



By December 2014, NRHI will have unprecedented transparent, standardized multi-payer commercial cost data for five states including Oregon, Colorado, Minnesota, Missouri and Maine. NRHI members will have produced comparable analyses on HealthPartners® Total Cost of Care and Resource Use- the National Quality Forum's only endorsed cost measure set that will enable efficiency comparisons within and across regions. These NRHI members have successfully engaged their community stakeholders, including physicians, in the development of these reports and through established, trusted relationships, provide ready access to practice sites to disseminate the AIM findings and test their replicability.

We know from experience that availability of credible, actionable and transparent data generates demand for improvement support. NRHI is uniquely experienced and well-positioned to recruit regional physician change agents and have already generated more demand for cost reduction assistance than we can currently meet. Our members need the content to help physicians know how to improve against newly available measures.

We propose a multi-faceted, multi-year partnership project with Stanford Clinical Excellence Research Center (CERC) to combine regional data with practice transformation expertise to take their work to scale across our member regions. This would take several forms:

1. By standardizing and comparing the data we will be able to identify variations in cost and resource use across regions and establish practice level baseline information to measure progress over time.
2. By comparing 2012 and 2013 cost and resource use results, we would be able to identify the natural variation in (1) strategies used by local physician groups; (2) key characteristics of the region (eg more of fewer ACOs, payer tiering programs or payment reforms); and 3) level of adoption of AIM features. NRHI would provide the collected data to CERC for preparation of a publishable research-grade analysis of the relationship between these variations and the subsequent velocity of improvement.
3. NRHI will disseminate and promote the practice features identified through the AIM research in the 5 regions to help physicians learn how to improve.
4. During the NRHI National Physician Leadership Seminar in August at Stanford, NRHI can begin the process of identifying 4-5 diverse practice sites that may wish to receive extra help from CERC for the rapid replicability of AIM features.

5. Due to NRHI's access to a wide range of physician practices, it could potentially provide a control group of practices that did not elect to accept help or were randomly assigned a delayed roll out, which could considerably strengthen the validity of the study of the factors noted above.

If the first phase of research is completed as proposed, NRHI and CERC would have unparalleled data and insight into the actual impact and effectiveness of AIM interventions tested and tracked against the nation's only available multipayer commercial cost data. We propose the following activities to build on those results and realize the potential of the opportunities identified:

- Extend the initial NRHI measurement pilot for at least 2 additional years to continue to measure progress over time.
- Expand the number of regions with standard TCoC results by supporting additional RHICs to produce the data using experience from the initial 5 sites.
- Apply the improvement curriculum established in the first 5 regions to future sites to test scalability.
- Develop and test a curriculum to enable practices to progress to become higher performing as measured by the TCoC data.
- Implement this curriculum in each of the 5 pilot states and test to understand variables that enable improvement.
- Expand practice transformation support using lessons learned from Year 1 and continue to track progress against the baseline.
- Continue and expand NRHI's National Physician Leadership Seminar on Total Cost of Care and Resource Use being piloted this summer at Stanford into an ongoing regional and national program.

We believe that we have a unique and critically important opportunity to use data, practice transformation skills and strong community based multi-stakeholder forums to truly accelerate improvement. None of this work has been done and this would represent a powerful contribution to the field. With funding support and effective partnerships, we believe this is a ready option for immediate implementation and impact.