Governing Collaborative Partnerships to Improve Community Health
Lessons from Foster G. McGaw Prize Winners

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American Hospital Association

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Overview

- Study Overview
- Moving Toward Population Health
- Key Study Learnings
- Observations and Recommendations
- Achieving the Triple Aim
Study Overview
The Key Question:

As the healthcare field at large moves toward population health improvement, what can we learn from recognized, longstanding community health improvement partnerships about potential future governance practices and trends?
Foster G. McGaw Prize for Excellence in Community Service
Study Participants

• Allegiance Health (Jackson, MI)
• Crozer-Keystone Health System (Springfield, PA)
• Henry Ford Health System (Detroit, MI)
• Memorial Hospital of South Bend/Beacon Health System (South Bend, IN)
• Mt. Ascutney Hospital and Health Center (Windsor, VT)
• Palmetto Health (Columbia, SC)
• St. Joseph’s/Candler Health System (Savannah, GA)
Study Methods

- 37 interviews with system & community partner leadership to identify comparable profiles
  - Governance model characteristics
  - Governance responsibilities/authorities
  - Reporting structures and processes
  - Partnership staffing, resources & sustainability
  - Challenges and advice to the field

- Blue Ribbon Panel of study participants and experts to discuss commonalities, differences, key themes, and learnings for the field
Moving Toward Population Health
Source: Milliman USA Healthcare Cost Guidelines, 2001 Claims Probability Distribution, non-KP.
### America’s Big Cost Drivers in Healthcare

<table>
<thead>
<tr>
<th>ABCDs of chronic disease . . .</th>
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</thead>
<tbody>
<tr>
<td>• Asthma</td>
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<tr>
<td>• Blood pressure control (hypertension)</td>
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<tr>
<td>• Coronary artery disease/congestive heart failure</td>
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<tr>
<td>• Diabetes</td>
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<td>• Depression</td>
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**Modifiable risk factors:**
All heavily impacted by weight, diet, smoking, adherence to treatment plans, and physical activity.
What is population health?
Population health is the health outcomes of a defined group of people, including the distribution of such outcomes within the group.

What is population health management?
Population health management is a strategic, clinical approach to improve outcomes by managing the health of a defined group of people while also reducing costs.

What is population health improvement?
Population health improvement is a strategy to improve the health outcomes of and to eliminate health inequities among a defined group of people.
What processes should be considered when implementing a population health improvement strategy?

Population health improvement is achieved through a focus on three interrelated processes:

1. Identify and analyze the distribution of specific health statuses and outcomes;
2. Evaluate the clinical, social, behavioral and environmental factors associated with the outcomes; and
3. Implement a broad scope of interventions to modify the correlates of health outcomes.
What are the primary goals hospitals and care systems should include in their population health improvement strategies?

Hospitals and care systems should include these four distinct goals in their population health improvement strategies:

1. Coordinate hospital-based interventions with community stakeholders and other key partners through mature collaborations;
2. Increase preventive health services through coordinated care across the health care continuum;
3. Provide culturally and linguistically appropriate care;
4. Promote healthy behaviors; and
5. Track population health metrics against dashboard targets.
Creating Health

Factors Influencing Health and Well-Being

- **Social and Economic Factors**: 40%
- **Health Behaviors**: 30%
- **Clinical Care**: 10%
- **Physical Environment**: 10%
- **Genes and Biology**: 10%

Source: Minnesota Dept. of Public Health
http://www.health.state.mn.us/divs/opi/gov/chsadmin/intro.html
Social Determinants of Health

Hospitals’ efforts to impact health can be categorized at three levels:

1. Individual
2. Defined population
3. Geographic population
Key Survey Findings

• 85% of hospitals reported strong or total commitment to population health or have population health in their vision statement.

• 87% of hospitals reported having some degree of working relationship with other local hospitals.

• The most common partnerships were with public health departments, chambers of commerce, health insurance companies, and FQHCs/community clinics.
  – Housing/community development and transportation authorities were the least likely partners.

