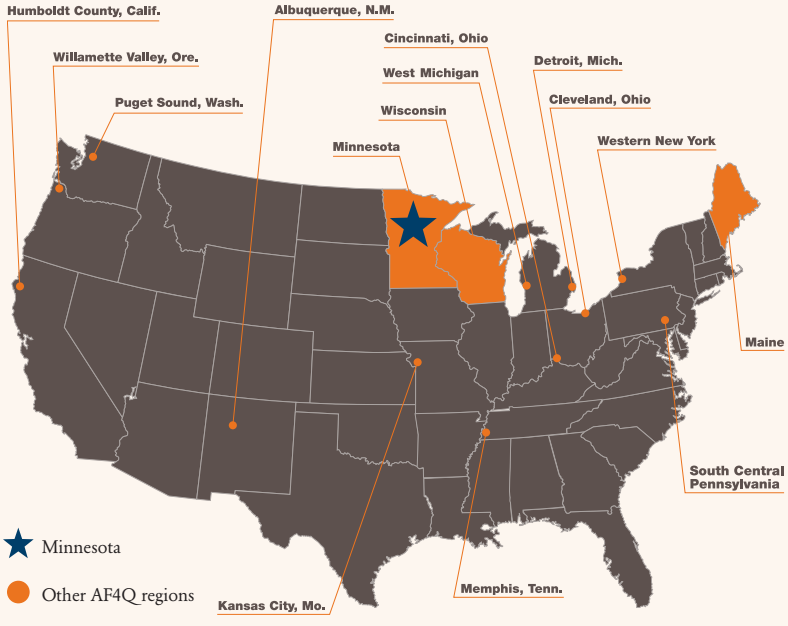
Aligning Forces for Quality in Minnesota
A Community Snapshot

Minnesota has a reputation as one of the healthiest states in the nation. It took top honors, for example, in the 2008 edition of CQ Press' *Health Care State Rankings*, which are based on access to providers, preventive care, affordability and overall population health. It placed fourth in United Health Foundation's 2008 *America's Health Rankings*™ report, which tracks personal behaviors, health outcomes, environmental conditions and public policies.

But even reasonably healthy states like Minnesota face serious health care challenges. According to the Dartmouth Atlas of Health Care, more than a quarter of all Minnesota women insured by Medicare do not get mammograms to detect breast cancer. African-American Medicare patients in the state face a three-times greater risk than whites of losing a leg to diabetes.

Minnesota 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 Minnesota 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 Minnesota and 14 other regions across the country. 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 Minnesota 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 Minnesota and the progress being made on these three main fronts.

Minnesota Overview

AF4Q service region:
- Statewide (all 87 counties in Minnesota)

Health system:
- General hospitals:[1] 130
- General hospital beds:[1] 15,934
- Primary care providers (M.D.s):[2] 4,121
- Primary care physicians (D.O.s):[3] 328

Population:[4] 5,197,621
- White: 89.3%
- African American: 4.5%
- Asian: 3.5%
- Two or more races: 1.5%
- American Indian or Pacific Islander: 1.3%
- Hispanic: 4.0% (includes all races)
- Under age 18: 24.2%
- Ages 18–64: 63.5%
- Ages 65 and older: 12.2%

Per capita income:[5] $28,536

Uninsured (ages 18–64):[6] 10.9%

How AF4Q Is Being Implemented in Minnesota

In 2006, RWJF selected MN Community Measurement (MNCM) to manage the implementation of the AF4Q effort in Minnesota. Established in 2005 by the Minnesota Medical Association and seven of the state's nonprofit health plans (Blue Cross and Blue Shield of Minnesota/Blue Plus, First Plan of Minnesota, HealthPartners, Medica, Metropolitan Health Plan, PreferredOne and UCare Minnesota), it works to improve the quality and cost of care in the state by collecting and publishing measures of provider performance. MNCM has three goals:

- supporting health care quality improvement initiatives,
- making reporting requirements for medical groups and health plans more efficient and effective and less costly, and
- communicating fair, usable and reliable findings about provider quality to medical groups, regulators, purchasers and consumers.

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

MNCM is the AF4Q grantee and manages it on behalf of a broad-based group of stakeholders. These partners include: Buyers Health Care Action Group (BHCAG), the Densford International Center for Nursing Leadership, the Institute for Clinical Systems Improvement (ICSI), the Minnesota Association of Community Health Centers, the Minnesota Department of Health, the Minnesota Department of Human Services, the Minnesota Hospital Association and Stratis Health.

Recently, MNCM joined with BHCAG (a coalition of 36 Minnesota public- and private-sector employers), ICSI (a coalition of Minnesota medical groups) and Stratis Health (the state's Medicare quality improvement organization) to create the Minnesota Healthcare Value Exchange, an effort to improve care and curb its cost by helping consumers compare its quality and price. The U.S. Department of Health and Human Services has added the new alliance to its national network of 25 Chartered Value Exchanges. Membership gives MNCM and its partners access to technical assistance that will enrich their AF4Q work, plus opportunities to learn from other collaboratives pursuing data-driven 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 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.

Minnesota has a history of health care measurement and reporting that stretches back over two decades. For example, BHCAG is a national leader in the evaluation of health plans and health care providers based on quality and cost, known as value-based purchasing. It conducts an annual survey of the quality and efficiency of Minnesota health plans using the National Business Coalition on Health's eValue8 tool.[7] It also was a founding member of the national Leapfrog Group hospital quality-improvement initiative.[8] Minnesota businesses use BHCAG's eValue8 survey to compare health plans when making purchase decisions and consumers use Leapfrog Group rankings to find top-performing hospitals. The state's health plans and hospitals, meanwhile, use their respective evaluations to drive improvements in care.

