*Aligning Forces for Quality*

# Driving Health Care Transformation in Communities Across America **2012**

16 communities. 37 million people. One goal.

Robert Wood Johnson Foundation

Nurse-led AF4Q hospital teams in Albuquerque report an average 87 percent reduction in falls, falls with harm, and pressure ulcers. More than half report improvements in job satisfaction and nurse retention.

Data from the AF4Q alliance in Cincinnati show nearly 1,000 more patients were in 'good control' of their diabetes in 2011, compared with the previous year.

With support from the local AF4Q alliance's practice coaches, Neighborhood Family Practice in Cleveland recently became the second federally qualified health center in America to receive Level 3 recognition as a patient-centered medical home (PCMH).

The Detroit alliance worked with employers to offer diabetes education. As employees got healthier, employers averaged savings of $490 per person in improved productivity. Presenteeism levels fell by 28 percent.

The Humboldt County alliance coordinated workshops based on Stanford University's chronic disease self-management program, reaching 1,000 participants and graduating 600 local residents.

The Kansas City alliance worked with four African American churches to highlight quality diabetes care. More than 1,000 people attended 'Diabetes Sunday' and more than 500 participated in blood sugar screenings.

The Maine alliance paired its patient-centered medical home pilot with the Maine Medicaid Health Homes initiative — which means that one in four primary care practices in the state is PCMH recognized.

# Aligning Forces is driving health care **transformation** in communities across America.

16 communities

37 million people

12.5 percent of the U.S. population

590 hospitals

31,000 primary care physicians

**Can bringing together the people who give care, get care and pay for care improve quality in America? The Robert Wood Johnson Foundation's 16 *Aligning Forces for Quality* (AF4Q) communities are showing that it can.**

After six years, AF4Q communities have built transformative partnerships, often where none existed before:

- Data on quality, cost and patient experience measures are being collected and publicly reported.
- Practice coaches are deployed in hundreds of primary care practices.
- Hospitals are improving care from the emergency department (ED) to the bedside.
- Patients are playing a crucial part in transforming health care.
- New models for care delivery and organization are being implemented.
- Innovative payment reform is becoming a reality.

# AF4Q communities are **measuring** and publicly **reporting** on the quality of care being delivered by local providers.

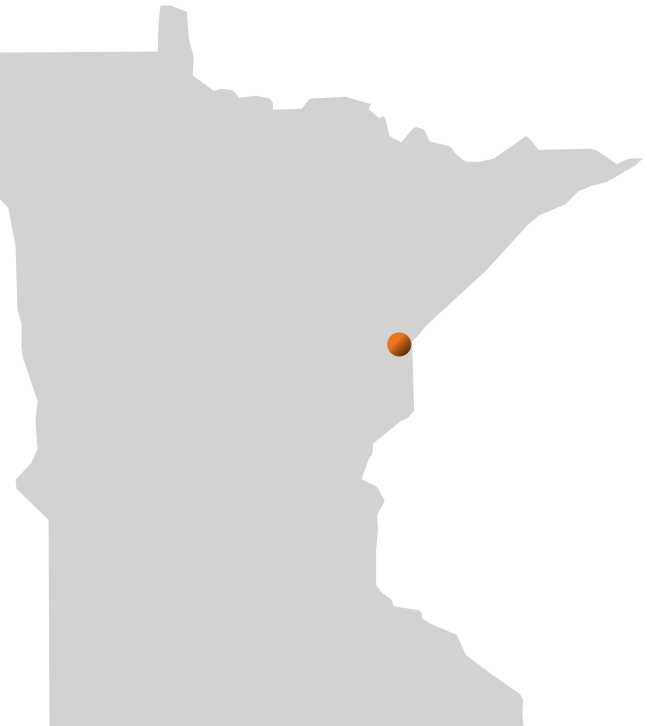
5: Percentage of diabetes patients receiving recommended care **before** public reporting

60: Percentage of diabetes patients receiving recommended care **after** public reporting

**37.7 million people in all 16 AF4Q communities now have access to information on the quality of care provided by local providers through reports that are publicly available. And all AF4Q communities are working to incorporate measures of cost and efficiency into these reports.**

The results of these public reports have led providers to improve care. For example, when staff members at one clinic in **Becker, Minnesota**, saw dismal 1999 data showing that only 5 percent of their patients with diabetes were getting the necessary care, they took action. After focused outreach and engagement, the 2010 data showed that a full 60 percent of all patients with diabetes were receiving all the recommended care — an amazing improvement.

By measuring provider performance and providing data that were not available before, physicians and patients in AF4Q communities are driving toward higher-quality care.



