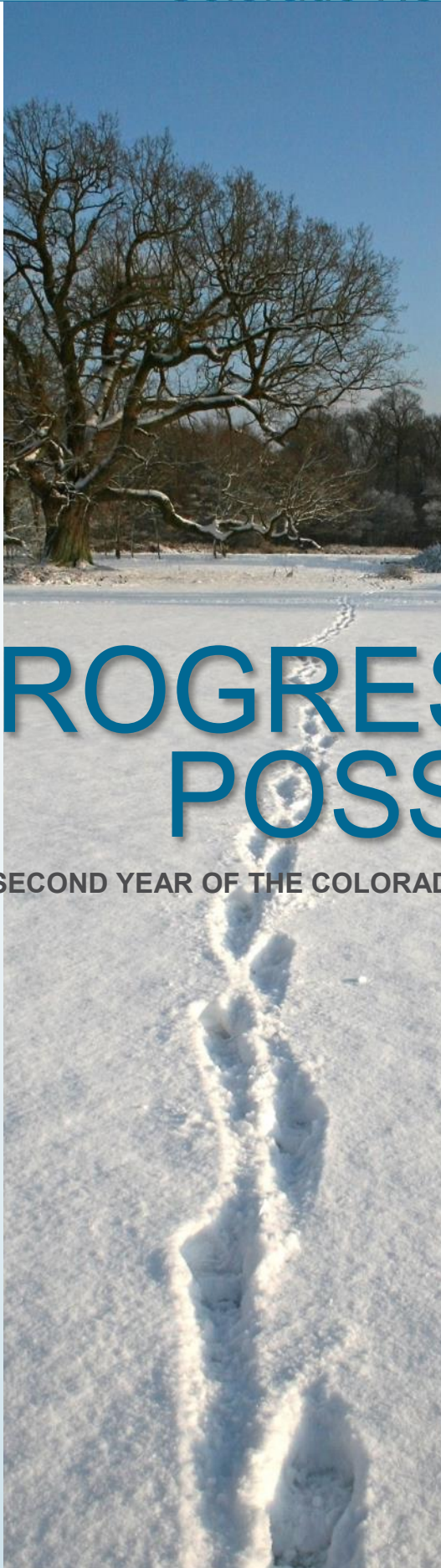


Colorado Network *of* Health Alliances

A project of the



