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The Story of the Atlanta Regional Collaborative for Health Improvement (ARCHI): Chapter One

Georgia Health Policy Center

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The Story of the Atlanta Regional Collaborative for Health Improvement (ARCHI): Chapter One

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Georgia Health Policy Center

Georgia State University | Andrew Young School of Policy Studies

Atlanta Regional Collaborative for Health Improvement

Joining Forces to Improve Health Outcomes in Metro Atlanta

Steering Committee

Atlanta Regional Commission

Carter Center Mental Health Program

Centers for Disease Control

DeKalb County Board of Health

Fulton County Department of Health Services

GA Association for Primary Health Care

Georgia Department of Public Health

Georgia Health Policy Center

Georgia Hospital Association

Grady Health Systems

Kaiser Permanente

Oakhurst Medical

Philanthropic Collaborative for a Healthy Georgia

Southside Medical Center

St. Joseph's Health System

United Way of Metropolitan Atlanta

The Atlanta Regional Collaborative for Health Improvement (ARCHI) formed in the spring of 2011 with the intention of creating a common understanding of the most pressing health issues in the metro region, developing priority issues, and building toward a collective implementation and investment strategy.

The Atlanta region has a great opportunity to change the culture of healthcare. A number of converging forces encourage providers to take a collaborative approach to health assessments and interventions: (1) public health departments who seek accreditation must perform community assessments; (2) local governments are thinking seriously about their investments in health, assessing needs, and setting priorities; (3) foundations are increasingly choosing to invest in collaboratives rather than single agencies; (4) FQHCs must assess the need for expansion; and (5) hospitals are pressed to assess, plan, and invest to meet new IRS regulations. It's tempting to approach this work independently, but the real opportunity lies in collaboration. With the potential to be more efficient and effective, collaborative assessment can lay the groundwork for collective priority setting and investment to achieve maximum impact. This report will detail some of the collaborative work to date.

ARCHI Steering Committee

The ARCHI Collaborative's Steering Committee began to meet regularly (approx. every 6-8 weeks) in the spring of 2011. The Committee conducted initial research into how a collaborative could be best be structured, planned the content of the health assessment, identified partners and stakeholders, met one on one with hospital leadership and key community organizations and has raised to date approximately $200,000 in funds and in-kind contributions to support a health assessment and the development of a ReThink Health model.

