

Placer Access to Healthcare (PATH) Collaborative Capacity Assessment Report & Next Steps



A Report Presented to the Placer County Safety Net System

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Introduction and Background

The Placer Access to Healthcare (PATH) project, sponsored by Kaiser Permanente and Sutter Health, began in September 2010 at a Placer Collaborative Network (PCN) meeting. During the meeting Valley Vision facilitated a discussion that identified the local healthcare safety net system/network and developed a better understanding of the connections that exist between system members. Subsequently, PCN invited Valley Vision to facilitate a portion of their annual retreat where close to 50 attendees participated in a system navigation exercise (this was an activity designed to allow service providers to view the safety net system from the client's point of view) and identified key access to healthcare issues in Placer County. Since that time there has been an ongoing dialogue around access to healthcare issues and how to address these large-scale issues at the collaborative or systems level.

Through this effort deliberate steps were made to define the safety net system and measure both the connectedness of the system, as well as the system's collaborative capacity. Collaborative capacity is defined as "the measure of efficiency or effectiveness with which the system accomplishes its goals and objectives." The rationale for this approach is that by knowing a system's level of connectedness and the level of collaborative capacity that currently exists in a system, applying such knowledge will enhance a system's ability to *effectively* tackle access to healthcare issues, many of which are too large for any one organization to handle. This report provides details about an assessment that measured the current capacity of the local safety net system in Placer County, offers recommendations based on the outcomes of the assessment, and places the PATH effort in a larger contextual setting.

Two meetings were held that assembled members of the south Placer County safety net system. They were held to further discuss access issues, identify the members of the safety net system, present the results from the two assessments (connectedness and collaborative capacity), and conduct a visioning exercise to begin thinking about how the collaborative could work together more effectively.

Collaborative Capacity

Collaborative capacity is a measure of efficiency in which a system works to accomplish its goals and objectives. By better understanding the level of collaborative capacity present in any system, definitive steps can be taken to enhance and build the system's effectiveness.

Below are the results of the assessment that measured the Placer County's safety net system's level of collaborative capacity. For a detailed definition of the "safety net system" and results from the connectedness assessment see the *Placer County Safety Net System Connectedness Survey Report*.

The Assessment

The assessment (for an example, see Appendix A) was utilized to measure the level of development of seven ingredients or components of collaborative capacity operating within the safety net system. Research has consistently demonstrated that collaborative systems, in order to function effectively, must be built on an underlying structure. We use the terms “ingredients” and “components” to delineate the elements of this underlying structure. The ingredients, in no particular order, are as follows:

1. Access to economic, political, and social resources
2. Shared goals and metrics
3. Trust and social bonds
4. Group process skills
5. Communication infrastructure
6. Client centrism
7. Leadership

The assessment contained 22 measures in the form of statements and used a five-point scale (illustrated in table 1 below) to assess the respondent’s level of agreement with a particular statement. Each measure mapped to one of the seven components noted above. Seventy seven invitations were sent to identified members of the safety net system; thirty five respondents completed the survey (a 45% response rate).

Table 1
Five-point survey scale

Value	Scale
1	Strongly Disagree
2	Disagree
3	Neutral
4	Agree
5	Strongly Agree

Results

As stated above, the survey used 22 items to measure the ingredients or components of collaborative capacity, each mapped to one of the seven components. To determine the level of development for each component, an average was calculated from the total number of responses that mapped to a specific component. For example, three measures were used to assess the level of development that currently exists in the *communication infrastructure*, the average of the total number of responses to those three questions (105 in this instance) was calculated, which was 2.74.

Next, the standard deviation was calculated for the responses that pertained to each component. This was done to understand the range of responses and reported out as the level of agreement among respondents for each component. For example, *communication infrastructure* had a standard deviation of 0.74, and, since that was the lowest standard deviation, that component was reported as having the highest level of agreement when compared to others.

During the convening held on April 29th, 2011 at Sutter Auburn Faith Hospital, the assessment results were shared with 26 attendees. Table 2 illustrates a comparison of the components of collaborative capacity, while the subsequent seven tables illustrate the distribution of responses for each.

