AUGUST 2014

THE RISE OF COLLABORATION

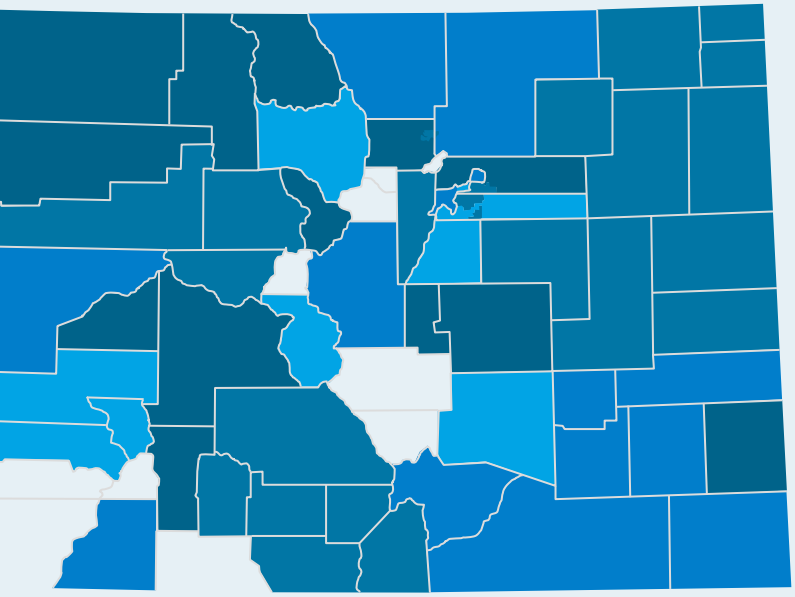
A Case Study Analysis of Colorado's Health Alliances

Colorado Network *of* Health Alliances

A project of the Colorado Coalition for the Medically Underserved

COLORADO NETWORK
of Health Alliances

The Colorado Network of Health Alliances is a statewide network that fosters strategic shared learning, networking, and collaboration among local health efforts across the state. Network members are focused on developing health care leadership for change, increasing access to care in their communities, and strengthening local health care systems by using collaborative strategies that catalyze change and break down silos. Alliance membership includes a variety of health system and community leaders working across sectors and with local residents. This document provides both an overview of factors that contribute to successful health alliances and lessons learned from alliances at varying stages of collaboration.



As of August 2014, the Network has 28 member alliances, representing over 80% of the counties in Colorado, and over 300 agencies around the state.

Health alliances are established groups of health leaders, community agencies, and residents, working in a specific geographic or topic area, to have a positive impact on health systems change. They may include partners from across the health system or just one sector (i.e. focusing on public health services in multiple areas). Alliances have different structures, goals, and reasons for coming together, but there are common factors that contribute to their success:

- **STRONG LEADERSHIP:** Alliances are guided by people in leadership roles at their institutions and were led in their formation by strong facilitators.
- **STRONG RELATIONSHIPS:** In addition to achieving programmatic goals, alliances are convened to build relationships among key players in the health system.
- **ACTION-ORIENTED:** With or without staff, health alliances rely on project- or subject-specific task teams to fulfill the alliance's goals and work plans.
- **NEUTRAL CONVENER:** Alliances are an impartial convener in their communities.

The alliances described in these case studies are hypothetical. Members of the Network have experienced many of the successes and hurdles, but the case studies do not tell any one alliance's story. They are a synthesis of best practices and lessons.

The 26 interviewed members of the Network range from formal organizations to loose collaboratives with a steering committee and no paid staff. It is important to note there is no one model that is better than another. A key value of alliances is that they implement the model or models that work best for them.

COLLABORATION
Collective Impact & a Continuum of Collaboration

Collaboration can be defined as a clear and mutually beneficial relationship entered into by two or more organizations to achieve common goals.[1] Collective Impact is one model of collaboration, put forward by Kania and Kramer (2011) to identify best practices for groups working together to create change on important social issues.

Collaboration can also be considered along a continuum of relationships between partners, as posited by Hogue (1993). Collaborative efforts can fall into any of five stages, and may evolve over time.[3] It is not assumed that one end of the continuum is better than the other, and transitions between each stage are not necessarily linear. Some efforts may be very effective in the networking stage, while others may find their greatest impact comes at the coalition or collaboration stage.