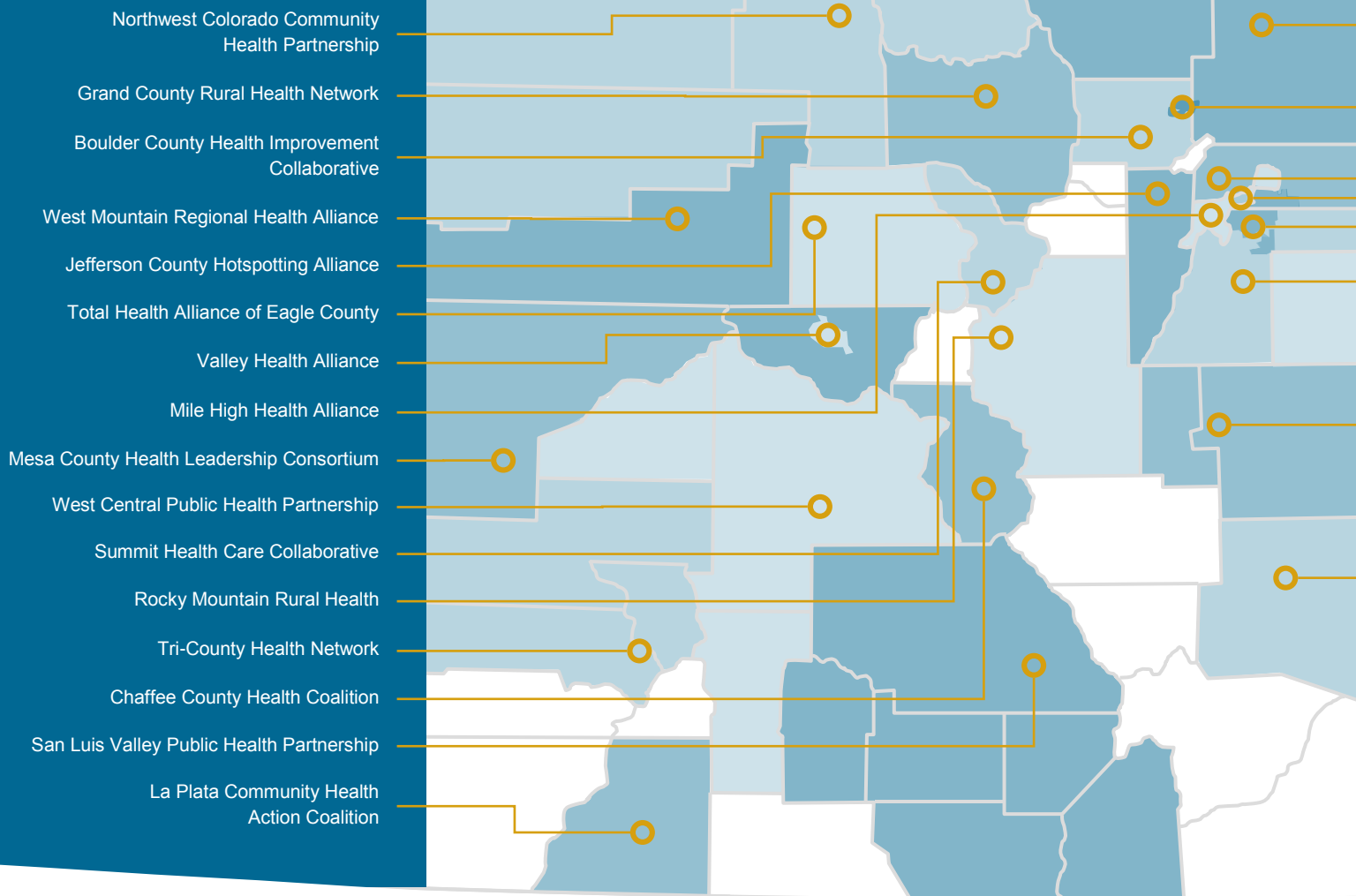
Colorado Coalition for the
Medically Underserved



