

Greater Columbia ACH Participant Survey: 2018 Results



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 GCACH's participant survey



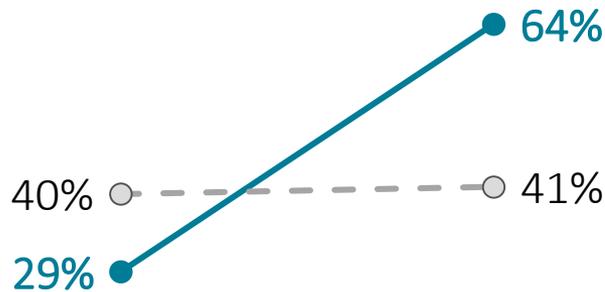


105 people from your ACH responded to the survey, for an overall response rate that was higher than the state average.

The response rate of the Board was higher than both the state average Board response rate and GCACH's overall response rate.

Overall response rate

● GCACH ○ Statewide average

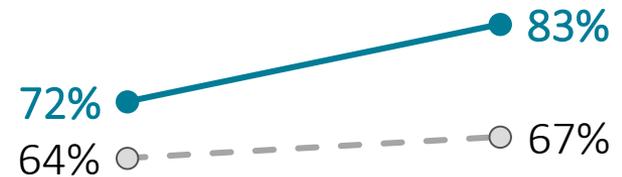


2017

2018

Response rate of Board

● GCACH ○ Statewide average



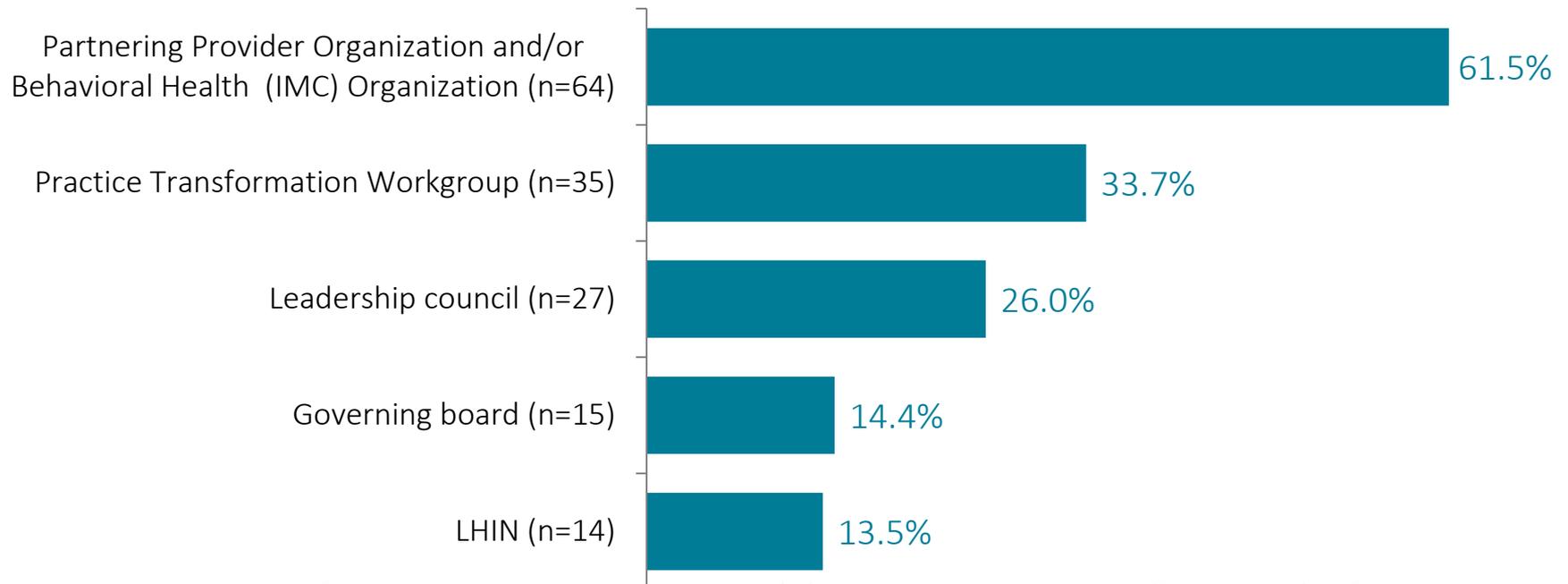
2017

2018

Note: GCACH sent the survey to 428 people in 2017 and 163 people in 2018.



Survey respondents represented 5 membership groups. Most of the respondents were involved in the Partnering Provider Organization and/or Behavioral Health (IMC) Organization.



