Leveraging Strength through Collaboration

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November 14, 2011

Topics

- ☐ What is collaboration?
- ☐ Why collaborate?
- ☐ Barriers
- ☐ Strategies and steps to collaborate and to improve collaboration
- ☐ An Example

What is collaboration?

- ☐ Activities carried out by two or more entities to increase value (Bardach, 1998)
- ☐ Vertical with complementary agencies
- ☐ Horizontal with similar programs (e.g. advocacy or policy issues)
- ☐ Unlike integration, collaboration does not require "moving the boxes"
  - ■ Organizations retrain their own identity and structure

Vertical Relationships

- Working across different sectors or levels of care (e.g., acute, primary, rehab, long term care social and recreational services)

- Examples: senior centers collaborating with health providers

Horizontal: Similar services working together

☐ Farmer's Market   ADHC Rally

Why collaborate?

- Most organizations can't do it all
  - Limits in expertise, resources, scope of practice
- Improve your capacity by working with others that complement your mission
- Synergy—the whole is greater than the sum of its parts
- Increases ability to influence decision makers
- Builds good will—support when you need it

More reasons to collaborate

- ☐ Empowers and expands offering for seniors
- ☐ Policy incentives
  - ■ CA move to managed care—consumers need what you do
  - ■ Affordable Care Act: Care Transition Resources http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/ADRC_caretransitions/index.aspx#resources
- ☐ Reduces risk of going it alone in new areas
- ☐ Power is becoming centralized: Partner or Perish?
  - ■ To big to fail versus to small to survive

Barriers to Collaboration

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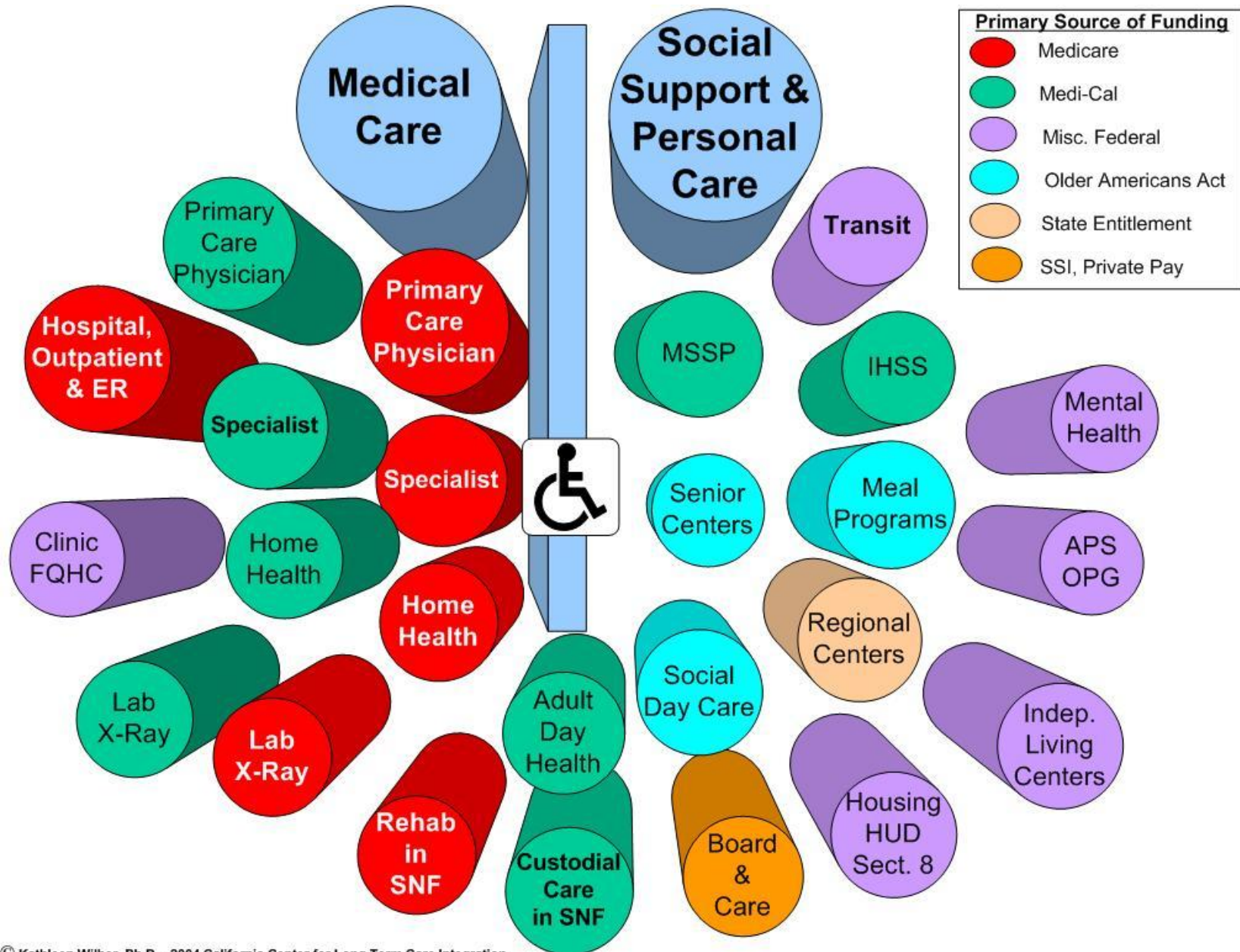
Barriers and Tensions

