

Health System Transformation and Collective Impact

Glenn M. Landers, ScD



*INTEGRATING RESEARCH, POLICY,
AND PROGRAMS TO
ADVANCE HEALTH AND WELL-BEING*

Georgia State University

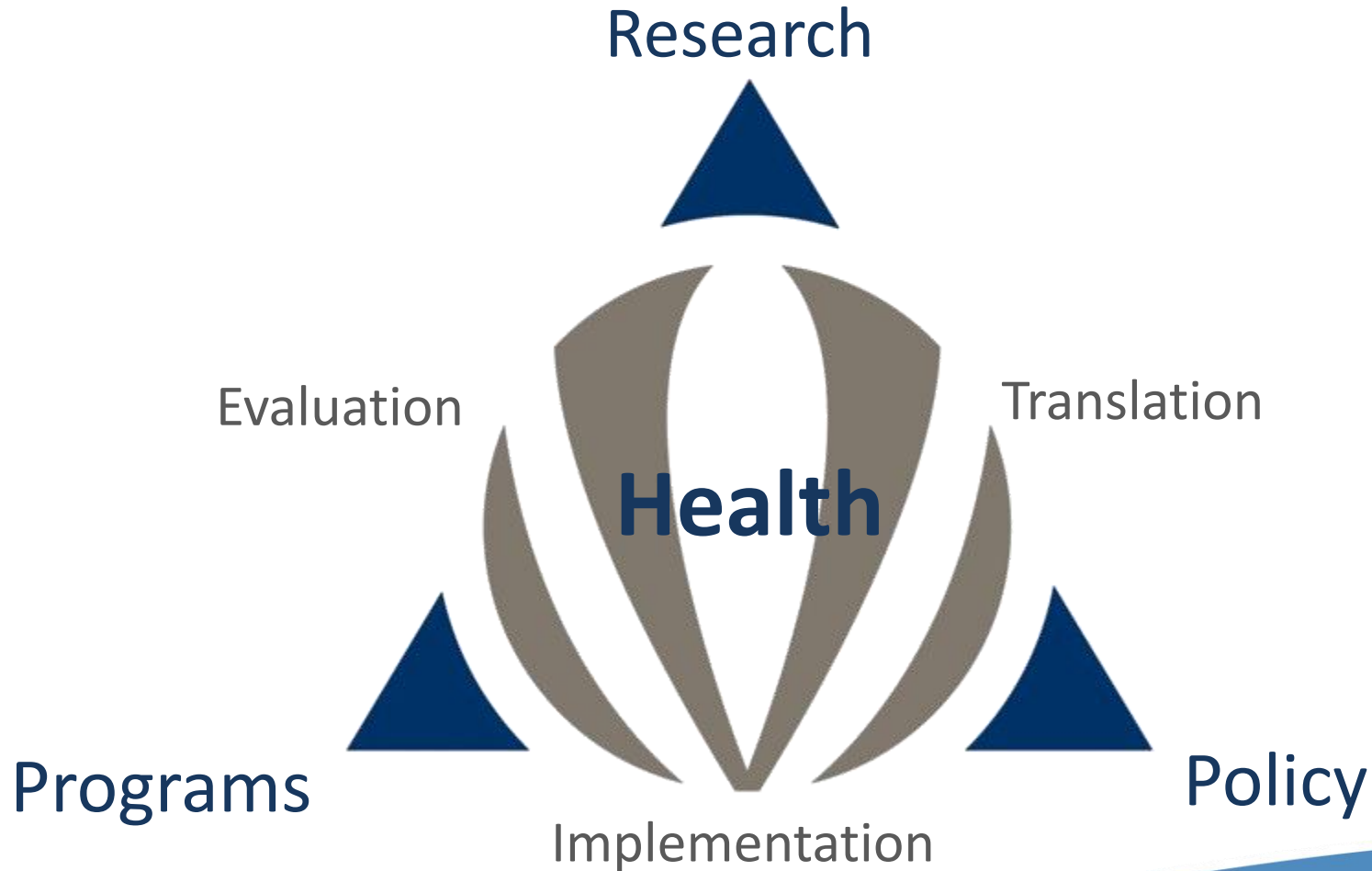
- 1st in African American student completion rates
- 4th most innovative
- 8th in undergraduate teaching
- 9th in support of military learners and veterans
- 25th in supporting social mobility

“No other university has accomplished what GSU has in the last decade.”

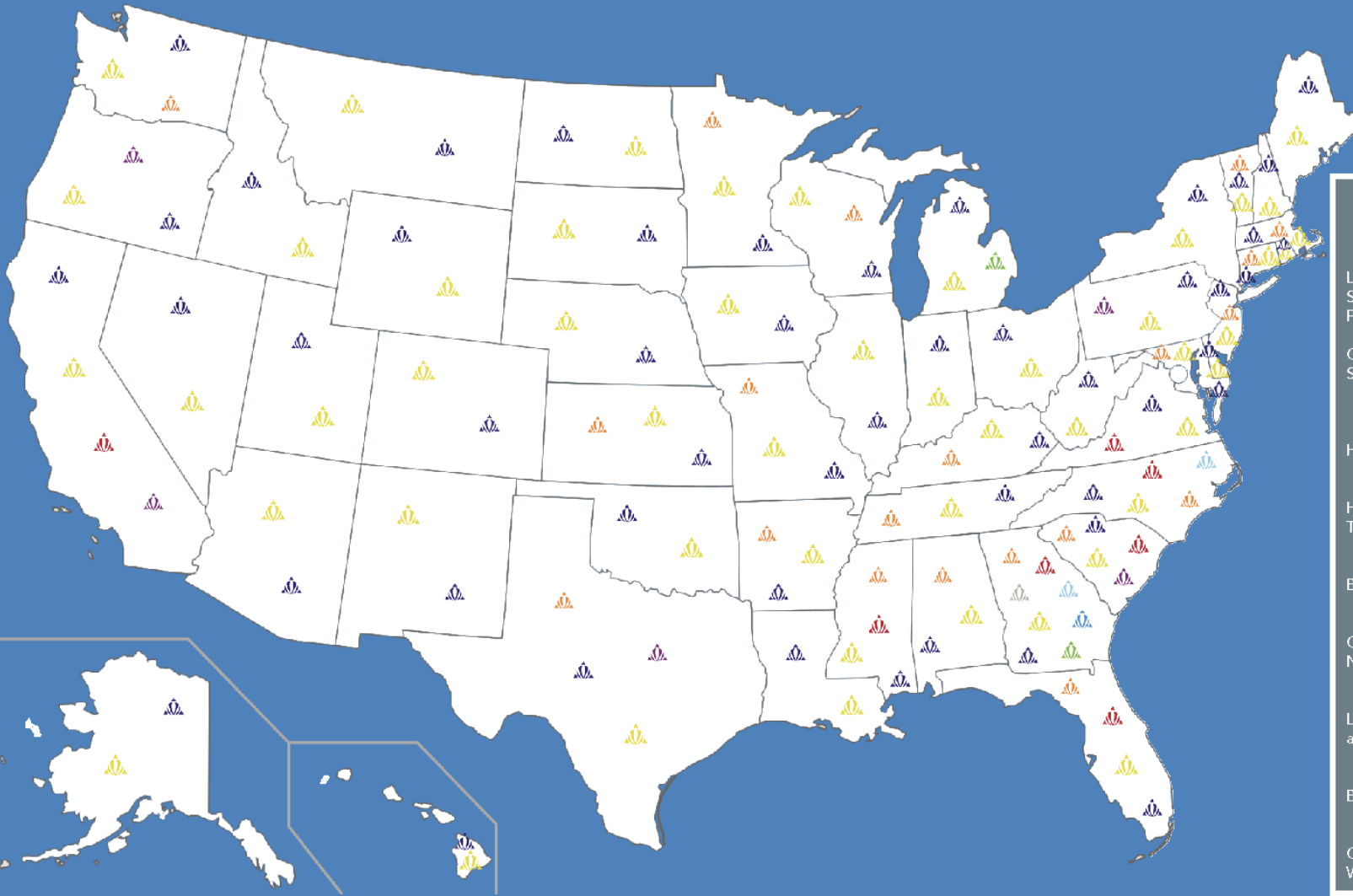
- Bill Gates, Oct. 2017

GEORGIA HEALTH POLICY CENTER

Integrating research, policy, and programs to advance health and well-being



WHERE WE WORK



A SAMPLING OF GHPC PROJECTS

- Leading Through Health System Change Planning Tool
- Community Health Systems Development
- Health in All Policies
- Health Care Reform Translation
- Bridging for Health
- Community Health Needs Assessments
- Long-Term Services and Supports
- Behavioral Health
- Child Health and Well-Being

Three Points for Today

- You're working on the edge of knowledge.
- You will make mistakes. You may fail. You will learn.
- There is inspiration out there.

