

Aligning Forces for Quality

November Meeting in Phoenix, AZ

**Remarks for
Dr. Risa Lavizzo-Mourey**

Friday, November 20, 2009

8:30 a.m. – 9:30 a.m.

Good morning.

I am very pleased to be here in person, with all of you from the Aligning Forces communities. I get to see some of you here and there on my travels, and I know that we were linked via satellite back at the launch last year . . . That connection felt real and exciting, but there's just something great about old fashion "face time." So it is a pleasure to be here.

Even though I don't get the opportunity to see the representatives from the communities that often, you should know that I DO spend a lot of time thinking and talking about the Aligning Forces work.

Two reasons for this: one, quality health care is a topic that is near and dear to my heart and mind. And two, I believe what you are doing with Aligning Forces is absolutely essential to the future of health care.

I'm going to share a few thoughts today about what I and others hope to see from Aligning Forces, especially in the context of what's happening in DC right now around health reform.

I'm going to talk about what we hope to see from RWJF's investment and your investment, in the near term and in the long term.

And then I'm going to hush and take questions.

So. Let's start with health reform and how it will impact the work of Aligning Forces.

I know that I am in the room with many, many people who feel as passionately about health and health care as I do. And so for people like us, this has been a pretty exciting year. Sometimes, yes, it's a roller-coaster. There are days when the prospects for reform legislation seem bleak, and there are days when it seems tantalizingly close.

There are days when political and stakeholder divisions seem insurmountable, and days when I see greater cooperation and collaboration than I've ever seen before.

Remember I've been through this once, already, in 1994. I can tell you that there ARE some important differences between then and now. And some of the differences have everything to do with what Aligning Forces is all about.

I co-chaired the White House working group on Improving Quality in Health Care back in 1994, but quality provisions weren't really a significant part of the discussion back then. This time around, it feels different.

Overall, the national dialogue on health reform in 2009 has reflected a much broader understanding of what it will take to ensure better quality health care and improve our health. What also has been exciting in today's health reform discussion is how much explicit attention has been paid to quality-related issues. Despite what you sometime hear in the news, it is not just about access anymore. We must get everyone

covered. And clearly more insured Americans will impact the payment and delivery system.

This time Quality and disparities are essential components of health reform. In both the Senate and the House bills that are currently under consideration, we are now seeing attention paid to measurement, public reporting, payment fixes, delivery system approaches, HIT, and disparities.

Look, we may be able to endlessly argue about whether these provisions are the right ones, and whether they go far enough to fix our broken health care systems.

But we should feel good about how much the current health reform debate has absorbed the health care challenges we deal with on a day-to-day basis.

I know you're going to get a much more detailed analysis of the health reform legislation in the session immediately following this, from Mike Painter and our colleagues from our Legal Barriers project. But I just wanted to say that I hope you're as excited about health reform as we are at RWJF.

Much of the language in these bills is based on solid research and the results of committed people. That's a good thing for the American people. But I don't believe, nor have I ever believed, that any single legislation will solve all of the challenges we're facing to improve health care.

Even if we see national legislative action on health reform this year, there will be much left to do. And most of the ideas that we can anticipate from national health reform will be truly tested and tried at the local, not the national level.

Think about it...

It took a long time to get us into the health care mess we're in, and unfortunately, no amount of legislation—no matter how many pages there are, no matter how much the bill weighs—can magically make all of that mess, go away.

To get out of this mess, we need to create a world where EVERYONE—not just those of us in this room—works towards high-quality, high-value health care. We need to build a future where many more Americans will get the care they need, delivered in smart and effective ways, at a price tag all of us can live with.

It's a future, simply put, where we raise the bar on the quality and value of health care. And then we continue raising the bar again. And again.

We all know that we are not there yet. But I believe that Aligning Forces will give us many of the answers we need.

Why do I believe this?

I'm sure you have heard the stories about how Aligning Forces came to be.

For decades, RWJF worked with the smartest, most committed people in the country to support new strategies and tools to improve specific aspects of health care. We invested in things like:

- Early pay-for-performance experiments;
- Improvements in patient safety and outcomes in hospitals; and
- Improvements in providing chronic care across a range of common diseases like asthma, diabetes, and depression.

We also enabled much of the research that defined the extent of our health care problems. Some of this research has helped educate the country about the health care mess we're in. You know the work I am talking about – the RAND series led by Beth McGlynn and the Dartmouth Atlas work to name two.