Respondents self-selected which group(s) they are a part of. **35.6%** of respondents said they were involved in more than one membership group.

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 most commonly identified sectors were behavioral health provider/organization, primary care, and CBOs.

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

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

Respondents self-selected which sector(s) they represent. **71.4%** of respondents chose only one sector.

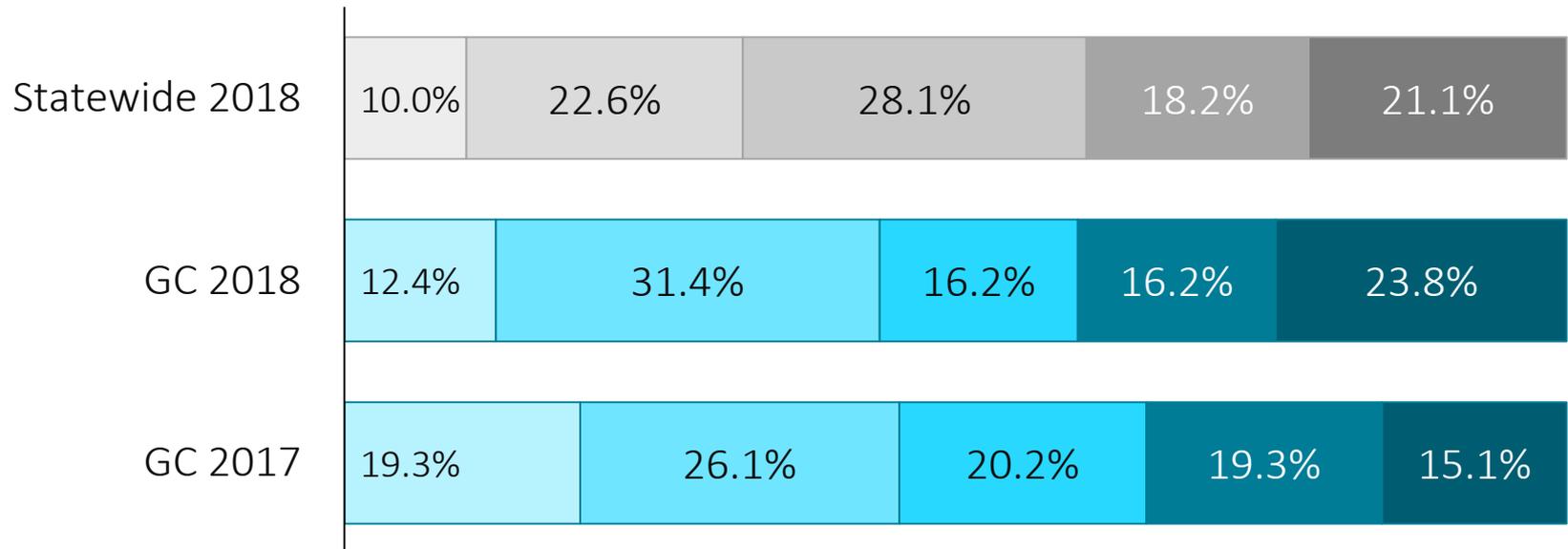


Almost one quarter of survey respondents reported being **involved for more than 3 years**, a higher proportion than in 2017 and higher than the state average.

Compared to 2017, a smaller proportion of respondents in 2018 had been **involved at GCACH for less than 6 months**.

Length of involvement in the ACH:

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



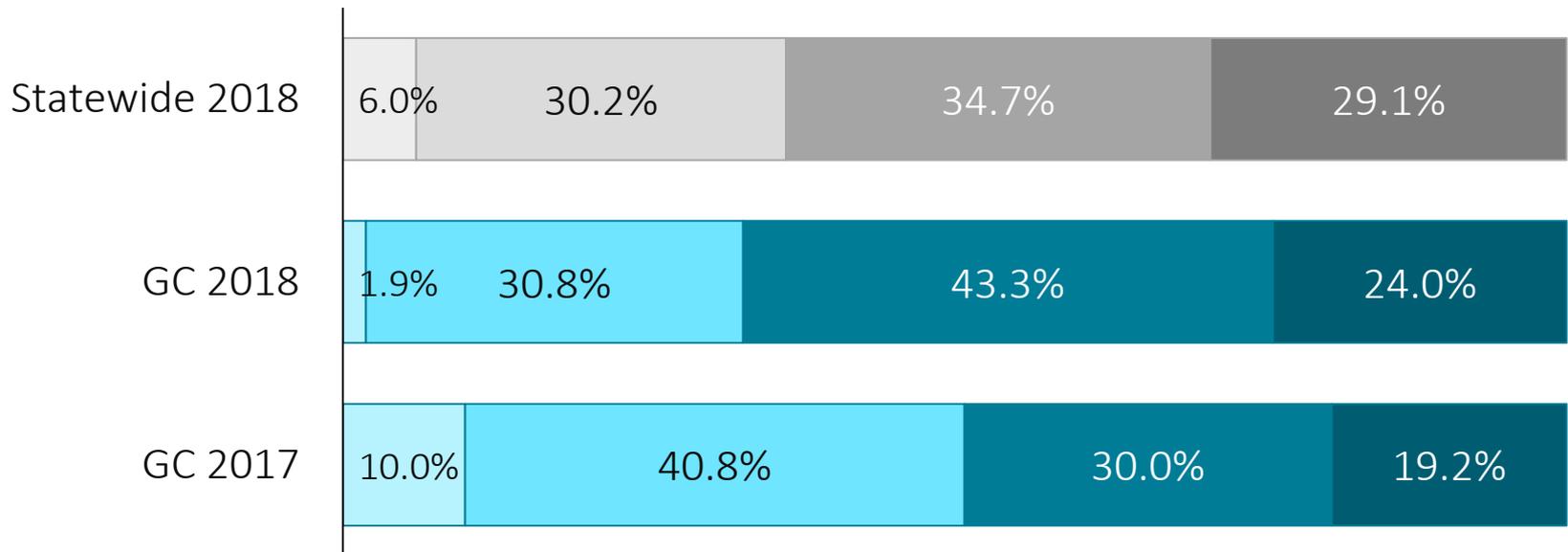


Two-thirds of respondents reported being **engaged or very engaged** in GCACH's work.

This is higher than in 2017 and the 2018 statewide average.

Level of engagement in the ACH:

Not engaged Somewhat engaged Engaged Very engaged



ACH Functioning & Impact:

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



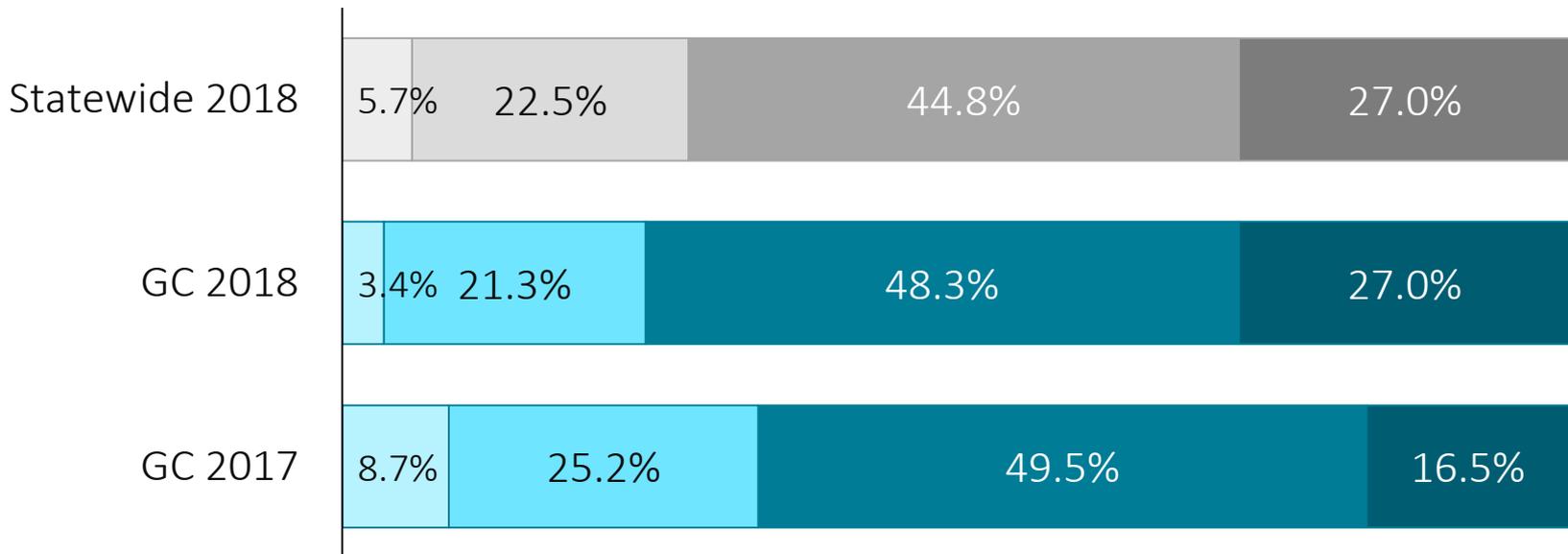


Three-quarters of respondents in 2018 reported being **satisfied** or **very satisfied** with how GCACH is operating.

