

North Central ACH Participant Survey: 2018 Results

Presentation to the Board
February 4, 2019



Center for Community Health and Evaluation
www.cche.org

Purpose is to support learning

As part of the ACH evaluation, CCHE conducts an annual survey of regional stakeholders engaged in each of the ACHs.

- CCHE worked with your ACH's staff to send the survey to ACH participants that are engaged in activities - on the Board or in committees/work groups.
- The survey is not a report card. It is one source of data about member perceptions that informs the evaluation.

The survey is intended to support ACH strategic learning and to spark conversations about continuous improvement.

- It provides a snapshot of ACH participants' opinions and perspectives about how their ACH is developing and functioning.
- It highlights areas of strength and growth to support conversations about how the ACH can continue to improve.
- While it includes responses from many ACH participants, it's important to remember that not everyone answered this survey.

Continuous Learning from ACH member feedback

Discussion questions to keep in mind as you review the data:

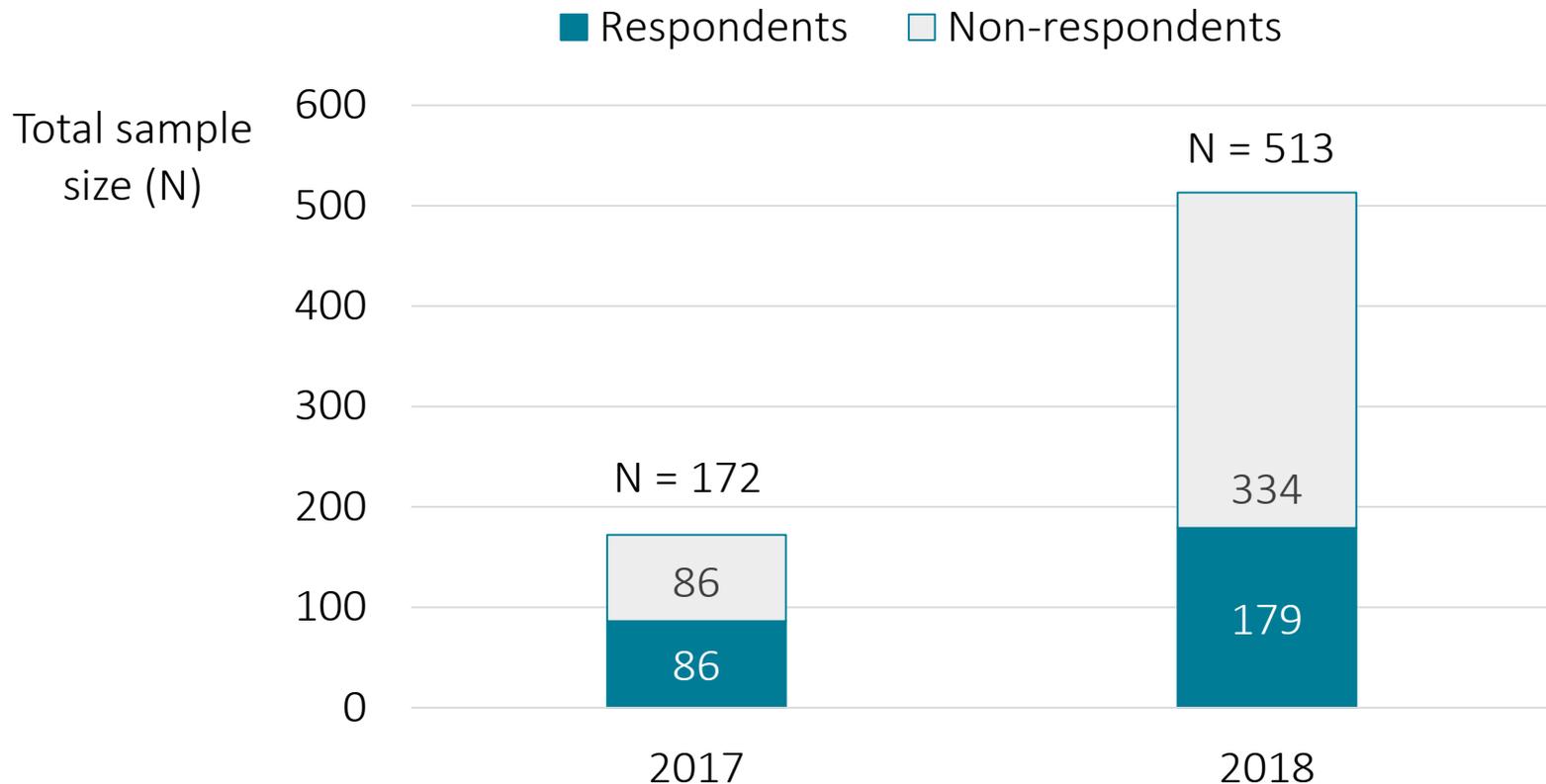
1. What surprises you about this data?
2. What does this data suggest is working? Is not working?
3. How can our ACH build on our strengths and/or address concerns or challenges raised by our members?
4. What topics might we want to discuss further as an ACH to support our growth?

