

Improving Health Care through Community Collaboration: A Win-Win Partnership

Douglas Wells, Research Scholar

Mentors: Sweety Jain, MD, Melanie Johnson, MPA

Abstract

Community-based health partnerships generally comprise of health care professionals and community leaders who utilize their combined expertise and resources to achieve a common goal of improving population health. The Medical Home Project (MHP) is one such partnership that focuses on improving the quality of care for patients with disabilities. It has been working as a collaborative team for almost ten years and has often used focus group discussions for assessing its structure and function. Recently, the Partnership Self-Assessment Survey, a formal tool designed to assess the collaboration of partnerships was utilized. Nineteen MHP members completed the survey with a 95% completion rate. Analysis of the results showed that synergy, leadership, efficiency, and administration/management were the areas where the partnership is most sufficient. Non-financial and financial/capital resources are the areas where improvement is needed. 65% of the respondents feel the benefits of participating on this team greatly exceed the drawbacks. Overall, members are mostly satisfied with their involvement with the partnership as well as with its progress. This data is very useful in proving the efficacy of this team and also in providing direction to the efforts. The model of MHP can be utilized for other community based health care partnerships and the PSAT tool is something the team leaders should keep in mind when they need to assess the effectiveness of their teams. As for MHP, the next steps will be to move towards affecting public policy, finding sustainable funding sources, and keeping the members aware of the funding needs and availability as the case may be.

Background

In today's health care system, there are clear disparities in the health care for vulnerable populations. As more underserved populations such as those with chronic diseases are becoming recognized, health and other public community organizations are exploring opportunities for collaboration with each other to proactively eliminate these gaps in health care¹. This has caused partnerships to be increasingly viewed as "essential" in order to reduce the disparities in their communities². However, a reliable way to evaluate how well the collaborative process works within these partnerships to determine their overall effectiveness is still needed³.

In 2008, a report by the ARC of Massachusetts showed focus group data that revealed health care professionals lack experience and sufficient training in caring for patients with disabilities⁴. The Medical Home Project (MHP) is a partnership of community leaders and advocacy agents committed to improving health care for these patients with disabilities⁵. They carry out this mission through the education of medical personnel on respectful communication, etiquette, and knowledge of community resources for these patients. MHP has been collaboratively working together for almost ten years but lack an evaluative measure outside of their focus groups assessments.

Methodology

One strategy the Medical Home Project has explored to better evaluate the partnership is using the Partnership Self-Assessment Tool (PSAT). PSAT is a survey created by the Center for the Advancement of Collaborative Strategies in Health to help partnerships assess and understand how their collaboration works as well as identifies specific areas for improvement. There are 67 questions for nine areas of assessment and they are as follows: **synergy, leadership, efficiency, administration/management, non-financial resources, financial/capital resources, benefits and drawbacks, decision making, and overall satisfaction**. The areas are given an assessment zone based on the scores which gives an idea of how well the partnership is performing in that area.

Twenty members of MHP were given the PSAT in paper format and required to return the survey within thirty days. The time frame for returns was from June 2nd until July 2nd. The tool requires that surveys are returned anonymously and at least 65% of them should be completed in order to analyze the results. Anonymity was maintained by having members mail in the surveys without putting their return addresses on the envelopes. One electronic message was sent to all members half way through the time frame reminding them to send in their surveys. The results are analyzed using the PSAT report tool. (See link from reference 3)

Results

The survey elicited the participation from all but one member for a 95% return and completion rate. Synergy, leadership, efficiency, and administration/management all received scores within the “headway” zone. This means that the partnership is doing well, but still has room for improvement in these areas. Non-financial and financial/capital resources has scores in the “work” zone which means more effort is needed to maximize the potential in these areas. The lowest overall score is 3.69 for financial/capital resources and the highest overall score is 4.53 for efficiency.

