

National Quality Forum
Community Initiatives Project to Inform NQF Projects and Activities

With funding from the Robert Wood Johnson Foundation, the National Quality Forum (NQF) was able to work with a small number of regional groups at the state and community level to better understand their needs in ways that inform the content and approach for specific projects at NQF. In addition, this work was approached with the intent to focus on engaging and supporting the regional alliances in aligning their work with the [National Quality Strategy \(NQS\)](#), as they implement measurement and reporting to improve health and health care. The approach was deliberately structured to assess the regional groups' interest areas and needs as identified by their participants, and assist in identifying informational resources from NQF and other national organizations that would be of value to them. Ultimately, the goal was to create a deeper understanding within NQF regarding regional needs, and to enable and encourage progress toward alignment with NQS priorities in measurement and reporting to improve health and health care.

This paper summarizes the overall approach, identifies lessons learned and key considerations for NQF, and provides descriptions of activities in which NQF engaged with three regional groups.

Overall Approach

NQF began the community initiatives work by exploring the concept with two communities that were starting collaborative efforts, to gauge the level of interest and the potential value that NQF could bring to them. In San Diego, the leaders of a State-sponsored [Right Care Initiative](#) were looking for ways to effectively team up with the group in San Diego who had received a Beacon grant from the Office of the National Coordinator for Health Information Technology (ONC). In Kentucky, the [Foundation for a Healthier Kentucky](#) was expanding the involvement of other stakeholders in their efforts to improve health and health care. Both groups were very interested in welcoming NQF staff to the process, to share ideas and insights in a national-regional bi-directional fashion. Subsequent to engaging with these two regions, a third opportunity arose to work with a coalition of hospitals and public health leaders in Washington DC, as they embarked on a process to create a single online source of comparative information about community health within the district.

Being aware of the interests and attending to practical needs of regional collaboratives and other state and community leaders is important to ensure the usefulness of information resources created by NQF. NQF staff interacted (in person, and by phone, email and webinars) with selected regional leaders within and about their own community. The focus was to share relevant insights from what is happening in health policy 'inside the beltway' and with major national organizations, while also gathering insights about the needs and priorities specific to the local region. Each region shared information about their needs, in addition to understanding key elements of national policy that are germane to their local priorities.

In each region, NQF activities included: a) attending community- or state-wide meetings, in person and/or by phone, to listen and learn about the region's local priorities, current activities, and vision for future collaboration to improve health and health care; b) encouraging the use of the [Quality Positioning System \(QPS\)](#), the [Community Tool to Align Measurement](#), [Measure Applications Partnership \(MAP\)](#) Measure Selection Criteria, [National Priorities Partnership \(NPP\)](#) guidance regarding areas of measurement for each NQS priority, and topically relevant NQF reports; and c) sharing insights from

other regional groups to illustrate approaches that others are taking to address challenges similar to those with which the local (KY, CA, DC) region are also contending.

Lessons Learned

There were numerous lessons learned that NQF gleaned during these community initiatives. The following summarizes the major themes from these lessons.

Market structure matters

In San Diego, given the vertically aligned market structure and the competitive hospital systems, participants were not interested in discussing or pursuing *public* reporting of measurement results. The provider members involved in the regional efforts focused on privately sharing information about their progress in improving health care quality. In Kentucky, because of the different competing health care organizations based in each of the two major cities, the group chose to meet in Frankfort as it is centrally (and neutrally) located between Lexington and Louisville. In DC, the highly competitive hospitals were willing to collaborate on public reporting of information about population and community health, rather than performance results specific to each hospital facility.

Requirements and funding matters

In San Diego and Kentucky, the regional stakeholders were most interested in federal or national activity that would affect what they may be required to do via regulation in addition to any funding or payment rates from federal programs. In DC, the hospitals wanted to work with each other to satisfy new requirements from the IRS regarding 501(c)(3) hospitals' community health needs assessments and related community health improvement plans. For many, their interest in collaborating was a direct result of realizing that they could reduce their individual cost of meeting these requirements by collective action.

Aligned interests (and incentives) matter

In San Diego, even though there was interest in connecting the work of the State-funded Right Care program with the Federally-funded Beacon project, the incentives and expectations driving each program were different. Each group needed to focus on meeting the particular requirements from the State (Right Care) and the Federal (Beacon) governments; the differences between those requirements created a barrier to alignment of efforts within the region. Where interests were directly aligned, such as the hospitals in DC, establishing the value of collaborating was not as challenging. In Kentucky, with the range of public and private stakeholders involved, no specific set of requirements or incentives was driving the work; therefore, more effort was required at the beginning to define the regional priorities together.