The nation learned a lot from these hundreds of projects and the smart people who led them. We saw terrific results from many programs.

- Hospitals DID improve care, quantifiably.
- Health plans DID figure out how to reward better quality.

- Physicians DID become more committed to continuous quality improvement, and began to show that they could interest in moving from the acute care model to approaches that were better suited to chronic illnesses. RIGHT ED- Ed Wagner is the HEART and MIND behind that huge success.

We celebrated these programs and projects and what they achieved. But Aligning Forces, for us, represented a great leap beyond what RWJF and the rest of the country had seen from our previous work. Maybe it represented a leap for what you were doing as well. From our perspective, even though we saw many good results from our investments, the work still stayed in silos. We would fund one collaborative, for example, and see heartening results, but the improvements remained confined within individual organizations.

And meanwhile, the Dartmouth Atlas kept telling us that variations in quality of care were not getting smaller.

Entire communities and systems of care were not being transformed for the better.

So, we decided to move beyond working with one clinic, or one disease, at a time.

We decided, to take a community-based approach that relied upon critical alliances among stakeholders. As you all very well know, every Aligning

Forces team must engage people representing those who give care, get care, and pay for care.

Now. Coalitions and alliances of stakeholders are not new ideas. Any major social change effort has, at one time or another, depended upon alliances that may have seemed unlikely at the outset, but felt utterly natural towards the end.

But even though multi-stakeholder alliances are not brand-new ideas, I think that these alliances are going to be a critical lever for the type of lasting, transformative change in health care. Here's why:

One, these alliances treat better health care as a shared goal, in a way that can overcome stakeholder divisions. One of the common ways to resist change and maintain the status quo, is to point fingers and say things like, "Oh, the doctors will never engage in measurement and public reporting."

Or, "Patients and consumers will never care about real quality." They just want to get that prescription for an antibiotics or MRI even if too much care can be harmful and costly.

But Aligning Forces is trying to overcome these negative assumptions. Because if we ALL continue treating the assumptions as true, we'd NEVER get anything done.

Two: these kinds of alliances help us glimpse the possibility of a health care system that might function the way it should. There are so many interventions within health and health care that can affect a person's health. And yet, who's going to connect the dots? Who's going to make sure that a person with a chronic illness doesn't get bounced around from doctor to doctor, and get confronted by bewildering information and advice at every turn of the road? Who's going to make sure that doctors and nurses and others are given the tools and resources they need to deliver the right care? Quality is not just one person's job. It's everyone's job, but in order to make it everyone's job, someone's got to connect the dots. And that's what the alliance structure helps us do.

The whole problem with our health care system today is that it's become a vast, fragmented bureaucracy that doesn't deliver quality and value to nearly enough people. It is ONLY through sustained, ambitious collaboration that we will overcome some of our biggest health care challenges. And it is much more likely that such collaboration will take place at the local level, rather than at the national level.

THAT'S why Aligning Forces is so critical. We've all heard the stories of the Mayos and the Geisingers. These systems deserve the attention and accolades they've been getting for high-quality, low-cost care. But we have to go beyond these individual Health Care organizations and prove that more places can get the job done, when it comes to health care.

It can't just be one hospital that does great work, and it can't just be a handful of primary practices that are outstanding. If I'm a person living in any one of your communities, I would want to be able to walk into ANY hospital or practice and know that I'm going to get decent care.

And let me also note that I want to get decent care regardless of who I am or the color of my skin. I know that when we expanded Aligning Forces in 2008, we asked you to take on even MORE ambitious work.

We asked you to think about inpatient care, on top of ambulatory care.

We asked you to think about racial and ethnic disparities. And this was ON TOP of all of the ambitious things you were already working on and are STILL working on, to this day.

Some of you must have thought: wow. The Robert Wood Johnson Foundation really knows how to pile it on, right? They just keep on setting the expectations higher and higher.

But for us, disparities is NOT an add-on. For us, it was a core principle—that we cannot truly meet our goals to improve care for all Americans unless we really mean, ALL Americans. And so, I am greatly encouraged that some of you have already started stratifying your performance data by race, ethnicity, and language. I am excited about how hospitals in your region are beginning to work on disparities and adding language services.

And your willingness to continue the Aligning Forces work with RWJF returns to me to the point I made earlier, about who's going to connect the dots. YOU'RE going to connect the dots. You're going to look at the picture of health care across the continuum and you're going to make that picture better, for ALL the people in your regions.

