



VENTURES

Common Ground Health Case Study

About This Case Study

These case studies were authored as a part of the evaluation of ReThink Health Ventures, a three-year project of The Rippel Foundation, conducted with support from the Robert Wood Johnson Foundation, to explore what could accelerate the progress of ambitious multisector partnerships working to transform health in their regions, and what often stands in the way of that progress. Through the project, Rippel's ReThink Health initiative supported multisector partnerships in six regions across the country as they worked to build practices that are essential for transforming a regional health ecosystem, including broad stewardship, sound strategy, sustainable financing, and a shared vision. Each participating partnership selected a handful of members to participate on the Ventures Team for their region. Those teams collaborated with ReThink Health and their broader partnerships throughout the project. Mount Auburn Associates served as the project's learning and evaluation partners.

We have authored case studies about each of the six partnerships to highlight their unique journeys toward health transformation, with a particular focus on their work in Ventures, as well as insights that can be applicable to a wide range of stewards working to transform regional health ecosystems across the United States. You can find the other case studies, along with a detailed evaluation report about ReThink Health Ventures, at www.rethinkhealth.org/ventures.

We are grateful for the time and energy that so many people contributed to support the development of these case studies. Most importantly, the authors would like to thank the leaders who participated in Ventures for their tireless dedication to transforming health and well-being in their communities.

Common Ground Health Case Study

Finger Lakes, NY

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Overview

New York's largely rural Finger Lakes region, which includes a nine-county area as well as the city of Rochester, has a long history of collaboration to reduce health-related costs and improve health outcomes. This history began over 50 years ago, through the leadership of the region's largest companies, such as Eastman Kodak. A number of case studies have been written about why the region, and Rochester in particular, "leads the country as a beacon of high performance on cost and quality."¹ According to one of these cases, "The Rochester story reflects a local culture that has been built where all stakeholders recognize that we are all in this together."²

The ReThink Health Ventures team supported one of the region's core health transformation organizations, Common Ground Health, through a strategic planning process. A cross-sector board of directors, comprised of health care providers as well as leaders in education, business, and human services, leads Common Ground, which has its roots in facilitating regional planning around health care facilities and technology capacity planning. Board members saw an opportunity through Ventures to address a number of questions, including: "What has Common Ground's historical role been, what is its current role, and what should its role be going forward?"

Context

Common Ground serves a broad geographic area, including nine counties with both urban and rural populations. Additionally, the region has a strong history of health care cost containment and collaboration to support outcomes related to the Triple Aim (lower costs, better outcomes, and improved patient experience). Today, particularly in Rochester, there are a large number of cross-sector partnerships designing innovative efforts related to the social determinants of health, systems integration, shared data systems, and health disparities. This context plays an important role in understanding the work of Common Ground in Ventures.

1 Morrison, Ian, Ph.D., Ian Morrison on Community Collaboration for Health Care. *Hospitals & Health Networks (H&HN)*, December 1, 2017; Hall, William J. and Paul F. Griner, *Cost-Effective Health Care: The Rochester Experience*. *Health Affairs*, Spring 1993.

2 Ibid.

3 U.S. Census, American Community Survey 2013-2017.

VENTURES TEAM, GEOGRAPHIC SCOPE

- **Ventures Team:** Common Ground leaders, including executive director, director of strategic initiatives, and director of research and analytics; current Common Ground board chair and leader at a regional school of nursing; Common Ground board chair elect and leader at major health care system; Common Ground immediate past board chair and leader in the business community
- **Geographic Scope:** New York's Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates counties

www.commongroundhealth.org/

Community Context: The Finger Lakes region has a population of 1,279,000 people living in nine counties. Monroe County is the most densely populated; it includes Rochester, the third largest city in the state. The eight other counties in the region are predominately rural, with populations ranging from 18,000 to 110,000. The area's demographic profile has changed little over the years, except its total population has declined relative to that of New York state—depressing the region's economy.³ The region is predominately white with eight of the nine counties estimated to have 88.3 to 96.7 percent of their populations identifying as white and only 1.7 to 4.1 percent identifying as Hispanic. Monroe is the largest and most diverse with 24 percent of residents identifying as non-white and nearly 8 percent identifying as Hispanic.