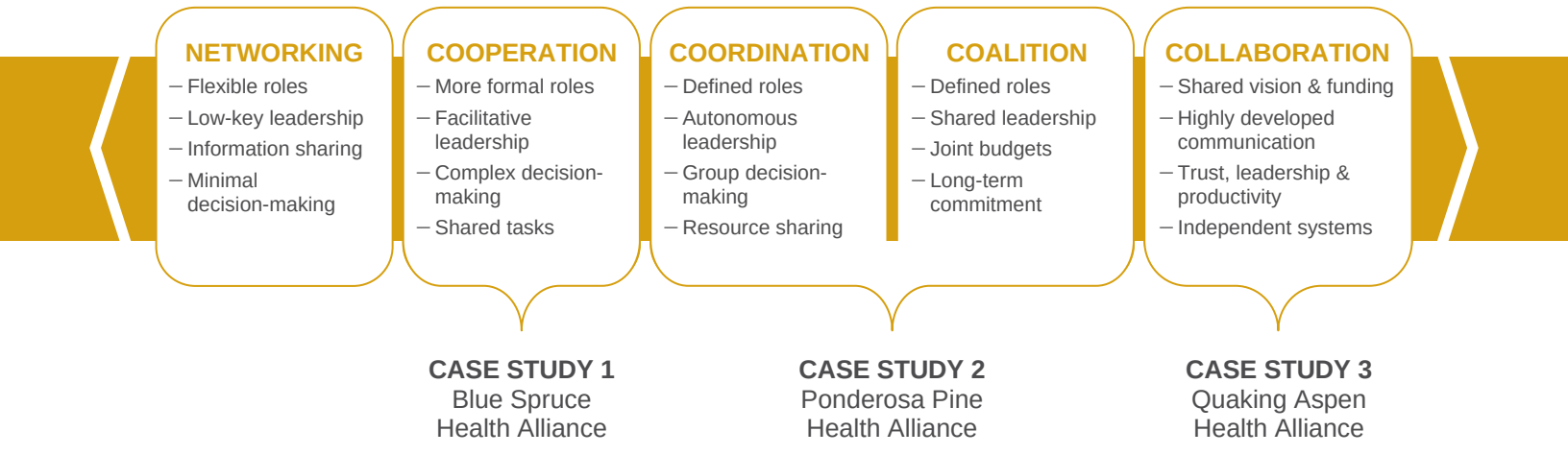
Many health alliances use a collective impact approach, and all have a backbone entity that provides key support to their work. All of the alliances in the Network have moved past the networking stage of collaboration, and now find themselves across the spectrum from cooperation to collaboration.

KEY TENETS OF COLLECTIVE IMPACT[2]

1. **COMMON AGENDA:** a shared vision for change
2. **SHARED MEASUREMENT SYSTEMS:** common indicators on which progress will be measured
3. **MUTUALLY REINFORCING ACTIVITIES:** each collaborative member takes on the specific activities at which it excels
4. **CONTINUOUS COMMUNICATION:** shared vocabulary, frequent updates
5. **BACKBONE SUPPORT ORGANIZATIONS:** an entity responsible for planning, managing, and supporting the collaborative initiative

COLLABORATION CONTINUUM

The three case studies illustrate hypothetical health alliances operating in different stages across the spectrum of collaboration



CASE STUDY 1
Blue Spruce Health Alliance

CASE STUDY 2
Ponderosa Pine Health Alliance

CASE STUDY 3
Quaking Aspen Health Alliance

CASE STUDY ONE
The Hypothetical Blue Spruce Health Alliance

The Blue Spruce Health Alliance is an aggregation of information from alliances that identify with the cooperation stage along the spectrum of collaboration. The unique indicators of this stage are flexible roles, low-key leadership, and some complex decision-making processes.

