

Aligning Forces for Quality in Cleveland A Community Snapshot

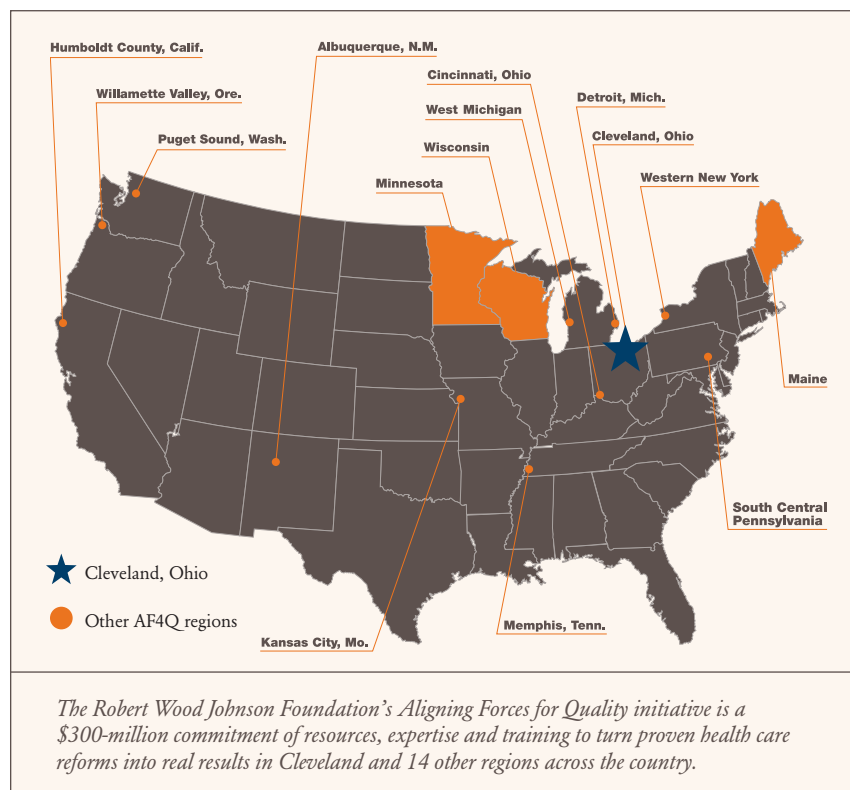
Cleveland made a remarkable turnaround during the 1980s and '90s, transforming its once-forlorn commercial districts into chic neighborhoods and turning itself into a destination spot for young professionals. But the national recession that occurred in the early 2000s dealt its manufacturing-dependent economy a harsh blow. Its effects were still reverberating locally when the nation's latest and more ominous economic downturn began in early 2008.

Needless to say, the Greater Cleveland area faces tough social problems, including serious health care challenges. According to the Dartmouth Atlas of Health Care, one in three women in the region insured by Medicare do not get mammograms to detect breast cancer. One in six people with diabetes there do not get crucial blood tests to avoid expensive and potentially life-threatening complications.

Cleveland 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 Cleveland 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 Cleveland

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

How AF4Q is Being Implemented in Cleveland

In 2007, RWJF selected Better Health *Greater* Cleveland (BHGC), a nonprofit community health care collaborative, to implement the AF4Q effort in the metropolitan area. BHGC mobilizes health care consumers, payers, providers, purchasers and other stakeholders in a joint effort to improve the care and health of local residents with chronic medical conditions. The group was founded in 2007 by MetroHealth System (MHS, a large integrated health system and Ohio’s single biggest provider of care to medically underserved people), the Center for Community Solutions (CCS, a nonprofit public-policy think tank) and Health Action Council Ohio (HAC, a nonprofit alliance of the area’s leading businesses and other buyers of employee health coverage).

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

BHGC is committed to:

- improving care and outcomes for people with chronic conditions,
- eliminating disparities in health on the basis of race, income and insurance coverage, and
- publicly reporting patient care data of physician practices and other collaborating organizations.

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 Greater Cleveland, for example, widespread use of electronic medical records and a commitment to measure and improve care for all patients has brought together physician practices serving affluent and poor patients.