PROGRESS & POSSIBILITIES

THE SECOND YEAR OF THE COLORADO NETWORK OF HEALTH ALLIANCES

JANUARY 2015



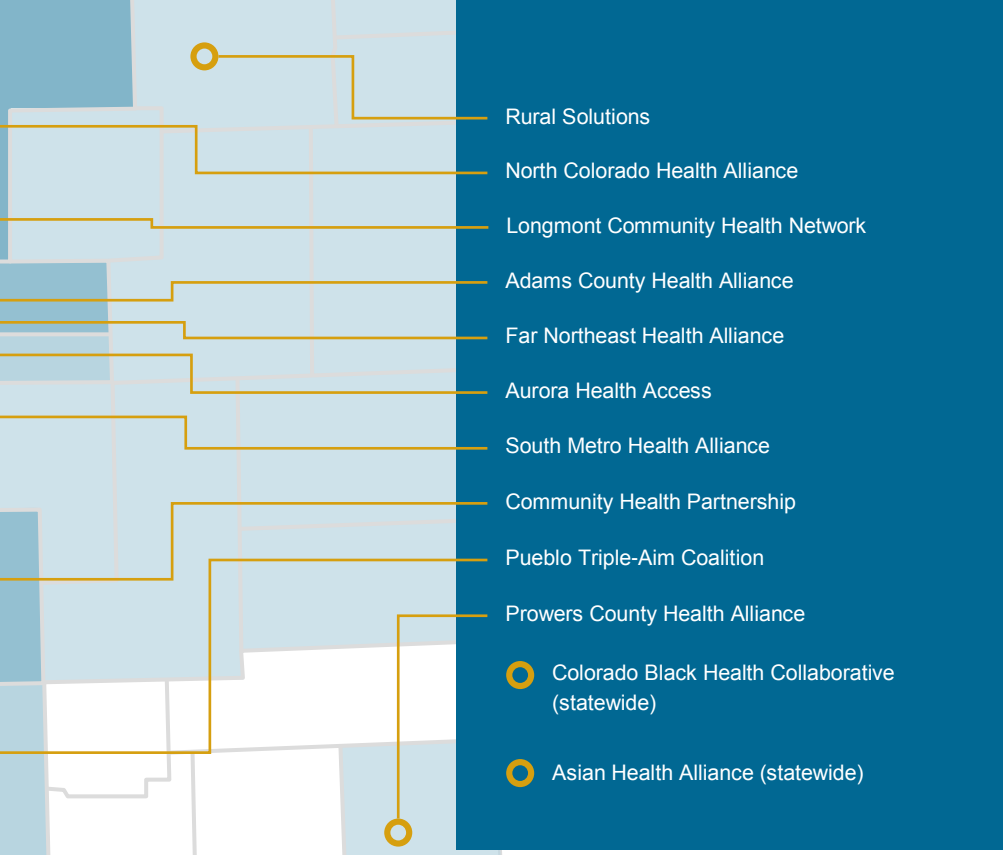
NETWORK OVERVIEW

In communities across Colorado, local leaders have come together in formalized alliances to make a positive impact on health. These alliances strengthen local health systems through collaborative strategies, breaking down silos, and developing local leadership for change. Their unification may be based on geography, on a certain health issue, or on a specific population, but they all use similar strategies and collaborative leadership to pursue a common goal of increased access to care and improved population health.

Since mid-2012 the Colorado Coalition for the Medically Underserved (CCMU) has convened these diverse collaboratives

through the Colorado Network of Health Alliances (The Network). The Network fosters strategic learning, networking and collaboration between its members. In 2014, the Network grew to 28 members, representing over 73% of the counties in Colorado. The Network is rapidly becoming an unprecedented opportunity to support and facilitate local, collective responses to health systems reform in Colorado.

2014 was a dynamic year for health systems at both the local and state level in Colorado. Health alliances, and the Network, have been instrumental partners in ensuring that all Coloradans have an opportunity to live a healthy life. As 2015 begins, indications are it will be another year full of new opportunities and growth.



COLLABORATION CONTINUUM

Health alliances operate in different stages across the spectrum of collaboration

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 aren’t linear. Each alliance chooses the approach that works best in their local context.