ARCHI Stakeholder Sessions

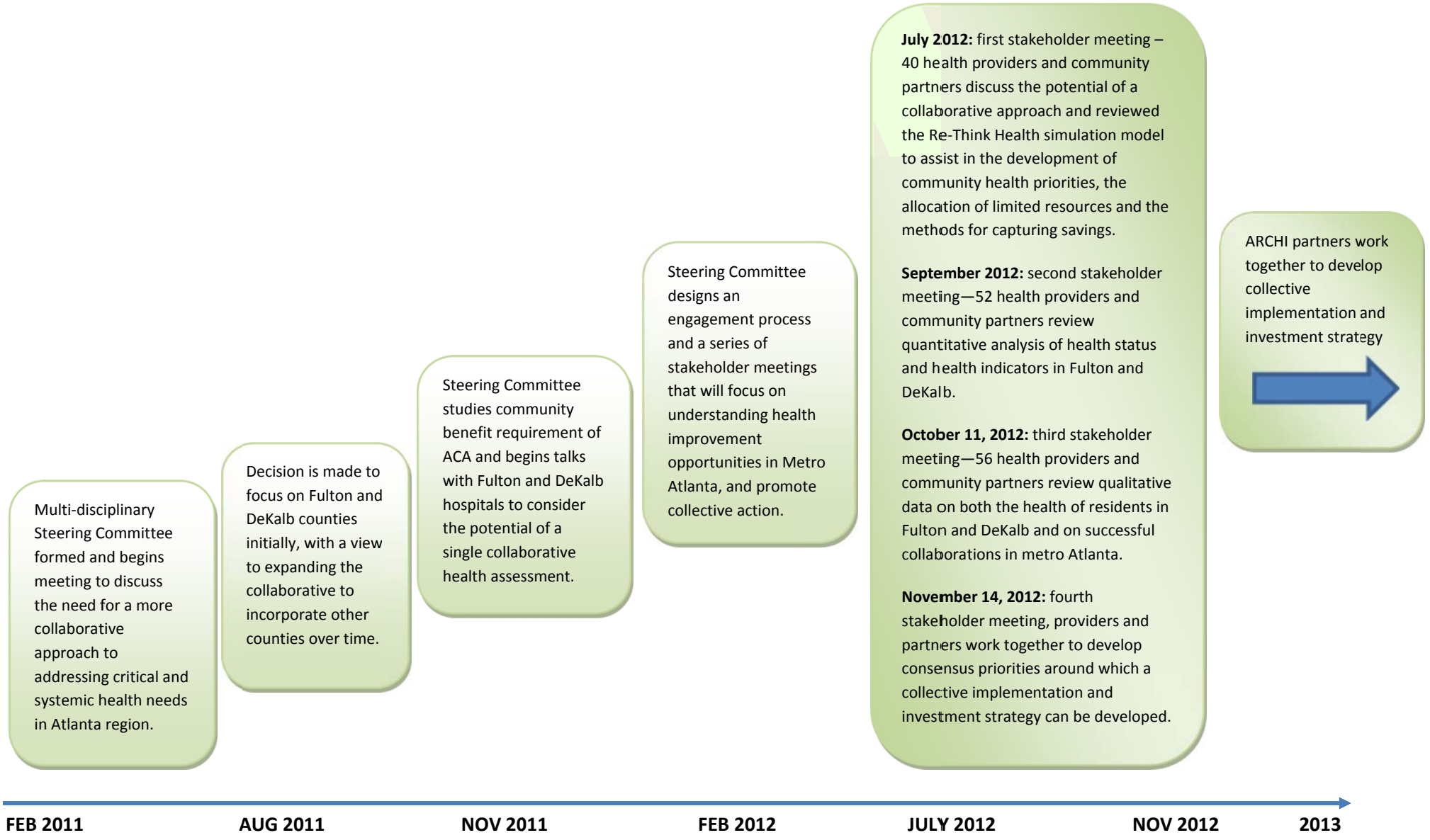
Based on their work, the steering committee determined that a larger group of stakeholders should be convened to gather and review of health data for the target area of Fulton and DeKalb counties and begin to build consensus on health priorities and frame a collective implementation strategy. This group of stakeholders met four times: July 27, 2012; September 14, 2012, October 11, 2012; November 14, 2012. The meetings included data presentations, case study review, collaborative, small group information sharing, priority setting and feedback through electronic voting and in-depth discussions with key community leaders including:

Milton Little, Executive Director of the United Way of Metropolitan Atlanta
Andrew Young, former Mayor and UN Ambassador
Doug Hooker, Executive Director of the Atlanta Regional Commission
Renay Blumenthal, Senior Vice President of Public Policy, Metro Atlanta Chamber of Commerce
Paul Stange, Centers for Disease Control

Case Studies included a review of the Memphis Congregational Health Network and Langdale Industries' Innovations to Improve Health Program. The following is a timeline of ARCHI events. The stakeholders who participated in this four part meeting are listed below:

Susan Bertonaschi	**Atlanta Civic Site / Annie E. Casey Foundation**
Pete Correll	**Atlanta Equity**
Lynne Scroggins	**Atlanta Medical Center**
Doug Hooker	**Atlanta Regional Commission**
Tad Leithead	**Atlanta Regional Commission**
Kathryn Lawler	**Atlanta Regional Commission**
Mike Carnathan	**Atlanta Regional Commission**
Cathie Berger	**Atlanta Regional Commission**
Adam Edge	**Atlanta Regional Commission**
Charissa White-Fulks	**Atlanta Regional Commission**
Morgan Kendrick	**Blue Cross Blue Shield of Georgia**
Robert Bunch	**Blue Cross Blue Shield of Georgia**
Lei Ellingson	**Carter Center**
Anita Zervigon-Hakes	**Carter Center**
Satvinder Dhingra	**Centers For Disease Control and Prevention**
Catherine Okoro	**Centers For Disease Control and Prevention**
Paul Stange	**Centers For Disease Control and Prevention**
David Tatum	**Children's Healthcare of Atlanta**
Reverend Frank Brown	**Concerned Black Clergy of Metropolitan Atlanta**
Reginald Figures	**Concerned Black Clergy of Metropolitan Atlanta**
Commissioner Larry Johnson	**DeKalb County Commission**
Dr. S. Elizabeth Ford	**DeKalb County Board of Health**
Debbie Bloom	**Emory Healthcare**
Dr. Joyce Essien	**Emory University**
Betty Willis	**Emory University**
Eve Byrd	**Emory University / Fuqua Center**
Bobby Milstein	**Fannie E. Rippel Foundation**
Commissioner Joan Garner	**Fulton County Commission**
Emil Runge	**Fulton County Commission**
Bobbie Battista	**Fulton County Commission**
Dr. Matthew McKenna	**Fulton County Department of Health Services**
Dr. Patrice Harris	**Fulton County Department of Health Services**
Katie Bell	**Gallup**
Faizah Muheb	**Georgia Hospital Association**
Erin Stewart	**Georgia Hospital Association**
Joyce Reid	**Georgia Hospital Association**
Richard Turner	**Georgia Association for Primary Healthcare**
Graham Thompson	**Georgia Association of Health Plans**
Cindy Cheatham	**Georgia Center for Nonprofits**
	Georgia Center for Oncology Research/GA Health

Nancy Paris	**Foundation**
Gordon Freyman	**Georgia Department of Public Health**
James Howgate	**Georgia Department of Public Health**
David Bayne	**Georgia Department of Public Health**
Kimberly Stringer	**Georgia Department of Public Health**
Rhodes Haverty	**Georgia Health Foundation**
Dr. Karen Minyard	**Georgia Health Policy Center**
Glenn Landers	**Georgia Health Policy Center**
Kristi Fuller	**Georgia Health Policy Center**
Dr. Chris Parker	**Georgia Health Policy Center**
Dr. Holly Avey	**Georgia Health Policy Center**
Andrew Young	**Georgia State University**
John Haupert	**Grady Health System**
Michael Wright	**Grady Health System**
Shannon Sale	**Grady Health System**
Dr. Charles Moore	**Grady Health System**
Dr. Carolyn Aidman	**Grady Health System**
Dr. Bill Sexson	**Grady Health System**
Dr. Jada Bussey-Jones	**Grady Health System**
Dr. Bill McDonald	**Grady Hospital / Emory University**
Lisa Medellin	**Healthcare Georgia Foundation**
Mary Judson	**Jesse Parker Williams Foundation**
Kerry Kohnen	**Kaiser Permanente**
Evonne Yancey	**Kaiser Permanente**
Beverly Thomas	**Kaiser Permanente**
Madelyn Adams	**Kaiser Permanente**
Mark Wilson	**Langdale Industries**
Camilla Grayson	**Medical Association of Georgia**
Renay Blumenthal	**Metro Atlanta Chamber of Commerce**
Dr. Jeff Taylor	**Oakhurst Medical Center**
Holly Lang	**Piedmont Healthcare**
Kim Marchner	**St. Joseph's Health System**
Tom Andrews	**St. Joseph's Health System**
Ellen Mayer	**The Civic League for Regional Atlanta**
Alicia Philipp	**The Community Foundation for Greater Atlanta**
Lesley Grady	**The Community Foundation for Greater Atlanta**
Bobbi Cleveland	**Tull Charitable Foundation**
Milton Little	**United Way of Metropolitan Atlanta**
Linda Blount	**United Way of Metropolitan Atlanta**
Dante McKay	**Voices for Georgia's Children**


Multi-disciplinary Steering Committee formed and begins meeting to discuss the need for a more collaborative approach to addressing critical and systemic health needs in Atlanta region.
Decision is made to focus on Fulton and DeKalb counties initially, with a view to expanding the collaborative to incorporate other counties over time.
Steering Committee studies community benefit requirement of ACA and begins talks with Fulton and DeKalb hospitals to consider the potential of a single collaborative health assessment.
Steering Committee designs an engagement process and a series of stakeholder meetings that will focus on understanding health improvement opportunities in Metro Atlanta, and promote collective action.
July 2012: first stakeholder meeting – 40 health providers and community partners discuss the potential of a collaborative approach and reviewed the Re-Think Health simulation model to assist in the development of community health priorities, the allocation of limited resources and the methods for capturing savings.
September 2012: second stakeholder meeting—52 health providers and community partners review quantitative analysis of health status and health indicators in Fulton and DeKalb.
October 11, 2012: third stakeholder meeting—56 health providers and community partners review qualitative data on both the health of residents in Fulton and DeKalb and on successful collaborations in metro Atlanta.
November 14, 2012: fourth stakeholder meeting, providers and partners work together to develop consensus priorities around which a collective implementation and investment strategy can be developed.
ARCHI partners work together to develop collective implementation and investment strategy
FEB 2011
AUG 2011
NOV 2011
FEB 2012
JULY 2012
NOV 2012
2013

