Colorado Network *of* Health Alliances

A project of the Colorado Coalition for the Medically Underserved

PROGRESS & POSSIBILITIES

THE THIRD YEAR OF THE COLORADO NETWORK OF HEALTH ALLIANCES

JANUARY 2016

Rural Estes Alliance for Community Health

Northwest Colorado Community Health Partnership

Grand County Rural Health Network

Boulder County Health Improvement Collaborative

West Mountain Regional Health Alliance

Jefferson County Hotspotting Alliance

Total Health Alliance of Eagle County

Mile High Health Alliance

Summit Health Care Collaborative

Tri-County Health Network

Chaffee County Health Coalition

San Luis Valley Public Health Partnership

La Plata Community Health Action Coalition

NETWORK OVERVIEW

Across Colorado, alliances of community leaders, government agencies, providers, businesses, and residents are changing the way leaders work together. Alliances collaborate across sectors and agencies to counter the competitive trend in health care and work towards a common agenda.

Currently, **the health alliances represent 91% of the state's population and 850 Colorado agencies**. Collectively, they are working to increase access to health care services, ensure the delivery system meets the needs of high-need populations, and improve population health in their communities. Since mid-2012, CCMU has convened these diverse collaboratives through the Colorado Network of Health Alliances (the Network).

The past year was a pivotal year for the Network, as members decided to move beyond a shared learning collaborative to a formalized membership association working toward a common agenda:

– All Coloradans will have access to health services and health insurance coverage that meets their needs.
– The health system will meet the needs of patients, families, and communities, delivering affordable and quality care.
– Differences in health, driven by social factors, will be diminished and health equity will be achieved.

The establishment of membership policies ensures a stronger collective commitment to statewide health systems change. As 2016 begins, the Network is primed to become a statewide force for change.

Rural Solutions

North Colorado Health Alliance

Longmont Community Health Network

Adams County Health Alliance

Far Northeast Health Alliance

Aurora Health Access

South Metro Health Alliance

Community Health Partnership

Pueblo Triple-Aim Coalition

Prowers County Health Alliance

Asian Health Alliance of Colorado (statewide)
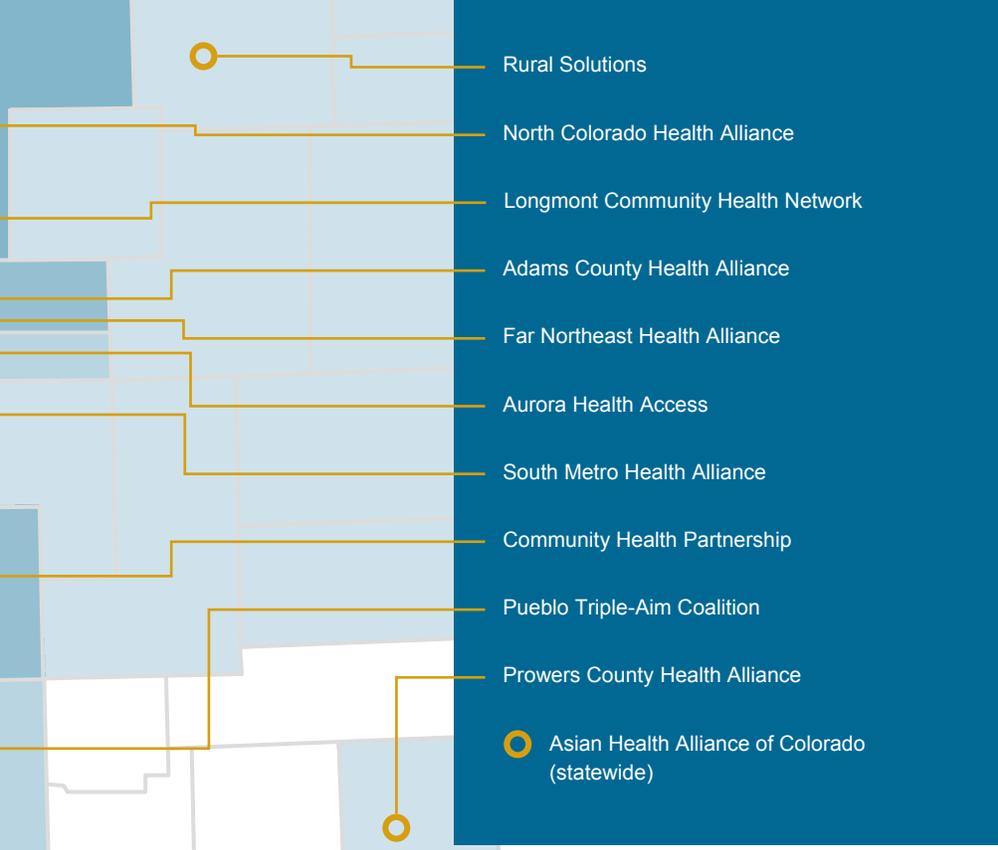
COLLABORATION CONTINUUM