Understanding who responded to North Central ACH's participant survey





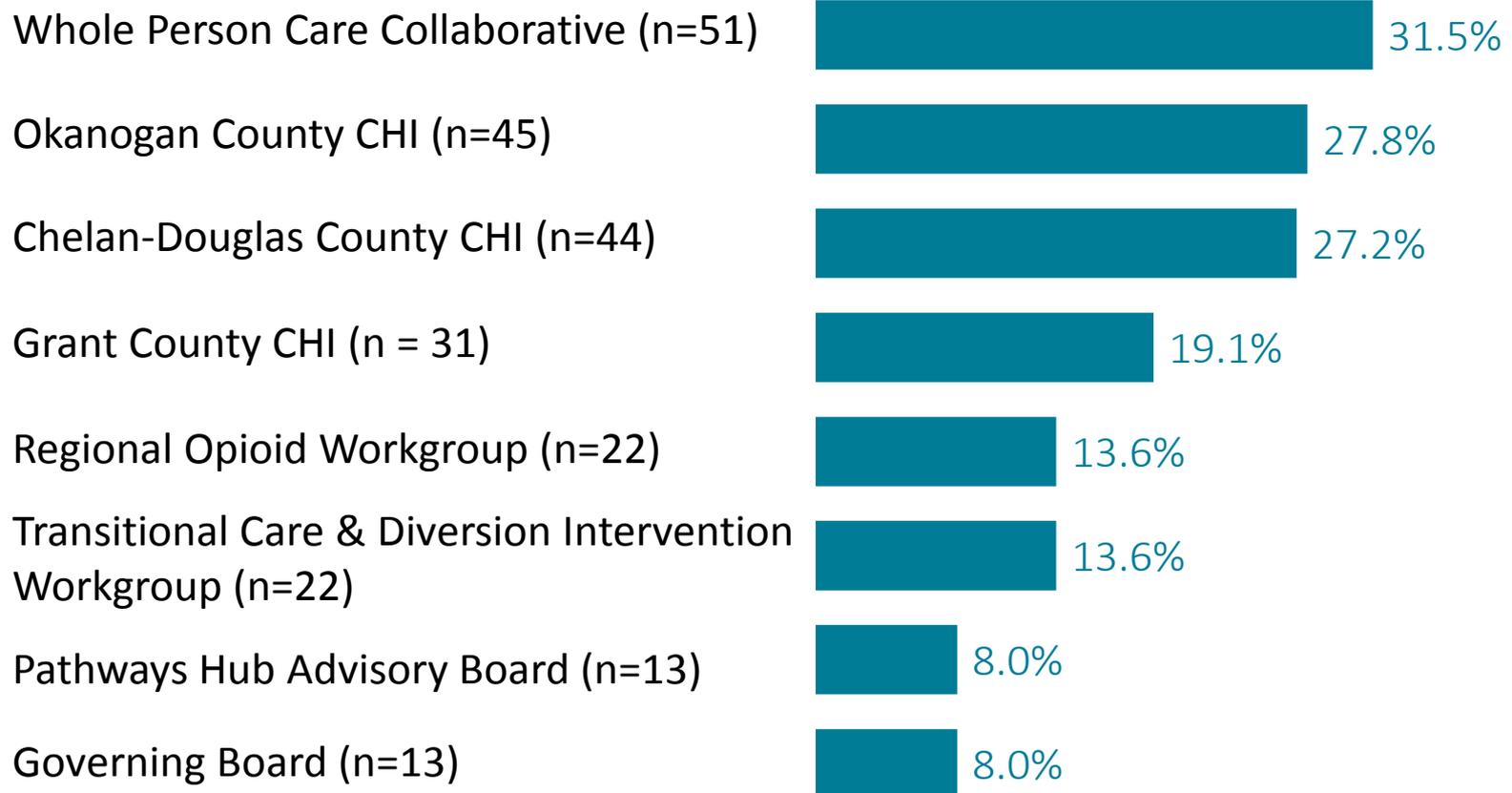
NC ACH's response rate was lower in 2018 than in 2017 (35% versus 50%), but due to sample size differences, there were **twice as many respondents in 2018 than 2017** (179 compared to 86).



The statewide response rate was 40% in 2017 and 41% in 2018.



Survey respondents represented 8 membership groups. Most of the respondents were involved in the Whole Person Care Collaborative.



Notes: The percentages may add up to greater than 100% because respondents could choose more than one group, if they were involved with multiple groups. These groups were chosen by the ACH as the participants from whom they wanted to elicit responses.



The top 5 most common sectors (in order of frequency) were:

1. Community-based organizations
(i.e. transportation, housing, employment services, financial assistance, childcare, veteran services, community supports, legal assistance, etc.)
2. Hospital / health system
3. Behavioral health provider or organization
4. Primary care (including community health centers)
5. Local government

Respondents self-selected which sector(s) they represent. **75.9%** of respondents chose only one sector.

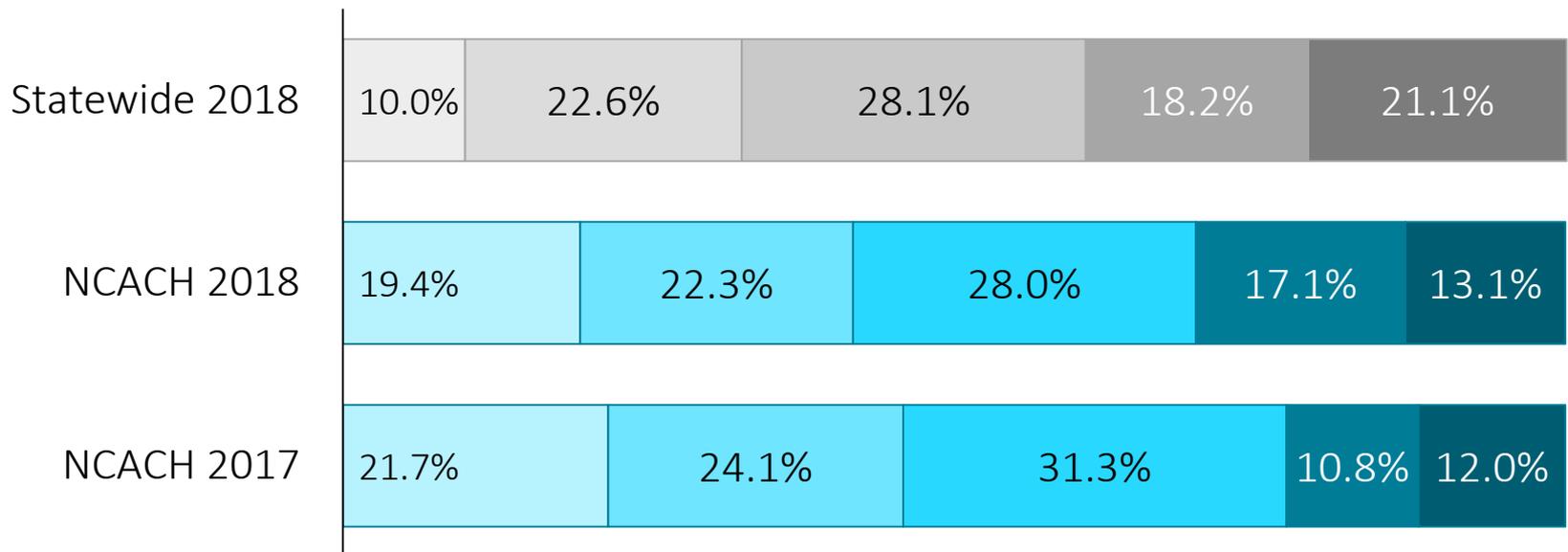


Compared to 2017, a larger proportion of respondents in 2018 had been **involved at NCACH for 2+ years**.

Compared to the state as a whole, more NCACH respondents were newer to the ACH.

