



quality/equality



Fall 2008 | www.rwjf.org

For the most current information on our strategy, please visit our Web site at www.rwjf.org/qualityequality

The Robert Wood Johnson Foundation is committed to ensuring that all Americans receive quality health care. Specifically, we aim to help communities across the country set and achieve ambitious goals to improve the quality of health care in ways that matter to patients and their families, including patients from specific racial and ethnic backgrounds who often experience lower-quality care.

THE PROBLEM

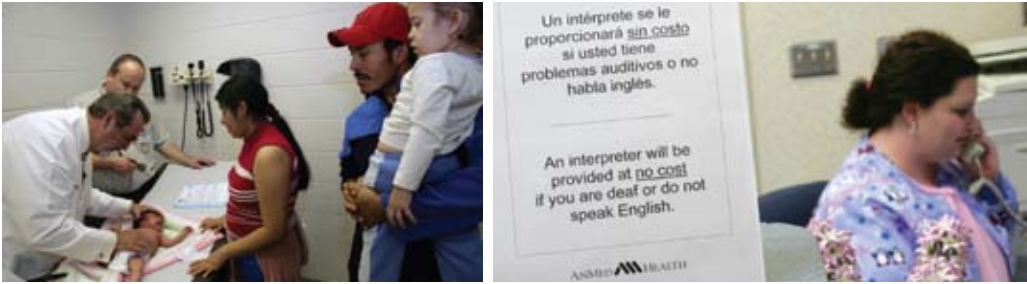
Despite advances in medical technology and science, health care in America is still fraught with uneven and often poor quality, especially in the treatment of chronic diseases that affect millions of Americans, like diabetes, asthma and cardiovascular disease. Although we know many of the best practices to improve the quality of treatment, formidable barriers prevent these practices from taking hold and transforming care across the country. In most communities, health care is delivered through fragmented systems within which hospitals, clinics, doctors, nurses and patients struggle to understand what quality care is and how to achieve it.

Beyond the burdens placed on providers and patients by dysfunctional health care systems, health care costs

are growing at a rate that places bigger burdens on our country's economy. Therefore, we need far more rational ways to determine if our health care delivers value that's worth the investment—value to patients, physicians, nurses, hospitals, health plans, businesses, and government. Right now, health care in America represents one of the biggest expenditures by the federal government and others and people still aren't getting the right care at the right time. For instance, the *Dartmouth Atlas*, an ongoing research project that produces data on regional differences in the delivery of health care services, reported huge variations in Medicare spending for end-of-life care in hospitals. One region showed an average of \$20,000 of Medicare expenditures on seriously ill patients, another region showed approximately

\$50,000 as an average total. Yet these differences in Medicare spending were not directly related to the number of patients, how sick the patients were, and worse yet, whether patients experienced better outcomes as a result of the higher expenditures. In other words, more and more costly care did not result in better care.

Not only do we have a quality and value problem in U.S. health care, but research shows that certain groups—from specific racial, ethnic, cultural and socioeconomic backgrounds—persistently suffer the lowest-quality care. These gaps in quality persist even when other factors, such as insurance status and income level, are taken into account between minority and non-minority patients.



With our Quality
we want to go
programs

In recent years, national organizations and the federal government have begun to coalesce around concepts of value and public reporting of quality and price information. These concepts depend upon the belief that making health care information about things like the cost and quality of health care more available to relevant stakeholder groups—like consumers, doctors, hospitals, and businesses—can create a better understanding of what high-quality care looks like and how to demand and achieve it. Although the Foundation has been and will remain active in these national efforts, we are now focusing our attention on our most ambitious effort to transform health care quality at the ground level, in communities across the country.

OUR APPROACH

One of the lessons we’ve learned from RWJF’s long history of investments to improve chronic care is that it is possible, with RWJF support and knowledge, to make incremental improvements in the quality of health care. Now, with our Quality/ Equality strategy, we want to go beyond the sum of what we’ve learned through our many programs and projects and achieve more sustained impact on the ground. Working in targeted communities is not a new experience for us—we have supported many quality demonstration projects involving hospitals and health plans in many different communities. However, most of our local initiatives on quality were not designed to influence all of the major forces that influence the quality of health care in any one community. Some have focused on hospitals, while others looked at the role of health plans and financial incentives. It will take the efforts of all forces working together to achieve fundamental community-wide improvements in quality. What we are driving towards now is sustained local collaboration towards shared and ambitious goals of high-quality health care.

In addition, we have brought together different strands from previous targeted strategies and made them explicit points of emphasis in the Quality/Equality strategic approach. We know, for example, that nurses play an integral role in patient care and can be a galvanizing force when they lead quality improvement efforts; we also know that we can take traditional quality improvement strategies like performance measurement and integrate ideas of how to address racial and ethnic gaps within those strategies.

WHAT WE FUND

RWJF’s Quality/Equality approach has four major components, each representing significant investments and multiple partners.

Aligning Forces for Quality. *Aligning Forces for Quality* is the core strategy of the Foundation’s longstanding commitment to improve the quality of health care that Americans receive. Through this national initiative, we are working to lift the overall quality of health and health care in targeted communities across the country.

Quality/Equality strategy, beyond the sum of what we've learned through our many and projects and achieve more sustained impact on the ground.

RWJF launched Aligning Forces for Quality in 2006 as an effort to help communities build health care systems where none now exist. The first phase of Aligning Forces provided community leadership teams with grants and substantial expert assistance to help them work with physicians to improve their quality of care, to measure and publicly report on the quality of ambulatory care, and to engage consumers to make informed choices about their own health and health care. The program expanded in June 2008 to include inpatient care, as well as a focus on reducing racial and ethnic gaps in care and enhancing the central role that nursing plays in good health care.

Transparency. While performance measurement and public reporting in quality have become more common, we need far greater collaboration at the federal and local levels to standardize measurement and reporting activities and create measures that are more meaningful to patients, providers and others.

For example, many of the quality measures now in use by health plans and agencies like Medicare only capture whether single, process oriented events happen in the course of a patient's treatment—like whether a heart attack patient receives a beta-blocker in the emergency room, for example. Developing measures that capture full episodes of care, so we can track not only what happened to a heart attack patient in an emergency room, but also the full care experience of that patient, will be increasingly useful.

Measuring progress. We are devoting a substantial portion of our portfolio to research, tracking and evaluation. Some of this work will involve using our existing research investments to assess more purposefully progress in the communities engaged in Aligning Forces for Quality, and issuing targeted solicitations to the field to garner ideas for new interventions and tools to help spur the pace of quality change and transformation.

Communications. We are going to design and execute communications activities and support at multiple levels. Local communities, for example, might require different types of targeted assistance with messaging, advocacy and engagement. At the national level, we will actively share the stories and lessons learned from our regional work.

WHAT WE DON'T FUND

The Quality/Equality team does not accept unsolicited proposals. We expect to issue specific solicitations for proposals and ideas periodically this year. If you are registered to receive content alerts through the Foundation's Web site at www.rwjf.org, you will receive notices of funding opportunities through these alerts.



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