

PROSPECTUS



IHI Leadership Alliance

Year 4 (October 2017–September 2018)

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Welcome

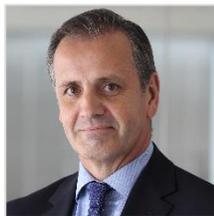
More than ever, patients, families, providers, and communities are looking for bold and visionary health care leaders — leaders who believe that we must change the dialogue about health care from one that focuses on reimbursement and regulation to one that makes the pursuit of health and healing paramount. At this critical moment, health care needs leaders with the courage to develop, design, and test new models of innovation, collaboration, and governance that can take health care beyond its traditional limits.

The IHI Leadership Alliance is a dynamic collaboration of leaders united by a common mission — to work with one another and in partnership with our patients, workforces, and communities to deliver on the full promise of the IHI Triple Aim. IHI believes the pursuit of the Triple Aim continues to be the True North for health care organizations. However, the engagement of staff is a key strategy to achieve this goal. Leaders play a pivotal role in building a future where our workforce will thrive. We are a learning community characterized by courage, creativity, and curiosity. Together, we are committed to championing the radical redesign of health care based on a set of [guiding principles](#) crafted by the Alliance. Our collective efforts are inspired by principles such as assume abundance; move knowledge, not people; create joy in work; and return the money. Alliance leaders work together, in person, to create opportunities for new conversations; in workgroups that bridge the gap between innovative ideas and practical application; and in Alliance-wide virtual spaces that expose members to hot topics and leverage all the assets within this expanding community.

We invite you to join us as a member of the IHI Leadership Alliance — to become part of a growing movement of pioneering organizations committed to changing health care [from the inside out](#). Our collective work has the potential to make a profound impact on patients, families, providers, communities, and the health care system as a whole.

We look forward to shaping the future together.

Sincerely,



Derek Feeley, DBA
President and CEO
Institute for Healthcare
Improvement



Don Berwick, MD, MPP, FRCP
*President Emeritus and
Senior Fellow*
Institute for Healthcare
Improvement



Jill Duncan, RN, MS, MPH
Executive Director
Institute for Healthcare
Improvement

Overview

Care better than we've ever seen; health better than we've ever known; cost we can all afford... for every person, every time.

This is the vision of the IHI Leadership Alliance, a coalition of progressive health system executives and their teams fully committed to a single mission:

In partnership with our patients, workforces, and communities, we will deliver on the full promise of the IHI Triple Aim.

With IHI President and CEO Derek Feeley and President Emeritus and Senior Fellow Don Berwick at the helm, the Leadership Alliance is a forum in which thoughtful and committed leaders tackle today's pressing health care challenges in creative, collaborative, and courageous ways while also innovating toward the health care system of the future.

Why Join the Leadership Alliance?

The success of the Leadership Alliance is grounded in the members' commitment to each other to engage, communicate, and collectively act. While supported by the IHI team, the Alliance is not a traditional collaborative. There is not a specific, single change package members are testing and spreading. The benefit of the Alliance, to members and to health care, comes from a group of leaders leveraging their collective experience, wisdom, and passion in creating the changes they want to see for the future.

In Year 4 of the Leadership Alliance (October 2017 through September 2018), new members will join returning organizations in discussions facilitated by experts, collaborative testing, and shared learning aimed at helping members and their teams navigate through challenging times and new territories. Key priorities for Year 4 include leveraging the growing collective voice around topics and issues that are top of mind for Alliance leaders today, as well as looking ahead to the future. Alliance members have a wealth of opportunities, both in person and virtual, to engage with each other and with outside experts on crucial and timely issues.



In-Person Meetings: Leadership Alliance members meet in person two times each year: in the fall and in the spring (Year 4 dates and locations TBD). These meetings expose Alliance members to cutting-edge thinkers and create collaborative opportunities to build models that advance their goals. A significant component of these in-person meeting is networking. A portion of each program is also dedicated to personal leadership development.

