

## Aligning Forces for Quality in Cincinnati A Community Snapshot

When Ohio was a frontier state, Cincinnati was known as the Queen City of the West and considered the first truly American metropolis. Today it is a mid-sized Midwestern city with an economy grounded largely on consumer products and, increasingly, information technology. Procter & Gamble, Macy's and Chiquita Brands are all local employers.

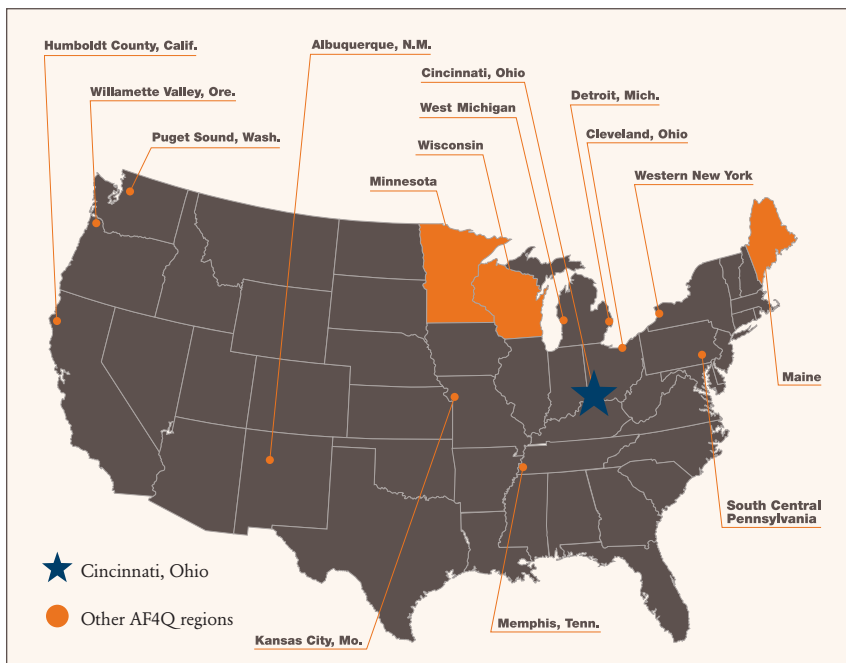
But like many other U.S. cities, Cincinnati faces tough social problems, including serious health care challenges. According to the Dartmouth Atlas of Health Care, more than a third of all women there insured by Medicare do not get mammograms to detect breast cancer. One out of six people with diabetes does not get crucial blood tests and African Americans face a four-times greater risk than whites of losing a leg to the disease.

Cincinnati 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 Cincinnati 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 Cincinnati 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.



*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 Cincinnati and 14 other regions across the country.*

- **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.
- **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 Cincinnati and the progress being made on these three main fronts.

## How AF4Q is Being Implemented in Cincinnati

In 2007, RWJF selected the Health Improvement Collaborative of Greater Cincinnati (the Collaborative) to implement the region’s AF4Q effort. Established in 1992, the Collaborative enlists health care providers, payers, purchasers, consumers and other stakeholders in joint efforts to achieve gains in health outcomes and the quality of care. The Collaborative is the parent organization of HealthBridge, an inpatient-based health information exchange. Founded in 1997, HealthBridge was designed to improve the quality and efficiency of regional health care by giving local physicians access to patient records and test results, and investigators access to local health data.<sup>7</sup>

The Collaborative 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 the Collaborative with more than \$1 million over three years and access to additional grants for specific projects.

The Collaborative has also drawn the federal government’s notice as a promising national model. The U.S. Department of Health and Human Services recently added it to its national network of 25 Chartered Value Exchanges. Membership gives the Collaborative access to technical assistance that will enrich its AF4Q work, plus opportunities to learn from other collaboratives pursuing data-driven quality improvement.

The Collaborative takes a four-step approach to problem-solving: (1) identify a critical target of opportunity; (2) bring stakeholders who are often competitors together in a neutral forum; (3) create and nurture community-based responses; and (4) identify and transfer ownership of established initiatives to an organization in the community. It has created workgroups on five broad targets for its AF4Q effort: (1) performance measurement and public reporting, (2) consumer engagement, (3) quality improvement, (4) health information technology and (5) patient-centered medical homes.

## Cincinnati Overview

### AF4Q service region:

- 14 counties: Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland and Warren in Ohio; Boone, Campbell, Grant and Kenton in Kentucky; and Dearborn and Ripley in Indiana

### Health system:

- General hospitals:<sup>1</sup> 26
- General hospital beds:<sup>1</sup> 4,856
- Primary care physicians (M.D.s):<sup>2</sup> 1,510
- Primary care physicians (D.O.s):<sup>3</sup> 237

### Population:<sup>4</sup> 2,214,239

- White: 85.3%
- African American: 11.8%
- Asian: 1.7%
- Two or more races: 1.1%
- American Indian or Pacific Islander: < 1.0%
- Hispanic: 1.8% (includes all races)
- Under age 18: 25.2%
- Ages 18–64: 62.9%
- Ages 65 and older: 11.9%

### Per capita income:<sup>5</sup> \$26,258

### Uninsured (ages 18–64):<sup>6</sup> 14.1%

## **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.

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.

