



**Aligning
Forces for
Quality**

A Robert Wood Johnson Foundation National Program



Robert Wood Johnson Foundation

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**Study Provides Roadmap for Community-Level Improvements
in the Quality of Health Care for People with Chronic Illnesses**

— Local and Regional Market Variations Highlighted —

April 19, 2007 (Princeton, N.J.) – There are “vast differences” in the way local and regional health care markets use information technology, publicly reported performance measurements and other key initiatives that experts believe could drive improvements in the quality of health care for people with chronic illnesses, according to a new report from the Robert Wood Johnson Foundation (RWJF) and the Center for Health Improvement (CHI). These findings underscore the need to account for community variations in any national attempt to improve health care quality, the study concludes.

The researchers studied the following seven likely important attributes of 14 selected communities based on recommendations by the Institute of Medicine and independent experts: (1) community leadership, (2) ability to support efforts by health care providers to improve quality, (3) measurement of performance outcomes, (4) public reporting of performance measurements, (5) attempts to align provider financial incentives with improvement, (6) health information technology infrastructure, and (7) efforts to engage consumers in health care quality problems.

RWJF and CHI researchers used the seven attributes to develop a matrix to measure and compare communities’ state of “market readiness” for improving the quality of health care for patients with chronic conditions in outpatient settings such as doctors’ offices and clinics. They found large variations among the communities, but all of the communities performed well in at least one area while showing room for improvement in others.

The 14 communities — chosen because of their size, geographic diversity and other factors — were Boston, Cincinnati, Detroit, Indianapolis, Madison, Wis., Memphis, Tenn., Minneapolis, Oklahoma City, Phoenix, Portland, Ore., Rhode Island, Rochester, N.Y., Savannah, Ga. and Seattle.

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“The study measured the ‘market readiness’ of these communities to provide a starting point and an end goal for improvement,” said Patricia Powers, M.P.P.A., the president and chief executive officer of CHI based in Sacramento, Calif., who oversaw the community study and directs *Aligning Forces for Quality*, a RWJF program that helps communities use local market forces to improve the quality of health care. “The study demonstrates the multiple opportunities for communities to improve, such as measuring the actual performance of providers, reporting that information and getting consumers to act on it.”

Powers noted that this study was undertaken to help design the *Aligning Forces for Quality* program. “We want to help doctors, nurses and other health care providers work together to deliver better care, and educate patients and consumers to make better, more informed choices,” she said. “Understanding how market forces impact a community’s health care is essential if we want to drive and sustain quality.”

Michael Painter, J.D., M.D., senior program officer at RWJF, said, “Despite concerted efforts and significant investments by the federal government, RWJF and others; health care costs continue to soar and the overall quality of U.S. health care continues to be mediocre. We believe regional collaborative efforts are the next logical step for quality improvement efforts.”

RWJF and CHI researchers also drew four broad conclusions for policymakers from their findings: First, there are multiple opportunities for intervention to improve quality at the local level. Second, all health care is local (or at least regional), and differences among markets shape and inform the single most important driver of health care decisions—individuals’ experience receiving health care from their doctors. Third, the interplay, relationship and evolution of market attributes deserve further study. Finally, the public sector has a critical role to play. Federal, state and local governments must work in concert with private entities to learn more about how key market dynamics affect quality improvement, and to bring greater focus to communities’ efforts to develop well-functioning health care markets.

To read the full report, please go to: www.rwjf.org/qualitypubs or www.forces4quality.org.

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The Center for Health Improvement is a national, independent, nonprofit health policy center dedicated to improving population health and encouraging healthy behaviors. CHI uses evidence-based research as the basis for policy innovation and implementation. Since 1995, CHI has partnered with all levels of government, advocacy and community organizations, philanthropic foundations, and educators. For more information, visit www.forces4quality.org.

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