Health System Transformation and Collective Impact

Glenn M. Landers, ScD

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

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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

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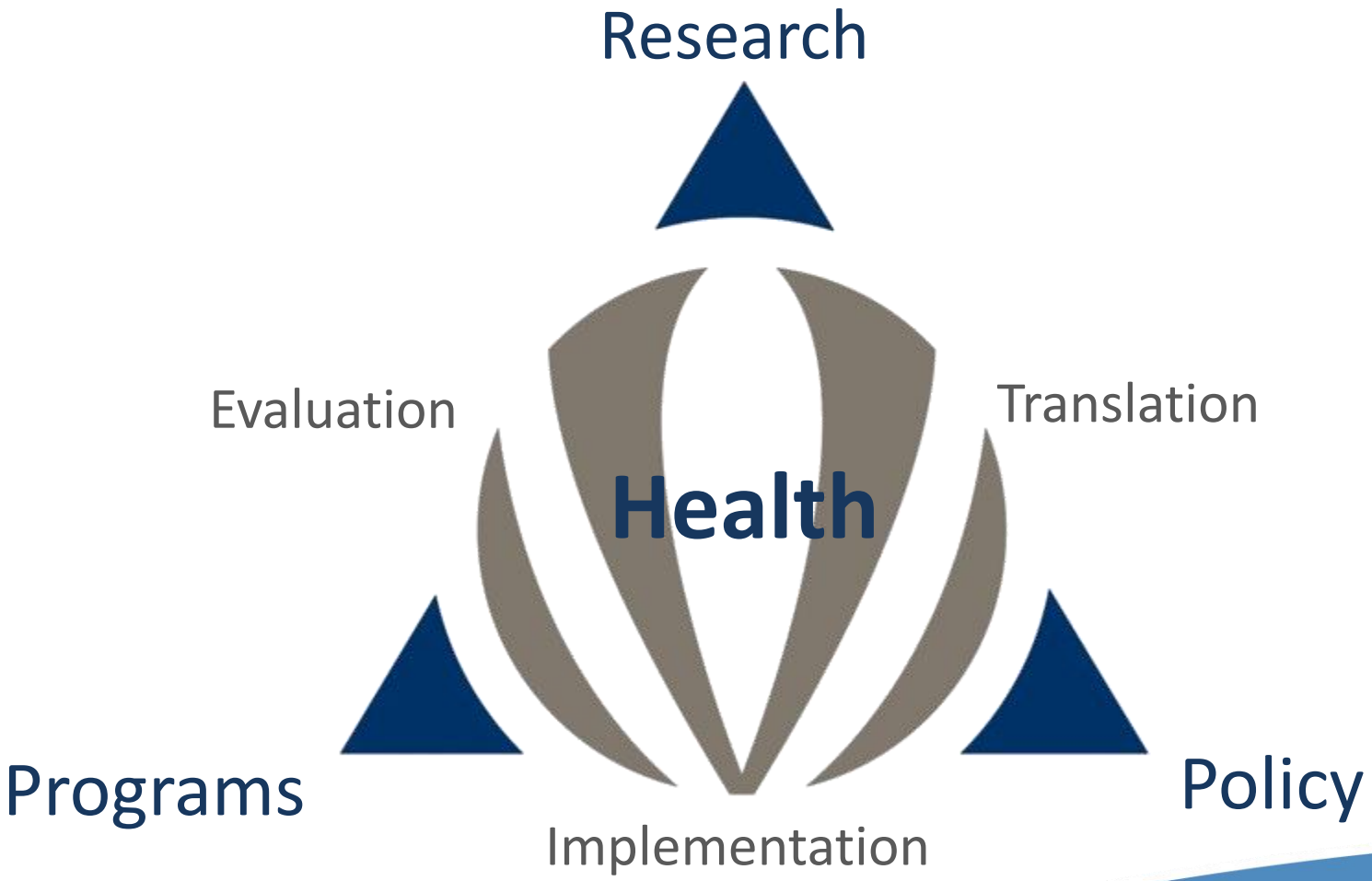
Integrating research, policy, and programs to advance health and well-being



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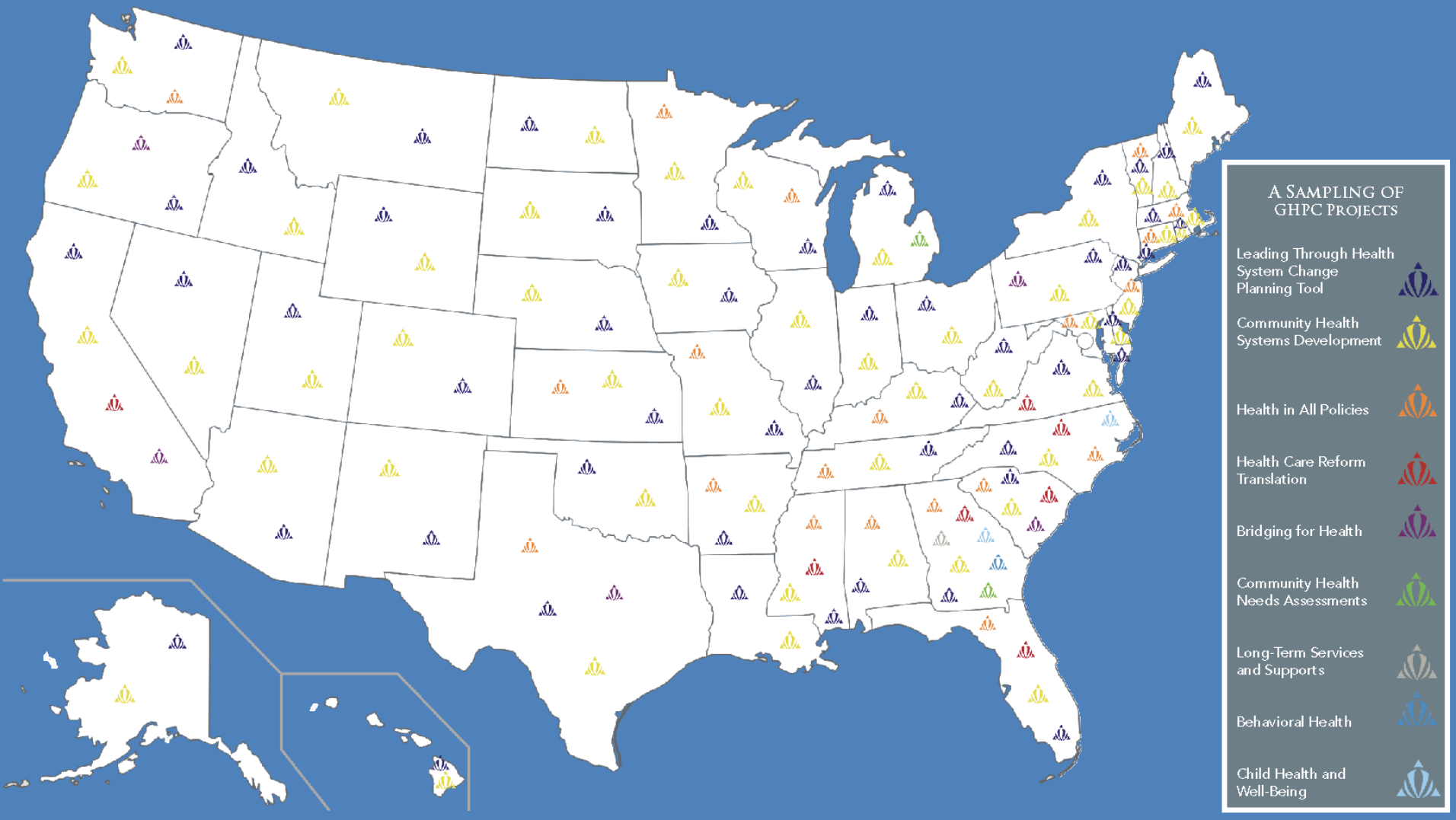
Where we work