Several performance measurement and reporting efforts are underway in Cincinnati. The Collaborative has been publishing an annual report on health indicators in greater Cincinnati since 1997. A year earlier, it helped local hospitals launch a series of comparative performance reports that they use to gauge themselves against their competitors and that local businesses use to identify efficient and effective providers.

Other stakeholders in Cincinnati have similar projects. Local health plans, physicians and employers participated in the pilot test of the national Bridges to Excellence project, in which doctors earn cash bonuses and recommendations from health care rating services by documenting their use of nationally recognized standards of care.<sup>8</sup> Hospitals and health centers that provide much of Cincinnati's charity care, meanwhile, have collaborated on a common system to measure their performance. Ohio KePRO, the state Medicare quality improvement organization, also has several performance measurement and information technology initiatives.

The Collaborative has chosen diabetes as the initial focus of its AF4Q performance measurement and reporting efforts, given recent forecasts that by 2020 one in four Cincinnatians will have the disease. It is adopting Bridges to Excellence's standards of care for diabetes and will use both HealthBridge and MN Community Measurement (the Minnesota health care collaborative spearheading that state's AF4Q effort) as conduits for submitting and retrieving patient data. The Collaborative aims to collect data from half of greater Cincinnati's primary care practices. Reports are due to go out to physicians for quality improvement purposes by mid-2009 and to the public at large by the spring of 2010.

## **Progress on Consumer Engagement**

Diabetes is also the initial focus of the Collaborative's AF4Q consumer engagement work. Recently, it launched a community-wide campaign called Diabetes Footprints designed to educate people about their condition and help them both to improve their self-care and obtain the best possible care from their doctors. It also aims to spread knowledge about recommended diabetes-care guidelines among physicians, employers, community groups and others.

Components of the campaign include: patient checklists for self-care and doctor's visits; a Success with Diabetes brochure that will be distributed to 100,000 people with the disease by the end of 2009; a campaign Web site ([www.diabetesfootprints.org](http://www.diabetesfootprints.org)); workshops on health care quality for consumers; a campaign toolkit for health plans, providers, employers and community groups; and radio and print public service advertisements. Procter & Gamble, one of Cincinnati's largest employers, conducted focus groups of women with diabetes to help the Collaborative fine-tune its materials. This effort is noteworthy in that it uses commercial marketing techniques to reach health care consumers. The group also drew on national and local research on patients' feelings about their disease, care and self-management.

## **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.

Cincinnati is home to several health care quality improvement initiatives. Cincinnati Children’s Hospital Medical Center, for example, is considered a quality improvement leader in pediatric care. Local health centers serving the poor and uninsured and the University of Cincinnati College of Medicine, meanwhile, have considerable experience implementing and teaching about the Chronic Care Model, which promotes aggressive disease prevention and management.<sup>9</sup>

The Collaborative has recruited 11 primary care practices from a variety of health care settings to implement a diabetes-care quality improvement effort based on the Chronic Care Model. Each will use registries or electronic medical records to track diabetes performance measures. They will share the lessons they learn with other physician practices in the region and use the knowledge they gain to develop models of care for other chronic conditions.

The Collaborative is also launching a hospital quality improvement initiative aimed at improving care through nurse leadership and identifying and addressing disparities in care. It is also working with Cincinnati’s leading health plans to implement a community-wide, patient-centered medical home program. The medical home concept, which is also a key component of the Chronic Care Model, is based on a strong doctor-patient relationship that emphasizes coordinated care over long periods instead of episodic care based on illnesses and patient health complaints.

### **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 Collaborative in Cincinnati 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 Cincinnati, visit [www.the-collaborative.org](http://www.the-collaborative.org) and [www.rwjf.org/qualityequality/af4q/communities/cincinnati.jsp](http://www.rwjf.org/qualityequality/af4q/communities/cincinnati.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](http://www.bhdev.psu.edu/CHCPR/activities/project_alignforce.html).*

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<sup>1</sup>2005 American Hospital Association Annual Survey of Hospitals (taken from the 2007 HRSA Area Resource File).

<sup>2</sup>2006 American Medical Association Physician Masterfile (taken from the 2007 HRSA Area Resource File).

<sup>3</sup>2004 American Osteopathic Association (taken from the 2007 HRSA Area Resource File).

<sup>4</sup>2007 Population Estimates—U.S. Census Bureau.

<sup>5</sup>2005–2007 American Community Survey 3-Year Estimates.

<sup>6</sup>2005 Census Small Area Health Insurance Estimates.

<sup>7</sup>For more information, visit [www.healthbridge.org](http://www.healthbridge.org).

<sup>8</sup>For more information, visit [www.bridgestoexcellence.org](http://www.bridgestoexcellence.org).

<sup>9</sup>The Chronic Care Model, which promotes aggressive disease prevention and management, was developed by Improving Chronic Illness Care and is supported by RWJF ([www.improvingchroniccare.org](http://www.improvingchroniccare.org)).