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Executive Summary

Overview

Today’s health care leaders have at least two major jobs: To accelerate high-performance health care in their systems today, and to innovate with organizations and communities for the health of their populations tomorrow. These are the goals of the IHI Leadership Alliance — an exclusive leadership initiative for ambitious health care system executives and their teams.

The IHI Leadership Alliance brings experts and leadership teams together to learn, improve, and build on lessons from the organizations that are the closest to achieving bold aims — all while driving innovation and improvement to address unsolved challenges. When your organization becomes a member of this Alliance, your team will gain the insights and strategies you need to develop a roadmap to success for your organization.

The IHI Leadership Alliance will tackle four essential components designed to help you achieve tangible results:

1. **Develop and implement new models of high-quality, high-value care.**
   IHI Leadership Alliance members will have opportunities to work intensively on selected improvement and innovation efforts such as:
   - Partnering with clinicians to drive improvement and value
   - Creating better health and lower cost for your employees
   - Reducing the cost of care for high volume conditions
   - Innovating in patient co-design and “what matters to me”

2. **Build high performing cross-functional leadership teams**
   IHI has articulated three interdependent dimensions to define high-impact leadership and published them in our white paper, *High-Impact Leadership: Improve Care, Improve the Health of Populations, and Reduce Costs.*

   The three key functions are:
   - How leaders *think* about challenges and solutions
   - What leaders *do* to make a difference, and
   - Where leaders need to *focus*.

   The IHI Leadership Alliance will provide support for strengthening the capabilities of administrative, clinical, finance, and operational leaders in these key dimensions.

3. **Enhance organizational capability and capacity for improvement**
   Many organizations feel awash in improvement projects, but have difficulty generating better results at full scale or sustaining the gains. IHI Leadership Alliance members will have an opportunity to create a customized plan to ensure that everyone in your organization has the right skills to plan, lead, and implement improvement. You will be able to tap into IHI’s extensive experience in coaching health care systems on how to build infrastructure and systems thinking.
4. Create a collective voice for system leaders

From measurement overload to the real-world implications of new policy initiatives, system leaders have insight that can — when organized and publicized — help influence change across the industry. The IHI Leadership Alliance will help members share wisdom and perspective at both the organizational and aggregate level, through peer-reviewed literature and the lay press, including social media.

Vision and Environment

In the US, multiple forces are rapidly reshaping health care and health. Technology, demographics, and public policy changes are exerting incredible pressures on health care delivery organizations. Care is shifting away from a traditional inpatient model to new prototypes centered in ambulatory care settings and the community. Clinical care is becoming more efficient. In fact, the vast majority of scheduled surgical procedures have shifted to ambulatory settings — and this trend is accelerating.

**Technology is advancing rapidly** to create individual disease management based on a person’s goals, preferences, capabilities, and even their genome. **Payment systems are shifting** from rewarding volume to rewarding value, and, increasingly, health systems and health plans are becoming more fully integrated. **Implementation of the Affordable Care Act is intensifying** the pressure for reliable access to care. It is even creating a new demand for retail medicine as some insurers and employers adopt models that make patients more responsible for the direct cost of care.

The successful health care system of the future will need to excel, not just in quality and value, but also in playing a contributing role in the attainment of health among their patients and in their communities. This will require health care leaders like you to re-think and redesign care, financing, and professional roles from top to bottom, as well as engaging with new ideas and new partners.

A new type of leadership is required to deliver great health care and high value today—and to innovate for the emerging health and health care models of tomorrow. This is where the IHI Leadership Alliance comes in. As part of a group of leaders, you will learn and improve in real-time alongside the most ambitious and forward-thinking health care and improvement experts of today.

Approach, goals, and outcomes

The IHI Leadership Alliance is a community of health care leaders dedicated to creating a new vision while delivering quality, value, and IHI Triple Aim results. The IHI Leadership Alliance will raise the bar on care redesign and delivery and bring shared knowledge and commitment to tackling unsolved problems together.

For some challenges, good approaches exist that can be adapted and implemented across many systems; for others, the steps to reaching ambitious goals may not yet be clear. IHI will bring together the best existing knowledge, as well as the innovators who can generate new solutions.

