

## Chartered Value Exchanges: Local Collaboratives Driving Health Care Reform

HHS is encouraging the growth of community-based, multi-stakeholder collaboratives working to develop a patient-focused marketplace for health care. These community collaboratives – called Community Leaders – are making great strides in bringing together relevant stakeholders, including employers, health plans, providers, and consumers who pledge to support the Four Cornerstones of Value-Driven Health Care.

### Community Leaders Becoming Chartered Value Exchanges

Over the last year, HHS has designated more than 100 Community Leaders. These groups were the first eligible to apply for Chartered Value Exchange (CVE) status, which will provide them with a wealth of contacts and new Medicare information on the quality of care to help foster value-based purchasing decisions. After an extensive peer-review process of 38 applications, 14 collaboratives in a dozen states have been selected to receive charters from HHS Secretary Mike Leavitt.

### Information Sharing Improves Transparency, Provides Value to Consumers, Providers, and Payers

**Nationwide Learning Network** – CVEs will participate in a nationwide Learning Network sponsored by HHS' Agency for Healthcare Research and Quality. This network will provide peer-to-peer learning experiences through facilitated meetings, both face to face and on the Web, and will also feature tools, access to experts, and an ongoing private Web-based knowledge management system. Members can:

- Share their experiences;
- Identify promising practices;
- Identify gaps where innovation is needed;
- Raise issues for national consensus-building organizations; and
- Provide an on-the-ground perspective to participate in setting national priorities for improvement.

**New Medicare Information on Quality** – CVEs will also gain access to information from Medicare that gauges the quality of care physicians provide to patients. These performance measurement results can be combined with similar private-sector data to produce a comprehensive consumer guide on the quality of care available.

The Centers for Medicare & Medicaid Services will begin providing the information by the summer of 2008. It will be based on consensus-based quality measures adopted by the AQA Alliance – a broad-based collaborative of physicians, consumers, purchasers, health insurance plans, and others – and endorsed by the National Quality Forum.

**Pioneers of Value-Driven Health Care** – CVEs are being recognized for their ongoing commitment to build a health care system based on value in their communities and will continue to lead locally in efforts to implement best practices. As performance information becomes available, it could be used to encourage providers to improve quality; provide consumers with information on the cost and quality of services so they can make informed decisions; and promote effective public policies, payment policies, and consumer incentives that reward or foster better provider performance.

Beginning this spring, Community Leaders will have another opportunity to apply for CVE status. For more information on CVEs, please visit [www.hhs.gov/valuedriven](http://www.hhs.gov/valuedriven).