Length of involvement in the ACH:

Legend: ■ < 6 months ■ 6-12 months ■ 1-2 years ■ 2-3 years ■ 3+ years

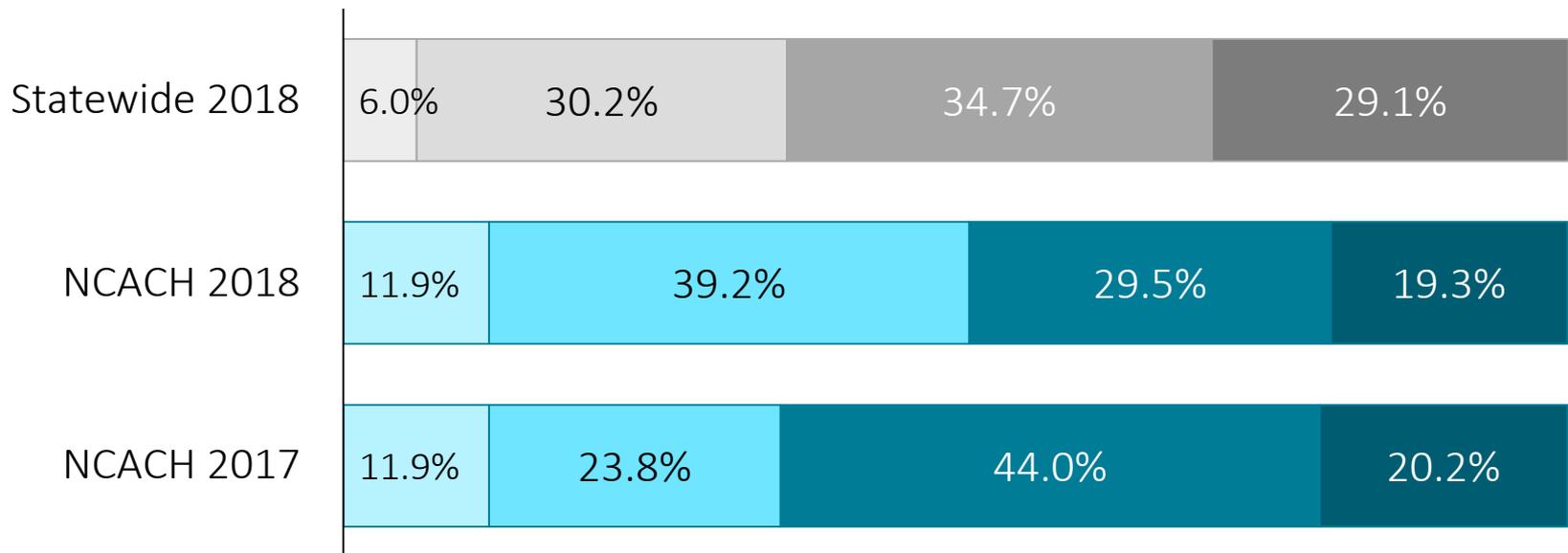




Just under half of respondents reported being **engaged or very engaged**. This is lower than in 2017 as well as lower than the 2018 statewide average.

Level of engagement in the ACH:

Not engaged Somewhat engaged Engaged Very engaged



ACH Functioning & Impact:

How can NCACH build on strengths and understand opportunities for improvement?



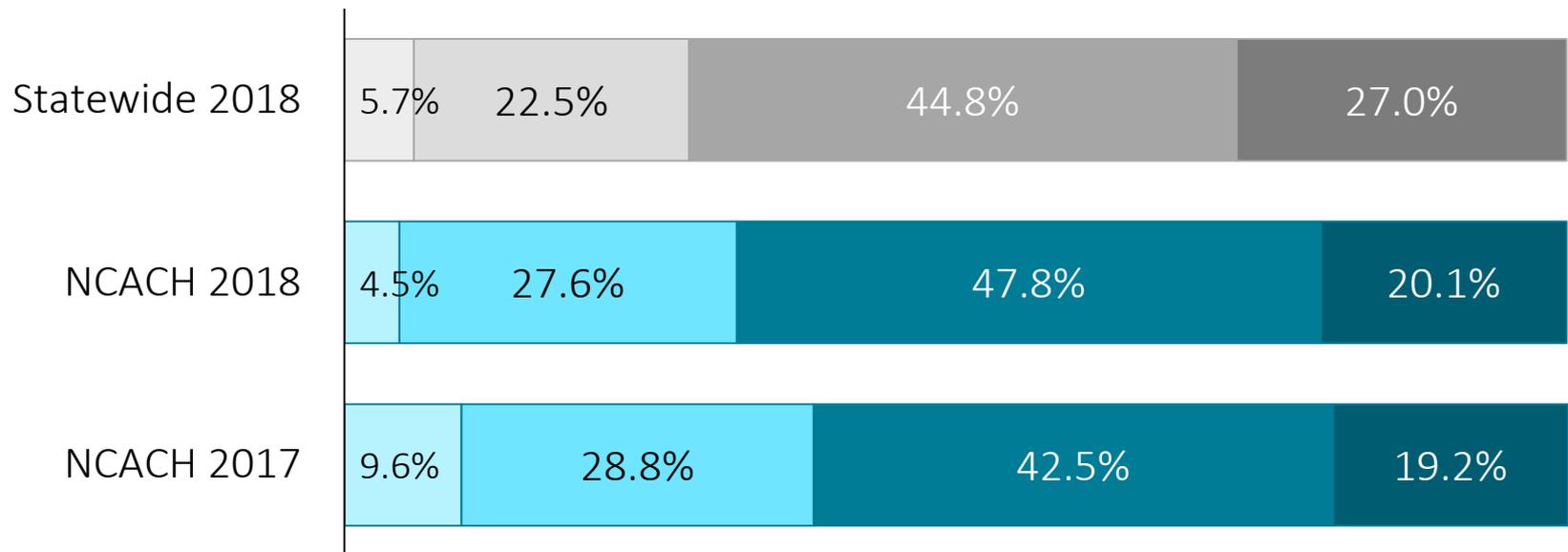


67.9% of respondents in 2018 reported being **satisfied or very satisfied** with how NCACH is operating.

This is higher than in 2017 but slightly lower than the 2018 statewide average.

Level of satisfaction with the ACH:

Not satisfied Somewhat satisfied Satisfied Very satisfied





Respondents rated 23 components in 6 domains of ACH coalition functioning

Rating scale: Outstanding=4 Good=3 Adequate=2 Needs improvement=1
Don't know = missing value

Member participation

- Active engagement from key stakeholders from multiple sectors
- Clearly defined roles and responsibilities for ACH members
- Trust among members
- Members operating in the shared interest of the ACH versus their own personal/organization interest

ACH governance

- Involves all members in the decision-making process
- Has an effective governance structure to make decisions and plan activities
- Communicates information clearly among members to help achieve ACH goals (via meetings, emails, calls, etc.)
- Has a board that effectively governs the ACH

Community engagement

- Has support from key community leaders for the ACH's mission and activities.
- Communicates effectively with the broader community about the ACH mission and activities.
- Engages the broader community with opportunities for public comment or participation.
- Engages ethnically and racially diverse communities in ACH activities.

