



SUCCESES AND ACCOMPLISHMENTS

HEALTH CARE VISION 2020

Aligning Forces for Quality (AF4Q) Phase 1

September 3, 2008

Organization and Launch

Although the Alliance for Health has a long history within West Michigan, it was important to undertake a considerable amount of organizing and planning to lay a strong foundation for success. Among these activities were the following:

- Prepared news materials and participation in a nationwide launch program along with the leaders of the Robert Wood Johnson Foundation and 13 other selected communities around the nation.
- Organized a Governance Board (Leadership Team) within the Alliance for Health structure to focus exclusively upon AF4Q and related work—initiative titled Health Care Vision 2020, along with 8 work groups under the Governance Board, each with a charter and work plan.
- Obtained agreement on HCV 2020 vision, mission, goals, deliverables, strategies and high-level value propositions.
- Made outreach to all parts of the West Central Michigan region through series of 2 community briefings in each of 6 communities within the region (12 briefings in total) to inform people about AF4Q/HCV 2020 and solicit ideas and participation from across the region.
- Had frequent interactions with news media to increase awareness of HCV 2020.
- Developed an AF4Q/HCV 2020 webpage on Alliance for Health website, which has been maintained with updated material throughout the grant period.
- Adopted a set of key milestones for each AF4Q component, for each of the 3 grant years.
- Retained consultants to staff and help guide AF4Q implementation.
- Participated in two national annual meetings of all AF4Q participating organizations.

Based upon this shared vision and structure, HCV 2020 has completed all of the organizational and planning activities encompassed under the Phase 1, Year 1 milestones and has moved into implementation. Highlights of accomplishments to date are listed below, organized by the three major components of AF4Q phase 1.

Consumer Engagement (CE)

- Completed Stakeholder Framework (versions 1.0 and 2.0), inclusive of 3 behavior targets.
- Completed initial consumer engagement strategic communications plan, inclusive of key messages for the target audiences, listing strategies, tactics and specification of communication channels and specific messengers.
- Completed initial tactical communications plan and the corresponding implementation plan, specifying how we will raise consumer awareness and understanding of health care quality and the relationship between behavior choices and health.
- Applied for, and received, an RWJF communications mini-grant.
- Attended two in person learning collaborative meetings on consumer engagement..
- Participated in webinars on consumer engagement.
- Retained a West Michigan PR/communications firm to supply technical expertise and facilitate moving plans rapidly into implementation.
- Created “Rethink Healthy: Learn. Ask. Act.” as the brand for West Michigan consumer engagement activities carried out by HCV 2020, along with a logo.
- Produced consumer communications piece, corresponding to our behavior targets and consumer communications plans—a “what is high quality health care” print brochure—the first distribution of which was to an estimated 4,500 persons participating in the Hypertension Awareness Sunday event in late June, 2008, and sponsored by GRAAHI and West Michigan African American churches. This brochure defines high quality health care in consumer terms and introduces the message that consumers must be active partners with their health care team in order to achieve the best results.
- Brochure was translated into Spanish and made available throughout the Hispanic community.
- Created and launched the Rethink Healthy website.
www.rethinkhealthy.org
- Developed a placemat version of the “what is high quality health care” brochure, which is currently being printed, and will be used in 3 Grand Rapids area Big Boy restaurant as a pilot project for the restaurant placemat campaign.

Performance Measurement and Reporting (PM/PR)

The first-year emphasis in performance measurement and reporting centered on creating a trusting environment with the West Michigan physician community. This admittedly very deliberate approach was necessitated by the history of physician performance reporting in the region. In past efforts, early

reports were perceived to be inaccurate and based upon faulty data and analytic methods. Nonetheless, important progress, highlighted below, has been made toward the goal of analyzing and publicly reporting physician performance.

- Adopted Michigan State Medical Society Guiding Principles on the Release of Physician Specific and Physician Group Data—to help build trust within the physician community that PM/R work will place emphasis upon data accuracy and reliability.
- Selected initial physician performance measures for analysis and reporting—NQF endorsed diabetes measures.
- Inventoried and evaluated data collection/analysis/reporting methods being used in other communities across U.S.
- Designed and received funding (RWJF mini-grant) for a PM/R 6-month pilot project. The project will be a “test of concept,” demonstrating the feasibility and efficacy of a series of data collection, cleaning, aggregation, analytic, verification, and report production processes that will lead to the production of physician performance reports to be disseminated to physicians and groups participating in the pilot. Performance measurement will be based upon self-reported clinical data.
 - Identified Wellcentive, a local firm offering an approved disease registry product and with patient data aggregation experience, as the data aggregation partner/vendor for the pilot.
 - 2 physician organizations have tentatively agreed to participate.
 - Immediately upon conclusion of the pilot, assessment and planning to continue and expand the project will commence.
- Created an initial public report template (content and proposed layout)—to be focused upon diabetes quality, prevalence, self management and related topics.
- Participated in webinars on performance measurement and public reporting.