- Different missions and philosophies
- Different priorities
- Misunderstanding is common
- Difficult to give up some level of autonomy
- Turf
  - Who "owns the solution?"
  - Who gets the credit?
- Risk of getting your pocket picked
  - How much can you share with "them"?

Types of collaboration

- ☐ Partnerships

- ☐ Subsidiary

- ☐ Coalition

- ☐ Tenant

- ☐ MDTs

Good Collaboration begins with preplanning

- ☐ Understanding your core competencies:
  - ■ What do you bring to the table?
- ☐ Recognize the trade-offs involved:
  - ■ What are the potential costs and benefits?
- ☐ Identify and reach out to possible partners who complement or support what you do
- ☐ Recognize that working together is a process that involves significant planning and ongoing nurturing
- ☐ Involve your key stakeholders including participants

How to Make Collaboration a Win/Win

- ☐ Planning is Key--Clarify goals and the collaboration's mission
  - ■ Why should the collaboration exist?
  - ■ Are you on the same page?
  - ■ You will need to invest in the effort—recognize costs (time & $)
- ☐ Recognize that it will take time to build the relationship, learn how to work together and get up to speed

Win/Win

- Focus your efforts--build accountability based on strengths
  - What are the roles and tasks; who will do what?
  - How will resources be distributed equitably and appropriately?
  - How will you measure success? What are expected outcomes?
  - What is the timeframe to implement tasks?
- Clarify who is in charge in what areas
  - Is there an explicit or implicit structure with status differences?
- Share credit
  - Recognize the contribution others make

Gardner's Steps to collaboration (in Alkema, GE, Shannon, G & Wilber, KH, 2003)

- ❑ Getting to know you
  - ■ Exchange information, consider how to work together
- ❑ Undertaking a joint project often supported by grant funding
- ❑ Toward sustainability—contributing organizational resources
- ❑ Broader system change-institutionalizing the partnership through changes in policy, personnel, and approach

A Modest Proposal: The Care Advocate Program

- ☐ What is the value-added of a managed care health care provider senior service collaboration?
- ☐ Senior Services offered social case management services to a large managed care provider to:
  - ■ Reduce costs
  - ■ Improve member satisfaction and retention
  - ■ Improve overall care and outcomes

Partners

- ☐ Secure Horizons/PacifiCare
  - ■ Four Medical Groups in Southern CA
- ☐ Jewish Family Services LA
- ☐ Jewish Family and Children's Services, LB
- ☐ USC evaluation team
- ☐ Funded by CHCF

Process: Planning, Intervention, Outcome

- ☐ Planning—6 months to clarify intervention and partners' roles
- ☐ Intervention—CM phone assessment, assistance linking "members" to services, long-term care planning, monthly follow-up
- ☐ Evaluation-RCT
- ☐ Outcome-increased MD visits, reduced hospitalization, reduced mortality

Lessons Learned/Reinforced

- Partners spoke different languages and had different values
  - My client/my patient/my member/my subject
  - What is CM? Who does it? Where?
  - ROI as a driver
- Planning was essential to built trust and learn how to work together
- Ongoing debugging was essential including ongoing problem solving
- Change is incremental and iterative

