

## Aligning Forces for Quality in Detroit A Community Snapshot

Unemployment in Detroit and greater southeast Michigan is approaching levels not seen since the Great Depression. Two of the Big Three automakers at the heart of the region's economy are nearly insolvent and the effects of their decline are reverberating through the community.

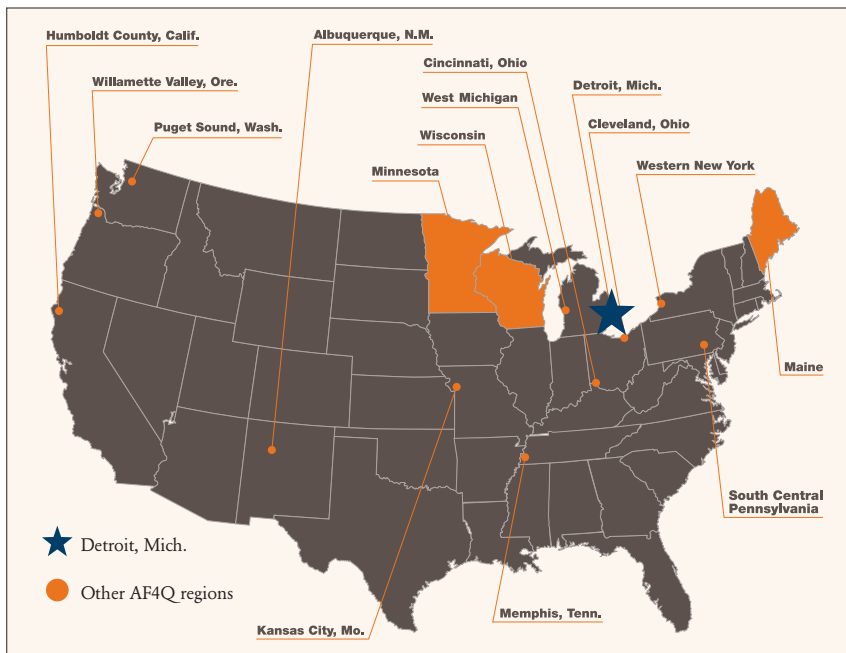
Without question, metropolitan Detroit faces some of the nation's toughest social problems, including serious health care challenges. According to the Dartmouth Atlas of Health Care, more than a third of all women there insured by Medicare do not get mammograms to detect breast cancer and nearly one in seven patients with diabetes does not get crucial blood tests. While the area's rate of amputations due to complications from diabetes is well below the national average, African Americans with diabetes in the metro area face a far greater risk than whites of losing a limb to the disease.

Southeast Michigan 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 southeast Michigan 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 southeast Michigan 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



*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 Detroit and 14 other regions across the country.*

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 southeast Michigan and the progress being made on these three main fronts.

### How AF4Q is Being Implemented in Southeast Michigan

In 2006, RWJF selected the Greater Detroit Area Health Council (GDAHC) to implement the AF4Q effort in southeast Michigan. The 64-year-old nonprofit group brings health care purchasers, payers, providers, consumers and other key stakeholders together in efforts to improve the quality, cost and accessibility of health care.

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

GDAHC 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 GDAHC access to technical assistance that will enrich its AF4Q work, plus opportunities to learn from other collaboratives pursuing data-driven quality improvement.

Shortly before its selection for the AF4Q initiative, GDAHC launched a communitywide initiative called Save Lives Save Dollars (SLSD) sponsored by the state of Michigan and 30 other stakeholder groups. SLSD promotes performance measurement and public reporting to improve the quality and affordability of care. GDAHC is using its AF4Q funds to enhance this work and launch new projects focused on disparities in care and nursing's role in quality improvement.

### 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 among health care providers, payers and employers to create common systems for collecting and reporting health care performance data.

### Detroit Overview

#### AF4Q service region:

- 7 counties: Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw and Wayne

#### Health system:

- General hospitals:<sup>1</sup> 46
- General hospital beds:<sup>1</sup> 12,294
- Primary care providers (M.D.s):<sup>2</sup> 3,297
- Primary care physicians (D.O.s):<sup>3</sup> 2,637

#### Population:<sup>4</sup> 4,879,191

- White: 72.6%
- African American: 22.1%
- Asian: 3.5%
- Two or more races: 1.4%
- American Indian or Pacific Islander: < 1.0%
- Hispanic: 3.6% (includes all races)
- Under age 18: 24.8%
- Ages 18-64: 63.3%
- Ages 65 and older: 11.9%

#### Per capita income:<sup>5</sup> \$27,599

#### Uninsured (ages 18-64):<sup>6</sup> 13.6%

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.