Mission & goals

- A shared vision and mission
- Agreed on health priorities based on identified regional health needs
- Agreement on how to continue regional collaboration beyond the period of the Medicaid Transformation.

ACH organizational functioning

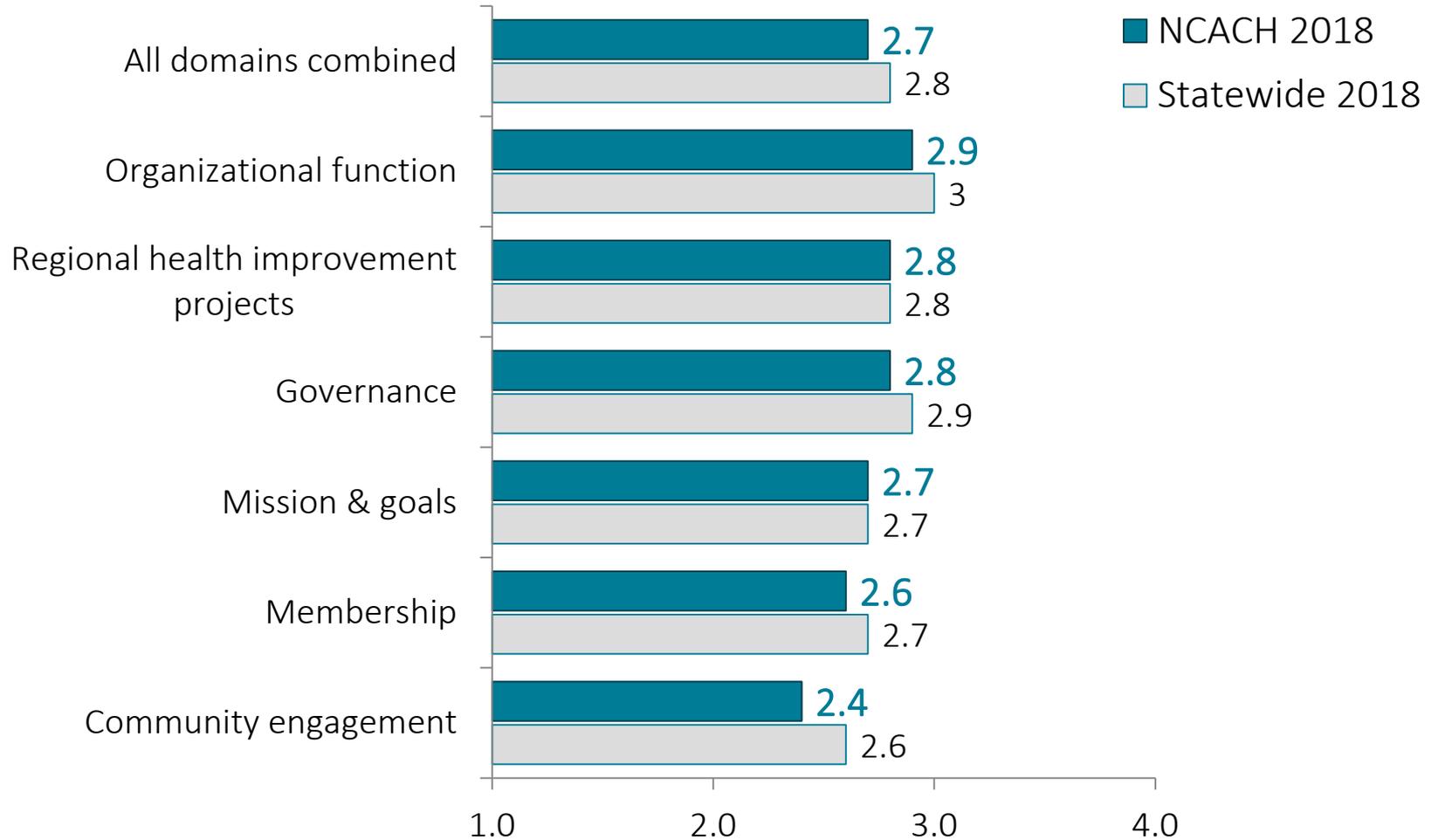
- Effectively provides support for collaboration among ACH member organizations.
- Provides the organization and administrative support needed to maintain ACH operations and activities.
- Has leaders who bring the skills and resources that the ACH most needs.
- Has leadership and staff that work to further the agenda of the collective ACH.

Regional health improvement projects & activities

- Uses a transparent and collaborative process to design regional projects, including the Medicaid Transformation projects.
- Selected the Medicaid Transformation projects that will address your region's health needs.
- Focuses on regional projects or activities that will achieve the vision and goals of the ACH.
- Provides adequate support to coordinate the implementation of projects, including the Medicaid Transformation projects.