This is higher than in 2017 and 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.

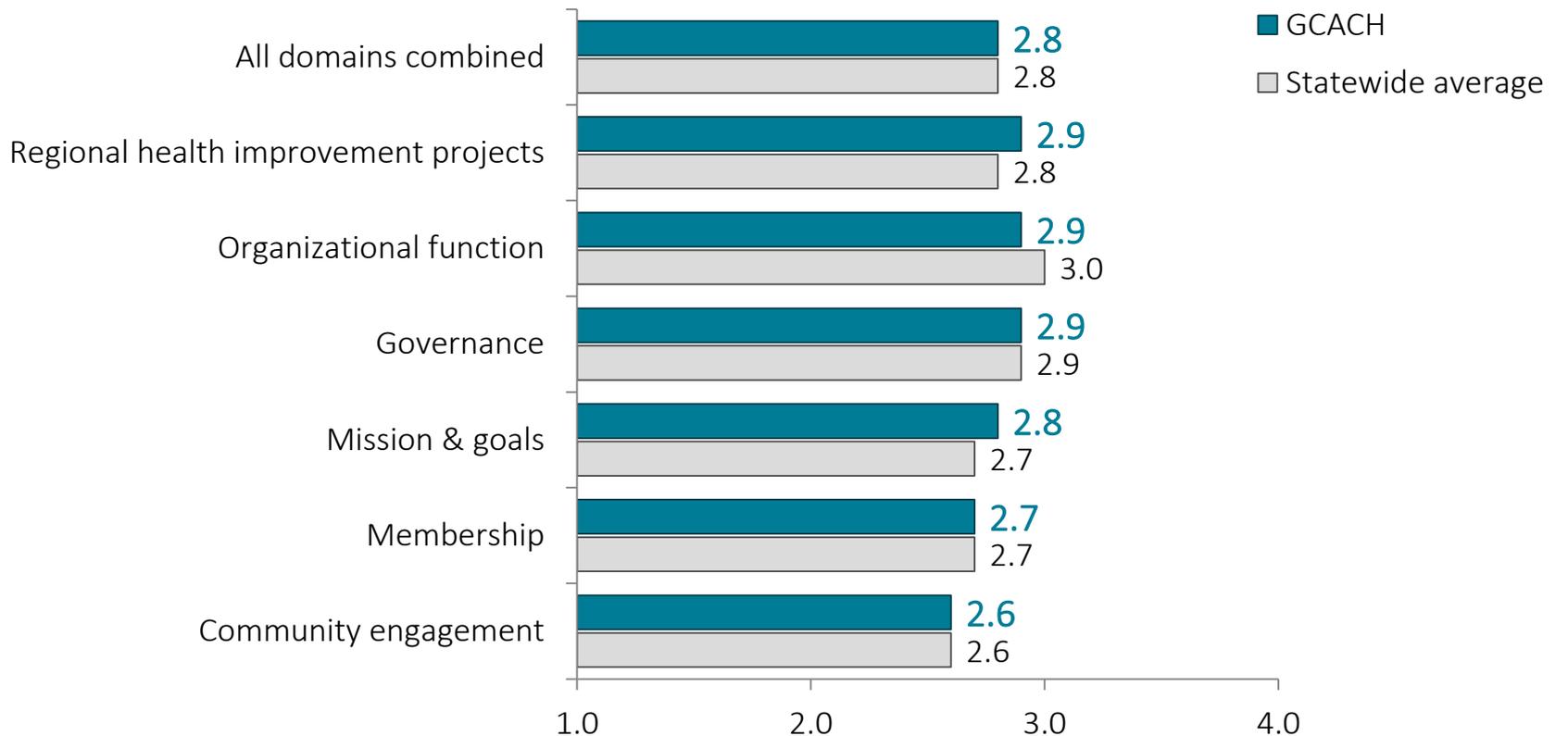
Regional health improvement projects & activities

- 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 regional health improvement projects, organizational function, and governance domains highly. The community engagement domain is an opportunity for improvement.