Kania & Kramer, 2011

Collective Impact

LARGE-SCALE SOCIAL CHANGE REQUIRES BROAD CROSS-SECTOR COORDINATION, YET THE SOCIAL SECTOR REMAINS FOCUSED ON THE ISOLATED INTERVENTION OF INDIVIDUAL ORGANIZATIONS.

By JOHN KANIA & MARR KRAMER

Illustration by Martin Jarrin

The scale and complexity of the U.S. public education system has thwarted attempted reforms for decades. Major funders, such as the Annenberg Foundation, Ford Foundation, and Pew Charitable Trusts have abandoned many of their efforts in frustration after acknowledging their lack of progress. Once the global leader—after World War II the United States had the highest high school graduation rate in the world—the country now ranks 18th among the top 21 industrialized nations, with more than 1 million secondary school students dropping out every year. The heroic efforts of countless teachers, administrators, and nonprofits, together with billions of dollars in charitable contributions, may have led to important improvements in individual schools and classrooms, yet system-wide progress has seemed virtually unobtainable.

Against these daunting odds, a remarkable exception seems to be emerging in Cincinnati. Strive, a nonprofit subsidiary of KnowledgeWorks, has brought together local leaders to tackle the student achievement crisis and improve education throughout greater Cincinnati and northern Kentucky. In the four years since the group was launched, Strive partners have improved student success in dozens of key areas across three large public school districts. Despite the recession and budget cuts, 31 of the 33 success indicators that Strive tracks have shown positive trends, including high school graduation rates, fourth grade reading and math scores, and the number of preschool children prepared for kindergarten.

Why has Strive made progress when so many other efforts have failed? It is because a core group of community leaders decided to abandon their individual agendas in favor of a collective approach to improving student achievement. More than

300 leaders of local organizations agreed to participate, including the heads of influential private and corporate foundations, city government officials, school district representatives, the presidents of eight universities and community colleges, and the executive directors of hundreds of education-related nonprofit and advocacy groups.

These leaders realized that fixing one point on the educational continuum—such as better after-school programs—wouldn't make much difference unless all parts of the continuum im-

proved at the same time. No single organization, however innovative or powerful, could accomplish this alone. Instead, their ambitious mission became to coordinate improvements at every stage of a young person's life, from "cradle to career."

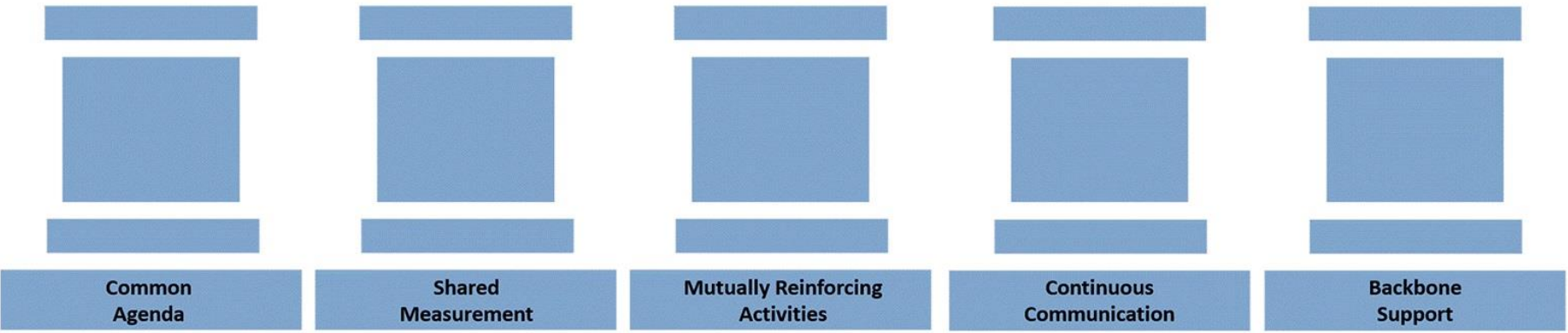
Strive didn't try to create a new educational program or attempt to convince donors to spend more money. Instead,

through a carefully structured process, Strive focused the entire educational community on a single set of goals, measured in the same way. Participating organizations are grouped into 14 different Student Success Networks (SSNs) by type of activity, such as early childhood education or tutoring. Each SSN has been meeting with coaches and facilitators for two hours every two weeks for the past three years, developing shared performance indicators, discussing their progress, and most important, learning from each other and aligning their efforts to support each other.

Strive, both the organization and the process it helps facilitate, is an example of *collective impact*, the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem. Collaboration is nothing new. The social sector is filled with examples of partnerships, networks, and other types of joint efforts. But collective impact initiatives are distinctly different. Unlike most

Source: Stanford Social Innovation Review

THE FIVE PILLARS OF COLLECTIVE IMPACT



You're Working on the Edge of Knowledge

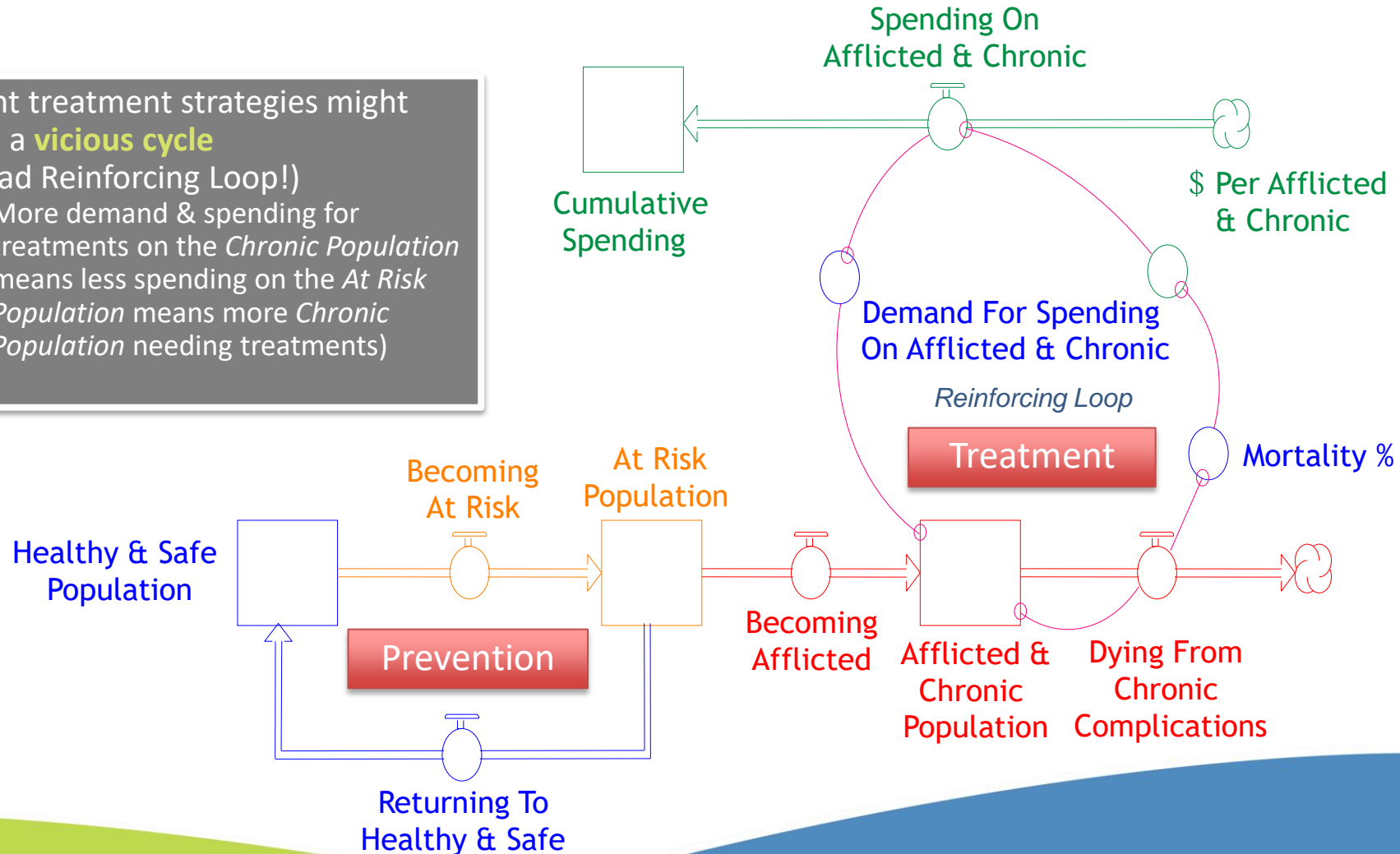
The Story of Bridging for Health

Background: Upstream Health

Current treatment strategies might create a **vicious cycle**

(aka bad Reinforcing Loop!)

