

AF4Q CHRONICLE

Your source for all the latest meeting stories.

Robert Wood Johnson Foundation

FRIDAY

Nov. 9, 2012



ONCE UPON A TIME, IN 16 COMMUNITIES...



THURSDAY HIGHLIGHTS

Twenty-five speakers,
900 tweets, hundreds
of conversations, one
amazing day.



Verghese Captivates AF4Q

"The trick is to tell stories that move us."

Physician and master storyteller Abraham Verghese, MD, held his audience spellbound yesterday at the opening plenary session of the November AF4Q National Meeting, "The Value of Story."

Every moment of the day, Dr. Verghese said, we tend to be wrapped up in story, particularly in health care. Stories are

» Cont., **PG. 2**



Rosenbaum: "Obama 2012"

At yesterday's lunch plenary, Sara Rosenbaum, Harold and Jane Hirsh Professor of Health Law and Policy and Founding Chair of the Department of Health Policy, George Washington University School of Public Health and Health Services, emphasized how complicated implementation of the Patient Protection and Affordable Care Act (ACA) among all the states will be.

» Cont. pg. 2

EMPOWERED CONSUMERS, EMPOWERED COMMUNITIES

ELIZABETH COHEN To Deliver Closing Keynote Today

Today at 10:15 a.m. in the Cyril Magnin Ballroom on the fourth floor, CNN Senior Medical Correspondent Elizabeth Cohen will deliver the closing keynote to the national meeting: "The Power of Story to Make a Difference: Empowered Patients, Empowered Communities."

Ms. Cohen, who has interviewed such health care luminaries as patient safety expert Peter Pronovost and Thursday's opening speaker Abraham Verghese, will draw from her own experiences as well as those of her story subjects as she explains the importance of telling your story so others might learn from it.

"Stories can individually help others, like a person," she said, "or they could spread to those who could effect change."

Ms. Cohen will share many such stories from her reporter's notebook in which one person's question or struggle was picked up by others who read about it, spread the

word, and found answers or heightened awareness.

She sees a link between these stories and what AF4Q Alliances are trying to do: spread the word about the work they do so others can learn, enact their solutions, or pass along the news to others who can benefit from it.

"I'm hoping to show the audience how to take a specific problem and reach out to talk about it," she said. One of her goals is to help session attendees with stories of the own to formulate answers to the inevitable follow-up questions to any story: "So what? What happens when I tell my story?"

Ms. Cohen writes the online column "The Empowered Patient," which she followed up in 2010 by publishing the book *The Empowered Patient: How to Get the Right Diagnosis, Buy the Cheapest Drugs, Beat Your Insurance Company, and Get the Best Medical Care Every Time*.



FOLLOW THE STORY AS IT UNFOLDS

"Patients will always be the core, care & heart behind healthcare. Empowering them as individuals will drive (+) change in communities. #AF4Q" @giasison

"Rosenbaum #AF4Q ACA implementation proceeds although modification possible – watch for substantial Medicaid reform" @dahern1

"Rosenbaum predicts significant Medicaid reform towards decategorization #AF4Q" @pdickso

THURS. RECAP

Verghese

cont. from page 1

instructions for living. Part of our job is the ability to translate stories into something that is meaningful and helpful.

Dr. Verghese pointed out that physicians take histories every day—and “stories” are a part of that—but much of a patient’s story gets lost as practitioners translate it into the “language of medicine.”

One of the conundrums of modern medicine, he said, is the possible mistranslation of the story. “We translate their stories into the voice of medicine until it no longer sounds like what the character said,” he commented. The great danger of the voice of medicine is that it strips us of the voice of the unique character.”



Dr. Verghese signing books for attendees.

“Story,” he said, must contain conflict, crisis, and resolution. Every time someone comes to a health care setting, he or she brings these elements of a story. There is great drama. It might be routine for the provider, but it’s never routine for the patient.

He quoted Mother Theresa: “One of the greatest diseases is to be nobody to anybody.” If we appreciate stories, he said, if we engage with patients as characters, they may be nobody to anybody, but they will always be somebody to us.