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 & Mark Kramer

Illustration by Martin Jarrie

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 24 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, 34 of the 53 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.

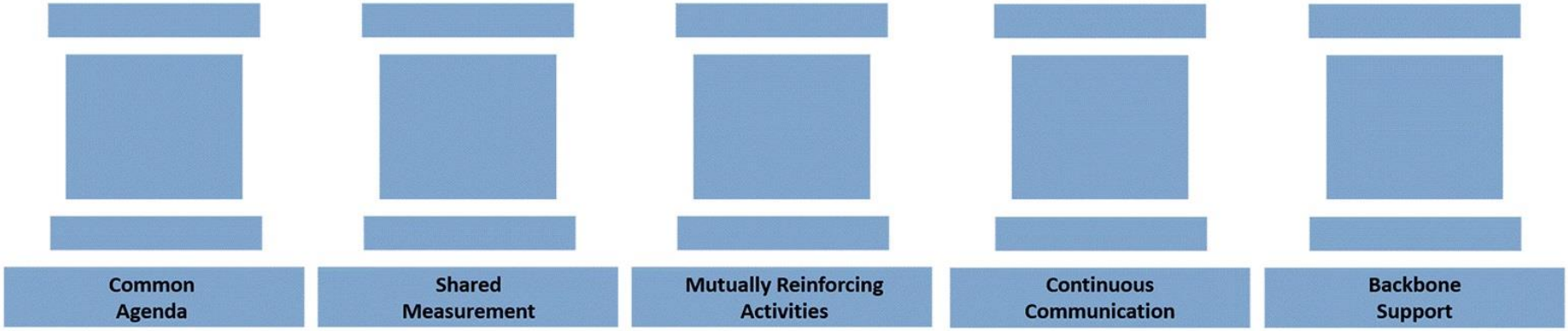
These leaders realized that fixing one point on the educational continuum—such as better after-school programs—wouldn't make much difference unless all parts of the continuum improved at the same time. No single organization, however innovative or powerful, could accomplish this alone. Instead, their 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 15 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