More demand & spending for treatments on the *Chronic Population* means less spending on the *At Risk Population* means more *Chronic Population* needing treatments)

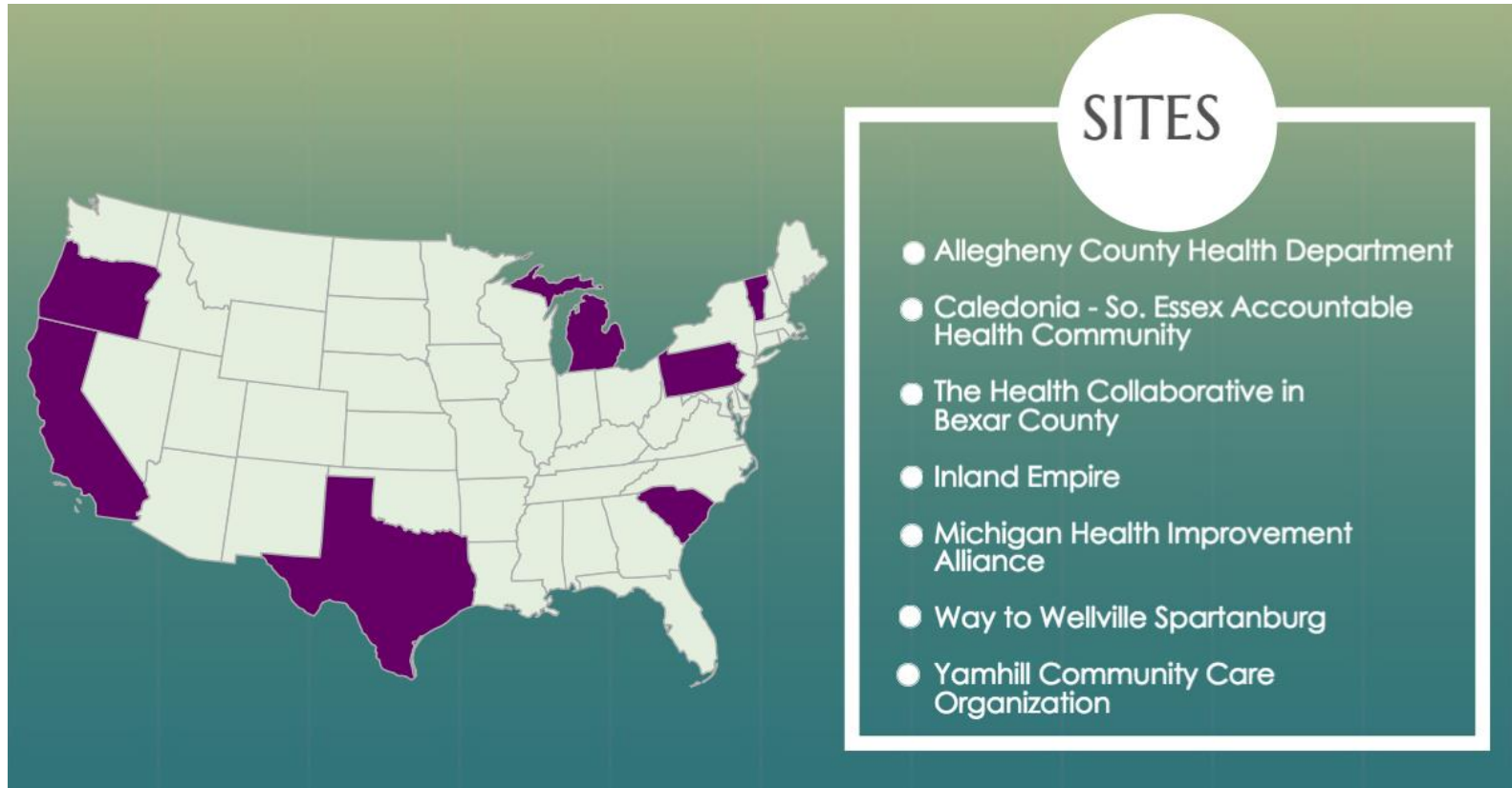


The “Buckets” of Prevention Framework



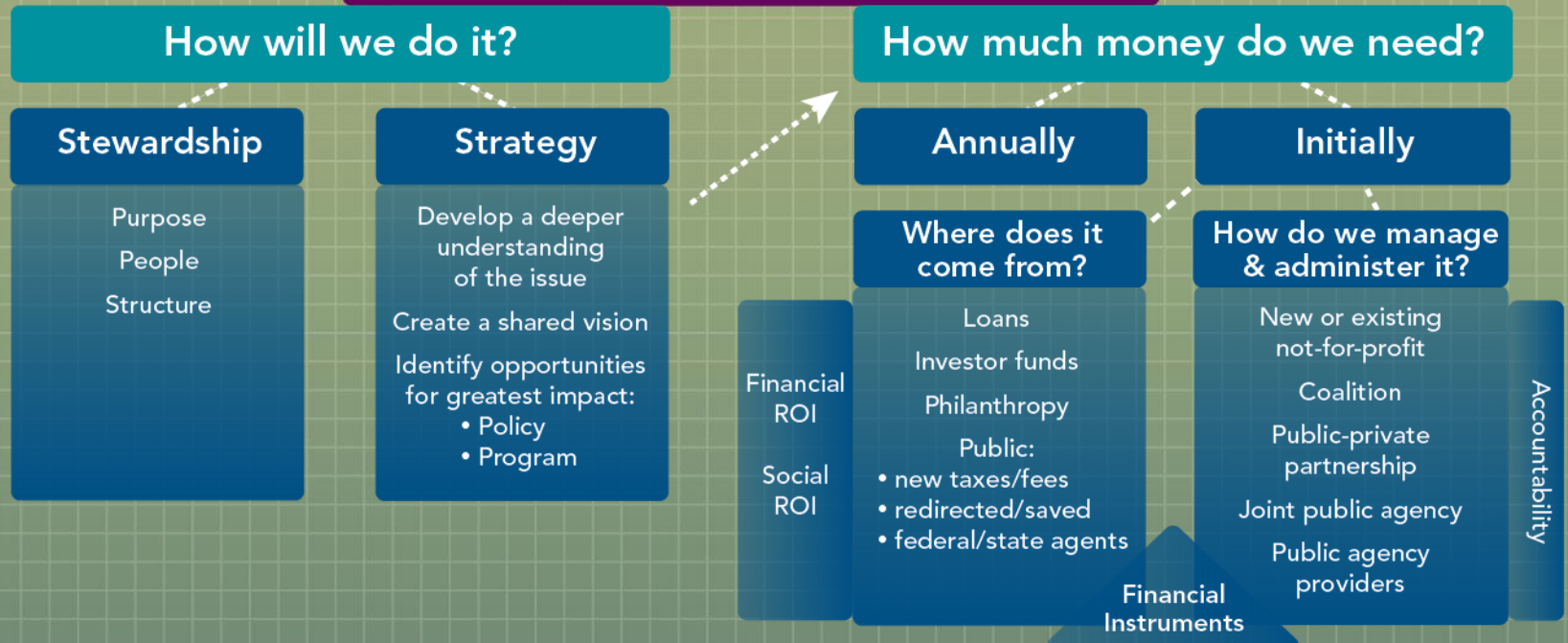
Source: Auerbach, 2016

Bridging for Health: Improving Community Health Through Innovations in Financing



BLUEPRINT FOR ACTION

CREATING A CULTURE OF HEALTH



Collaboration & Collective Impact



Innovations in Financing

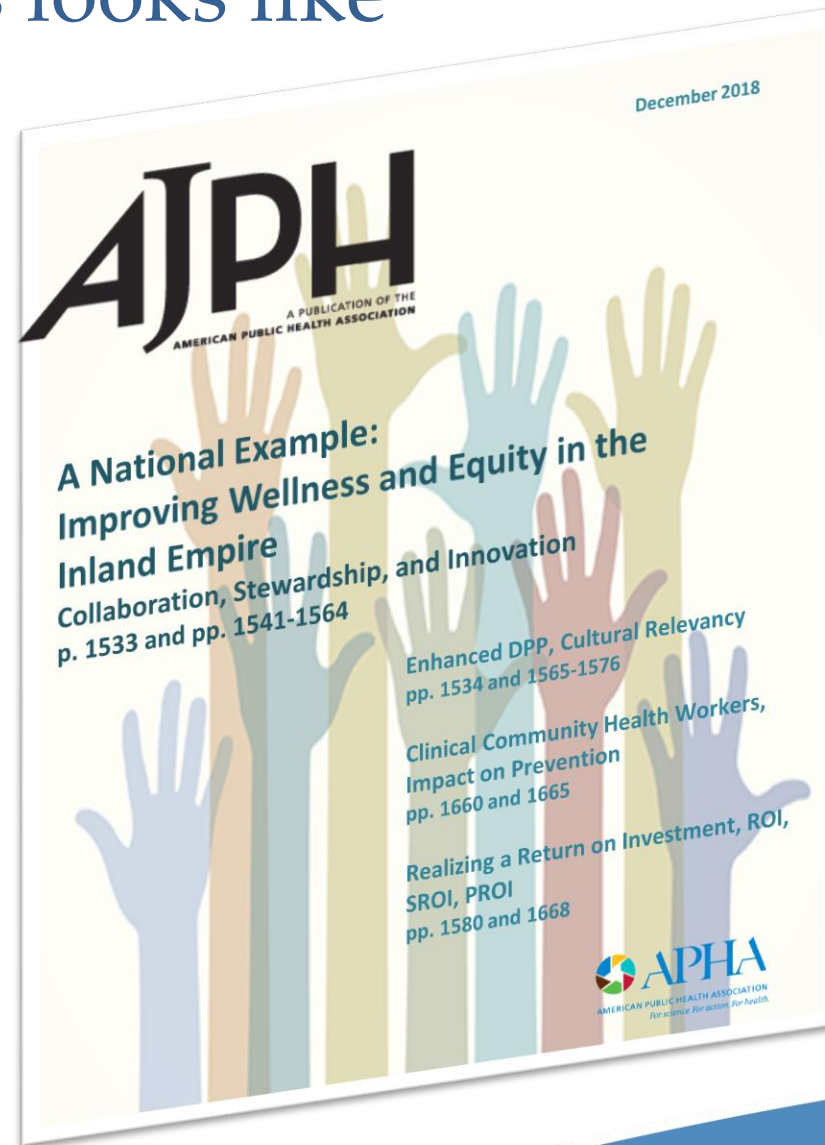


Health & Health Equity




Evaluation

What success looks like



Heifetz and Linsky

Harvard Business Review 
www.hbrreprints.org

MANAGING YOURSELF

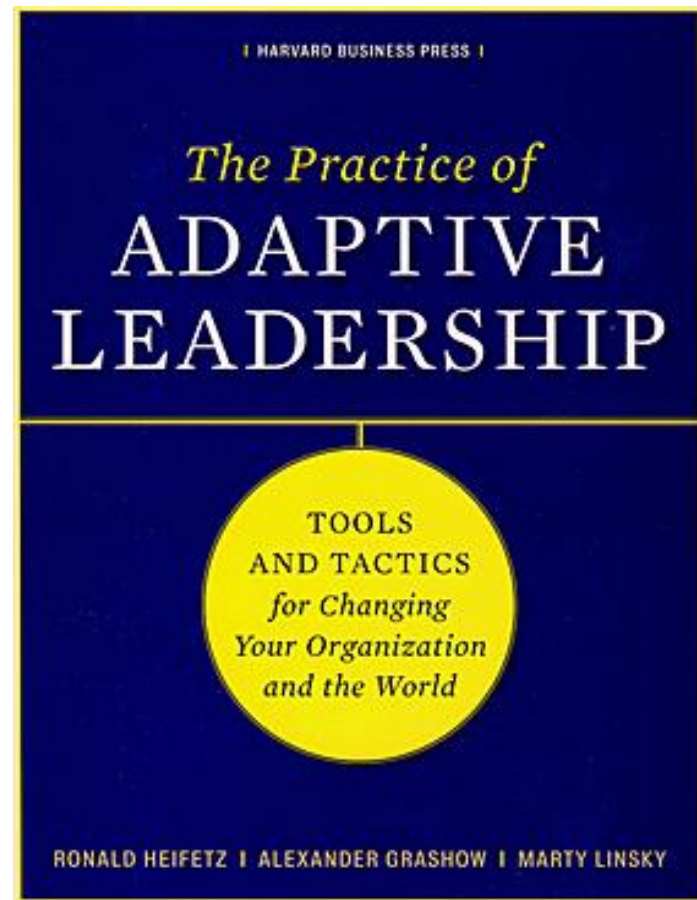
Steering an organization through times of change can be hazardous, and it has been the ruin of many a leader. To avoid the perils, let a few basic rules govern your actions—and your internal compass.

A Survival Guide for Leaders

by Ronald A. Heifetz and Marty Linsky

Included with this full-text *Harvard Business Review* article:

- 1 [Article Summary](#)
The Idea in Brief—the core idea
The Idea in Practice—putting the idea to work



Ronald A. Heifetz and Marty Linsky, "A Survival Guide for Leaders," *Harvard Business Review*, June 2002, pp. 65-74.

Technical vs. Adaptive Challenges

Technical Challenges

- Ready made solution exists
- Someone has *The Answer*
- Standard Operating Procedures (SOPs)
- Even if they require intense skills, some expert knows exactly what to do
- Examples
 - Fixing a broken computer
 - Building a hospital
 - Brain surgery

Adaptive Challenges

- Never solved issue
- Perhaps new, never seen before