Now. I have just talked with you about why I think that the Aligning Forces is so critical, no matter what happens in DC with health reform legislation. The bottom line is, I see in your efforts the necessary infrastructure we need to keep stakeholders at the table and moving forward.

I see the possibility that we may be able to move beyond the types of results RWJF saw in the past, within individual organizations and practices. To actually start to see results that come from integrated, functioning health care systems. Throughout a region, in these new and improved health care systems, we will see shared goals related to transparency and a commitment to engage physicians and patients in the business of improving care.

But as I also said, we are not there yet. And so far, the various health reform bills have reflected this reality: we do not yet have a nice tidy package of interventions or policies that can be plopped into legislation and result in more affordable and high quality

We do not have the plug-and-play solutions on how to reward doctors for value, not volume. We do not yet have the silver bullet that will make doctors and nurses everywhere become more engaged in learning how to deliver better care.

We have promising approaches, but we do not yet have the “package” that we can spread to any place, anywhere. In fact, it is highly likely that with health care reform, it will never be just one thing or one package we can spread everywhere. It is highly unlikely that health reform legislation, or Aligning Forces, will ever yield that one cookie-cutter approach that would work for all communities. After all, communities are different. Think about the Aligning Forces communities that begin with the letter “M” for example. How different is Memphis from Maine? Or think about how different is Portland, Maine from Portland, Oregon?

And that leads me to the final point I want to make today.

Robert Wood Johnson Foundation is in this work for the long haul. We believe that our role is to take on difficult challenges in our society and intervene in ways that government and the private sector may not be able to, by seeding the field with ideas and promising practices and convening the right people around common tables.

That takes time that's why we're in this for the long term but the long term still does not equal "forever." We do not believe in investing in initiatives in perpetuity. No one philanthropy has unlimited resources. And ultimately, it does not do our partners and grantees good to become overly dependent on any one philanthropy for continued support. That is not what anyone would call a business model.

Aligning Forces is an initiative that we have chosen to invest in over the long term. I know that Anne Weiss spoke to some of you about our indicators, our benchmarks on our progress—you may have noticed that they reach out to 2015. It seemed like a long time away when we first developed our strategic objective—now it seems like those years are passing us by at the speed of light.

So if we are not going to be investing in Aligning Forces forever, and if we want your communities to be the beacons for the nation, we obviously care about spread. You might ask, what types of lessons and results do we hope to see and spread from Aligning Forces, that will inform the health reform movement not just today, but tomorrow, and for years to come?

Well, someday soon, we hope to be able to point to a critical mass of Aligning Forces communities and say, "Look here. Look at these places. By any number of measures, these places are delivering high-quality,

high-value health care. More people in these places are getting better care. And delivering this high quality high value care is deeply embedded in the culture of this community.”

That is one type of long-term result that we’re looking for.

But in addition to those long term results, we need the stories about what’s happening along the way. We need the stories of progress that can motivate and inspire the doubters.

We need the stories about the change in behavior and the change in culture that you are experiencing. If physicians in the Aligning Forces communities can tell stories about how they converted from being complete naysayers about quality measures to ardent advocates of measurement, I think that other physicians need to hear those stories.

If CEOs start regularly using the communities’ public reports as a tool for value-based purchasing, I think that other business leaders need to hear those stories.

If you have advocates who are actually teaching consumers and patients about what good health care is, then more Americans need to hear how you made that happen.

The stories are what keep us moving forward to our destination. The stories are what I tell RWJF’s Board, policy-makers in DC and governors

of states, and the doctors and nurses and business leaders I meet on my travels.

But I can't be the only one telling these stories. I want you to tell them, too. I am glad that some of you had the opportunity to do that, in your local convening events and in your visits to the Hill that took place last October.

But like most things RWJF expects of you, we don't expect you to collect and tell these stories as a one-shot, or even a two-shot, deal. We need to hear these stories again and again as you raise the bar on quality in your communities again and again.

There is much work ahead that needs to be done to improve health care in this country, and you are the ones who will continue to lead the way.

And during a time when we must admit that we don't, indeed, have all the answers to improve health care, we need to somehow get others to join us on this journey.

As I said at a similar meeting in Phoenix last week, where I saw some of you there, I love quoting African proverbs, and here's one of my favorites: "A single hand can't cover the sky; it takes many hands to cover the sky." You are the many hands that are required to cover the sky and achieve high quality, high-value health care that really makes a difference in people's lives.

And for that I thank you...one and all but especially Bruce Siegel for his calm, wise leadership. And now I am happy to take your questions.