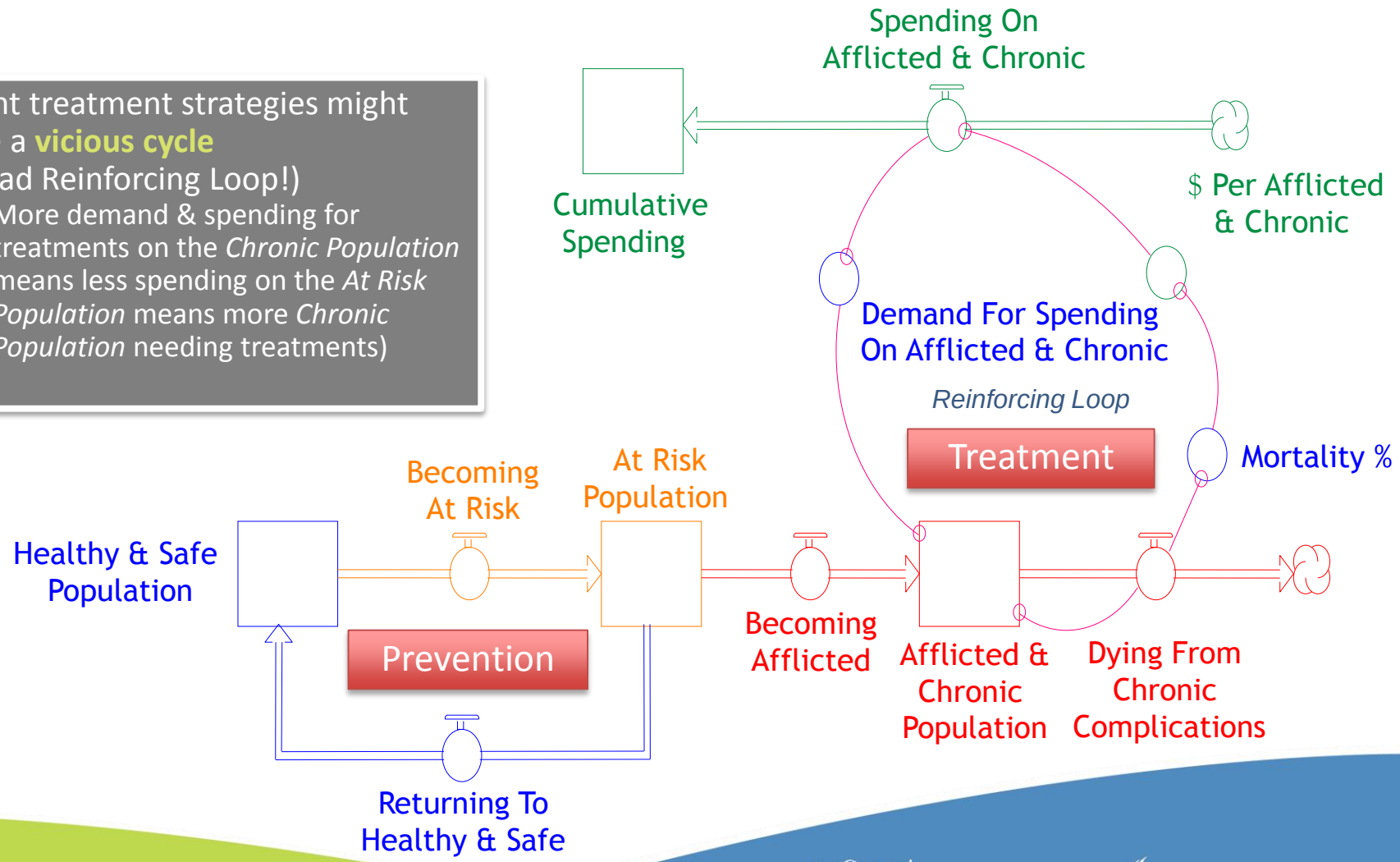


You're Working on the Edge of Knowledge
The Story of Bridging for Health

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)



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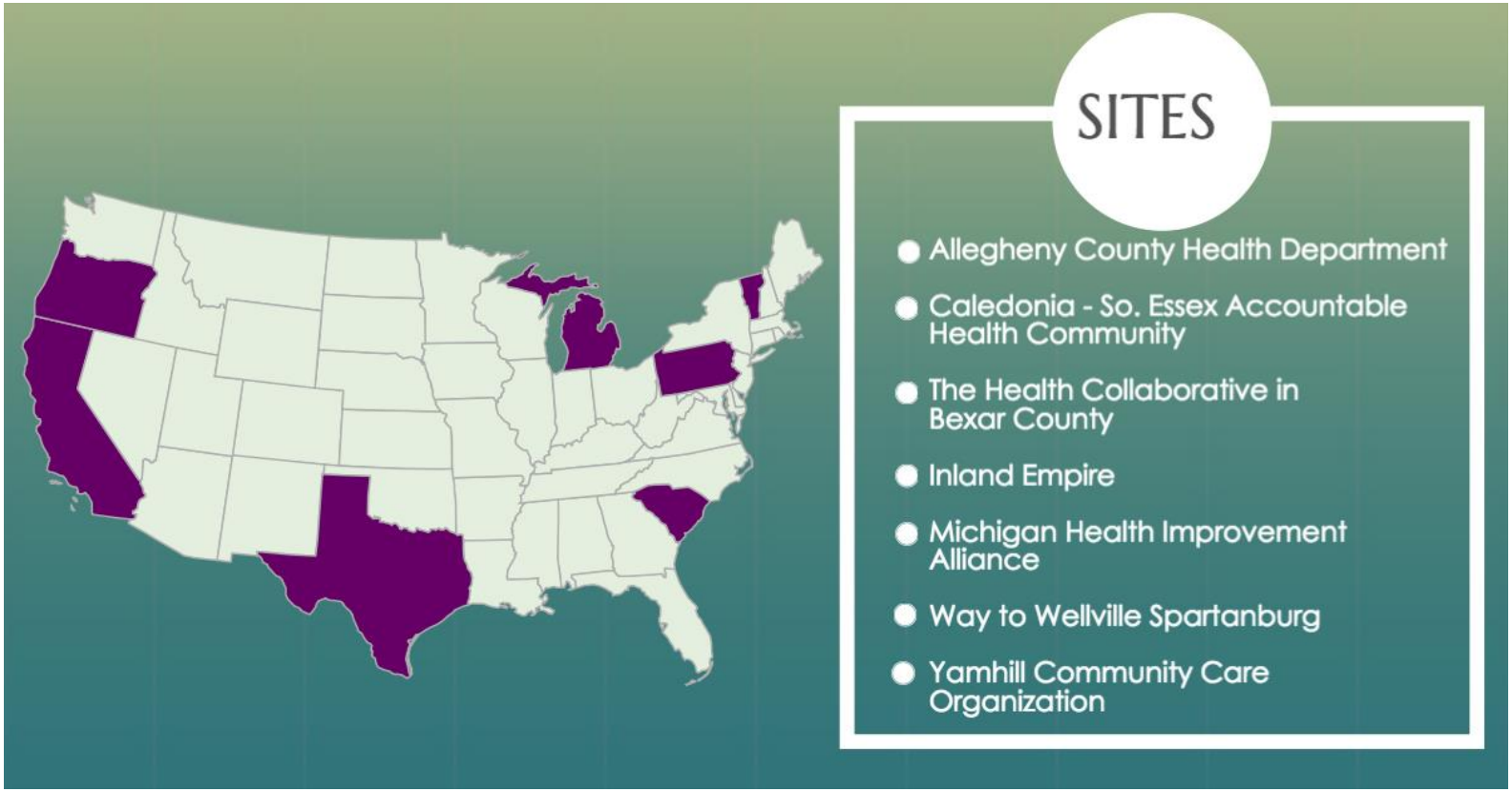
The "Buckets" of Prevention Framework

Source: Auerbach, 2016

Bridging for Health: Improving Community Health Through Innovations in Financing



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Bridging for Health: Improving Community Health Through Innovations in Financing

BLUEPRINT FOR ACTION

CREATING A CULTURE OF HEALTH

How will we do it?

Stewardship

- Purpose
- People
- Structure

Strategy

- Develop a deeper understanding of the issue
- Create a shared vision
- Identify opportunities for greatest impact:
  - Policy
  - Program

How much money do we need?

Annually

Initially

Where does it come from?

- Loans
- Investor funds
- Philanthropy
- Public:
  - new taxes/fees
  - redirected/saved
  - federal/state agents

How do we manage & administer it?

