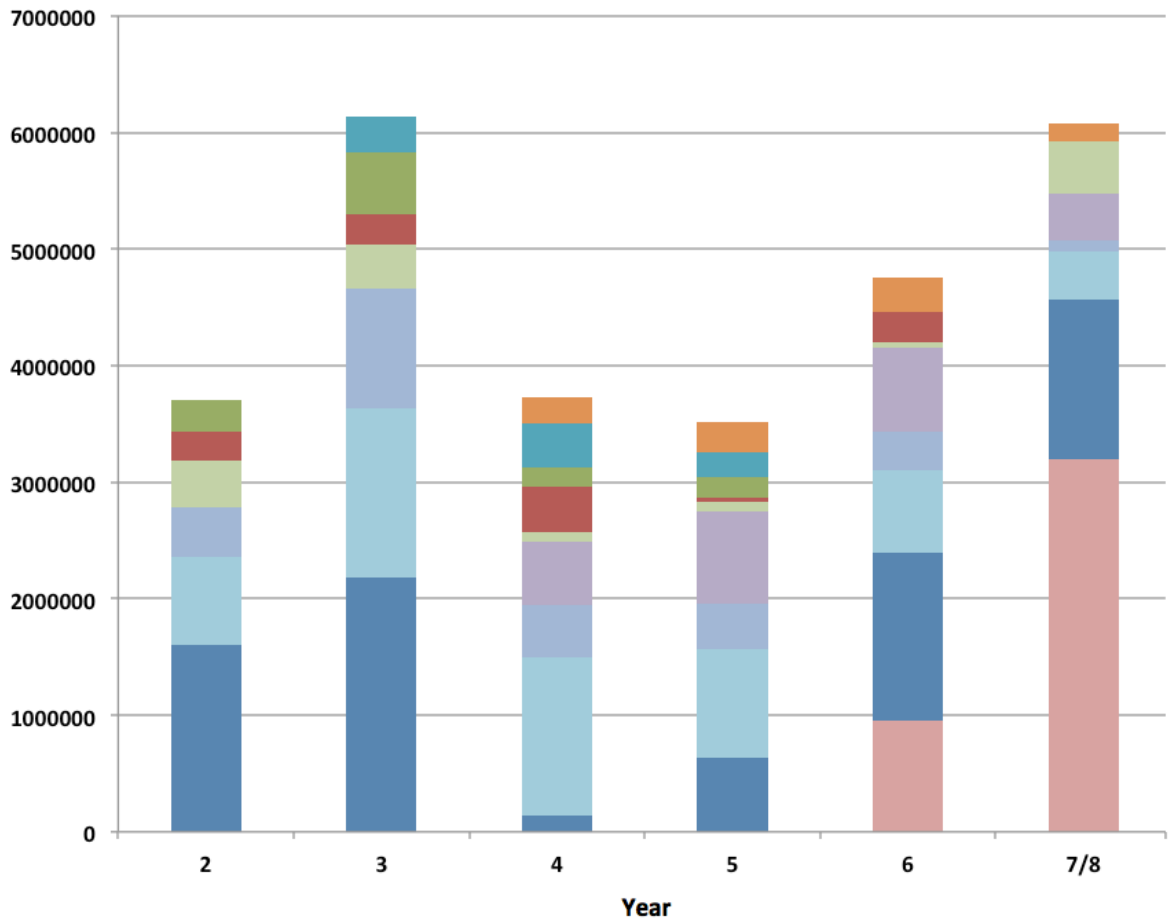


FIGURE 3. Total Technical Assistance Investment Trend by Direct or Mini-Grant

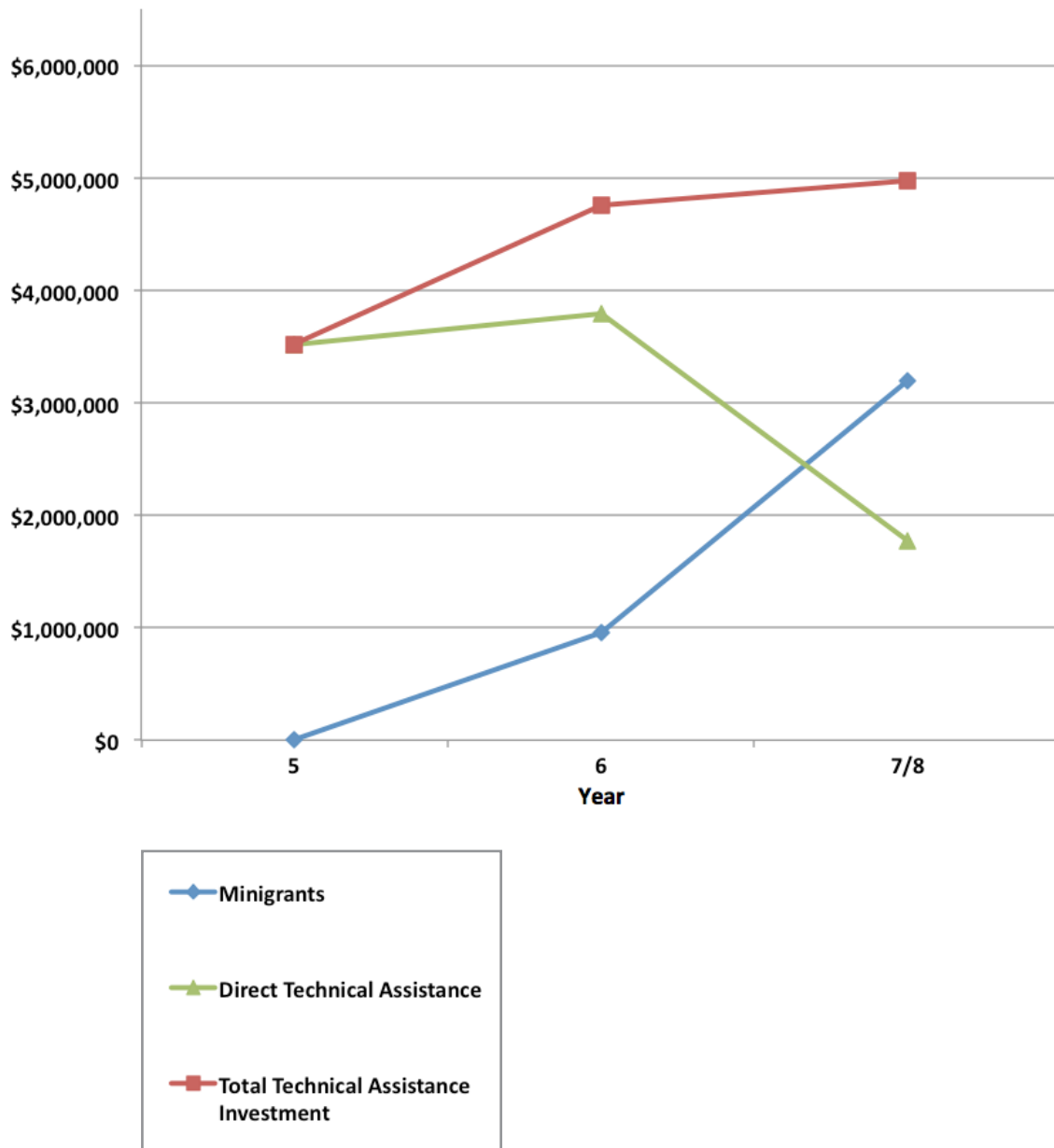
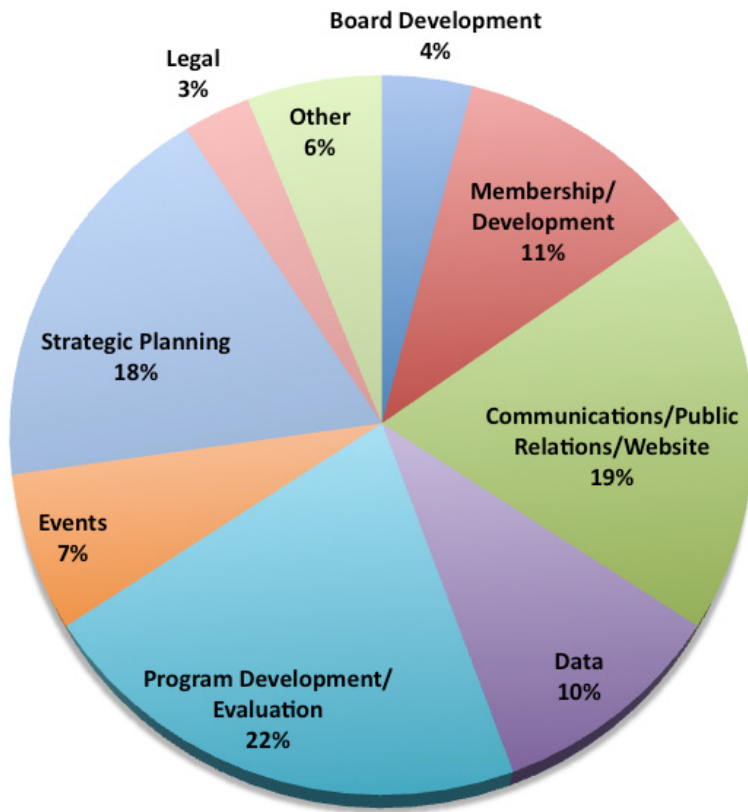


FIGURE 4. Mini-Grant Funds by Content Area



LIST OF AF4Q TECHNICAL ASSISTANCE PROVIDERS

Consumer and Patient Engagement

American Institutes for Research
HCM Strategists
Institute for Patient- and Family-Centered Care
National Partnership for Women and Families

Equity

Center for Health Care Strategies
The Brookings Institution
Finding Answers[†]

Quality Improvement

American Board of Internal Medicine
American Organization of Nurse Executives
Center for Health Care Strategies
Institute for Healthcare Improvement
MacColl Center for Health Care Innovation
Keith Mandel, University of Missouri Health System
Powell & Associates

Public Reporting/Measurement

National Committee for Quality Assurance
The Brookings Institution

Patient Experience of Care

Shaller Consulting Group

Health Information Technology

Health Information Technology Resource Center

Payment Reform/Cost

Bailit Health Purchasing
Catalyst for Payment Reform
HCI3
Healthcare 21
Jay Want
Network for Regional Healthcare Improvement

Leadership Development

University of Maryland
Spitfire Strategies[†]
Employer Engagement
American Institutes for Research
Healthcare 21
National Business Coalition on Health
Pacific Business Group on Health

Sustainability

Avenue M Group
Carla Zema
Center for Creative Leadership
Community Wealth Partners
MedPharma Partners

Other

Hogan Lovells (HIPAA/anti-trust)



For more than 40 years, the Robert Wood Johnson Foundation has worked to improve the health and health care of all Americans. As the nation's largest philanthropy devoted solely to the public's health, we have a unique capacity and responsibility to address the most pressing health and health care issues facing our society.

[†] Provided technical assistance, but RWJF contracted with the organization directly, rather than AF4Q. The amount was not included in the analysis.