For many years, Rochester was home to the headquarters of manufacturing giants Eastman Kodak, Bausch + Lomb, and Xerox. At its height, in the 1980s, Kodak employed 60,000 workers in the region. George Eastman, Kodak's founder, held a prominent position in the community, and local stakeholders worked closely with and were greatly influenced by their colleagues in the business community. However, manufacturing began a steep decline in the early 2000s. A large number of jobs were lost as a result of corporate bankruptcies, including at Kodak; mergers that led to companies moving away from the region; and companies such as Xerox making significant cuts to their local workforces. Though some manufacturing jobs have been added back, the manufacturing sector overall is expected to continue its decline, and the area's large manufacturers no longer have the influence they once did. Instead, other employers, like Paychex, Wegmans, and Constellation Brands, as well as the region's two health care systems, Rochester Regional

Hospital and the University of Rochester Medical Center, have begun to rise in regional significance. The region's largest employment sectors are now health care and social assistance, accounting for approximately 85,000 jobs in the Rochester metropolitan area, according to 2018 data from the New York State Department of Labor.⁴

Political and Institutional Context: The Finger Lakes region has a relatively complex and mature health ecosystem, with a number of closely related cross-sector initiatives in addition to several well-established health care players. A number of well-established partnerships are designing innovative efforts addressing the social determinants of health, systems integration, shared data systems, and health disparities. Common Ground has an especially long history in the region, emerging from a health planning council created in 1961 by community leaders and led by the director of Eastman Kodak Co. The 1974 National Health Planning Law officially designated this council as the Finger Lakes Health Systems Agency (FLHSA). The FLHSA, which changed its name to Common Ground Health in 2017, is the last remaining health systems agency in the nation.⁵

Common Ground is overseen by a cross-sector board of 23 community leaders, including representatives from hospitals, payers, local businesses, government agencies, and service providers. It works with an additional 240 partner organizations and businesses to improve access to and quality of care and better health outcomes for all through population-based analytics, cross-sector collaboration, and health care practice transformation. To support its community engagement efforts, Common Ground also oversees the African American and Latino Health coalitions and the Partnership for Access to Healthcare (PATH), which all focus on issues related to health disparities. While Common Ground has evolved considerably over the past decade, it uses the Triple Aim goals to guide its health care strategy. Much of its work to date has centered on efforts focused on health care delivery.

Advancing Health Transformation with ReThink Health Ventures

The Ventures experience has transformed how Common Ground's leaders see their role. They have shifted their vision, viewing the region more as a complex health ecosystem—consisting of a wide range of organizations and partnerships working to broadly support health and well-being for all residents

in the region. They have come to appreciate more deeply that they are one of many important groups working to help that ecosystem to thrive, and can play a more effective leadership role by strengthening the network of organizations working to bolster the ecosystem. The story of how the leaders of this organization, one of the oldest health transformation entities in the U.S., have come to embrace the concept of distributed leadership as a means to rebuilding a sense of shared ownership for regional health transformation efforts, provides insights into the need to be adaptable and strategic in light of the changing regional context when working to transform regional health.

How leaders are working differently

- 1. Embracing distributed leadership as a model for regional stewardship:** Common Ground's leaders have shifted their mindset about their role in the region, realizing that they do not need to always lead directly, and can instead advocate for and model distributed leadership. Within a distributed leadership structure, the work happening within and across collaborative partnerships in a region to achieve a common purpose are distributed among many groups and individuals rather than owned by a single entity. Distributed leadership shifts focus onto relationships among many parties, with each taking some responsibility for leading on behalf of the whole and building alignment through relationships and mutual commitments.

Perhaps the greatest impact resulting from Common Ground's work with Ventures was the organization's new approach to regional stewardship, which is anchored in distributed leadership. Developing this practice meant recognizing that the existing network of trusting relationships in the region needed to be strengthened. The Ventures team realized that, while there was a broad base of influential stakeholders in the Finger Lakes, they were not collaborating effectively. One board member remarked,

"[We have moved] from being reactionary or defensive and needing to define our territory . . . to saying there is a lot of good work going on. Let's bring in everybody. Let's make a bigger tent and support other groups, help them see common parts that should be worked on in a broader sense by the whole community."