- New or existing not-for-profit
- Coalition
- Public-private partnership
- Joint public agency
- Public agency providers

Financial ROI

Social ROI

Accountability

Financial Instruments

Collaboration & Collective Impact

Innovations in Financing

Health & Health Equity

Evaluation

Robert Wood Johnson Foundation

www.ghpc.gsu.edu/bridging

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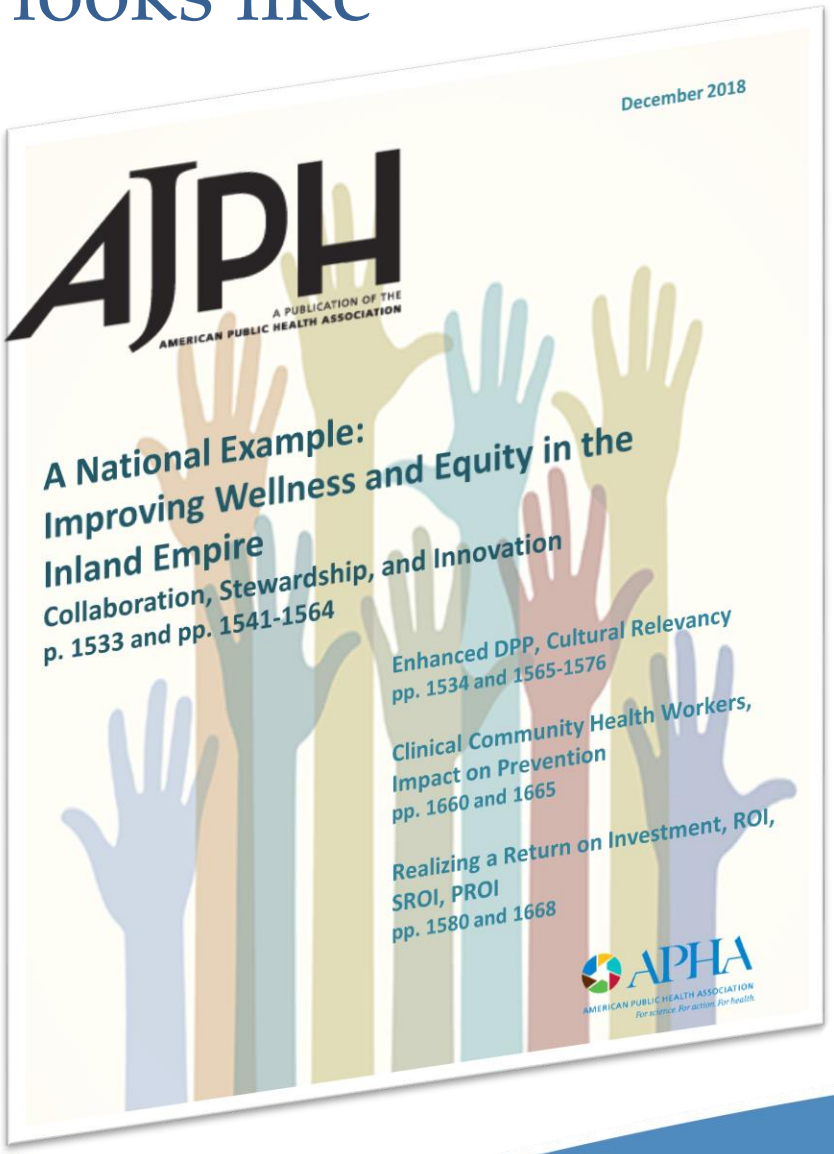
What success looks like



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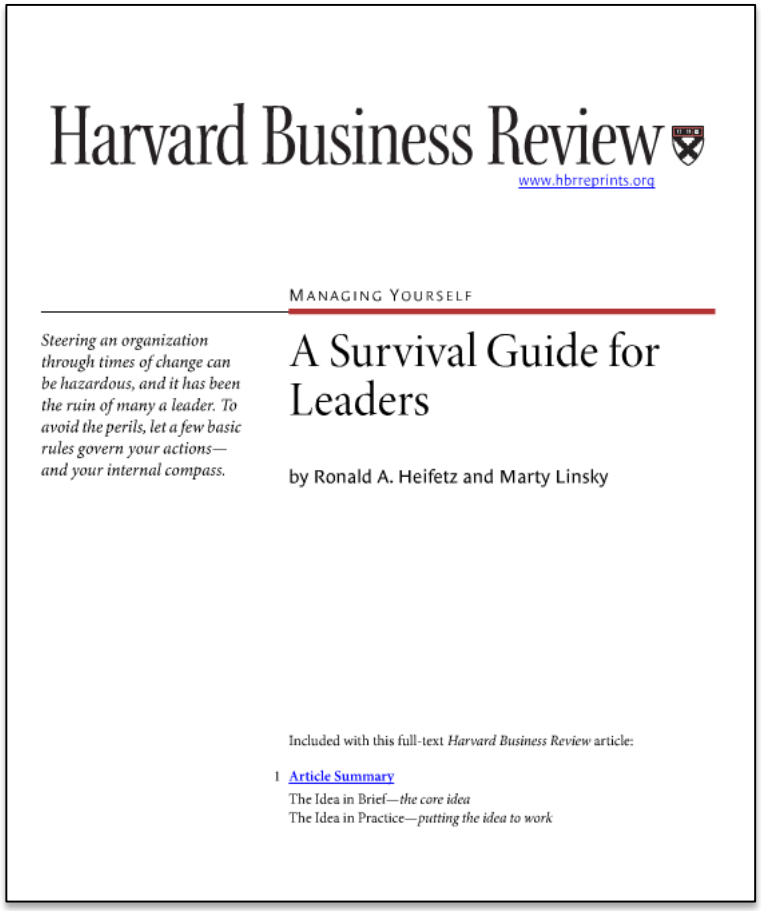
Heifetz and Linsky