Table 2

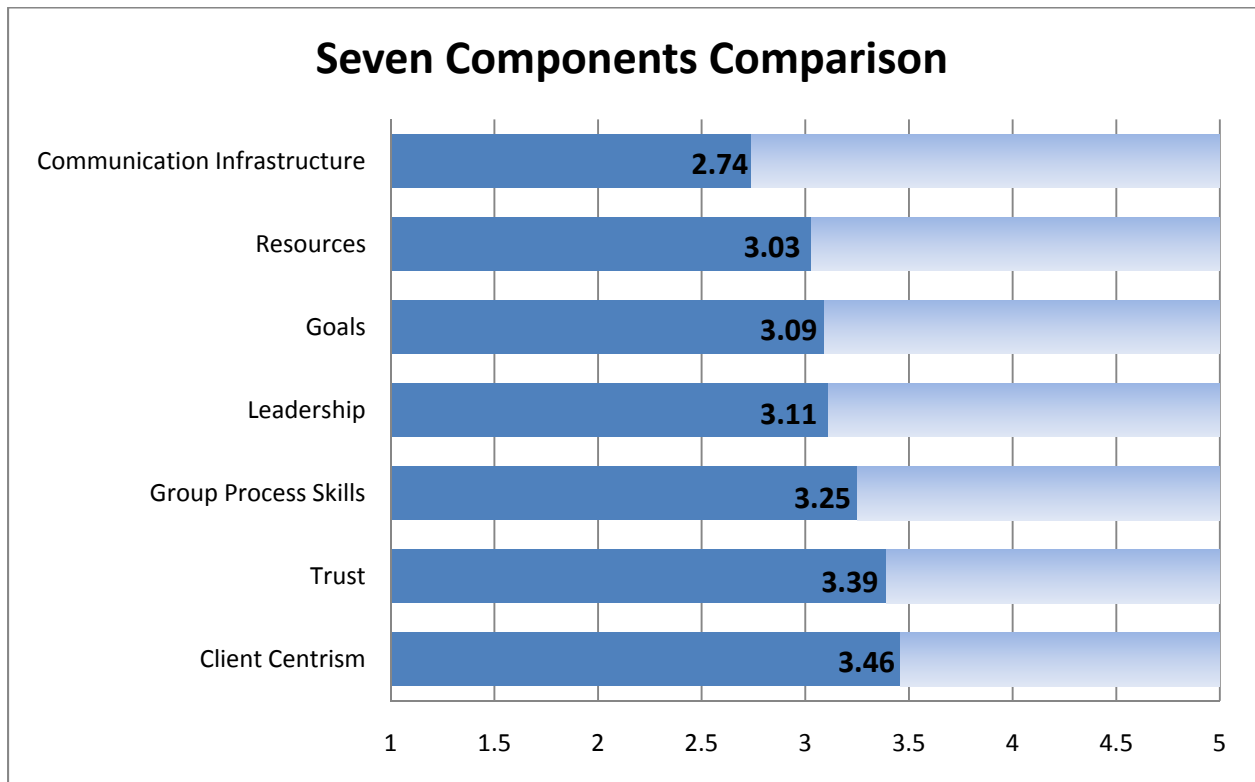
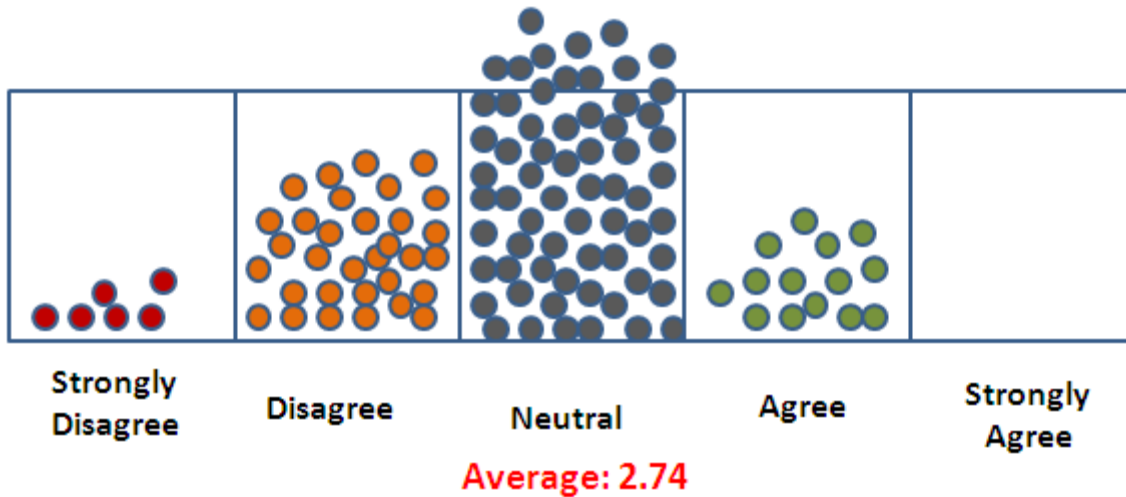


