

Aligning Forces for Quality In Western New York A Community Snapshot

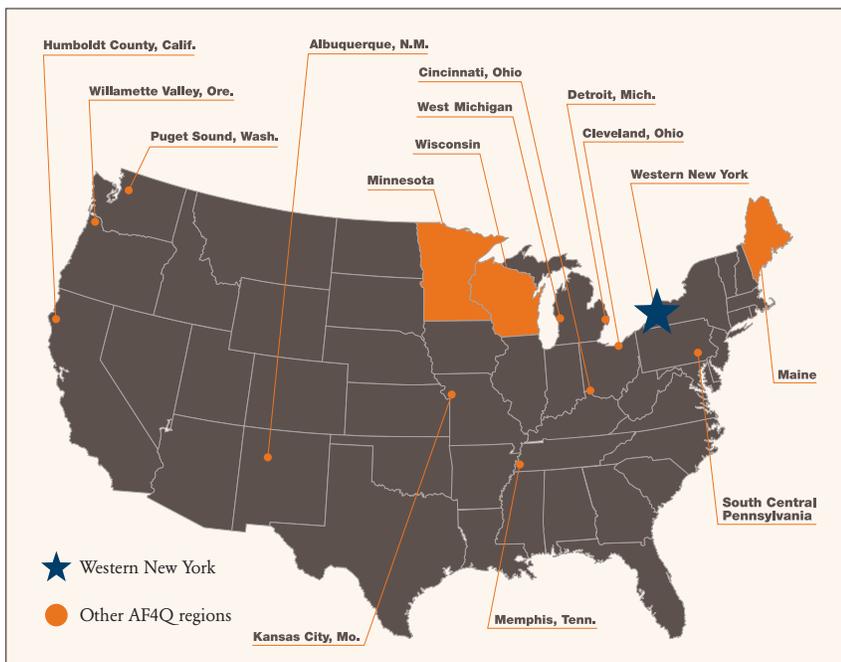
Western New York reveres its sports teams and appreciates the role that statistics play in separating winners from losers. Anyone who follows the region's chronic disease scores knows it has much to do to put a notch in the win column. According to the Dartmouth Atlas of Health Care, more than one in three women insured by Medicare in the eight-county region do not get mammograms to detect breast cancer. One in seven people with diabetes in Western New York do not get crucial blood tests and African Americans there are far more likely than whites to lose a limb to the disease.

Western New York is hardly alone. These are examples of a broader crisis in the quality of care that the U.S. medical system delivers. The statistics in Western New York are repeated in community after community, endangering the health of millions. And it is not just the failure to deliver care that contributes to the quality problem. Delivering care that harms people—or delivering care that people do not need—is adding billions of dollars to the national health care bill and is one reason why so many Americans cannot afford health insurance.

While the health care crisis is national, care is delivered locally. That is why the Robert Wood Johnson Foundation (RWJF) is investing \$300 million in promising efforts to improve local health systems in Western New York and 14 other regions across the nation. Called *Aligning Forces for Quality* (AF4Q), the initiative brings an unprecedented commitment of resources, expertise and training to turn proven health care reforms into real results at the community level. The AF4Q initiative focuses on the full continuum of health care delivery—the

care provided in doctors' offices, clinics and hospitals, and the support provided in the community. It also emphasizes reducing racial and ethnic disparities in care and strengthening nursing's role in improving quality. It advances three interrelated reforms that experts believe are essential to improving health care quality:

- **Performance measurement and public reporting:** using common standards to measure the quality of patient care and publicly disclosing that performance information.
- **Consumer engagement:** educating patients about their local health care systems to encourage them to demand higher-quality care and help them take a more active role in their own health.



The Robert Wood Johnson Foundation's Aligning Forces for Quality initiative is a \$300-million commitment of resources, expertise and training to turn proven health care reforms into real results in Western New York and 14 other regions across the country.

- **Quality improvement:** implementing techniques and protocols that let doctors and hospitals raise the quality of care they deliver to patients.