Harvard Business Review

www.hbrreprints.org

MANAGING YOURSELF

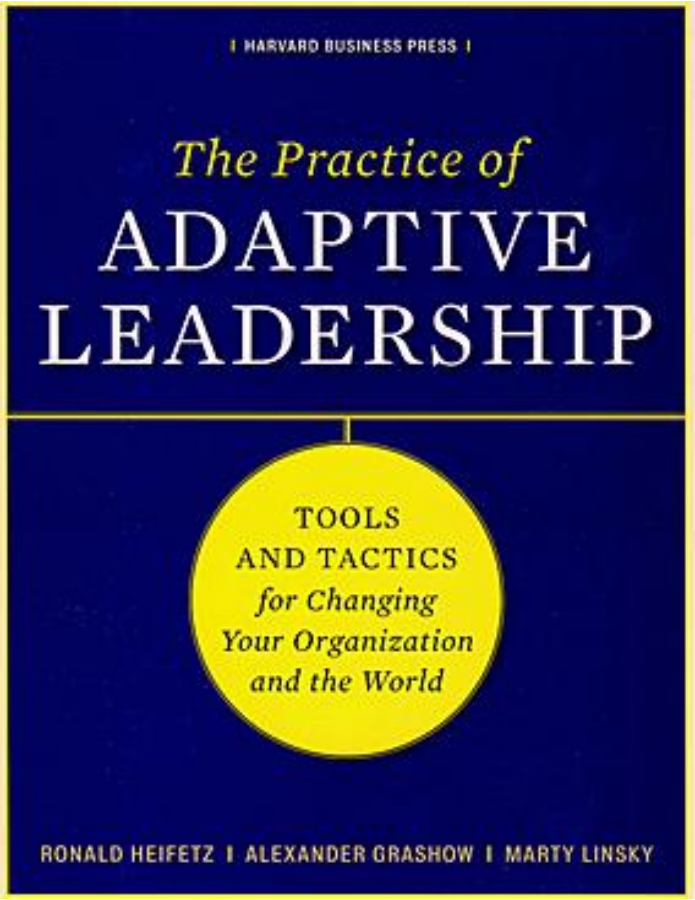
Steering an organization through times of change can be hazardous, and it has been the ruin of many a leader. To avoid the perils, let a few basic rules govern your actions—and your internal compass.

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

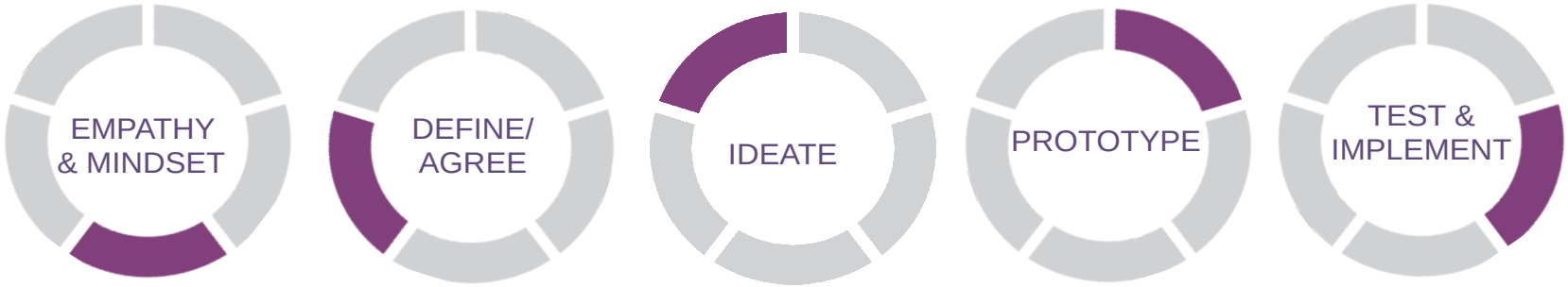
- Ready made solution exists
- Someone has *The Answer*
- Standard Operating Procedures (SOPs)
- Even if they require intense skills, some expert knows exactly what to do
- Examples
  - Fixing a broken computer
  - Building a hospital
  - Brain surgery

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.

Community Health Needs & Priorities
Strategies that Improve Population Health
Financing Innovation



On-going technical assistance calls

Modules in stewardship, health equity, strategy, and financing

Financing book

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

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

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

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

springboard STRATEGY

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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

BC3
Better Care. Better Costs. Better Colorado.

Delivery System and Payment Reform Work Group

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

1. Better Health For Our Population
2. Better Health Care For Individuals
3. Lower Costs For All

2015 Initiatives

Care Transitions

Issue: Improving patients' transitions between care settings will improve patient experience, reduce service duplication and lower costs.

Goal: Enhance coordination and communication among providers and care settings to improve performance on key metrics by 20% by 2020.

Emergency Department Utilization

Issue: Receiving care in appropriate settings leads to better health for individuals and lower costs for all.

Goal: Reduce avoidable ED volume by 10% by 2020.

Integrated and Coordinated Primary Care

Issue: Overall health will be improved by providing access to integrated primary care and behavioral health services.

Goal: 80% of Coloradans will have access to integrated physical and behavioral care by 2020.

