Agency for Healthcare Research and Quality
Value Exchange for Value-Driven Health Care

Application–2007

Organization Name: _____

Application Contact: _____

Title of Contact: _____

Street Address: _____

City, State, ZIP Code: _____

E-mail Address: _____

Phone Number: _____ FAX: _____

Certified Community Leader: Yes _____   No _____

The following should be read and signed by the Executive Director or Designee:

America's health care system has an unprecedented opportunity to lay new foundations for better patient care, higher quality service, and increased value. At its core, health care is local and community collaboration is essential to foster the development of a health care system that is based on value-driven purchasing. We, _____ [insert name of organization] believe that the most effective steps to achieving lasting improvements in health care require a critical mass of support from community stakeholders – including health care providers, health plans, employers, and consumers – investing their time and resources toward shared, meaningful, actionable goals. We are committed to advancing this collaboration in our community to advance the four cornerstones of value-driven health care: interoperable health information technology (HIT), transparency of price information, transparency of quality information, and the use of incentives to promote high-quality and cost-efficient care.

Signature: _____ Date _____

Title: _____

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Part I: Community Characteristics

Describe the geographical area covered by your organization. Include the size of the population as well as the distribution of population ages, races, and insurance status.

Describe the provider community. Include hospitals and health care systems, as well as a description of the physician practice community. Include community health centers and free-standing clinics.

List the health plans and the proportion of the population covered by each within the community.

List the major health care purchasers and/or employers in the community.

Part II: Collaborative Characteristics

List your collaborative's membership and governance model. Include provider groups, health plans, purchasers, consumers/consumer advocacy groups, as well as any other stakeholders such as health information exchanges, Quality Improvement Organizations, etc.

Please provide information on your non-profit status, history of raising funds or in-kind support from multiple stakeholders, ability to manage projects and finances, and staff/consultant arrangements to provide needed expertise to be a Chartered Value Exchange.

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Part III: Functional Capacity

Describe (in no more than 2,000 words) your current activities and/or plans to perform the following four (4) core and three (3) important noncore functions of a Chartered Value Exchange (CVE).

Core Functions

- *Engagement of Stakeholders in Collaboration*

  Effectively engaging representatives from all four critical stakeholder groups—purchasers, health plans, providers, and consumers—as well as from health information exchanges, Quality Improvement Organizations, State data organizations, and other community stakeholders in ongoing collaboration is a core CVE function.

- *Use of Measures*

  Getting nationwide consensus-based and endorsed performance measures locally adopted and used is a core CVE function; developing new measures is not. Measures could be generated nationally or locally based on clear protocols. Optimally, measures would be constructed by pooling information from all relevant sources and would ultimately address all six Institute of Medicine performance domains: safety, timeliness, effectiveness, efficiency, equitableness, and patient-centeredness.

- *Provider Engagement in Improvement*

  Directly engaging providers to use performance information is a core CVE function and is not limited to informing providers of results. Engagement requires active ongoing dialogue that includes but is not limited to improving data accuracy and data interpretability. While provider engagement is anchored locally, CVEs will operate in a national environment and should encourage involvement, support, and ongoing dialogue between national, regional, and local entities.

- *Consumer Engagement*

  Engaging consumers to use performance information is a core CVE function and is not limited to reporting of information. This function may be met, however, by assuring usable information is made available to other entities that would use and distribute that information to consumers.

Important Noncore Functions

- *Promoting Health Information Technology and Health Information Exchange*

  The role of the CVE is to: (1) facilitate the use of interoperable health information technologies and health information exchange either directly or through alignment with regional health information networks, and 2) promote the ongoing migration of measure calculation based solely on aggregated claims data to measure calculation that includes aggregated electronic clinical data and fosters real-time improvement in patient care.

- *Facilitating Rewards for Better Performance*

  The role of the CVE is to facilitate or enable the use of performance measures to reward and foster better provider performance and consumer behavior. This function may be met by serving as a catalyst attempting to influence regional or national health plans and purchasers.

- *Supporting Knowledge Transfer and Conducting Ongoing Improvement of Efforts*

  Sharing discoveries and lessons learned within the CVE community, the CVE learning network, and the interested public at large is an expectation of how a CVE conducts itself. Likewise, it is an expectation that a CVE will practice continuous quality improvement in all that it does.

Privacy Statement

Standard PRA Language

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