This snapshot describes how the AF4Q initiative is being implemented in Western New York and the progress being made on these three main fronts.

How AF4Q is Being Implemented in Western New York

In 2007, RWJF selected the P² (Pursuing Perfection) Collaborative of Western New York to implement the AF4Q effort in the region. Incorporated in 2002, the nonprofit group grew in less than three years to include more than 200 partners representing health care consumers, providers, payers and purchasers, and business, government, education, religious and other community leaders.

P² was chosen through a competition to find groups best positioned to make fundamental, cutting-edge changes to their region’s health care system. In addition to expertise, technical assistance and training from national experts, RWJF is providing P² with more than \$1 million over three years and access to additional grants for specific projects.

P² began and took its name from its charter members’ bid in 2001 to win an RWJF *Pursuing Perfection* grant competition to promote systemic health care quality-improvement efforts. A short time later, other Western New York groups began launching community-level health programs following an influential March 2003 Target the Heart conference in Buffalo. These groups sought a permanent “home” and, as a result, the Target the Heart initiative joined forces with P² in the fall of 2003.

Today, P² focuses on improving the care of patients with chronic diseases. Its goals include expanding access to care and improving its efficiency, empowering individuals to take responsibility for and act on their own wellness, developing clear community-wide standards for the promotion of wellness, and engaging government leaders to promote policy changes.

With these objectives in mind, P² has divided its nearly 70-member AF4Q leadership team into work groups focused on performance measurement, quality improvement, data action, health equity and consumer engagement.

Progress on Performance Measurement and Public Reporting

In most places in the United States, information about health care quality is siloed in a number of sources. The 15 AF4Q teams are forging relationships and breaking down barriers between health care providers, payers and employers to create common systems for collecting and reporting health care performance data.

Western New York Overview

AF4Q service region:

- 8 Counties: Alleghany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming

Health system:

- Total hospitals:¹ 29
- Total hospital beds:¹ 4,696
- Primary care providers (M.D.s):² 947
- Primary care providers (D.O.s):³ 173

Population:⁴ 1,534,277

- White: 86.8%
- African American/Black: 9.8%
- Asian: 1.4%
- Two or more races: 1.1%
- American Indian or Pacific Islander: < 1.0%
- Hispanic: 3.3% (includes all races)
- Under age 18: 21.8%
- Ages 18–64: 62.9%
- Ages 65 and older: 15.3%

Per capita income:⁵ \$23,476

Uninsured (ages 18–64):⁶ 14.5%

In addition to collecting and reporting performance data, all AF4Q teams are seeking ways to measure and analyze their community's overall health. These efforts can help them identify public health interventions in tandem with improvements in care in clinical settings.

Western New York's three major health plans have been collecting and furnishing providers with performance data at the health plan level for 15 years. Now, with funding from RWJF and the New York State Department of Health, the plans have begun to consolidate their data and will publish 19 measures of individual physicians' outpatient performance. As the initiative's umbrella organization, P² is working with the health plans to develop measures and reports based on easy-to-compare, nationally recognized standards. The partners are creating a secure Web portal that primary care providers will be able to use to check the data for accuracy prior to their publication and identify areas for practice improvement. After the review is complete P² will release the results to the public on the Internet in 2010. It expects that consumers will get a composite report that, for example, would let those with diabetes easily see who the high-quality providers in the area are and which are the best to visit for a diabetic complication.

As the health plan consolidated-report project gained steam, HEALTHeLINK, a regional health information organization, approached P² about integrating clinical data it gathers from area physicians into the report, which is now based on claims data. P² is reviewing other opportunities to enhance the report, including an effort to let physicians correct data errors online. P² also is launching an initiative to use performance results to address racial and economic disparities in diabetes care.

Progress on Consumer Engagement

Since its inception, P² has supported six community-action committees that encourage individuals at their jobs, places of worship and schools to take more control over their own health care. Now, it is using AF4Q funding to expand those efforts in partnership with others through focus groups, television and print materials. It aims to improve consumers' knowledge about their conditions and treatment options, to help them use performance data on providers to make better decisions and to learn about improvements in care.

