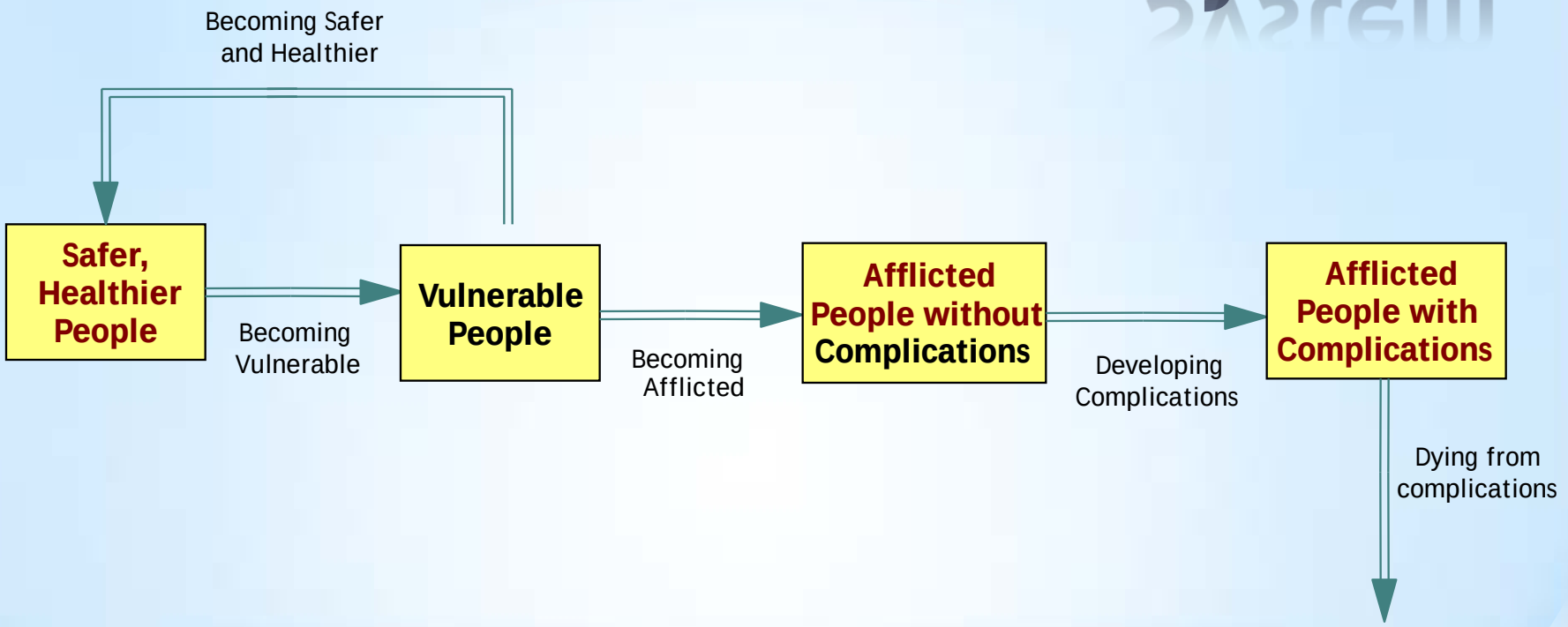
☐ Checkbox or Collective Impact?

