

Aligning Forces for Quality Sites Reveal Consumer Engagement Challenges for Chartered Value Exchanges

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“...local public-private collaboration is essential to the success of our efforts...”

Health and Human Services
Secretary Michael Leavitt

Until recently, policymakers and researchers have paid very little attention to achieving meaningful consumer engagement on a large scale at the community level. However, evolving policy perspectives on improving the value of health care spending reflect that providing more information to patients will empower them to make better decisions and improve their interactions with the health care system. New proponents anticipate that consumers can and will become engaged on a previously unrealized scale but the evidence to support these assumptions is limited. Therefore, the Aligning Forces for Quality (AF4Q) program launched in 2006 by the Robert Wood Johnson Foundation (RWJF) offers a window on real world experience in initiatives to engage consumers as integral participants in promoting public reporting and advancing quality improvement.

Chartered Value Exchanges

In February and again in September 2008, Health and Human Services (HHS) Secretary Michael Leavitt capped off more than two years of rolling out his “four cornerstones” for health care reform by designating 25 regional multi-stakeholder partnerships of providers, employers, insurers and consumers as Chartered Value Exchanges (CVE).¹ Additional designations are expected in the future. The CVEs will have access to Medicare provider performance data that can be combined with private sector data to produce a comprehensive consumer guide on quality of care in selected communities. CVEs will receive technical assistance and participate in a nationwide learning collaborative designed to enable them to perform these new roles effectively. Asserting that “local public-private collaboration is essential to the success of our efforts,” Leavitt characterized the CVEs as working with HHS to build “the foundation of a transparent system that empowers consumers to seek high-quality care at

Aligning Forces for Quality

The Robert Wood Johnson Foundation (RWJF) is investing in efforts to improve health systems in 15 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 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**
- **Consumer engagement**
- **Quality improvement**

For more information about AF4Q, please visit:

<http://www.rwjf.org/quality/quality/af4q/about.jsp>

For more information about RWJF, please visit:

<http://www.rwjf.org/>

Chartered Value Exchanges (continued)

Competitive prices.”¹ Though the goal of consumer empowerment is an explicit part of the Secretary's policy, it does not articulate how to engage and activate consumers.

Aligning Forces for Quality (AF4Q)

RWJF launched the AF4Q initiative in May 2006 in four pilot communities and followed with 10 additional awards in February 2007 (see Exhibit 1).² AF4Q's overarching goal is to drive sustainable improvement in chronic care by supporting community-based, multi-stakeholder organizations that: (a) promote public reporting of provider performance, (b) expand quality improvement initiatives and (c) stimulate a spectrum of consumer engagement activities to complement the reporting and improvement efforts. Clearly the AF4Q and CVE initiatives share common objectives: twelve AF4Q grantee organizations either have earned CVE status or are founding members of a CVE. This relationship provides an early glimpse at the challenges of making consumer engagement a bona fide component of value driven health care policy.

Involving Consumers in Regional Multi-Stakeholder Organizations

Similar to CVE applicants, RWJF required prospective AF4Q grantees to be multi-stakeholder alliances comprised of key sectors in the community or region (e.g., private and public purchasers, health insurers, providers, consumers and other influential groups involved in health care) that demonstrated a commitment to partnership. Because of its ambulatory (outpatient) care focus, AF4Q targeted chronic disease and required representation from a large proportion of physicians in the community. It further required consumers to have prominent roles in alliance governance and activities to ensure their input in all facets of the enterprise. The AF4Q applicant organizations and the CVE designees varied in origin; some were shaped by past with community-wide cost, access, or quality initiatives, while

Involving Consumers in Regional Multi-Stakeholder Organizations (continued)

others formed new partnerships in response to each program's criteria. AF4Q grantee organizations had roots in business coalitions, provider-led quality improvement collaboratives, community advocacy groups and health planning federations; a few merged existing groups to form new multi-mission confederations.