Over the past two years, members convened in **San Francisco, Chicago, Washington, DC, and Boston**. The 2015 Fall Meeting in Chicago focused on the cross-cutting theme of innovation and included a visit to MATTER, a Chicago-based health care startup incubator. At [MATTER](#), Alliance members participated in a dynamic set of activities that introduced new approaches to innovation as well as results-oriented, user-centered design. Activities also included a personal leadership development session facilitated by the Center for Courage & Renewal; a conversation with Dr. James Madara, EVP and CEO of the American Medical Association (AMA); and the launch of three Alliance workgroups: “*Why Can’t Our EHRs Be More Like Our Smartphones?*”; “*Every Local Leader Has Engaged, Happy, and Productive Staff*”; and “*Breaking the Old Rules to Allow Radical Redesign to Thrive*.” For more information on these workgroups, please see page 7.

The 2016 Spring Meeting in **Washington, DC**, brought together Alliance members in a spirit of “collective voice.” Examples of the activities and dynamic dialogue from this meeting included:

- A session with Senator Sheldon Whitehouse, US Senator from Rhode Island, and Meryl Moss, Chief Operating Officer, Coastal Medical, to discuss their collaboration to transform health care in Rhode Island;
- Discussions on executive influence in today’s health care environment and potential influence of the 2016 election with Chris Jennings, President, Jennings Policy Strategies, Inc., Former Deputy Assistant to President Obama for Health Policy; and
- A town hall discussion with Andy Slavitt, Acting Administrator, Centers for Medicare & Medicaid Services (CMS), and Patrick Conway, Deputy Administrator for Innovation and Quality, Chief Medical Officer, CMS.

“I am not sure any other group besides IHI could have convened that broad a range of perspectives. The spring multi-stakeholder meeting with EHR vendors, government, and private sector innovators was the most exciting IHI event I have been to in a decade.”

—Steve Tierney, Medical Director and CMIO, Southcentral Foundation (Alliance member in Years 2 and 3)

The 2016 Fall Meeting in **Boston, MA**, convened members around top-of-mind issues such as emerging health policy, current politics, activated patient leaders, and the state of the health workforce. Sessions from this meeting featured:

- Thomas Lee, Chief Medical Officer for Press Ganey, issuing a challenge to leaders to foster an organizational and professional culture that enables and supports resilient thinking and action at individual, departmental, and organizational levels; and to promote empathy as a business asset;
- Don Berwick facilitating a panel discussion among Alliance members and a patient advocate about the challenges of keeping people healthy and what they see as the promising paths forward;
- Tiffany Christensen, Patient Advocate for Duke University Hospital, challenging members to think differently about co-design and how health care professionals can build systems to better activate and engage patients; and

- David Cutler, Otto Eckstein Professor of Applied Economics at Harvard University, stimulating dialogue about the Affordable Care Act and providers' roles in shaping policy and driving the national conversation for improved efficiency and reduced cost.

Leadership Alliance members also receive complimentary enrollment for two leaders to attend the CEO and Leadership Summit, an all-day program for senior executives offered at the [IHI National Forum on Quality Improvement in Health Care](#) held every December. Additionally, all Alliance members who attend the National Forum are invited to an Alliance member reception. At the 2015 National Forum, members had a private audience with the Surgeon General of the United States, Vice Admiral Vivek Murthy.



Alliance members learn, collaborate, and celebrate together during bi-annual meetings.

Workgroups: Alliance members are encouraged to participate in virtual workgroups to accelerate their organizations' strategic efforts. The workgroups' aims and final outputs are generated by Alliance leaders. These groups are the "engine" of on-the-ground improvement and innovation, and senior leaders often engage their most able improvers and promising leaders in this work. The workgroup framework is organic and agile, relying on Alliance member input to guide topic selection and focus workgroups on the issues that matter most to leaders.

"This is a phenomenal group of thought leaders. This work is bringing back hope for a long, satisfying career in health care AND better health for all."

—Eric Brown, Palmetto Health
(Alliance member in Years 1 and 2)

Four brief examples of past workgroups are outlined on the next page.

1. *Breaking the Old Rules to Allow Radical Redesign to Thrive*

Since 2001, the 10 “simple rules” proposed by the Institute of Medicine¹ have served as guideposts for health system leaders. Although these rules are surely still relevant, the health care landscape has changed significantly since the report was first published almost 15 years ago. Recognizing that new aspirations may benefit from a new set of guiding principles, Alliance members co-created the “[10 New Rules for Radical Redesign in Health Care](#)” (listed on the right) as part of Year 1 workgroup collaborations.

