

STATE HEALTH POLICY

STATE HEALTH POLICY BRIEFING PROVIDES AN OVERVIEW AND ANALYSIS OF EMERGING ISSUES AND DEVELOPMENTS IN STATE HEALTH POLICY.

The National Academy for State Health Policy (NASHP) identified 10 leading state quality improvement partnerships – interrelated broad-based partnerships, mostly with public and private sector representation, which have long-term, statewide, systemic quality improvement strategic intent, and transparent agendas. This *State Health Policy Briefing* summarizes results of NASHP’s full report examining these partnerships in Colorado, Kansas, Maine, Massachusetts, Minnesota, Oregon, Pennsylvania, Rhode Island, Vermont, and Washington. The key factors, policies, and practices that influence the quality improvement partnerships in these 10 states offer insights for achieving systemic improvement in health care quality and performance. The full report is available at www.nashp.org

NATIONAL ACADEMY
for STATE HEALTH POLICY

Briefing

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State Partnerships to Improve Quality: Models and Practices from Leading States

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It is widely recognized that many patients in the United States, even those with health insurance, do not receive appropriate, evidence-based health care. Many states recognize a significant opportunity – and need – to improve health care quality not only to improve individual care experiences but also to contain costs, expand access, improve population health, and improve health system performance. Given the complexity and fragmentation of the current health care system, with multiple payers, providers, and systems of care, states recognize they must collaborate with the private sector, as well as across agencies and branches of government, to improve system performance.

With the support of The Commonwealth Fund, the National Academy for State Health Policy identified 10 leading state quality improvement partnerships – interrelated broad-based partnerships, mostly with public and private sector representation, which have long-term, statewide, systemic quality improvement strategic intent, and transparent agendas. These partnerships vary along a continuum of formality and scope. They build on varying histories of collaboration in each state, and arise from different needs and aspirations. Many of the partnerships are linked to broader state health reform initiatives. The profiled partnerships are listed and described in Table I.

TABLE 1: DESCRIPTIONS, ORIGIN, AND GOVERNANCE OF STATE QUALITY IMPROVEMENT PARTNERSHIPS

STATE PARTNERSHIP	DESCRIPTION	ORIGINS	GOVERNANCE
Colorado: The Center for Improving Value in Health Care (CIVHC)	CIVHC is an interdisciplinary entity that aims to bring consumers, businesses, health care providers, insurance companies, and state agencies together to develop long-term strategies for ensuring better value for the money spent on health care in Colorado each year and to improve the service delivery system to improve quality and drive down costs.	Executive order (2008)	Board
The Kansas Health Policy Authority (KHPA)	The KHPA is a state agency that works to develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion-oriented public health strategies.	Executive order and legislation (2005)	Board
Maine	Maine’s partnership of the Maine Quality Forum (MQF), Quality Counts (QC), and Maine Health Management Coalition (MHMC) is a partnership of three equal parties (a “three-legged stool”) that supports a range of quality initiatives in the state. The partnership does not have its own mission, though the three organizations have complementary missions each related to improving health care quality and/or value in the state.	First formal partnering for Aligning Forces for Quality grant (2006)	No separate governance structure
The Massachusetts Health Care Quality and Cost Council (HCQCC)	The Massachusetts HCQCC is a broad umbrella organization whose mission is to develop and coordinate the implementation of health care quality improvement goals that are intended to lower or contain the growth in health care costs, while improving the quality of care, including reductions in racial and ethnic health disparities.	Legislation (2006)	Council Members and Advisory Committee
The Minnesota Health Care Value Exchange (HCVE)	The Minnesota HCVE is a partnership of five organizations: Buyers Health Care Action Group, Institute for Clinical Systems Improvement, Minnesota Community Measurement, Smart Buy Alliance, and Stratis Health. Its purpose is to support HIT, quality and price standards, as well as incentives to promote high-quality, efficient care.	Accord (2008)	Board
Oregon	Oregon’s informal public-private partnership coordinates, communicates, and implements a range of quality initiatives in the state. Partners include the Oregon Health Care Quality Corporation, the Oregon Patient Safety Commission, the Oregon Health Policy Commission, and the Oregon Health Fund Board (OHFB). The partnership has no formal name, but the OHFB has recommended that state health reform legislation formalize the partnership as the “Oregon Quality Care Institute.”	N/A	N/A
The Pennsylvania Governor’s Office of Health Care Reform (GOHCR)	The Pennsylvania GOHCR administers the Prescription for Pennsylvania (Rx for PA), the governor’s health care reform initiative. It is a set of integrated strategies to eliminate system inefficiencies, better manage chronic conditions, eliminate hospital-acquired infections, enact insurance reforms, offer access to affordable insurance for the uninsured, and ensure that everyone has access to quality health care.	Executive order (2003)	No formal structure
The Rhode Island Quality Institute (RIQI)	The RIQI is an independent 501 (c)3 organization that brings together CEO-level leaders from health systems, health insurers, physicians, state employers, consumer advocates, the state’s QIO (Quality Partners of Rhode Island), and academia. RIQI’s mission is to dramatically improve the quality, safety, and value of health care in the state.	Informal conversations (2002)	Board
The Vermont Blueprint for Health (Blueprint)	The Blueprint guides a comprehensive and statewide process of transformation designed to improve health maintenance for a general population, as well as health care and prevention for the most prevalent chronic conditions, thereby reducing the negative health and economic impact of poorly controlled disease.	Legislation (2003)	Advisory group
Washington	The Washington Quality Forum was created within the Washington State Health Care Authority (HCA) to help spread the regional multi-stakeholder Puget Sound Health Alliance (Alliance)’s activities statewide. A hiring freeze and budget shortfall led to the Forum’s termination. The HCA and the Alliance continue to partner on health reform initiatives.	Legislation (2007)	N/A