Addressing Abuse
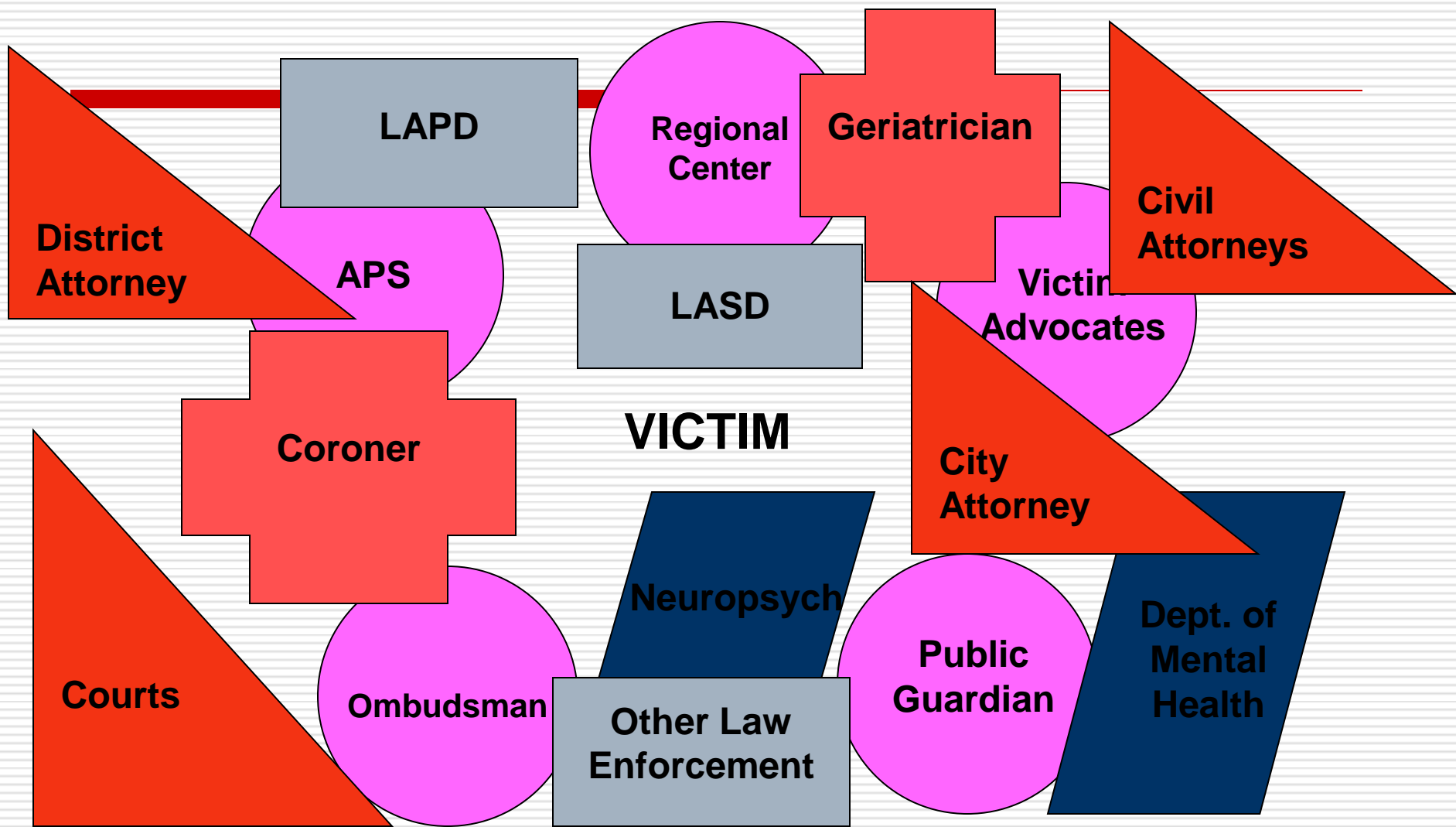
An Innovative Program

The LACEAFC is a ***multidisciplinary*** team of professionals that provides expert and comprehensive case examination, documentation, consultation, and prosecution of elder and dependent adult abuse cases.

Multidisciplinary – Center Members include:

- ☐ Geriatrician
- ☐ Forensic Neuropsychologist
- ☐ Adult Protective Services
- ☐ Office of the Public Guardian
- ☐ Dept. of Mental Health
- ☐ WISE Senior Svcs – Ombudsman
- ☐ Law enforcement agencies
- ☐ Prosecuting agencies
- ☐ Victim-Witness Advocate
- ☐ Bet Tzedek Legal Services
- ☐ Coroner's Office
- ☐ Regional Center

Addressing Abuse

District Attorney

LASD

Regional Center

LAPD

APS

Dept. of Mental Health

Victim Advocates

The LACEAFC

Forensic Center

Geriatrician

Coroner

City Attorney

Ombudsman

Neuropsych

Other Law Enforcement

Public Guardian

Civil Attorneys

VICTIM