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*President and CEO*

November 24, 2010

Donald M. Berwick, MD  
Administrator  
Centers for Medicare and Medicaid Services  
Room 314G  
Hubert H. Humphrey Building  
200 Independence Avenue SW  
Washington, DC 20201

Dear Don:

As I promised in our conversation after the meeting you and Nancy-Ann De Parle convened on ACOs last week, the following is some more information about the Network for Regional Healthcare Improvement (NRHI), our member Collaboratives, and ways I think we could help CMS in its efforts to implement the Affordable Care Act.

NRHI is the national membership organization for Regional Health Improvement Collaboratives – non-profit, multi-stakeholder, community-based organizations that work to improve the quality and reduce the costs of healthcare in a specific geographic region of the country (i.e., a metropolitan region or state). Attached is a list of the 31 member Collaboratives in NRHI and a map showing their locations. A number of our members participate in the Robert Wood Johnson Foundation's Aligning Forces for Quality program, and many are also designated as Chartered Value Exchanges (CVEs) by HHS and AHRQ, but NRHI's membership is broader than either of these programs.

The core mission of all Regional Health Improvement Collaboratives is to help transform their community's current health promotion and healthcare delivery systems to meet the Triple Aim goals of better health, better care, and affordable costs. Collaboratives are doing that in four key ways:

1. **Performance Measurement.** Most Regional Health Improvement Collaboratives serve as a neutral, trusted source of actionable information about the cost and quality of healthcare services, the health of the population, and/or the extent to which state-of-the-art methods of delivery, payment, and health promotion are being used in their community. This

enables the community to identify opportunities for reducing costs and improving quality and for monitoring whether those opportunities are being successfully addressed.

2. **Payment and Delivery System Reform.** A growing number of Regional Health Improvement Collaboratives are serving as a neutral planning and problem-solving forum where win-win multi-payer, multi-provider payment and delivery reforms can be designed and where the inevitable implementation problems can be discussed and resolved jointly by the affected stakeholders.
3. **Training and Assistance in Performance Improvement.** Many Regional Health Improvement Collaboratives operate programs through which physician practices, hospitals, and other healthcare providers can obtain affordable training, coaching, and technical assistance to enable them to analyze problems in care delivery and to design and successfully implement solutions.
4. **Consumer Education and Engagement.** Regional Health Improvement Collaboratives have developed a variety of creative, proactive efforts to help citizens in their communities (a) understand and actively engage in activities that will maintain and improve their health, (b) choose providers and services based on their cost and quality, and (c) support the delivery of higher quality, more coordinated care.

The Regional Health Improvement Collaboratives which are members of NRHI have been working to put these functions in place in dozens of communities around the country. I've attached a list with a sampling of the diversity of initiatives NRHI members have designed and implemented.

Our experience has demonstrated that to be truly successful, each of the above functions needs to be performed at the *local* level with the full support and involvement of *all of the key stakeholders* in health care – physicians, hospitals, health plans, employers, and consumers. Regional Health Improvement Collaboratives are an ideal mechanism for organizing and delivering these functions, because the affected stakeholders are directly engaged in the governance of the Collaborative and can help ensure that implementation is customized to the unique needs of each community.

We believe that all of these functions will be critical to the success of many of the major initiatives CMS will be undertaking over the next several years to implement the Affordable Care Act. Consequently, we also believe that **Regional Health Improvement Collaboratives can and should be a key partner for CMS in implementing major payment and delivery system reforms.**

For example, as CMS seeks to implement the Accountable Care Organization/Shared Savings Program, Regional Health Improvement Collaboratives can help by:

- analyzing local data on healthcare quality and costs to identify specific areas where savings can be achieved without rationing care, and assisting healthcare

providers develop a feasible business case for upfront investments in infrastructure and new services.

- building consensus on a common payment methodology among health plans, private employers, and the state Medicaid agency. A number of our Collaboratives have already convened multi-stakeholder Payment Reform Summits in their communities, and several have multi-payer payment reforms underway.
- providing training and technical assistance to help physician practices, hospitals, and other healthcare providers build collaborative relationships and improve the coordination of patient care without having to consolidate.
- collecting and reporting measures of patient experience along with quality of care measures based on clinical and claims data to ensure that delivery reforms genuinely improve care for patients.