Cleveland Overview

AF4Q service region:

- 1 county: Cuyahoga

Health system:

- General hospitals:¹ 18
- General hospital beds:¹ 6,596
- Primary care providers (M.D.s):² 1,208
- Primary care physicians (D.O.s):³ 405

Population:⁴ 1,295,958

- White: 66.9%
- African American: 29.3%
- Asian: 2.3%
- Two or more races: 1.2%
- American Indian or Pacific Islander: < 1.0%
- Hispanic: 4.1% (includes all races)
- Under age 18: 23.7%
- Ages 18–64: 61.2%
- Ages 65 and older: 15.1%

Per capita income:⁵ \$25,412

Uninsured (ages 18–64):⁶ 12.8%

Cleveland has considerable experience with health care performance measurement and reporting. For example, during the 1990s the Cleveland Health Quality Choice Program, in collaboration with HAC, reported measures of local hospitals' quality twice a year both to regional businesses and the community at large. CCS, meanwhile, publishes a widely disseminated report on local indicators of social well-being. The Cleveland Clinic, the local U.S. Department of Veterans Affairs hospital and the local Kaiser Permanente managed care organization also report nationally recognized quality of care measures to the public.

In June 2008, BHGC inaugurated a series of *Community Health Checkup* reports showing how well local physician practices and their patients are doing to meet nationally recognized standards. The first reports have examined quality of care and outcomes for patients with diabetes. Forty practices with more than 25,000 patients with diabetes contributed data to the initial report that were taken directly from patient medical records. BHGC released a second report on diabetes care in January 2009. Clinical advisory groups assembled by BHGC are selecting standards of care for future reports on congestive heart failure, coronary heart disease, hypertension and other common conditions. People working on the project say the reports already have prompted discussions among practitioners, health plans, hospitals and employers on ways to improve care and outcomes for people with diabetes. In fact, the second report has shown improvements both in care and outcomes.

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. For example, BHGC expects its *Community Health Checkup* reports will help community stakeholders set goals for reducing health care disparities across lines of race, ethnicity, income, educational attainment and health insurance coverage.

Progress on Consumer Engagement

Several Cleveland-area health care stakeholders have launched initiatives to reach out to consumers. For example, since 2005 the U.S. Centers for Disease Control and Prevention's Steps to a Healthier Community program has been helping local residents with chronic diseases live longer and healthier lives. Cleveland's Case Western Reserve University School of Medicine, meanwhile, has partnered with two other Ohio academic medical centers to create www.NetWellness.org, a noncommercial consumer health information Web site.

As part of its AF4Q work, BHGC has partnered with Within3 (<http://thoughtleaders.within3.com>) a social networking Web site for physicians and other medical professionals. Roughly 500 primary care physicians from Cleveland's AF4Q partner organizations use the site, which offers surveys, polls and discussion groups. BHGC is using those features to obtain feedback on patient outreach materials it develops and to disseminate quality improvement best practices.

BHGC also is developing resources to build stronger relationships between people with diabetes and their primary care physicians. They include the BHGC Web site (www.betterhealthcleveland.org), where consumers can find tools such as the *Community Health Checkup* report, a diabetes checklist, warning signs of diabetes and patient stories. BHGC also has developed a series of posters for physician waiting rooms urging patients to be active in their health care and to partner with their providers.

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.

BHGC has created a learning collaborative based on the Chronic Care Model, which promotes aggressive disease prevention and management and the patient-centered medical home approach to care—a model 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.⁷ Teams from 21 local physician practices attended training sessions in 2008 focused mainly on diabetes, and more are planned on heart disease and other chronic conditions.

BHGC's future quality improvement work also will focus on reducing hospital readmissions for patients who have chronic conditions or are recovering from strokes. For instance, it hopes to: (1) recruit physicians to use evidence-based standards of care for coronary artery disease, heart failure and stroke; (2) measure the outcomes; and (3) use those data to drive improvements in discharge planning and post-discharge follow-up. The standards are from the American Heart Association and American Stroke Association's national Get With the Guidelines hospital quality improvement program.⁸

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 BHGC in Cleveland 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 Cleveland, visit www.betterhealthcleveland.org and www.rwjf.org/qualityequality/af4q/communities/cleveland.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.hbdev.psu.edu/CHCPR/activities/project_alignforce.html.

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¹2005 American Hospital Association Annual Survey of Hospitals (taken from the 2007 HRSA Area Resource File).

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).

⁸For more information on Get With the Guidelines, visit www.americanheart.org/getwiththeguidelines.