INSTITUTE FOR HEALTHCARE IMPROVEMENT

INSTITUTE FOR HEALTHCARE IMPROVEMENT
SUMMARY REPORT: 90-DAY PROJECT

Coalition Building for Health Care

10/31/08

Executive Summary:

This project worked on understanding the core characteristics of successful coalitions to help support the Triple Aim and Commonwealth Readmission work. We are defining a coalition as "an alliance among individuals, during which they cooperate in joint action, each in their own self-interest". Joe McCannon, Jim Conway, Maulik Joshi, Polly Arango, Carol Haraden, David Labby, Pat Rutherford and Amy Boutwell were interviewed for this report along with reading several books and articles on this subject.

The key characteristics of a successful coalition are: a compelling reason for forming and sustaining an interdependent organization, leadership, flexible governance and trust. The driver diagram on page 6 can be used to both assess and build coalitions

The success of many human endeavors depends upon the formation and working of coalitions. IHI has formed coalitions, has been a part of coalitions and has helped coalitions. Knowledge and skills with coalitions will continue to be needed by both IHI and its partner organizations.

I. Research and Development Team:

- Leader: John Whittington
- Colleague: Amy Boutwell

II. Intent:

When an organization cannot get the job done by itself a multi-organizational response is needed. These organizations of organizations are titled: associations, coalitions, federations, partnerships and alliances. The intent of this project is to answer two questions regarding coalitions: Are there core characteristics that make them high performing? What are the red flags that signal problems which cause low performance?

III. Background:

Over 200 years ago, 13 independent organizations banded together to form a coalition with one common purpose. Each entity was independent of the other and had primarily its own self-interest in mind. Somehow, through many obstacles, the coalition succeeded and formed the United States.

The coalition transformed itself from a coalition of free and independent entities into one of the longest lasting republics the world has ever known. The success of many human endeavors depends upon the formation and working of human coalitions. Two IHI projects are particularly dependent on coalition formation

The Commonwealth Fund commissioned the IHI to decrease hospital readmission in three to five states or large regions. The IHI is looking for strong coalitions actively working on decreasing readmissions in the states that they select. It is important for us to have a clear understanding of success factors and red flags for coalitions as we go about selecting these states.

No Triple Aim team alone has all the components and resources to optimally improve the health of their population. Because the Triple Aim works not just on health care but health for a population, the macro-integrators need to form coalitions and partnerships with other organizations. Some teams are forming partnerships with public health, business and others. Coalition building is new for many of our teams. We are discovering some ideas that will help them, but they need more.

IV. Description of Work to Date:

Joe McCannon, Jim Conway, Maulik Joshi, Polly Arango, Carol Haraden, David Labby, Pat Rutherford and Amy Boutwell were interviewed for this report. We are happy to state from these interviews that the IHI has a wealth of knowledge and expertise about coalitions.

In addition to the interviews, we read documents, articles and a few books on the subject. [1-9] Two influential books for this report are: Building Coalitions in the Human Services by Milan J Dluhy[10] and Alliances, Coalitions and Partnerships Building Collaborative Organizations by Joan M Roberts[11]

The deliverables for this project are:
1. Identify the core characteristics of high performing coalitions, which is completed in the results section
2. Identify red flags that signal problems within a coalition, which is completed in the results section
3. Based on the above information, develop a tool that individuals and organizations can use to assess coalitions and another that they can use to build coalitions. See the driver diagram in result section
4. Develop and recommend the boundaries for Triple Aim coalitions. See the conclusion.

V. Results of the 90-Day Scan:

Definition;

The Merriam Webster online dictionary[12] defines a coalition as "a temporary alliance of distinct parties, persons, or states for joint action." From Wikipedia[9], "A coalition is an alliance among individuals, during which they cooperate in joint action, each in their own self-interest. This alliance may be temporary or a matter of convenience. A coalition thus differs from a more formal covenant. Possibly described as a joining of 'factions'." A coalition is a multi-organizational response to a stimulus that encourages such. As stated earlier these multi-organizational responses have different names: coalitions, federations, partnerships and alliances. Thomas Cummings coined a more encompassing term in 1984: Trans-Organizational Systems (TS)[12]. This is a system of systems. Dave Labby from Care Oregon expanded the concept this way "a continuum of integration that can occur, from very defined coalitions around a single issue, to broader sustaining coalitions around multiple related issues, to intentionally organized virtual system integration between partner organizations." In this report, we want to think broadly about the term "coalitions".

What can coalitions do?