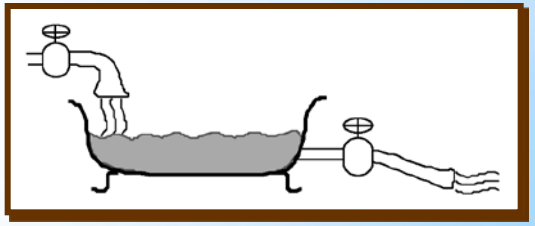
Paul Halverson, DrPH, FACHE

July 11, 2011: Atlanta

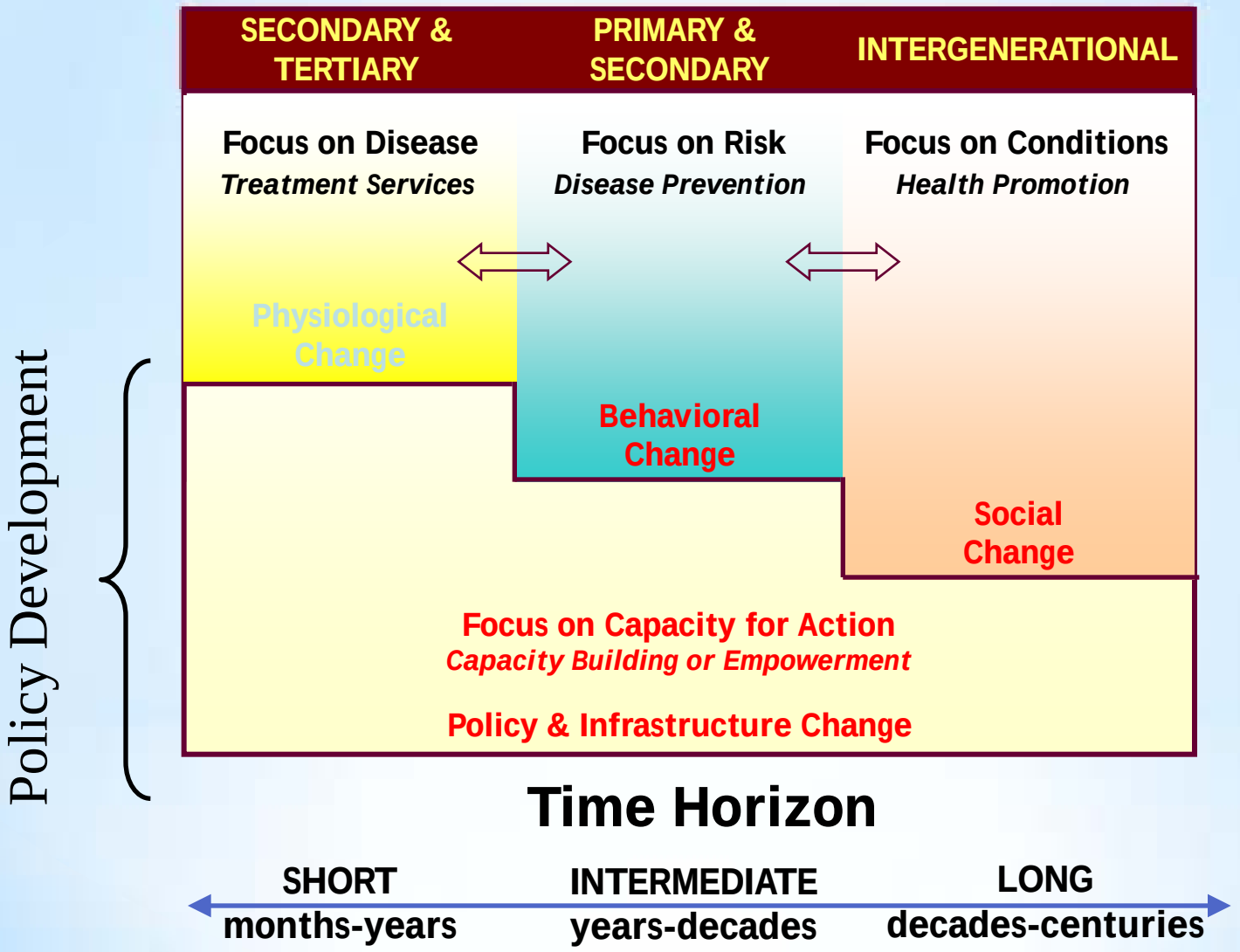
*Health Protection as a System



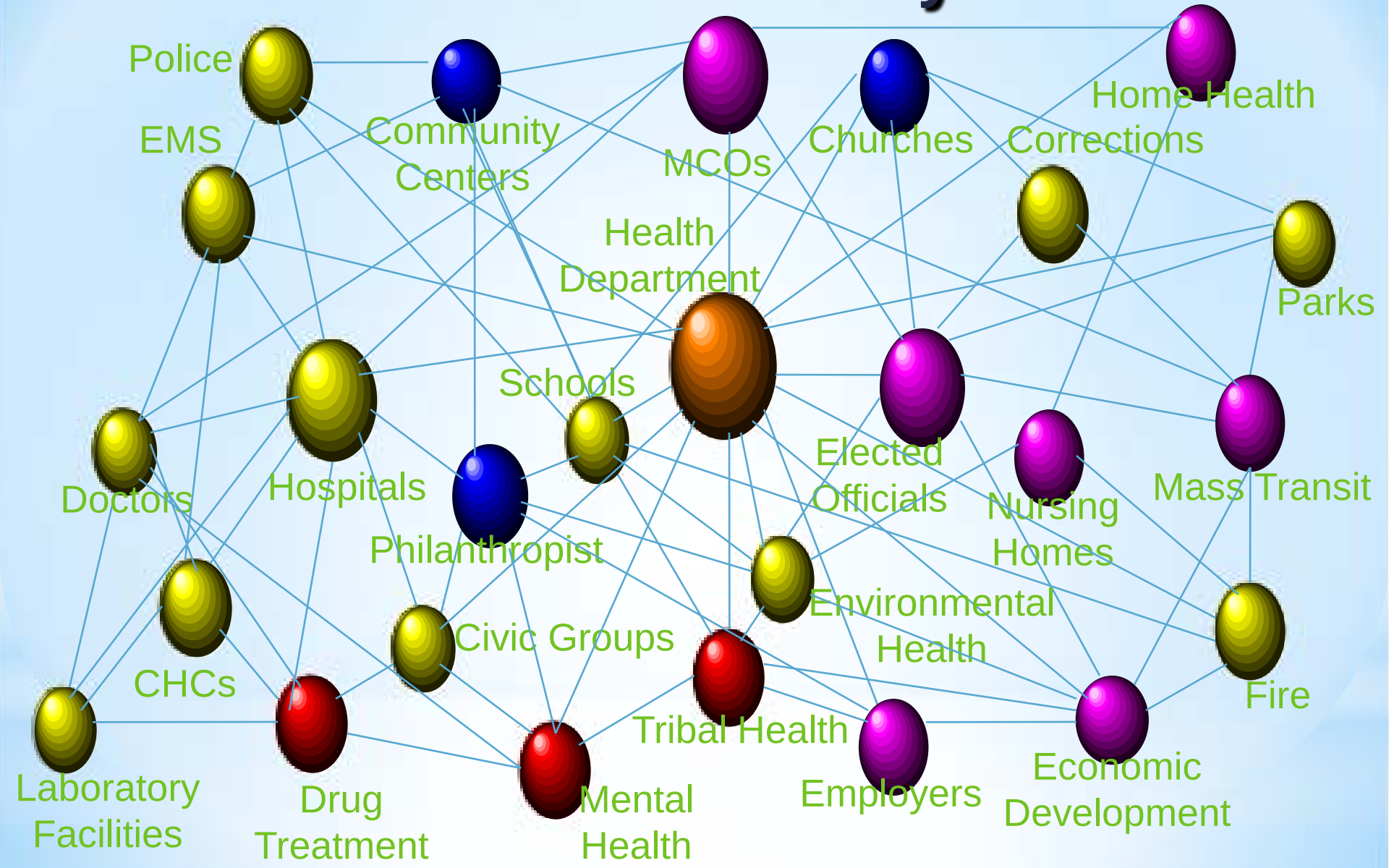
From: Milstein B, Homer J. *The dynamics of upstream and downstream: why is so hard for the health system to work upstream, and what can be done about it*? CDC Futures Health Systems Workgroup



* Spectrum of Action within the Health System



The Public Health System



* The term "community benefit" came from the IRS in its 1969 ruling to redefine the charitable obligations of non-profit hospitals. The redefinition broadened the interpretation of charitable purpose beyond the historical concept of "*relief of poverty" to "the promotion of health for a class of persons sufficiently large enough to constitute benefit for the community as a whole*"

*community benefit

Kevin Barnett, "Community Benefit in the Era of Health Reform: Opportunities for Hospital Leadership" in *BoardRoom Press*, December 2010

* ..the call to identify a cohort of sufficient size to produce a tangible impact at the aggregate level suggests an emphasis on achieving measurable outcomes.
  * K. Barnett, 2010

* Measurable outcomes

Kevin Barnett, "Community Benefit in the Era of Health Reform: Opportunities for Hospital Leadership" in *BoardRoom Press*, December 2010

Models of community benefit—K. Barnett

- Our current, defensive strategy represents what we might refer to as the **institutional model** of community benefit, where the design and implementation of charitable services and activities is viewed as a competitive enterprise.
- …the **geographic model** of community benefit is driven by a more granular analysis of data at a sub-county level, which ensures a primary focus on communities with disproportionate unmet health needs.