- No one's got *The Answer*
- Must be solved by collaboration
- Examples
 - Reforming public education
 - Poverty
 - Health system change

Adapted from Ronald A. Heifetz and Marty Linsky, "A Survival Guide for Leaders," Harvard Business Review, June 2002, pp. 65-74.





EMPATHY & MINDSET

On-going technical assistance calls

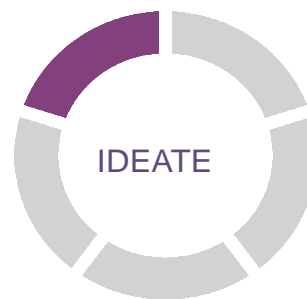
Modules in stewardship, health equity, strategy, and financing

Financing book



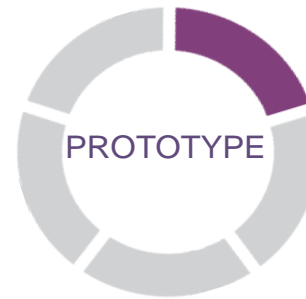
DEFINE/AGREE

1. Choose DOMAIN
2. Explore FINANCING INNOVATIONS
3. MAPPING THE MONEY SOURCES



IDEATE

4. Rank funding sources
5. Create an INNOVATION AGREEMENT and imagine a FUTURE VISION for this idea



PROTOTYPE

6. Prototyping the STRUCTURE & FOUNDATION
7. Identify Critical ASSUMPTIONS and interview STAKEHOLDERS
8. Capture Stakeholder FEEDBACK
9. ITERATE PROTOTYPE and design STRESS TEST



TEST & IMPLEMENT

10. Run STRESS TEST to affirm viability and uncover weaknesses
11. PILOT IMPLEMENTATION
12. ITERATE and ongoing ACTION PLAN

What we've learned so far in 5 bullets

- People are not necessarily comfortable with innovation. They are risk averse.
- Early work to impact mindset around stewardship, equity, strategy, and financing lays the groundwork to move to the later stages of the innovation cycle.
- Having a consensus on vision, goals, and a sense of urgency impacts progress.
- The capacity of specific roles impacts progress: champion/leader, program manager (convener, keeper of the process, data), workgroup members.
- Evolving role of technical assistance: balancing coming in as the expert & pushing for progress vs. “walking alongside” as a thought partner.

