

PROSPECTUS



IHI Leadership Alliance

Year 2 (September 2015-August 2016)

Contents

Overview	3
Four Core Domains	3
Four Strategic Levers	3
Addressing High-Priority Challenges	6
Benefits of Participation	6
Learning Activities	6
Who Should Participate	7
How to Enroll	8
Learn More	8
Leadership Alliance Members Year 1	9
Faculty	10

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 who recognize that now, more than ever, we must change the dialogue about health care from a focus on the business of regulations and reimbursements to the pursuit of healing and health. It is a true learning community united for change, driven by collaboration, and focused on results. Characterized by generosity, curiosity, and courage, the Alliance is 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.

Now entering its second year, the Alliance has established four core domains of work necessary to accomplish this mission, along with a powerful set of strategic levers to drive progress in each domain.

Four Core Domains

The first three domains are the existing elements of the IHI Triple Aim; best care, best health of populations, at the optimal per capita cost. The fourth domain recognizes the joy and wellbeing of the health care workforce as a critical priority. Leadership Alliance teams will harvest, innovate, implement, and spread promising approaches in each domain.

Co-creating an optimal care experience: Leadership Alliance teams will harvest, innovate, implement, and spread models of care that provide the best possible experience of care for individuals, patients, and families.

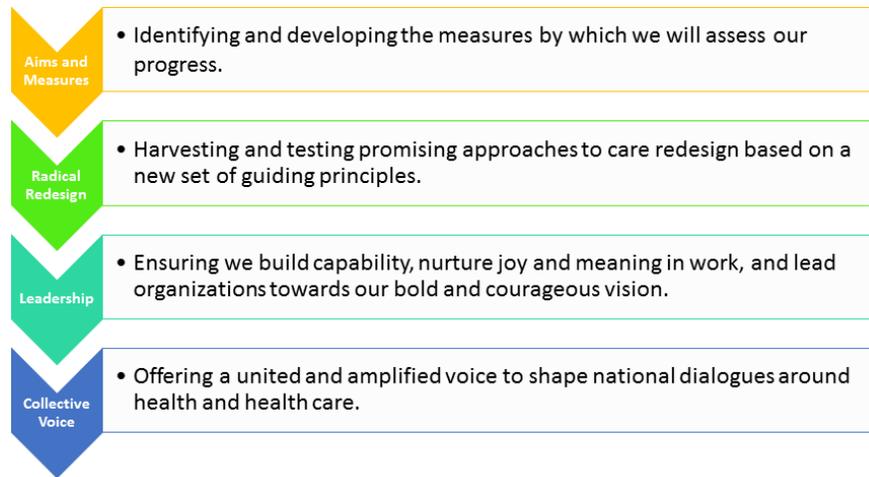
Improving the health of the populations we serve: The Alliance will increasingly invest in population health initiatives that improve outcomes for entire communities.

Reducing per capita cost while improving affordability: In all their efforts, Alliance members seek to improve the health of individuals and communities while reducing per capita costs and making health care more affordable for all.

Creating a joyful workforce: There is ample evidence that creating a happier, healthier, and more resilient workforce is more productive, delivers better outcomes for patients, and saves health care organizations from significant waste and cost.

Four Strategic Levers

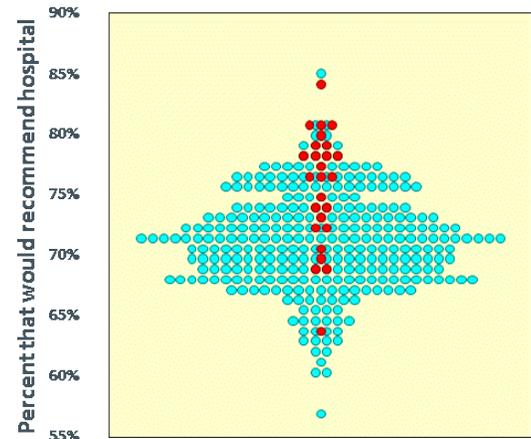
To drive meaningful change in each of these domains, a set of strategic levers will be applied.