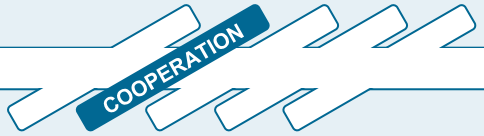
The Blue Spruce Health Alliance developed from an effort to carry out the county's public health improvement plan and address the issues identified in the community needs assessment. The county initially received a small grant to convene stakeholders to formulate a plan. Following the creation of the plan and with the results of the needs assessment, the initial convening members recognized that while there were areas where partners already shared services, many had never met or worked together. Having identified several opportunities to work towards broader changes around health in the community, the alliance continued to meet and build relationships. The original public health improvement plan steering committee became the leadership team for a new health alliance and recruited others to join. There is a small core of organizations who participate in meetings consistently, and all are welcome at the alliance's meetings.

The Blue Spruce Health Alliance is actively fundraising to hire dedicated staff, as management of the alliance currently falls to the public health department. Staff of the department coordinate meetings, send out reminders, communicate with members of the alliance, and work with the leadership team on fundraising and governance issues. The fiscal management for the alliance lies with the health department, and the most active partners provide in-kind support in terms of staff time, lunches for meetings, copies, and other materials. The alliance is guided by a steering committee that comprises staff of various health stakeholders in the community, including the hospital, clinic, health department, and private providers.

The alliance sees great value in having all of its partners at the table to share information,

including hospitals, public health agencies, human services departments, and community clinics. Improving the care delivery system through networking and relationship building is an important objective of the Blue Spruce Health Alliance. Additionally, alliance members are working to create strong work teams and work plans around projects such as health insurance enrollment and education, care coordination, and patient navigation. The alliance recognizes that paid staff would allow them to have a bigger impact while maintaining the important networking and convening role that the alliance currently plays. In many ways, the founders of the Blue Spruce Health Alliance learned from more established groups around the state and have a head start on developing organizational infrastructure, bringing steering committee members to the table who are able to make decisions for their organizations, and taking on challenging projects.

TAKEAWAYS



CONTRIBUTORS to Success

- **SHARED GOALS:** They are a motivated group, dedicated to achieving the same vision
- **PARTNER SUPPORT:** Member agencies provide in-kind support to keep their day-to-day operations going
- **DEDICATED CHAMPIONS:** They have decision makers in the community supporting the work
- **A STRONG START:** In the alliance's early stages, they identified goals and sought funding

LESSONS Learned

- **FILL THE TABLE THOUGHTFULLY:** It takes time, but is extremely valuable, to get the right people at the table in terms of engaging organizational decision-makers and community leaders
- **MAINTAIN MOMENTUM:** Keeping everything organized and moving forward is challenging, and requires a champion to manage logistics and keep members connected

CASE STUDY TWO
The Hypothetical Ponderosa Pine Health Alliance

The Ponderosa Pine Health Alliance is an aggregation of information from alliances that identify with the coordination and coalition stages of the collaboration spectrum. They share resources, have defined roles, and most members are involved in collective decision-making.

The Ponderosa Pine Health Alliance has a relatively new executive director. The executive director has been with the organization for about one year, and is working to help the alliance continue to serve as a key venue for relationship building, as well as implement major projects requested by the group's stakeholders. The alliance formed after an energized community meeting where attendees discussed how the community could adapt to impending changes from the Affordable Care Act. Several partners continued to come together after the initial community meeting, and the Ponderosa Pine Health Alliance was born. Today, it is a successful community entity valued for its role as a neutral convener around tough issues.

Prior to hiring staff, the director of the local clinic provided logistical and leadership support to the alliance as a small part of her day-to-day work. The clinic provided backbone support for the alliance by convening meetings, sending email reminders, and managing work groups to ensure progress was made. However, the leadership committee guiding the alliance realized it would be challenging to make progress on key projects without dedicated staff. For example, the alliance hoped to develop the infrastructure to serve as a hub for health insurance outreach and enrollment, which required significant time for relationship building, design, and implementation. The committee decided that the clinic would apply for two years of funding from a national foundation for a part-time staff member for the alliance, and the funding was awarded. Currently, an executive committee comprising directors or high-level staff from partner organizations guides governance and decision making for the Ponderosa Pine Health Alliance. Members of the committee represent hospitals, behavioral health organizations, health departments, health care providers, human service agencies, county commissioners, and businesses.