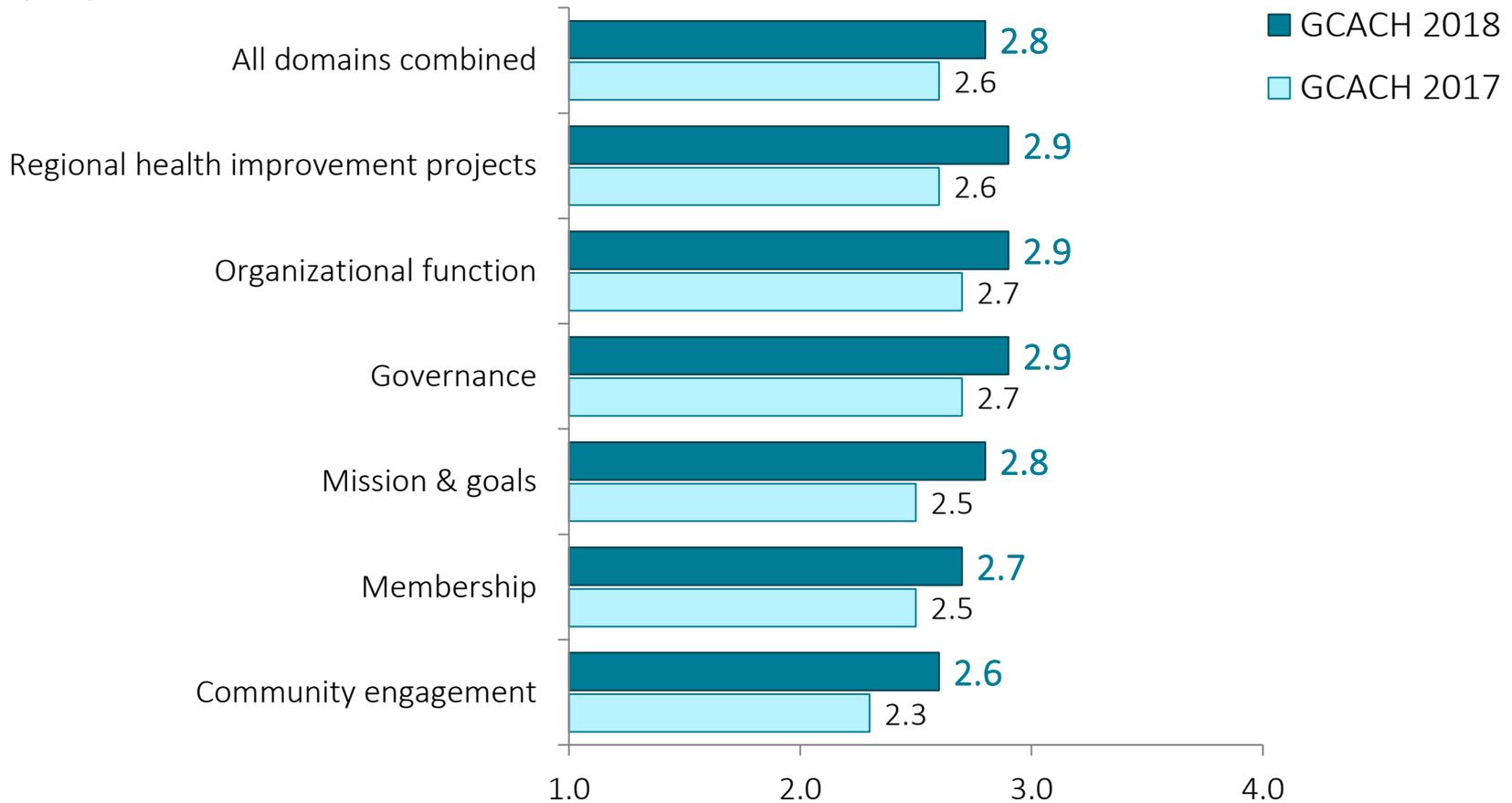
GCACH's domain scores were about the same as the statewide averages.



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 all domains higher than in 2017. These changes were significant for the community engagement and regional health improvement project domains.



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 significantly higher by respondents who were more satisfied overall with the ACH than those who were less satisfied.
- **Engagement level:** All of the survey domains were rated higher by respondents who were more engaged with the ACH than those who were less engaged, though none of these differences were significant.
- **Length of participation:** GCACH members who had been involved for less than two years rated survey domains higher compared to those involved for more than two years. The only significant difference was in the mission and goals domain.
- **ACH membership group:** The Board rated nearly all domains higher than respondents who were not on the Board, though none of these differences were significant.



Drilling down to individual survey components:

The top three strengths and opportunities for improvement

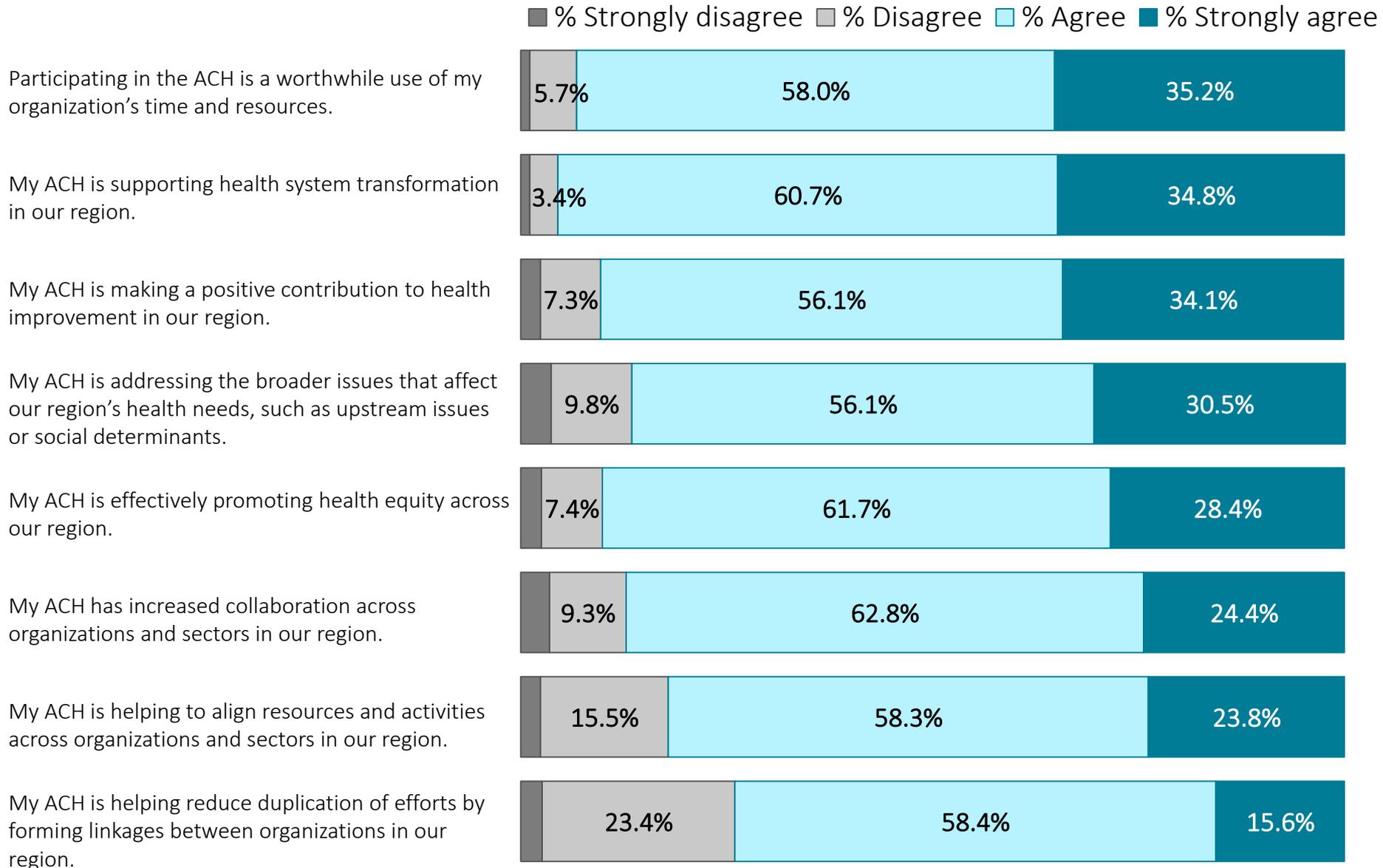
Strengths

- Has leadership and staff that work to further the agenda of the collective ACH.
(38.9% rated as outstanding)
- Has leaders who bring the skills and resources that the ACH most needs.
(36.4% rated as outstanding)
- Communicates information clearly among members to help achieve ACH goals (via meetings, emails, calls, etc.)
(35.1% rated as outstanding)

Opportunities

- Engages the broader community with opportunities for public comment or participation.
(25.3% rated as needs improvement)
- Communicates effectively with the broader community about the ACH mission and activities.
(23.5% rated as needs improvement)
- Agreement on how to continue regional collaboration beyond the period of the Medicaid Transformation.
(21.7% rated as needs improvement)

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





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

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

My ACH is supporting health system transformation in our region.

