



METROPOLITAN ALLIANCE of
CONNECTED COMMUNITIES

Courageously Collaborative

FEASIBILITY FINDINGS: HEALTH CARE & COMMUNITY BASED ORGANIZATION REFERRAL COORDINATION

Exploration of collaborative partnership between the MACC network and Allina Health

EXECUTIVE SUMMARY

BACKGROUND

In fall of 2018 the Metropolitan Alliance of Connected Communities (MACC) and Allina Health started exploring the feasibility of working collaboratively to address health-related social needs in the communities served by both organizations.

THE PARTNERS

MACC: The Metropolitan Alliance of Connected Communities (MACC) is an innovative collaborative network of 50 human services nonprofits focused on generating solutions together to better serve the individuals and families in our communities.

Allina Health: Allina Health is a nonprofit health system with 12 hospitals and over 90 clinics, dedicated to the prevention and treatment of illness and enhancing the greater health of individuals, families and communities throughout Minnesota and western Wisconsin.

DISCOVERY PROCESS

Between September and December of 2018 MACC sought input from all stakeholder groups interested in the potential partnership.

A variety of discovery mechanisms were used including:

1. **Focus Groups:** Three sets of focus groups were conducted: 2 with staff from MACC Member organizations, 1 with Allina Health and additional health care partners from the HCMC health system, and Children's Hospitals, and 1 with the Allina Health Navigators
2. **Individual Interviews:** individual informational interviews were conducted with staff from interested MACC Member organizations
3. **Facilitated Group Dialogue:** a facilitated group dialogue was held with staff from all the stakeholder groups interested in potential partnership

These conversations uncovered obstacles and opportunities, and to determine what elements and structures would be essential to building a successful partnership. The summarized contents of each conversation can be found in the appendices of the full document.

FINDINGS

Through our conversations we uncovered useful learning that will inform our work together. In the full document these findings have been grouped into four categories: technical feasibility, operational feasibility, relational feasibility, and financial feasibility.

Stakeholders raised reasonable concerns but remained optimistic and interested in the value of building stronger partnerships between CBOs and health care providers. Some of the top themes and learnings that came out of our conversations are listed here.

Successful partnership requires:

1. Clear, well defined, and agreed upon shared goals for the work, and expectations from the partners
2. An understanding that conflict and challenges are expected in any partnership, and the need to establish agreed upon mechanisms for resolving them
3. Equal buy in from staff at all levels of the organizations involved in partnership – top to bottom
4. An awareness of, and commitment to the investment of time, energy, and resources necessary to build relationship capital between partners

A full list of our findings can be found in the section called "FINDINGS: FEASIBILITY CONSIDERATIONS" in the full document.

RECOMMENDATIONS & PROPOSAL

Based on our findings, we recommend moving forward with a 21-month pilot with 6 MACC member community service organizations and 1-3 health systems to develop and test a collaborative 'closed loop' or 'tracked referral' based partnership.

EXPECTED OUTCOMES

It is important to note these are proposed outcomes. The final outcomes will be defined and agreed upon through a collaborative process that includes all relevant partners.

- Seamless referral experience for patients/ clients between health systems and community based organizations.
- Greater understanding of the complexities, challenges and opportunities presented by developing further partnerships between CBOs and health care organizations.
- Reported improvement on participant's overall stability and quality of health.
- Reduction in inappropriate utilization of emergency room care/ Increase in appropriate health care utilization.
- Stability in identified social service need of the participating client.
- Data gathering for financial support modeling.
- Secured payer support for ongoing networking models for healthcare and community based organization networks.
- Develop a well-functioning, replicable economic and structural model for building relationships between health care and networked community based organizations.

If you have any questions about this report or the initiative overall please contact: Laurel Hansen, Program Manager, 612-230-5731 or laurel.hansen@macc-mn.org.