Similarly, Regional Health Improvement Collaboratives can help the new Center for Medicare and Medicaid Innovation (CMMI) develop and implement innovative payment and delivery reforms which have participation from all payers and purchasers in a community, involve small physician practices, engage consumers, and successfully address key cost and quality issues.

In the past, the biggest stakeholder that has been missing from our Collaboratives' efforts has been CMS. We are excited that the Affordable Care Act has now provided the authorization and resources for CMS to participate in locally-designed payment and delivery system reforms, and that you have expressed a strong desire to support local, multi-stakeholder initiatives. There are two areas where we ask that you take action immediately to strengthen and reinforce the ability of Regional Health Improvement Collaboratives to support CMS's own goals:

1. **Provide access to Medicare claims data to Regional Health Improvement Collaboratives which do quality/cost measurement and reporting.** Most Collaboratives have sophisticated programs to assemble and analyze data from health insurance claims to help providers identify where there are opportunities to improve the quality and cost of care and to help patients choose the highest-value providers. However, in most cases, Collaboratives have been unable to obtain timely access to Medicare fee-for-service claims data in a usable format. We urge that CMS make Medicare claims data available to Regional Health Improvement Collaboratives as soon as possible so that they can help providers in their community identify successful strategies for forming ACOs and also to develop other innovative payment and delivery reforms that CMMI can support.
2. **Establish an explicit priority at CMMI for payment and delivery system demonstration projects developed by or in coordination with Regional Health Improvement Collaboratives.** We believe that the most successful, high-impact demonstration projects will be those which address the most important quality issues in a particular community, which have support from both

consumers and a broad range of healthcare providers, which have participation by payers other than Medicare, and which have effective local mechanisms of monitoring implementation and resolving problems. Announcing an explicit priority at CMMI for projects developed by or in coordination with Regional Health Improvement Collaboratives would ensure that CMMI is building on the extensive work that the Collaboratives have already done to build consensus on healthcare improvement strategies in their communities as well as encourage the creation of additional multi-stakeholder efforts across the country.

We would appreciate the opportunity to meet with you or your staff to explain these proposals in more detail and to discuss additional ways in which Regional Health Improvement Collaboratives could work as partners with CMS to achieve our mutual goals of better quality, more affordable, more patient-centered care. Thanks in advance for your consideration of our requests.

Sincerely,

A handwritten signature in black ink, appearing to read "Harold D. Miller". The signature is fluid and cursive, with a large loop at the end.

Harold D. Miller  
President and CEO

Cc: Jonathan Blum  
Ezekiel Emanuel, MD  
Richard Gilfillan, MD  
Caya Lewis

Attachments: List of NRHI Members  
Sample of Regional Health Improvement Collaborative Initiatives

## Regional Health Improvement Collaboratives in the Network for Regional Health Care Improvement

Albuquerque Coalition for Healthcare Quality  
Aligning Forces for Quality – South Central PA  
Alliance for Health (West Michigan)  
Better Health Greater Cleveland  
California Cooperative Healthcare Reporting Initiative  
California Quality Collaborative  
Finger Lakes Health Systems Agency  
Greater Detroit Area Health Council  
Health Improvement Collaborative of Greater Cincinnati  
Healthy Memphis Common Table  
Institute for Clinical Systems Improvement (Minnesota)  
Integrated Healthcare Association (California)  
Iowa Healthcare Collaborative  
Kansas City Quality Improvement Consortium  
Louisiana Health Care Quality Forum  
Maine Health Management Coalition  
Massachusetts Health Quality Partners  
Midwest Health Initiative (St. Louis)  
Minnesota Community Measurement  
Minnesota Healthcare Value Exchange  
Nevada Partnership for Value-Driven Healthcare (HealthInsight)  
New York Quality Alliance  
Oregon Health Care Quality Corporation  
P2 Collaborative of Western New York  
Pittsburgh Regional Health Initiative  
Puget Sound Health Alliance  
Quality Counts (Maine)  
Quality Quest for Health of Illinois  
Utah Partnership for Value-Driven Healthcare (HealthInsight)  
Wisconsin Collaborative for Healthcare Quality  
Wisconsin Healthcare Value Exchange



