

Regional Healthcare Improvement Collaboratives (RHICs): What Five Roles in Health Care Transformation Do They Play?

Regional Health Improvement Collaboratives (RHICs) help their communities to deliver higher-quality, more affordable healthcare in many different ways. Their five important roles involve measuring health system performance, facilitating payment and delivery system reform, providing training and assistance to providers, educating consumers, and helping to plan and coordinate many different health improvement activities in communities across the U.S.

1. PERFORMANCE MEASUREMENT

It is a well-known principle that “you can’t manage what you can’t measure.” In the case of healthcare transformation, communities need the ability to identify opportunities for reducing costs and improving quality and to monitor whether those opportunities are being successfully addressed. RHICs can serve as neutral, trusted sources 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 communities.

RHICs across the country are publishing reports on many aspects of the quality and cost of care that are not available to either the public or healthcare providers through any other source. These measurement and reporting initiatives are developed and operated with the active involvement and supervision of the hospitals and physicians whose performance is being measured. This input from providers ensures that the measures are meaningful, and the data are accurate. This, in turn, increases the willingness of healthcare providers to change care processes in order to improve overall performance.

RHICs typically report on the following:

- The quality of physician and hospital services;
- Health plan performance;
- Patient experience of care;
- Cost of healthcare services; and
- Disparities in quality

2. PAYMENT AND DELIVERY SYSTEM REFORM

Although performance-measurement efforts have made a positive impact on quality, only so much can be done when healthcare payment systems penalize improvement and the fragmentation of providers impedes coordination. Significant changes in the way health care is paid for; the way providers are organized; and the way consumer benefits are structured will be needed to achieve greater value in healthcare. To be successful, these changes must be made in a coordinated way. RHICs can serve as a neutral planning and

problem-solving forum where win-win multi-payer, multi-provider payment and delivery reforms can be designed.

In a number of cases, the performance measures collected and reported by RHICs are being used by all employers and health plans in the community to reward providers that deliver higher-quality care and to encourage patients to use higher-quality providers.

A number of RHICs have held regional Payment Reform Summits to build consensus in their communities on the types of payment reforms, which should be implemented by all payers, so that physicians and other healthcare providers are not forced to deal with multiple, disparate new payment structures. Many RHICs are also working with all of the stakeholders in their communities to implement multi-payer payment reforms.

As more communities begin efforts to develop and implement payment changes, the performance measurement capabilities of RHICs have grown. For example, in order to define outcome targets and strategies for reaching them, healthcare providers need information about the current costs and outcomes associated with their patients. The data that many RHICs are already collecting can serve as a trusted source of information that both providers and payers can use to design and implement new payment models.

Finally, no matter how much effort is put into designing new payment systems and delivery system reforms, implementation problems will inevitably arise. A RHIC that is supported by all stakeholders and perceived by them as neutral can provide a critical mediation mechanism for resolving problems quickly and effectively.

3. TRAINING AND ASSISTANCE IN PERFORMANCE IMPROVEMENT

Although measurement and reporting and changes in payment systems and organizational structures are necessary to support higher-value healthcare delivery, improvements in quality, efficiency, and patient satisfaction are actually achieved through the actions of frontline healthcare workers. RHICs can operate programs that enable physicians, nurses, hospital administrators, and other healthcare professionals to obtain affordable training, coaching, and technical assistance on ways to analyze problems in care delivery and ways to design and successfully implement solutions. RHICs can also help providers—either individually or in groups— to better organize and deliver healthcare in order to improve quality and efficiency.

4. PATIENT EDUCATION AND ENGAGEMENT

Even the best-performing healthcare providers can only do so much to improve quality and reduce costs without strong support and engagement from patients. RHICs can 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.

5. STRATEGIC PLANNING AND COORDINATION

Finally, in addition to the previous four roles, an increasingly important role for RHICs will likely be to provide the critical planning, coordinating, and support roles that will ensure these many inter-related changes happen successfully and in a coordinated way. The structure of a RHIC is designed specifically to help build consensus among all stakeholders on the changes needed in their community, and then to provide support and coordinate the implementation of those changes.

For more information about RHICs or to find or form one in your region, please visit www.nrhi.org.