These 10 state quality improvement partnerships provide a way for their states to streamline quality improvement efforts, which range from health information exchange and health literacy to chronic care management and healthcare associated infection reduction. Their efforts tend to fall within five interrelated strategies described in Table 2. Without valid statewide data, partnerships cannot measure performance, which is the foundation upon which efforts to improve quality are based. Access to data is considered critical to engag-

ing stakeholders. Data and performance measurement can engage and encourage providers to adopt evidence-based practices, drive value-based purchasing, and inform consumers in their efforts to select high quality care. Profiled state partnerships use existing data and resources to undertake practice improvement programs, consumer engagement activities, and multi-payer payment reforms to create synergy among initiatives and move toward systemic widespread improvements.

TABLE 2: FIVE INTERRELATED STRATEGIES OF STATE QUALITY IMPROVEMENT PARTNERSHIPS

Current Project Strategies/Focus Areas	Colorado (CIVHC)	Kansas (KHPA)	Maine (MHMC, MQF, QC)	Massachusetts (HCQCC)	Minnesota (HCVE)	Oregon (N/A)*	Pennsylvania (GOHCR)	Rhode Island (RIQI)	Washington (N/A)**	Vermont (Blueprint)
Data collection, aggregation, and standardization										
Data collection	•	•	•	•	•	•	•	•	•	•
Performance measurement	•	•	•	•	•	•	•		•	•
Health information technology	•	•	•		•			•		•
Public reporting										
Public reporting of quality or cost data		•	•	•	•	•	•		•	•
Consumer engagement										
Consumer engagement (e.g. committees, websites)	•	•	•	•			•	•		
Health literacy		•	•							•
End of life care				•						•
Behavioral health								•		•
Provider engagement through evidence-based practice improvement										
Provider engagement through evidence-based practice improvement	•	•	•		•		•	•		•
Avoidable hospitalizations		•		•			•			•
Chronic care		•	•	•	•		•			•
Healthcare associated infections			•	•			•	•	•	
Payment reform and alignment of financial incentives										
Payment reform	•	•	•	•	•				•	
Medical home	•	•	•		•	•	•			•
Cost containment	•	•	•	•		•				•

*Based on existing efforts among partners and work outlined in state health reform legislation passed in June 2009 (Enrolled House Bill 2009).