ARCHI Community Health Assessment

Fall 2012

ARCHI (Atlanta Regional Collaborative for Health Improvement) conducted a community health assessment from July 2012-February 2013 to identify critical health needs and meet the IRS requirements as laid out in the Affordable Care Act. This Community Health Needs Assessment is organized into the five sections outlined in IRS Notice 2011-52. These sections include:

Community: description of the community served

Process: description of the process and methods used for the assessment; must identify health needs and take into account input from persons who represent the broad interests of the community served.

Community Input: description of how the assessment took into account input from persons who represent the broad interested of the community including when and how these groups were consulted.

Prioritization: description of all the community health needs identified through the health assessment as well as a description of the process and criteria used in prioritizing.

Resource Inventory: description of the existing health care facilities and other resources within the community available to meet the identified health needs.

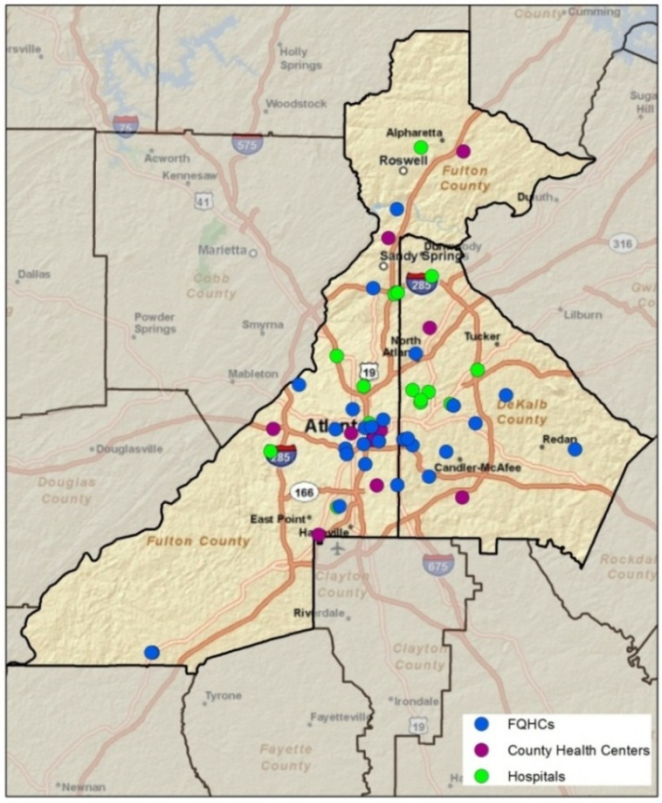
Community

The Community studied included the total population living in Fulton and DeKalb counties in metro Atlanta, Georgia with a particular emphasis on low-income, individuals with lower than average educational attainment, minority groups and vulnerable populations (elderly and disabled). ARCHI considered multiple geographic areas before deciding that while no single issue can be limited to these two counties, Fulton and DeKalb offer very diverse, dense environments with multiple hospitals and health facilities. Fulton and DeKalb form a natural market and as the biggest counties in Georgia, are home to large population groups with significant unmet needs. According to Georgia hospital discharge data, 90 percent of Fulton and DeKalb residents receive care from hospitals located in Fulton and DeKalb counties.