Learning quickly and efficiently, members will accelerate the rate of change and contribute to the long-term bending of the health care cost curve while improving quality and patient experience — and, in some cases, even the health of populations.
IHI Leadership Alliance members will:

- Gain exposure to the very best evidence and real experience of what works
- Learn from other members and from experts in health care and other fields, sharing approaches, innovations, success, and failures with the community in order to advance knowledge about reaching the most successful levels of performance
- Learn from and network with industry exemplars
- Benefit from shared tools to address challenges and shared system-level measurement

IHI’s offering will help leaders:

- Envision change and prepare for a new reality in health and health care
- Make sense of multiple priorities and demands while developing traction and speed on a change agenda
- Partner with one another to identify and spread best-in-class approaches and solutions
- Work together to develop solutions where there are none, as well as find ways to accelerate progress — whatever improvement they are working on
- Build or expand leadership skills and behaviors to meet new challenges

IHI support for participants in the IHI Leadership Alliance will be organized around work streams for the following components:

1. Develop and implement new models of high quality, high value care

IHI Leadership Alliance members will have opportunities to work intensively on selected improvement and innovation efforts. To begin, members will have opportunities for self-assessment to identify organizational strengths and areas of improvement. Members will select four to five topics and organize into work groups to conduct in-depth innovation or improvement cycles with IHI experts.

IHI expects that members will initially work together to:

- **Assure fiscal viability**: Strategically manage transitions from fee-for-service to value-based models of care. While the pace of change and mix of payment models will differ among members, all systems will need to reduce waste and rethink how they contribute to value across the continuum of care.

- **Partner with clinical leaders to drive improvement**: Create greater effectiveness and integration of aligned physician and other clinician-led organizations or teams by focusing on the leadership, organizational structure, governance, and culture, as well as bolstering rigorous improvement skills.

- **Reduce cost of care for high volume conditions**: Reduce the cost of care by removing waste and unnecessary treatment and improving efficiency through redesign of acute and episodic care processes across organizational boundaries. IHI has pioneered this approach with joint replacement, and there are other high-volume diagnoses or procedures that could benefit.
• **Achieve better health and lower cost for members’ employees:** The pace at which health systems move toward accountability for cost, care, and health for populations will vary. However, most large systems in the US already bear the direct cost of their employees’ health care. Reducing cost has a solid financial benefit, and learning how to provide better population-focused care will translate to other population-focused initiatives.

• **Innovate in patient co-design:** Inform new care designs by shifting to asking patients about “what matters to me” rather than the traditional method of focusing on “what’s the matter.”

2. **Build High-Performing cross-functional leadership teams.** IHI has articulated three interdependent dimensions of leadership that together define high-impact leadership in health care. These findings our published in our White Paper *High-Impact Leadership: Improve Care, Improve the Health of Populations, and Reduce Costs.* The three dimensions are:

![New Mental Models](image)
- How leaders think about challenges and solutions

![High-Impact Leadership Behaviors](image)
- What leaders do to make a difference

![IHI High-Impact Leadership Framework](image)
- Where leaders need to focus efforts

The IHI Leadership Alliance will strengthen the capabilities of each team member by developing the skills to be effective leaders of change with a focus on how to:

• **Build a sustainable culture:** Leaders must focus on building and shaping the organizational cultures needed to both weather the current transitional stage and to support a new vision for their organizations and for health care.

• **Deal with complexity:** Leadership requires building will toward a new vision and sense making in highly complex environment. New mental models and approaches are required to lead care and system redesign and engage across traditional boundaries.

• **Build a larger cadre of strong leaders:** Create highly effective teams of clinical, finance, administration, and patient leaders to create new models of care for long-term success.

3. **Enhance organizational capability and capacity for improvement.** Many organizations feel awash in improvement projects, but have difficulty generating better results at full scale or sustaining the gains. IHI Leadership Alliance members will have an opportunity to create a customized plan to ensure that everyone in their organization has the right skills to plan, lead, and implement improvement. IHI will provide longitudinal help with assessment, guidance, and
connections to other IHI resources or programming, as well as links to non-IHI resources that can help accomplish other aims.