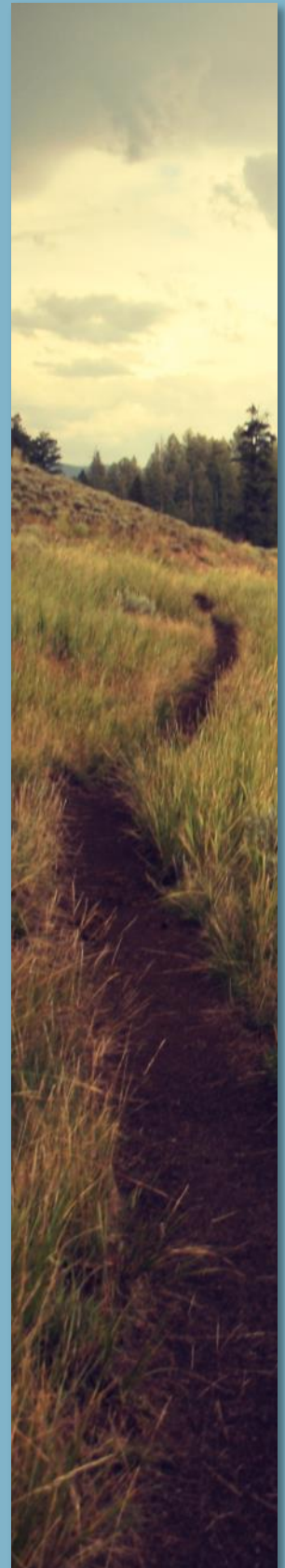
BUILD COLLABORATION TAKE ACTION MAKE AN IMPACT

What is the importance of using collaborative strategies? And how do those strategies lead to effective actions and long term impact? The process is certainly not easy or short, but each stage builds on the next, leading to innovation and powerful outcomes.

Building a strong foundation of collaboration is an essential component of effective systems change. Across the state, many health entities are leading small projects to target specific community issues. But, much of the time, these well-intentioned efforts do not create population-level change. Real change happens when stakeholders who are working on the same issue in the same place, but in different ways, are brought together. Through facilitated, neutral convening, lines of communication are opened and trust is built, both of which are critical to long-term success. These alliances can create a common agenda and understanding of the problems being addressed within the community.¹

Once a strong foundation of collaboration is built, effective strategies and action plans for improving the health system can be implemented. Coordinated initiatives can adapt more quickly when all stakeholders are working towards a common goal, and progress is accelerated under the critical influence of a backbone organization.¹ The Network continues to be an opportunity to share best practices and lessons learned around program initiatives, and as expected, different regions of Colorado have gained traction with different types of interventions.

Alliances will often see broad changes in their community related to their collective efforts. Other formal actors and organizations in the community often make changes to their own work to better align with the goals of the local alliance. In addition, philanthropic and public funding may shift to support alliances and their work.² These systemic changes provide further evidence of the impact of the collaborative and programmatic efforts of the alliances.



Colorado's health alliances are **BUILDING COLLABORATION**

Across the state, communities are working together collaboratively to make cross-sector health systems change.

NEUTRAL CONVENING

The ability to play a neutral convening role allows alliances to be the go-to entity for conversations about health issues and efforts in the community, and to serve as a voice for multiple parts of the health system. Many communities have shown how they value the alliances by asking them to lead high stakes conversations about policies, programs, and gaps that affect the health of the community.

In 2014, the **South Metro Health Alliance** was approached by community health leaders to take on the gap of mental health awareness. In addition to hosting high-level conversations, SMHA has partnered with community groups to host 7 Mental Health First Aid trainings in the past year for 113 community residents.

STRONG RELATIONSHIPS

The relationships that alliance members develop are important for improving the health of the community. Once connected with each other, stakeholders within the health system can learn what efforts are occurring in the community, how they can connect to those efforts, and what resources can be shared. Stronger relationships lead to more coordinated care throughout the community, as well as help eliminate duplication of services and efforts.

The **San Luis Valley Public Health Partnership** brought together the region's six public health departments to jointly plan programs and services. It also facilitated the creation of a regional environmental health program which localizes many initiatives which were previously provided by the State Health Department.

INTEGRATION & COORDINATION

Many alliances use the relationships generated through their work to strengthen patient navigation efforts. With a more connected health system, navigators can more effectively assist patients in accessing the care and community resources they need. Additionally, health alliances seek to improve access to coordinated care by increasing integrated behavioral health and physical health services using patient navigators.

The **Northwest Colorado Community Health Partnership** developed an integrated behavioral health project, which has served 5,800 residents since 2013. They also coordinate the Community Care Team, which is responsible for care coordination for Medicaid clients across five counties, serving 400 clients in 2014.

Colorado's health alliances are TAKING ACTION

Colorado communities are diverse, and so are their solutions to make the health system work better. Communities have identified the best solutions for their local context.

METRO AREA

Several Denver Metro-area alliances have a goal to decrease high utilization of emergency departments. These programs bring together all community care providers to help patients manage chronic conditions and connect them with high-quality primary care. Other metro-area alliances are piloting innovative projects ranging from health information exchange to health care screenings, providing a unique opportunity to test efforts to increase health.