You will make mistakes. You may fail. You will learn.

The Story of BC3



Foundation Makes 10-Year Commitment to Accelerating the “Triple Aim” through a State-wide Collective Impact Initiative



DENVER, CO – The Colorado Health Foundation announced its support of a 10-year commitment to a community-level collaborative approach to address health care costs through delivery system and payment reform. The approach involves a shared commitment among partners to the same goals and outcomes and a commitment to align their work in order to achieve the greatest collective success.

This framework is commonly known as [collective impact](#) and often involves a centralized infrastructure with a backbone organization steering the work, dedicated staff and a process designed to produce common goals, shared measurement, coordinated and ongoing communication and mutual reinforcement among partner activities.

In this case, the delivery system and payment reform initiative will focus on accelerating the “Triple Aim” of health care: better health for our population, better care for individuals and lower costs for all. The current effort is working to align delivery system changes and payment reform efforts to achieve these goals.


A Coalition of the Willing

- Physicians
- Health data organizations
- Health networks
- Business interests
- The state Medicaid department
- The state Public Health department
- Researchers
- Advocates
- Hospitals
- Insurers



Colorado's Delivery System and Payment Reform working group represents an alliance of organizations focused on transforming the way health care is delivered and paid for in Colorado. We use the power of data and measurement, convening and expertise, alignment and shared purpose to accelerate efforts to improve the care and health of Coloradans while controlling costs.

Accelerating the Triple Aim in Colorado



**Better Health
For Our Population**






**Better Health Care
For Individuals**



**Lower Costs
For All**

2015 Initiatives

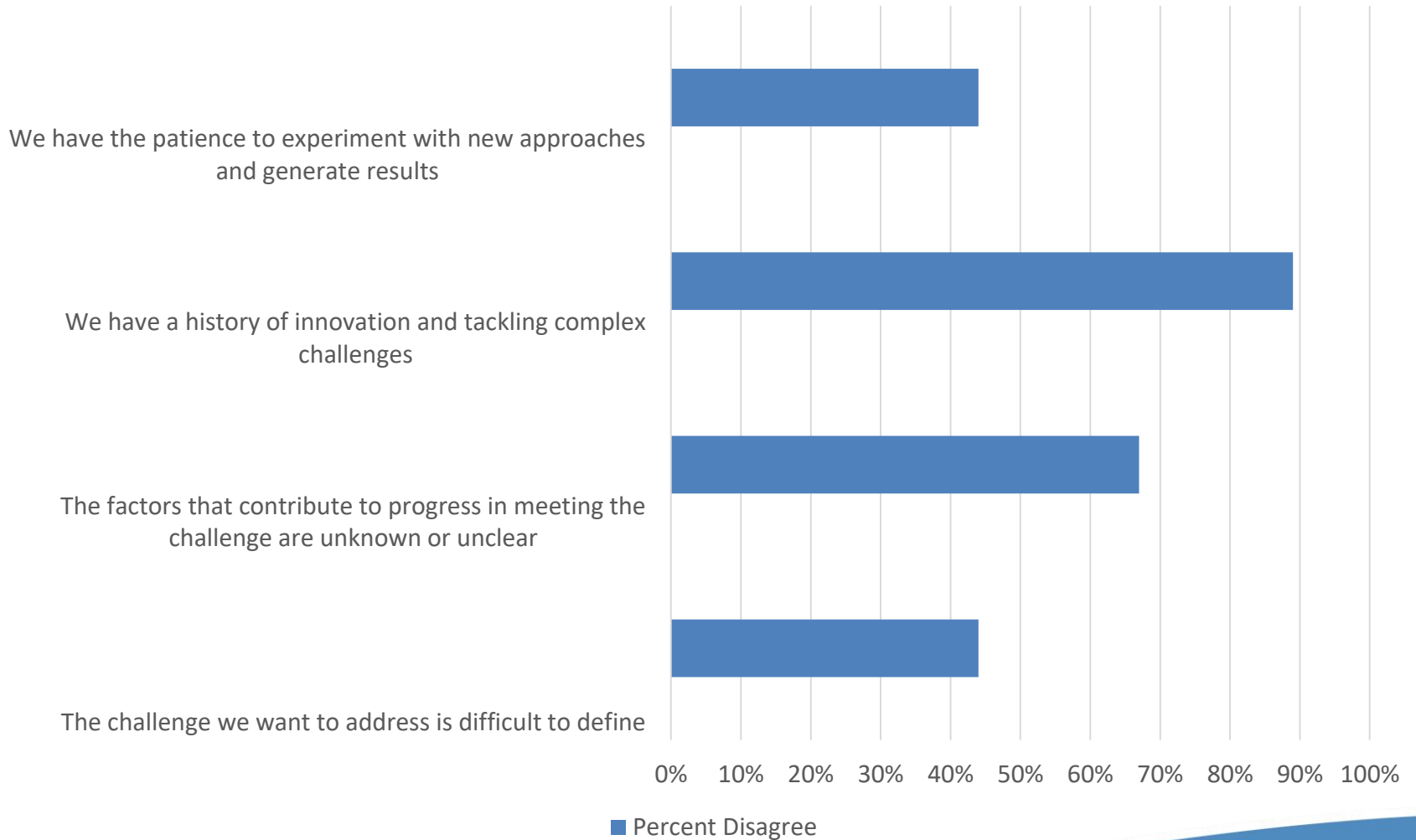
<h3 style="color: #2980b9;">Care Transitions</h3> <p>Issue: Improving patients' transitions between care settings will improve patient experience, reduce service duplication and lower costs.</p>  <p>Goal: Enhance coordination and communication among providers and care settings to improve performance on key metrics by 20% by 2020.</p>	<h3 style="color: #2980b9;">Emergency Department Utilization</h3> <p>Issue: Receiving care in appropriate settings leads to better health for individuals and lower costs for all.</p> <p>Goal: Reduce avoidable ED volume by 10% by 2020.</p> 	<h3 style="color: #2980b9;">Integrated and Coordinated Primary Care</h3> <p>Issue: Overall health will be improved by providing access to integrated primary care and behavioral health services.</p> <p>Goal: 80% of Coloradans will have access to integrated physical and behavioral care by 2020.</p> 
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Collective Impact Prerequisites

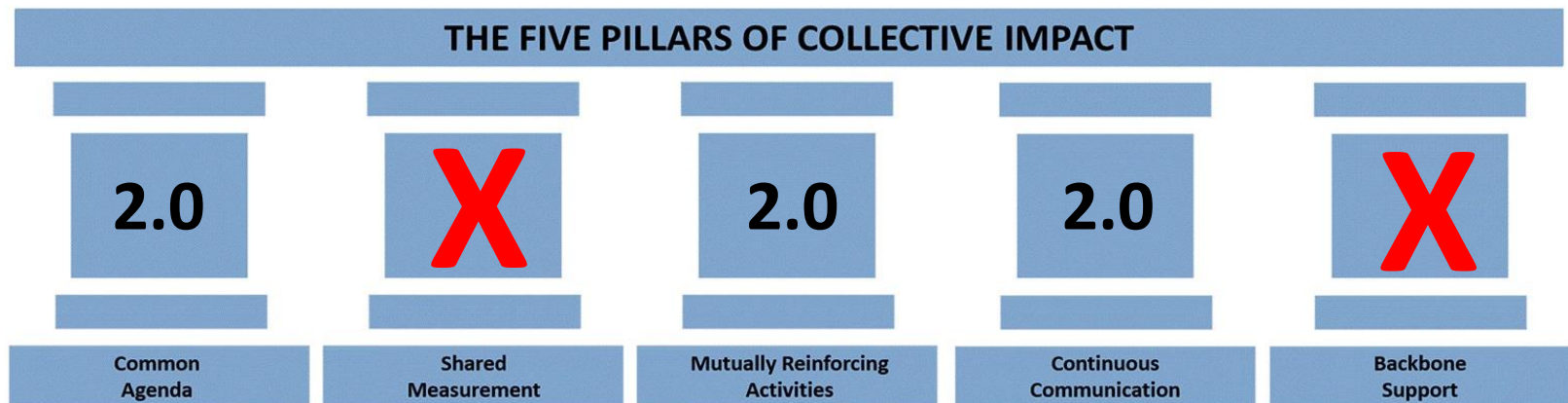
- A sense of urgency
- A history of collaboration
- A local champion
- Resources for collaboration