# AF4Q communities are **coaching** practices toward clinical change.

36 practice-level EHR projects

7: Percentage of patients receiving recommended care in paper-only practices

50: Percentage of patients receiving recommended care in practices with EHRs

**Practice coaches are deployed in hundreds of primary care practices across AF4Q communities to support physicians as they transform their care.**

For example, the Aligning Forces community of **Cleveland, Ohio** offers primary care practices on-site technical assistance to improve the quality and delivery of care. The coaches are focusing their efforts on improving clinical outcomes, care coordination, and patient experience and optimizing electronic health record (EHR) use. To date, the alliance in Cleveland has coached 36 projects at individual practices.

EHRs in particular have proven to be a powerful tool in improving care in Cleveland. One study, published by the AF4Q alliance in the *New England Journal of Medicine*, showed that practices with EHRs – compared to paper-only practices – not only provided significantly higher (35 percent) quality of care with patients with better outcomes, but also achieved greater (10 percent) improvement. Overall, more than 50 percent of patients in practices with EHRs received all recommended care of endorsed standards compared with 7 percent of patients in paper-based practices.

# Hundreds of **hospitals** are improving care in AF4Q regions — from the ED to the bedside.

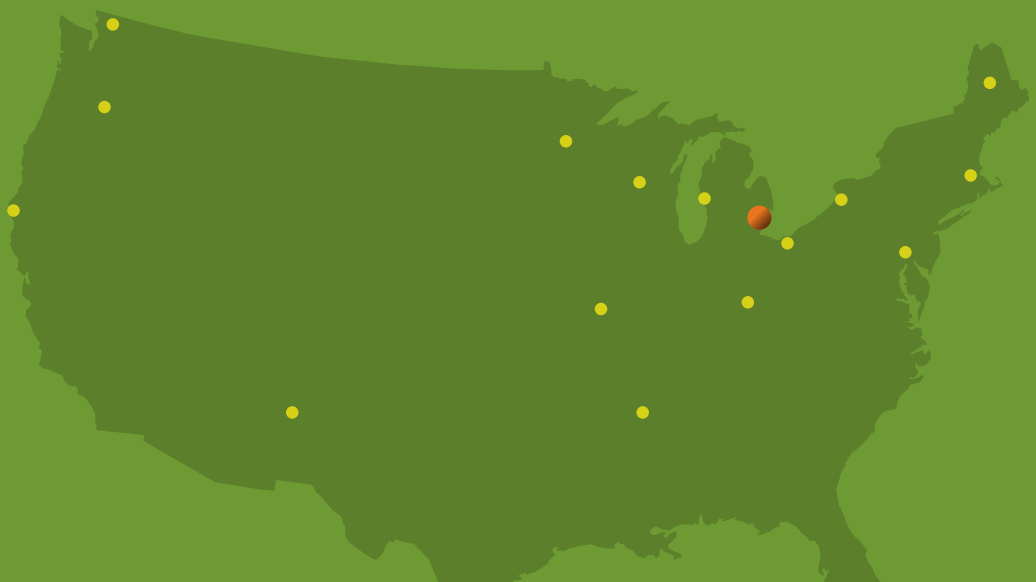
16 communities
143 teams
103 hospitals

130 hospitals
4,700 care innovations
89% reduction in pressure ulcers

**Putting quality improvement into practice is a frontline endeavor at hospitals in AF4Q communities.**

143 teams at 103 hospitals in all 16 Aligning Forces communities participated in a recently completed **Aligning Forces hospital network** focused on increasing emergency department throughput, reducing cardiac readmissions or improving language services. Preliminary results show that AF4Q hospitals are successfully implementing changes to ensure that patients receive the highest quality of care. These changes result from hospital units testing and implementing multiple innovations.

At the same time, the Aligning Forces **Transforming Care at the Bedside (TCAB)** program continues to work with more than 130 hospitals across AF4Q communities. Local nurse-led teams in AF4Q regions have tested and refined more than 4,700 care innovations to date. In one participating **Detroit** hospital, the TCAB team reduced pressure ulcer rates by 89 percent in less than three years.



# **Patients** are playing a crucial part in transforming health care through AF4Q.

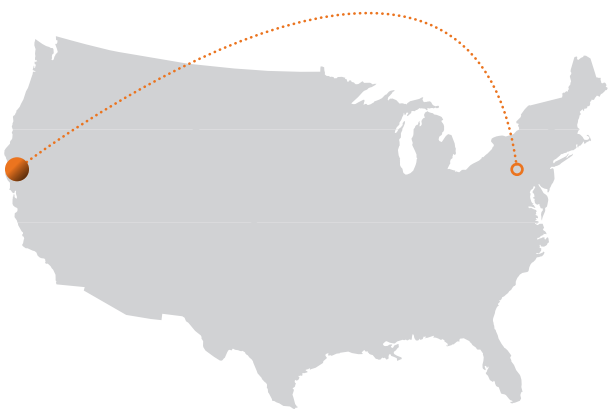
$1 spent = $4 saved

**AF4Q communities have ensured patient-centered, consumer involvement in every level of their local transformation efforts, particularly in improving primary care practices.**

For example, in the Aligning Forces community of **Humboldt County, California**, volunteer 'patient partners' are paired with practices interested in becoming patient-centered medical homes.

