



**BUILDING
BETTER
HEALTH**

#coverCO

2016

RESOURCES
INSPIRATION
SUPPORT

**The Essential Elements of Effective Collaboration to
Develop Sustainable
Outreach and Enrollment Models**

Collaboration & Better Health

ESSENTIAL ELEMENTS OF EFFECTIVE COLLABORATION
TO DEVELOP SUSTAINABLE OUTREACH AND ENROLLMENT MODELS

About Me

Experience:

- ❖ Cross-sector collaborations
- ❖ Civic leadership development
- ❖ Strategic communications

Passions:

- ❖ Faith
- ❖ Family
- ❖ Fly Fishing



COLLABORATE

Why?



*"Sometimes I think the collaborative process
would work better without you."*

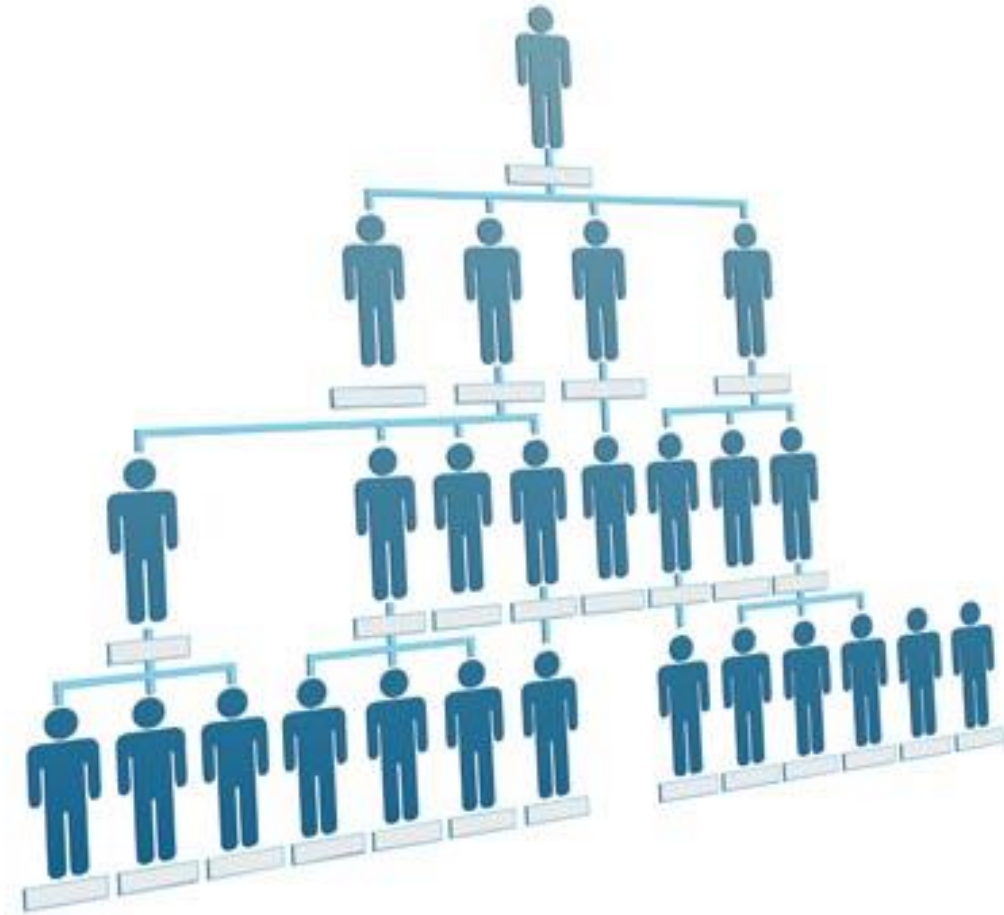
CN
COLLECTION

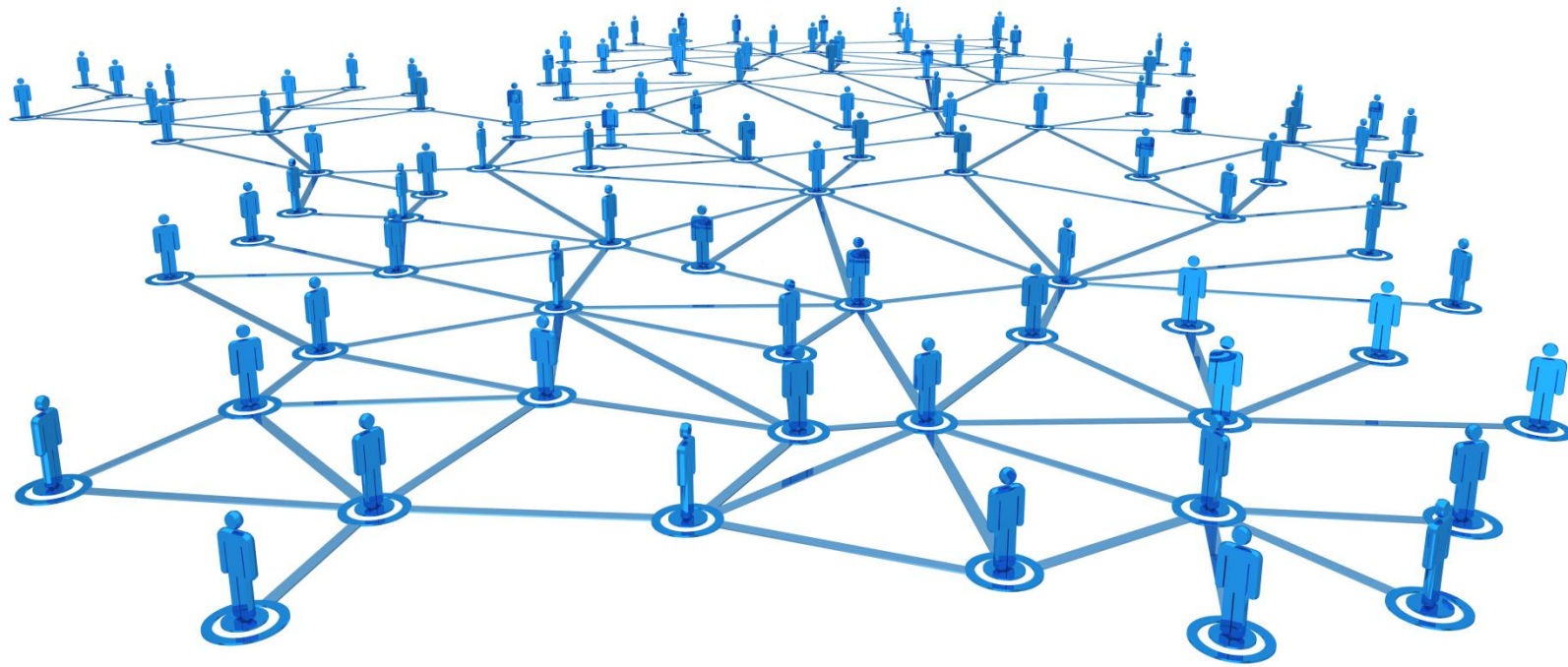
Collaboration

An unnatural act among non-consenting adults.*



*-Council on Competitiveness

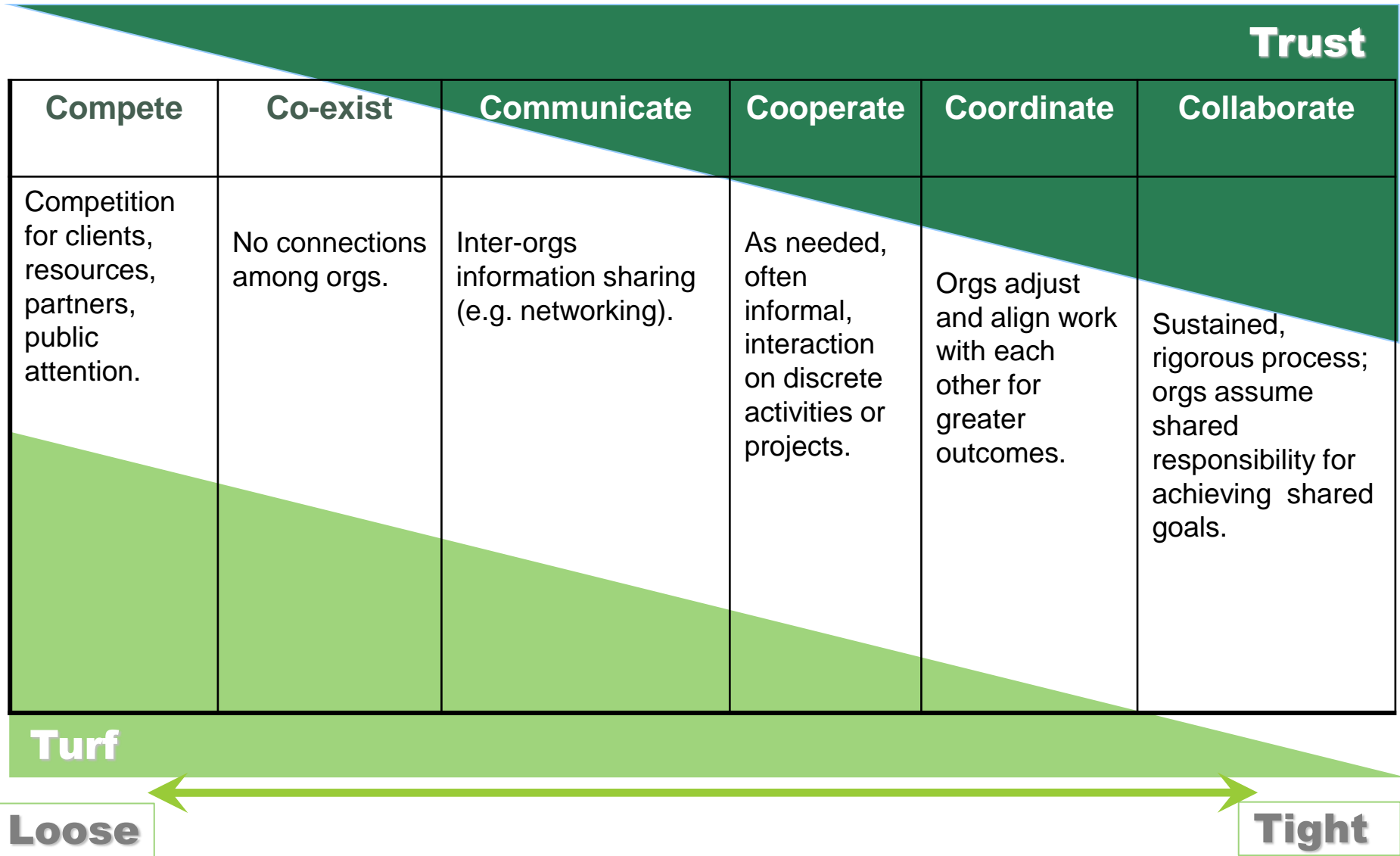




Collaboration



Independent stakeholders assume shared responsibility for achieving mutually-beneficial, shared goals.

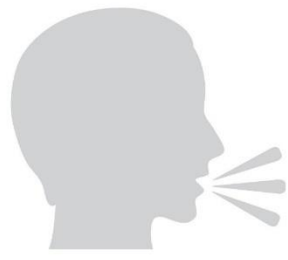


Today's Presentation

3 Essential Elements of Effective Collaboration

- Process
- Capacity
- Leadership

CO *BLA*BORATE



COBLABORATION



Suspicion



Informal



Focus on assigning blame/credit



Participate to protect



Opinions rule



Talk, talk, talk



COLLABORATION



Trust



Intentional, rigorous



Focus on system outcomes



Participate to generate value



Data is king



Engagement leads to action, outcomes and change

Collaboration Is Possible



Public health collaboration

- ❖ 100+ active organizations
- ❖ CHSA, CHIP completed and released
- ❖ 20-point improvement in blood pressure control

