

GRANT WATCH COMMENTARY

Aligning Forces For Quality: A Program To Improve Health And Health Care In Communities Across The United States

The RWJF has committed \$300 million to try to get businesses, health plans, health professionals, and patients to work together for sustainable quality of care.

by Michael W. Painter and Risa Lavizzo-Mourey

ABSTRACT: The Robert Wood Johnson Foundation's Aligning Forces for Quality program features partnerships with leaders in targeted communities. The program is working to achieve dramatic, sustainable improvements in quality across the continuum of care by 2015. These improvements will affect patients of all races and ethnicities. [*Health Affairs* 27, no. 5 (2008): 1461–1463; 10.1377/hlthaff.27.5.1461]

IN JUNE 2008 the Robert Wood Johnson Foundation (RWJF) launched phase II of Aligning Forces for Quality, a long-term, \$300 million initial commitment to help up to twenty geographically, economically, and demographically diverse communities reweave the fabric of their health care systems to be stronger, more resilient, and of higher quality across the full continuum of care.

Despite major investments by many, overall quality of health care in the United States continues to be mediocre or suboptimal, and costs continue to soar. Also, the key partnership between doctor and patient is fraying. Doctors and patients try to create coordinated, healing care experiences but do so in a chaotic, inefficient health care nonsystem. And, unfortunately, fragmented, inefficient care harms racial and ethnic minorities more than most other people.¹ The nation can and must do better. At the RWJF, we think that a new

strategy is needed—one that builds on the many lessons learned over decades but also recognizes that no one entity or edict can, on its own, affect the quality and nature of patient care across all its dimensions. What the nation needs now is sustained collaboration, at the local level, toward a shared and ambitious goal of high-quality care.²

The alignment of forces shaping the health care marketplace begins with community-wide efforts to provide much better information about the quality of care than is currently available.³ Physicians and health care organizations should be able to use that information to improve care and reduce racial and ethnic care disparities.⁴ Also, it is critical to engage nurses to help lead improvement because of their central role in care. Informed consumers need to create overall demand for high-quality care, in their choice of providers, health plans, and treatment options, as advocates of change and

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in managing their own health conditions.⁵ And physicians and nurses must improve care in ways that actually matter to patients.

The RWJF's objective is to help the Aligning Forces communities improve the quality of care for everyone in these communities by 2015. If these communities, with widely varying provider and payer systems, racially and ethnically diverse populations, and differing chronic disease rates, can improve care with this concerted focus, then improving quality nationwide is achievable.

■ **Results of previously funded research.** This regional approach began years ago with efforts such as the RWJF's investments in John Wennberg's Dartmouth Atlas Project, Don Berwick's Institute for Health-care Improvement, and Ed Wagner's Chronic Care Model, among many others.⁶ From this body of knowledge, we now understand that there is perplexing, irrational variation in the cost and quality of health care, higher spending often leads to poorer quality, focused attention and resources can improve care incrementally, and communities following the Chronic Care Model can keep people healthier and out of the hospital.

Evidence and experience, however, indicate that attention to a single influence on quality, although positive and helpful, does not by itself trigger durable change.⁷ The RWJF devised Aligning Forces to help grantee communities' business, health care, consumer, and political leadership to work simultaneously on three strategies for aligning multiple dynamic forces that are all driving toward sustainable quality: (1) prompting health professionals in all clinical settings to measure and publicly report performance; (2) helping health professionals get better at improving care; and (3) motivating the public to become better informed and play an active role in their own care.⁸

■ **Phase I of Aligning Forces.** In designing phase I of Aligning Forces, the RWJF stud-

ied the health care markets in fourteen U.S. communities.⁹ Based on the Institute of Medicine's *Crossing the Quality Chasm* report as well as the advice of national experts, this RWJF market scan attempted to measure and compare results for a set of seven hypothesized major attributes that well-functioning health care markets need to create sustainable quality of care. Those attributes included performance measurement and public reporting capability, quality improvement activities, consumer en-

gagement work, community health information technology (IT) assets, payment reform efforts, and leadership characteristics. The study found vast differences among the communities in the development of the individual market attributes; the differences in overall community readiness to improve health care

were less dramatic. This work underscored the need to account for local circumstance in any attempt to improve the quality of care.