Kevin Barnett, "Community Benefit in the Era of Health Reform: Opportunities for Hospital Leadership" in *BoardRoom Press*, December 2010

* ….the historical approach taken by urban hospitals includes a scattering of small-scale, uncoordinated services and activities. This is driven in large part by a lack of internal infrastructure and population health expertise, as well as lack of attention at the senior leadership level.
  * K Barnett, 2010

Hospital community benefit activity

Kevin Barnett, "Community Benefit in the Era of Health Reform: Opportunities for Hospital Leadership" in *BoardRoom Press*, December 2010

* Currently, most uninsured and underinsured populations enter our healthcare systems through the emergency rooms of our hospitals, as well as our community health clinics. In many cases, high-cost services are provided for conditions that could have been prevented with timely access to quality primary care and preventive services.

* Value of prevention

Kevin Barnett, "Community Benefit in the Era of Health Reform: Opportunities for Hospital Leadership" in *BoardRoom Press*, December 2010

* A national study estimates that hospitals spend nearly $40 billion per year (about 10% of total expenditures) to treat preventable conditions in emergency room and inpatient settings.
* Expenditures of limited charitable resources for high cost medical services for preventable conditions represents poor stewardship. Clearly their must be a more efficient approach.

* A more efficient approach is needed

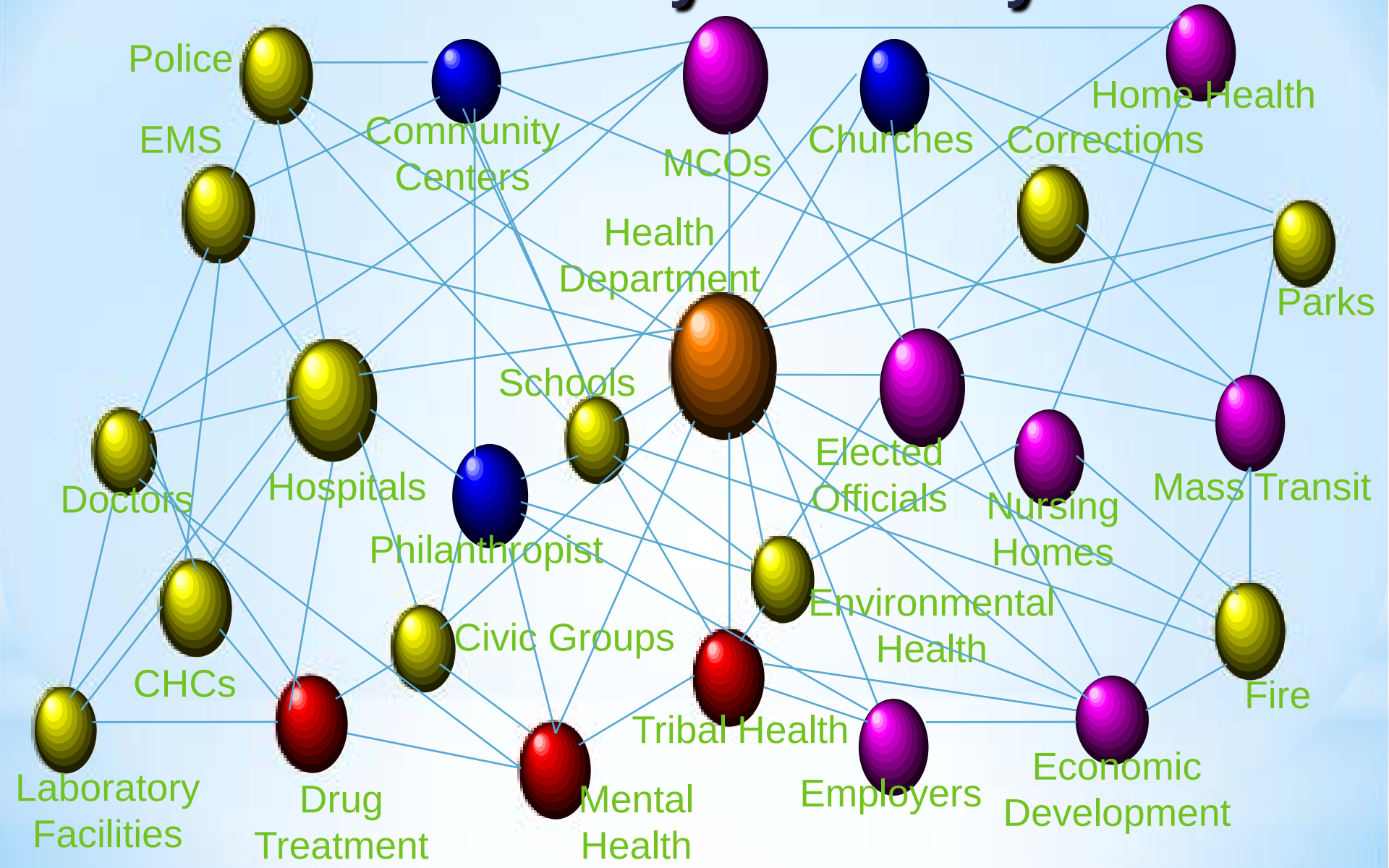
Kevin Barnett, "Community Benefit in the Era of Health Reform: Opportunities for Hospital Leadership" in *BoardRoom Press*, December 2010