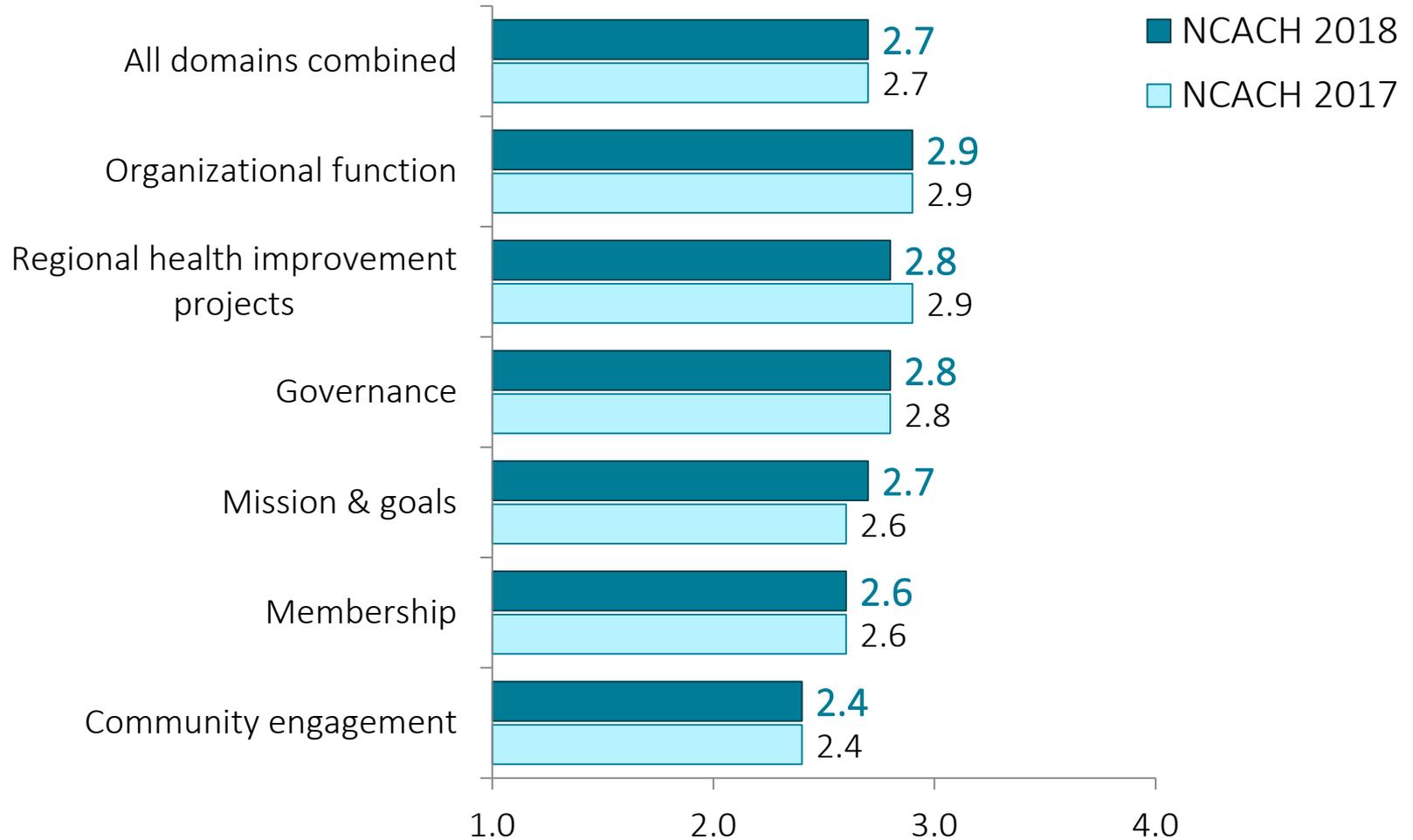
Looking across coalition functioning domains: In 2018, survey respondents rated the organizational function and governance domains highly. The community engagement domain is an opportunity for improvement. NCACH domain scores were the same or slightly lower than the statewide averages.



Rating scale: 1 = Needs improvement; 2 = Adequate; 3 = Good; 4 = Outstanding; Don't know = Missing value



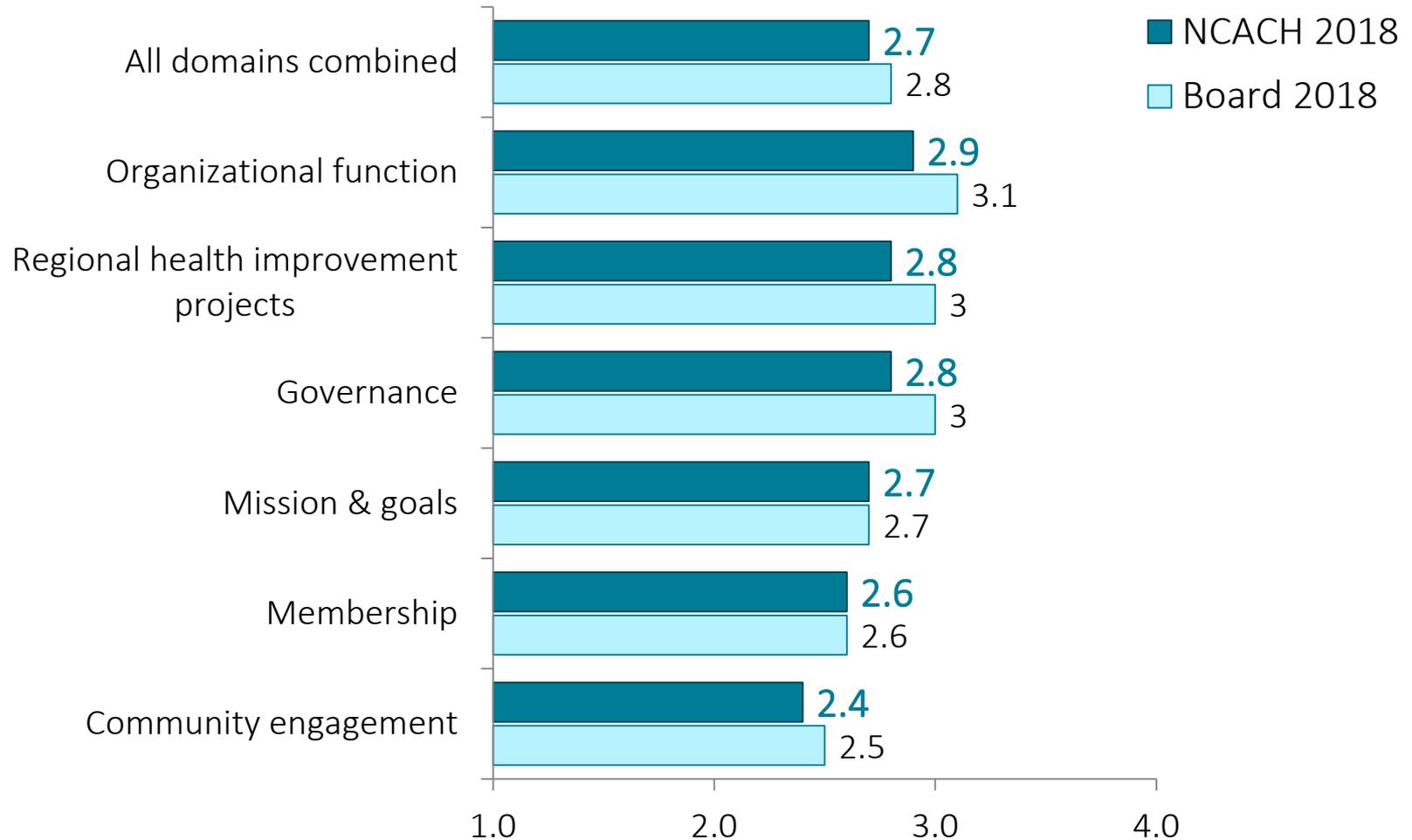
Looking across coalition functioning domains and years: In 2018, survey respondents rated most domains the same as in 2017. No changes in ratings between years are statistically significant.