Detroit-area hospitals and health plans have a strong record of community collaboration and public reporting. Many of its hospitals have participated in the Institute for Healthcare Improvement's nationwide 100,000 Lives Campaign and similar state-level patient-safety efforts. From the mid-1980s through the early 2000s, the Big Three automakers, the United Auto Workers and other key stakeholders sponsored a series of reports on local hospital performance that were aimed at encouraging quality improvement and influencing consumer choice. GDAHC has also partnered with other Michigan regional health alliances in an annual survey of the quality and efficiency of Michigan health plans using the National Business Coalition on Health's eValue8 tool.<sup>7</sup>

In 2006 GDAHC began publishing quality-of-care and safety performance measures for all local hospitals on SLSD's Web site ([www.SaveLivesSaveDollars.org](http://www.SaveLivesSaveDollars.org)). The site also includes performance measures for four major commercial health plans in the region. SLSD's goal is to achieve 100 percent adherence to selected clinical guidelines for care and either to produce savings of \$500 million over three years or achieve a 1 percent to 3 percent reduction in the local health care spending growth rate.

As part of its AF4Q work, in September 2008 GDAHC expanded its public reporting to include comparisons of the performance of 12 local physician organizations that together include more than 3,500 primary care physicians. The report, which SLSD developed in close cooperation with local physicians and other stakeholders, includes nationally vetted measures of quality addressing diabetes, asthma, cancer, children's health care and use of generic medications.

In a second round of reporting due to start in early 2009, GDAHC will add new performance measures and report on more providers and health plans. GDAHC is also exploring whether to include Medicaid population data, composite measures of care and group-level reporting for future report updates.

## **Progress on Consumer Engagement**

GDAHC has a long history of engaging health care consumers at the neighborhood, city and regional levels. It has launched efforts to encourage local residents to engage in daily physical activity and sought to enhance diversity in southeast Michigan's nursing force. It is also working with community groups to make its SLSD Web site more informative and user-friendly and with area employers to encourage their workers to use the site.

GDAHC also widely distributes brochures on diabetes care and the cost savings of generic medications; engages consumer advocates and individual consumers in its strategic planning; works with nurses and educators from faith-based organizations in the community to educate and empower consumers; offers educational programs to hospitals on ways to solicit patients' input; and holds an annual conference and smaller talks on health care trends and topics.

## **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.

GDAHC is both building on existing quality improvement programs and seeking new ways to reduce racial and ethnic disparities in health care. Additionally, it is seeking to develop initiatives addressing target areas such as lower back pain and emergency department utilization.

GDAHC has collaborated over the years with other southeast Michigan health care stakeholders on multiple clinical quality improvement and research initiatives. For example, it recently joined with the University of Michigan, MPRO (Michigan’s federally designated health care quality improvement organization) and 18 area hospitals on a project to improve heart care processes and mortality outcomes. It also recently joined with MPRO on a year-long project to spread hospital best practices in pneumonia care that were identified through the SLSD initiative.

GDAHC also partners with others to improve diabetes care. For example, it has sponsored a project with a local physician group to provide practitioners with guidelines on treating high blood pressure in patients with diabetes. It is also working on a pilot program focused on diabetes education at workplaces through its SLSD initiative and with the Michigan Department of Community Health to address racial and ethnic disparities in diabetes care at the practice-site level.

Conferences on health care quality hosted by GDAHC have sparked discussions on ways to promote medical home projects in collaboration with health plans and heightened interest in Improving Performance in Practice, a state-based, nationally led quality improvement initiative funded largely by RWJF.

Currently, physician organizations are using SLSD performance data on their physician members for internal quality improvement purposes. GDAHC plans to use future reports on provider performance to promote quality improvement at the ambulatory-care level.

### **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 GDAHC in southeast Michigan 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 southeast Michigan, visit [www.gdahc.org](http://www.gdahc.org) and [www.rwjf.org/qualityquality/af4q/communities/detroit.jsp](http://www.rwjf.org/qualityquality/af4q/communities/detroit.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.hhdev.psu.edu/CHCPR/activities/project\\_alignforce.html](http://www.hhdev.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.

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

<sup>7</sup>For more information, visit [www.evaluate8.org](http://www.evaluate8.org).