	Total Population	Under 5	Over 65
Fulton	920,581	62,581	83,424
DeKalb	691,583	50,407	62,228

	White	Black	Asian	Hispanic	Other
Fulton	376,014	400,457	51,304	72,566	20,240
DeKalb	203,395	370,963,	35,173	67,824	14,538

Source: US Census 2010

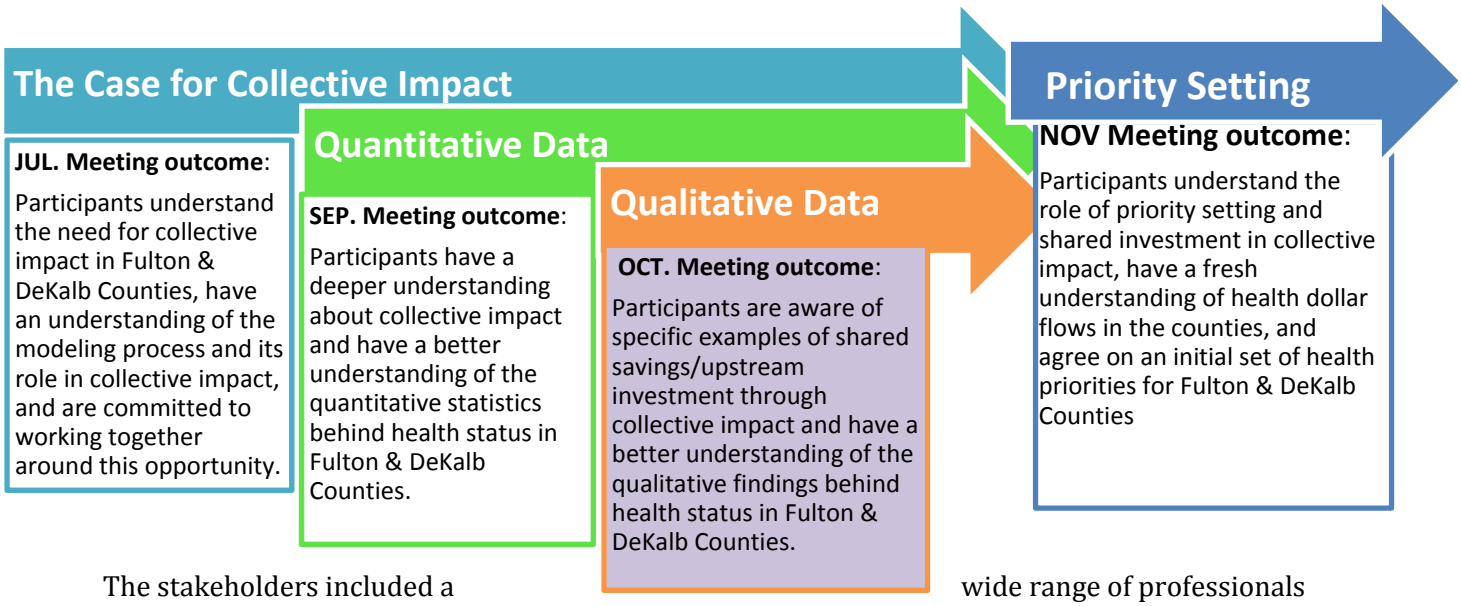


Source: Neighborhood Nexus 2012

Process

The Atlanta Regional Collaborative for Health Improvement formed in the spring of 2011 with the intention of creating a common understanding of the most pressing health issues in the metro region, developing priority issues and building toward a collective implementation and investment strategy. The Collaborative has studied Nobel Laureate Elinor Ostrom's work on economic governance, the Framework for Evaluating Safety-Net and Community Health on Access for Low-Income populations summarized by Pamela Davidson et.al (2004) and a variety of Health Disparities literature including recent (2012) work by Jay Olshansky and others.

Following the framework outlined by the Association for Community Health Improvement (ACHI) for conducting a community health needs assessment, The Collaborative assembled a group of stakeholders beginning in July 2012 for a series of four meetings (July 27, September 14, October 11 and November 14) during which both qualitative and quantitative data on the health and wellbeing of the Fulton and DeKalb communities was analyzed and reviewed.



The stakeholders included a wide range of professionals with expertise ranging from public health to community design to religious organizations and local elected officials. Data was provided from multiple sources including: the Georgia Department of Public Health, the U.S. Census, the Neighborhood Nexus project at the Atlanta Regional Commission, County Health Rankings from the University of Wisconsin, and the Georgia Department of Education. The analysis examined individual factors, community factors, access, and outcomes outlined by the Davidson for evaluating the safety net and community health.

