



Robert Wood Johnson Foundation

Quality Health Care

The quality of American health care is far from what it could or should be.

Although in recent years Americans have benefited from advances in medical technology and science, health care in this country still looks like a wildly uneven landscape. National research studies show that Americans do not get even half of the recommended care for many chronic conditions, and pressures such as rising health care costs shape concerns about the type of health care that is delivered to whom, and for what value.

The Foundation seeks to ensure that all Americans, especially those with chronic illnesses like diabetes or heart disease or depression, receive high-quality care. We have recently focused especially on improving the quality of care for chronic conditions in outpatient settings. Transparency in health care—a concept that encourages measuring and reporting on the delivery of health care services—has been a major underpinning of this work. Although some health care organizations, such as health insurance plans, regularly collect and report on standard measurements of health care quality (for example, the number of times a diabetic patient receives a foot or eye exam), other stakeholder groups are not involved in these efforts at all. Therefore, our drive towards measuring and reporting health care quality is premised on the idea that greater transparency can help providers, patients, and policy-makers understand what quality health care is and how to achieve improvements.

One of our indicators of progress was to track in 10 regions the increase of medical providers who are reporting measures of quality to employers, consumers and other relevant groups. We promoted a stronger regional focus in 2006 with the launch of a new \$10-million program, *Aligning Forces for Quality: The Regional Market Project*, to seek substantial improvements in health care quality that can occur only in the context of local market forces.

Aligning Forces will help communities work on three key quality areas: performance measurement and public reporting; provider initiatives on improving the quality of care for chronic conditions in outpatient settings; and engagement of consumers on focused areas related to quality. In 2006 we initiated four pilot communities and launched a national competition to support work in six additional areas. The Foundation is supporting an evaluation to help assess the progress of the Aligning Forces communities, to learn more



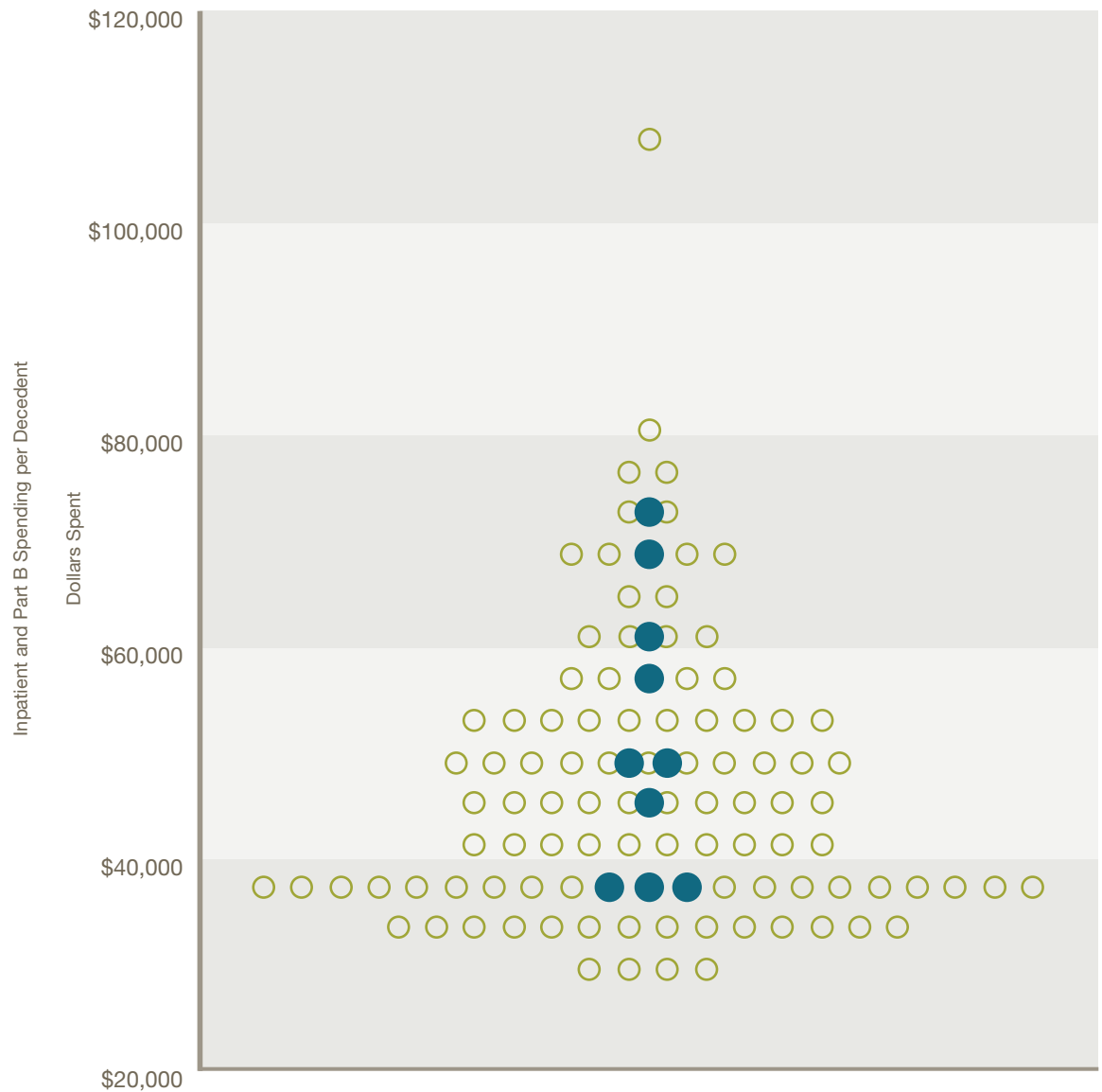
about the extent to which public reporting on quality increases in these communities, and whether these initiatives translate to actual gains in the quality of health care.

Finally, we continue to support national efforts to engage providers and others in public reporting on health care quality. Our work with the National Quality Forum, which supports consensus-building among different stakeholder groups in approving measures that matter, produced new measures for different treatment areas for chronic illness care in 2006. The Foundation also supported the first-ever report that provides a comprehensive picture of how rapidly Americans are adopting health information technology titled, *Health Information Technology in the United States: The Information Base for Progress*. Although many health care providers face formidable barriers when it comes to adopting electronic health records and other information technology systems, most experts agree that health information technology innovations hold considerable promise for improving quality of care for patients.

For additional information about our initiatives and objectives, visit www.rwjf.org/quality.



Inpatient and Part B Spending per Decedent During the Last Two Years of Life for Chronically Ill Patients Dying During the Period of 2000–2003



SOURCE: Center for the Evaluative Clinical Sciences. *The Care of Patients With Severe Chronic Illness: An Online Report on the Medicare Program*. Dartmouth Atlas of Health Care, 2006.