In the benefits and drawbacks area, there are questions in which 100% of the members received those benefits as a result of participating in the partnership. These

include having an enhanced ability to address important issues, an acquisition of useful knowledge and resources in the community, ability to contribute to the community, and most importantly, all members feel they could make a greater impact with the partnership than they could on their own. As for the drawbacks, no members believe they are viewed negatively due to their involvement with the partnership. However, 53% of the members did report they feel a diversion of their time and resources away from their everyday obligations as a result of working with MHP. Overall, 65% of the respondents replied that the benefits greatly exceed the drawbacks.

Members responded that they are satisfied with the decision making process. Twelve out of the nineteen participants reported being extremely comfortable with how the decisions are being made in the partnership. Twelve participants also said they support all of the decisions made by MHP. Eleven believe they are never excluded from the decisions being made. For the satisfaction assessment, members reported they were mostly satisfied overall with their involvement in the MHP as well as how MHP works as a partnership.

Discussion

A partnership that consists of community leaders working towards a mission of improving health care for patients with disabilities, and has been functioning for almost ten years, one would believe the partnership is working well. This study has exemplified that indeed it does work well. Areas of greatest sufficiency are efficiency and leadership. Based on the data, these areas had the potential to be even better because there are two individuals who gave significantly lower scores than the other members in both of these sections. Their responses could not have been taken out as outliers due to the small sample size. This is a limitation of the study. Because MHP is a smaller partnership and the results for each section from each member are averaged, each respondent has a significant effect on the overall score. Therefore, the two members who are not completely satisfied with these areas of the partnership caused a lower result.

We can also see that non-financial and financial/capital resources are the areas needing the most improvement. However, the scores from these sections may be lower due to the design of the survey, which is a clear limitation of the study. PSAT was designed for multiple partnerships, and thus, not all questions are completely relevant for MHP. For example, one question assess whether or not the partnership has adequate funds, but because of the type of group MHP is, they do not always need funds and when they do, they receive them through grants. This would be different for a partnership with a constant flux of revenue. Thus, scores can be lower or higher depending how relevant the question is to the partnership.

The assessment of the overall satisfaction revealed that members are mostly satisfied with the partnership and their involvement. It is also notable that all members reported feeling they are able to have a greater impact on the community with the partnership than they would have on their own. Surveying patients, their families, and medical practices on MHP's impact would provide a better idea of the overall effectiveness to their mission. Also, looking at MHP's results on PSAT in comparison to similar partnerships and assessment tools would be useful to see how well MHP works compared to other partnerships.

The Medical Home Project is a model partnership that is applicable in other settings. Whether it is for chronic diseases such as COPD or other vulnerable populations, communities can create partnerships similar to MHP to advocate to improving care for these individuals. It is clear that the Medical Home Project is a successful partnership and should continue to carry out their mission to improve health care for patients with disabilities.

References

1. Plumb, J., Weinsten, L.C., Brawer, R., and Scott, K. (2012) *Community-Based Partnerships for Improving Chronic Disease Management*. Department of Family & Community Medicine Faculty Papers. Paper 29. <http://jdc.jefferson.edu/fmfp/29>
2. Zahner S.J., Oliver T.R., Siemering K.Q. (2014) *The Mobilizing Action Toward Community Health Partnership Study: Multisector in US Counties with Improving Health Metrics*. *Prev Chronic Dis* 2014;11:130103. DOI: <http://dx.doi.org/10.5888/pcd11.130103>
3. *Center for the Advancement of Collaborative Strategies in Health*. (2002). Partnership Self-Assessment Tool Questionnaire. Retrieved October 2008 from <http://partnershiptool.net/>
4. Nichols, A.D., et al. (2008) *Left Out in the Cold: Health Care Experiences of Adults with Intellectual and Developmental Disabilities in Massachusetts*.
5. Jain, S., Grady, K. *Medical Education and Health Care: The Role of The ARC in a Unique Partnership* [PDF document]. Retrieved from: <http://www.thearc.org/document.doc?id=4374index.html>