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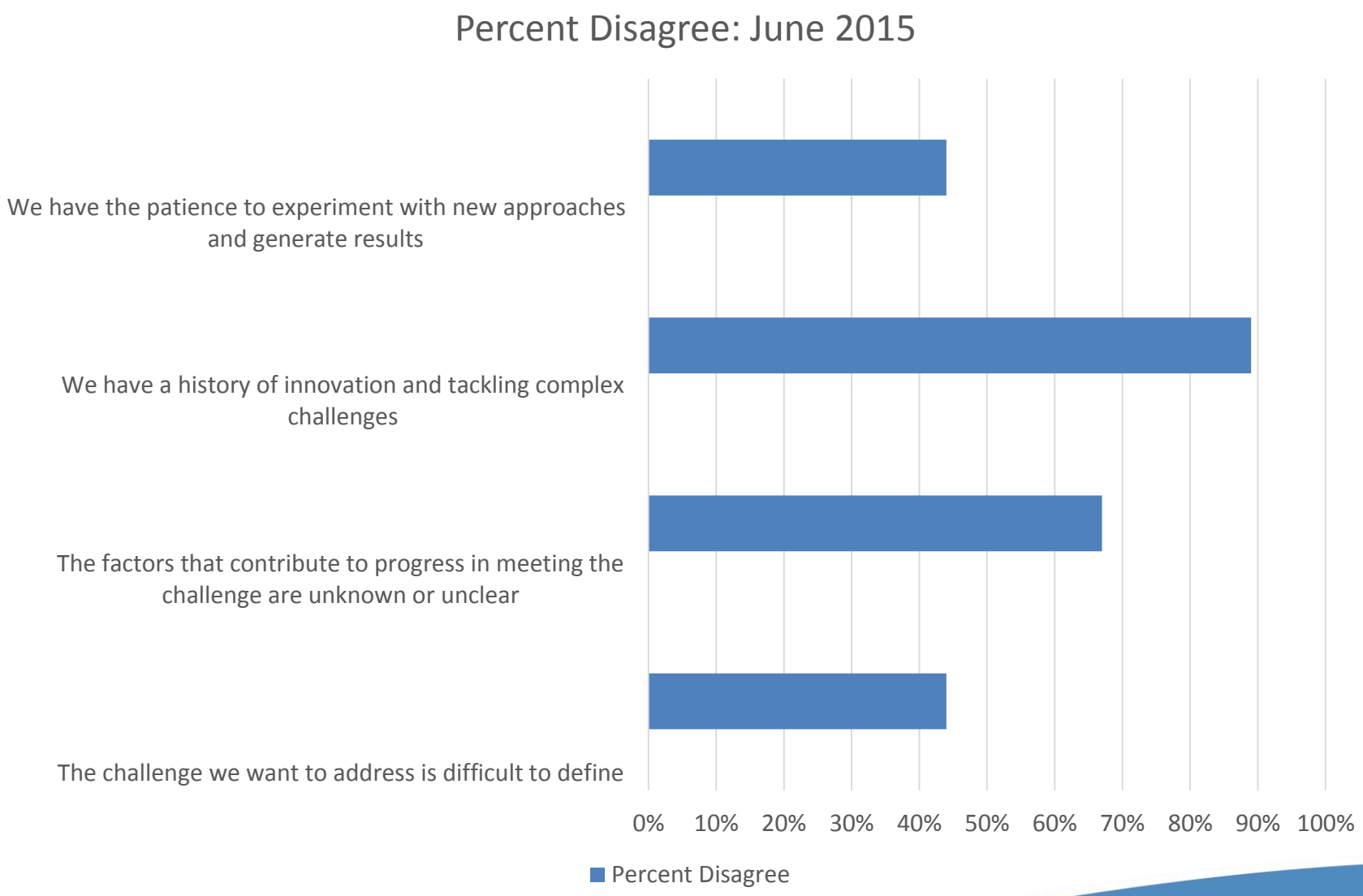
Collective Impact Prerequisites

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

Source: Collective Impact Forum



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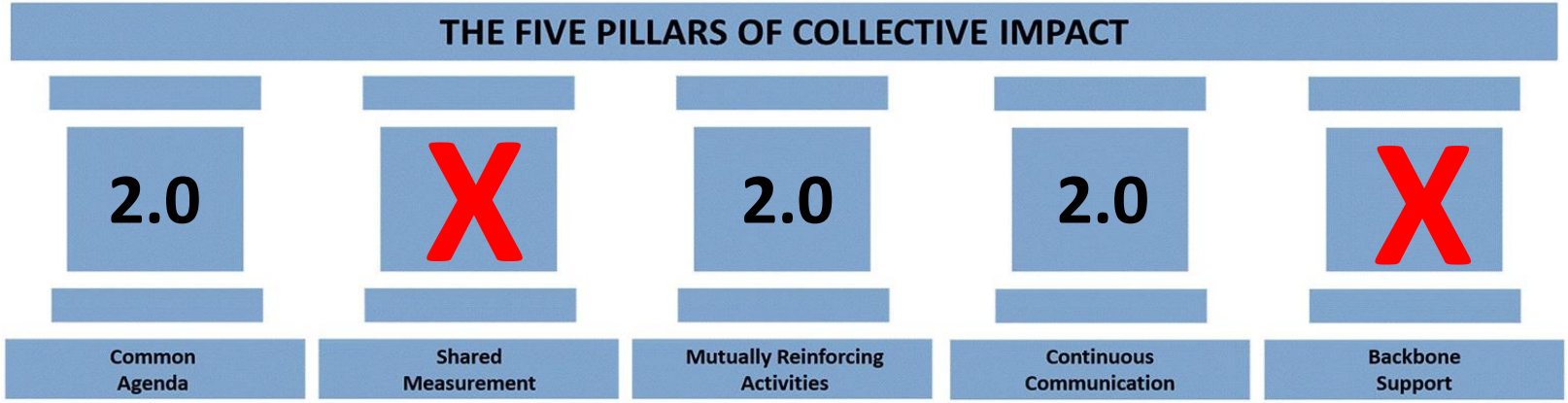
Pillars Assessment: 5 Point Scale



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

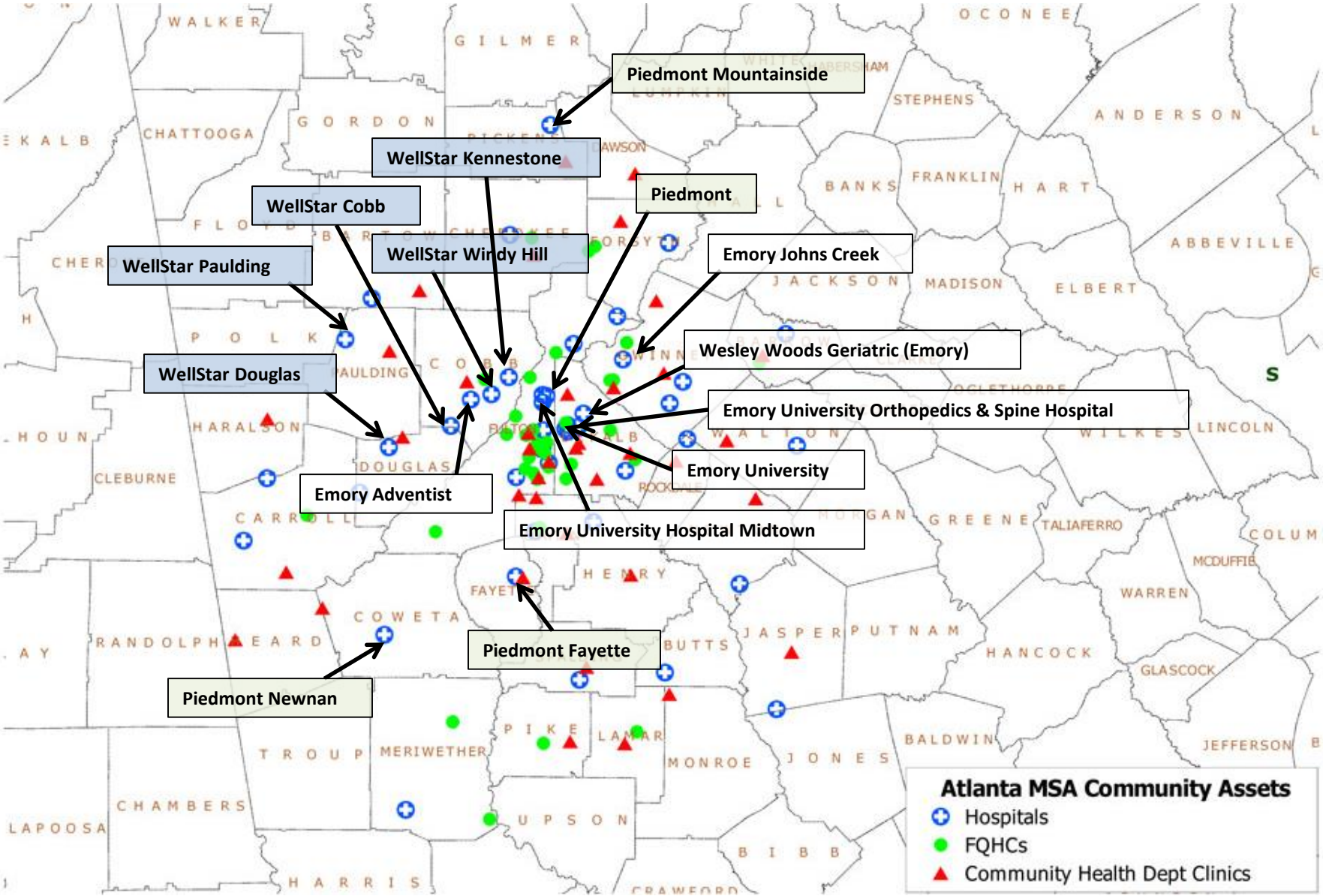
- Collective impact is innovation
- Who initiates collective impact matters
- Leadership is critical
- Money complicates things
- Backbone support is critical
- Evaluation as learning