• 23% of hospitals partnered with an outside organization (e.g., other hospital, public health department) for the CHNA.
  – 17% of hospitals conducted their CHNAs independently.
Key Study Learnings
Principles of Collaborative Partnerships

- Partnerships Must be Community-Driven.
- All Stakeholders Must be Meaningfully Engaged.
- More Can be Achieved Together Than Alone.
- Partner Equity Ensures Sustainability.
- Community Health and Well-Being Improvement is a Shared Core Purpose.
- Creative Approaches are Needed to Tackle All-Encompassing Problems.
- A “Systems Approach” Ensures Continuity.
- Goals and Progress Reporting Ensure Accountability.
- Governance Must be Structured to Ensure Sustainability.
Key Themes—Partnership Structures and Functions

- A Broad-based Definition of Health
- Putting the Community Health Needs Assessment to Work
- Connecting With the Community
- Achieving Collective Impact
- Form Follows Function
- The Vital Role of the Business Community
- The Hospital as “Anchor”
Conditions for Achieving Collective Impact

- **Common agenda.** A shared vision for change including a common understanding and a joint approach to solving problems.
- **Shared measurement systems.** Collecting data and measuring results to hold each other accountable.
- **Mutually reinforcing activities.** Participant activities coordinated through a mutually reinforcing plan of action.
- **Continuous communication.** Consistent and open communication to build trust, mutual objectives, and common motivation.
- **Backbone organization.** A separate organization(s) and staff, and a specific set of skills to serve as the backbone for the entire initiative.

**Backbone organizations core activities:**
- Guide vision and strategy
- Support aligned activities
- Establish shared measurement practices
- Build public will
- Advance policy
- Mobilize funding
Key Themes: Mission, Vision and Sustainability

- Mission and Vision: The Partnership “Glue”
- Communication Creates Understanding
- The Bottom Line: Impact on Health
- Competitors as Partners
- Strategic Focus
- Guiding the Partnership
- Conscientious Funding
Partnership Governance

• Institutional and Partnership Governance are Different
• Success Through Simplicity
• Who’s in Charge?
• Integrating the Community
• Individual Member and Collective Core Competencies
**Individual Member Core Competencies**

- **Well-respected individuals**
  - Demonstrate integrity and humility
  - Motivated by mission and purpose; driven by passion not power
  - Inspire and influence others

- **Collaborative leadership**
  - Values partnership, collaboration, and teamwork
  - Flexible
  - Strives to build consensus and cohesiveness
  - Looks beyond self-interests, to address common community needs
  - Relinquishes leadership to partners when in the best interest of the partnership

- **Well-informed and knowledgeable**
  - Asks questions to get at root causes
  - Thinks critically
  - Explores creative concepts for addressing difficult challenges
  - Thinks strategically with a “big picture,” long-term perspective
  - Comfortable with uncertainty, ambiguity, and complexity
  - Willing to assess and take calculated risks
  - Engages in constructive confrontation
  - Decisive; willing to make difficult, but well-informed and evidence-based decisions

- **Active commitment and engagement**
  - Makes the time and commitment needed to be effective
  - Understands strategic partnerships and networks
  - Inspires community confidence and motivates engagement
**Collective Core Competencies**

- Mission-focused
- Respectful relationships among partners
- Strategic plan development and implementation experience
- Data and trend analysis expertise
- Population health management and/or epidemiology knowledge
- Experience with models of community collaboration
- Resource management expertise
- Advocacy experience at the policy level
- Financial planning and management
- Fundraising experience
The Five Ps of Governing Community Partnerships

- Principles of health gain (increasing the health of the communities).
- Process of stakeholder engagement (getting people engaged).
- Plan that has a dashboard of bold targets (can’t have sustainability or progress without measuring where we are going).
- Partnering with diverse and passionate community organizations.
- Progress reporting to the community via media collaboration and social media.
Recommendation #1: Ensure a hospital/health system governance commitment to a robust effort to improve community health.

- Convene a board retreat or workshop to discuss the organization’s current commitment to improving community health.
  - Review this report and lessons learned
  - Review your organization’s mission and vision to ensure that community health improvement is a central focus
  - Answer the readiness assessment questions

- Clearly define your organization’s commitment to identifying the barriers to community health, and take actions in concert with community partners to address the most serious.
- Communicate to employees, the medical staff, volunteers, vendors, payers, and the business and overall community the organization’s commitment to significant actions to improve community health.
- Begin the process of infusing and/or further nurturing a “culture of health” throughout the organization.
**Recommendation #2**: Appoint a community health improvement committee of the hospital or system board.

