#### The Population Health and Care Coordination Colloquium

The Leading Forum on Innovations in Population Health and Care Coordination

A Hybrid Conference and Internet Event



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#### PUBLIC/PRIVATE COLLABORATIONS: How to Make Them Work

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#### Lessons From Successful HPM Consortia

Small group of like-minded team players

- Common purpose and goals
- Bias for action
- Minimal structure and process
  - Informal ad hoc task force instead of traditional organization approach
  - Few meetings with lots of communication in between



#### Lessons Continued

- Clear "business plan" for the collaborative
  - Objectives well defined
  - Team organized/resources obtained
  - Opportunities assessed/ "targets" picked/ resources allocated
  - Projects managed and completed
  - Results measured and communicated



#### Implications For Public/Private Collaborations

- Matching "players" with policy makers is unlikely to produce fruitful collaboration for the public good
  - Players are those who have to get things done – like employers and providers
  - Policy makers are those who tell others what to do – like legislators and regulators
  - In between are "expert bodies" who advise



### **Implications** Continued

- Public/private collaboration, to work, must match players with other players
  - Only private sector "match" with public policy makers is lobbying groups pursuing their own interests rather than those of the general public
  - Public sector as employer has naturally similar interests with private employers – but the public sector as policymaker may not have similar interests at all
  - This is especially true at the federal and even the state level, where policymakers are remote from the local consequences of laws or regulations on employers and consumers



#### **Implications** Continued

- Public and private players particularly employers – match up naturally to produce value for the larger public of consumers by doing so first for their own employees
  - Employers, whether public or private, have the same objectives of quality and cost-effectiveness – of value for the dollar spent
  - In a given community, they collectively can drive the market of service providers to deliver that value for the benefit of all consumers



### **Implications** Continued

- Interests of policy makers and players could match and, therefore, be attainable in pursuit of a "hard" objective -- like economic development
  - Victoria (Melbourne) in Australia is a leading example at the state level in workplace health – both as employer and policy maker
  - Great Britain could prove a national example in workplace health through a collaborative effort headed by Dame Carol Black
  - APEC (Asia Pacific Economic Cooperation) member countries adopted a resolution in support of "health and productivity" at their meeting last fall – but implementation remains to be seen
  - Effective collaboration in the U.S. is impossible at the federal level, unlikely at the state level, but possible at the local level



# **Rev**iewing the Conditions for Effective **Public/Private Collaboration**

- Common purpose, interest and goals for key players
- Task force rather than bureaucratic organizational model, with a bias for action and teamwork
- "Business plan" to allocate resources to their highest uses by:
  - targeting health improvement programs to prioritized health issues
  - clearly defining objectives and responsibilities
  - measuring results for success



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