This work carried forward into Year 2 and inspired Alliance members to consider new opportunities and move toward action. As health care leaders, we often create or promote rules, policies, or habits — all with the best of intentions — that do little to improve the care experience for patients, families, or staff. On **January 11–15, 2016**, Alliance members came together to ask patients, families, and staff a simple, but galvanizing question: “*If you could break or change one rule in service of better care for patients or staff, what would it be and why?*” This week of “[rule-breaking exploration](#)” resulted in nearly 400 rules submitted by 24 participating Alliance organizations. Organizations then worked locally to explore whether the rules and habits surfaced by their patients and local providers could, in fact, be broken. Some of the rules requiring dialogue at a national level related to policies and information sharing practices were brought directly to CMS as part of the 2016 Alliance Spring Meeting.

New Rules for Radical Redesign

1. Change the balance of power
2. Standardize what makes sense
3. Customize to the individual
4. Promote wellbeing
5. Create joy in work
6. Make it easy
7. Move knowledge, not people
8. Collaborate and cooperate
9. Assume abundance
10. Return the money

2. *Why Can't Our EHRs Be More Like Our Smartphones?*

The full promise of EHRs has yet to be realized. Alliance members explored how to best leverage EHRs to drive quality, safety, and population health management while being mindful of the end-user experience. Members also spent time identifying bright spots and opportunities across the Alliance while developing recommendations to bring about faster adoption, greater collaboration to address gaps, and wider dissemination of best practices. These efforts culminated in a written Call to Action and a multistakeholder meeting in May 2016. The multistakeholder gathering included executive leaders from the top five EHR vendors, as well as senior leaders from the public and private sector. The group generated a “Top 10” list of suggested “road signs” to shape private and public sector initiatives for the next five years. This draft “road map” is currently being integrated into additional publication pieces; and a brief summary of the meeting and the Call to Action was shared with both CMS and the Office of the National Coordinator for Health Information Technology (ONC).

3. *Addressing the Opioid Epidemic*

Alliance members, like colleagues across the country, are alarmed by the increasing toll the opioid epidemic is taking on individuals, families, and communities. Alliance members partnered with IHI's Innovation Team to test a system-wide approach that brings individuals, health care delivery

¹ Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academies Press; 2001.

systems, and communities together in an effort to reduce opioid misuse, abuse, and dependence. Leadership Alliance members tested changes and shared learning across this workgroup.

4. Every Local Leader has Engaged, Happy, and Productive Staff: Joy in Work

Although the phrase “joy in work” sounds “soft,” IHI believes this phrase encapsulates the aspirational goal of true workforce engagement. There is strong and growing evidence that a joyful, engaged workforce leads to better teamwork, productivity, patient experience, and outcomes. Yet organizations often revert to low-leverage strategies to improve employee engagement, such as staff parties and incentives. While these strategies have a time and place, they are often overused and usually insufficient. Instead, Alliance members agreed that organizations should consider a participative process where leaders listen to “what matters” to staff. Once organizations understand where they are — quantitatively and qualitatively — they can identify high-leverage strategies to improve joy in work. The Leadership Alliance members generated a long list of potential change ideas and selected six of these as high-leverage leadership behaviors to address with further testing and exploration. These behaviors were: communicate about meaning and purpose of work; be visible and connected; hold themselves accountable; build capable local leaders; remove work inefficiencies; and give front-line staff a voice and role to play improving joy in work.

Innovation Week: Building on the success and impact of the Alliance’s *Breaking the Old Rules to Allow Radical Redesign to Thrive* Workgroup, this annual, week-long event provides Alliance members with innovation-focused efforts and further opportunities for “rule-breaking exploration” and other collaborative investigation.

Monthly Leadership Roundtable Webinar

Series: Facilitated by Don Berwick and Derek Feeley, these webinar discussions focus around top-of-mind, current event issues, and provide Alliance members with access to innovative leaders and national authorities both in and outside of health care. Recent guest speakers have included Atul Gawande, Executive Director of Ariadne Labs; Kathleen Sebelius, Former United States Secretary of Health and Human Services; and Kate Goodrich, Director of the Center for Clinical Standards and Quality (CCSQ) at the Centers for Medicare & Medicaid Services (CMS).

