C27: Achieving Large-Scale Triple Aim Improvement through Collective Impact

Rick Foster, MD, Executive Director, Catalyst for Health
Ana Isabel Gallego, MPH, Program Director, Alliance for a Healthier SC
South Carolina Hospital Association

December 8, 2015
IHI National Forum
Orlando, FL

Session Objectives

- Demonstrate how a collective impact model can be utilized for large-scale Triple Aim improvement
- Describe how to overcome the challenges in aligning diverse organizations around common Triple Aim goals
- Discuss how to ensure inclusion of health equity goals in the common agenda for health improvement
**CATALYST FOR HEALTH**

- A business unit of the SC Hospital Association
- Focused on guiding and supporting SC organizations committed to achieving the Triple Aim of better health and healthcare at lower cost through collective impact
- Serves as backbone organization for

![Alliance for a Healthier South Carolina](image)

---

**The SC Birth Outcomes Initiative (Since Mid 2012)**

<table>
<thead>
<tr>
<th></th>
<th>Infant Mortality in SC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2011</strong></td>
<td><strong>2012</strong></td>
</tr>
<tr>
<td>All</td>
<td>7.4</td>
</tr>
<tr>
<td>African American</td>
<td>12.6</td>
</tr>
<tr>
<td>White</td>
<td>4.9</td>
</tr>
<tr>
<td><strong>2013</strong></td>
<td><strong>2014</strong></td>
</tr>
<tr>
<td>All</td>
<td>7.6</td>
</tr>
<tr>
<td>African American</td>
<td>12.4</td>
</tr>
<tr>
<td>White</td>
<td>5.4</td>
</tr>
<tr>
<td><strong>2014</strong></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>10.3</td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
</tbody>
</table>

- The overall infant mortality rate in SC has been decreasing over the years.
- The rate for African Americans has been consistently higher than for whites.
- The SC Birth Outcomes Initiative has contributed to these improvements.
Birth Outcomes Initiative

The complex health and social issues we face in South Carolina cannot be solved by one organization or through one initiative.

We can only achieve improved health of ALL South Carolinians by bringing together diverse organizations under a common vision and agenda…

…that allows us to align multiple initiatives that address the health of the whole WHILE closing the gap for vulnerable populations and communities.
Our complex problem

People in 41 other states have better health than people in South Carolina.

...people who live in low-income neighborhoods or rural areas, and people of color have even worse outcomes.

Hundreds of people and organizations in our state are doing great work,

..but we have not been as coordinated and aligned as we should be.
Mission:
Coordinating action on shared goals to improve the health of ALL people in South Carolina

Members: 54 Senior executives of large and state-serving organizations.

Defining priorities (7 months)

Data Team developed categories based on the indicators were SC was above 40 in America’s Health Rankings.

Categories were assessed based on:
- Ranking in AHR
- Existence of penalties or current financial incentives
- # of grassroots coalitions addressing the topic
- Number of partners interested in the topic
Agreeing on metrics (6 months)

Metrics for overall improvement and disparity reduction:

- Infant mortality and low-birthweight
- Reading at grade level and well-child visits
- Primary-care-preventable utilization of acute care hospitals by people with and without behavioral health conditions
- Appropriate management of asthma, diabetes, hypertension, and depression
- Self-rated mental health status
Supporting Coalition Work

- Operations team connected to largest coalitions
- Raising awareness about achievements and needs by coalitions
- Highlighting opportunities to collaborate

Aligning member and partner efforts

1. SC Behavioral Health Taskforces release 70 recommendations
2. Alliance Policy and Advocacy Team prioritize 6 recommendations
3. Alliance endorses recommendations
4. Alliance members “give” and “ask”
5. Operations Team starts gathering support for implementation and tracks results
6. Backbone creates toolkits for implementation
7. Communications Team creates communications campaign

The October 27 Alliance meeting left us with 3 specific requests to improve health and healthcare for all in South Carolina.

It is Collective Impact time!

Let’s work together to make these happen. We’ll track progress at our January 22 meeting.
Our equity metrics

Closing the gaps – Call to Action for Health Equity

1: **Stratify data** to identify what populations to target.

2: Maximize the potential of **diversity** in your organization to develop **culturally humble solutions** WITH the community.
Call to Action in Action

1: Stratify data to identify what populations to target.

2: Maximize the potential of diversity in your organization to develop culturally humble solutions WITH the community.

The ripple effect

Obesity/Chronic Disease of the mom prior to conception is a risk-factor for Low-birthweight.

Low-birthweight is a risk factor for Infant Mortality and for difficulty to learn.

Difficulty to learn may be a be a risk factor for high-school graduation.

High-school graduation is a major socioeconomic determinant of health.
Communication, communication, communication

1. Stratify data to identify what populations to target.

Your current rate

- 2,000 Discharges
  - 210 Readmissions
  - 10.5% 30-day All cause Readmission Rate to any hospital

30-day All cause Readmission Rate to any hospital

- 1,000 Discharges
  - 90 Readmissions
  - 9.0% White Readmission Rate

- 1,000 Discharges
  - 120 Readmissions
  - 12.0% Black Readmission Rate

Readmission Rate is 33% higher for African Americans

If your hospital eliminates the racial disparity your overall readmission rate would be 14% lower.

You would avoid 30 readmissions among your African American patients.

Potential impact of equity work

Your Hospital’s Potential Readmission Rate if no racial disparity

You would save 30 readmissions among your African American patients.

Mutually Reinforcing Activities

- Continuous Communication

Catalyst for Health + in-kind

- Nurturing members and their ideas
- Meeting planning
- Meeting facilitation
- 1 on 1 and group follow-up
- Communications management
- Data analysis
- Coaching
Your turn!

- What is your complex problem?
- Who should be at the table to solve it?
- What is the message that matters to them?

Post it!!
What is the one thing you’ll do by next Tuesday?

Challenges

- Connecting grassroots and grasstops
- Absence of funding
- Turf issues
- Need for credit
- Resistance to change
- Siloed approaches to health improvement
HealthierSC.org

Rick Foster, MD
rfoster@scha.org

Ana Isabel Gallego, MPH
agallego@scha.org

@RickFosterSC
@GallegoAI
@HealthierSC