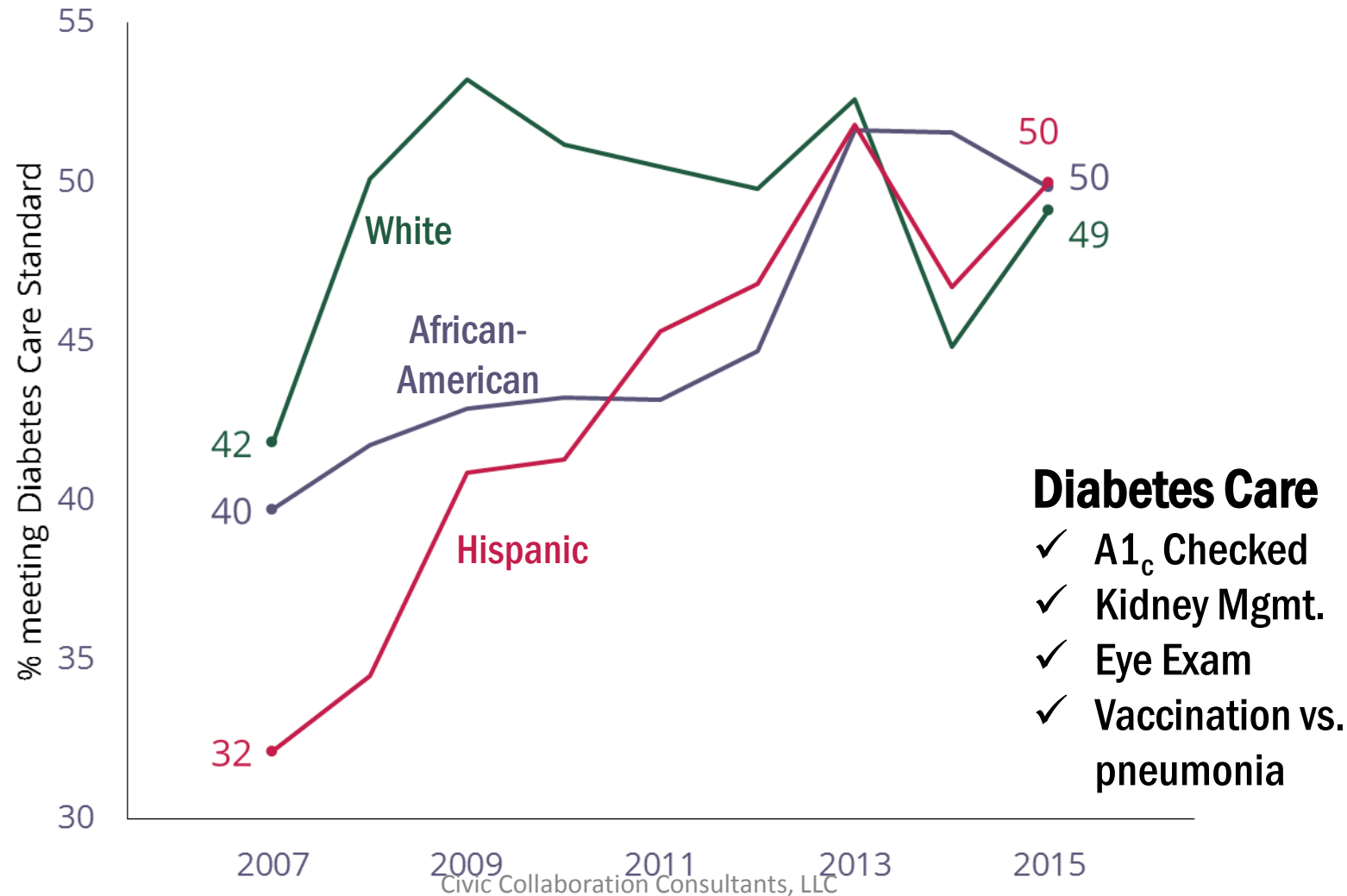
Collaboration is Possible



Primary care and chronic disease collaboration

- ❖ 20 primary care partners
- ❖ 12 hospital partners
- ❖ Better care, better health, lower costs

Diabetes Care: Eliminated Disparities by Race/Ethnicity, 2007-2015



How

3 ESSENTIAL ELEMENTS OF EFFECTIVE COLLABORATION

Element #1 Process

Rigorous, intentional



Quality Process

- ❖ Data-driven
- ❖ Inclusive
- ❖ Transparent



3 Questions To Address

❖ How do we decide how to decide?



