



1776 West Lakes Parkway
West Des Moines, Iowa 50266
www.telligen.com



**Collaboration in
healthcare is no
longer optional.**

*So how do we define,
build, & measure
collaborative capacity?*

Measuring Collaborative Capacity to Advance Cross-Setting Care D&I Research

TELLIGEN AUTHORS & CONTRIBUTORS:

Risa Hayes, CPC; Kati Ollom, Brittany Wiley, MEd; Nikki Racelis, MPA

Background

Changes to payment policy and the increasing focus on coordinating care across settings and populations has profoundly altered what constitutes quality in medical service delivery.

Collaboration in healthcare delivery is no longer optional; making collaborative capacity critically important to achieving the goals set forth by the National Quality Strategy. Learning to develop collaborative capacity offers a new modus operandi for QI and change leaders, resulting in a shift from facility-specific process improvement to community-level integrated care.

What Is Collaborative Capacity?

Collaborative capacity can be defined as the degree to which individuals, organizations, and/or groups are able to work together to achieve a common goal.

How Telligen is Building Collaborative Capacity

Over the last five years, Telligen trained more than 300 QI professionals in collaborative leadership and community organizing to help community coalitions collaborate effectively and develop shared, measurable goals. Coalitions demonstrated varying levels of success based; but there was no standardized method for measuring collaborative capacity. After conducting a review of scientific literature, we found no measurement frameworks and few references to measures relating to the healthcare sector.

What We Learned

Our review demonstrates the gap in research for measuring collaborative capacity or ways to effectively scale. Highlighted opportunities for dissemination and implementation (D&I) science to close this gap and establish a foundational framework for measurement.

Methods

We conducted a literature search for theories and/or frameworks that define, measure, and provide best practices for creating, building, and measuring collaborative capacity in the healthcare sector. Our search included a broad review of journals and online publications and a narrow search of D&I journals.

- I. We searched the healthcare publications back to 2000.
- II. We then created inclusion and exclusion criteria to assess literature relevant to our questions:
 - ✓ Do frameworks exist to measure collaborative capacity?
 - ✓ If yes, what features can we use within multi-system healthcare collaborations to demonstrate association with implementation activities?

Publications Searched	Terms Searched
<ul style="list-style-type: none"> ✓ American Evaluation Association ✓ American Journal of Public Health ✓ British Medical Journal ✓ Health Affairs ✓ PubMed ✓ The Journal for Healthcare Quality ✓ Implementation Science Journal ✓ Google Scholar 	<ul style="list-style-type: none"> • Primary Search Terms: Collaborative, Multi-sector, Multi-system, Multi-discipline, Community, Network, System, Cooperative, Alliance, Integrated, Integrative, Coalition, Shared Risk • Secondary Search Terms: Capacity, Capability, Potential, Proficiency, Competence, Influence, Skills, Growth, Readiness, Effectiveness • Additional Terms Inclusion: definitions, measures, indicators, elements, frameworks, outcomes, readiness <ul style="list-style-type: none"> ✓ Ex: (Collaborative AND capacity AND outcomes)

Results

The table below summarizes the results of our search, specifically for the phrase *collaborative capacity*, which yielded the most pertinent returns.

Table #1: Search Results for the Phrase “Collaborative Capacity”

Journal	Results	Pertinent Articles	Notes
American Evaluation Association	No returns on Collaborative Capacity	N/A	All references to <i>capacity</i> , <i>collaborative</i> , or secondary search terms weren't relevant to study questions
American Journal of Public Health	Four returns on collaborative capacity	Two articles were promising; one had a specific focus on collaborative design projects; the other on building partnership collaborative capacity in local health departments	Both papers had outlined elements of collaborative capacity that are consistent with the framework we have put forth below
British Medical Journal	No returns on collaborative capacity	N/A	References to <i>capacity</i> , <i>collaborative</i> , or secondary search terms weren't relevant to study questions

