

Creating a Community Collaboration to Support Data Collection and Performance Measurement



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Agenda

- Why Community Collaboration?
- Defining Collaboration
- Collaboration Success Factors
- Case Studies
 - California, Wisconsin and Minnesota
- Panel and Audience Discussion

Why Community Collaboration?

The Institute of Medicine (IOM) reports issue a call to action to improve the quality and safety of U.S. healthcare with specific recommendations:

- Quality measurement and reporting
- Public Transparency
- Incentives for quality improvement (Pay for Performance – P4P)
- Adoption of Information Technology

Why Community Collaboration?



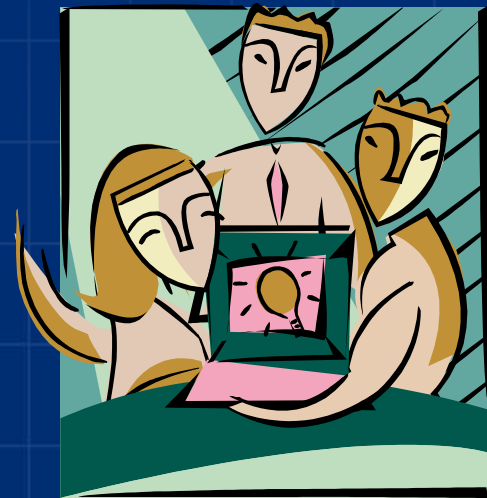
“..collaboration is the best strategy for dealing with problems of a world of growing *interdependence*. Collaboration is a process in which parties with a stake in a problem actively seek a *mutually defined solution*.”

Barbara Gray quoted in The Inter-Organizational Community, 1993, The Edwin Mellen Press by R.C. Anderson

Why Community Collaboration?

“Collaboration is the new frontier of human creativity.”

Michael O. Leavitt, U.S. Secretary of Health and Human Services



Defining Collaboration

Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals.

The relationship includes:

- A commitment to mutual relationships and goals
- A jointly developed structure and shared responsibility
- Mutual authority and accountability for success
- Sharing of resources and rewards.

Barbara Gray, Collaborating, Jossey - Bass, 1989.

Vision and Relationships

Cooperation – Lacks mission, interaction on as-needed basis

Coordination – Organizations with like mission interact around a specific project

Collaboration – Organizations commit to common mission/goal and projects undertaken for long term results

Mattessich, P.W., et al. Collaboration: What Makes it Work, Second Edition. Amherst H. Wilder Foundation. 2001.

Structure, Responsibilities, Communication

Cooperation – relationships informal, no joint planning.

Cooperation – organizations take on roles, but function primarily independently.

Collaboration – new organization structure created with comprehensive planning and formal communication

Mattessich, P.W., et al. Collaboration: What Makes it Work, Second Edition. Amherst H. Wilder Foundation. 2001.

Authority and Accountability

Cooperation – authority remains with individual organizations

Coordination – some sharing of leadership and control

Collaboration – Control is shared and mutual by all participating organizations

Mattessich, P.W., et al. Collaboration: What Makes it Work, Second Edition. Amherst H. Wilder Foundation. May 2001.

Resources and Rewards

Cooperation – resources remain separate

Coordination – some mutual alignment of resources or resource sharing

Collaboration – resources are pooled and organizations share in risks and rewards

Mattessich, P.W., et al. Collaboration: What Makes it Work, Second Edition. Amherst H. Wilder Foundation. 2001.

Collaboration Success Factors

Environment

- History of collaboration in community
- Group seen as legitimate leader in community
- Favorable political and social climate

Member Characteristics

- Mutual respect, understanding and trust
- Appropriate cross-section of members

Mattessich, P.W., et al. Collaboration: What Makes it Work, Second Edition. Amherst H. Wilder Foundation. 2001.

Collaboration Success Factors

Process and Structure

- Members share stake in process/outcome
- Multiple layers of participation
- Development of clear roles and policy guidelines
- Appropriate pace of development

Mattessich, P.W., et al. Collaboration: What Makes it Work, Second Edition. Amherst H. Wilder Foundation. May 2001.

Collaboration Success Factors

Communication

- Open, frequent communication, often informal

Purpose

- Concrete, attainable goals/objectives

Resources

- Sufficient funds, staff and time
- Skilled leadership/facilitation

Mattessich, P.W., et al. Collaboration: What Makes it Work, Second Edition. Amherst H. Wilder Foundation. May 2001.

What Could Collaboration Succeed Without?

Environment

History of collaboration in community

Group seen as legitimate leader in community

Favorable political and social climate

Member Characteristics

Mutual respect, understanding and trust

Appropriate cross-section of members

Resources

Sufficient funds, staff and time

Skilled leadership and facilitation

#1

#2

#3

#4

Process and Structure

Members share stake in process/outcome

Multiple layers of participation

Development of clear roles and policy guidelines

Appropriate pace of development

Communication

Open, frequent communication, often informal

Purpose

Concrete, attainable goals and objectives

Collaboration Resources

1. *Collaboration: What makes it Work*, 2nd Edition, P. Mattessich, et al, Amherst H. Wilder Foundation, 2001.
2. *Collaboration Handbook*, M.Winer and K. Ray, Amherst H. Wilder Foundation, 2003.
3. *It Takes a Region: Creating a Framework to Improve Chronic Disease Care*, California Healthcare Foundation, www.chcf.org, 2006.
4. *Regional Healthcare Improvement, Organizational Abstracts*, www.chcf.org, 2006.
5. *The Wilder Collaboration Factors Inventory*, Amherst H. Wilder Foundation, 2001.

Collaboration Resources

1. California Cooperative Healthcare Reporting Initiative, www.cchri.org.
2. Colorado Clinical Guidelines Collaborative, www.coloradoguidelines.org.
3. Massachusetts Health Quality Partners, www.mhqp.org.
4. Institute for Clinical Systems Improvement (ICSI), www.icsi.org.
5. Integrated Healthcare Association, www.ihc.org.

Collaboration Resources

6. Minnesota Community Measurement (MNCM),
www.mnhealthcare.org.
7. Indiana Health Information Exchange,
www.ihie.org.
8. Rhode Island Quality Institute,
www.qualitypartnersri.org.
9. Puget Sound Health Alliance,
www.pugetsoundhealthalliance.org.
10. Wisconsin Collaborative for Healthcare Quality
(WCHQ), www.wchq.org.

Case Studies

1. California – Performance measurement, public reporting and incentive payments. Lead organization: A statewide association.
2. Wisconsin – Performance measurement and public reporting. Lead organization: A collaboration of healthcare provider organization CEOs.
3. Minnesota – Performance measurement, public reporting, incentive payment. Lead organizations: Buyers Coalition/Quality Measurement Organization.

Case Studies

- Program Mission
- Organizational Structure (project/host organization)
- Stakeholder Composition/Participation
- Program Funding
- Governance
- Results
- Lessons Learned