3 Questions To Address

- ❖ How do we decide how to decide?
- ❖ **How will we treat each other?**



Norms of Behavior

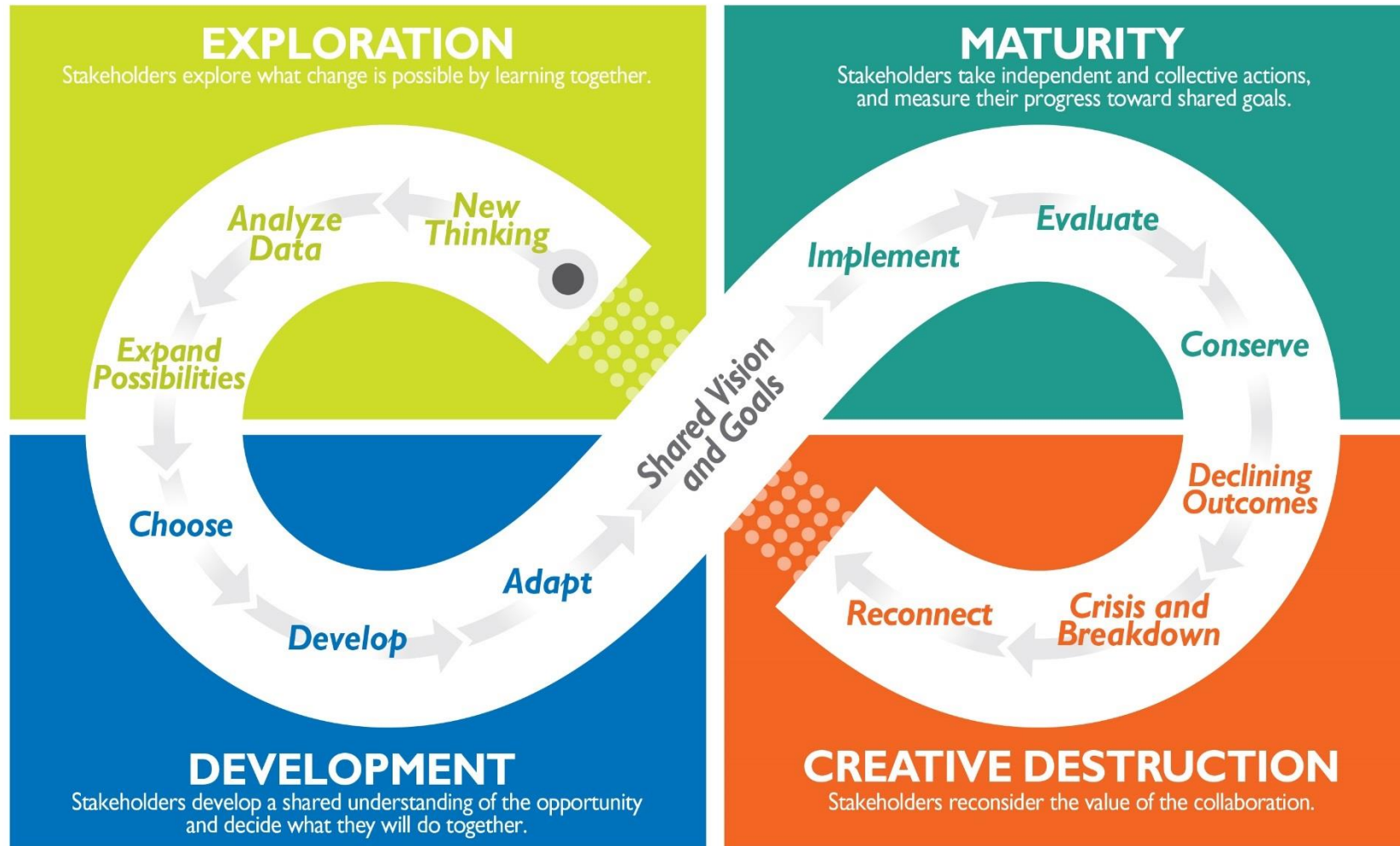
- ❖ Partners show respect – first names only
- ❖ All voices heard
- ❖ Credit is shared – “we” is the common pronoun
- ❖ Conflicts resolved privately
- ❖ Everyone gets a turn in the spotlight

3 Questions To Address

- ❖ How do we decide how to decide?
- ❖ How will we treat each other?
- ❖ **What will we achieve together?**