4. Create a collective voice for system leaders. IHI will provide a forum for members to speak with a unified voice on systemic issues such as taming measurement chaos, optimizing information technology functionality, or shifting the design of care toward anticipatory, patient-centered designs. IHI will disseminate the learnings and results from the IHI Leadership Alliance, so that health care organizations and systems in the US and around the world can learn from the Alliance and accelerate the improvement of health and health care. IHI will tell the story at both the aggregate and organizational level, in both the peer-reviewed literature and the lay press, including social media.

The diagram below shows how the four work streams will be organized during the first year of the program:

IHI, with its rich history and long track record, is uniquely positioned to:

- Convene forward-thinking health system leaders in a genuine learning community
- Partner with them to address the most urgent challenges facing health care organizations
- Innovate new models to achieve the IHI Triple Aim of better care, better health, and lower cost
- Support leaders and their organizations in driving demonstrable results
Why should you participate?

The IHI Leadership Alliance is designed for organizations with a track record of quality improvement that are undergoing (or preparing for) fundamental shifts in the nature of their businesses. Their goal is to be among the systems that not just survive, but thrive under emerging models.

Those most likely to benefit from participation will include:

- Multi-facility health care systems that include hospital(s), employed or aligned physician organizations, primary care clinics, specialty care clinics, ambulatory services, rehabilitation services, and home health services;
- Engaged leaders at the system level and within care delivery organizations that are open to sharing success and failure and communicate across traditional professional boundaries in order to redesign care and services;
- Those with the ability to invest management time and effort in the redesign of care and innovation of care delivery systems; and
- Individuals and teams willing to experiment with new approaches.

IHI Leadership Alliance members will:

- Designate a senior executive to be the overall organizational sponsor and a leader of the multidisciplinary team that will engage deeply in ongoing, results-oriented work;
- Identify a team of operational, clinical, quality, finance, and HR leaders who can commit time to engaging actively in the learning and sharing events. Team members may include the CEO, COO, CFO, CNO, CMO, CQO, and those they designate as emerging leaders;
- Participate in community activities, including:
  - An in-person high-profile leadership meeting in Fall 2014
  - Monthly web-based learning/sharing events and results-focused work groups
  - The CEO Summit at the IHI National Forum
  - Selected site visits to member institutions
  - A national leadership congress to be held mid-2015
- Share data and participate in measurement systems designed by the community;
- Present learning and progress at regular face-to-face meetings and on calls with other participants.

Preferred Access and Other Benefits

IHI Leadership Alliance member institutions will also have preferred access to other IHI programs and assistance in selecting programs that support their overall improvement goals. Leadership Alliance members will receive a 15 percent discount on most IHI programs including seminars and conferences.
Enroll today and prepare for kick-off

The IHI Leadership Alliance will raise the bar on care redesign and delivery and bring shared knowledge and commitment to solving problems together. Once enrolled, Teams will begin work in September 2014 and launch into a customized onboarding process. A high-profile leadership meeting and opportunities for self-assessment will also take place in fall 2014.

To enroll your organization, please e-mail Project Director Julia Taylor, jtaylor@ihi.org.

Fees and scholarships:

• The cost for one year of participation is $40,000, which includes participation for one organizational team.

• A limited number of partial scholarships are available for safety net organizations.

Note: Teams are encouraged to enroll prior to August 2014 in order to allow time to form teams and prepare for September kick-off.

Learn more

• Visit ihi.org/LeadershipAlliance

• Email Julia Taylor, Project Director, jtaylor@ihi.org

• Call us at (617) 301-4800
Faculty

Maureen Bisognano, President and CEO, Institute for Healthcare Improvement (IHI), previously served as IHI’s Executive Vice President and COO for 15 years. She is a prominent authority on improving health care systems, whose expertise has been recognized by her elected membership to the Institute of Medicine and by her appointment to The Commonwealth Fund’s Commission on a High Performance Health System, among other distinctions. Ms. Bisognano advises health care leaders around the world, is a frequent speaker at major health care conferences on quality improvement, and is a tireless advocate for change. She is also an Instructor of Medicine at Harvard Medical School, a Research Associate in the Brigham and Women’s Hospital Division of Social Medicine and Health Inequalities, and serves on the boards of the Commonwealth Fund, ThedaCare Center for Healthcare Value, and Mayo Clinic Health System – Eau Claire. Prior to joining IHI, she served as CEO of the Massachusetts Respiratory Hospital and Senior Vice President of The Juran Institute.