Coalitions have many purposes. They advocate for specific legislative policy at local state or national levels. They work on prevention and education at a community level. Some Triple Aim teams are forming coalitions to work on decreasing cardiovascular disease in their communities. Another Triple Aim team is working on decreasing violent crime by using a coalition in their community. David Labby from Care Oregon has pushed the agenda even further on what coalitions can do. " 'Coalitions' bring to mind organizations coming together around a defined goal but without the commitment of creating a fundamentally new level of 'systemness'". Care Oregon has pushed this concept of coalition to "creating cross system integration, which assumes that task is building cross system process and policy integration to achieve common goals. 'Virtual system integration', which attempts to align and link the elements of different organizations that support an individual or population."

When do you need a coalition?

The simple answer is that you need a coalition whenever a single organization cannot get the job done by itself and there is a compelling reason that others will join the work.

This report will use an example about forming a coalition in the US for the purpose of reforming health care to illustrate how a coalition works. First, it's important to understand the compelling reason to form this coalition.

Many organizations say that health care in the US needs to be significantly improved by providing better access for many, improved quality for all and a more affordable price. No single organization is capable of achieving this either in its state or for the nation as a whole. A long term

coalition which includes large and small businesses, labor, not for profits, education institutions, health care and government is needed to move this agenda along.

How do you create a strong coalition and nurture it? (Rules for getting started)

1. You need a compelling reason for this interdependent organization to form. A lot of energy and effort is needed to form a coalition and the reason for formation needs to be compelling. From June Simmons' staff, "A strong coalition will serve both the self-interest of members and society as a whole. Competitors will collaborate as long as they have more or less equal opportunity to promote themselves. The time spent in coalition activities has to be considered intrinsically valuable (you're learning something, you're forming useful relationships, and you're producing value for society). A coalition will fall apart if it is not addressing a felt need or if it is not producing a visible path to action and change."

Using the example from above the compelling reasons for forming a health care coalition are that the middle class is becoming more and more vulnerable to losing their health care benefits and becoming part of the 46 million Americans who don't have health insurance. This lack of insurance leads to 20,000 extra deaths a year. This number will probably increase if more people become uninsured. The US system costs twice as much as other health care systems in the developed world. Health care causes half of all bankruptcies in the US[13] . The US health and health-care outcomes are generally poorer than other systems in the world.[14] Most of[15] us have either personally been involved with a health care related error or injury or know someone who has. These reasons could motivate a coalition to form. This coalition must decide what it is really trying to do, whether to tweak the system or go for a major overhaul. If it is overhauling the system, will it work on cost containment, access, quality or some combination of all three? The US public wants reform, but they have different reasons for reform. How will a coalition bridge those different reasons for working on this? This group will need to work through political means, but it could also ask the members to be involved with testing new ideas with their own health care plans.

2. You need leadership to form and sustain a coalition.

Continuing with our health reform coalition, it is not enough to acknowledge a problem in US health care. Some organization or organizations must act as a catalyst to form this group. Health care reform has been a major political concern since the 1930's but we lack an effective coalition that has consistently focused on this for the long haul. Leadership skills are critical for such a broad coalition. Whoever leads this group must be respected, fair, knowledgeable and independent of the present health care system. Leadership will have to bring this group together to focus on the main issues. All coalitions are difficult to manage because of the many self-interests and a coalition that works on health care reform will be large with many self-interested parties. Leadership needs strong negotiation skill. Jim Conway commented, "Often what happens between

the meetings is just as important as what happens during a meeting." Top-level leaders from each organization must be part of the coalition. If the leaders who are representing their organization are too low in their hierarchy, they will not be able to make decisions. Without timely decisions, the work will move too slowly, frustration will become commonplace and the coalition will fail. The leadership styles need to vary over time depending on the work of the group. The leadership needs to continually engage the other members of the group, otherwise they can easily loose interest and walk away from the coalition. A health care reform coalition will need to stay together for a long time because of the difficulties associated with reform.