One of the executive director's first key projects was to identify a fiscal sponsor for the alliance. This required transitioning the leadership committee to a more formal board, creating bylaws, and formalizing work teams that focus on specific projects. All organizational partners sign a memorandum of understanding to participate in the Ponderosa Pine Health Alliance, but there is no paid membership. The alliance is strongly considering paid membership, knowing that many of its counterparts around the state are beginning to engage paid members. However, the alliance is also committed to remaining flexible and nimble, so that all feel welcome and the alliance can respond to opportunities that may arise.

In the year since hiring its first staff member, the Ponderosa Pine Health Alliance has achieved its goal of piloting a health insurance outreach and enrollment program among its members, creating momentum for additional projects and building members' commitment to the alliance. The alliance continues to serve as an important venue for community leaders to build relationships and drive change, and it looks forward to its next big project: increasing coordinated care among health care providers in the community.

TAKEAWAYS

CONTRIBUTORS to Success

- **PAID STAFF:** Staff was needed to move forward, so they pursued funding to hire
- **FORMALIZED STRUCTURE:** They have a board, a fiscal sponsor, and work teams, but remain flexible and nimble as an organization
- **DECISION-MAKING:** They have clear processes that help in taking on major projects
- **PILOT PROGRAMS:** They keep up the momentum of their outreach and enrollment pilot with grant funding

LESSONS Learned

- **FACILITATE TRANSITIONS:** Whether transitioning to paid membership or assigning new roles and responsibilities, it is important to have explicit discussions about changes
- **BE PATIENT:** Health systems change can take a long time; encourage partners to stay involved and committed
- **CONSIDER PROS & CONS:** There are benefits to both formal and informal structures, and to focus on one sector or issue and on multiple issues across sectors

CASE STUDY THREE
The Hypothetical Quaking Aspen Health Alliance

The Quaking Aspen Health Alliance is an aggregation of information from alliances that identify with the collaboration stage of the collaboration spectrum. They have a clearly defined, shared vision, pursue joint funding, and have highly developed communication among their members.

The Quaking Aspen Health Alliance has evolved to provide significant care coordination services to the medically underserved in its community. A full-time executive director, who works with the board and manages 15 staff members, leads the alliance. Like many other alliances, it began as a gathering of health sector stakeholders who wanted to come together to build relationships and drive health systems change in their community.

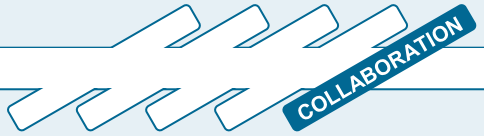
For many years, the alliance had no paid staff and was guided by representatives from each of the partner agencies. Similar to many new alliances wanting to hire staff, the alliance applied for two grants to support staff time and alliance operations. Initially, they did not receive funding for those grants, which was a setback in terms of morale and progress for the group. However, alliance leaders agreed to keep meeting and identify other ways to move forward on their goals, and continued to operate for several more years without grant funding.

With the implementation of the Affordable Care Act and the closing of a key local provider, several opportunities arose for the Quaking Aspen Health Alliance to make a big impact in its community. Because the alliance is well respected as a neutral party, stakeholders trusted it to take on these new responsibilities of bringing together partners to coordinate and provide care. In addition to care coordination, the alliance also worked with its stakeholders to identify community health indicators, and is working on efforts to track data over time.

The alliance applied again for grant funding from The Colorado Health Foundation and was successful. Two years of grant funding for the executive director position allowed the Quaking Aspen Health Alliance to take on

more significant projects, develop a paid membership structure, and transition to a combination of grant funding, membership fee funding, and government contracts for its work. The alliance now has a variety of paid organizational members, many with standing seats on the Quaking Aspen Health Alliance's board of directors. As with other alliances, board members include individuals in leadership positions at their organizations, directors of health departments, county commissioners, and other key providers and community partners. This alliance has established solid strategies and partnerships, and it is always looking to further its work and collaborate with new entities, continuing to evolve over time.