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

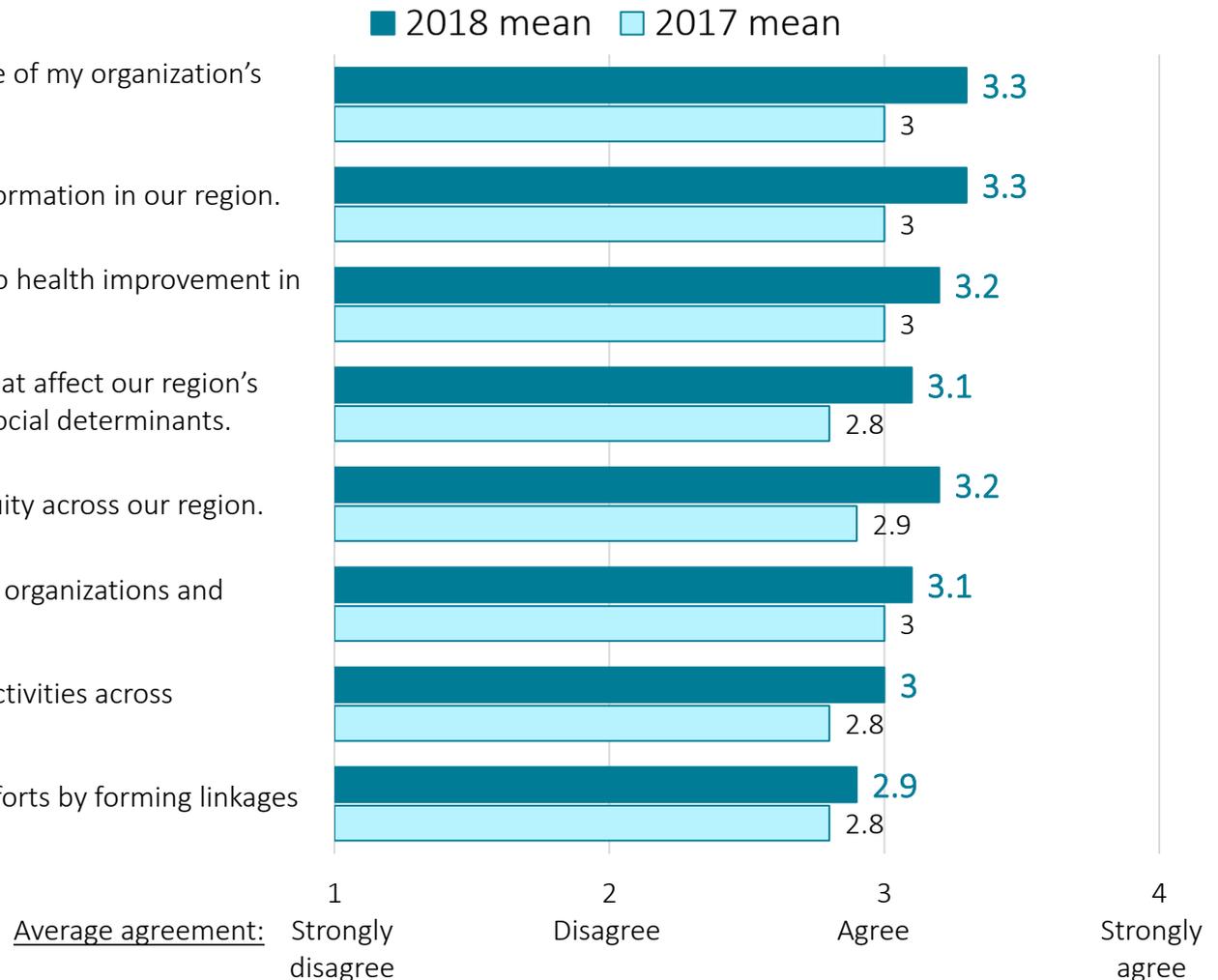
My ACH is addressing the broader issues that affect our region's health needs, such as upstream issues or social determinants.

My ACH is effectively promoting health equity across our region.

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.

