HMA

HEALTH MANAGEMENT ASSOCIATES

Evaluation of the Kansas City Regional Health Care Initiative: Executive Summary

PRESENTED TO
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&
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Executive Summary

Established in 2007, Mid-America Regional Council's (MARC) Regional Health Care Initiative (RHCI) is a regional initiative promoting innovative, collaborative approaches to providing health care to the uninsured and medically underserved in metropolitan Kansas City. The principal focus of the RHCI is to facilitate greater coordination and efficiency in the safety net system that will lead to greater access to high-quality, affordable health care for individuals living in poverty and those who are medically uninsured. While the RHCI has undergone several structural changes since its creation, its work has been largely organized around the following:

- Safety Net Collaborative
- Kansas City Bi-State Health Information Exchange
- Metropolitan Mental Health Stakeholders
- Community Health Worker
- Oral Health Access Committee

Health Management Associates (HMA) was engaged by the principal funders of the RHCI, Health Care Foundation of Greater Kansas City, and REACH Healthcare Foundation (Funders), to evaluate how well the RHCI has met the following goals:

- Improve collaboration and partnership among safety net organizations in the region.
- Increase access to care in the region.
- Improve coordination and efficiency within and among safety net organizations in the region.

Evaluation Methodology

HMA's approach to the evaluation relied on information obtained from an extensive document review and stakeholder interviews. HMA reviewed and analyzed all documents provided by the RHCI and Funders to gather background information and understand the history, philosophy, and operation of the RHCI. Based on information gained through the document review and the evaluation goals, HMA developed structured interview guides designed to assess the interviewee's

- understanding of the overall structure and priorities of the RHCI and its committees;
- expectations for activities and achievements of the individual committee(s)/subcommittee(s);
- perspective as to the barriers encountered in committee work, as well as missed opportunities; and
- opinion as to whether the RHCI had achieved the three goals articulated by the Funders.

In order to ensure interviews were representative of all stakeholders, HMA reached out to engage a variety of stakeholders, including:

- current and former participants from each of the committees and subcommittees of the RHCI;
- representatives of each of the major stakeholder groups, including providers (e.g., safety net clinics, community mental health centers, and hospitals), consumer and advocate groups, and others such as local universities and community colleges;

- individuals who have held or currently hold leadership positions (i.e., committee chair or co-chair) and those who have not; and
- a committee representative from Missouri and Kansas, in order to capture a bi-state perspective.

Key Findings and Recommendations

In determining whether the RHCI has met the above stated goals, HMA was asked to consider what changes have occurred in the safety net since the implementation of the RHCI, what barriers inhibited change, and what lessons might be gleaned to inform future activities.

Safety Net Changes since Implementation of the RHCI

Since its creation in 2007, the RHCI can be credited with some significant achievements that have changed the Kansas City safety net. Notable among these are:

- The after-hours initiative, which increased access to primary care during critical evening and weekend hours.
- The care coordination initiative, which has shown a positive impact on improving access and reducing unnecessary emergency room visits.
- The creation and implementation of a CHW curriculum, as well as the development of a regional CHW definition that is helping to change the dialogue and increase the receptiveness of the local safety net to CHWs.
- The diffusion of trauma-informed care throughout the region, which is educating both health care and non-health care system partners about this important issue.
- The completion of a children's behavioral health needs assessment, which has identified gaps and barriers to care and developed recommendations to improve access to quality behavioral health care for children.

These activities were widely cited by stakeholders as successful. The most often-cited achievement of the RHCI, however, is that it succeeded in bringing organizations to the table that historically did not work with each other. It is difficult to place a value on this, but almost all the individuals interviewed for this evaluation believed their organization benefitted from sitting around the table with other organizations from across the region.

With few exceptions, the stakeholders interviewed acknowledged the need to move beyond "sitting around the same table" toward more concrete, outcome-based goals, but they also expressed a strong belief that this next phase of the RHCI's work could not occur without the foundation that has been established.

Barriers to Change

Throughout the document review and stakeholder interview process, several barriers to change were identified. In many cases, these barriers cut across many or all of the core components of the RHCI. Below we summarize the most significant.

1. The mission and goals of the RHCI have not been consistently articulated, supported, or measured by the RHCI or the Funders. Though the Funders note there were significant efforts to clearly articulate the mission and goals of the RHCI at the outset.
2. Despite early efforts around strategic planning, the RHCI as a whole lacks a unifying strategic plan. The level of strategic planning across the core committees varied, but committees with a clear plan appeared to be most successful in engaging members.
3. The bi-state focus of the RHCI sets it apart from other organizations working in health care policy and programming. However, the disparate approach of the states to policy and funding creates a significant barrier that has often inhibited RHCI projects from being pursued across the state line.
4. It is not clear that the organizational structure, leadership, and membership are appropriate or sufficient for the organization's mission.
5. RHCI impact and outcomes have not been sufficiently measured or documented.
6. RHCI tools and materials have had varying levels of impact, with some being utilized extensively and others rarely.

Lessons Learned to Inform Future

If the RHCI is to move forward it must build off of the existing foundation and establish a new culture based on a shared vision, clear expectations, and measurable goals. Specifically, HMA identified the following lessons that might inform future RHCI activities:

A comprehensive strategic planning process is needed to identify high-value activities and prioritize activities and resources based on anticipated impact.

The strategic planning process should begin with articulating the mission, vision, and values of the Initiative. The strategic priorities should be routinely communicated to RHCI members and other stakeholders and should form the basis for decision-making, resource allocation, and measurement/reporting.

While the strategic plan should be created by the regional safety net stakeholders, several potential priority areas were identified by stakeholders during this evaluation including the following:

- Provider workflow integration
- Specialty care
- Data/Analytics
- Delivery system and payment reform

The strategic plan should drive the committee structure and membership and staffing for the next several years.

Major programs and activities should have clear, measurable goals that link back to the strategic plan and vision.

Not every activity requires a formal evaluation, but each activity should be aligned with the overall mission and should have measureable, time-limited goals against which to assess progress or lack

thereof. Measurement will also be critical for demonstrating the value of any given activity, which will drive sustainability.

RHCI structure requires strong "facilitating leadership" at the Executive Director and committee co-chair levels.

The RHCI was created on the premise that the participants themselves are the experts and that they would be responsible for identifying areas where, working collaboratively, they could leverage each other. This type of organization requires a special kind of leadership, known as "facilitating leadership," both at the Executive Director and committee co-chair levels.

Major programs and activities should demonstrate value and achieve sustainability over time.

While the RHCI has applied for and received funding from local and national sources, the bulk of its funding continues to come from the two funders of this evaluation. To the maximum extent possible, the RHCI should seek to leverage this funding with support from other sources, including other foundations; local, state and federal grants; and organizations that benefit from RHCI activities. Measurement and evaluation activities should, where applicable, seek to quantify the value created by the activity and to whom that value accrues.