“The Leadership Alliance has been so impactful. Brilliant, passionate, innovative minds from many different perspectives... Periodically, we need to be reminded that we can truly change the world.”

— Peter Sneed, Northern Physicians Organization (Alliance member in Years 1 and 2)

Quarterly Behind the Boardroom Webinar Series: These calls feature in-depth virtual site visits to innovative organizations within and outside the Alliance to observe change in action and harvest lessons that can be applied broadly.

Other Virtual Connections: Alliance members stay connected virtually by means of a bi-weekly newsletter and a listserv currently connecting approximately 500 participants from 40 organizations, including IHI staff and faculty engaged in the Alliance.

Collective Voice: In addition to the in-person and virtual engagement, members channel their insights and experiences into developing a “collective voice” within the Alliance, contributing their thought leadership via meetings with key stakeholders, published reports, journal articles, as well as traditional and social media. There is growing momentum by current members to expand the Alliance’s collective voice in the work ahead. During the 2016 Spring Meeting in Washington, DC, members received a two-day “tutorial” from policy experts on the role of health care delivery system leaders in effecting the change they most want to see in the future.



Helen Macfie, Chief Transformation Officer for MemorialCare Health System, at the 2016 Spring Meeting.

A full list of published or printed collective voice outputs is included on [page 15](#).

Timeline for Year 4 Leadership Alliance activities:

	Oct 2017	November	December	Jan 2018	February	March	April	May	June	July	August	September
In-Person Meetings	•							•				
Leadership Roundtable Webinars		•		•	•	•	•		•	•	•	•
Behind the Boardroom Webinars		•			•				•			•
Workgroup Activities		•	•	•	•	•	•	•	•	•	•	•
Dissemination and Collective Voice (CV)				•	•	•	•	•	•	•	•	•
Innovation Week					•							
Leadership Development	•							•				
IHI National Forum CEO Summit			•									
IHI National Forum Reception			•									
IHI National Forum Special Events			•									

Benefits of Participation

Since its launch in 2014, the Alliance has built momentum in several areas, and new members will both benefit from the work thus far and strengthen the work to come.

In the words of our members:

“We as leaders see that our obligation is not just to our own hospitals, or health systems, or care centers, but for all the communities throughout the US. Through the Leadership Alliance, we’ve gotten the chance to speak to people in government, and EHR vendors, for example, to really move things along. The Leadership Alliance allows us the opportunity to start to take control of things.”

—Mark Jarrett, Senior Vice President and Chief Quality Officer
at Northwell Health (Alliance member in Years 1, 2, and 3)

“The opportunity to gather with folks who are like-minded around ‘let’s do something, let’s make something happen, let’s shake it up’ was what drove us to join the Leadership Alliance.”

—Ann Lewis, Chief Executive Officer at CareSouth Carolina
(Alliance member in Years 1, 2, and 3)

IHI Leadership Alliance members:

- Learn from and network with peers, as well as other industry exemplars;
- Gain exposure to promising approaches and real experience of what works;
- Collaborate with other members and with experts in health care and other fields, sharing approaches, innovations, successes, and failures to accelerate their individual and collective efforts;
- Test and innovate to push through the status quo with support of other health system leaders across North America;
- Harvest insight that influences priorities and action items in support of their organizations’ missions and strategic plans;
- Contribute to the collective voice of forward-thinking health system leaders to better inform private industry and public institutions about the possibilities of improving health care and the system changes needed to do so;
- Attain recognition and accelerate reach and spread through publications and other collective voice initiatives;
- Engage leaders and staff in facilitated forums to tap into collective creativity and insights that exist within member organizations;
- Develop personal and organizational leadership; and
- Contribute thought leadership aimed at shaping the national dialogue around health and health care.

Who Should Participate

We welcome organizations that believe that sharing and learning with each other and partnering with patients, workforces, and communities can help us individually and collectively get better, faster. In other words, organizations that:

- Have commitments from the highest levels of organizational leadership that delivering on the full promise of the Triple Aim is of strategic importance;
- Are willing to share generously and commit the time and resources required to meaningfully engage in developing, testing, implementing, and measuring care redesign efforts; and
- Are fully committed to moving from talking to doing, and from aspiring to achieving.