3. You need a flexible governance structure to support the work.

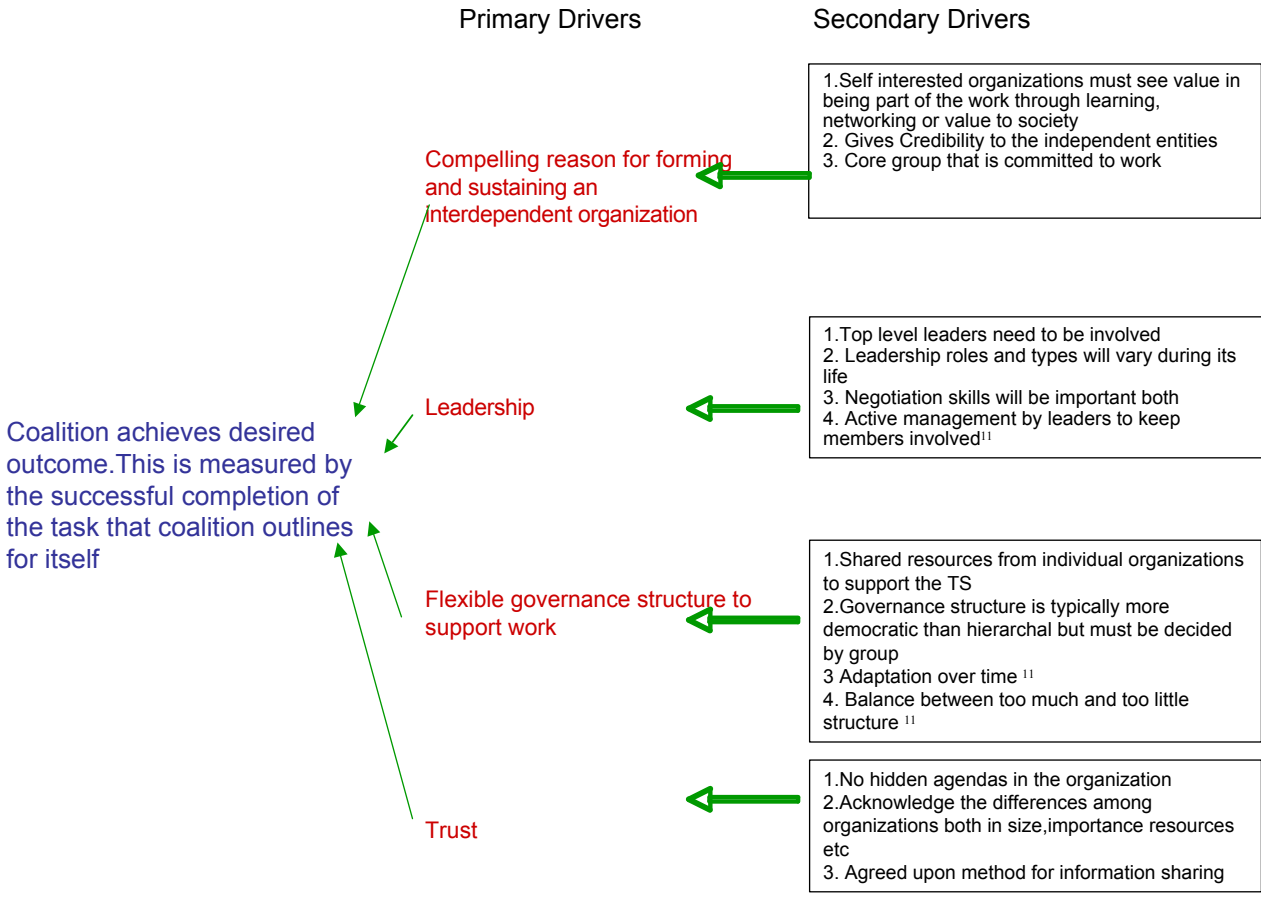
All coalitions need an organizational governance structure to support the work. Many businesses are hierarchical. A coalition tends to be flat and more democratic since it is an organization of organizations. Our health care reform coalition will need a clear set of rules of conduct. Does the majority rule or must you come to consensus to make decisions? What does consensus really mean? If one organization says no does that veto everyone else? Whom do you let into a health care reform coalition and whom do you exclude? What is the optimal size for a coalition? Some organizations might be there just to understand what risk they face from this new coalition and have no real desire to help or work. Think about the challenge this will be for a health care reform coalition. It will be important to have a balance between too much and too little structure. The structure may need to change over time.[11] The life of a coalition like the Massachusetts Coalition for Prevention of Medical errors is an example. This coalition evolved from a concern over a couple serious medical adverse events in the Boston area that drew a few organizations together to a coalition that has significant membership throughout the Commonwealth of Massachusetts and influence throughout the same. Besides the governance structure, a coalition needs resources. Early in the life of a group it will normally be shared resources from the various organizations: meeting places, administrative help, office supplies etc. As the group evolves it may start to collect dues and form its own independent structure.

4. You need to build trust.

Hidden agendas can derail a coalition. What if the health care reform coalition is made up of several organizations whose goal is to slow the process down? Good leadership should attempt to pull out hidden agendas and make them transparent to all. They need to acknowledge that all of the organizations that make up the coalition have different sizes and resources. There is a power difference between organizations that should be acknowledged and dealt with. If the leadership is going to listen to one organization more than another they should say this. Clear communication will build trust. Finally, it is important to consider how communication will be accomplished within the coalition and outside of it.

The driver diagram below is a summarized version of the text. It contains the essential elements to evaluate and build a coalition. It can be used to evaluate existing coalitions or to build new ones.

As mentioned earlier in the text, an outstanding resource to help with coalitions is the book Alliances, Coalitions and Partnerships Building Collaborative Organizations by Joan M Roberts[11] .