Table 3

COMMUNICATION INFRASTRUCTURE

Information is readily available, structure of system allows for clear lines of communication with efficiency and ease



Level of agreement among respondents: **highest** among all 7 dimensions

Table 4

RESOURCES

Easy access to policymakers, consistency in gathering financial resources, membership includes critical stakeholders

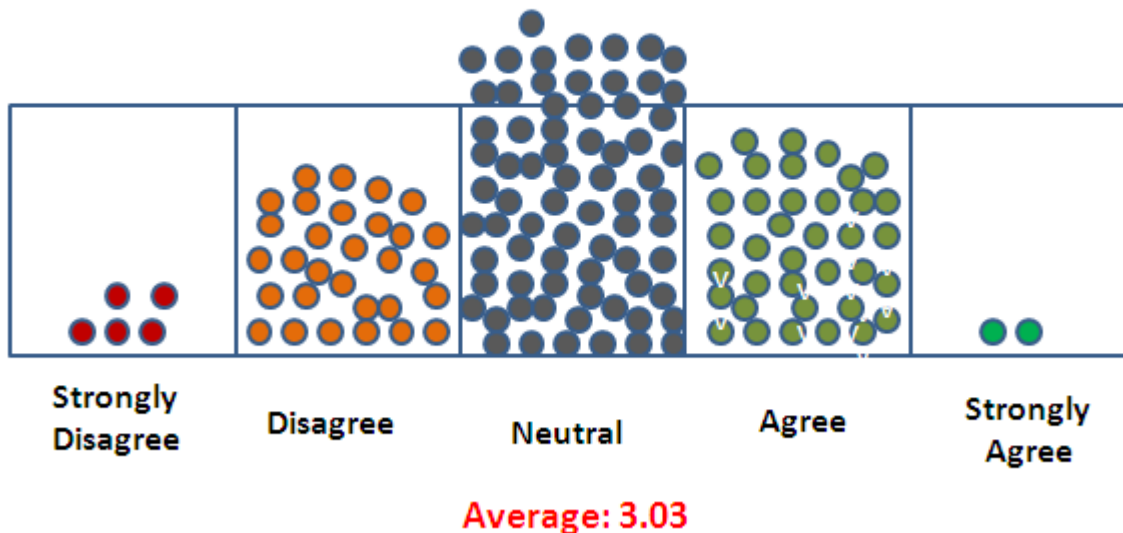


Table 5

GOALS

Network has clearly defined goals and objectives to address access to health and mental health care issues

