

Aligning Forces for Quality in Maine A Community Snapshot

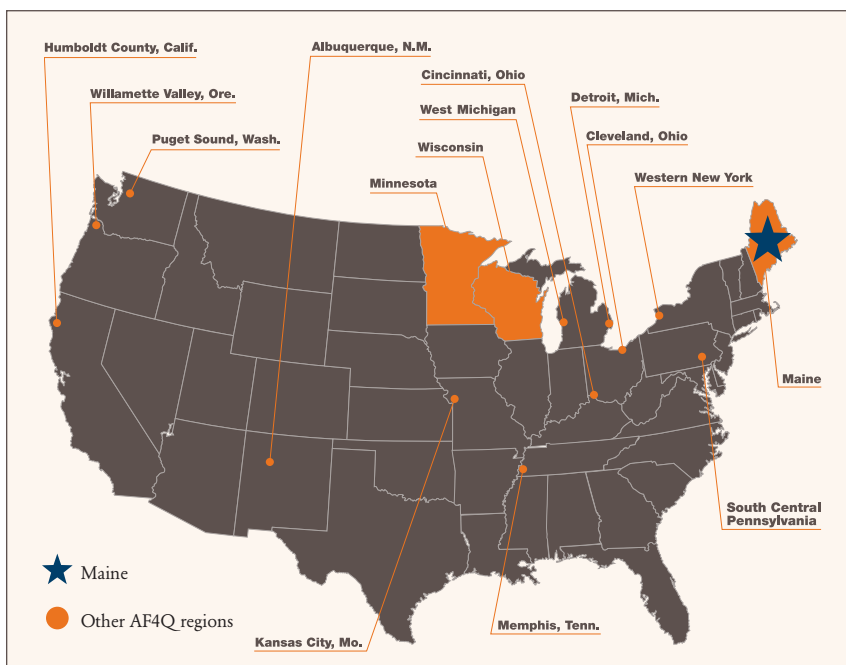
Maine has a reputation as one of the healthier states in the nation. In fact, it ranked fourth in the 2008 *Health Care State Rankings* report from CQ Press. Likewise, Maine placed ninth in the 2008 edition of United Health Foundation's long-running *America's Health Rankings* report, which tracks personal behaviors, health outcomes, environmental conditions and public policies.

But even reasonably healthy states like Maine face serious health care challenges. According to the Dartmouth Atlas of Health Care, one in four women there insured by Medicare do not get mammograms to detect breast cancer and many Maine residents with diabetes do not get crucial blood tests. Sen. Susan Collins (R-Maine) notes that her state has the nation's fourth-highest death rate due to largely preventable complications from chronic diseases.

Maine 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 Maine 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 Maine

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:



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 Maine and 14 other regions across the country.

• **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 Maine and the progress being made on these three fronts.

How AF4Q is Being Implemented in Maine

In 2007, RWJF selected Quality Counts, a nonprofit statewide coalition of health care providers, payers, purchasers and consumers, to lead the multi-stakeholder AF4Q effort in Maine. Founded in 2006, it works with communities and groups to improve both health and health care in the state. Quality Counts is leading the AF4Q initiative in partnership with the Dirigo Health Agency’s Maine Quality Forum (MQF)⁷—the state agency for health care quality improvement—and the Maine Health Management Coalition (MHMC), an employer-led nonprofit group that publicly reports performance measures for all of the state’s hospitals and about 75 percent of its primary care physicians.⁸

The Quality Counts, MQF and MHMC partnership 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 Quality Counts with more than \$1 million over three years and access to additional grants for specific projects.

The partnership has also drawn the federal government’s notice as a promising national model. The U.S. Department of Health and Human Services recently added Quality Counts, MQF, MHMC and a fourth partner, HealthInfoNet (Maine’s regional health information organization), to its national network of 25 Chartered Value Exchanges. Membership gives them access to technical assistance that will enrich their AF4Q work, plus opportunities to learn from other collaboratives pursuing data-driven quality improvement.