This practice has encouraged a shift in how Common Ground participates in a number of regional initiatives. New conversations between Common Ground and Rochester Health Information Organization (RHIO), the Finger Lakes Performing Provider System (FLPPS, an initiative supporting regional Medicaid reform), and the Rochester-

⁴ <https://www.labor.ny.gov/stats/cesemp.asp>

⁵ Established in 1974, HSAs were formed to provide local direction and control of health care planning in regions across the U.S. In 1986 HSAs lost their legislative authorization and federal funding ended. States were free to maintain HSAs with their own resources.

Monroe Anti-Poverty Initiative (RMAPI, coordinated by the United Way) indicate that stakeholders in the region are now better prepared to work across organizational boundaries in ways that were not possible even a short time ago. Conversations about how each of these groups can support a shared vision around health system transformation have brought greater clarity regarding each organization's unique roles and responsibilities. Common Ground is acting as a subject matter expert across multiple initiatives, providing data, analysis, and strategic thought partnership with key leaders. Additionally, the organization is making Whole Child Health (which supports a holistic view of children's health that includes physical, cognitive, social-emotional, and behavioral health) a major priority, but rather than assuming it needed to lead this work, it is working with others to support ongoing activities.

2. Incorporating strong system thinking: Common Ground staff, board members, and many of the board members' organizations have developed a deeper appreciation and understanding of system thinking and system approaches.

Common Ground's work to develop a theory of system change through Ventures helped to shift both mindsets and actions across the organization, including the board. The effort involved understanding how the many forces that shape health in a region can work together effectively as a system. This pushed the thinking of the team and reinforced the importance of taking a system approach in the strategizing, planning, and implementation of their work. Looking at the multiple systems impacting health and well-being led Common Ground into some new areas, such as prioritizing new work around the region's food systems and included convening a partnership to address access to healthy and fresh foods. Common Ground's leaders have noted that the system thinking approach helped to also change the perspective of the organization's board of directors. "The upstream is where [staff's] hearts were, but, for some of the board members, it was a little hard to really give us permission to go there because it wasn't traditionally what we've been doing," said one team member.

Common Ground has also established a standing internal group, comprised of the organization's staff, tasked with ongoing strategic planning that looks at its entire portfolio over many decades. The board now sees strategic planning not as a once-every-three-years process, as it had been prior to their work with Ventures, but as an "evergreen function."

3. Adopting a more ambitious agenda, moving to a broader set of vital conditions that help residents of a community to be healthy and well (such as early childhood development) and a deeper commitment to achieving health equity:

The organization is now supporting work across many of the systems impacting health and well-being, including transportation; community development; housing; and systems integration involving health, human services, and education.

Common Ground's executive director Wade Norwood reported that, prior to working with Ventures, "[Upstream work] tended to be trumped by the clinical work and by the programmatic intervention, as opposed to the policy intervention." The process of developing a shared value proposition narrative, rooted in an aspirational and long-term view of the future and recognizing what the organization needed to shift to get there, was significant to the evolution of Common Ground's thinking. The value proposition narrative helped to strengthen Common Ground's vision and broaden its leaders' thinking about collaborative approaches to achieving health equity.

Through this work, Common Ground began to rethink its long-term direction and role in the region. This led to the recognition that its model for health system transformation through data-informed, cross-sector collaboration could not be achieved by simply by addressing health care costs and quality. It also needed to address health disparities in the region, empowering the many regional stakeholders who also play important roles in advancing health and well-being. This shift in thinking led the group to articulate health equity as a core value of Common Ground for the first time.

The most immediate impact of this work has been the reconfiguring of how Common Ground engages the coalitions it had historically convened to represent the African-American and Latino communities, which had not been a formal part of the organization's governance structure. Common Ground has worked with each group to formalize their involvement in the ongoing strategizing and implementation of Common Ground's work.