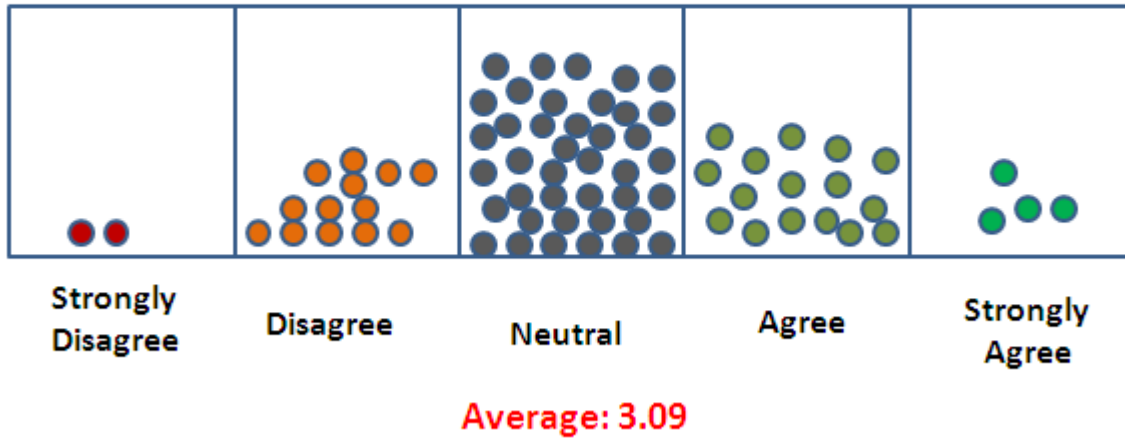
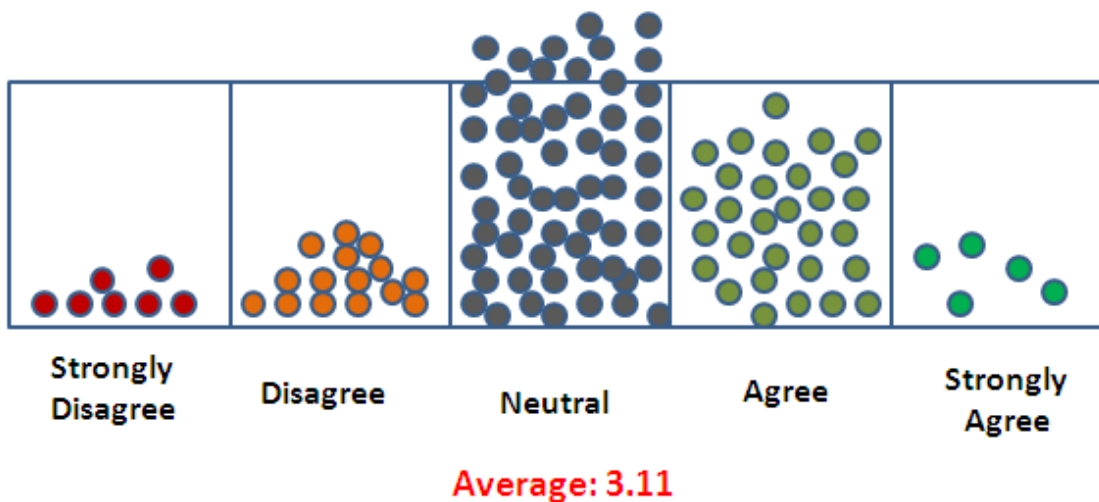


Table 6

LEADERSHIP

Leadership is visible, structure is clearly defined, and leadership is capable and effective

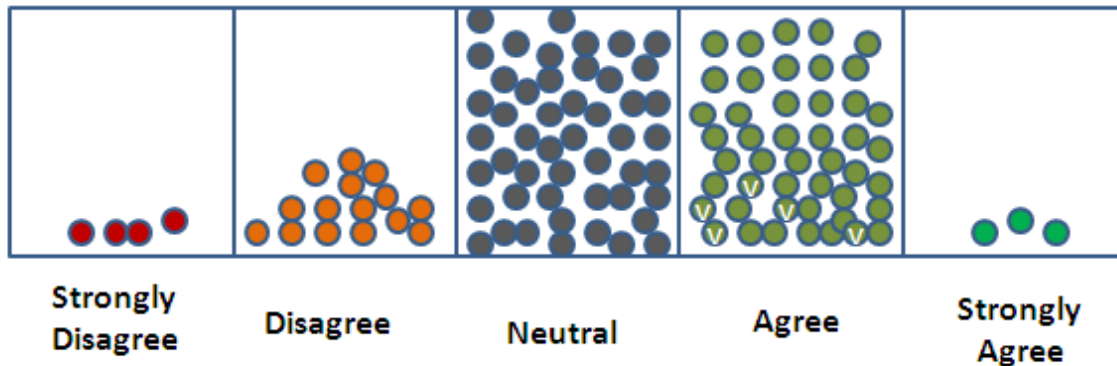


Level of agreement among respondents: **lowest** among all 7 dimensions

Table 7

GROUP PROCESS

Disagreements are openly discussed, we work together to identify key issues and implement good solutions