All of these activities and accomplishments constitute the following of an orderly, transparent process toward the goal of physician performance measurement and reporting—using principles and methods that will instill confidence and trust from physicians, which will in turn allow us to maximize the numbers of participating physicians and sustain these efforts over the long term.

Quality improvement (QI) Infrastructure

- Inventoried and evaluated organized, community/regional QI initiatives from around the U.S.
- Completed and analyzed a detailed assessment of current QI efforts and

activity being undertaken by W Michigan physician organizations, through interviews with 10 POs and PHOs in the region, using a survey instrument created by the HCV 2020 QI Work Group.

- Learned about QI-related best practices and their applicability to AF4Q from W Michigan health care and non-health care organizations, through presentations to QI Work Group.
- Participated in webinars on quality improvement issue.
- Completed a detailed description of the proposed West Michigan Center for Health Improvement, which will be the regional infrastructure to support and assist physician organizations and physicians to improve quality and efficiency of care. Initiated dialogue with potential host organization for the Center.
 - Description encompasses vision, purpose, roles of the Center, as well as initial QI interventions/tools/assistance to be sponsored or facilitated by the Center and value propositions associated with these activities.
 - Position description for director of Center.
- Established linkages to statewide Improving Performance in Practice (IPIP) physician practice quality improvement grant program, with commitments to work collaboratively.
- Initiated the recruitment process for Center staff director.

All of these accomplishments and activities represent the thorough approach being taken in West Michigan to assure that the QI infrastructure will be responsive to perceived needs of its primary customers (physician organizations and physicians), will be embraced by physicians as value-added; and thus will enjoy long-term sustainability with ongoing impact upon quality.

AF4Q Phase 2

Organization and Launch

- Carried out a highly successful local launch of AF4Q phase 2 in conjunction with the national launch, including widespread local media coverage. Prepared materials and participated with officials of the Robert Wood Johnson Foundation, George Washington University and 13 other selected communities around the nation.
- Initiated recruitment for center staff director.
- Applied for and received AF4Q phase 2 grant from RWJF, bringing the total grant award to \$1.6 million for Western Michigan
- Hired a highly qualified individual to manage the phase 2 work.

- Developed an approach to fully integrate phase 1 and phase 2 activities.
- Developed detailed phase 2 workplan.
- Drafted memorandums of understanding for all parties involved.

Population Use Data

The emphasis for year 1 of phase 2 focuses on data collection. At the hospital level we are seeking to improve the reliability of race, ethnicity and primary language data collected. At the population level, we are seeking to provide demographic and selected health data for Western Michigan. By combining both sources of information we hope to paint a more complete picture of the health and healthcare needs of Western Michigan's diverse population. To date we have accomplished the following:

- Coordinated with hospital partners to begin understanding the racial, ethnic, and primary language data collection process.
- Coordinated with GVSU to assess population level data for the 13 co. area of interest.

Health Information Exchange (HIE)

The initial planning for a regional health information exchange (HIE) has steadily progressed since receipt of a planning grant from the State of Michigan. The initial starting date was caught up in state budget/appropriations approval issues, but activities have steadily built toward eventual implementation.

- Contracted with project executive and consultants to provide staffing services.
- Engaged Plante & Moran and Morningstar Health to prepare vendor RFI and business case for sustainability.
- Organized four workgroups to concentrate on clinical use cases, technical issues, legal issues and business/ finance matters.
- Completed compilation and prioritization of clinical use cases to inform RFI development and business/finance case.
- Prepared and distributed RFI to aid in financial projections and vendor selection.
- Organized area system CIOs as an advisory group to help guide planning and organizational efforts.
- Prepared draft legal policies.
- Conducted legal review of Business Associate Agreements.

- Decided on phased/staged approach to HIE development.
- Prepared cost models to help develop resources for eventual system sustainability.
- Made presentations to statewide HIT Commission.
- Conducted two public meetings in each of 6 sub-regions to discuss progress to date to foster greater awareness and to engage additional potential participants.

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