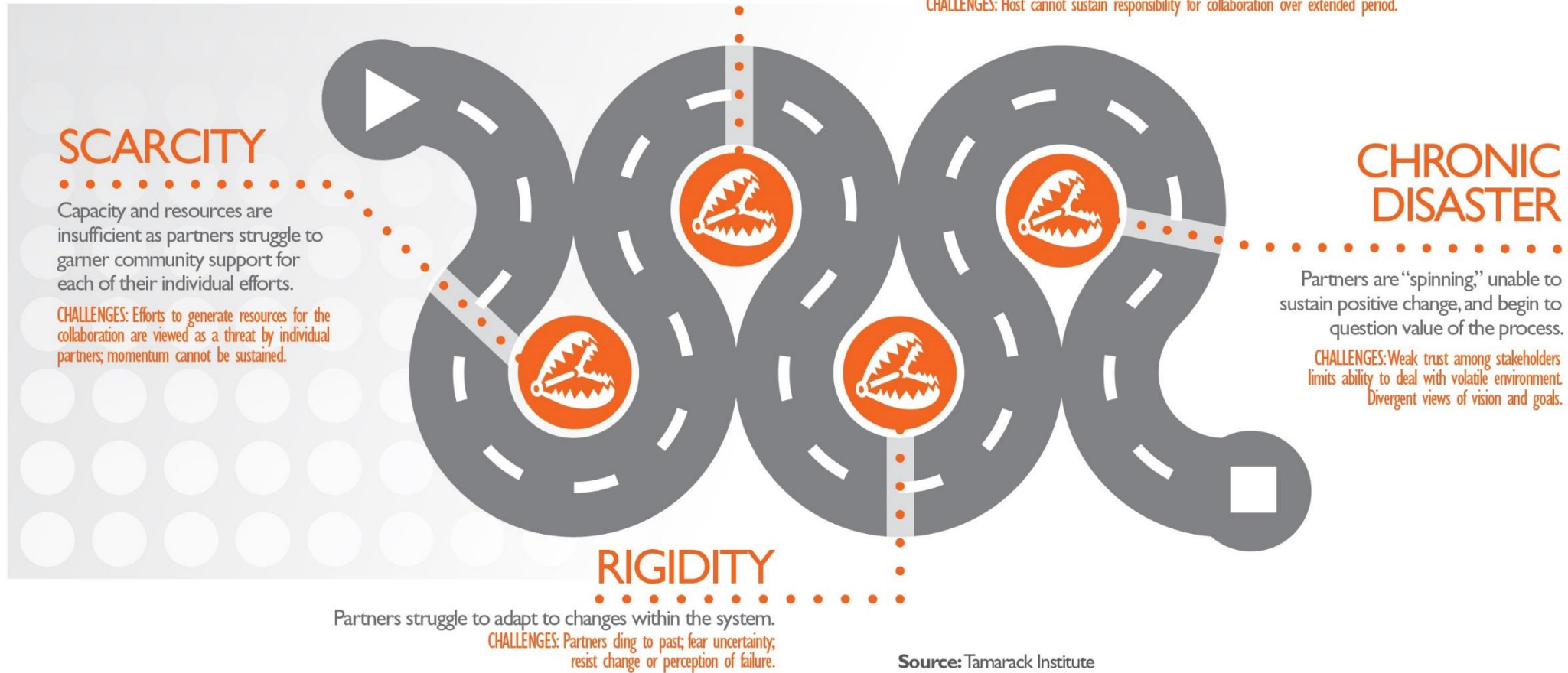
COLLABORATION CYCLE



Source: Inspired by the work of Plexus Institute and Tamarack Institute

COLLABORATION TRAPS

Unavoidable elements of the collaboration process



Element #2 Capacity

Key functions
that make
collaboration
possible



Key Collaboration Functions

- ❖ Build trust
- ❖ Engage partners
- ❖ Communicate

Key Collaboration Functions

- ❖ Foster shared vision
- ❖ Facilitate shared measurement
- ❖ Advocate for resources

Element #3 Leadership

Collaborative
leadership
demands distinct
behaviors and
skills



Collaborative Leadership

A process of influence that propels others toward achieving shared goals.

Requires:

- ❖ Influence that extends beyond an organization
- ❖ Influence that is valued by others