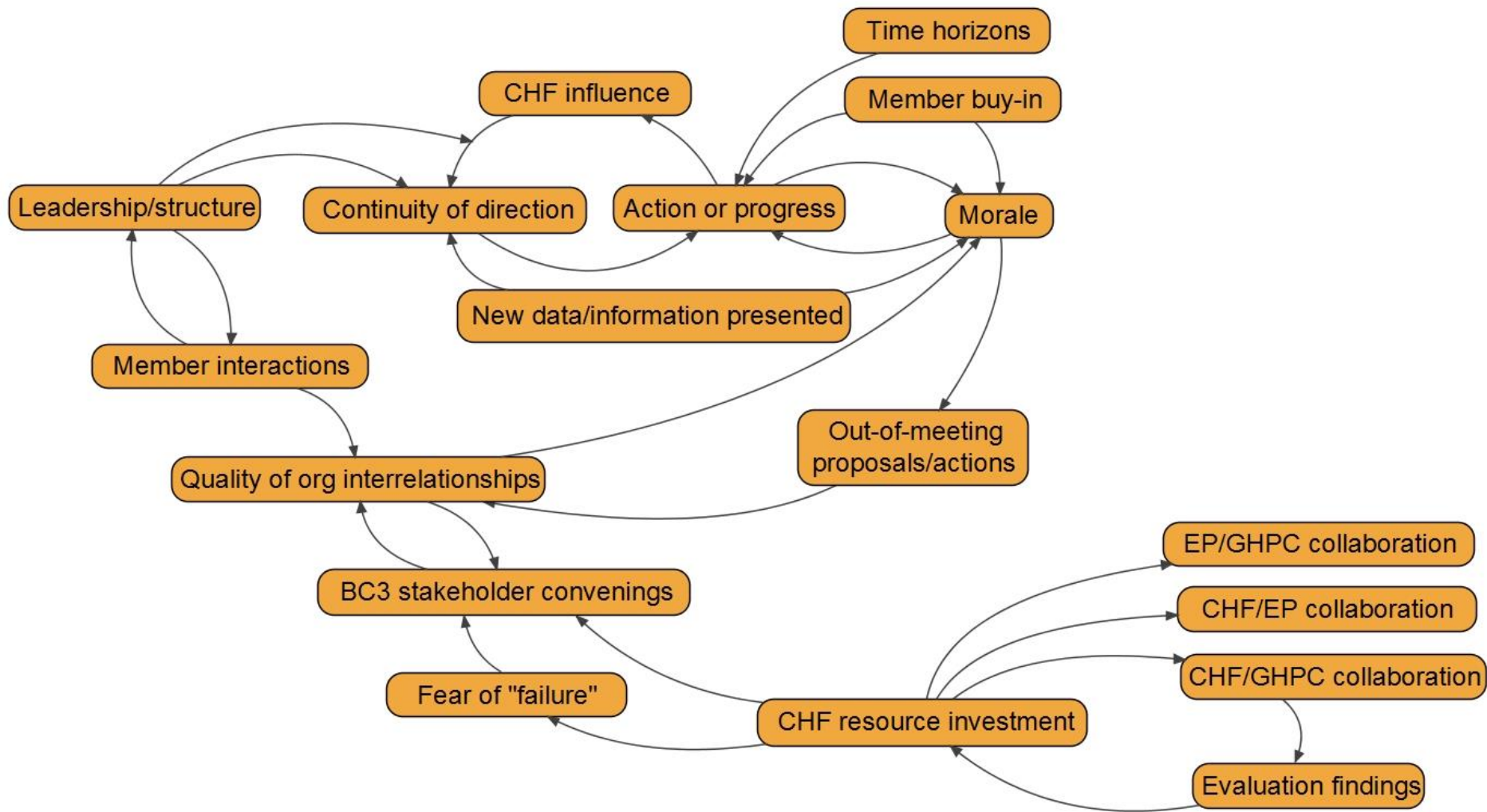
Source: Collective Impact Forum

Percent Disagree: June 2015



Pillars Assessment: 5 Point Scale





Two Big Takeaways...

- If those you are trying to impact are not at the table with you, you are not doing collective impact.
- Collective impact is not the right fit for all challenges or collaborations.

...And Six Insights

- Collective impact is innovation
- Who initiates collective impact matters
- Leadership is critical
- Money complicates things
- Backbone support is critical
- Evaluation as learning