> Individual Factors included: age, race, federal poverty level, uninsured, foreign born, educational attainment, income and graduation rates.

Community Factors included: AIDS incidence, Medicaid payments, Federally Qualified Health Center expenditures, Disproportionate Share Hospital payments, physicians per population, hospital beds and outpatient visits.

Access and Outcomes indicators included: uninsured discharges, Medicaid discharges, Ambulatory Care Sensitive Condition discharges, mortality and premature death.

In many cases, the data allowed the group to map health system factors and visualize where particular areas of concern were located. These areas are commonly referred to as hot spots. The maps, charts, and tables that follow present a picture of the Atlanta region's health and offer the group an idea of what some of the health priorities may be and where the group might want to begin collaborating to improve health.

Organizing for Collective Impact

As important as the health data related to the region and the stories from hot spots has been the group's continued commitment to building a sustainable coalition that will continue to document and measure community health investments coming out of this work. To that end, members of the ARCHI steering committee interviewed 15 key leaders about how to build and sustain effective coalitions. The results of these interviews were summarized and presented to the larger group at its third meeting by Dr. Chris Parker.

Interviewees		
Renay Blumenthal	Senior Vice-President Public Policy	Metro Atlanta Chamber of Commerce
Bill Boling	Executive Director	Atlanta Community Food Bank
Rev. Frank Brown	President	Concerned Black Clergy
Dr. Sandra Ford	Direct Health Director	Dekalb County
Joan Garner	County Commissioner	Fulton County Commission
Gary Gunderson	Vice President, Faith and Health Ministries	Wake Forest Baptist Hospital
Gulshan Harjee	Chief Executive Officer and President *Former President*	First Medical Care, Inc. DeKalb Medical Society
Ben Johnson	Chairman	Emory University Board of Trustees
Larry Johnson	County Commissioner	DeKalb County Commission
Nancy Kennedy	Executive Director	Northwest GA Healthcare Partnership
Gary Nelson	Executive Director	Healthcare Georgia Foundation
Kent "Oz" Nelson	Chairman *Retired Chairman and Chief Executive Officer*	United Way of Metropolitan Atlanta United Parcel Services (UPS)
Arlene Parker-Goldson	Chair	DeKalb County Board of Health
Jeff Taylor	Chief Executive Officer	Oakhurst Medical Center
Andrew Young	Chairman *Former Ambassador and Mayor*	Goodworks International

Framework for Interviews

- Stanford Social Innovation Review.
  Successful collaborations working toward collective impact have the following:
  - Common agenda
  - Shared measurement systems
  - Mutually reinforcing activities
  - Continuous communication
  - Backbone support organization(s)
- Questions of Interest
  - Where is ARCHI now?
  - Where could ARCHI be?
  - What might it take to get there *(based on the experiences of others)*?

What We Heard

Common Agenda

- Collaboration among organizations seemingly difficult in Atlanta
- Will first need agreement to put aside politics and focus on the issue(s) at hand
- Be on the same page
  - If all parties aren't on the same page the partnership will be prone to misunderstandings, competition for resources, miscommunication and eroding trust.
- Create a plan and execute it; avoid continually changing goals and objectives.

What We Heard

Shared measurement systems

- This may be a commitment that follows the establishment of common agenda
- Will be of great value once sharing begins
  - Challenging to begin but the system benefits in the end
- Necessary for complete evaluation of progress over time
- All parties must agree on what that data is and how it will be used; will help partner accountability
  - Have just enough data to measure progress and ensure the collaborative is having an impact on the issue.
- Avoid analysis paralysis
- Make sure the data requirements aren't burdensome to participating organizations; it costs money to collect data

What We Heard

Mutually reinforcing activities

- Will promote organizational equity /parity
- Enhances the concept of shared ownership
- Allows for the recognition of both common and self interests; allows everyone opportunity to give to, and benefit from the process
  - Every stakeholder needs to see the value of the joint intervention in order to fully participate
  - Individual organizational efforts should fit over-arching plan

    - Will need to determine which activities will lead to mutually rewarding outcomes; criteria should be developed in common
- Use Letters of Commitment and Memoranda of Agreement in making expectations clear
- Know that the challenge is greater when many organizations are involved
- Innovation is important; there are evidence-based practices that might be scaled and replicated to work in Atlanta.

