

Evaluation of Kansas City Regional Health Care Initiative

Health Management Associates

Gaylee Morgan, Principal

Sarah Jagger, Senior Consultant

HMA Engagement and Experience

- HMA was engaged by the Health Care Foundation of Greater Kansas City and REACH Healthcare Foundation to evaluate the RHCI.
- In 2006, HMA was engaged by MARC to evaluate ways to improve access to care for underserved populations in the region
- HMA's report recommended the formation of a Health Care Safety Net Board to oversee the implementation of three recommendations:
 - Formalize coordination among the safety net and maximize the value of specialty care.
 - Maximize federal funding.
 - Pursue targeted coverage expansions.

RHCI Goals

As articulated by the Funders, the following goals are central to the RHCI.

- 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.

Research Questions

- What changes have occurred in the safety net since the implementation of the RHCI?
- What barriers inhibited change?
- What lessons might be gleaned to inform future activities?

Evaluation Methodology: Document Review

- 85 documents provided by the Funders and RHCI were analyzed, including
 - Grant proposals and reports
 - Committee/Subcommittee mission statements, charters, meeting minutes
 - External assessments and evaluations
 - Informed the background, history, philosophy and operation of the RHCI
 - HMA compiled and summarized information from document review; informed interview tools, findings and recommendations
-

Evaluation Methodology: Stakeholder Interviews

Interview guides created to assess 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 barriers and missed opportunities
- Opinion as to whether RHCI achieved goals articulated by Funders

Stakeholder Interviewees

Six current/former MARC staff and 31 participants, including:

- current and former participants;
 - representatives of each of the major stakeholder groups;
 - individuals who hold/have held leadership positions and those who have not; and
 - a committee representative from Missouri and Kansas.
-

RHCI Structure

While the RHCI has undergone several structural changes, its work has been largely organized around the following:

- Safety Net Collaborative (SNC)
- Kansas City Bi-State Health Information Exchange (KC-BHIE)
- Metropolitan Mental Health Stakeholders (MMHS)
- Community Health Worker (CHW)
- Oral Health Access Committee

What changes have occurred in the safety net since the implementation of the RHCI?

- **After-hours initiative:** increased access to primary care during critical evening and weekend hours
 - **Care coordination initiative:** a positive impact on improving access and reducing unnecessary emergency room visits
 - **CHW:** creation and implementation of a CHW curriculum and development of a regional CHW definition; increasing the receptiveness of the local safety net to CHWs
 - **Trauma-informed care:** diffusion of trauma-informed care throughout the region; educating both health care and non-health care system partners alike
 - **Children's Behavioral Health Assessment:** identified gaps and barriers to care and developed recommendations to improve access to quality behavioral health care for children in the region; used to inform priority initiatives
-

What changes have occurred in the safety net since the implementation of the RHCI?

- RHCI has built a foundation of trust
 - Bringing organizations to the table benefited participants individually and organizationally
 - Need to move beyond “sitting around the table” toward more concrete, outcome-base goals
 - The collaborations that have occurred to date have created a foundation of trust for the RHCI’s next phase of work

What barriers inhibited change?

- Several barriers to change were identified throughout the document review and stakeholder interview process.
- Many of the barriers to be discussed, cut across many or all of the core components of the RHCI.
- Barriers are grouped by major topic area

Mission and Goals

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.

- Several factors have contributed:
 - Inadequate communication and messaging
 - Inadequate or uneven supports and technical assistance
 - Lack of focus on or measurement of outcomes

Strategic Planning

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.

- Strategic planning process should:
 - Identify areas of greatest impact through collaboration across state lines
 - Establish clear, measurable, time-limited goals that align with mission and vision
 - Include multi-year road map
 - Consider duplication and supporting rather than leading
-

Structure, Leadership, and Membership

It is not clear that the organizational structure, leadership, and membership are appropriate or sufficient for the organization's mission.

- Unclear structure and priority inhibits work of committees and subcommittees.
- Administrative support is invaluable, but staff size and expertise limit ability to facilitate and provide guidance.
- Membership is geographically representative, but critical safety net pieces are absent.
- Complexities of RHCI's work demand effective leadership.

Outcome Measurement

RHCI impact and outcomes have not been sufficiently measured or documented.

- Many projects lacked clear goals and evaluation.
- Difficult to measure the relative success of projects within the RHCI.
- Funders did not measure the impact of the RHCI as part of funding process.

Tools and Materials

RHCI tools and materials have had varying levels of impact, with some being utilized extensively and others rarely.

- Fast pace of healthcare and effective use of limited resources demands regular assessment and updating of tools and materials produced by the RHCI.

Bi-State Focus

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.

- If this is to remain a priority for the RHCI, greater attention should be placed on:
 - addressing the bi-state barriers
 - identifying initiatives that can be accomplished across state lines
 - Identifying initiatives where a single state approach makes sense
-

What lessons might be gleaned to inform future activities?

To move forward, the RHCI should build off of the existing foundation and establish a new culture based on

- Shared vision
- Clear expectations
- Measurable goals

Recommendation

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

- Mission, vision, and values
- Routinely communicated to RHCI members and other stakeholders
- Forms the basis for organizational structure, membership and leadership; decision-making; resource allocation; and measurement/reporting

Potential Priority Areas

- Provider Workflow Integration
- Specialty Care
- Data/Analytics
- Delivery System and Payment Reform

Recommendation

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

- Measurement is critical for demonstrating the value of any given activity which will drive sustainability.

Recommendation

RCHI structure requires strong “facilitating leadership” at the Executive Director and committee co-chair levels.

- Facilitating leaders:
 - Harness the resources of an organization to achieve its mission.
 - Have excellent communication, motivational and conflict resolution skills.
 - Provide their organization with the information and tools to be successful.

Recommendation

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

- The RHCI should leverage its local 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 that seek to quantify the value and identify to whom it accrues will support efforts to leverage additional funding.

Questions/Discussion

- Methodology?
- Findings?
- Recommendations?