Health alliances operate in different stages across the spectrum of collaboration

NETWORKING

- Flexible roles
- Low-key leadership
- Information sharing
- Minimal decision-making

COOPERATION

- More formal roles
- Facilitative leadership
- Complex decision-making
- Shared tasks

COORDINATION

- Defined roles
- Autonomous leadership
- Group decision-making
- Resource sharing

COALITION

- Defined roles
- Shared leadership
- Joint budgets
- Long-term commitment

COLLABORATION

- Shared vision & funding
- Highly developed communication
- Trust, leadership & productivity
- Independent systems

COLLABORATION

Alliances vary in many ways, but have key elements that make their work similar and successful. Each health alliance works hard to bring together local leaders from a variety of sectors around a common vision and goals. Alliances have members with strong leadership, and are guided by strong facilitation. They have established trusted relationships among the key players needed to make change.

Many of the alliances use a collective impact model to define their work, and, as neutral conveners in their communities, all provide 'backbone' support to collaborative health systems change. Currently, all alliances in the Network operate along the spectrum between cooperation to collaboration, with no alliances in the networking stage. It is important to note that one end of the continuum is not superior to the other, and transitions between each stage are not linear. Each alliance chooses the approach that works best in their local context.

What is a HEALTH ALLIANCE?

Every health care system stakeholder, including patients and families, employers, providers, payers, and government, plays a role in transforming the way health care is delivered and paid for. As such, communities seek neutral entities to lead local conversations and goal setting around health care system reforms and population health interventions. Health alliances often act as this neutral entity. Although each alliance is unique, they share similar structures.
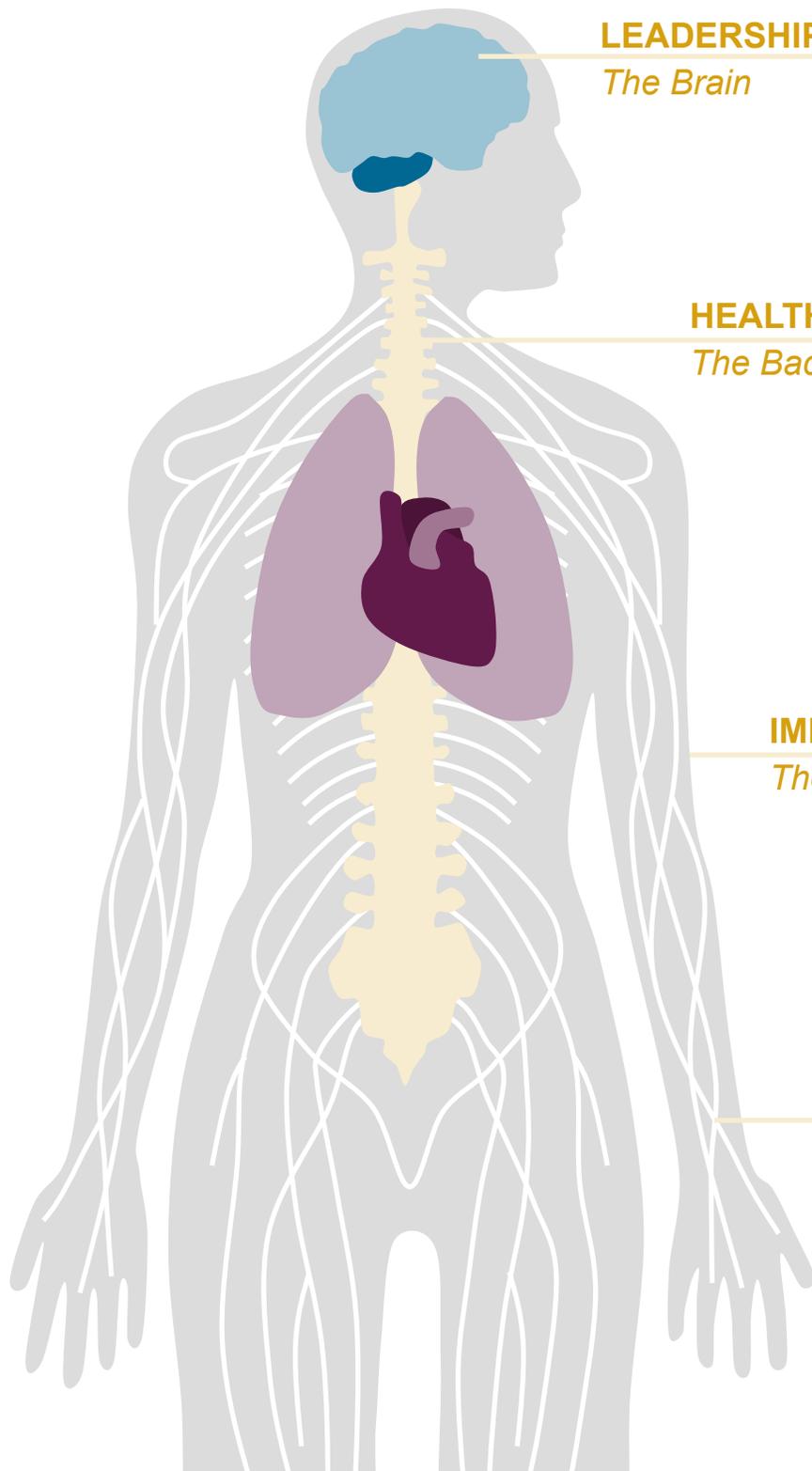
LEADERSHIP