Rosenbaum

cont. from page 1

Dr. Rosenbaum gave a brief overview of the ACA and how it directly ties to deficit reduction. She also highlighted how states have a deep understanding of the importance of decategorization. “It is unfair to leave out so many people that have no access to insurance because they are the most vulnerable populations. Each state can look at how their safety net will be able to provide safety net services for the millions of people left out of the expansion,” she said.

Reelecting President Obama was just the first step and probably the only clear one. As a nation we are going to proceed with implementing ACA and also tackle how to address the deficit. “We need a new cultural norm where most of us are insured” Rosenbaum said, “even for those who may not realize they’re not 19 anymore.”

Have questions of your own? Rosenbaum noted two Robert Wood Johnson Foundation reform law resources to help states navigate implementation: HealthInfoLaw (healthinforlaw.org) and Reform GPS (healthreformgps.org).



Did You Know?

the #AF4Q hashtag was used 1,722 times, and attendees and others posted 137 tweets per hour at the May national meeting?

“Working together helped us to amplify the voices of patients even more than we already had and helped us get this information to patients that we hadn’t reached before.”

READ MORE OF THIS STORY in AF4Q IN FOCUS page 22.

HAPPENING TODAY

Schedule: Friday, November 9

6 am-7 am: Align Your Forces with Early Morning Yoga

Join renowned yoga instructor Rosemary Garrison to begin the Friday AF4Q sessions energized. The one-hour class will be tailored to beginners, with options for advanced postures for any dedicated yogis. Mats will be provided. [Embarcadero, 3rd Floor]

7 am-8:30 am: Breakfast

Pick from:

Getting the Word Out: An Update from RWJF’s Communications Team [Cyril Magnin Ballroom, 4th Floor]

Networking: What Stories do You Want to Share? [Cyril Magnin Foyer, 4th Floor]

8:30 am-10 am: BREAKOUTS—Bringing Value to Your Story: Connecting the Dots

In three concurrent, highly interactive sessions, we will dive into stories from within AF4Q and beyond, shining the light on both bright spots and struggles.

Show Me the Money: Connecting Cost and Quality to Safely Transform Care Delivery

To affect health care cost, you need to transform its drivers. This session will bring you stories of innovative projects that are working to change how care is delivered and drive down the cost of health. [Market Street, 3rd Floor]

Promising Results: Connecting Patient Engagement and Quality

Many alliances have successfully implemented methodologies and strategies to engage patients in improving the quality of care and the overall patient experience. These programs are starting to show promising results towards improving measures. This session

will showcase different approaches to patient engagement with each demonstrating impact and success. [Powell, 3rd Floor]

Beg, Borrow, and Adapt: Connecting Quality Improvement and Payment on the Road to Big Impact

To sustain and grow the broad impact that quality improvement and payment reform efforts have on the health care delivery system in their communities, Alliances are pursuing multiple inventive ways to renew and adapt their initiatives. This session will focus on how Alliances are strategically spreading the impact of their work to new populations, communities, and settings of care. [Mission, 4th Floor]

10 am- 10:15 am: Break

10:15 am-12:15 pm: Closing Plenary—“The Power of Story to Make a Difference: Empowered Patients, Empowered Communities”—Keynote: Elizabeth Cohen, Senior Medical Correspondent for CNN’s Health, Medical and Wellness unit [Cyril Magnin Ballroom, 4th Floor]

12:30 pm- 1:30 pm: Lunch: All attendees are invited to stay for lunch. You may eat at the hotel and network with peers, or pack your lunch to go.

12:30 pm-1:30 pm: Private Lunch for Project Directors: Project directors are invited to share an informal wrapup lunch together. Lunch will be served in the room. [Market, 3rd Floor]

12:30 pm-1:30 pm: Private Lunch for Consumer Representatives: Consumer representatives and consumer engagement staff are invited to come back together for a final casual opportunity to debrief. Lunch will be served in the room. [Mission, 4th Floor]

CONNECTING THE DOTS

TARGETING DEPRESSION

BREAKOUT SESSION TARGETS DEPRESSION, HIGHLIGHTS DIAMOND SUCCESS

One in 10 Americans have depression and suffer from chronic conditions. Yesterday, Aligning Forces for Quality brought together stories of evidence-based QI strategies to promote better health outcomes for these individuals at a lower cost. In the breakout session “Targeting Depression: Connecting Measurement and Payment,” Cally Vinz, vice president of health care improvement and member relations at the Institute for Clinical Systems Improvement (ICSI) discussed DIAMOND (Depression Improvement Across Minnesota, Offering A New Direction), a program launched in 2008 to change how care is delivered. With more than 8,000 patients served, DIAMOND’s collaborative care model has

improved care coordination for patients with depression.

