



Striving Toward a Culture of Health: How Do Non-Medical Needs Factor into Alternative Payment Models?

Topic Profile: Alignment Across Sectors: Trusted Convener and Governance

AcademyHealth and the Network for Regional Healthcare Improvement hosted a two-day workshop, "Striving Toward a Culture of Health: How Do Non-Medical Needs Factor into Alternative Payment Models?", which convened five multi-sector teams, comprised of health care sector and non-health care sector partners, and led by regional health improvement collaboratives. The workshop provided information from content experts and fostered shared learning across communities to inform next steps in their own specific community-based collaborative projects. The workshop focused on four key topic areas and the related barriers that potentially influence the conditions and collaborations necessary to support non-clinical community-wide population health services.

This profile highlights one of these topic areas, the role of a trusted convener and its governance structure in effectively managing a collaborative community partnership focused on population health interventions, and addresses the barriers and lessons learned from the workshop.



Emerging Issues

Workshop participants discussed many issues that must be considered when identifying a trusted convener and establishing a governance structure. Two primary components were identified to understand the role of a trusted convener: organizational issues (e.g., identifying partners, decision-making approach) and structural issues (e.g., management structure, key functions). Health care sector and non-health care sector partners cited an interest in understanding best practices for establishing a trusted convener and governance structure that can ensure equitable and productive participation among partners across sectors. In particular, the central issues in this area raised by meeting participants included:

Organizational Issues

- How are all multi-sector community partners identified?
- How much time and energy should be spent on establishing governance?
- How are collective decisions made?
- How to come to agreement across partners that may have different expectations?



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Structural Issues

- Who is the entity? How is that entity selected?
- What is the management structure?
- How are decisions made?

Key Barriers Identified

Failing to recognize and address these critical components could limit the effectiveness of the trusted convener and undermine the entire success of the partnership's intervention:

- Understanding who/what is the "right" convener for the community;
- Reconciling tension between work on governance and work on interventions;
- Identifying sustainable financing for the convener and the interventions;
- Determining needs of the convener's internal workforce capacity (e.g., staffing and analytic capabilities);
- Establishing accountability/transparency (i.e., decision-making approach, value proposition, etc.); and
- Knowing the community landscape and health care market.

Lessons Learned

- · Build trust in each other and the convener.
- Recognize all partners' diverse viewpoints/perspectives, regardless of respective power.
- · Identify common interests.
- Find and foster a community voice/ownership of the efforts.
- Exhibit adaptive leadership qualities.
- Demonstrate effective communication practices.
- Utilize community organizing principles.
- Separate *form* (i.e., who is the convener) from *function* (i.e., what the convener does).

These five regions will use the information, along with additional briefs on other topics discussed, and work collaboratively within their communities to apply them to their individual situations.

To learn more about these projects, visit www.academyhealth.org/p4ph

About RWJF

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About AcademyHealth

AcademyHealth is a leading national organization serving the fields of health services and policy research and the professionals who produce and use this important work. Together with its members, AcademyHealth offers programs and services that support the development and use of rigorous, relevant, and timely evidence to increase the quality, accessibility, and value of health care, to reduce disparities, and to improve health.

About NRHI

The Network for Regional Healthcare Improvement is a national organization representing regional multi-stakeholder groups working towards achieving better health, better care, and reduced costs through continuous improvement. NRHI and all of its members are non-profit organizations, separate from state government, working directly with physicians, hospitals, employers, health plans, and patients using data to improve health care.