For example, P² and local nonprofit groups have held a series of focus groups to get a better grasp on the resources consumers need to take control of their health and what they expect from their physicians, hospitals and other providers. P² plans to continue using such groups over the next two years to learn more about engaging consumers and to create interventions aligned more closely with their needs.

P² also has worked with the local public television network on a multi-year outreach campaign called My Health Counts. To date, P² has developed two half-hour programs that explore such topics as the partnership between physicians and patients, patient self-management and healthy lifestyles, and the meaning of high-quality health care. A companion Web site (www.thinkbright.org/myhealthcounts) has also been created.

Additionally, P² has worked with local physicians, caregivers, patients and health plans to develop a comprehensive resource guide for people newly diagnosed with or at risk for diabetes and their families, as well as a companion guide for physicians. Available both in print and on the My Health Counts Web site, they are expected to serve as templates for future guides on other chronic conditions.

P² has also launched a pilot project that uses "consumer-engagement associates" to reach out to community groups and physician practices. The associates introduce the groups to the concept of high-quality care and follow up with information, training and technical assistance that helps them support consumers outside of the clinical setting. Associates also point physicians to community-based resources that can improve patients' management of their chronic health conditions and offer guidance on patient use of personal health records to bolster self-care. In a similar vein, P² has implemented a patient-empowerment program developed by the

National Partnership for Women and Families. Sixty community-based advocates have been trained to help consumers partner with their health care providers, prepare for visits to their doctors, use information to assess the quality of their care and use personal health records to monitor their health.

Progress on Quality Improvement

Quality improvement efforts in health care increasingly focus on lifting the performance of entire systems, not just that of individuals. All 15 AF4Q grantees have been asked to consider ways to create a permanent quality improvement resource in their community, for example by identifying or founding an entity or setting up a network to share knowledge and best practices on improving care.

P² has decided to base its quality improvement effort on the Chronic Care Model,⁷ which promotes aggressive disease prevention and management. It also has chosen to focus on small, rural physicians' practices, since many of the region's larger, urban practices already have quality improvement agendas. P² has established a program with practice-enhancement associates as the centerpiece of its provider quality-improvement activities. Two of these professionals are already working with small practices to help them improve their quality of care and others will be added to the effort during the next six months.

P² has also interviewed physicians, surveyed primary care offices and met with hospital quality-improvement professionals as part of the development of a quality improvement training curriculum for providers in acute, long-term, and primary care settings. In early 2009, individuals will attend day-long training sessions where they will learn common quality improvement techniques and strategies.

Aligning Forces for Quality

The premise of AF4Q is that these strategies—public reporting and performance measurement, consumer engagement and quality improvement—must be implemented in a coordinated way in order to lift the overall quality of health care. That is why the overarching goal of both the national AF4Q program and the P² Collaborative in Western New York is to bring community stakeholders together to drive change on these three critical fronts to improve health and health care quality.

For more information about AF4Q in Western New York, visit www.p2wny.org and www.rwjf.org/qualityequality/af4q/communities/wny.jsp.

Research for this report was provided by the Aligning Forces for Quality Evaluation Team at Penn State University's Center for Health Care and Policy Research, which is studying the AF4Q initiative to gain insights about community-based reform that can guide health care practice and policy. For more information, visit www.bhdev.psu.edu/CHCPR/activities/project_alignforce.html.

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¹2009 Data from the New York State Department of Health—Western Region Office.

²2006 American Medical Association Physician Masterfile (taken from the 2007 HRSA Area Resource File).

³2004 American Osteopathic Association (taken from the 2007 HRSA Area Resource File).

⁴2007 Population Estimates—U.S. Census Bureau.

⁵2005–2007 American Community Survey 3-Year Estimates.

⁶2005 Census Small Area Health Insurance Estimates.

⁷The Chronic Care Model was developed by Improving Chronic Illness Care and supported by RWJF (www.improvingchroniccare.org).