Aims and Measures: In our first year of work, we began to define a “starter set” of system measures that encompass the three dimensions of the Triple Aim. The use of measures will continue to serve as our guide to assess our progress and discover opportunities for improvement. The figure (right) of a “turnip plot,” which was featured at the Alliance face-to-face meeting in April 2015, shows in red where Leadership Alliance members ranked nationally in 2012 for patient willingness to recommend the hospital where they received care.¹

Radical Redesign: For more than a decade, the ten “simple rules” proposed by the Institute of Medicine² have served as guideposts for health system leaders. In its first year, the Leadership Alliance drafted a new generation of simple rules that tackle new horizons for care and health.

Percent of Patients Who Would Definitely Recommend, for Member Hospitals and Across U.S. HRRs, 2013



- Design and nurture systems that expect and embrace change, in the continual pursuit of improvement.
- Change the balance of power, so that health and wellbeing can be coproduced in partnership with patients, families, and communities.
- Cultivate and mobilize the pride and joy of the health care workforce.
- Make it easy. Continually reduce waste and all nonvalue-added requirements and activities for patients, families, and clinicians.
- Move knowledge, not people. Exploit all helpful capacities of the modern digital age, and continually substitute better alternatives for visits and institutional stays. Meet people where they are, literally.

¹ Source: Dartmouth Atlas of Health Care, Commonwealth Fund, “WhyNotTheBest” 2015; CMS

² Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academies Press; 2001.

- Cooperate and collaborate, above all. Eliminate silos and tear down self-protective institutional and professional boundaries that impede flow and responsiveness.
- Assume abundance. Use all the resources that can help, especially those brought by patients, families, and communities.
- Return the money from health care savings to other public and private purposes. Aim for total health care expenditures at or below 15 percent of gross domestic product.



Leadership: Alliance members recognize that the role of leaders is to build capability, nurture joy and meaning in work, and lead organizations to a bold and courageous vision. IHI has articulated three interdependent dimensions of leadership that together define high-impact leadership in health care. Leaders need new mental models for how they think about challenges and solutions. To make a difference they must exhibit high-impact leadership behaviors. And they need to focus their efforts by adopting a high-impact leadership framework.

This framework was published in IHI’s White Paper, [High-Impact Leadership: Improve Care, Improve the Health of Populations, and Reduce Costs](#).

Collective Voice: The Alliance offers a united and amplified voice to shape the national dialog around health and health care. In Year 1 of the Alliance, the *Journal of the American Medical Association* published a well-received Viewpoint article, “Change from the Inside Out,” that draws upon Alliance insights and activities.³ This article garnered significant attention and was the subject of a number of blog posts from within and outside the Alliance. We anticipate many additional opportunities for the Leadership Alliance to contribute experience and thought leadership to the broader community in the year ahead.

Change From the Inside Out Health Care Leaders Taking the Helm

Donald M. Berwick, MD, MPP¹; Derek Feeley, DBA¹; Saranya Loehrer, MD, MPH¹

[\[+\] Author Affiliations](#)

JAMA. 2015;313(17):1707-1708. doi:10.1001/jama.2015.2830.

Article	Supplemental Content	References
---------	----------------------	------------

Even as politicians and pundits continue to debate the merits of the Affordable Care Act, health care leaders should look beyond it to the next phase of US health care reform. Although many physicians and other health care professionals have developed and implemented the ACA, the forces that have steered it so far have been governmental. Leaders from within health care should now more firmly take the tiller.

³ Berwick DM, Feeley D, Loehrer S. Change from the inside out: Health care leaders taking the helm. *JAMA*. 2015;313(17):1707-1708.

Addressing High-Priority Challenges

The Alliance is using the key levers summarized above, in service of accelerating individual and collective improvement efforts across the four domains. Working groups organized around the domains harvest promising practices and resources from within the Alliance, scan for innovative approaches both within and outside the industry, and test high-leverage changes. Alliance members participate in as many domains as they wish. Work is accomplished through monthly web-enabled teleconferences and at in-person meetings. Each domain working group is supported by senior IHI staff and faculty.

Benefits of Participation

As we move into Year 2, the Alliance has built momentum in several areas, and we welcome new partners who can benefit from the work thus far and strengthen the work to come.