There is Inspiration Out There

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

Access Points – Community Assets

Hospitals, FQHCs, and Community Health Department Clinics



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8 Principles for Managing a Commons

1. Define clear group boundaries.
2. Match rules governing use of common goods to local needs and conditions.
3. Ensure that those affected by the rules can participate in modifying the rules.
4. Make sure the rule-making rights of community members are respected by outside authorities.
5. Develop a system, carried out by community members, for monitoring members' behavior.
6. Use graduated sanctions for rule violators.
7. Provide accessible, low-cost means for dispute resolution.
8. Build responsibility for governing the common resource in nested tiers from the lowest level up to the entire interconnected system.

ReThink Health

Logout

ReThink Health

Introduction | Create New Scenario | Results | Select Scenarios | Map | About

Select Initiatives...*

- Risk
- Care
- Cost
- Trends

Definitions

Costs

Specs

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

Enable Healthier Behaviors

0% 50% 100%

Start 2013

For DisAdv Only

Reduce Crime

0% 50% 100%

Start 2013

For DisAdv Only

Reduce Environmental Hazards

0% 50% 100%

Start 2013

For DisAdv Only

Create Pathways to Advantage

0% 50% 100%

Start 2013

Initiative Assumptions

Reset All

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

Fund Initiatives

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ATLANTA TRANSFORMATION SCENARIO