To gain maximum value from the Leadership Alliance, IHI recommends designating a senior executive to be the overall organizational sponsor, and a leader of the multidisciplinary team that will engage deeply in the work of the Alliance. Members are encouraged to identify a team of operational, clinical, quality, finance, and human resource leaders who can commit time to engaging actively in Alliance activities. Team members may include the CEO, COO, CFO, CNO, CMO, CQO, and those they designate as emerging leaders. Many participating members find that the Alliance is a strong network for mentoring emerging leaders alongside their more senior colleagues.



Alliance members during an interactive exercise at the 2015 Fall Meeting in Chicago, Illinois.

How to Enroll

To enroll your organization, please email Leadership Alliance Project Manager Alyssa Saraswat at asaraswat@ihi.org. We strongly encourage connecting with the IHI team for a brief introductory call to learn more about the Alliance and discuss what membership might look like for your team.

Once enrolled, new members begin a customized onboarding process with the IHI team and will engage fully in the work of the Alliance starting in October 2017. Participation continues through September 2018, at which time members will have the option to continue for Year 5.

Fees and scholarships:

- The cost for one year of participation is \$40,000, which includes all Alliance activities such as:
 - Unlimited participation in all virtual learning activities;
 - Attendance at all face-to-face meetings; and
 - Enrollment for two leaders in the CEO and Leadership Summit at the 29th Annual IHI National Forum in December 2017.
- A limited number of partial scholarships are available for primary care organizations and federally qualified health centers or safety net organizations.

The Leadership Alliance accepts a limited number of industry members, such as professional or industry groups and hospital associations, at a discounted membership fee. To determine if your organization might be eligible for industry membership, please contact Alyssa Saraswat at asaraswat@ihi.org.

We are also able to offer discounted fees to groups of three or more hospitals within a health care delivery system enrolling in the Alliance together. For more information, contact Alyssa Saraswat at asaraswat@ihi.org.

Please note: Teams are encouraged to enroll prior to July 2017 in order to allow time to form teams and prepare for the October 2017 kick-off meeting.

Learn More

- Visit: ihi.org/LeadershipAlliance
- Email: Alyssa Saraswat, Leadership Alliance Project Manager (asaraswat@ihi.org)
- Call: (617) 301-4800

Leadership Alliance Members: Year 3

Air Force Medical Department
Alberta Health Services
Army Medical Department
Baystate Health
Bellin Health
CareSouth Carolina
Charleston Area Medical Center
Christiana Care Health System
Cincinnati Children's Hospital Medical Center
Coastal Medical
Consulate Health Care
Dignity Health
Emerald Physicians
GBMC HealthCare System
Geisinger Health System
Genesis HealthCare
Health Quality Council of Alberta
HealthPartners
Henry Ford Health System
Kaiser Permanente
Kansas Healthcare Collaborative
Keck Medicine of USC
Mayo Clinic
Memorial Hermann
MemorialCare Health System
Missouri Hospital Association
National Capital Region Medical Directorate
Navy Medical Department
North Carolina Hospital Association
Northwell Health
Palmetto Health
Parkview Health System
Providence St. Joseph Health
Roanoke Chowan Community Health Center
Sanford Health Network
Sibley Memorial Hospital
South Carolina Hospital Association
Southcentral Foundation
The Dartmouth Institute
UMass Memorial Health Care
University of Arkansas for Medical Sciences
UPMC



Leadership Alliance External Guest Speakers

Although this program often features Alliance members as speakers, below are some highlights of the guest thought leaders and provocateurs who have contributed to virtual engagements or participated in Leadership Alliance in-person meetings in the last three years.

