

Letters to Leaders, Volume 5

The Emerging Health Collaborative

By: Michael J. Zaccagnino, Founder and CEO of Lucania Partners



Amid the current public health crisis and uncertainty about public funding, many Delivery System Reform Incentive Program provider systems (DPS) and community collaboratives (together “Health Collaboratives”), across the country find themselves at a critical inflection point. Those of us who lead, or work closely with, Health Collaboratives face a harsh reality: the decision to yield to these external elements, scale-back services, and potentially even dissolve, or alternatively, to chart a new path forward, leveraging our collective assets to develop a new and sustainable business model to meet the needs of the community.

As healthcare leaders, we understand and appreciate the amazing contributions that community-based organizations (CBOs) make as independent entities. We also increasingly recognize the value of Health Collaboratives, as they bring health, social, academic, religious, and other organizations together around a common cause, to serve the community, often coordinating a broad spectrum of support. In my view, Health Collaboratives are one of our industry’s great untapped assets. Health Collaborative leaders, including DPS leaders, have a unique opportunity not only to “save” their organizations and members, but to develop their organizations and the communities they serve in ways that will likely “save” our industry and eventually help restore community health and our way of life.

Here are some considerations for leaders interested in charting a new path forward:

- **Leaders must “fuse” the public and population health systems.**
- **Leaders need to promote a culture of resilience.**
- **Health Collaboratives must seek alternative sources of financing.**
- **Health Collaboratives must establish full and seamless continuums of care and service.**

Leaders must “fuse” the public and population health systems. COVID-19 trampled the US healthcare system. Despite all efforts and great progress over several decades, COVID-19 overwhelmed our country and health system. The virus, subsequent waves of demand and delays in urgent and chronic care, will likely lead to a flattening, and perhaps even a marked decline, in key community health outcomes, measured by metrics, such as Years of Potential Life Lost (YPLL) and Quality-Adjusted Life Years (QALYs) lost. Effective Health Collaboratives may be one vehicle for preventing this in the future. As leaders, we must seize the opportunity to “fuse” public health and population health, setting a common agenda, and establishing integrated operating models. Health Collaboratives with effective management systems, that enable communications and coordination across these sectors, will have the opportunity to improve our ability to surveil, detect, and respond to future outbreaks of COVID-19 and other diseases. Embracing the importance of coordination and communications will also better position us to meet community needs, generally, address health disparities, create and maintain strategic and organizational alignment, and execute plans to achieve its desired results.

Leaders need to promote a culture of resilience. Just as we value excellence and empathy, and other critical behaviors, we will now need to embrace resilience as an essential behavioral competency. Early in my career, I had the privilege of working alongside some of the finest front-line leaders and staff in our field. Memories of being “knocked-down” by black-outs, strikes, and super storms, and of course by 9/11, are still vivid, and in each case I recall the importance and act of “getting back up”. The patients and communities that we served counted on us to “get up”. They needed us, and we rose to the occasion, drawing strength from each another, from our patients, and from our communities.

The current public health crisis is no different, except it is! With most disasters, resilience, typically physical and psychological, enables one to serve under unusual circumstances for short period of time. In contrast, COVID-19 requires a sustained resilience at a level needed once or twice every hundred years or so. Remember the Spanish Flu? I don’t. So, how might we learn about sustained resilience. For models or examples, we need to turn to war-time lessons. Soldiers often served multiple tours in conflicts like WWI and WWII and Vietnam. History tells us that many soldiers were resilient over long periods of time, and that this resilience was enabled when their tours were limited in duration, when their mission and consequences of failure were clear, when they were equipped to do their jobs, and yes, when they were recognized for heroic acts, made possible by sustained resilience.

Front Line Focus

Several week ago, I wrote: “there are no words to express how much we all appreciate” our [#healthcareheroes](#), and again today, there are no words. Even the numbers remain elusive. We do, however, know that our [#healthcareheroes](#) have treated hundreds of thousands of COVID-19 patients and across the globe more than 900,000 patients have recovered, to-date, thanks to front line leaders and staff. So, today, we thank them, by recognizing some the patients they’ve sent home:

[Arkansas Veteran's](#) [Ascension Florida](#) [Baystate](#) [Brigham and Women's](#) [Englewood Hospital](#) [Hackensack Meridian South](#) [Montefiore](#) [Mount Sinai](#) [NYP Queens](#) [Northern Mississippi](#) [Northwell](#) [UC Health](#) [Edward-Elmhurst](#) [Ochsner](#) [Henry Ford](#) [Portsmouth Regional](#) [Providence](#) [Sacred Heart](#) [Saint Luke's](#) [Trinity](#) [Wellstar](#) [Cobb](#) [Yale-New Haven](#)

As healthcare leaders, we are required to be resilient and enable resilience among our staff, at any cost. We are required to seek resilience and foster it; to expect it, to recruit leaders and staff that embody resilience and are receptive to developing it. We, as leaders, must model the behaviors that allow us to be resilient, and we must help our teams practice these behaviors. We must also recognize and reward these traits. We are blessed to have many heroes among us in this industry. Cultivating these traits, along with the other behaviors that we’ve valued in healthcare for decades, will help make the health system stronger and even better able to respond to the next wave of COVID-19 and future crises.

Health Collaboratives must seek alternative sources of financing. Despite a growing appreciation for Health Collaboratives, Delivery System Reform Incentive Program, associated 1115 Waiver, and other public funding cuts and uncertainties, along with inadequate insurance and reimbursement for community health and social services, necessitate the design and ongoing development of alternative business models. At a time when those that fund or pay for health and social services are more demanding than ever before, these models require high quality, affordable and accessible care and services in exchange for reasonable payment and/or investment. Funders, including a new class of social impact investors and donors, want results that translate into quantifiable community benefit, meaning increases in YPLL and in QALYs, and improvements on other health outcomes.

Health Collaboratives must establish full and seamless continuums of care and service. For Health Collaboratives to fully emerge, we must put the era of “soft” collaboration behind us. Meeting and convening to share ideas and best practices is useful, but no longer sufficient. As leaders, we must seize the opportunity to build a “whole that is greater than the sum of its parts”. We must develop comprehensive continuums of care and service. We have an undeniable opportunity to put the community’s interests first. We must assess the diverse offerings that often exist across organizations and identify points of integration. This must be done now to prevent losing the great progress that many DPS’s and existing community collaboratives have made in establishing vision, reforming mind-sets, and convening influencers and decision-makers. Assessing the Health Collaborative’s assets and performance with the aim of reducing duplication and eliminating gaps in service, will position Health Collaborative’s to develop programs and forge new alliances to “sure up” the continuum, enabling it to maximize the value it delivers to patients and the community, and positioning it to manage financial risk.

With best wishes for a safe and healthy week,



About Letters to Leaders

Letters to Leaders is a series written by team members at Fund Love and Lucania Partners. Each week we do our best to offer some perspective on the challenges we all face, as leaders. We also pause to reflect and thank our industry’s frontline leaders and staff, for showing us the way during this unprecedented period. We share our ideas and appreciations from a place of good fortune, gratitude, and humility.