**Improving Care Delivery at the Community Level: Findings from Aligning Forces for Quality**

Over the past fifteen years, there has been much effort devoted to improving health care quality in response to compelling evidence that our health system does not perform as well as it could or should. Many prominent health organizations and leaders have suggested that in order to stimulate meaningful and sustainable improvement that impacts the population in a given region, quality improvement efforts need to advance from organizational-level initiatives to multi-level (individual, group, organization, and system), community-wide approaches.

To that end, as part of the *Aligning Forces for Quality Initiative* (AF4Q), the Foundation provided multi-stakeholder alliances – collaborative groups of payers, purchasers, providers, and consumers – with funding and technical assistance to support improvements in care delivery in 16 communities. Alliances were given a fair amount of discretion in terms of how to improve care delivery within their communities, but alliances were expected to meet certain requirements that evolved during the course of the program, and report on their progress. The program was in operation from 2006 to 2015.

**How did the AF4Q alliances approach the task of supporting care delivery community-wide?**

- Alliances struggled initially. Some struggled with how to use public reporting data to guide selection of quality improvement activities, others struggled with the notion of how they might make the biggest impact, given existing quality improvement activities within their communities.
- Initial selection of activities was ultimately driven by the availability of local expertise and resources, rather than alignment with a new, community-wide vision for care delivery within the community.

**What quality improvement efforts were pursued by the AF4Q alliances, and at what scale?**

- Most alliances promoted the use of patient-centered medical home (PCMH) processes and care processes aimed at reducing readmissions. Alliances also commonly focused on improving care for diabetes and heart failure.
- The most common approaches to promoting quality improvement were learning collaboratives and practice coaching.
- There was considerable variation in the number, scope, duration, reach, and intensity of quality improvement interventions undertaken as part of AF4Q. Some alliances pursued AF4Q’s requirement to improve care delivery community-wide with vigor, others met the minimum program requirements.

**How did the Affordable Care Act affect the AF4Q alliances’ efforts?**

- Overall, the Affordable Care Act (ACA) positively influenced alliances’ work by creating demand for quality improvement resources, which led to greater participation in the alliances’ activities, and establishing new funding opportunities, which helped several alliances expand the reach, scope, and pace of their work.
- Shortly after the passage of the ACA, some alliance leaders expressed concern that their health system partners were more “internally focused,” and that the ACA, particularly the provisions related to accountable care organizations, heightened local competitive pressures.
Did the AF4Q program lead to improved care delivery?

- Overall, the AF4Q program may have led to modestly greater improvement in patient perceptions of diabetes care, patient satisfaction, and electronic health record adoption. However, for the majority of patient care and outcomes investigated, there was no difference in improvement between AF4Q communities and non-AF4Q communities.

What is likely to be the legacy of AF4Q on local care delivery?

- AF4Q appears to have created or contributed to meaningful and sustained changes in care delivery in about half of participation communities. In three communities, AF4Q helped to create a new quality improvement infrastructure; in five communities, it accelerated or expanded existing quality improvement efforts.

The AF4Q initiative is notable not only for its size but also for its approach. There has been considerable interest in both the public and private sectors in using multi-stakeholder alliances to lead community-level efforts to improve care delivery, for example, the Agency for Healthcare Research and Quality’s EvidenceNOW program, which supports seven regional cooperatives composed of public and private health partnerships and multidisciplinary experts to help small primary care practices improve patients’ heart health. The multi-stakeholder model is conceptually appealing, since alliances are well positioned to eliminate the duplication of efforts, reduce fragmentation, and improve coordination and information sharing. Several alliance-led quality improvement interventions for primary care have claimed success; however, they have not been subjected to controlled trials.

Our findings, coupled with the lack of a rigorous evidence base for alliance-led primary care interventions and strong qualitative data on the difficulties of implementing alliance-led quality improvement, should lead to caution on the part of policy makers and program planners. Quality improvement led by multi-stakeholder alliances may not be a panacea for driving community-wide change.