Recognizing the roots of these organizations reveals how they "built out" their leadership teams, particularly in terms of including consumers as active participants in crafting and implementing consumer engagement strategies. Although business coalitions in several communities had experience with promoting public reporting and enhancing transparency, consumer representation was limited at the governance level. For many of these purchaser-driven entities, consumer representation was perceived as coming from employee benefits managers and, in some instances, labor union participants—not from "average consumers" or consumer advocacy groups.

For provider-led organizations, the challenge of including consumers was substantial because of doubts about the role consumers could and should play in promoting quality improvement. Historically, in some communities, health plans led performance reporting efforts, offering feedback to providers to motivate them to compare their performance with others and to make changes to improve the quality of their care. It was sometimes tied to pay for performance initiatives. But even where such data had been made public, influencing consumer behavior or involving consumers more actively had not been a priority. Requiring organizations to bring consumers into prominent positions of governance and to focus efforts on how to better engage them in care improvement processes was a new experience to many in the provider community and not always understood or embraced.

Exhibit 1: Aligning Forces for Quality Grantees

Community / Region	Grantee Organization Name
Cincinnati, OH	Health Improvement Collaborative of Greater Cincinnati
Cleveland, OH	Better Health Greater Cleveland
Detroit/Southeast, MI	Greater Detroit Area Health Council
Humboldt County, CA	Community Health Alliance of Humboldt-Del Norte
Kansas City, KS and MO	Kansas City Quality Improvement Consortium
Memphis/Shelby County, TN	Healthy Memphis Common Table
Seattle metro area, WA	Puget Sound Health Alliance
State of Maine	Quality Counts
State of Minnesota	MN Community Measurement
State of Wisconsin	Wisconsin Collaborative for Healthcare Quality
Western Michigan-Grand Rapids and surrounding area	Alliance for Health
Western New York - Buffalo and surrounding 12 counties	P2 Collaborative of Western New York
Willamette Valley (Portland area), OR	Oregon Health Care Quality Corporation

Formulating a Consumer Engagement Strategy

CVEs will receive technical assistance from the Center for Health Improvement (CHI) to help them achieve the ambitious aims set by Secretary Leavitt. AF4Q grantees also received key technical assistance from CHI through a Consumer Engagement Learning Community Collaborative developed to coordinate and accelerate consumer-focused efforts in the alliances.³ Each of the 14 communities formed a consumer engagement work group to lead local efforts under the broad direction of each alliance's leadership team. The work groups were charged with planning multi-faceted strategies in two primary areas: (a) promoting transparency and (b) developing self-management tools and interventions for persons with chronic illness.

The collaborative included several webinars and meetings led by faculty experts in various facets of consumer behavior, chronic care management, public reporting, community mobilization and building provider relationships. Alliances received on-site technical assistance for formulating strategies and building support in their communities, including partnering with other groups such as disease-specific organizations and members of the media.

Early technical assistance efforts involved helping work groups and larger leadership teams with consumer engagement activities such as: reaching consensus on what consumer engagement entails, reconciling differing views of roles consumers can play, understanding how to

motivate consumers to become more actively involved in their care, exploring how to increase consumer awareness of variation in quality of care in their communities and debating how to facilitate consumer/patient navigation in the health care system. While in principle leaders in all sites and sectors supported expanding consumer involvement, limited scientific evidence confirming its value has been an impediment, particularly in the area of transparency and especially among providers of care; available research promoting self-management is based on the Chronic Care Model and the Stanford Chronic Disease Self-Management program.⁴

To gain an initial understanding of consumer awareness and concerns, many communities conducted surveys, focus groups and "listening tours." The learning collaborative's planning framework allowed sites to identify key players in each domain and major opportunities for and impediments to progress. For many of the communities, this meant leveraging past relationships developed through other community-wide initiatives involving health promotion, disease prevention and/or expanding access. Zeroing in on a specific chronic condition such as diabetes was a common approach to focus efforts and reach out to the circle of affinity groups united around such a cause. Given the widespread acceptance of several diabetes care indicators, this focus was an important means of connecting consumer engagement activity with planned efforts in public reporting of chronic care management indicators.