Sanjeev Arora, MD, FACP, FACG

Director and Founder of Project ECHO

Professor of Medicine, Department of Internal Medicine at University of New Mexico Health Sciences Center

Robert A. Berenson, MD, FACP

Institute Fellow, Urban Institute

Former Vice Chair of the Medicare Payment Advisory Commission (MedPAC)

Tiffany Christensen

Patient Advocate, Duke University Hospital

National public speaker and author of *Sick Girl Speaks!*

Patrick H. Conway, MD, MSc

Deputy Administrator for Innovation and Quality & Chief Medical Officer, CMS

David Cutler, PhD

Otto Eckstein Professor of Applied Economics, Harvard University

Elizabeth J. Fowler, PhD, JD

Vice President, Global Health Policy, Johnson & Johnson

Former Special Assistant to President Obama on Health Care and Economic Policy

Atul Gawande, MD, MPH

Surgeon, Brigham and Women's Hospital

Professor, Harvard T.H. Chan School of Public Health, Harvard Medical School

Executive Director, Ariadne Labs

Kate Goodrich, MD, MHS

Director of the Center for Clinical Standards and Quality (CCSQ), CMS

John D. Halamka, MD, MS

Chief Information Officer, Beth Israel Deaconess Medical Center

Chief Information Officer and Dean for Technology, Harvard Medical School

Chris Jennings

President, Jennings Policy Strategies, Inc.

Former Deputy Assistant to President Obama for Health Policy and Coordinator of Health Reform

Thomas Lee, MD, MSc

Chief Medical Officer, Press Ganey

Internist and Cardiologist, Brigham and Women's Hospital

Professor, Harvard Medical School, Harvard T.H. Chan School of Public Health

Kathleen Sebelius

President and CEO, Sebelius Resources, LLC

Former United States Secretary of Health and Human Services

Andy Slavitt, MBA

Acting Administrator, CMS

Sheldon Whitehouse, JD

United States Senator for Rhode Island

Collective Voice Outputs

- Berwick D, Feeley D, Loehrer S. [Change from the inside out: Health care leaders taking the helm.](#) *Journal of the American Medical Association*. 2015; 313(17):1707-1708.
- Chessare J. [Recognition for our work on the Triple Aim: Honoring our heroes.](#) GBMC: A Healthy Dialogue Blog. May 30, 2016.
- Courneya P. [Owning the equity challenge in health care.](#) IHI Blog. May 5, 2015.
- Endo JA. [What Will MACRA Mean for US Health Care? What We Learned from the Experts.](#) IHI Blog. August 31, 2016.
- Feeley D. [Changing the balance of power: Applying radical redesign principles beyond patient care.](#) IHI Blog. October 1, 2015.
- Gourlay K. [The pulse: Can a patient-centered medical home make you healthier?](#) Rhode Island Public Radio. March 20, 2016.
- Gunther-Murphy C. [Don't walk by: One way leaders can promote joy in work.](#) IHI Blog. June 14, 2016.
- Halamka J. [A multi-stakeholder discussion in Washington.](#) Life as a Healthcare CIO Blog. May 20, 2016.
- Institute for Healthcare Improvement. [Breaking the rules: Lessons from IHI's Leadership Alliance.](#) WIHI Audio Program. April 7, 2016.
- Institute for Healthcare Improvement. [What's Next for Electronic Health Records?](#) WIHI Audio Program. September 22, 2016.
- Jarrett M. [Fulfilling the promise of electronic health records.](#) IHI Blog. April 4, 2016.
- Jarrett M, Schreiber M. [Why can't our EHRs be more like our smartphones?.](#) Modern Healthcare. November 7, 2016.
- Kottke TE, Stiefel M, Pronk NP. ["Well-being in all policies": Promoting cross-sectoral collaboration to improve people's lives.](#) *Preventing Chronic Disease*. 2016; 13:160155.
- Kurose GA. [Share the work, share the wealth: Lesson from Coastal Medical's ACO journey.](#) IHI Blog. February 5, 2015.
- Loehrer S, Feeley D, Berwick D. [10 new rules to accelerate healthcare redesign.](#) *Healthcare Executive*. 2015 Nov; 30(6):66-69.
- Macfie H, Testman K, Duncan J. [Applying radical redesign efforts.](#) *HFMA Healthcare Cost Containment*. December 2015.
- Moss M. [The health care workforce of the future.](#) IHI Blog. March 21, 2016.
- Ready T. [Q&A: Bellin Health CEO George Kerwin on lowering healthcare costs.](#) *HealthLeaders Media*. April 20, 2015.
- Thompson J, Vamstad B. [Gundersen is walking the talk.](#) IHI Blog. March 30, 2015.
- Tierney S. [How can electronic health records be more patient-centered?](#) IHI Blog. March 25, 2016.



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