The Brain

HEALTH ALLIANCE

The Backbone

IMPLEMENTERS

The Arms

FUNDING

The Nerves

Health alliances are composed of key community leaders, including directors and CEOs from public health, safety net clinics, hospitals, long-term care facilities, mental health centers, health plans, and chambers of commerce. These leaders organize themselves as a Board of Directors or a leadership team that sets overall strategy, develops goals, and uses their influence to build public will.

Collaboration does not happen by accident. Alliances serve as the "backbone" of community change efforts to ensure all voices are heard, key leaders are authentically present at the table, and partners are held accountable. Health alliances monitor and evaluate the community's landscape to identify opportunities for collaboration, better coordination, and mutually-reinforcing activities.

The strategies developed by leadership and managed by health alliances are implemented by a variety of mechanisms, including action teams, work groups, committees, and paid staff. The role of these entities is to develop implementation tactics and act as the primary drivers for action in the community around the specific interventions and focus areas of the alliance's common agenda.

The value alliances provide is often intangible and can be slow to show results, so finding funders for this work can be a challenge. Without dedicated funding for "backbone" work, key relationships may fail to develop, agenda setting might suffer from logistical barriers, and leaders may struggle to evaluate their return on investment. Backbone funding typically comes from foundation grants, membership dues, or fee-for-service programs.

NETWORK COMPOSITION

Of all Network members:

STRUCTURE

40% Are incorporated nonprofits

44% Operate under a fiscal agent

48% Use the Collective Impact framework

PROGRAMS

28% Target high-utilizers

32% Coordinate care & referral networks

40% Offer outreach & enrollment

TOP THEMES *from 2015*

REGIONAL COLLABORATION

Through the Network, health alliances around the state are exploring regional collaboration on issues as diverse as outreach and enrollment, specialty care referral for the uninsured, and targeting high-utilizers of the health care system. Many of these strategies demand a regional approach because patients and families seek care across geographical boundaries and in varied health entities.

TARGETING HIGH-UTILIZERS OF THE HEALTH CARE SYSTEM

In June 2015, over 60 health leaders and program staff from eight Network alliances and other organizations gathered for an all day summit to learn, share, and build relationships to support collaboration between programs that work with high-utilizers of the health care system. These individuals have complex physical, behavioral, and social needs that are not well met through the current health care system, and they are not achieving quality health outcomes in spite of the high cost of their care. Attendees explored the challenges for high-utilizer programs and actual experiences of the programs, including issues around integration, payment and sustainability, data and assessment, and transportation. Attendees left the summit with a strong desire to continue shared learning and problem-solving around high-utilizer issues in the Denver Metro and Front Range areas, including best practices, gaps around programs and supports, and current payment models.