## Examples of Healthcare Quality and Cost Improvement Initiatives of Regional Health Improvement Collaboratives

- Minnesota Community Measurement ([www.mncommunitymeasurement.org](http://www.mncommunitymeasurement.org)) has established “The D5: 5 Goals for Living with Diabetes” ([www.thed5.org](http://www.thed5.org)) to make it easier for people with diabetes to manage their condition and to find the healthcare providers who can most effectively help them.
- The Pittsburgh Regional Health Initiative ([www.prhi.org](http://www.prhi.org)) is using research on effective self-management support programs for patients with chronic disease and on effective identification and intervention programs for patients with depression and substance abuse problems to reduce hospital admissions and readmissions. PRHI’s Perfecting Patient Care program has helped a wide range of healthcare professionals successfully reduce or eliminate serious quality problems.
- The Institute for Clinical Systems Improvement ([www.icsi.org](http://www.icsi.org)) designed guidelines for the use of high-technology diagnostic imaging and helped physicians implement an embedded decision support system for use of imaging that has replaced health plan prior authorization systems and saved millions of dollars.
- Massachusetts Health Quality Partners ([www.mhqp.org](http://www.mhqp.org)) has worked with physicians to develop and disseminate evidence-based practice guidelines and quality improvement tools for chronic disease care, and has implemented patient experience of care measures to complement quality metrics.
- The Maine Health Management Coalition ([www.mehmc.org](http://www.mehmc.org)) is supporting joint planning between purchasers and providers about how to change payment systems, benefit structures, etc. in order to support a statewide move to global payment and Accountable Care Organizations.
- The Wisconsin Collaborative for Healthcare Quality ([www.wchq.org](http://www.wchq.org)) has worked with a consortium of organizations to improve patient-provider communication and help patients better understand health instructions.
- Quality Quest for Health of Illinois ([www.qualityquest.org](http://www.qualityquest.org)) has worked with physicians to develop and publicly report on a 9-component composite measure of the “best quality” colonoscopies in the community.
- HealthInsight ([www.healthinsight.org](http://www.healthinsight.org)) has been working to develop multi-stakeholder consensus on payment and delivery reforms in both Nevada and Utah and to work with physician practices and hospitals to improve the efficiency and effectiveness with which they deliver evidence-based care.
- The Greater Detroit Area Health Council ([www.gdahc.org](http://www.gdahc.org) and [www.mycarecompare.org](http://www.mycarecompare.org)) has issued public reports on physician organization performance in a variety of areas over the past three years, which has led to significant improvements in diabetes, breast cancer screening, and antibiotic use for children in southeast Michigan.
- The Louisiana Health Care Quality Forum ([www.lhcgf.org](http://www.lhcgf.org)) is working with physician practices across the state to help them successfully use EHRs to improve patient care and to implement patient-centered medical homes.
- The Iowa Healthcare Collaborative ([www.ihtonline.org](http://www.ihtonline.org)) issues detailed quality reports on hospitals and has implemented initiatives to improve quality and safety of treatment for patients with cardiovascular disease, reduce hospital-acquired infections and pressure sores, and other areas.
- The Oregon Health Care Quality Corporation ([www.q-corp.org](http://www.q-corp.org)) has developed patient-friendly materials to help people select quality healthcare providers and work with them to develop appropriate treatment plans.
- The California Cooperative Healthcare Reporting Initiative ([www.cchri.org](http://www.cchri.org)) issues public reports on clinical quality, patient satisfaction, and patient access for health plans, physician groups, and individual physicians.
- The Puget Sound Health Alliance ([www.pugetsoundhealthalliance.org](http://www.pugetsoundhealthalliance.org)) has been comparing providers’ quality performance for Medicaid recipients and commercially-insured patients in order to reduce disparities in care.
- Better Health Greater Cleveland ([www.betterhealthcleveland.org](http://www.betterhealthcleveland.org)) reports quality scores on physician practices twice per year and designates the top-performing “Gold Star Practices.”
- The Integrated Healthcare Association ([www.ihc.org](http://www.ihc.org)) operates the largest multi-payer pay-for-performance program in the nation and is now working with providers and payers to implement episode-of-care payment for joint replacement.