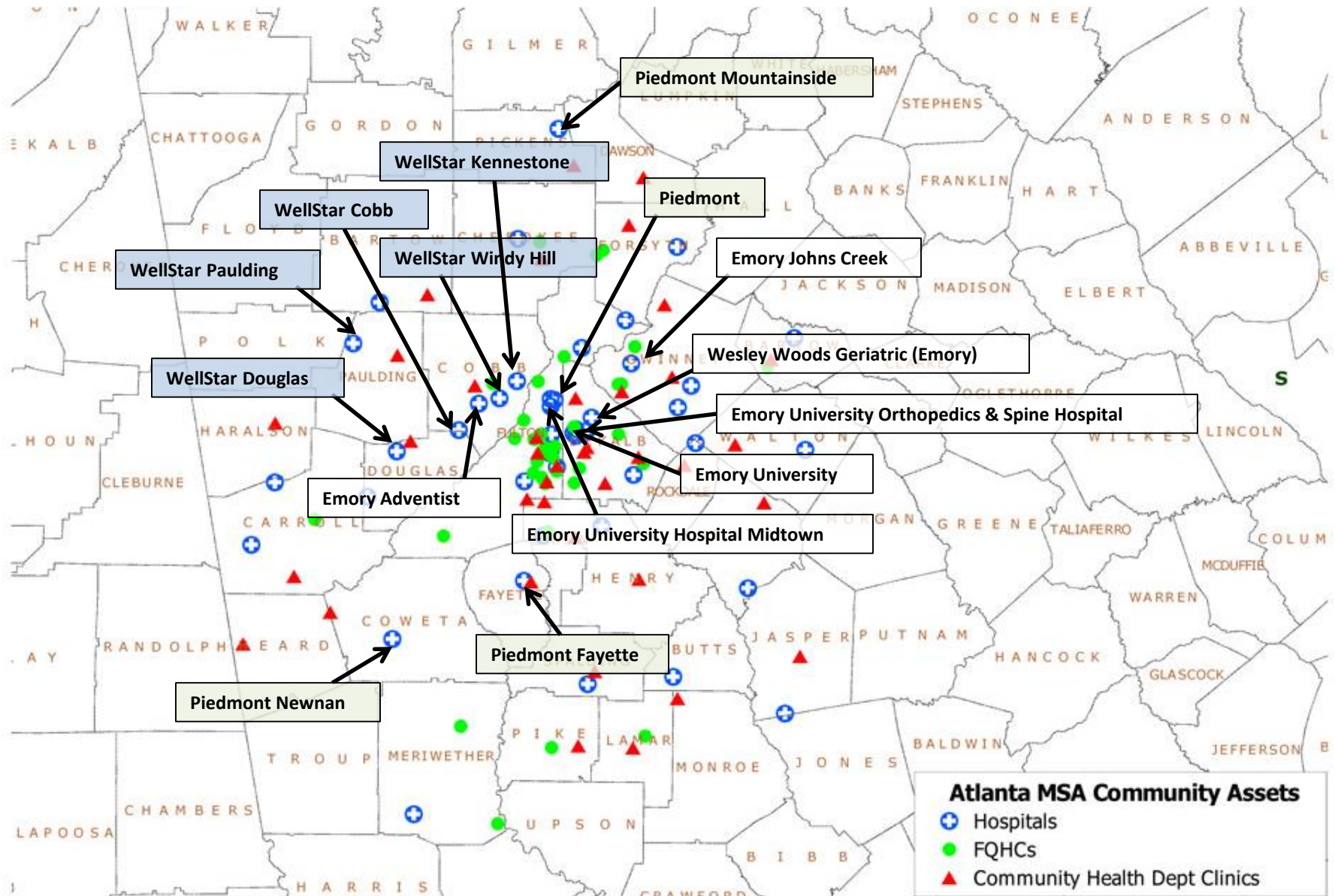
There is Inspiration Out There

The Story of the Atlanta Regional
Collaborative for Health
Improvement - ARCHI

ARCHI Video

Access Points – Community Assets

Hospitals, FQHCs, and Community Health Department Clinics





ELINOR OSTROM

2009 Nobel Laureate
in Economic Sciences

Nobel medal © The Nobel Foundation



Select Initiatives...*

Sliders Set the Reach, Intensity, and Cost for Each Initiative*

- Risk**
- Care
- Cost
- Trends

- Definitions
- Costs
- Specs



Enable Healthier Behaviors

0% 50% 100% Start

For DisAdv Only



Reduce Crime

0% 50% 100% Start

For DisAdv Only



Reduce Environmental Hazards

0% 50% 100% Start

For DisAdv Only



Create Pathways to Advantage

0% 50% 100% Start

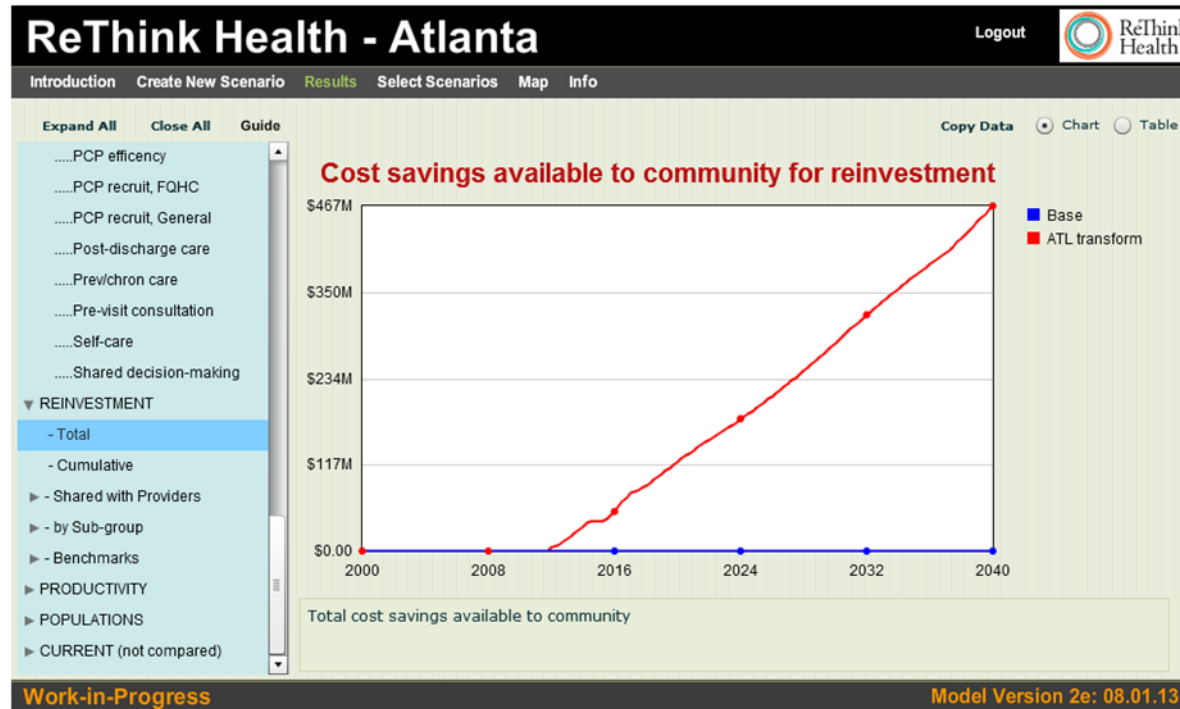
Initiative Assumptions

Reset All

* All choices will be retained for new scenarios, until reset

Fund Initiatives

ReThink Health Model Output



Early ARCHI Milestones

- 2010 - ACA passes
- 2011 – Four people meet to discuss the possibility of hospitals doing ACA-required community health needs assessments together
- 2012 – Four community meetings result in a 28-year strategy built off of the ReThink Health systems model
- 2013 – 30 organizations sign on as the first partner organizations

ATLANTA TRANSFORMATION SCENARIO



FAMILY PATHWAYS



EXPAND INSURANCE



INNOVATION FUNDS



GLOBAL BUDGETING



CARE COORDINATION

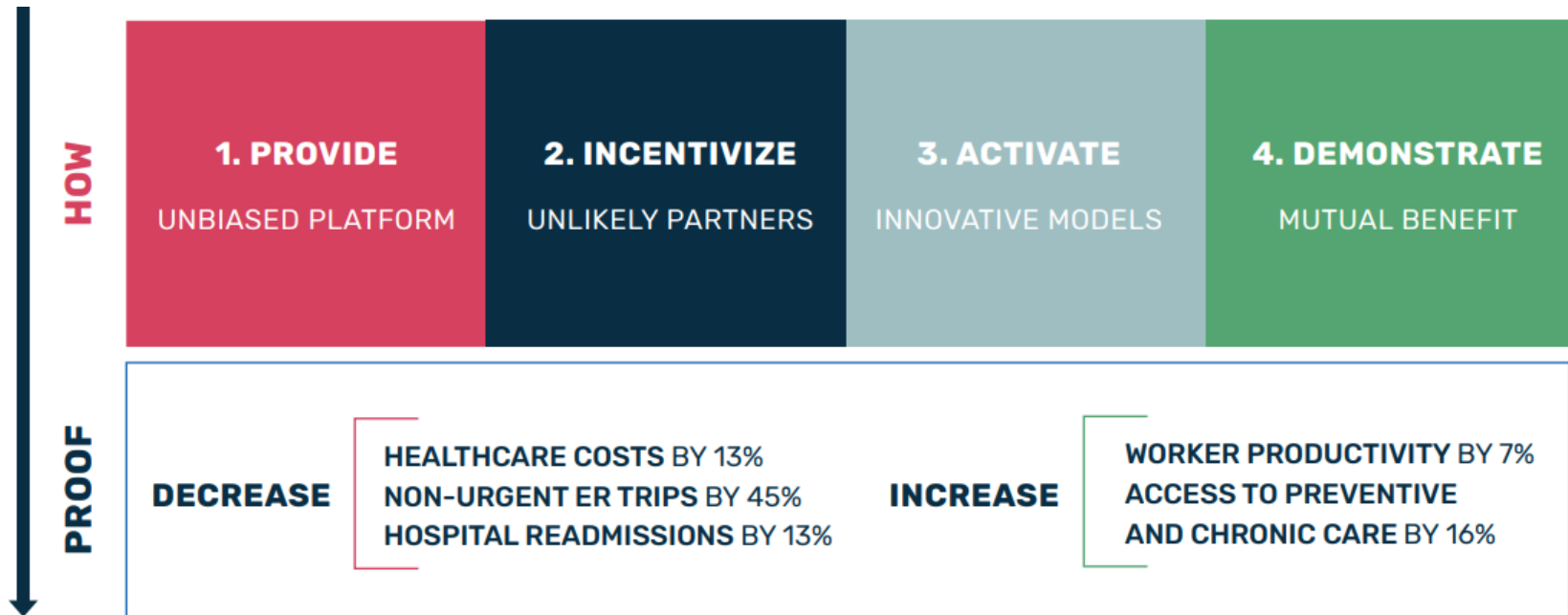


HEALTHY LIFESTYLES



CAPTURE AND REINVEST

ARCHI DOES THIS IN FOUR CRITICAL WAYS



Later ARCHI Milestones

- 2014 - ARCHI launches community-led health improvement collaborative in Tri-Cities; ARCHI selected as national AHEAD program site
- 2015 - ARCHI selected as national SCALE program site; launches community-led health improvement strategy in DeKalb County
- 2016 - ARCHI membership grows to 80 organizations; ARCHI completes region's five-system joint community health needs assessment
- 2017 – ARCHI hires first executive director