FAMILY PATHWAYS

EXPAND INSURANCE

INNOVATION FUNDS

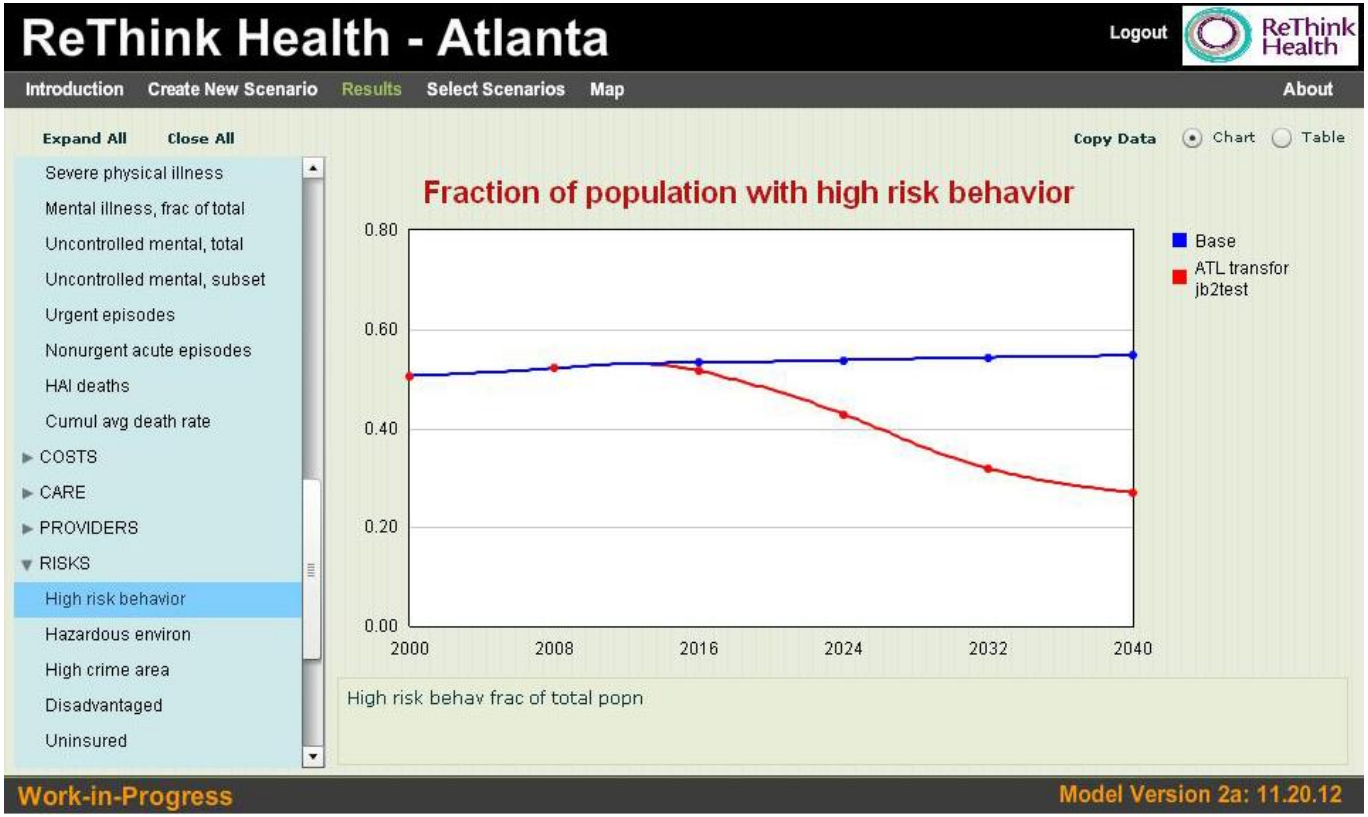
GLOBAL BUDGETING

CARE COORDINATION

HEALTHY LIFESTYLES

CAPTURE AND REINVEST

ReThink Health Model Output



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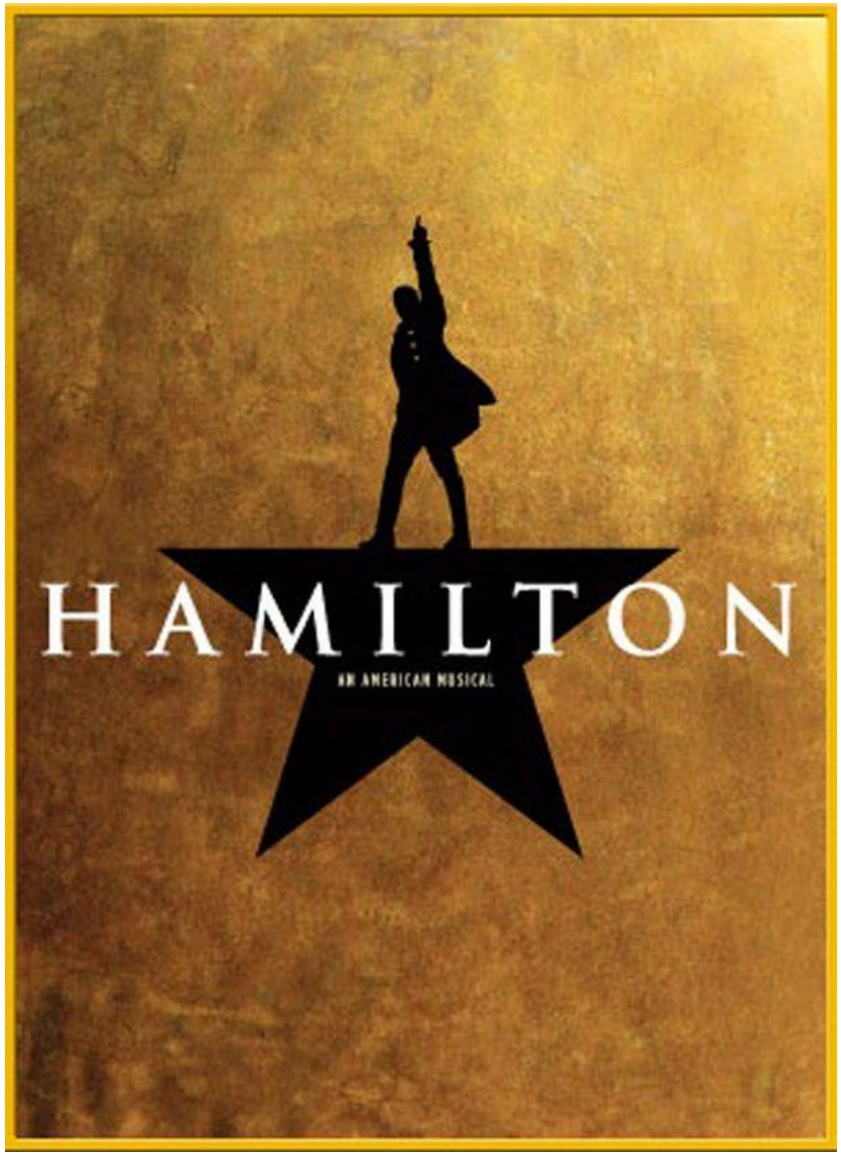
ARCHI Milestones

- 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

What ARCHI Has Learned So Far

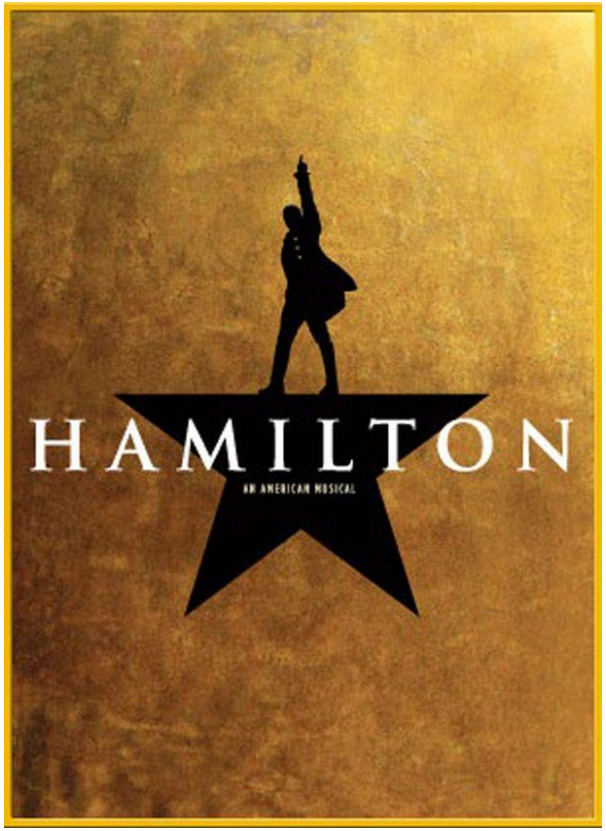
- LISTEN!!!
- Go with a "coalition of the willing."
- System change takes time, but…
- The importance of shrinking the change!! 2020 vs. 2040.
- "Leading in the midst of chaos" - what we do everyday.
- Being clear about its role as a convener, not a program provider or funder.

More Inspiration


HAMILTON
AN AMERICAN MUSICAL

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

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