Aligning Forces for Quality

A Tremendous Journey

16 communities.
37 million people.
One Goal.
In 2007, the Robert Wood Johnson Foundation launched \textit{Aligning Forces for Quality} by exploring what happens when the people who get, give, and pay for health care in a given region work together to improve quality.

In a remarkably short period of time, we sparked deep and meaningful change in 16 very different communities across America. The initiative clearly showed that progress is made locally when multi-stakeholder alliances are formed. In \textit{Aligning Forces} communities, doctors, patients, insurers, and employers came together—in some communities for the first time, or the first time after a long period of mistrust. In addition to driving local change, these collaborative efforts provided important learnings for the whole nation.

At both national and regional levels, \textit{Aligning Forces} helped refine the path that is now leading to a nationwide transformation in health and health systems. From assessing the quality of care provided locally, to engaging consumers in redesigning how care is delivered, to making information on medical costs transparent, I am proud that \textit{Aligning Forces} has been a national leader. And whether it’s patient-centered medical homes, Accountable Care Organizations, new payment models, or measuring patients’ experience in the care system, \textit{Aligning Forces} communities are well ahead of the curve.

This project has been a tremendous journey. Insights we gained are shaping our work to build a national Culture of Health that enables all Americans to live longer, healthier lives—now and for generations to come.

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\textit{Risa Lavizzo-Mourey, MD, MBA}
\textit{President and CEO}
Robert Wood Johnson Foundation
37 MILLION PEOPLE

12.5 PERCENT OF THE U.S. POPULATION

590 HOSPITALS

31,000 PRIMARY CARE PHYSICIANS
A Tremendous Journey

16 communities improving quality, equality, and value of care

- Aligning Forces Humboldt (Humboldt County, Calif.)
- Oregon Health Care Quality Corporation (Oregon)
- Washington Health Alliance (Washington state)
- Alliance for Health (West Michigan)
- Wisconsin Collaborative for Healthcare Quality (Wisconsin)
- Greater Detroit Area Health Council (Detroit, Mich.)
- Better Health Partnership (Cleveland, Ohio)
- P² Collaborative of Western New York (Western New York)
- Maine Quality Counts (Maine)
- Massachusetts Health Quality Partners (Greater Boston)
- Aligning Forces for Quality – South Central Pennsylvania
- Health Collaborative (Cincinnati, Ohio)
- New Mexico Coalition for Healthcare Quality (New Mexico)
- Kansas City Quality Improvement Consortium (Kansas City, Kan.)
- MN Community Measurement (Minnesota)
- Common Table Health Alliance (Memphis, Tenn.)
Multi-stakeholder Alliances
Improve Local Health and Health Care

Aligning Forces demonstrated that—with the right leader and a diverse group of participants—it’s possible to overcome long-established silos and historical mistrust to achieve better care in a region.

STAKEHOLDERS FOCUSED ON QUALITY

The New Mexico Coalition for Healthcare Quality started in 2008 under the auspices of Aligning Forces in the competitive Albuquerque health care market. It was a first for a state in which health care had traditionally been very siloed, without much collaboration. The Coalition showed that it was possible to bring a multi-stakeholder alliance of providers, payers, and consumers together to improve quality and transparency. Working together, they initiated the first voluntary ambulatory care public reporting website in the state, spearheaded hospital and ambulatory quality improvement efforts, mounted a campaign to reduce emergency department use, and provided employers with tools to become real partners with their care providers and health plans. As a result of the foundation laid by Aligning Forces, the Coalition has now transitioned to form a new nonprofit, New Mexico Coalition for Healthcare Value, to continue to serve as a convener to improve care.
Aligning Forces alliances improved patient outcomes at a faster rate than other communities, exceeding, for example, the national average for improvement in blood sugar and cholesterol control in patients with diabetes.

LINKING HEALTH WITH HEALTH CARE

Two years ago, the P² Collaborative of Western New York, the local Aligning Forces alliance, began a unique working relationship with the New York State Department of Health on its agenda for public health. The state requires every county to complete a community health assessment every three years to evaluate local strengths and weaknesses in public health. Based on the assessment, counties then create a community health improvement plan. As a neutral convener that brings together all parties, P² has been instrumental in connecting public health officials with medical providers and consumers in seven counties in Western New York, enabling leaders in both health and health care to set measurable goals for each county. P² continues to provide ongoing support to the counties in their efforts to achieve their goals and advance New York State’s Prevention Agenda.
Care Improves When **Physician Performance** is Publicly Reported

*Aligning Forces alliances developed ways to accurately measure and publicly report the quality of care delivered by local medical practices—leading to quantifiable improvements in quality.*

**We Learned…**

**Aligning Forces for Quality:** A Tremendous Journey

**Higher Screening Rates**

After learning that screening rates in some medical practices were below 50 percent, the *Wisconsin Collaborative for Healthcare Quality*, which led the local *Aligning Forces* alliance, launched a Colorectal Cancer Screening Project with the goal of increasing screening rates to 70 percent in two years. The alliance shared best practices with primary care physicians through a series of educational offerings. By 2012, reporting practices screened nearly 75 percent of patients for colorectal cancer, an increase from a community average of 68 percent in 2009.
The performance of more than 10,000 physicians, 2,500 medical groups/clinics, and hundreds of hospitals was measured and publicly reported in Aligning Forces communities.