In the words of our members:

“This 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, MD, Northern Physicians Organization

“The Spring meeting of the IHI Leadership Alliance was excellent. Very inspirational and specific. The seeds for change have been planted... We have all the tools available through IHI.”

— Timothy Tarman, Contra Costa Health Solutions

“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

IHI Leadership Alliance members:

- Gain exposure to promising approaches and real experience of what works;
- Learn from other members and from experts in health care and other fields, sharing approaches, innovations, successes, 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 resources to address challenges and shared system-level measurement; and

Learning Activities

Leadership Alliance members stay connected throughout the year through a combination of in-person and virtual meetings as well as synchronous and asynchronous learning:

- New members of the Alliance participate in an onboarding process in which they will have an opportunity to speak with staff and faculty about their current aspirations, strategic priorities, challenges, and goals for the year ahead. Returning members will reflect with IHI staff and faculty on their progress in the prior year and refresh their goals and learning plans for the coming year.
- Leadership Alliance members meet in person three times annually: at the Fall Meeting (September/October), at the IHI National Forum in Orlando (December), and at a Spring Meeting (April/May).
 - Alliance members also receive complementary attendance for two leaders to attend the CEO Summit, an all-day program for senior executives offered at the IHI National Forum in December.
- Approximately bi-monthly, all members are invited to participate in Leadership Alliance calls that highlight notable innovations, consider opportunities for collective voice, and share the most interesting outputs of the domain working groups.
- Each domain working group convenes approximately monthly, depending on the preferences of the participants. These sessions are virtual and are recorded so that any member can access them in the future. These calls are the “engine” of on-the-ground improvement, and senior leaders often assign their most able improvers and rising leaders to participate in them.
- Alliance members stay connected virtually by means of a bi-weekly newsletter and a listserv currently connecting approximately 300 participants from 40 organizations, including IHI staff and faculty engaged in the Alliance.
- In Year 2 we will test “virtual site visits,” web-based, in-depth visits to innovative organizations within and outside the Alliance to observe change in action and harvest lessons that can be applied more broadly.

Who Should Participate

We welcome organizations that believe that by sharing and learning with one another and partnering with patients, workforces, and communities we can individually and collectively get better, faster. Those who:

- Have commitments from the highest levels of leadership within the organization 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, 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. 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 the learning and sharing events. Team members may include the CEO, COO, CFO, CNO, CMO, CQO, and those they designate as emerging leaders.

How to Enroll

The IHI Leadership Alliance is raising the bar on care redesign and delivery and bringing shared knowledge and commitment to solving problems together. Once enrolled, organizational teams begin a customized onboarding process and will engage fully in the work of the Alliance starting in September 2015. Participation will continue through August 2016, at which time members will have the option to continue for Year 3 of the Alliance.

To enroll your organization, please e-mail IHIAlliance@ihi.org.

Fees and scholarships:

- The cost for one year of participation is \$40,000, which includes all activities of the Alliance such as:
 - Unlimited participation in all virtual learning activities;
 - Attendance at all face-to-face meetings; and
 - Enrollment for two leaders in the CEO Summit at the IHI National Forum in December.
- 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. If your organization might be eligible for industry membership, please contact IHIAlliance@ihi.org.

We are also able to offer discounted fees to groups of four or more associated systems enrolling in the Alliance together. For more information, contact IHIAlliance@ihi.org.

Please note: Teams are encouraged to enroll prior to August 2015 in order to allow time to form teams and prepare for the September kick-off.

Learn More

- Visit: ihi.org/LeadershipAlliance
- Email: IHIAlliance@ihi.org
- Call: (617) 301-4800

Leadership Alliance Members Year 1

Organizations in italics are members of the Leadership Alliance Steering Committee.