Behaviors

- ❖ Purpose Driven
- ❖ Curious
- ❖ Networked
- ❖ Ethical
- ❖ Trustworthy



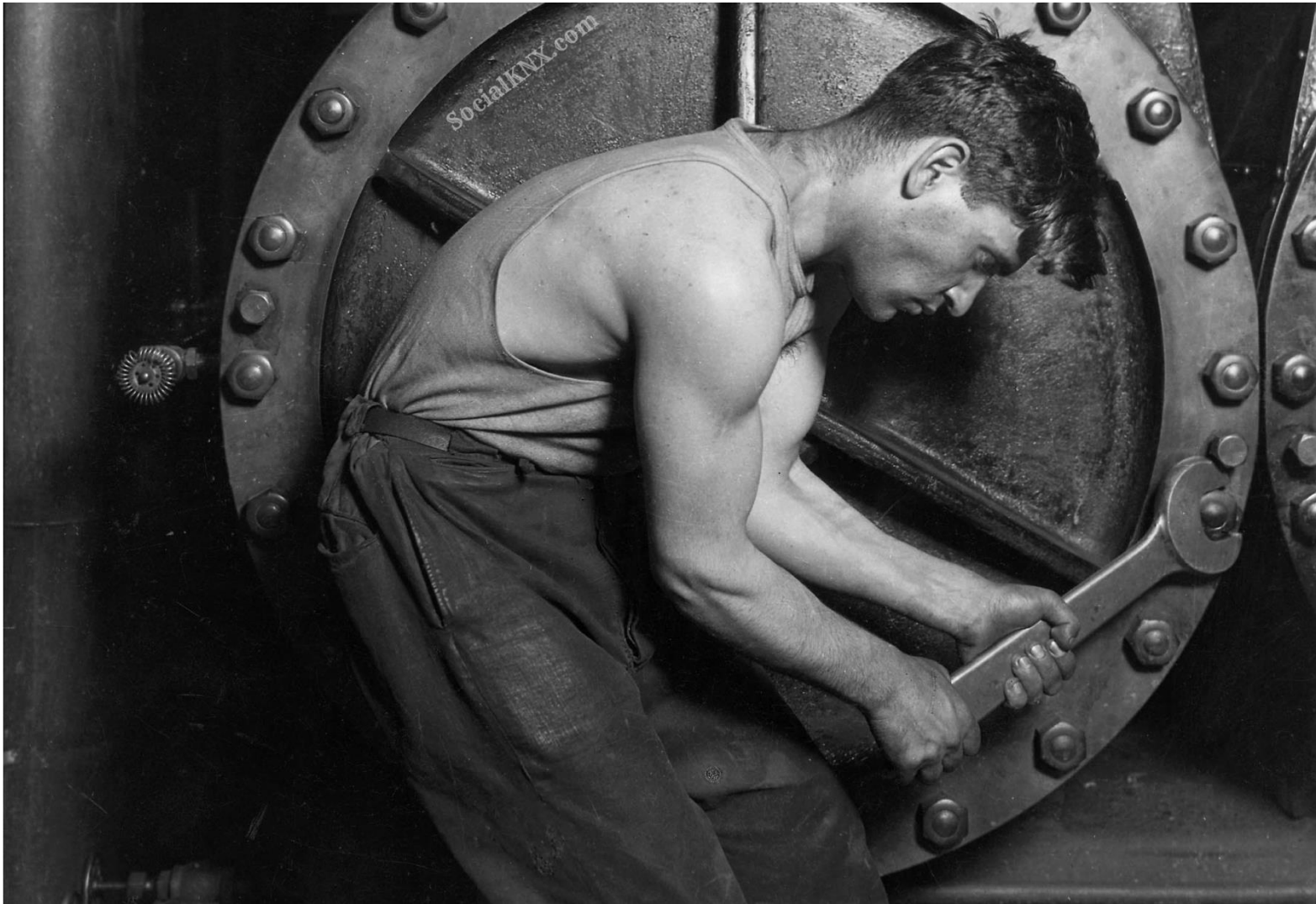
Collaborative Leadership Skills

- ❖ Understanding Context
- ❖ Practicing Inquiry
- ❖ Building Trust

Collaboration & Change

Collaboration results in enduring, positive change when we:

- ❖ Design a rigorous process
- ❖ Create capacity
- ❖ Practice collaborative leadership



CONTACT

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Questions & Answers

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*Expanding Access • Improving Quality
Eliminating Disparities • Community Care Management
Controlling Costs • Enhancing Care Experience
Generating Health*

Evolving Outreach & Enrollment in North Colorado

Lisa Joyner, MHA
O&E Lead/Health Strategy & Data Analyst

October 2016

Presentation Created for [North Colorado Health Alliance](#) Use

northcoloradohealthalliance.org 

NCHA is....



North Colorado Health Alliance

The North Colorado Health Alliance is a public and private joint venture dedicated to treating community health as a single complex phenomenon. On an ongoing basis, the Alliance serves as an incubator of best practices, and convenes community partners to stimulate innovation, integration, and a greater understanding of medical and non-medical factors contributing to community health. The Alliance engages in strategic health planning and innovative management to create health care neighborhoods for all individuals living in the northern regions of Colorado, with a special focus on the underserved.



Mark E. Wallace, MD, MPH
CEO/CMO, NCHA



Lesley Brooks, MD,
CMO, Sunrise
Community Health



Deirdre
Pearson,
Director of
Operations



Carlee Rosen, MPH,
Director of Community
Health Development



Joanna Martinson, RN,
BSN, ADS, Director of
Care Management

Sample Outreach Flyer; Also using radio (ads & interviews), web information & ads, social media, and events.

YOU CAN GET A NEW HEALTH INSURANCE PLAN WHEN YOU...



Are newly married



Have or adopt a new baby



Just lost your job



Are experiencing domestic violence



Are getting a divorce or newly separated



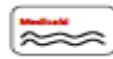
Recently turned or are soon turning 26



Recently moved to Colorado or recently changed your zip code



Have had or are expecting a change of income



Recently lost your Medicaid coverage

Call Us for FREE Assistance at 970-301-4426 or

Visit Us at Westlake Village Shopping Center in Greeley!

(intersection of 35th Ave. and 20th St.)

My

HEALTH+CONNECTIONS



Puede obtener un nuevo plan de seguro médico si...



Es un recién casado



Tiene un bebé o adopta



Acaba de perder su trabajo



Está experimentando violencia doméstica



Se está divorciando o recién separado



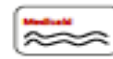
Acaba de cumplir o va a cumplir 26 años



Se acaba de mudar a Colorado o se acaba de cambiar de código postal



Ha tenido o espera tener un cambio de ingreso



Se le ha terminado su cobertura de Medicaid

Llame GRATIS para Asistencia al 970-301-4426 O Visitenos

En el Westlake Village Shopping Center en Greeley!

(Esquina de la 35th Ave. y 20th St.)

My

HEALTH+CONNECTIONS



Enrollment Strategies....