Starting in 2006, the first phase of Aligning Forces provided community leadership teams in fourteen selected communities with grants and expert assistance to help them work with physicians to measure and publicly report on ambulatory care quality, improve the quality of that care, and engage consumers in this regional quality effort.¹⁰

Phase II builds on that work to include inpatient as well as outpatient care, elevates the role of nursing in the effort, and explicitly focuses attention on racial and ethnic disparities in care. All fourteen initial communities are continuing their work with the RWJF in Phase II. In addition, the foundation may add up to six more communities directly into phase II by sometime in 2009.

A LIGNING FORCES is a true partnership, and if the RWJF and our partners do our work correctly, we think that these communities will accomplish four goals: (1) businesses, health plans, doctors, nurses, and patients will work together to

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improve their communities' quality of care; (2) physicians and health care institutions will measure and publicly report their performance; (3) physicians, nurses, and health care institutions will improve their ability to deliver high-quality care; and (4) patients and consumers will understand their vital role in recognizing and demanding high-quality care.

The RWJF is the catalyst that motivates and mobilizes regional leaders with a shared vision of these four common goals. It helps develop the communities' leadership, supports leaders and their organizations with expertise and resources, and promises to continue partnering with them for a sustained time period. With this long-term partnership, the RWJF seeks to demonstrate that a collaborative, regional market approach that emphasizes the alignment of multiple dynamic forces is the most practical way to achieve durable, sustainable improvements in health care quality.

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NOTES

1. Agency for Healthcare Research and Quality, *National Healthcare Disparities Report—2007*, Pub. no. 08-0041, February 2008, <http://www.ahrq.gov/qual/nhdr07/nhdr07.pdf> (accessed 21 May 2008).
2. G. Hardin, "The Tragedy of the Commons," *Science* 162, no. 5364 (1968): 1243–1248.
3. E.A. McGlynn, "There Is No Perfect Health System," *Health Affairs* 23, no. 3 (2004): 100–102.
4. M.H. Chin et al., "Interventions to Reduce Racial and Ethnic Disparities in Health Care," *Medical Care Research and Review* 64, no. 5 Supp. (2007): 7S–28S.
5. Institute of Medicine, *Crossing the Quality Chasm: A New Health System for the Twenty-first Century* (Washington: National Academies Press, 2001).
6. E.S. Fisher et al., "The Implications of Regional Variations in Medicare Spending, Part I: The Content, Quality, and Accessibility of Care," *Annals of Internal Medicine* 138, no. 4 (2003): 273–287;

D.M. Berwick et al., "The 100,000 Lives Campaign: Setting a Goal and a Deadline for Improving Health Care Quality," *Journal of the American Medical Association* 295, no. 3 (2006): 324–327; and T. Bodenheimer, E.H. Wagner, and K. Grumbach, "Improving Primary Care for Patients with Chronic Illness: The Chronic Care Model, Part 2," *Journal of the American Medical Association* 288, no. 15 (2002): 1909–1914.

7. S. Leatherman et al., "The Business Case for Quality: Case Studies and an Analysis," *Health Affairs* 22, no. 2 (2003): 17–30.
8. E. Wagner, B. Austin, and C. Coleman, *It Takes a Region: Creating a Framework to Improve Chronic Disease Care*, November 2006, <http://www.chcf.org/topics/chronicdisease/index.cfm?itemID=127575> (accessed 11 June 2008).
9. P.E. Powers and M.W. Painter, "A Checkup on Health Care Markets," 19 April 2007, <http://www.rwjf.org/programareas/resources/product.jsp?id=18651&pid=1142> (accessed 11 June 2008).
10. The sites were Cincinnati, Ohio; Cleveland, Ohio; Detroit, Michigan; Humboldt County, California; Kansas City, Missouri; Maine; Memphis, Tennessee; Minnesota; Seattle, Washington; south central Pennsylvania; western Michigan; western New York; Willamette Valley, Oregon; and Wisconsin. More details are available in an online appendix, at <http://content.healthaffairs.org/cgi/content/full/27/5/1461/DC1>.

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