Rating scale: 1 = Needs improvement; 2 = Adequate; 3 = Good; 4 = Outstanding; Don't know = Missing value



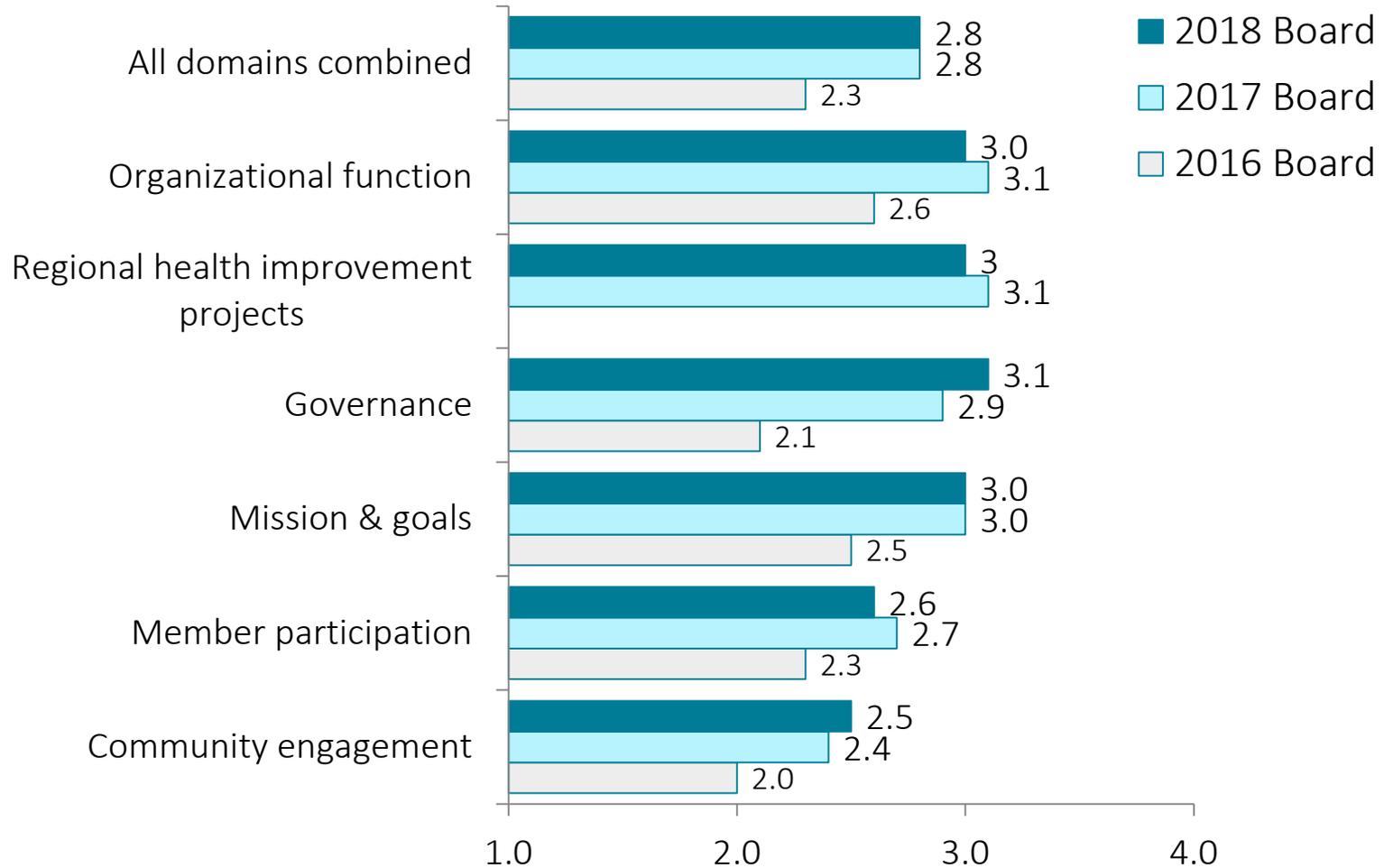
Looking across coalition functioning domains by role: In 2018, Board members tended to rate domains more highly than other members; however, none of these differences are statistically significant. The same held true in 2017.



Rating scale: 1 = Needs improvement; 2 = Adequate; 3 = Good; 4 = Outstanding; Don't know = Missing value



Looking across coalition functioning domains and years by role: There were statistically significant changes from 2016 to 2017, but not 2017 to 2018, for how the Board rated domains. The regional health improvement projects domain was not asked in 2016.



Rating scale: 1 = Needs improvement; 2 = Adequate; 3 = Good; 4 = Outstanding; Don't know = Missing value



Looking at associations between functional domain ratings and respondent characteristics: Similarities and differences.

- **Satisfaction:** All of the survey domains were rated higher by respondents who were more satisfied overall with the ACH than those who were less satisfied overall.
- **Engagement level:** All of the survey domains, with the exception of mission and goals and community engagement, were rated higher by respondents who rated themselves as more engaged with the ACH than those who were less engaged.
- **Length of participation:** There were no differences in domain ratings between NCACH members who had been involved for less than two years compared to those involved for more than two years.
- **ACH membership group:** The Board rated all domains similarly to respondents who were not on the Board.



Drilling down to individual survey components:

The top three strengths and opportunities for improvement

Strengths

- Has leadership and staff that work to further the agenda of the collective ACH.
(28.1% rated as outstanding)
- Communicates information clearly among members to help achieve ACH goals (via meetings, emails, calls, etc.)
(25.5% rated as outstanding)
- Has leaders who bring the skills and resources that the ACH most needs.
(24.8% rated as outstanding)

Opportunities

- Engages ethnically and racially diverse communities in ACH activities.
(28.9% rated as needs improvement)
- Communicates effectively with the broader community about the ACH mission and activities.
(28.6% rated as needs improvement)
- Engages the broader community with opportunities for public comment or participation.
(26.1% rated as needs improvement)

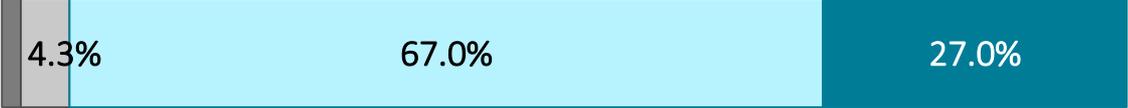
Impact of the ACH: Most respondents agree that the ACH is contributing to health improvement and supporting system transformation in the region. There is less strong agreement about whether the ACH is reducing duplication or promoting health equity.