- ❖ Centrally Located, Retail Enrollment Site
- ❖ Floating, “Fixer” Role
- ❖ Co-location of CBMS Specialist
- ❖ Experienced, Bilingual Guides
- ❖ Guides who are Community Health Workers





OE1 (6 mths) mobile enrollment:

7 Guides, 547 appointments completed
13 appointments per Guide per OE month



OE2 (4.5 mths) My Health Connections opens, retail model:

8 Guides, new Health Reform Educator role
1394 appointments completed, 659 lives enrolled,
39 appointments per Guide per OE month

OE3 (3 mths) My Health Connections, return & new customers:

3 Guides, new CBMS Specialist role, 1 day per week,
900 appointments completed, 709 lives enrolled,
100 appointments per Guide per OE month

OE4 (3 mths) My Health Connections, return & new customers:

3.3 Guides, CBMS Specialist 1-2 days per week
Goals: maintain 100 appts per Guide/OE month
1,100 lives enrolled, 0.80 lives enrolled/appt

Grant Year Totals (July to June)

1,874 appts
765 lives enrolled
0.41 lives
enrolled/appt

1,391 appts
962 lives enrolled
0.69 lives
enrolled/appt

OE2-OE3:

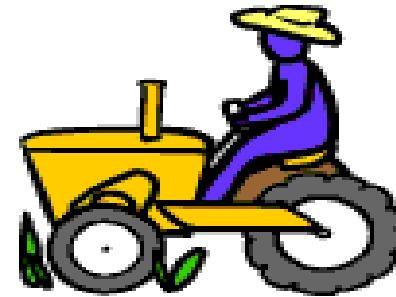

3,193 people
assisted

Two Enrollment Stories....

We helped.....



*Save a
house!*



*Save a
life!*

What is The Future for Community Health Workers?....

Alan Weil, November 25, 2014, <http://healthaffairs.org/blog/2014/11/25/what-is-the-future-for-community-health-workers/>

Two very different paths forward for community health workers (CHWs):

1. A Professional, Specialized Workforce

- ❖ formalized training, qualifications, and certification.
- ❖ integrated into care teams along with doctors, nurses, and other professionals.
- ❖ paid by the health care system, either plans or providers.
- ❖ grow and develop along with the health care system.

2. A Workforce Serving The Community

- ❖ roles defined by the community & CHWs through community engagement.
- ❖ CHWs valued for their contribution to community health.
- ❖ embedded in the community.
- ❖ more closely aligned with public health.

∞ Is it possible to combine the best features of the two models?

....NCHA now has staff with experience as Community Care Corp (embedded in neighborhoods), Health Coverage Guide (enrollment), and Care Management (working with providers.)

Lisa Joyner, MHA
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Health Strategy & Data Analyst

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Vote in
November!

“Our lives begin to end the day we
become silent about things that matter.”
Martin Luther King, Jr.

northcoloradohealthalliance.org 

make**TODAY**count!

My

HEALTH+CONNECTIONS

Medical Assistance Site

Western Slope

Hilltop Community Services

Becoming a MA site

Pros

- ▶ One stop shopping for clients
- ▶ Potentially a new source of revenue to allow continuance of broad services to our community
- ▶ Ability to help other assistance sites in other counties
 - ▶ Timely determinations
- ▶ Offer another door in addition to the county.

Cons

- ▶ Our location on the western slope makes it harder to get training and support locally
- ▶ More reporting and record keeping required
- ▶ It will be at least a year before funds for doing this work are received

Factors leading to decision to apply to become an MA site

- ▶ Community members expressed ongoing needs in Mesa County and some other counties on the western slope with respect to timely determinations and resolution of erroneous determinations, particularly during open enrollment.
- ▶ Our organization became aware of potential for a stable funding source to do this work.

Factors leading to decision to apply to become an MA site

- ▶ Our organization had a very experienced eligibility worker with expertise in CBMS so the need to hire and train a new employee to manage this program was not necessary.
- ▶ We wanted to expand our ability to offer another “door” beside the county.

The general process

- ▶ Letter of Intent submitted (LOI)
- ▶ Contract deliverables/Processes – 3 month time frame
 - ▶ Have a minimum of three staff
 - ▶ HIPPA Compliant space
 - ▶ Set up organizational processes and procedures
 - ▶ Training and access to CBMS through state
- ▶ Having a good relationship with the local county DHS was essential!

What we've learned so far

▶ While we have to continually change and modify our internal processes and procedures to comply with state regulations specific to MA site work, there have already been benefits.

Customer satisfaction

Makes guides more effective

Helps our local county in times of increased applications

Productivity with partner agencies has increased

We know we have a lot more to learn!

Questions & Answers

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