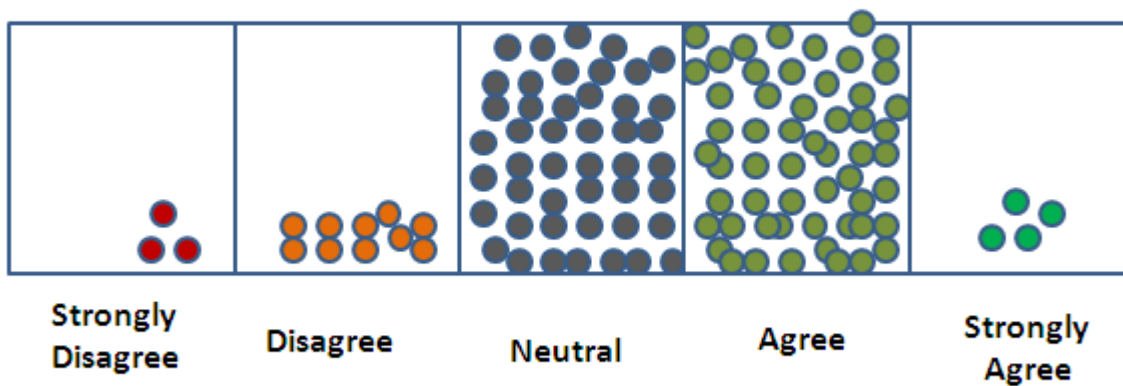


Average: 3.25

Table 8

TRUST

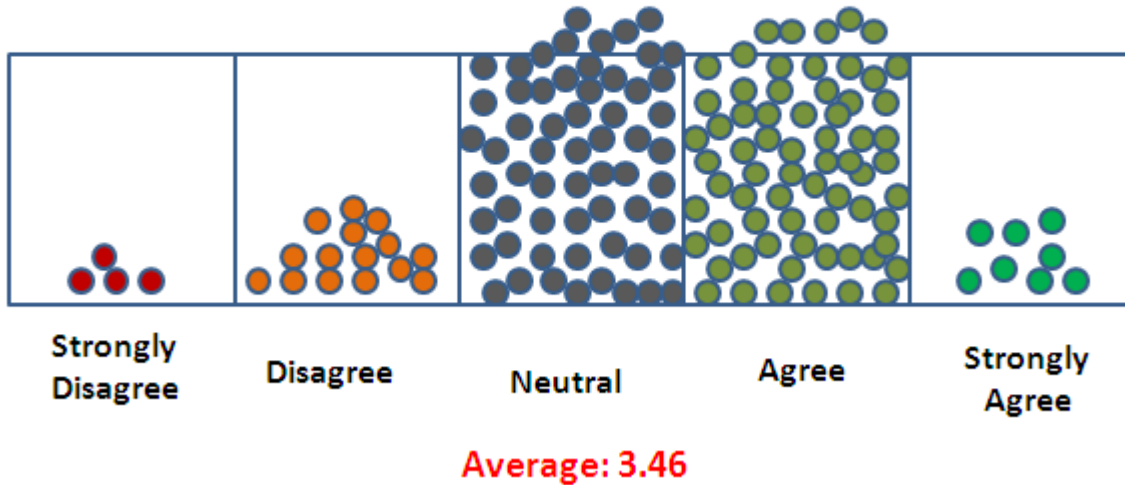
Trust and respect among members of safety net system, strong personal relationships, work well with one another



Average: 3.39

Table 9

CLIENT CENTRISM
Put the clients needs ahead of organization's needs, clear understanding of the needs of the client



The table below displays the standard deviation for each component.

Table 10

Standard Deviations	
Communication Infrastructure	0.74
Client Centrism	0.80
Trust	0.80
Resources	0.81
Group Process Skills	0.84
Goals	0.84
Leadership	0.90

During the meeting held on April 29th the results of the assessment were presented and discussed. Two components stood out as areas of needing further development. The first was *communication infrastructure*, which was ranked as the lowest developed component and had the highest level of agreement among respondents (the lowest standard deviation). The second was *leadership*, which fell in the middle in terms of level of development, but had the lowest level of agreement (the highest standard deviation). The discussion at the meeting surrounding communication infrastructure focused on the need to have one resource to broadcast information throughout the safety net system and how best to position new and existing resources; conversation was had about 211, the *Health*

Referral Tool, and *Placer County's Network of Care*. Discussion regarding leadership focused largely on the need to more clearly define this component, as leadership within collaborative systems differs greatly from that at the organizational level.