The **Jefferson County Hotspotting Alliance** brought together a number of hospitals and clinics to pool their resources and hire two full-time care coordinators. These new staff target high-utilizers of the emergency department, and work to increase access to primary care, behavioral health, and health coaching services.

SMALL CITY

In smaller cities, some health alliances have successfully implemented community data dashboards, which help inform strategies and track progress. Data dashboards foster a data-driven approach and accountability for actions. Other small city alliances have noted the importance of a community health information exchange to improve patient navigation programs, create referral networks, and increase data sharing.

The **Pueblo Triple Aim Coalition's** neutral convening role has been instrumental in becoming the data hub for Pueblo County. Their data collection tool and scorecards have helped leaders track their impact and identify areas which need more attention. Partners can also use the hub for internal tracking, encouraging work accountability.

RURAL AREA

Rural alliances are creating opportunities to expand services and increase access to care. Additionally, they are seeking to streamline the payment system for those needing financial assistance. Rural health alliances are leading coordinated community health assessments and public health improvement plans, ensuring all of a county's health needs are identified, prioritized, and acted on. Additionally, they are instituting standardized screening practices across systems of care.

The **Chaffee County Health Coalition** had a monumental first year in 2013. With all the right players at the table, the local behavioral health center and hospital decided to provide co-located services and recruited a psychiatrist; a project that the community had been unable to accomplish previously.



Colorado's health alliances are **MAKING AN IMPACT**

Systemic change reflecting the support of collaboration for health system innovation can be seen across our great state.

LEVERAGE FUNDING

Groups that have solidified their collaborative foundation have successfully secured funding for new programs and their operating structure, which previously had not been possible. These new projects have improved the health system for the community and secured both financial sustainability and a long term convening role for the alliances.

The **Longmont Community Health Network** secured a grant from a local foundation and to implement its Mobile Integrated Healthcare Program, which uses paramedics in partnership with other providers to connect patients to services and implement a care plan. It targets the underserved and those with complex issues.

EVIDENCE OF SYSTEMS CHANGE

With increased recognition of the effectiveness of collaborative efforts, clear shifts are taking place in policies, programs, and the allocation of resources. There is a growing sentiment that Colorado's communities are too diverse for one-size-fits-all approaches, and we must look to local strategies to ensure thoughtful successful change in the health system. Health alliances work to keep health system decisions and solutions local.

In its founding year, the **Mile High Health Alliance** has brought a systemic shift to the conversation around increasing specialty care access. No longer is each care system struggling with this issue individually, but key players in Denver County are convening to explore establishing a county-wide specialty care referral system.



BY THE NUMBERS

2014 was a major success! Over the last year, the Network:

- Engaged **28** Health Alliances
- Represented **73%** of counties
- Held **12** collective conference calls and learning webinars
- Hosted **3** statewide meetings and **3** regional meetings
- Created **2** Action Teams and **1** Leadership Team

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. The Network will continue to be a unique and effective opportunity to facilitate a statewide, collective voice to affect policy, funding, and health systems change. 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 unfold, health alliances will continue to respond in tune.

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

REFERENCES

- ¹ Turner, Shiloh, Katherine Errecart, and Anjali Bhatt. "Measuring Backbone Contributions to Collective Impact." *Stanford Social Innovation Review* 3 Dec. 2013: http://www.ssireview.org/blog/entry/measuring_backbone_contributions_to_collective_impact.
- ² Preskill, Hallie, Marcie Parkhurst, and Jennifer Splansky Juster. "Guide to Evaluating Collective Impact." FSG 2014: http://www.fsg.org/Portals/0/Uploads/Documents/PDF/Evaluating_Collective_Impact_Sample_Questions_3.pdf?cpqn=WP%20DL%20-%20Evaluating%20CI%20Questions%20Part%203.

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.