Alliant GMCF
American Cancer Society
American Diabetes Association
Arthur M. Blank Family Foundation
Atlanta Community Food Bank
Atlanta Community Health Interfaith Partners
Atlanta Housing Authority
Atlanta Neighborhood Development Partnership (ANDP)
Atlanta Regional Commission
Atlanta Volunteer Lawyers Foundation
BlueFlowers.org
Carter Center
Charitable Connections
ChildKind
CHRIS Kids, Inc.
Clayton State University, School of Nursing
Club E. Atlanta
Common Market Georgia
Community Foundation for Greater Atlanta, Inc.
Community Health interfaith Partners
Community of College Park
Concerned Black Clergy
DeKalb County Board of Health
DeKalb County Government
Diabetes Community Action Coalition, Inc.
Emory Fuqua Center for Late Life Depression
Emory Healthcare

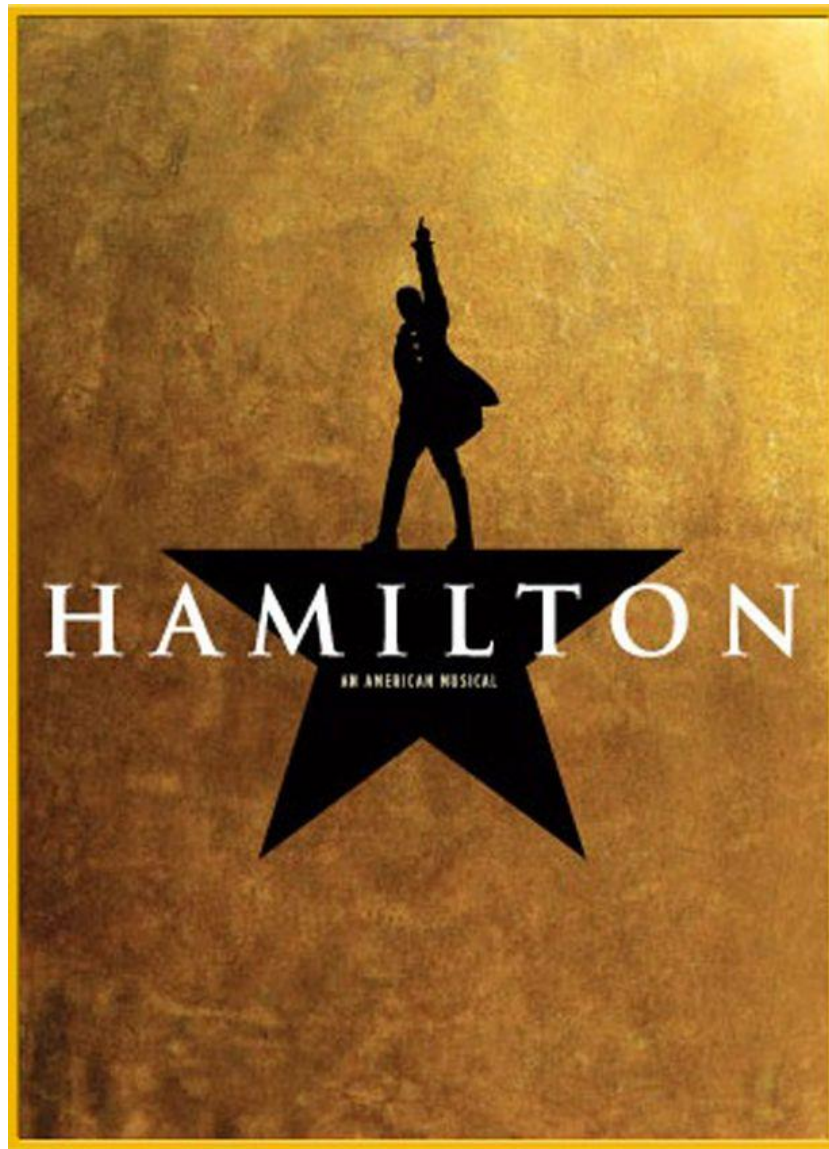
Emory University – Urban Health Program
Enterprise Community Partners
Families First, Inc.
Friends of Refugees
Fulton County Government
Georgia Alliance for Health Literacy
Georgia Association for Primary Care
Georgia Center for Nonprofits
Georgia Department of Public Health
Georgia Health Policy Center
Georgia Institute of Technology
Georgia State University
Get Georgia Reading
Global Dialogues
Grady Health System
Health Equity Advocacy & Resource Center
Health Promotion Action Coalition, Inc
Hillside
Historic Westside Gardens Atl, Inc
I Can Be The Change
Insure Georgia
Jesus Set the Captive Free
Kaiser Permanente of Georgia
Legacy Community Housing Corporation
Live Living International Foundation
Marcus Autism Center
Metro Atlanta Urban Farm
Metropolitan Counseling

Muni Cares, Inc.
Oakhurst Medical Centers
Odyssey Family Counseling Center
One Talent Inc.
Open Hand Atlanta
Partnership for Southern Equity
Perkins & Will
Piedmont Healthcare
Resurgia Health Solutions
Rimidi, Inc
RiteAid Pharmacy
Saint Joseph's Health System/Mercy Care
Saving Our Sons & Sisters International
Shepherd Center
South Fulton Human Services Coalition
Southside Medical Center
TechBridge
TQ Intelligence, Inc.
Truly Living Well
United Way of Greater Atlanta
Veterans Empowerment Organization
Visiting Nurse Health System
Voices of Georgia's Children
Wellcare
Wellstar
West End Medical Center Inc.

What ARCHI Has Learned So Far

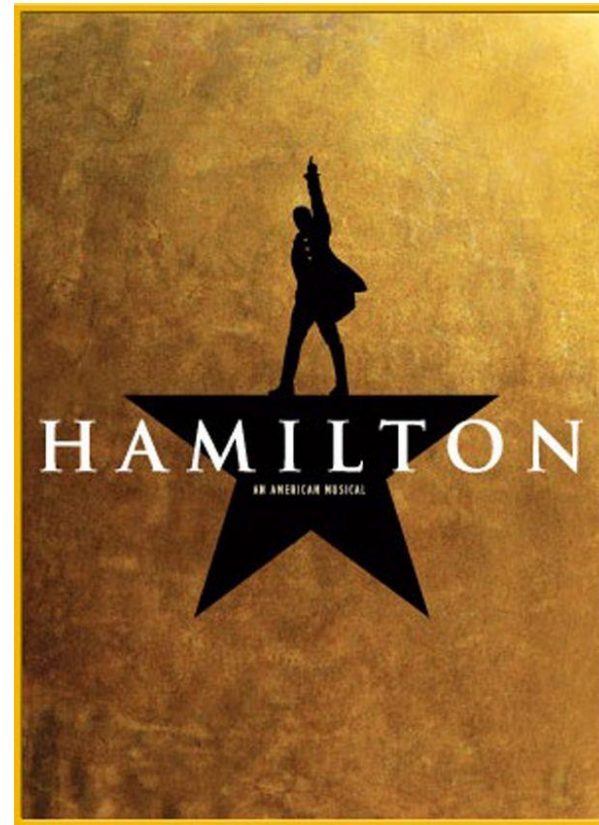
- LISTEN!!!
- Go with a “coalition of the willing.”
- System change takes time, but...
- The importance of shrinking the change!! 2020 vs. 2040.
- “Leading in the midst of chaos” - what we do everyday.
- Being clear about its role as a convener, not a program provider or funder.

More Inspiration



What is Your Hamilton Moment?

- These people
- This time
- This place



On Leadership

Leaders are called to stand in that lonely place between the no longer and the not yet and intentionally make decisions that will bind, forge, move and create history.

We are not called to be popular, we are not called to be safe, we are not called to follow.

We are the ones called to take risks.

We are the ones called to change attitudes, to risk displeasures.

We are the ones called to gamble our lives for a better world.

Mary Lou Anderson