Journal	Results	Pertinent Articles	Notes
Health Affairs	No returns on Collaborative Capacity	N/A	References to <i>capacity</i> , <i>collaborative</i> , or secondary search terms weren't relevant to study questions
PubMed	10 returns on Collaborative Capacity	All 10 articles were promising; 5 articles focused on building collaborative capacity, 1 focused on sustainability, and one provided an assessment of CC in public forest management.	Most offered frameworks on core competencies, processes, and sustainability. Both articles offered assessment frameworks that were helpful and aligned with the framework we put forth below.
The Journal for Healthcare Quality	No returns on Collaborative Capacity	N/A	All references to <i>capacity</i> , <i>collaborative</i> , or secondary search terms weren't relevant to our study questions
Implementation Science Journal	357 returns on Collaborative Capacity, with no titles containing this phrase	Five articles were promising; one included a high-level framework, but no measurement strategy	References to <i>capacity</i> , <i>collaborative</i> , or secondary search terms yielded articles on collaborative care, collaborative research, or weren't relevant to our study questions
Google Scholar	15 returns on Collaborative Capacity	Eight articles were promising; three articles were specific to collaboration for homeland security, and one to supply chain management. The remaining focused on international collaboration, and public health partnerships	None offered specific measurement strategies & focused on gaps in collaborative competencies and/or how to build capacities to collaborate. All were helpful in building the framework put forth below.

Findings

Several articles addressed the importance of collaboration and collaborative leadership, features of collaboration or building collaboration in multi-organizational coalitions. Few articles referenced measurement of collaborative capacity of teams or partnerships in a broad search and even fewer referenced in the implementation science journal publications.

This demonstrates a scarcity of modeling to measure and evaluate collaborative capacity in healthcare or public health, and even fewer in relation to bundled payment models, such as Accountable Care Organizations (ACOs) and other value-based payment models.

Where Do We Go from Here?

Measure benchmarks are being developed for evaluating alternative payment models, such as [ACO benchmarks](#), but don't include elements for identifying the capacity/readiness diverse, independent organizations need to succeed in such collaborations. The Centers for Medicare & Medicaid Services (CMS) and the CMS Innovation Center are implementing voluntary episode payment models aimed at supporting healthcare providers who invest in practice innovation and care redesign to better coordinate care and reduce expenditures; however, these incentives don't layout a pathway for success or sustainability.

Topics for Additional Discussion

Question	Telligen's Experience and Findings
<p><i>In a competitive healthcare environment, how do we build the capacity for collaboration?</i></p>	<p>In just the last five years, CMS' Quality Improvement Organizations (QIOs) conducted QI activities with 388 community coalitions, 14,093 nursing facilities, 483,270 physicians, 22,750 practices, 3,416 hospitals, 3,327 Home Health Agencies, and 3,750 pharmacies, impacting a total of 32,096,218 Medicare beneficiaries.</p> <p>Telligen trained 300+ QIO staff in community organizing strategies to increase their chance of success. Trainees found community organizing practices, such as engagement strategies, creating shared measurable goals, and mobilizing change leaders to be essential skills for carrying out this work.</p>
<p><i>How do we define collaborative capacity?</i></p>	<p>Collaborative capacity can be defined as the degree to which individuals, organizations, and/or groups are able to work together to achieve a common goal(s).</p>