Broadly trained in health care, the patient partners attend monthly quality improvement meetings with providers and advise senior managers on issues ranging from chronic disease self-management support to practice workflow. The patient partners program is both increasing patient engagement and reducing health care spending: for every $1 spent, $4 are saved in health care costs.

Successful, innovative patient engagement practices are being spread throughout AF4Q, with the patient partners program now being replicated 3,000 miles away in South Central Pennsylvania.

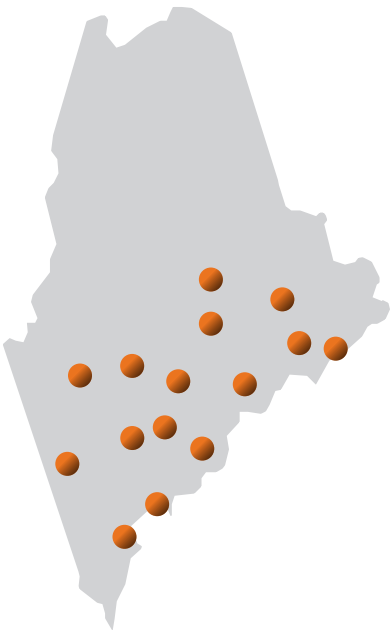


# AF4Q communities are implementing **new models** for organizing and delivering care.

26 practices

130,00 patients

15% of all physicians



**AF4Q is exploring the ways health care is organized, delivered and paid for in local communities.**

For example, one prominent model for re-thinking the delivery of primary care is patient-centered medical homes, and several Aligning Forces communities are on the frontlines.

In the **Maine** AF4Q community, 22 adult and four pediatric practices covering 130,000 patients and 15 percent of the state's physicians are part of a PCMH pilot. Maine's Medicaid program and most major insurers have aligned forces to pay pilot practices differently and use patient experience, clinical quality, and cost and resource use data to drive improvement. And with CMS funding, the initial pilot is about to expand dramatically, adding an additional 50 practices.

# Innovative **payment reforms** are becoming a reality in AF4Q communities.

7 health plans

12 primary care clinics

27,000 patients

3,900 ED visits expected to be avoided

$3.8 million saved

**Reforming the way we pay for health care is a critical part of improving the delivery of high-quality, efficient care, and all 16 AF4Q communities are therefore leading innovative payment reform efforts.**

For example, in the Aligning Forces community of **Puget Sound, Washington**, seven health plans and 12 primary care clinics, covering more than 27,000 patients, were brought together for an innovative payment pilot targeting avoidable ED visits. As part of the program, the health plans provide up-front, per-member payments for enhanced care coordination.

During the course of the pilot, 8,300 potentially avoidable ED visits were expected to take place at a cost of approximately $5.5 million. Projected results indicate the pilot will eliminate 47 percent of such visits, saving $3.8 million.

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In Massachusetts, more than 120,000 *Consumer Reports* subscribers received the publication's first-ever physician ratings report, using data from the local AF4Q alliance.

The Memphis alliance increased the number of physician offices reporting performance data by 12 percent this year. The report also includes five new measures.

Hospitals in Minnesota had 1,915 fewer avoidable hospital readmissions in 2011 — halfway to a campaign goal of preventing 4,000 avoidable readmissions by December 2012.

Oregon provided quality and utilization reports this year to 2,000+ primary care providers, eight commercial health plans, two managed Medicaid organizations, Medicaid fee-for-service, and nearly 11,000 unique visitors to its public reporting website.

The Puget Sound alliance issued results from the region's first comprehensive patient experience survey of primary care providers, with responses from 32,000 patients.

Seven South Central Pennsylvania medical groups, 10 large employers, and the two largest commercial payers have launched a payment reform pilot that includes bundled payments for inpatient procedures and payment support for patient-centered medical homes.

In just three months, nearly 900 West Michigan residents participated in Patient Empowerment Trainings designed to help consumers take an active role in their health care.

For patients with diabetes in Western New York, providers' testing for blood sugar, cholesterol levels and screening for kidney disease has increased 5, 23 and 11 percent, respectively.

The Wisconsin alliance worked with local stakeholders to increase awareness of its consumer website, increasing visitors to the site in Q1 2012 almost 20 percent from the previous quarter.

# Connect with Us

**Learn more about the journey of the Aligning Forces communities and stay in touch.**

Online: www.forces4quality.org
Facebook group: Transformation Has Begun
Twitter: @AligningForces

Online: www.RWJF.org
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