* "To those who charge that expanding coverage will lead us to healthcare rationing, it must be understood that we already ration healthcare services. The current rationing method is to limit access to primary care and preventive services until they stagger into our emergency rooms. Aside from the fact that it is immoral, it is an extremely inefficient way to serve the people of the U.S.. Given the fact that community benefit calls for non-profit hospitals to make optimal use of limited public resources, the provision of charity medical care in emergency room and inpatient settings for preventable conditions is simply poor stewardship."
  * K. Barnett, 2010

*Poor stewardship

Kevin Barnett, "Community Benefit in the Era of Health Reform: Opportunities for Hospital Leadership" in *BoardRoom Press*, December 2010

The Community Health System



Collective Impact

Large-scale social change requires broad cross-sector coordination, yet the social sector remains focused on the isolated intervention of individual organizations.

John Kania & Mark Kramer

John Kania and Mark Kramer, "Collective Impact", Stanford Social Innovation Review, Winter 2011

*US Education system

*The scale and complexity of the U.S. public education system has thwarted attempted reforms for decades. Once the global leader- the country now ranks 18 among the top 24 industrialized nations, with more than 1 million students dropping out every year.

John Kania and Mark Kramer, “Collective Impact”, Stanford Social Innovation Review, Winter 2011

* 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.

* Lack of system change

John Kania and Mark Kramer, "Collective Impact", Stanford Social Innovation Review, Winter 2011

- 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)
- 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 learning from each other and aligning their efforts to support each other

*Strive

John Kania and Mark Kramer, "Collective Impact", Stanford Social Innovation Review, Winter 2011

*The commitment of a group of important actors from different sectors to a common agenda for solving specific social problems.

*Collective impact

John Kania and Mark Kramer, “Collective Impact”, Stanford Social Innovation Review, Winter 2011

*Collective impact

*Collective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants.

John Kania and Mark Kramer, “Collective Impact”, Stanford Social Innovation Review, Winter 2011

* …large-scale social change comes from better cross-sector coordination rather than from the isolated intervention of individual organizations.
* ..substantially greater progress could be made in alleviating many of our most serious and complex social problems if nonprofits, governments, businesses, and the public were brought together around a common agenda to create collective impact.

*The aim toward social change

John Kania and Mark Kramer, “Collective Impact”, Stanford Social Innovation Review, Winter 2011

* The non-profit sector most frequently operates using an approach called *isolated impact.* It is an approach oriented toward finding and funding a solution embodied within a single organization, combined with the hope that the most effective organizations will grow or replicated to extend their impact more widely.

* Isolated impact

John Kania and Mark Kramer, "Collective Impact", Stanford Social Innovation Review, Winter 2011

* Shifting from isolated impact to collective impact is not merely a matter of encouraging more collaboration or public-private partnerships. It requires a systematic approach to social impact that focuses on the relationship between organizations and the progress toward shared objectives. And it requires a new set of nonprofit management organizations that have the skills and resources to assemble and coordinate the specific elements necessary for collective action to succeed.

*Shifting toward collective impact

John Kania and Mark Kramer, “Collective Impact”, Stanford Social Innovation Review, Winter 2011

- Common agenda
- Shared measurement systems
- Mutually reinforcing activities
- Continuous communication
- Backbone support organizations

Five conditions of collective success

John Kania and Mark Kramer, “Collective Impact”, Stanford Social Innovation Review, Winter 2011

- Take responsibility for assembling the elements of a solution
- Create a movement for change
- Include solutions from outside the nonprofit sector
- Use actionable knowledge to influence behavior and improve performance

Funding large-scale change

John Kania and Mark Kramer, “Collective Impact”, Stanford Social Innovation Review, Winter 2011

Thinking outside of the bed

* Prevention, education, social support, which relates to social disparities, and chronic disease management, is really the sweet spot for bending the cost curve. Our hospitals need to think "outside of the bed."
  * John Bluford, AHA Chairman, 2011

AHA News, June 13, 2011