In conjunction with MNCM and other stakeholder groups, BHCAG has also launched the national Bridges to Excellence program in Minnesota, which rewards physician groups for high-quality performance in diabetes and coronary artery disease care.[9] MNCM supplies the provider performance data for the program. Several local groups in the state also measure provider performance in the areas of preventive health and chronic disease.

MNCM currently collects and reports 12 performance measures for the treatment of diabetes, asthma, cancer, hypertension and cardiovascular disease by 90 participating primary care medical groups with more than 700 clinics statewide. It bases the indicators on recognized standards of care and publishes the results in both an annual report and on its Web site (*www.mnhealthscores.org*) in a searchable, consumer-friendly form. The number of medical groups that participate has increased every year since MNCM began publishing the data in 2004.

MNCM is expanding its measurement and reporting capacities with the goal of becoming the state's primary trusted source of health care data. It recently began basing its performance reports on data submitted directly by clinics and medical groups. The change yields more timely, detailed, relevant and verifiable information. MNCM also plans to begin collecting and reporting data on depression care, orthopedic and other specialized care, patient experiences in doctors' offices and clinics, and health care administration. It is also working with the state hospital association to begin reporting measures of hospital inpatient care and with Stratis Health to incorporate Medicare fee-for-service data into its reports.

Some Minnesota health plans have begun using MNCM data to achieve higher accreditation standards, and two research studies are using them to assess the impact of health care quality-improvement strategies. The state Department of Human Services, meanwhile, has commissioned MNCM to produce annual reports evaluating disparities in the quality of care received by Minnesotans enrolled in the state's three publicly funded health care programs.

Progress on Consumer Engagement

Minnesota public officials and stakeholder groups have a history of working together to harness consumer power to drive improvements in health care quality. In 2003, for example, Gov. Tim Pawlenty created an 18-member Citizens Forum on Health Care Costs that held town hall meetings across Minnesota to solicit citizen input on ways to keep health care affordable. Its final recommendations echoed the goals of the national AF4Q initiative: greater public participation in health care reform; greater individual control over decisions about treatment and costs; stronger efforts to publicize information about provider costs and quality; and a focus on value in health care spending and disease prevention.

As part of its AF4Q effort, MNCM created a workgroup to develop strategies for engaging consumers in their own care, with an initial focus on people with diabetes. Research from focus groups conducted by the group fed into the creation of *www.theD5.org*, a consumer-oriented "micro" Web site distinct from the MNCM main site. The new site emphasizes the five diabetes treatment goals (the "D5") that, when achieved together, are the optimal standard for management of the disease. Visitors can use the site to compare clinics' success rates in meeting the D5 goals and learn steps they can take to manage their condition. Providers, health plans and employers can order D5-branded patient diabetes notebooks, recipe cards, appointment reminders and other promotional tools from the site. MNCM is also promoting the site through a community communications campaign and is creating a consumer panel to advise it on the site and other ways to strengthen partnerships between patients and providers. MNCM hopes the D5 project will lay the groundwork for additional micro-sites on other health topics. The next phase of MNCM's AF4Q consumer engagement work will focus on the needs of traditionally underserved populations.

MNCM has also created a toolkit to help several of the state's major employers guide their workers to MNCM's quality ratings and other services during the employers' health plan open-enrollment periods—a time when workers make choices about health care. It is working with health plans to make the toolkit available to smaller businesses as well.

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.

Minnesota physicians, providers, employers and payers have been collaborating on quality improvement initiatives for more than a decade. In 1993, two of the state's leading medical groups joined with one of its largest health plans to form ICSI, which fosters collaborations to make health care in the state more patient-centered, value-driven and evidence-based.[10] Today it has grown to 56 medical groups representing about 85 percent of Minnesota physicians and is sponsored by six health plans. Its evidence-based health care guidelines are widely used in Minnesota and beyond.

As noted previously, ICSI is represented on Minnesota's AF4Q leadership team and it partners with MNCM in the Minnesota Healthcare Value Exchange. The two groups have also collaborated on projects to help patients become more active in their own care, to enhance the standardization of clinical practice guidelines and to train providers and others on their use.

Virtually all of MNCM's measurement, reporting and consumer engagement activities have quality improvement components. For example, by adding measures of patient experience to its performance reports it hopes to shed light on aspects of patient-provider encounters that could have an ultimate bearing on patient health. And again as noted before, its performance measures are the basis for Minnesota's Bridges to Excellence rewards program for top-performing physicians.

MNCM also hosts quality improvement training conferences for providers, provides speakers for similar events hosted by others and holds an annual performance measurement forum. It also works to avoid duplication of quality improvement efforts among stakeholders on topics ranging from depression care to patient care in medical-surgical units.

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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 MNCM in Minnesota 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 Minnesota, visit *www.mncm.org* and *www.rwjf.org/qualityequality/af4q/communities/minnesota.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.

[1] *2005 American Hospital Association Annual Survey of Hospitals* (taken from the 2007 HRSA Area Resource File).

[2] *2006 American Medical Association Physician Masterfile* (taken from the 2007 HRSA Area Resource File).

[3] *2004 American Osteopathic Association* (taken from the 2007 HRSA Area Resource File).

[4] *2007 Population Estimates—U.S. Census Bureau.*

[5] *2005–2007 American Community Survey 3-Year Estimates.*

[6] *2005 Census Small Area Health Insurance Estimates.*

[7] For more information, visit *www.evalue8.org*.

[8] For more information, visit *www.leapfroggroup.org*.

[9] For more information, visit *www.bridgestoexcellence.org*.

[10] For more information, visit *www.icsi.org*.