What We Heard

Continuous communication

- Keep all participants well informed, including the seemingly inactive.
- Should use a multimedia approach
- Tie to responsibility and accountability
- Understand that a diverse group requires agreement on common language; saying and understanding the same things
- Value inter-personal trust within the organizational web; trust develops as relationships do - "eat & drink together" (*compare with pastoral care*)

What We Heard

Backbone support organization(s)

- Might be the most important element; similar role to that of a football quarterback
- Needs unbiased staffing with neutral and excellent facilitation
    - benefit from both FTE / volunteers
- Keeps the process moving
    - Attention and effort paid to timing and logistics
- Should not be a service provider

What We Heard

Deal Makers

- Clarity of purpose & roles
- Mission fit

Deal Breakers

- No evidence of progress
- Mission creep
- Role confusion
- Lack of resources
- Time/Timing

What We Heard

Other Recommendations

- Identify, catalog, package & promote individual hospital strengths and health assets as a group
- Operate in all five domains (*Stanford) or* ARCHI will not likely succeed
- Don't stop trying to make it work
- Examine the potential value of congregational connections and its role in design community change/interventions
- Get business buy-in
- Grab low hanging fruit to demonstrate quick wins

- Hospitals shouldn't run it; Facilitate and don't own actual program implementation as a collaborative

What We Heard

Other Recommendations

- Be aware of all potential risks and manage them accordingly – get legal advice and guidance if necessary
- Create "evangelists" to tell your story and recruit others to your cause
- Plan for when the collaborative is no longer needed – (what will you do when you're successful?)
- Be open about tough issues
- Everybody should win – create a virtuous circle
- Make the ask and make it clear; define roles for organizations not directly involved in funding
- Remember TRUST is very important

ReThink Health

The ARCHI steering committee began to study the ReThink Health model in the spring of 2011 and the larger stakeholder group heard a detailed presentation from Bobby Milstein, Director of ReThink Health at its July 2012 meeting. ARCHI is committed to using the model to develop a set of consensus priorities around which a collaborative implementation investment plan can be developed.

More information on ReThink Health can be found below and at:
http://rippelfoundation.org/rethink-health/

What should health and health care in America look like? And how do we foster the new thinking and breakthrough initiatives that will get us there from where we are today?

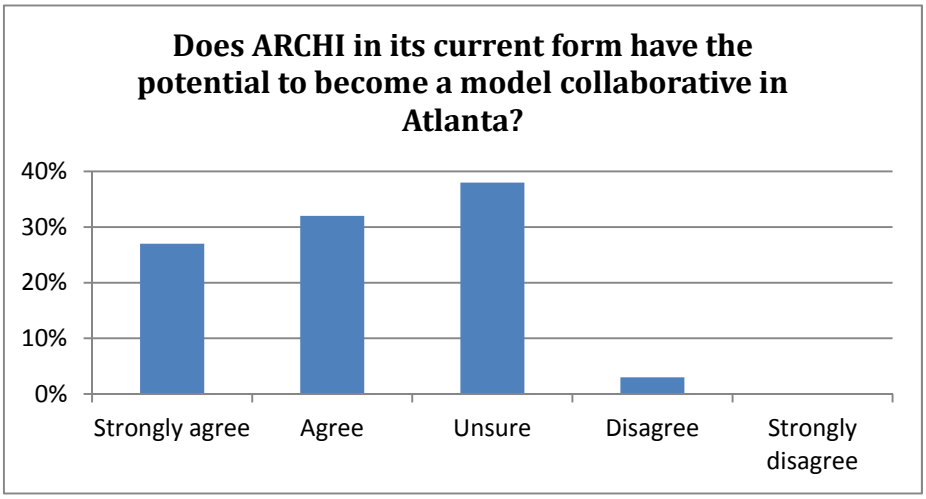
The flagship initiative of the Rippel Foundation**, ReThink Health** serves as an incubator to support the emergence and application of new ways to accelerate the transformation of American health and health care. Founded in 2007, ReThink Health works to enable a genuine metamorphosis within the health system to occur – one in which seemingly different stakeholder groups come together in unexpected ways to redefine solutions and bring them to action.

