

What We Are Doing

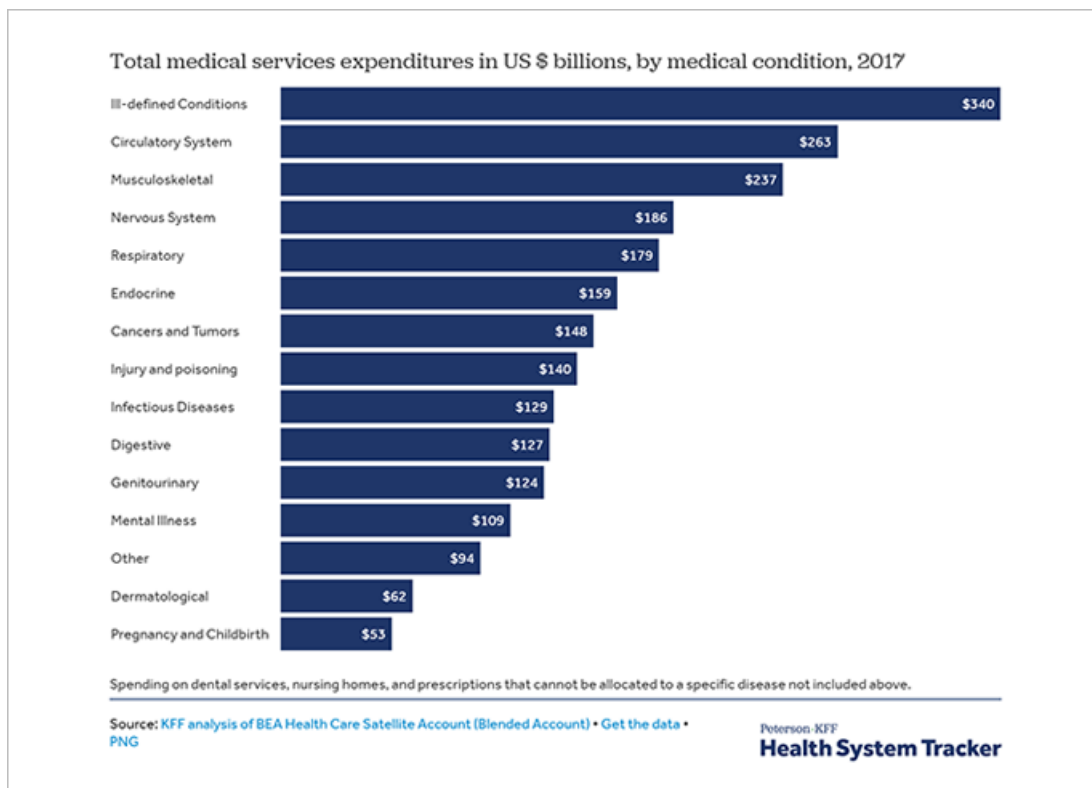
The mission of the Peterson Center on Healthcare is to transform U.S. healthcare into a high-performance system by finding proven solutions that improve quality and lower costs, and accelerating their adoption on a national scale. We collaborate with key thought leaders and stakeholders across the healthcare industry, including providers, payers, employers, and patient groups.

Monitoring the Performance of the U.S. Healthcare System

KFF

It is said that one cannot improve what one does not measure. To this end, we are working with the Kaiser Family Foundation to monitor how the healthcare system is performing in quality and cost. The [Peterson-KFF Health System Tracker](#) provides clear, up-to-date information on trends, drivers, and issues that impact the system. The Tracker also illustrates how the U.S. is performing relative to other countries and how different parts of the system are performing relative to one another.

The Center partnered with the [University of Washington's Institute for Health Metrics and Evaluation](#) to analyze [drivers of U.S. healthcare spending](#) in order to forecast future spending trends. The project explored the various factors that have historically impacted healthcare spending, providing analysis that can guide future policies aimed at moderating the trajectory of healthcare spending and improving outcomes.



Finding and Accelerating Innovation in U.S. Healthcare

There are many healthcare providers across the country who already consistently deliver high quality healthcare at lower cost. A key aspect of our work is to find existing solutions through systematic analysis. We then rigorously validate and verify that those solutions are improving quality and lowering costs. Our work focuses on three areas:

- **Providers:** From primary care to hospitals to specialty care, excellent providers are finding ways to improve quality and lower costs. We have partnered with Stanford University's Clinical Excellence Research Center, the Harvard T.H. Chan School of Public Health, the National Academy of Medicine, the Bipartisan Policy Center and others to identify what works, and help more providers adopt these solutions.
 - **Payers and Health Plans:** When patients have more information about quality and costs, they make better decisions about their own care. Some insurers are prompting better choices through innovative re-design of benefits and health plans. Others are finding more productive management-labor partnerships that streamline information flow and lower administration costs. [We work](#) with payers, employers, and patient groups to identify innovative benefit and health management solutions that improve quality and lower costs.
 - **State-Level Systems:** States are well-positioned to develop and implement new ideas for improving quality while lowering costs. Through public-private partnerships, we capture the best of what is working at the state level. We completed a project with the National Governor's Association and the National Academy of Medicine, who released an [online resource](#) to promote knowledge-sharing and spark improvement around the country.
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Learn how we're helping to secure a brighter future.

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