Paul Ponstein and Sue Vos joined the conversation from the Michigan Center for Clinical Systems Improvement (MiCCSI). Demonstrating the power of modeling interventions, Vos emphasized the value of a mentoring organization like ICSI that helped them establish their own DIAMOND program in Michigan.

Brookline Community Mental Health Center in Massachusetts Clinical Director Henry White related the 3 Ds that embody the clinic’s chronically ill patients who suffer from depression: Demoralized, Disorganized, and Disconnected. He identified

the clinic’s supreme goal as engaging the superutilizers in care.

A common thread throughout the stories was the importance of relationship building between the primary care provider and the patient, which can lead to increased engagement and ultimately decrease utilization and impact cost.



BEYOND THE CLINIC WALLS

COMMUNITIES WORK TOGETHER TO MAKE CHANGE

Hope—that’s what Helena Peterson said she’d bring back to Maine after a great session exploring ways communities can work together to improve the health of medically underserved populations.

Each of the panelists tackled this issue using different strategies; from grassroots activism, to community organizing, to more patient-centered transitions of care, each panelist and the communities they represent are making real inroads to addressing disparities.

Making health care inclusive and accessible requires a rethinking of how providers and patients interact. Trust, and a paradigm of patient/provider relationships that are forged at their root in mutual respect and

equity, quickly emerged as a cadence drumming throughout the session.

Social determinants of health like race, ethnicity, education, and economic status can’t be truly addressed in doctor’s office, but instead require community-level response that makes use of the unique strengths within each of the neighborhoods. “Better, stronger communities are the key to better, stronger, healthier people,” said America Bracho from Latino Health Access.

“Sitting at the same table isn’t enough. We need to engage at the table in a better way,” Rosemary Graves, of the Kansas City Alliance, shared during the session debrief.

BEYOND 2015

BEYOND 2015 SESSION ASKS, “WHERE DO WE GO FROM HERE?”

Alliance representatives met yesterday to share answers to the inevitable questions surround sustainability after Aligning Forces ends in 2015.

“Why are we here?” asked moderator Mike Painter from the Robert Wood Johnson Foundation. “How do we talk about our work? How do we sustain the things we’ve created, creating the future we want from the exciting things we’ve done in the past. What are those valuable things in our communities we want to sustain?”

Mylia Christensen of AF4Q Oregon said that her group is addressing sustainability by focusing on what they do well, which includes expanding on their use of data—hospital metrics and other types of actionable data—to provide custom

analytics for those who want to use the data to improve costs.

Rita Horwitz of AF4Q Cleveland looked to her Alliance’s greater strengths in measurement and reporting data. They are currently looking at utilization, patient-centered medical homes, practice coaches, and helping others use data to make better purchasing decisions.

Others acknowledged the need to bring new players to the table and listen to them, building trust. “We can’t move anything forward if we only talk to people who already care about these issues,” pointed out a member of the audience.

Perhaps the most hopeful note about sustainability came from Chris Amy from AF4Q-SCPA, who said that her state sees that Alliance as an innovator and wants to work with it because it knows SCPA

#AF4Q

“Hospitals have more reasons to connect w community RT@ AligningForces Rosenbaum: Another thing to watch – Charitable care obligations #AF4Q” @hilaryheishman

“Rosenbaum big sleeper issue, restructuring of payment for safety net or DISH payments #AF4Q” @dahern1

“Common themes for Sustaining alliance efforts: trusted, indie conveners bringing common ground to community stakeholders. #AF4Q” @MHQP