SPECIALTY CARE REFERRAL NETWORKS

Many alliances across the state have established local referral networks to manage the flow of patients, especially the uninsured and underinsured, to primary and specialty care. In 2015, health alliances in Metro Denver have begun exploring regional collaboration around various new specialty care referral networks. One health alliance is developing a pilot specialty care central hub referral network and e-consult program, and others are exploring the development of a formal referral network with private specialty providers and safety net clinics. These health alliances have come together to form structured learning cohorts aimed at sharing best practices, exploring regional collaboration—such as shared strategies targeting regional partners—and identifying gaps in their collective approach.
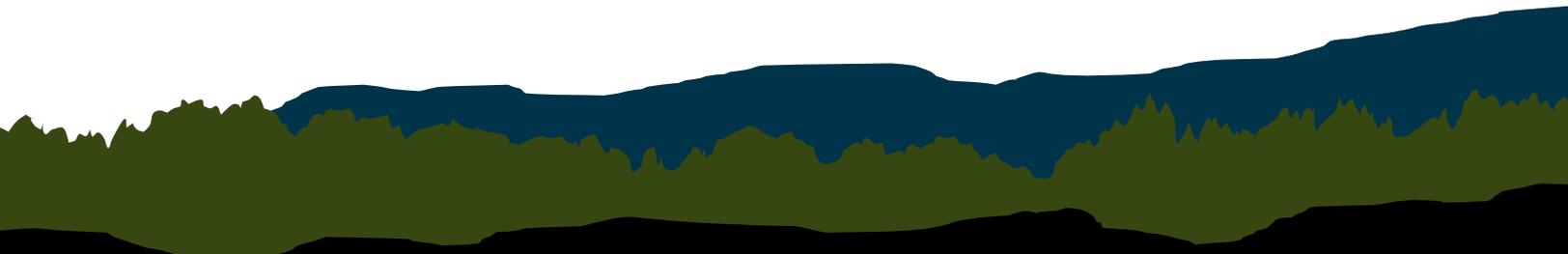
FINANCIAL HARDSHIP

2015 was a difficult year for some health alliances in terms of financial sustainability. Finding funding to support backbone activities, like neutral convening and agenda setting across multiple sectors, can be challenging, as foundations and local partners often want to fund specific interventions or programs instead. At times, health alliances are the best place in the community to house certain health interventions, like community-wide outreach and enrollment efforts or patient navigation, but often a lead partner within the health alliance leadership, like a clinic or health department, takes the lead on these interventions because of their historic role in a community or their current capacities. This leaves a health alliance with a limited base of funding for their work. Some health alliances have had to lay off their staff in 2015 as they explore sustainable ways to fund their backbone work moving forward. Other health alliances have developed innovative membership programs to raise core operating costs.

REACH AND IMPACT

The Network is expansive, with a service area that stretches to nearly every corner of the state. Its impact is felt across Colorado:

- **Counties covered:** 42 (65%)

- **Population covered:** 4,889,155 (91%)

- **Organizations represented:** 850

- **Direct services provided:** 152,996 individuals served

BY THE NUMBERS

2015 was a major success! Over the last year, the Network:

- Formalized membership for **24** health alliances

- Held **8** learning webinars and collaborative conference calls

- Hosted **3** statewide meetings and **5** regional meetings

- Elected a formal Leadership Team of **7** leaders from across the state

- Established **3** evaluation learning cohorts exploring collaboration, community impact, and data management

Alliances are dedicated to tackling the most complex problems in our health systems. The Network helps members embrace a culture of continuous learning and connect with other efforts around the state. At a local level, the alliances continue to evaluate and improve their strategies to meet the ever-changing needs of our dynamic communities. As monumental changes in our health care system continue to unfold, health alliances and the Network are responding in exciting and innovative ways. This past year the Network formalized its membership, governance, and leadership structures with the aim of building out a member-driven statewide common agenda. The Network continues to explore broad strategy areas and refine its approach to ensure broad understanding and agreement on collective tactics moving forward in 2016.

*Beyond the specific efforts mentioned in this report, Network members have numerous other initiatives underway. **Learn more: www.ccmu.org/network***

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 creates opportunities and eliminates barriers to good health for the medically underserved. 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.