Derek Feeley, DBA, Executive Vice President, Institute for Healthcare Improvement (IHI), has executive-level responsibility for driving IHI’s strategy across five core focus areas: Improvement Capability; Person- and Family-Centered Care; Patient Safety; Quality, Cost, and Value; and Triple Aim for Populations. His role is international in scope, guiding work to deliver on IHI’s mission to improve health and health care around the world. Prior to joining IHI in 2013, Mr. Feeley was Director General for Health and Social Care and Chief Executive of the National Health Service (NHS) in Scotland. In this role he was the principal adviser to Scottish Ministers on health and care issues and he provided direction to the work of NHS Boards in ensuring the delivery of high-quality health care. Mr. Feeley has a varied background in policy analysis gained during his thirty years in public service. From 2002 to 2004, he served as Principal Private Secretary to Scotland’s First Minister, which then led to a new role developing a framework for service redesign in the NHS. A 2005-2006 Harkness/ Health Foundation Fellow in Health Care Policy, he spent one year in the United States working with Kaiser Permanente and the Veteran’s Health Administration. Upon returning to the NHS, Mr. Feeley was appointed Director of Healthcare Policy and Strategy, with responsibility for advising the Scottish Government on all health care quality and patient safety issues, and he led work focused on health care information technology.

Andrea Kabcenell, RN, MPH, Vice President, Institute for Healthcare Improvement (IHI), is on the research and development team and leads major IHI initiatives. Since 1995, she has directed Breakthrough Series Collaboratives and other improvement programs, including Pursuing Perfection, a national demonstration funded by The Robert Wood Johnson Foundation designed to show that near-perfect, leading-edge performance is possible in health care. The current focus of her work is leadership for improvement, building effective networks to foster innovation and regional health improvement, and care for older adults with complex needs and for people of all ages with advanced illness. Prior to joining IHI, Ms. Kabcenell was a senior research associate in Cornell University’s Department of Policy, Analysis, and Management focusing on chronic illness care, quality, and diffusion of innovation. She also served for four years as Program Officer at The Robert Wood Johnson Foundation.
Katharine Luther, RN, MPM, Vice President, Institute for Healthcare Improvement (IHI), is responsible for furthering IHI’s work to help hospital leaders and staff achieve bold aims. Key to this work is developing strategic partnerships that leverage innovation, pilot testing, implementation, and continuous learning across organizations, systems, professional societies, and entire countries. Previously, she served as Executive Director at IHI, designing new programs to impact cost and health care quality. Ms. Luther has over 25 years of experience in clinical and process improvement, focusing on large-scale change projects and program development, system improvement, rapid cycle change, developing and managing a portfolio of projects, and working with all levels of health care staff and leaders. Her clinical experience includes critical care, emergency room, trauma, and psychiatry. Prior to joining IHI, she held leadership positions at the University of Pittsburgh Medical Center, MD Anderson Cancer Center, and Memorial Hermann–Texas Medical Center. She has experience in Lean and is a Six Sigma Master Black Belt.

Alide Chase served ten years as the Sr. Vice President, Quality and Service Kaiser Foundation Health Plan, Inc., and Kaiser Foundation Hospitals. She is the recently retired Sr. Vice President, Medicare Clinical Operations and Population Care. Alide oversaw programs that supported the development and implementation of the national Medicare Clinical Care Delivery Strategy and Kaiser Permanente members’ total health. In addition to her work in the Medicare area, Alide was the Co-Executive Director of the Kaiser Permanente Care Management Institute. Alide also served in a variety of roles, including Hospital Administrator for both Kaiser Sunnyside Medical Center and Bess Kaiser Hospital. In her role as Area Administrator, she had the opportunity to manage Medical Offices in the northwest. She also served in the role of Northwest Vice President for Medical Operations. Alide is currently a consultant in the areas of health care governance, system performance measurement, transformation, and population care.

References

High-Impact Leadership White Paper: Improve Care, Improve the Health of Populations, and Reduce Costs