TAKEAWAYS



CONTRIBUTORS to Success

- **PLANNING AHEAD:** They have the infrastructure and relationships in place to take on projects and adapt to the changing landscape
- **REPUTATION:** They are a trusted and well-known member of the community
- **BOARD & STAFF:** They have paid staff and a formal board comprising decision-makers from partners
- **DIVERSIFIED FUNDING:** They are sustained by grant funding, membership dues, and government contracts

LESSONS Learned

- **STAFF SMARTLY:** Hiring staff frees up time for the board to lead, but have a plan for staff turnover so there isn't a gap or transition period
- **BE PERSISTENT:** Many alliances don't receive funding the first time they apply, but that can serve as a check-in point for goals and operations
- **FIND CREATIVE FUNDING:** Financing models may not fit alliances' approach, so it may be necessary to find alternatives or work to change current funding systems

IMPACT
of Geography

The hypothetical alliances described above operate in communities across the state and face many similar challenges. However, alliances in rural, suburban, and urban communities face different barriers and possess unique assets.

In rural communities, patients must travel long distances and, in mountain areas, over mountain passes, to access the care they need. Some communities have only one provider or sometimes no providers at all. In others, alliance members must travel two to three hours for in-person meetings. Despite these unique challenges, members of alliances in rural areas also describe many important assets in their communities, including a long history of working together on a variety of issues and strong relationships developed through many collaborative efforts.

Suburban and urban communities face a different set of challenges and share a different set of assets than rural communities. There are multiple hospital systems and health care systems serving different segments of the population, leading to blurred or overlapping boundaries between care providers and many—sometimes too many—people who want to be at the table. However, the presence of multiple providers and health systems is also an asset for urban and suburban communities, as it means more resources and ideas. Additionally, especially in urban areas, patients may have an easier time accessing the local health system due to better public transportation and health system infrastructure.

FUTURE
Opportunities for Alliances

Alliances at all stages of collaboration recognize the need to adapt to the changing health landscape brought about by state and national health reforms, and to increasing encouragement from funders to collaborate around community change efforts. When asked what they envision as their role in five years, alliances identified both internal and external goals. Alliances hope to hire paid staff, keep the momentum going, continue to play a key role as the neutral convener, and build their infrastructure, among others. Alliances also have big plans for their work in the community, including payment reform, creating systems of care that span multiple settings, and creating health alliances in every county. Collaboration will play a key role in each of these efforts.

The Colorado Network of Health Alliances also presents an exciting opportunity for alliances to collaborate across their communities to have a statewide impact. Alliances are currently working together to explore innovative evaluation and financial sustainability models. Collective work among the alliances has the potential to encourage significant impact on health issues through systems change, advocacy, and data collection.

METHODS
of Analysis

Interviews and email exchanges with members of the Network informed these case studies. Interviewees were asked to describe how their alliance came together, how the alliance is structured, what successes and challenges they have had, and what they see as their vision for the future. The case studies described here represent some consistent models and processes heard throughout conversations with health alliances around the state. The health alliances model is not one size fits all, but the interviews do reveal some keys to success for establishing and growing a health alliance.

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[1] *Colorado Coalition for the Medically Underserved. (no date). Collaboration Toolkit. Available at: http://www.ccmu.org/wp-content/uploads/2014/04/NETWORK-Collaboration-Toolkit.pdf. Accessed August 7, 2014.*

[2] *Kania, J. and Kramer, M. (2011). Collective impact. Stanford Social Innovation Review. Volume 69. Available at: http://www.ssireview.org/articles/entry/collective_impact. Accessed August 7, 2014.*

[3] *Hogue, T. (1993). Community-based collaboration: Community wellness multiplied. Bend, OR: Chandler Center for Community Leadership. Available at: http://www.uvm.edu/extension/community/nnco/collab/wellness.html. Accessed August 7, 2014.*

COLORADO COALITION
for the Medically Underserved

We believe everybody should have the opportunity to lead a healthy life. We are an agent of change. Thought leaders. Collaborators. Advocates.

The Colorado Coalition for the Medically Underserved (CCMU) serves as a bridge, bringing together ideas and resources with people who can make real change happen. CCMU convenes the Colorado Network of Health Alliances, a statewide network that fosters strategic shared learning, networking, and collaboration between local health efforts across the state. Network members are focused on developing health care leadership for change, increasing access to care in their communities, and improving and strengthening local health care systems. Learn more ccmu.org/network.

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