■ % Strongly disagree ■ % Disagree □ % Agree ■ % Strongly agree

Participating in the ACH is a worthwhile use of my organization's time and resources.



My ACH is making a positive contribution to health improvement in our region.



My ACH is supporting health system transformation in our region.



My ACH is addressing the broader issues that affect our region's health needs, such as upstream issues or social determinants.



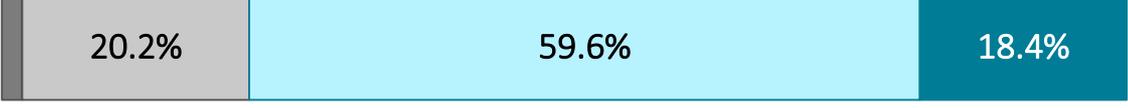
My ACH has increased collaboration across organizations and sectors in our region.



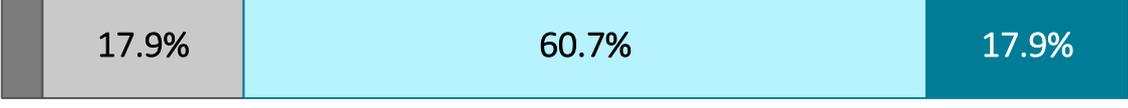
My ACH is helping to align resources and activities across organizations and sectors in our region.



My ACH is effectively promoting health equity across our region.



My ACH is helping reduce duplication of efforts by forming linkages between organizations in our region.





Impact of the ACH: the average agreement with impact statements remained similar over time

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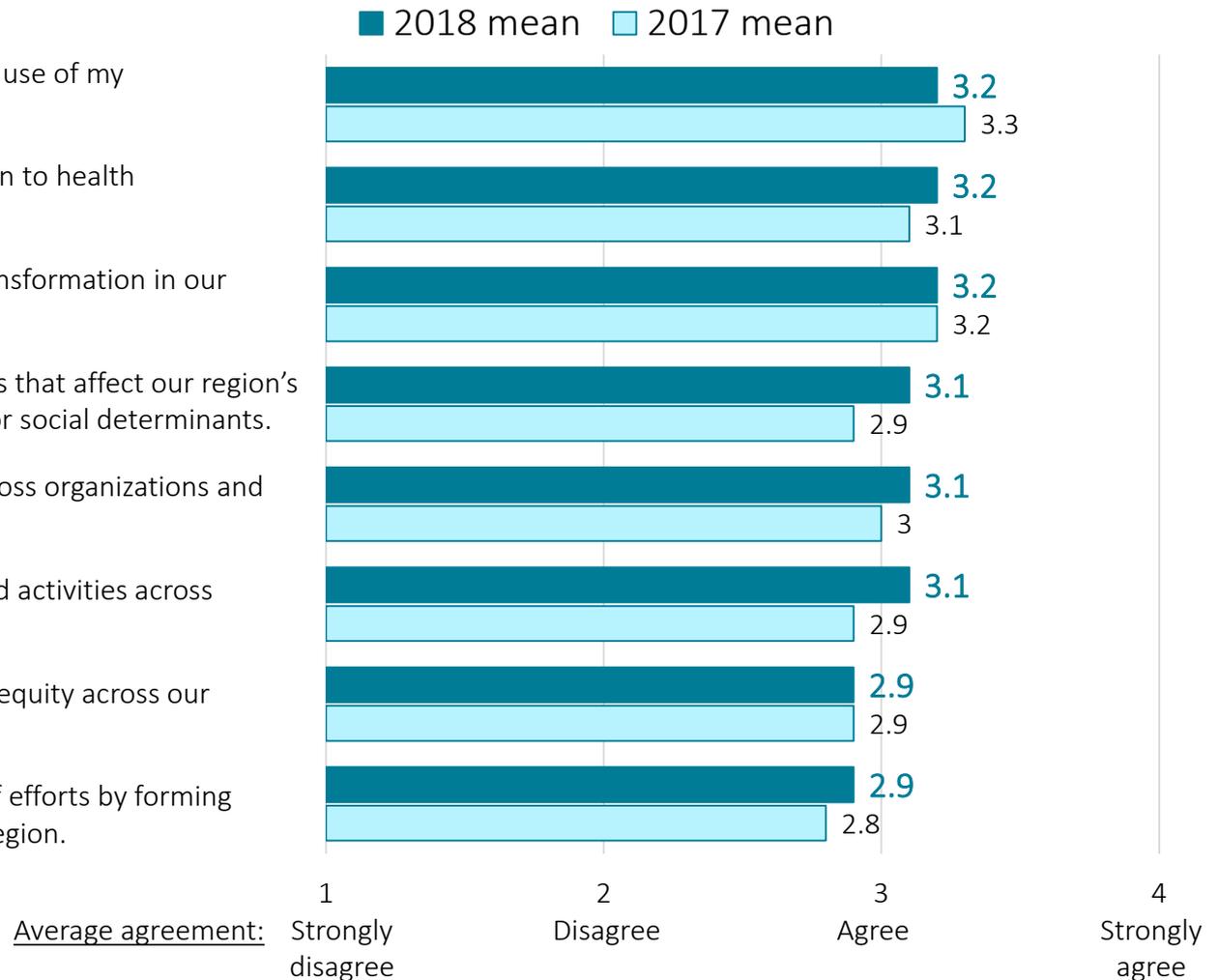
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Feedback on North Central ACH's successes

ACH participants were asked to write about this year's successes and highlighted a range of positive developments. Examples of key themes and quotes include:

Transformation implementation progress, including meeting HCA requirements and project-specific accomplishments.

"Agreement on a consistent method for providing care coordination in the community....Bringing leaders of community-based orgs together with healthcare businesses. Developing payment systems to address the connection between health and social determinants."

"Establishing collaborative meetings to begin the work of addressing the Opioid crisis locally."

Engaging partners from across sectors, organizations, and the region to work collaboratively together.

"Simply continuing the work and bringing key players to the table has been wonderful."

"Expanding the memberships of the CHI's. Establishing workgroup contracts, grants, programs, projects, etc."

Organizational development that supports ACH functioning.

"Formation of the structure of the ACH itself. Convening of collaboratives."

"Working on their governing structure. Hiring of competent staff."

The full set of responses is included in Appendix B and provides a range of feedback for continuous improvement efforts.



Suggestions for improvement

ACH participants were asked to write about their suggestions for improvement. Examples of key themes and quotes include:

Engagement, outreach or participation from key populations, counties, or sectors (beyond clinical partners).