Question	Telligen's Experience and Findings
<p>How do we measure collaborative capacity?</p>	<ul style="list-style-type: none"> • One framework laid out the following as “three common elements of success:” <ol style="list-style-type: none"> I. Contribution to health and sustainable goals <ul style="list-style-type: none"> - Possible measurement examples: quantitative outcomes, culture of provider/recipient shifting II. Collaborative relationships, innovation, and incentives <ul style="list-style-type: none"> - Possible measurement examples: vertical coordination and promotion of policy change, charters reflecting multi-sector coordination rather than individual charters III. Scaling-up and sustainability of the effort <ul style="list-style-type: none"> - Possible measurement examples: continued or expanded donor funding, pilot program becomes standard operational model • Community organizing presents a framework for measuring collaborative success, which can be used as the foundation for a collaborative capacity measurement framework • Are collaborative aims achieved? <ul style="list-style-type: none"> ✓ Is capacity being built? ✓ Is the group increasing their ability to work better together over time? ✓ Is the group able to scale and/or spread? ✓ Is the group able to take on new goals/projects? • Are the individual people and organizations growing over time? <ul style="list-style-type: none"> ✓ Leadership skills ✓ Collaborative skills ✓ Interdependent leadership
<p>How do we build and increase it?</p>	<p>In 2006, CMS piloted one of the first initiatives to reduce avoidable hospital readmissions. This was accomplished by funding QIOs to create regional partnerships for aligning QI efforts and improving care transitions.</p> <p>This pilot illuminated the challenges of getting unaffiliated medical and non-medical service providers to take coordinated action. We realized that in order to tackle the main goal of improving care transitions, we needed to address the participants' capacity to collaborate successfully.</p> <p>We sought a skillset designed to address this challenge and tested a community organizing framework developed by Marshall Ganz to form effective provider coalitions. Participants viewed community organizing skills were fundamental to successful</p>

Question	Telligen's Experience and Findings
	<p>interventions relying on cross-setting interdependent activity. Telligen, and our partner ReThink Health, adapted Dr. Ganz's framework to healthcare and began training QI professionals at a national scale. These skills have since become essential to the QIO program's shift toward coalition building and align provider efforts toward common community goals.</p> <p>Our experience led us to these recommendations</p> <ul style="list-style-type: none"> • Training that includes leadership development, goal setting and relational strategies is needed to equip QI, D&I, and healthcare professionals with skills to build collaborative capacity. • This framework is designed to foster collaboration with a focus on meeting measurable aims. • A system of training, practice, and reflection further builds capacity over time. • A strategic and intentional collaborative effort is essential to every QI and D&I process, no matter how large or small.
<p>How do we address the core skills of collaboration?</p>	<p>Telligen's developed the LEAD (Leadership, Engagement, Action, and Development) program, which focuses on developing leadership at all levels within the community. The program starts by defining leadership as <i>accepting the responsibility to enable others to achieve shared purpose in the face of uncertainty</i>. It features training and coaching programs that teach basic and advanced skills related to collaboration, leadership, and organizing for change.</p>
<p>What other sectors are doing this well? How can we learn from other sectors and apply to healthcare to build healthy communities?</p>	<ul style="list-style-type: none"> • Sectors relying on supply chain management: <ul style="list-style-type: none"> ✓ Integrated health care has much to learn from supply chain management and other sectors that have successfully developed strong partnerships based on shared risk.
<p>How can D&I Science further study this question?</p>	<ul style="list-style-type: none"> • How do we take conceptual models and develop a framework for effectively measuring elements that will translate to implementation work? • Telligen welcomes partners interested in applying organizing strategies to QI and D&I initiatives in order to develop effective measures • We also welcome partners interested in studying the impact of a collaborative leadership training program in order to develop measurement frameworks.

Conclusions/Implications

As value-based payment in healthcare increasingly takes hold, providers and practices must effectively coordinate in order to meet the needs of patients across the continuum of care. Although little research is available on measuring collaborative capacity, we know the features include a shared set of underlying values, accountability to shared outcomes, information sharing, and dedication to program sustainability.

Call to Action

This presents an opportunity for D&I science to better understand and model collaborative capacity and help providers excel under value-based programs. QI practitioners and D&I researchers can partner to create a standard definition and develop and test new measures.

For more information,
please review our [dissemination and implementation
resource page](#) or contact:

Risa Hayes

Program Specialist, Telligen

Phone: 720.563.1696

Email: rhayes@telligen.com