Timely access to relevant information matters

In each region, the groups focused on their own activities, interests and challenges. Access to national or federal information from NQF and others was valuable, only to the extent that such information clearly could advance their ability to meet their regional needs and goals. Each of the groups appreciated the ability of NQF staff to filter through a vast array of federal and national efforts, informational resources, potential national (government and private sector) funding sources, and personal contacts with other individuals at the national level, then help them focus on just those things that appeared to be most relevant to the interests of their regional group.

Process and buy-in matters

The groups each started with a different mix of stakeholders, history, and local culture, and needed to get the local pieces in place in ways that work for their unique needs. What might work in one region could also work in another, but the decision regarding whether certain activities might “fly” or “backfire” must be made within each region. Being able to focus on useful information – such as best practices – that a given region might need, at the time when that region perceives the need (not sooner, not later), is valuable to the local and state implementation process.

Considerations for NQF

This work was designed to inform the planning and implementation of current and future projects at NQF intended to meet the needs of measurement and reporting at the regional level. While many smaller ideas could be highlighted as suggestions for changes that NQF could make to better meet regional needs, this engagement project yielded two main insights for NQF:

1. While all health policy activity at the federal or national level is important in some way, the degree to which such information is useful and of interest to a given region is directly related to the specific needs of that region at that time. Regional groups vary tremendously, depending on who is at the table, what their own priorities are, the market structure in the area, history and culture of the groups (and individual personalities), etc. It is not feasible for NQF to provide resources that are customized to every current and potential regional group or project. Instead, **NQF could use technology (e.g., Field Guide structure, smart search, enabling online connections and collaboration among regions so they can learn from each other) to organize and provide information in a way that regional leaders could access what they need from NQF, based on their priorities and the precise timing of when the regional group needs it.** NQF’s [Field Guide to NQF Resources](#) is one step in the right direction, and with even more robust use of ‘smart’ technology, it could provide even greater value for regional organizations and groups at the regional level.
2. Given the impact of regulatory requirements and funding (either payments to or cost incurred by) on regional (state and community) leaders, **NQF could place a high priority on clear communication regarding NQF projects or topics in which national or federal policy is likely to increase or decrease payments to organizations at the regional level, or in which the costs to regional-level organizations could be reduced.** While this has begun through MAP input to HHS regarding health care services, NQF has the opportunity to expand regional access to this important type of information as NQF embarks on community/population health work related to the social, environmental, and behavioral determinants of health.

NQF has the opportunity to significantly expand valuable support for regional efforts by providing focused information, generated by NQF and others at the national level, which is of direct interest to regional-level organizations based on the priority areas of those organizations. Such information is powerful when it is timely and germane to the region’s priorities, and it is made available in a manner that enables these groups to easily access what they need, when they need it.

Community Initiatives Project: Three Regional Experiences

NQF's activities associated with each of the regional groups are summarized below. These summaries are intended to serve as a high level overview of the project, rather than a precise account of past, current or future actions, priorities and plans of any regional group mentioned below.

San Diego

Regional Situation. The State of California awarded a “Right Care Initiative” grant to San Diego, providing staffing from the State Office of Managed Care in Sacramento and funding to support coordination and implementation of community meetings within San Diego itself. The focus of this initiative is to reduce the rate of heart attacks and stroke – with the vision to create a “heart attack and stroke free zone” in the region. The initial focus of the Right Care work was to support a [University of Best Practices \(UBP\)](#) by bringing together local physician leaders from the major health systems to share experiences regarding clinical quality improvement. The group meets monthly and each system chooses when and how to share their own measurement results and examples of interventions that have improved care. The market structure in San Diego is highly vertically integrated, with little cross-over of physicians and payers among the highly competitive health systems. Over time the UBP expanded to include leaders from San Diego County government, Emergency Medical Services, the employer community, the military, and pharmaceutical companies.

Some of the physicians at these meetings are also involved in the Beacon grant awarded to the University of California, San Diego (UCSD), one of the highly competitive health systems, so there was interest by the State-level Right Care leaders to integrate the focus of the Beacon work with the UBP. The vision was that the data being collected or integrated using the Beacon grant could inform the clinical quality measurement and improvement work of the UBP. The leader of the Beacon grant was invited to attend the monthly UBP meetings and present status updates. Initially, this UCSD physician regularly attended and it appeared that there were shared interests between the two efforts, but priorities and activities of the Beacon group changed and the efforts diverged over time. At the same time, the State-level Right Care leaders, working with a well-respected cardiologist in San Diego, secured funding from a local philanthropist to take the health promotion message to the public. The group recruited Rolf Benirschke, a former NFL football player who runs a high profile health promotion communications firm, to lead the community outreach planning.

