



Pioneering Lessons: An Emerging Health Care Path for Community Collaboration

Across the country, pioneering health care leaders are committing their organizations to transformative work outside of their walls, with a sharp focus on community engagement, health and wellness.

Through interviews with 18 health care executives and board members representing 10 different health systems, a path to transformation emerged. These leaders are disparate—the sizes and configurations of their health systems differ, as do their locations, patient populations, governance structures, and business models. Yet they described a surprisingly similar path to engaging with the community to improve health and wellness. The path is not linear—it evolves, steps occur in parallel, steps are iterated as lessons are learned—but it involves the key steps and sequence as depicted below.

8 Steps on the Path

“Aha” Moment

1

Getting Started

2

Feedback and
Course Correction

3

Internal Alignment

5

Recalibration and Role
Clarification

4

Scale and Patience

6

New Business Models

7

System Transformation

8



1 “Aha” Moment

These “aha” moments vary, but generally involve recognition that, no matter how exemplary the clinical accomplishments, communities are not healthier despite enormous cost. Health systems revise their missions to focus on the health of the broader community.

EXECUTIVE: We always use mission as “our true north”—to improve health of diverse communities; once you believe that and focus in on that, how can you see market share as the bottom line?

BOARD MEMBER: The role of the health care professional is to expand the view of what health care is—prevention and wellness become a whole new avenue.

2 Getting Started

Health systems select issues to work on and community partners are identified—the first initiatives are underway. Often this involves simply taking the plunge to get started on anything of importance to an organization. The work is so novel that it necessarily involves a great deal of trial and error. The process is a learning process, so the key is simply to start.

EXECUTIVE: We need courage. There’s fear of failure, fear of being misunderstood, fear of “this is not our core competency.” Maybe you just have to jump off.

EXECUTIVE: For these big health systems, you have to learn by doing; these are big issues with lots of little steps. Just get started... take a step.

3 Feedback and Course Correction

Despite best intentions, health systems often make missteps in the early stages, in terms of misunderstanding health issues as the community sees them, or trying to control the process rather than entering into authentic partnership. It is easy for intentions to be misconstrued. Success is contingent on openness to community feedback and taking corrective action.

EXECUTIVE: When we got feedback from people courageous enough to tell us, we started to correct and ask—what do you think is important?

BOARD MEMBER: Dialogue is extremely important—you cannot come in as an expert—“we know what we’re doing.” There must be questions, dialogue, coming to conclusions together.

4 Recalibration and Role Clarification

Health systems go back to the drawing board to refine and clarify roles, and to practice more authentic collaboration, from planning and prioritizing to execution.

BOARD MEMBER: You have to ask: where do I fit in the system, how can I make a difference, what do I contribute, both positive and negative, and how can I make a difference?

EXECUTIVE: It’s about holding the tension—the desire between go and do, and time to understand.

5 Internal Alignment

As the initiatives mature and begin to produce results, organizations align internal systems to better support community partnerships. This is difficult work that involves aligning the board, staff and financial resources, and developing the internal frameworks and capacity to measure and evaluate results.

EXECUTIVE: We work from a theory of change model: are we actually doing evidence-based practices? Are the things we wanted to change changing at the individual and institutional level? Are we seeing the physical changes we wanted to see?

BOARD MEMBER: Once the value system is in place, the governance structure starts to change, and that’s how things start to change in other parts of the system.

6 Scale and Patience

As internal capacity develops, community partnerships are integrated as part of the core work, and initiatives and partnerships multiply. Getting to scale requires patience, both with the process and with expectations about the timeframe in which results become apparent.

EXECUTIVE: Take the long view; change happens slowly. If you haven’t worked this way before, it takes awhile to build trust.

BOARD MEMBER: You have to burn the long-term vision into everybody’s psyche.

7 New Business Models

The source of funding for community initiatives varies, depending on the health system, but an underlying business model that rigorously supports the work has yet to emerge.

EXECUTIVE: Is it financially sustainable? Intuitively we know there’s a better model... when we begin to think about population health and getting paid for that. Long-term it’s the right thing to do.

BOARD MEMBER: I hope that if people see our commitment, they will turn to us because (they) like our values; the business community will help keep you in the game; insurers will begin to see...

8 System Transformation

Although a business model has yet to emerge that can underpin widespread adoption of community-based practices, the work continues because it is seen as the future of health care, and positions health care systems for that future.

BOARD MEMBER: We’re going to start seeing different economic models, different relationships, partners, like-minded strange bedfellows, around the idea of how we serve.

EXECUTIVE: It is transformational. Our strategic plan five years ago had no mention of community health and wellness; now our number one priority is population health.

As the path suggests, working with the community is a lengthy process, requiring humility, unwavering commitment, perseverance and courage. Cultural transformation is required in both health care systems and communities, including new relationships among systems, clinicians, citizens, and other stakeholders. But the health care leaders would suggest that if you truly believe that the mission of health care is to improve health (and not just treat sickness), then you have no choice but to jump on this path.