Next Steps

The purpose of this project was to assist the local safety net system in Placer County in better understanding their collaborative capacity. Furthermore, by understanding the ingredients of collaborative capacity, members are empowered to strengthen, change, or revamp these ingredients. Ultimately, through such interventions, the safety net system will be better equipped to *effectively* address access to healthcare issues discussed during this process, as well as other issue that arise.

Recommendations

While the components of collaborative capacity are interdependent, the two mentioned above – communication infrastructure and leadership – are two areas that should be addressed.

A communication infrastructure already exists in Placer County; however, it appears necessary to further define it. The *Placer County Network of Care* may have the capacity to accommodate as the “hub” of the communication infrastructure. Not only can the *Network of Care* serve as a comprehensive provider directory, the *Network of Care* website contains a number of other resources that can help inform, educate, and spur action. Valley Vision’s recommendation is that the *Network of Care* be held up and supported as a viable option for the communication hub. However, it is important to consider the ways in which people locate services and, therefore, it may be necessary for providers to populate themselves on a number of different directories. The presence of more than one directory should not be seen as redundant, but rather a practical way for members of the collaborative to connect with their clients. As the communication infrastructure is built and developed the collaborative may find certain directories to be more (or less) essential than others.

During this effort Valley Vision was interested in measuring and defining leadership at the collaborative level. Results from the assessment showed that the leadership component had the lowest level of agreement among respondents, which we suspect was not due to any ambiguity in defining leadership, but in the context of which leadership is typically defined. Most often leadership is hierarchical, held in a position, and is based within an organization, agency, department, or cause. Very rarely is leadership measured or clearly defined at the collaborative or inter-organizational level. Therefore, it is important to understand and define the capacity to lead at the collaborative level.

Leadership at the collaborative level should be more facilitative, nurturing, or servant, as well as flexible and fluid. The nature of collaboration, i.e. voluntarily

working as a group in a cooperative fashion, dictates that leadership function differently from the organizational level. Therefore, Valley Vision's recommendation is that the safety net system allows leadership to emerge based on the current necessity of the group. For example, if/when the communication infrastructure finds its nexus, the person or organization that demonstrates the capacity to lead it should be empowered to do so. Meanwhile as other endeavors to build capacity or tackle an issue arise leadership may reside in different persons or organizations.

Conclusion

The necessity for collaboration appears when an issue emerges that is too large for any one organization to handle. While it is important to realize the demand for collaboration and when to form a collaborative, it is equally important to understand the capacity of such a collaborative or network. By understanding and then building the components of collaborative capacity the likelihood for successful outcomes increases. This understanding also provides members of the collaborative with the necessary information to know how best to deploy their talents and resources.

APPENDIX A

SurveyGizmo - Projects - ... x SurveyGizmo - Preview x Research Grant Programs... x

appv3.sgizmo.com/projects/preview?id=493856

PREVIEW: Placer Access to Healthcare (PATH) Collaborative Survey Refresh View Page 3

Collaborative Survey

When it comes to access to health care and/or mental health care in Placer County, my organization would be considered the following type of stakeholder: *

- Primary Stakeholder – we provide direct, hands-on services to patients in health care and/or mental health care
- Secondary Stakeholder – we don't provide direct health or mental health care services, but frequently work with organizations that do and/or provide auxiliary services
- Outlier – we don't provide direct, hands-on services, and seldom work with organizations that do

Please indicate the degree in which you agree or disagree with the following statements *

Note: The "Save & Continue" option will not save your answers on this page if you have not answered all of the questions; it will only save your answers from previous pages.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The south Placer County safety net system has access to, and can acquire with some degree of consistency, the financial resources we need to improve access to health care in Placer County. <small>This row is required.</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We (members of the safety net system) have goals and objectives for access to health and mental health care in Placer County that we agree on. *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The members of the south Placer County safety net system have a good gauge of how many Placer County residents have limited or no access to healthcare and related services. *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The membership of the safety net system includes the critical stakeholders needed to improve access to health and mental health care in Placer County. *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have the metrics we need to measure the levels of access to healthcare and related services in Placer County. *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The safety net system knows clearly what the needs of Placer County residents are in terms of access to healthcare and related services. *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our network has a recognizable leadership function that can help improve access to health related services in Placer County. *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When working as the safety net system, we put the client's needs ahead of our own individual organization's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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