“Bracho: data needs to move beyond clinical walls, include community data. How can we make data move agendas? #AF4Q #equity” @jillwacker

“This is not an easy issue to address. Go back to basics. Teach gardening, growing your own food. Simply LIFE!! get back on track #AF4Q” @stales

Recomended Readings from Abraham Verghese

- A Fortunate Man*
by John Berger and Jean Mohr
- Dear Writer, Dear Actress : The Love Letters of Anton Chekhov and Olga Knipper*
by Anton Pavlovich Chekhov and Ol’Ga Leonardovna Knipper
- And the Band Played On: Politics, People and the AIDS Epidemic*
by Randy Shilts



Keith Mendel and Allison Kozeliski talk story

AF4Q Mad Lib Story

San Francisco was -ed Verb, Past Tense on June 29, 1776, when colonists from Proper Noun established a fort at the Golden Gate and a mission named for Celebrity a few miles away.

The California Candy Name Rush of 1849 propelled the city into a period of Adjective growth, increasing the population in one year from 1,000 to 25,000, and thus transforming it into the largest Noun on the West Coast at the time.

Today, San Francisco Verb one of the top Adjective destinations in the world, ranking 35th out of the 100 most visited cities worldwide, and is renowned for its Color summers, fog, steep rolling Noun, eclectic mix of architecture, and landmarks.

Share your story with a friend!

CROSSWORD ANSWERS

Across

- 2. Alcatraz
- 4. Director
- 6. Settings
- 9. Golden
- 14. Ghirardelli
- 16. Aligning Forces
- 18. Heart
- 19. TCAB
- 20. Food Desert

Down

- 1. Phases
- 3. Trolley
- 5. Earthquake
- 8. Rice A Roni
- 10. City Lights
- 11. Triple Aim
- 12. HITECH ACT
- 13. Bright Spot
- 15. Giants
- 17. Rocks

WIFI INSTRUCTIONS

Connect to: "Parc55_Conf"
Username: gwu55
Password: gwu55

QUESTIONS?

events@forces4quality.org

MORE STORIES

www.forces4quality.org

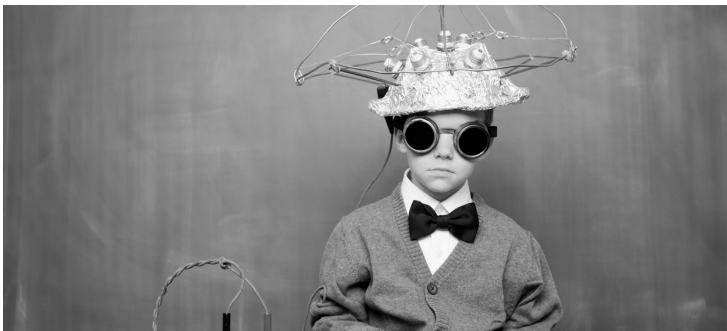
National Meeting Planning Committee

The national program office is grateful to the November 2012 planning committee, whose vision and ideas have seen in everything from the meeting theme to the innovative story-telling session.

"What really matters now," said Chris Amy on the committee's first call, "is that we can tell our story to partners and funders and others." Their willingness to take time out of their lives to help strategize and plan is deeply appreciated.

ALICIA AEBERSOLD, CHRISTINE AMY, KATHERINE BROWNE, MYLIA CHRISTENSEN, ANDREA DUCAS, ALAN GLASEROFF, HILARY HEISHMAN, MAGGIE KAY, PATRICK MCCABE, MICHAEL PAINTER, DANIELLE LAZAR, ALEXIS LEVY, LISSETTE VAQUERANO, AND MARCIA WILSON

Sharing Your Data



Communities across the country are initiating or ramping up efforts to publicly report health care quality data. A new AF4Q report shares important findings from our communities about how consumers interpret displays of trend data--a must-read for any community that publicly reports provider performance.

Revolving Hospital Door



AF4Q Alliances in Cleveland, Oregon, and Humboldt County tackle preventable hospital readmissions. Each community, recognizing that the 20% of discharged patients return with problems serious enough to be re-admitted, approaches this issue in a unique way. Read more about their stories on www.forces4quality.org