The Rhode Island Quality Institute

The Rhode Island Quality Institute (RIQI)

A collaboration among hospitals, health care providers, insurers, business, academe and government for the purpose of improving the quality, safety and value delivered by the health care system in Rhode Island.

Our Mission

To improve the quality, safety and efficiency of health care in Rhode Island and serve as a learning laboratory for the nation.

The Rhode Island Health Improvement Initiative (RIHII)

- Give physicians the tools they need
  - Information Technology
  - Connectivity
  - Best Practices (EBM, Chronic Care Model, Person-Centered Care, etc.)
  - Heavy implementation Support
- Reward physicians' use of best practices
- Fund it through a stakeholder coalition
- Share the gains with physicians
- Provide community governance

Critical to Our Success- RIQI Guiding Principles

- Collaboration—first and foremost
- Real improvement required
- Win-win for all participants
- Focus on system improvements that none of us can achieve alone
- Senior Leader presence required—bring anyone else you like, but not as a substitute

Also important to our success…

- Strong, effective board leadership and broad-based participation
- Insistence on senior leader presence at the table
- Starting small (we started with true e-prescribing statewide—linking prescribers with pharmacies electronically)
- Achieving measurable progress quickly

Also important to our success… (cont.)

- The active involvement of those who are required to change as a result of the new initiatives
- Keeping RIQI on the lean side—this ensures that the participating organizations work together directly and the "collaboration" doesn't just take place between RIQI and each member organization—but among the member organizations themselves
- Flexibility—the willingness to adjust based on new learning
- Complete transparency

Barriers to Progress

- Generating adequate funding to support tests of innovative concepts before proof of concept has been achieved
- Getting business/employers actively engaged beyond attendance at meetings
- Understanding and communicating the potential effect on each participating organization's strategy and future

Barriers to Progress (cont.)

- The fragmented nature of physician clinical practice—many offices of 1-2 physicians in RI
- Having to balance local readiness to move ahead with the need to stay aligned with key national developments
- Determining methods for measuring and extracting any expected savings and seeing to it that those savings are returned to the purchasers

Changes with the Greatest Potential Leverage in Reducing Barriers

- Immediate, significant federal funding for a selection of demonstration projects to speed learning
- Longer-term governmental funding—a la the white paper *Spending Our Money Wisely* by the Health Technology Center and Manatt, Phelps & Phillips, LLP on the revolving loan concept and/or an approach analogous to the building the interstate highway system
- Aligning incentives for physicians to adopt IT and practice evidence-based medicine
- Getting the standards work completed

Getting Started

- Gather a core group of interested, committed people with the ability to lead others
- Identify local leadership who can institute the process of organizing of the effort and can engage others
- Draft a shared vision of the future you want to create together
- Identify the goals which are key to achieving that vision
- Agree on how you will work together (guiding principles); *insist* on the demonstration of mutual respect

Getting Started (cont.)

- Assemble the research that informs your effort and communicate it clearly
- Build the quality case and the business case for your efforts and communicate them clearly
- Identify tangible, manageable projects/activities that can be undertaken quickly to build momentum
- Seek funding early (and often!); Explore options for long-term funding as well as those for short-term launch funding
- Keep the focus on the consumer/patient & family

Stakeholders to Invite to the Table

- Anyone that will have to lead and undergo change in order for your initiatives to succeed:
  - Hospitals and Health Care Systems
  - Physicians, Nurses, Pharmacists and other clinical leaders
  - Consumers
  - Insurers
  - Business/Employers
  - Governmental leaders

Stakeholders to Invite to the Table (cont.)

- Include others that play key roles in moving the initiatives forward, for example:
  - Academe
  - Hospital Associations
  - The QIOs
  - Economic Development Organizations
  - Foundations

Getting Key Stakeholders to the Table

- Start with a core group of well-respected, influential people to lead the initiative; choose those who are forward-thinking opinion leaders--those that if they get on the bandwagon, others will, too
- Relationships are key--it matters who does the asking
- Commit to action—not more rumination/pontification about the problems in health care
- Consider starting with education forums-- learning together is a great place to start building a common vision and commitment

Getting Key Stakeholders to the Table (cont.)

- Develop at least a draft vision, goals and high-level action steps as early in the process as possible
- Stay on the moral high ground—emphasize the patient/consumer focus and cooperation. Avoid using this type of initiative as a way to “gang up”, lay blame or expose the assumed greed/incompetence of some other component of the health care system