**BETTER PRACTICE PERFORMANCE**

In Cincinnati, the Aligning Forces effort led by The Health Collaborative helped practices improve care. Staff at the TriHealth Physician Partners group in West Chester, Ohio, for example, saw that the practice’s scores for the care it provided to diabetes patients were average. Determined to be above average, the practice manager ran reports several times a week to see which patients needed to be in better control of their diabetes. Those in good control were celebrated with certificates, while those who struggled received extra attention, such as nutrition counseling or fitness support. A year later, the practice’s score rose 20 points on five reported measures for diabetes care, the highest improvement rate of any practice reporting in the area.
How to Best Display Information on the Cost and Quality of Health Care

Aligning Forces communities developed, tested, and refined websites to ensure consumers understood information about the comparative cost and quality of care provided by different clinicians.

FEATURED IN CONSUMER REPORTS

Three alliances—Massachusetts, Minnesota, and Wisconsin—partnered with Consumer Reports to prepare and disseminate information to subscribers in their region, providing data on the quality of care provided by physicians at more than 1,000 medical groups. In a follow-up survey, half of all Consumer Reports readers said they planned to share the information with family and friends; 39 percent of readers of the Massachusetts insert said they would change their behavior.

We Learned…

37 million Americans living in Aligning Forces communities can now access data on the quality of care provided by local clinics, medical groups, and hospitals.
BETTER DIABETES CARE

**MN Community Measurement**, lead agency of the *Aligning Forces* effort in the state, set a goal to improve quality of care for patients with diabetes. In 2004, data revealed that only 4 percent of adult patients with diabetes had been checked for all five key indicators of how well their diabetes was under control. Working with physicians and health plans across the state, MN Community Measurement developed a “D5 composite measure” for optimal diabetes care. Through 2014, 39 percent of Type I and Type II diabetes patients in Minnesota had met all five measurement goals.
When **Patients are Partners** in Their Care, It Benefits Them and the Whole System

Aligning Forces made patient engagement a priority, ensuring consumers had a seat at the table. Alliances underscored the importance of measuring “patient experience” and helped people become more active in managing their own care.

**HELPING PATIENTS SELF-MANAGE**

Since 2008, **Aligning Forces Humboldt** engaged more than 1,400 patients in its Our Pathways to Health chronic disease self-management workshops. The six-week program helped patients with chronic conditions—including high blood pressure, high cholesterol, diabetes, obesity, chronic pain, and heart conditions—learn how to manage their conditions in a supportive environment with peers facing similar challenges.

**HEALTHIER COMMUNITIES**

The Cardiac Disease Prevention Exercise Program led by the **Aligning Forces** alliance in Detroit, headed by the **Greater Detroit Area Health Council**, engaged patients with risk factors, such as obesity or high blood pressure, in a six month program of education and exercise. Participants in the program experienced a 4 percent reduction in weight and BMI, respectively, and a 31 percent improvement in cardiovascular fitness.
“PATIENT PARTNERS” IMPROVE PRACTICES

Aligning Forces for Quality in South Central Pennsylvania introduced a Patient Partners program in 2011 with the goal of bringing patients to the center of decision making at local practices. The program embeds patients in practices to assist with their quality improvement efforts. Patient Partners are people who either manage their own chronic condition or have cared for someone with a chronic illness, so they have personal knowledge of the barriers patients face. Their participation as Patient Partners ensures that the patient’s perspective is considered while practices work to improve quality. The Patient Partners program includes 36 primary care and specialty practices, with 57 Patient Partners serving more than 125,000 patients, and focuses mostly on patient communication and self-management.

Aligning Forces alliances implemented infrastructure to measure “patient experience” in ambulatory practices, something only one non-Aligning Forces community achieved.
Engaging Employers is Possible and Can Deliver Quantifiable Results

Aligning Forces gleaned important insights into how to help employers engage in health care improvement, with some regional employers making real progress in increasing quality and lowering their costs.

We Learned…

- **3.9 MILLION INSURED LIVES**
- **75 PERCENT RISE FOR GENERIC PRESCRIPTIONS**
- **$24.7 MILLION SAVINGS OVER FOUR YEARS**

**LOWER ING COSTS IN KING COUNTY**

The Aligning Forces initiative in Washington state, led by the Washington Health Alliance, has 185 members ranging from King County to businesses including Boeing Co., Starbucks, and Alaska Air Group. It includes most of the major hospitals and larger medical groups in the area, as well as health insurers, pharmaceutical companies, benefits consultants, labor unions, and community organizations. Data gathered by the Alliance from 20 data suppliers covering approximately 3.9 million insured lives, allowed King County officials to see that their fill rate for generic prescriptions was well below the regional average. After introducing lower copays for generics, the generic fill rate rose to 75 percent, contributing to a $24.7 million in savings over four years.
REVISING BENEFIT DESIGN

Common Table Health Alliance, the local leader of Aligning Forces in Memphis, worked to engage consumers and employers in quality of care. In support of Aligning Forces, the Memphis Business Group on Health brought their employers, responsible for 350,000 covered lives, together to share solutions and provide tools to manage cost and quality in health benefits. Through this effort, the state of Tennessee revised its benefit design to reduce copays for diabetes medications and supplies for the nearly 275,000 covered lives it insures, reducing the financial barrier patients faced in trying to receive evidence-based care.

CHANGING HOW HEALTH CARE IS PAID FOR

The Maine Health Management Coalition, one of the organizations that led the Aligning Forces effort in Maine, worked with employers to begin changing how care is paid for. Employers such as the state of Maine, the University of Maine and The Jackson Laboratory, used the coalition’s “Get Better Maine” quality reports to design health benefits and provide incentives for employees who go to top-rated providers.
The journey continues.

Aligning Forces for Quality communities will continue to improve the health of their regions and share the knowledge they have gained with others.

An archive of resources and tools developed through Aligning Forces is available at www.forces4quality.org.

Join a community of “healthdoers” who are sharing resources and forging local solutions by contacting healthdoers@nrhi.org.