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## **HHS Designates 11 Communities Working to Improve Quality and Value of Health Care As Chartered Value Exchanges**

HHS Secretary Mike Leavitt today welcomed 11 more community collaborations to a growing national movement to build a health care system where consumers, providers and payers make decisions based on the value and quality of care.

These communities will join 14 others as Chartered Value Exchanges (CVEs) -- local collaborations of health care providers, employers, insurers, and consumers working jointly to improve care and make quality and price information widely available.

“Local public-private collaboration is essential to achieving a health system based on quality and value,” Secretary Leavitt said. “The most effective strategy for achieving long-term improvement is the development of national measures and standards and the implementation of local solutions to utilize them.

“With this distinction we are doing two things,” Secretary Leavitt said. “We are recognizing the work these communities have already done to improve care. And we are giving them new tools to advance their efforts to implement – at the local level – a value-driven health care market.”

The new Chartered Value Exchanges are as follows:

- Aligning Forces for Quality, York, Pa.
- California Chartered Value Exchange, San Francisco, Calif.
- The Colorado Chartered Value Exchange, Denver, Colo.
- eHealth Connecticut, Inc., Middletown, Conn.
- Greater Louisville Value Exchange Partnership, Louisville, Ky.
- Health Improvement Collaborative of Greater Cincinnati and HealthBridge, Cincinnati, Ohio
- Kansas City Quality Improvement Consortium, Kansas City, Mo.
- Michigan Health Information Alliance, Mt. Pleasant, Mich.
- Nevada Partnership for Value-driven Health Care, Las Vegas, Nev.
- Quality Health First program, Managed by the Indiana Health Information Exchange, Indianapolis, Ind.
- Virginia Health Care Alliance, Glen Allen, Va.

As Chartered Value Exchanges, these communities will have access to information from Medicare that gauges the quality of care that physicians provide to patients. These performance measurement results may be combined with similar private-sector data to produce a more comprehensive guide to the quality of care in these communities.

The HHS Centers for Medicare & Medicaid Services (CMS) is making available performance measurement results for the initial 14 CVEs this week. These measurement results cover 12 consensus-based quality measures adopted by the AQA Alliance and endorsed by the National Quality Forum. CMS expects to release performance measurement results for the 11 new CVEs by the end of September, 2008.

In addition, these communities will join a nationwide Learning Network sponsored by the HHS Agency for Healthcare Research and Quality. This network will provide peer-to-peer learning experiences and technical assistance opportunities through facilitated meetings face-to-face and on the Web.

Other communities interested in becoming chartered value exchanges can apply between Sept. 15 and Oct. 30, 2008. The application form is available at <http://www.ahrq.gov/qual/value/cveapp2008.htm>.

CVEs are a key part of Secretary Leavitt's vision for health care reform, which is built on four cornerstones:

- advancing interoperable health information technology
- measuring and publishing quality information to enable consumers and providers to make better decisions about health care
- measuring and publishing price information to give consumers and providers information they need to make health care decisions
- promoting incentives for high-quality, efficient health care.

The CVE initiative is one of several that HHS has undertaken to help people choose the best care based on nationally recognized measurements of quality and value. For example, the recently expanded Hospital Compare consumer Web site (<http://www.hospitalcompare.hhs.gov>) provides quality information for hospital care of adults and children.

For more information on value-driven health care, please visit <http://www.hhs.gov/valuedriven>.

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