Consumer Roles in Promoting Transparency

The consumer engagement efforts in AF4Q are part of the larger three-pronged approach to improving quality and efficiency in chronic care. Although the CVEs have a narrower goal of collecting and disseminating provider performance information, they will need to influence consumer behavior in order to have a meaningful impact. In the AF4Q sites, parallel efforts to promote better public reporting, especially on a cross-payer basis, are expected to complement approaches to activating patients to seek out comparative information on provider performance.

Chronic care yields many of the performance measures national groups adopt for use in reporting. Moreover, because managing their condition(s) has special salience for persons with chronic illness, the level of interest in meaningful information is higher than it is in the population as a whole.⁵ Despite these favorable preconditions, alliances have had a difficult time helping consumers understand what constitutes high-quality health care and raising their awareness about differences in quality among providers. Furthermore, consumers in most communities have shown little interest in past public reporting, suggesting that alliances must increase efforts to disseminate the information in a more user friendly format. These organizations also will need to work on branding their messaging and improving their visibility with both consumers and providers to become the “go-to” organization for quality information.

Engaging Consumers in Improving Quality and Efficiency

Beyond efforts to promote transparency and consumer use of performance information, CVEs likely will attempt to mobilize consumers to influence quality and efficiency of care in other ways. These activities may include encouraging patients to accept more responsibility for their own health and care management and to challenge their care providers-in turn, encouraging providers to evaluate how patients can contribute to effectiveness and efficiency of their care. The efforts will require systematic approaches to educating consumers about optimal health behaviors and health care, and about the considerable gaps that exist between what is possible and what is currently occurring. It also will require continued progress on measure development.

In the AF4Q communities, a number of initiatives are underway to promote self-management of chronic conditions and improved communication between patients and their care providers. Programs like “Ask Me 3” and “Know Your Numbers” are designed to help patients prepare to ask questions during their medical encounter or to know and regularly monitor relevant biometrics related to their specific chronic conditions.⁶ Other communities have launched initiatives through local media to promote greater health consciousness and improved health literacy.

Pace, Patience, and Payoff

Early work in the AF4Q communities, now with one to two years of experience, suggests that the new CVEs must meet several major developmental tasks —assuming they choose to undertake similar initiatives, particularly in terms of achieving bona fide consumer engagement. Assembling and orientating a multi-stakeholder work group to undertake innovative work is a challenging task, even when built around established organizations with track records of activity. Pressure to ensure that the AF4Q alliances and CVEs are inclusive is intense; core entities have to stretch boundaries, revisit their missions and reach out for new members who do not have prior relationships with other leadership team members and, in the case of consumers, may not feel particularly welcome or comfortable in the company of experts.

Galvanizing support for a consumer engagement strategy requires a substantial time commitment to debate: (a) what constitutes consumer engagement, (b) which dimensions are most tractable and worthy of investment, (c) the conditions and populations on which to focus and (d) the types of activities that will have the most impact on consumers. Beyond the expected emphases on transparency and information exchange, CVEs likely will display comparable variation in what emerge as priority activities because of the interchange among diverse constituencies in these regional forums. Ultimately, these dialogues and endeavors can deepen the roots of CVEs in their communities.

Given the complicated technical and political activities related to public reporting, most AF4Q

alliances are still in the process of launching their initial round of public performance reports. Consequently, it has not been possible to ascertain if making such information accessible and actionable to consumers will yield expected gains. Likewise, CVEs also will need patience and watchful waiting while they build a public reporting infrastructure and implement a concerted consumer engagement strategy.

This summary was prepared by the Aligning Forces for Quality Evaluation Team at Penn State University's Center for Health Care and Policy Research <http://www.hhdev.psu.edu/CHCPR/alignforce/> which is studying the AF4Q initiative to gain insights about community-based reform that can guide health care practice and policy. The AF4Q Evaluation Team presents periodic research summaries on key findings and policy lessons gleaned from its ongoing mixed-method evaluation of the AF4Q program.

For more information about the AF4Q Evaluation Team:

<http://www.hhdev.psu.edu/CHCPR/alignforce/>

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