The Maine AF4Q partners’ broad goals for the initiative include: strengthening existing quality improvement relationships among providers, employers, payers, consumers and policy-makers; aligning and coordinating performance measurement and reporting, consumer engagement and quality improvement projects across the state; helping consumers and providers establish local patient-centered systems of care; helping consumers understand and use data on provider quality; and using community resources to strengthen doctor-patient relationships. To buttress those goals, they also are leading efforts to reform how providers are reimbursed and the ways that health benefits are designed.

Maine Overview

AF4Q service region:

- Statewide (all 16 counties in Maine)

Health system:

- General hospitals:¹ 37
- General hospital beds:¹ 3,617
- Primary care physicians (M.D.s):² 986
- Primary care physicians (D.O.s):³ 566

Population:⁴ 1,317,207

- White: 96.5%
- African American: 1.0%
- Asian: < 1.0%
- Two or more races: 1.0%
- American Indian or Pacific Islander: < 1.0%
- Hispanic: 4.0% (includes all races)
- Under age 18: 21.2%
- Ages 18-64: 64.0%
- Ages 65 and older: 14.8%

Per capita income:⁵ \$24,344

Uninsured (ages 18-64):⁶ 12.7%

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.

Maine is recognized as a national leader in measuring and reporting data on provider performance. It was one of the first states to collect and publicly report clinical and financial data on all hospital discharges and also has a comprehensive database covering all outpatient visits and services provided in the state.

For several years, MHMC's Pathways to Excellence program has been collecting and reporting hospital and primary care physician performance data and helping its member businesses and their employees use the data to inform their decisions. Doctors and hospitals also use MHMC's data to identify areas for improvement while payers and others use them as a basis for financial incentives and recognition programs. MQF, meanwhile, publishes aggregate quality measures for Maine hospitals. MHMC and MQF both consult providers, consumers and other stakeholders to ensure that the information they report is fair, accurate and useful.

As part of the AF4Q project, MHMC and MQF have taken steps to align their reporting programs and enhance consumers' knowledge about differences in health care quality. In 2009, MHMC will continue moving away from "home grown" metrics of quality and toward nationally recognized measures, in part to improve coordination with similar projects in the state. Quality Counts, meanwhile, is helping its partners integrate data on race, ethnicity and primary language, unnecessary procedures, preventable hospital admissions, and cost differences to their reports. MHMC is also adding performance results for New England hospitals to its reports to give employers and consumers easy access to out-of-state health care information.

Progress on Consumer Engagement

As part of their AF4Q work, Quality Counts and its partners will build on existing programs that help consumers understand the attributes of high-quality care, help them find it, and help them assume more responsibility for their own health.

As noted earlier, soon after MHMC began issuing its performance reports it launched an initiative to educate workers at its member businesses about high-quality care and how to obtain it. MHMC also works with Healthy Maine Partnerships, a state-funded public health organization targeting chronic disease and tobacco cessation, and civic groups including the Maine Peoples' Alliance.

Quality Counts, meanwhile, is helping consumer groups add culturally-sensitive messages promoting healthy behaviors into their outreach materials. It also plans to distribute literature for consumers on health care quality through places of worship, granges, schools, health clinics and rural public health services.

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.

Quality Counts has settled on the second approach. As a major part of its AF4Q work, it is creating a statewide “learning community” that includes existing physician practice quality improvement networks, health care providers, payers, employers and policy-makers. The community will promote best practices through electronic newsletters, an online repository of state and national quality improvement resources, regional workshops, opportunities for physician practices and hospitals to learn from one another, and training sessions for physician practice employees who then go back and train their colleagues. Learning community participants will focus on topics including health care improvement systems, health education, cultural issues and information systems.

Quality Counts also sponsors an annual statewide “best practice college” to speed broader adoption of the Chronic Care Model,⁹ which promotes aggressive disease prevention and management, and the patient-centered medical home concept, which emphasizes strong physician-patient relationships and coordinated, ongoing care 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 Quality Counts in Maine 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 Maine, please visit www.mainequalitycounts.org and www.rwjf.org/qualityequality/af4q/communities/maine.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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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.

⁷For more information, visit www.mainequalityforum.gov.

⁸For more information, visit www.mehmc.org.

⁹The 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).