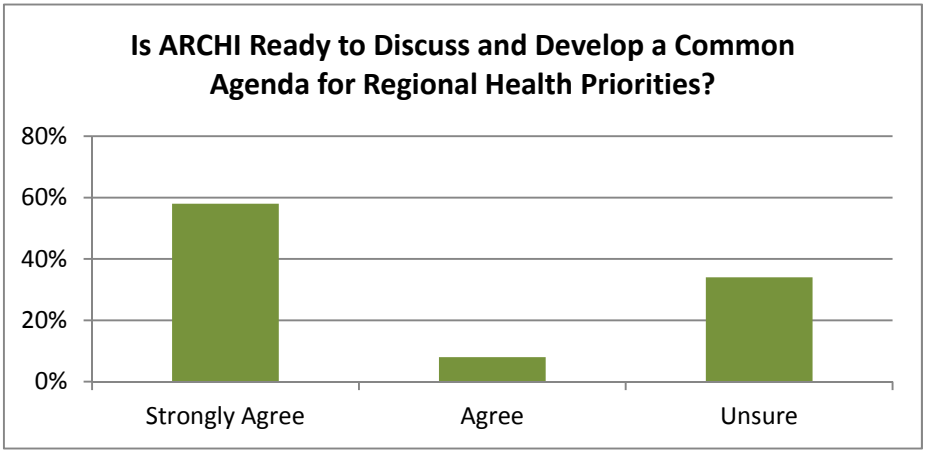
ReThink Health is guided by four key principles:

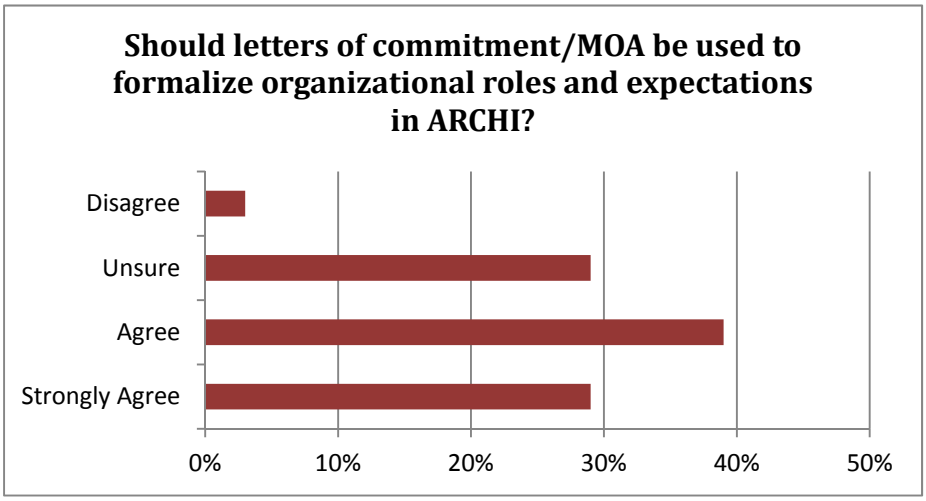
- The goals of the system must be better health, better care *and* lower costs.
- These goals will only be achieved by leaders thinking and acting systemically, and working together across organizational boundaries.
- Fundamental (vs. incremental) system redesign is needed to meet health needs at the lowest possible cost.
- Health and health care are primarily local, and system-wide national impact will largely come from local action.

Evaluating the ARCHI Collaborative:

ARCHI members were polled in real time during the October 2012 meeting. They were asked to rate ARCHI on the key characteristics of a sustainable partnership. Results of these polls are detailed below:







ARCHI Next Steps

The ARCHI Steering Committee continues to meet on a monthly basis; in addition, four workgroups have been formed in order to study the best means of implementing the Re-Think Health model findings. The workgroups consist of steering committee members and also members from the broader stakeholder group. The larger ARCHI stakeholder group continues to meet on a quarterly basis, and continues to bring new members into the collaborative.

The financial collaboration continues to grow. Resources have been provided by Kaiser Permanente, Grady Health Systems, Saint Joseph's Health System, the Centers for Disease Control and Prevention, the Atlanta Regional Commission, the United Way, and the Georgia Health Policy Center.

The final report will detail the financial commitments, the implementation of the findings from the ReThink Health model, and the continued growth of the collaborative work.