Learning from Common Ground

The ways in which the Ventures work evolved in the Finger Lakes are particularly relevant to stewards leading health transformation work across the country, particularly those working within a long-established partnership looking to evolve. The experience provided lessons about the need to pay close attention to demographic and economic trends, to periodically recalibrate shared values and the approach to stewardship, and to recognize the importance of a

core entity focused on long-term health and well-being in the region.

Ways to advance progress

Wearing multiple hats: Volunteer leaders of nonprofit organizations are accustomed to removing their own institution’s “hat” and putting on their nonprofit’s hat. But, in the case of Common Ground, the Ventures team encouraged board members to wear multiple hats—that of the organization or institution that they were representing and that of a Common Ground board member and advocate. This is allowing Common Ground to operate more like a well-networked cross-sector partnership than a single organization that works collaboratively. One of the board members remarked, “We’ve learned that it’s okay to leave your organizational hat on . . . it’s a harder conversation, but you can’t move forward without it.” A board member representing one of the hospital systems reported that he wears three hats, “I am there to steward Common Ground Health to drive value on behalf of the region; secondly, to provide granular leadership to Common Ground on how it goes about doing that; and, third, I am there to ensure that the discussion of #1 and #2 reflects the reality of our health care marketplace that I am part of.”

Having difficult conversations and embracing the concept of distributed leadership: Leaders in the Finger Lakes region have had to confront personal and organizational rivalries impacting their abilities to achieve health transformation. Learning how to have difficult conversations and embrace the concept of distributed leadership has offered a potential path forward for Common Ground and other organizations that recognize both the need for alignment and the challenges that that entails.

Common Ground’s Norwood expressed this mindset shift well: “To me, the incredible value of a model of distributed leadership is understanding what my music teacher told me in seventh grade, ‘Sometimes the sweetest note is the rest note. Sometimes the brass section isn’t playing at all. Sometimes the woodwinds aren’t playing. It’s okay not to play in a movement as long as you understand that you’re part of the entire symphonic whole.’”

Through Ventures, Common Ground realized that it not only does not have to always be the conductor, it does not have to always be the first chair of the violin section either. Of course, if a regional approach to distributed leadership is to take hold, multiple organizations must come to this same understanding.

Rethinking is necessary in the face of changing regional contexts: The Finger Lakes region, and Rochester in particular, has received a lot of attention

for its past successes around cost containment and health care quality. However, what worked in the past to affect these outcomes may not work today given the evolving federal and state policy context, regional economic context, and regional ecosystem of organizations working to advance change. It is critical that no region remains stagnant in its approach to health transformation. Stewards require time and space to step back on a regular basis to assess the current context, refresh their institutional structures, and innovate. This can help ensure continued progress on the complex pathway toward health transformation.

Ways that progress can be derailed

Navigating multiple strong partnerships and institutions working to advance community change: Although the Finger Lakes region has a strong history of collaboration, in recent years, the emergence of many new collaborative groups and efforts working in the community health space has resulted in some inter-organizational competition, as well as tensions among the leaders of these groups. While it remains a challenge, recent changes in leadership, context, and approaches may ease some of this tension moving forward.

Changing health care environment: For decades Common Ground has played a key role in supporting effective regional health care planning and cost containment. These efforts occurred under fee-for-service payment models, where providers were paid for services based on the volume of care they delivered. However, current health care trends, including a shift to value-based payment models, are requiring Common Ground to redefine its role. Under value-based payment models, cost containment and resource planning occurs intrinsically because payments to providers are tied to the value of the services that are provided to individual patients and patient populations more broadly. Because of this, Common Ground’s historical focus of convening around issues of cost containment and health care planning need to be redefined to ensure continued positive outcomes for the community.

Facing the loss of state political leadership in a state that has historically supported Common Ground’s work and brought resources to the region: Common Ground has had strong relationships with powerful state political leaders, helping it to bring in resources to sustain its functions. However, with the 2018 election of a key state representative to the U.S. Congress, Common Ground and others in the region may have more challenges as they seek state support for their work. This may require that they approach advocacy work with the state government in new ways and through new avenues.

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