Advocate Health

Bellin Health

California Hospital Association

Canadian Foundation for Healthcare Improvement

CareSouth Carolina

Charleston Area Medical Center

Chase Brexton

Church Health Center

Cincinnati Children's Hospital Medical Center

Coastal Medical

Contra Costa Regional Medical Center

Emory Healthcare Network

Gundersen Health System

Hackensack Medical Center

Hartford Health Care

HealthPartners

Henry Ford Health System

Houston Methodist Medical Center

Intermountain Healthcare

Jönköping County Council

Kaiser Permanente Health System

Kansas Healthcare Collaborative

Legacy Health Systems

MCIC Vermont

MemorialCare

Memorial Hermann

North Shore–Long Island Jewish Health System

Northern Physicians Organization

Palmetto Health

Presbyterian Healthcare Services

Providence Health & Services

Rochester General Health System

South Carolina Hospital Association

St. Charles Healthcare System

Summit County Public Health

The Dartmouth Institute

UF Health Shands Hospital

University of Pittsburgh Medical Center

University of Rochester Medical Center

Wake Forest Baptist Medical Center

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, Cincinnati Children's Hospital Medical Center, and ThedaCare Center for Healthcare Value. 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.



Don Berwick, MD, MPP, FRCP, President Emeritus and Senior Fellow, Institute for Healthcare Improvement (IHI), is also former Administrator of the Centers for Medicare and Medicaid Services. A pediatrician by background, Dr. Berwick has served on the faculty of the Harvard Medical School and Harvard School of Public Health, and on the staffs of Boston's Children's Hospital Medical Center, Massachusetts General Hospital, and the Brigham and Women's Hospital. He has also served as Vice Chair of the US Preventive Services Task Force, the first "Independent Member" of the American Hospital Association Board of Trustees, and Chair of the National Advisory Council of the Agency for Healthcare Research and Quality. He served two terms on the Institute of Medicine's (IOM's) governing Council, was a member of the IOM's Global Health Board, and served on President Clinton's Advisory Commission on Consumer Protection and Quality in the Healthcare Industry. Recognized as a leading authority on health care quality and improvement, Dr. Berwick has received numerous awards for his contributions. In 2005, he was appointed "Honorary Knight Commander of the British Empire" by the Queen of England in recognition of his work with the British National Health Service. Dr. Berwick is the author or co-author of over 160 scientific articles and five books. He also serves as Lecturer in the Department of Health Care Policy at Harvard Medical School.



Elliott S. Fisher, MD, MPH, is Director of The Dartmouth Institute for Health Policy and Clinical Practice and the John E. Wennberg Distinguished Professor of Health Policy, Medicine, and Community and Family Medicine at The Geisel School of Medicine at Dartmouth. He is also Co-Director of the Dartmouth Atlas of Health Care. His early research focused on exploring the causes and consequences of the two-fold differences in spending observed across US regions. The research suggested that up to 30 percent of US health care spending was wasted on potentially avoidable care. His recent work has focused on developing and evaluating policy approaches to slowing the growth of health care spending while improving quality. He was one of the originators of the concept of “accountable care organizations” (ACOs) and worked with colleagues to carry out the research that led to their inclusion in the Affordable Care Act. His current research focuses on exploring the determinants of successful ACO formation and performance. He has published over 150 research articles and commentaries. He received his undergraduate and medical degrees from Harvard University and completed his internal medicine residency and public health training at the University of Washington. He is a member of the Institute of Medicine of the National Academy of Sciences.



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.



Alide Chase served ten years as the Senior Vice President, Quality and Service, at Kaiser Foundation Health Plan, Inc., and Kaiser Foundation Hospitals. She is the recently retired Senior Vice President, Medicare Clinical Operations and Population Care at Kaiser. She 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, Ms. Chase was the Co-Executive Director of the Kaiser Permanente Care Management Institute. She 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. Ms. Chase is currently a consultant in health care governance, system performance measurement, transformation, and population care.



Eugene C. Nelson, DSC, MPH, is a Professor of Community and Family Medicine at The Geisel School of Medicine at Dartmouth and The Dartmouth Institute for Health Policy and Clinical Practice. He serves as the director of Population Health and Measurement at The Dartmouth Institute. Dr. Nelson is a national leader in health care improvement and the development and application of measures of quality, system performance, health outcomes, value, and patient perceptions. In the early 1990s, Dr. Nelson and his colleagues at Dartmouth began developing clinical microsystem thinking. He is the recipient of The Joint Commission’s Ernest A. Codman Award for his work on outcomes measurement in health care. Dr. Nelson has been a pioneer in bringing modern quality improvement thinking into the mainstream of health care; he helped launch the Institute for Healthcare Improvement (IHI) and served as a founding IHI Board Member. He has authored over 150 publications and three books.