- Develop a committee charter that identifies participants (from the board, clinical staff, other staff, and community representatives); key committee responsibilities, including oversight for community benefit activities and community health improvement strategies; reporting relationships; and a work plan with actions, resources required, individual responsibilities, and projected timeframes.
**Recommendation #3**: Ensure that the hospital/health system supports and participates in a Community Health Needs Assessment that meets regulatory requirements, extends deeply into the community, and is designed and implemented with community partners.

- Ensure the hospital/health system sets strategies based on results of the Community Health Needs Assessment that focus on and support the collective work of the community partnership.
- Work with partners to analyze the results of the assessment and define multi-dimensional strategies to address agreed-upon needs.
**Recommendation #4:** Assess community health-related resources.

- Determine a preliminary list of organizations with a role in increasing some aspect of community health.
- Refine the list of resources to include individual organizations’ mission, leadership structure, programs and services, funding resources, etc.
- Determine an initial list of organizations to engage as partners to participate in a Community Health Needs Assessment. This list may include partners that are already conducting CHNAs independently, such as public health departments or competitor organizations.
Recommendations for Partnerships

**Recommendation #5:** Evaluate community collaboration governance options.
- Convene community partners to explore options for a durable structure to most effectively coordinate community health improvement efforts.
- Determine a working mission, vision, and values as a foundation for further discussion and planning.
- Explore ways to reduce or eliminate overlap and duplication of efforts, leverage resources, and secure funding to maximum advantage.

**Recommendation #6:** With partner agreement, form an informal, multidisciplinary “community partnership board.”
- Use the competencies for forming the partnership board.
- Develop principles for community health governance.
- Develop consensus-driven mission, vision, principles, and partnership goals.
- Develop committees and task forces responsible for specific community health improvement strategies and objectives.
- Define projected outcomes and a process for measuring progress toward their achievement.
Recommendation #7: Assess community board governing performance.
  • After one year, conduct an assessment of the community board’s role, structure, practices, and success.
  • Identify strengths and weaknesses, and opportunities for development and performance improvement.

Recommendation #8: Continuously refine and improve governance and community health improvement operations.
  • Conduct "real-time" assessments of emerging community health needs.
  • Periodically review the progress of the community collaborative and its partnerships, and consider incorporating new partners in the collaboration.
Achieving the Triple Aim
The Target: The Triple Aim

- Improved Health
- Experience of Care
- Spending per Capita

Triple Aim
<table>
<thead>
<tr>
<th>Issues to Consider in a Rapidly Changing Environment</th>
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<tbody>
<tr>
<td>Managing variation in the pace of change</td>
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<tr>
<td>Adapting to new payment and delivery system models with little experience and knowledge about intended and unintended consequences</td>
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<tr>
<td>Confronting the challenge of disruptive innovators who offer convenience and reduced complexity for the consumer</td>
</tr>
<tr>
<td>Managing new and sometimes difficult partnerships where cultures clash and missions don’t align</td>
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<tr>
<td>Ensuring sustainability in an evolving business model</td>
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<tr>
<td>Assembling and developing the right talent in both the hospital and community</td>
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<tr>
<td>Assuring diversity of age, gender, race and ethnicity at all levels of the organization from the board to management to frontline staff that reflect the community</td>
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<tr>
<td>Developing a deep understanding of the community’s level of health and wellness, their burden of disease, and their needs to achieve the health status they deserve</td>
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### The Changing Nature of the Health System

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<thead>
<tr>
<th>Focus</th>
<th>Today</th>
<th>Future</th>
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<tbody>
<tr>
<td>Board</td>
<td>Fiduciary</td>
<td>Generative</td>
</tr>
<tr>
<td>Leadership</td>
<td>Hospital</td>
<td>Health across continuum</td>
</tr>
<tr>
<td>Operations</td>
<td>Procedure-based</td>
<td>Outcome-based</td>
</tr>
<tr>
<td>Physicians</td>
<td>Productivity</td>
<td>Quality</td>
</tr>
<tr>
<td>Risk</td>
<td>Conservative</td>
<td>Proactive</td>
</tr>
<tr>
<td>Accountability</td>
<td>Assumed</td>
<td>Transparent to public</td>
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