Today, there is a comprehensive “Be There” public campaign designed to increase awareness of prevention and screening for heart attacks and strokes. There is less direct involvement from State government staff from Sacramento, and the group in San Diego recently hired a local executive director to run the “Be There / Right Care” project. The UBP continues to meet monthly, with a clear awareness and focus on the NQS priority to reduce leading causes of mortality, starting with cardiovascular disease. The Beacon project is slated to end in less than a year, with San Diego being noted by ONC staff as a challenging region regarding achieving collaboration among the highly competitive, vertically integrated health systems.

NQF Activity and Insights. NQF staff were invited to listen in to any of the UBP meetings, and received the regular email updates regarding the Right Care and UBP efforts. NQF staff activities included:

- Routinely communicating by email and intermittent phone calls with State staff regarding their goals for the Right Care project and how this might match with efforts at the national level.

- Listening to questions from the Right Care staff regarding the Beacon program and then pointing them toward information about the overall goals and structure of the Beacon grants. NQF staff helped them directly connect with Beacon staff at ONC, and shared feedback from Beacon staff at ONC who indicated a need for greater clarity regarding how the Right Care project goals and planned activities align with the Beacon work.
- Presenting at one of the in-person UBP meetings regarding the NQS, highlighting the alignment of the Right Care and UBP project priorities with several of the NQS priority areas, and sharing examples of effective clinical care improvement activities from other regions.
 - The UBP group was most interested in brief information that helps them understand: a) the NPP recommendations for the NQS regarding potential measurement approaches for clinical care and community health improvement; b) the federal incentives that might be driven by the NQS, particularly affecting reporting requirements and reimbursement; and c) lessons from effective interventions within medical groups or health systems in other regions that have resulted in improved quality of clinical care. The UBP group was not interested in: long reports or highly technical or academic information, broad conceptual frameworks, measures that are not focused on informing specific clinical or patient actions to prevent heart attack and stroke, or examples from regions that engage in public reporting of provider performance since the intent of the UBP members is to continue to share clinical quality measurement results privately on a voluntary basis only.
- Participating in strategic discussions with the Right Care planning team to share insights regarding ways in which other regions have made connections between provider efforts to improve the quality of clinical care and outreach to patients and other members of the public. The planning discussions addressed ideas for engagement of opinion leaders and other local stakeholders, research to inform messaging that is effective for both patients and providers, and possible funding sources from national foundations and others.

Kentucky

Regional Situation. The Foundation for a Healthier Kentucky provided funding to a small start-up non-profit called [Kentucky Voice for Health \(KVH\)](#) to organize health care quality improvement efforts across the state. The lead staff for KVH was familiar with NQF, having worked with NQF in the past, and welcomed the opportunity to collaborate with NQF regarding the regional quality improvement efforts. Initial efforts revolved around bringing established groups to the same table, to determine whether a shared agenda could be developed to focus priorities and align implementation activities. Discussions started with who should be included, based on personalities and an assessment of which groups needed to be at the table to adequately represent all stakeholder perspectives. NQF staff informed them that there was a Chartered Value Exchange (CVE) already established for Kentucky, as not everyone was aware – possibly because the CVE for Kentucky was founded by an organization based in another state. Inviting the CVE to the table brought additional quality improvement leaders to the discussion and expanded the potential for collaboration. Following several organizing conference calls with the group, and input into their development of a draft outline of suggested shared principles, NQF staff were asked to present at two all-day conferences to help set the overall context, motivate attendees, and assist with generating consensus and momentum. NQF staff helped encourage attending organizations to share

insights from their own efforts to improve quality and perspectives on their highest priorities, and to reach consensus regarding at least one priority area for joint action.

Today, this coalition of organizations continues to explore opportunities to expand their joint efforts. They have successfully moved forward with greater transparency, as Kentucky is now one of the states that uses the MONAHRQ software to produce public reports comparing health care quality. While there has been turnover in the leadership at KVH, the leaders of other organizations remain committed to continuing the work to collaboratively address shared priorities in the region.

NQF Activity and Insights. NQF staff were invited to listen in to any of the KVH calls and meetings, and received the regular email updates regarding the KVH efforts. NQF staff activities included:

- Routinely communicating by email and intermittent phone calls with KVH staff regarding the regional situation and potential courses of action and likely tradeoffs, in addition to participating in follow-up discussions (at the request of KVH staff) with leaders in other groups in Kentucky to hear their perspectives about what is most needed in the state.
- Listening to questions from each of these groups regarding national strategies and incentives, plus available resources, and then pointing people toward information that could best meet their needs and interest areas. A consistent area of focus was to find the best way to align the existing goals and activities of different local organizations, so the NQS was often the focal point of discussion.
- Presenting as a lead speaker at the KVH statewide conference in 2011 and again in 2012.
 - The first year NQF staff provided a keynote overview of the NQS and related NQF activities (e.g., rigorous process for evaluating and endorsing measures) and resources such as QPS, Alignment Tool, MAP, NPP, the work on AHRQ-sponsored MONAHRQ public reporting software. For the Alignment Tool, the main theme was that there are a number of states and regions that have found ways to work together to improve health and health care in their local area, so there are many lessons to learn from others. NQF staff also assisted with leading discussion groups about employers and value-based purchasing needs, and then summarized the themes and findings from all of the discussion groups and suggested potential areas of agreement to work on in the upcoming year. The three major themes that emerged were: recognize and learn from the range of quality improvement work already happening in the state; focus on reducing smoking and other uses of tobacco; and, explore ways to increase transparency and accountability for improving health and health care.
 - The second year presentation followed an opening address by the Kentucky State Secretary of Health who communicated Kentucky's commitment to improving the quality of health care. NQF staff then provided an update about the NQS, with highlights of specific resources available that support the priority areas of the collaborative work in Kentucky. Since the State of Kentucky had begun to use the free MONAHRQ software to publicly report measure results, NQF staff were able to ensure that representatives from the State showed the conference attendees the comparative performance information already available in the region. The ensuing discussion energized attendees to explore ways in which their actions could influence improvement in the results.
- Assisting in summarizing the findings from each of the conferences to be shared among the lead

stakeholders to drive continued discussion and collaborative activity going forward.

Washington DC

Regional Situation. The data and quality performance improvement team at [Children's National Medical Center \(CNMC\)](#) in Washington DC initiated discussions with other local hospitals regarding ways that they might collaborate around conducting community health assessments. A small group then applied for a grant from the National Institutes of Health (NIH) to fund the creation of a public website to share information about population and community health within the District of Columbia. By the time the grant was received, the DC hospital coalition leaders had asked NQF staff if they could be considered as a third region from which NQF could engage and learn from. Given the focus on population and community health that was different from San Diego and Kentucky, and the proximity to NQF offices, this was a great opportunity so NQF agreed.

Several of the hospitals in the DC region were not part of the NIH grant application, however all were invited to participate in the discussions to shape the content of the public report, including the DC Department of Health. The hospitals each had an incentive to support this community health assessment project, as its existence could help them more cost-effectively satisfy the new IRS requirements for 501(c)(3) hospitals. Under the new requirements, each hospital must conduct a community health assessment and implement a related community health improvement plan with specific measures to indicate changes in performance over time. The NIH grant provided enough funding to create the first version of the website, so the discussions among the collaborative efforts centered on securing longer term commitment from the hospitals to continue to fund the website maintenance and improvement over time. The DC Department of Health, which would be contributing some of the content of the website, was actively involved in the beginning. Local community based organizations participated in focus groups and a follow-up conference to discuss the content that would be most useful for the website, and how it could be best displayed to meet their needs.

The community health website (www.DCHealthMatters.org) became publicly available in mid-summer 2013. Most of the local hospitals have agreed to financially support the continuation of the website now that the NIH grant is complete. Midway through the grant term, the DC Department of Health scaled back its official participation in the collaborative because their decision-making process required more time than the NIH grant deadlines would allow; however, they are still involved in discussions with the intent to increase coordination in the future.

Separate from this community engagement work but building on the achievements: In late 2012, CNMC later teamed with NQF to secure a grant from AHRQ to assess perspectives of families of children with special needs regarding information that they would find useful when making decisions about their children's health and health care. This will involve focus groups and community forum discussions regarding effective reports on health and health care quality. The goal is to identify one or more aspects of hospital performance measurement that might be appropriate to add to the DC Health Matters website, to begin connecting community and population health information with hospital quality ratings in ways that are useful to consumers, patients, and family members.

NQF Activity and Insights. NQF staff were invited to attend the full meetings of the DC hospital coalition. Specific NQF staff activities included:

- Routinely communicating by email and phone calls with the grant leader at CNMC staff regarding the regional situation and potential courses of action and likely tradeoffs.
- Discussing questions from the DC hospital coalition regarding the community and population health improvement focus of the NQS and related input from the NPP and insightful information that could be gleaned from QPS regarding prevention measures.
- Connecting the DC hospital coalition leaders with experts at the Hilltop Institute in Maryland, among others. At the same time, NQF was able to learn about a range of communities that are creating similar community and population health websites (e.g., www.healthymarin.org) by working with the Healthy Communities Institute (www.healthycommunitiesinstitute.com).
- Providing input on the focus group guides for the community discussion regarding potential content of the website, drawing from examples of public reporting work done by AF4Q regional alliances as summarized in NQF's *Community Tool to Align Measurement*, and sharing examples of potential sources of population health data such as the University of Wisconsin MATCH program.
- Facilitating focus groups of leaders from community based organizations, and a follow-up community forum to review the draft layout of the website and gather additional feedback for further refinement.

For more information about this project, contact:

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