“Continue to try to involve other sectors besides physical health, make meetings inclusive to other sectors, not just focusing on physical health. As a member of another sector, there has been very few times that I felt I had a role or voice with the group.”

“Consider the Spanish-Speaking community and the most appropriate ways to include and communicate.”

“ACH needs to have a better understanding of diversity issues in rural communities. ACH needs to understand there is not a strong resource framework to work from in the rural areas.”

Communication and transparency, including accessibility and clarity of information and updates.

“Better communication with members of the communities intended to be served through this process.”

“I have seen the letters sent out and all of the updates etc. I attend meetings. I am concerned that more needs to be done to communicate to the public what the ACH is about, is radio/NPR, local paper articles about the local CHI's, what they are about and what/who they need and what will be happening.”

“Better communication between counties. I feel that the counties are still siloed.”

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Highlighting challenges in the upcoming year

ACH participants were asked to write about the challenges they thought the ACH may encounter in the upcoming year. Examples of key themes and quotes include:

Maintaining collaboration and participation of the necessary partners and sectors.

“Making the shift to VBP, keeping trust strong across all partners, and keeping the health consumer at the center of the work.”

“Territory issues, institutional reluctance to see shared interests in whole person approach across silos.”

“Ensuring new members feel valued, understand their role, and continue to attend meetings and provide input.”

Implementing and coordinating multiple, complex projects across the region, including challenges related to measuring impact.

“The actual implementation of the change plans will be a challenge and will need ACH support to ensure practices either implement or understand the consequences of choosing not to implement their proposed changes.”

“Reaching all areas of our county, not just Moses Lake.”

“Strategic planning seems weak...Needs solid reporting on successes and strategic planning to the entire ACH.”

The full set of responses is included in Appendix B and provides a range of feedback for continuous improvement efforts.



Difference the ACH has made in the region

ACH participants were asked what, if any, difference the ACH has made in their region. Examples of key themes and quotes include:

Increased connections and collaboration across sectors, organizations and geography.

“The level of collaboration is exceptional. NCACH has provided a forum for ideas and ways for organizations to work together on improvement projects.”

“Health systems together at the table working on collective systems change is a huge improvement from days of old.”

“The entities in the community are communicating and working on improvement projects and ideas together.”

“A vigorous start to create more opportunities for regional approaches, collaboration, reducing duplication, and addressing key social determinants of health.”

The full set of responses is included in Appendix B and provides a range of feedback for continuous improvement efforts.



ACHs across the state have similar trends across functional domains, though there is some variation.

● Member participation

● Mission & goals

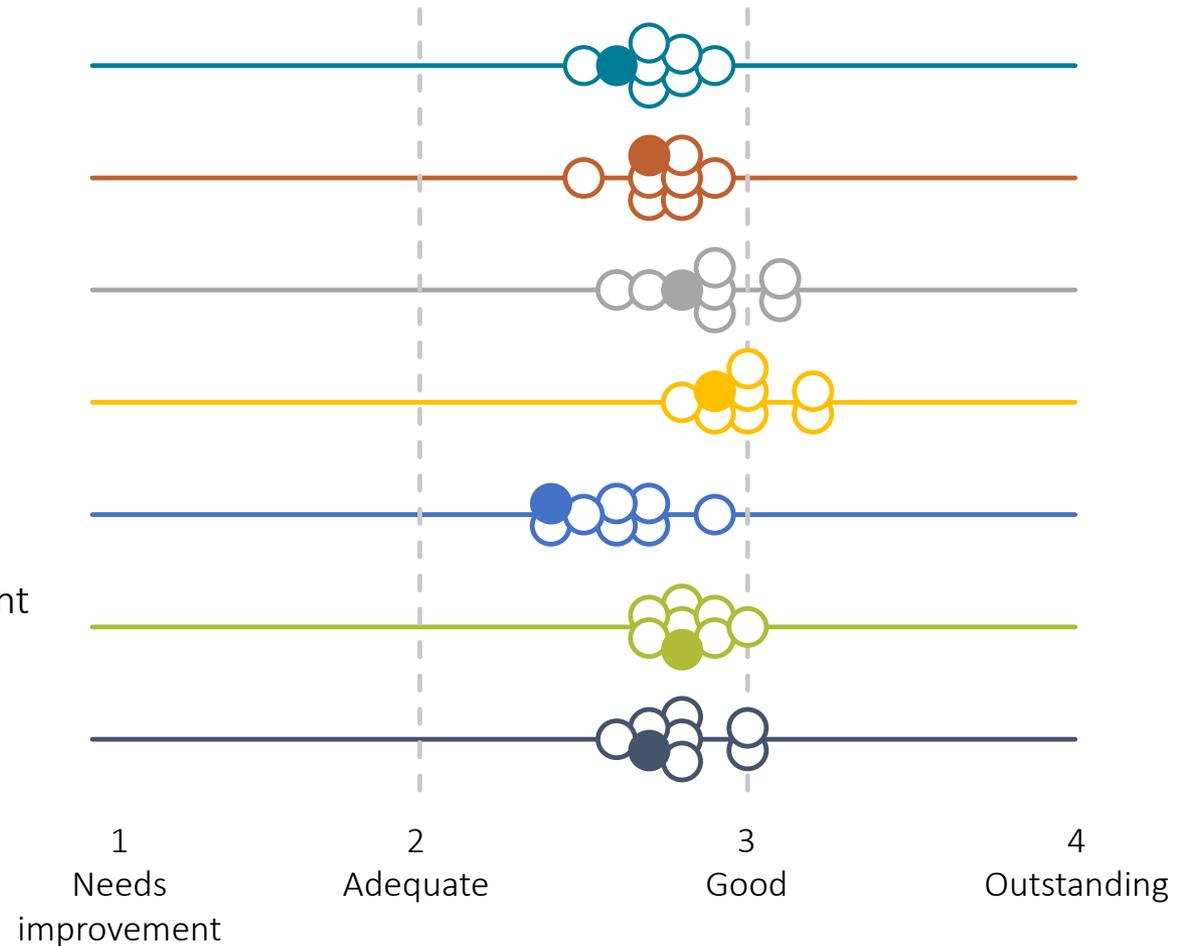
● Governance

● Organizational function

● Community engagement

● Regional health improvement projects

● Overall score (all domains combined)



Each dot represents one ACH.
NC is the **shaded dot** on each line.

Note: only 8 ACHs are shown here because one ACH only sent the survey to their Board and Board Committee Leadership.

Continuous Learning from ACH member feedback

Discussion questions:

1. What surprises you about this data?
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