VII. Conclusions and Recommendations:

When we started this report there were several questions on our mind: What creates a successful coalition? What are some of the red flags that we should look for? We think that the driver diagram is our answer to these two questions. This tool should help us assess and form coalitions. In summary, successful coalitions are organizations that have a compelling reason for forming and sustaining an interdependent organization, excellent leadership, flexible governance structure and trust between the members of organizations. James Duhly in his book on Building Coalition in the

Human Services[10] said "Strong coalitions were described as ones that had clear-cut missions or purposes, professional and /or middle – and upper class members, a narrow set of agenda items that they were attempting to further adroit leadership and a deserving client group or cause that they were advocating for." Page 109

Another question that was on our mind when we started this report was what IHI's role should be when it comes to forming coalitions. Coalitions or the more generic concept of TS seems to already be part of how we work at the IHI. The two large campaigns that we had, "100,000 lives and 5 Million lives," each used a nodal structure that was in some sense a coalition. The Commonwealth Fund project to decrease hospital readmission in three to five states or large regions will use coalitions. In fact criteria to select those states or regions that they will be working with are whether they have a coalition around readmissions already in place. Therefore IHI's role will depend on the circumstances. If we have a compelling reason for forming and sustaining a coalition that attracts other organizations, then we can form one. We can also participate in coalitions when they have attractive reasons for us to be part of them. Finally, we can assist other coalitions like the Commonwealth project even when we might not be directly part of them.

The final question for this report: Should there be any limits on the coalitions that the Triple Aim organizations participate with or create? The short answer would be no. However, we would caution Triple Aim sites to think carefully about their involvement in coalitions. Look back at the driver diagram and ask yourself: Do we have a compelling reason for forming or joining this group? Do we have top level leadership who have the time to participate? Will the governance structure support the goals? Will we be trusted and can we trust others who will participate? Joan Roberts in her book gives a nice working model of a "development framework for Trans Organizational Systems"[11] moving through 6 phases: determining need, motivation to collaborate, member identification and selection, planning, building the organization and evaluation

In conclusion, the success of many human endeavors depends upon the formation and working of human coalitions. The more we know about coalitions the better for IHI and its partners.

REFERENCES

1. Axelrod R. *The Evolution of Cooperation.* Basic Books; 1984.

2. Varda DM, Chandra A, Stern SA, Lurie N. Core dimensions of connectivity in public health collaboratives. *J Public Health Manag Pract*. 2008;14:E1-7.

3. Butterfoss FD, Webster JD, Morrow AL, Rosenthal J. Immunization coalitions that work: Training for public health professionals. *J Public Health Manag Pract*. 1998;4:79-87.

4. Butterfoss FD. The coalition technical assistance and training framework: Helping community coalitions help themselves. *Health Promot Pract*. 2004;5:118-126.

5. Jolly D, Gibbs D, Napp D, Westover B, Uhl G. Technical assistance for the evaluation of community-based HIV prevention programs. *Health Educ Behav*. 2003;30:550-563.

6. Feinberg ME, Gomez BJ, Puddy RW, Greenberg MT. Evaluation and community prevention coalitions: Validation of an integrated web-based/technical assistance consultant model. *Health Educ Behav*. 2008;35:9-21.

7. Cohen AB, Cantor JC, Schroeder SA. Perspectives the funders. *Health Affairs*. 1990;Winter:29-33.

8. Mosser G, Karp M, Rabson BG, on behalf of the Network for Regional Healthcare Improvement, eds. *Regional Coalitions for Healthcare Improvement: Definition, Lessons, and Prospects.* Network for Regional Healthcare improvement; 2007.

9. Wikipedia. Coalitions. Available at: http://en.wikipedia.org/wiki/Coalition. Accessed 10/28, 2008.

10. Dluhy MJ. *Building Coalitions in the Human Services.* US: Sage Publications; 1990.

11. Roberts JM. *Alliances, Coalitions and Partnerships: Building Collaborative Organizations.* British Columbia: New Society; 2004.

12. Merriam webster online dictionary. Available at: http://www.merriam-webster.com/. Accessed 10/29, 2008.

13. Himmelstein D, Warren E, Thorne D, Woolhandler S. Illness and injury as contributors to bankruptcy. *Health Affairs - Web Exclusive*. 2005;24:63-73.

14. Davis K, Schoen C, Schoenbaum SC, et al. Mirror, mirror on the wall: An international update on the comparative performance of american health care, The Commonwealth Fund; 2007. Available from: http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=482678#areaCitation. Accessed 10/29/2008.

15. US census. Available at: http://www.census.gov/Press-Release/www/releases/archives/income_wealth/012528.html. Accessed 10/29, 2008.