** Based on originally proposed work of Washington Quality Forum

Partnership members cite a variety of both process and project accomplishments. Process accomplishments include increasing communication and improving relationships among stakeholders or partners, sustaining stakeholder engagement, developing infrastructure, and building consensus. Project accomplishments include launching initiatives, collecting quality and cost data, publishing reports and data, facilitating the implementation of policies or passage of laws, gaining recognition by national or federal programs, and documenting care improvements.

KEY THEMES AND LESSONS

As described in Table 3, the importance of three factors emerged throughout interviews and discussions with members of state quality improvement partnerships: leadership, transparency, and sustainability. Interviewees recommend that state quality improvement partnerships secure and foster the involvement of high-level leaders to convey the importance of partnership efforts, keep processes and products transparent and open to public comment, and secure long-term funding and continued stakeholder engagement to ensure sustainability.

TABLE 3: CRITICAL FACTORS FOR SUCCESSFUL STATE QUALITY IMPROVEMENT PARTNERSHIPS

	THEME	LESSONS
Leadership	High CEO-level leaders must be involved in partnerships at the onset as members of governance structures and as conduits between the partnership and stakeholders. Involving people with clout conveys the importance of the partnership's efforts.	<ul style="list-style-type: none"> • Ensure governing boards represent high-level leaders who can set the direction of their organizations. High-level leaders can move beyond discussion of what needs to be done and can focus on using their leverage to get the work done. • Select initial, core leaders based on individual strengths (“thought leaders”) rather than out of professional obligation. Thought leaders push the partnership to aim higher and think and act in innovative ways. • Formally recognize leaders’ contributions to sustain momentum.
Transparency	Partnerships ensure their processes and projects are open to the public and accept differing viewpoints. They continuously balance the need and desire for public input with the need to keep work moving forward. By remaining transparent in their processes, partnerships and their products and discussions are stronger and more inclusive.	<ul style="list-style-type: none"> • Hold open, public meetings and post meeting dates and materials online. • Ensure that partners and stakeholders review draft materials and have the opportunity to provide feedback. • Encourage and incorporate constructive criticism, but do not let it derail progress. • Help partners find areas where their priorities and desired outcomes overlap.
Sustainability	Quality improvement partnerships are long-term commitments that take time to develop and produce results. They require long-term funding and stakeholder engagement. Although many partners provide in-kind support and donate their time, the economic downturn has affected state agencies’ and other entities’ ability to contribute financially.	<ul style="list-style-type: none"> • Inventory quality improvement resources in the state before creating new ones. • Use a data-driven approach to make the case for projects and funding and to sustain interest and involvement of stakeholders. • Focus on value and identify opportunities to contain costs as part of quality initiatives. • Be politically savvy about state health reform. State health care reform can provide momentum, but if unpopular, it can stymie partnership efforts. • Avoid partisan politics and commit to nonpartisanship. • Bring investors to meetings or events to showcase benefits. • Develop concrete action plans with specific goals and timelines to promote accountability, keep partnerships on task, and provide a way of assessing and reporting the partnership’s progress and accomplishments.

CONCLUSION

The key factors, policies, and practices that influence the quality improvement partnerships in 10 states offer insights for achieving systemic improvement in health care quality and performance. It is a daunting task to create a broad-based state partnership that promotes multi-pronged, strategic, systemic improvements in health care, but partnership leaders consistently reported that public-private collaboration across all sectors of the health care system is by its nature worthwhile and necessary. These partnerships enable a spectrum of perspectives, skill sets, resources, and areas of expertise to inform quality improvement decision-making, streamline efforts, and move state quality improvement agendas forward.

NATIONAL ACADEMY for STATE HEALTH POLICY

About the National Academy for State Health Policy:

The National Academy for State Health Policy (NASHP) is an independent academy of state health policy makers working together to identify emerging issues, develop policy solutions, and improve state health policy and practice. As a non-profit, non-partisan organization dedicated to helping states achieve excellence in health policy and practice, NASHP provides a forum on critical health issues across branches and agencies of state government. NASHP resources are available at: www.nashp.org.

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