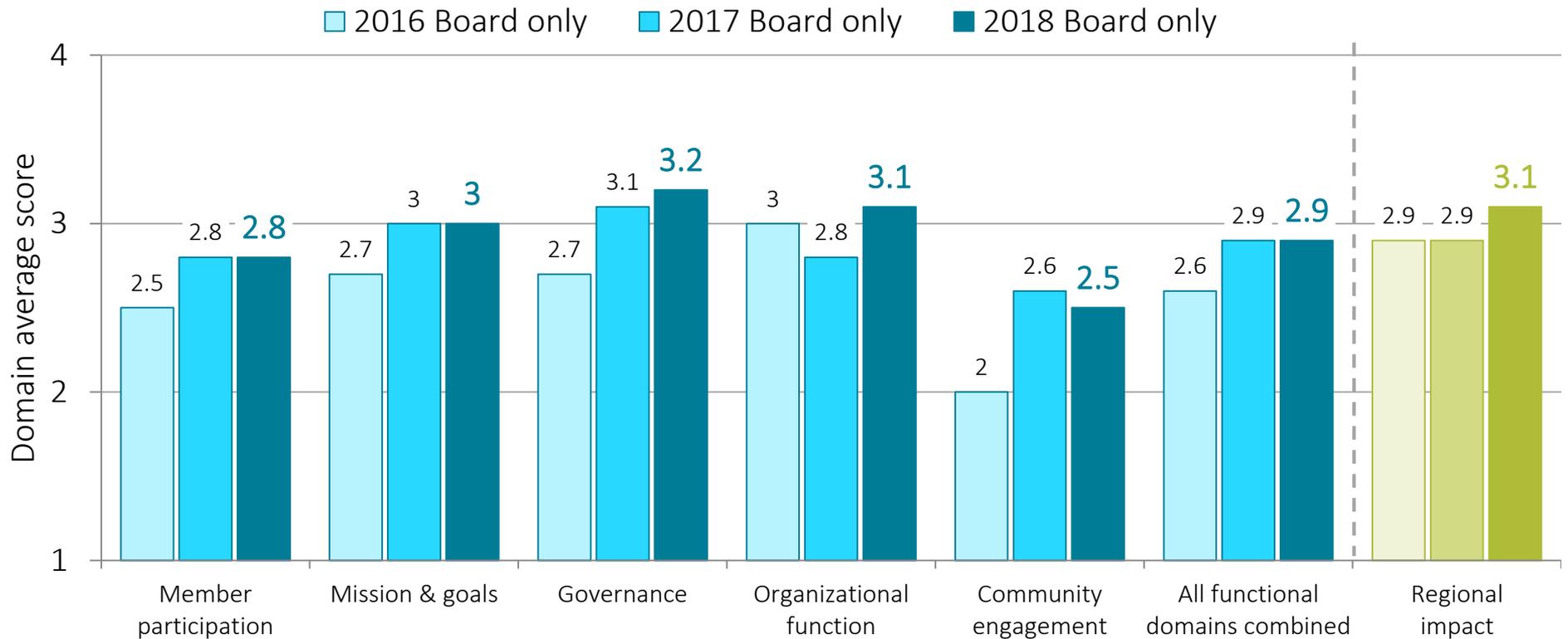
My ACH is helping reduce duplication of efforts by forming linkages between organizations in our region.





When only looking at indicators that were in the past 3 years' surveys:

Board members tended to rate domains slightly higher over time, though none of these differences were statistically significant.



Rating scale for **ACH function** domains:
1 = Needs improvement; 2 = Adequate; 3 = Good; 4 = Outstanding
Don't know = missing value

Rating scale for **regional impact domain**:
1 = Strongly disagree; 2 = Disagree; 3 = Agree; 4 = Strongly agree;
Don't know = missing value

Note: Responses of Board members were compared over time, by domain, but only included survey questions that remained the same year-to-year. The regional health improvement project domain is not included - it was new in 2017.



Feedback on GCACH'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:

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

"Growth with the apparent inclusion of Behavioral Health (SUD Services In particular)"

"Effectively building partnerships with multiple agencies across the region."

Transformation project progress, particularly bi-directional integration and practice transformation efforts.

"Distribution, completion and return of Current Status Assessments to all stakeholders for the purpose of identifying needs related to practice transformation and allocation of funding; has also launched four groups focused on the priorities of the ACH."

"Added staff to support the work of the ACH; decision to focus on practice transformation and patient-centered medical home."

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:

Communication and transparency, including accessibility and clarity of information and updates especially for newer partners or stakeholders.

“At times there have been very nice timeline reviews, keep those up, didn't get one for timeline on Practice Transformation yet...Be clear about saying "we think" this is how it will work... some of the things I thought were decisions were actually just estimations in the absence of answers from HCA.”

“Provide more information to new member agencies (there seems to still be a lot of things we do not know?)”

Organizational/staff or governance structure and issues: comments related to size/bureaucratic nature of the organization and how that impacts the work.

“It could be less bureaucratic but I think that is more part of the State system design than our ACH.”

“The ACH is very interested in full consensus among constituents which tends to slow progress. I would like it to move more quickly through the consensus process.”

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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, coordination and participation of the necessary partners and sectors.

“Bringing all the key stakeholders into agreement on service priorities. Tightening down communication with the different providers.”

“Coordination with the Behavioral Health Organizations into a consolidated provider network will be challenging as that is a significant transformation of a poorly designed system.”

Implementing the Medicaid Transformation projects – moving to action, especially with bi-directional integration.

“Practical and logistical support of implementation of MCO transition without decimating the SUD/BH/MH providers.”

“Some agencies are going to be struggling to bring IMC into their shop and ACH may find those agencies not having the time to spend on the projects.”

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.

“I think we have connected on such a larger level than we ever had before with people and organizations in the Yakima Valley and Columbia Basin which is great. We are learning from each other in a way we never have before.”

“Greater awareness of provider organizations and the importance of partnering with CBO’s.”

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

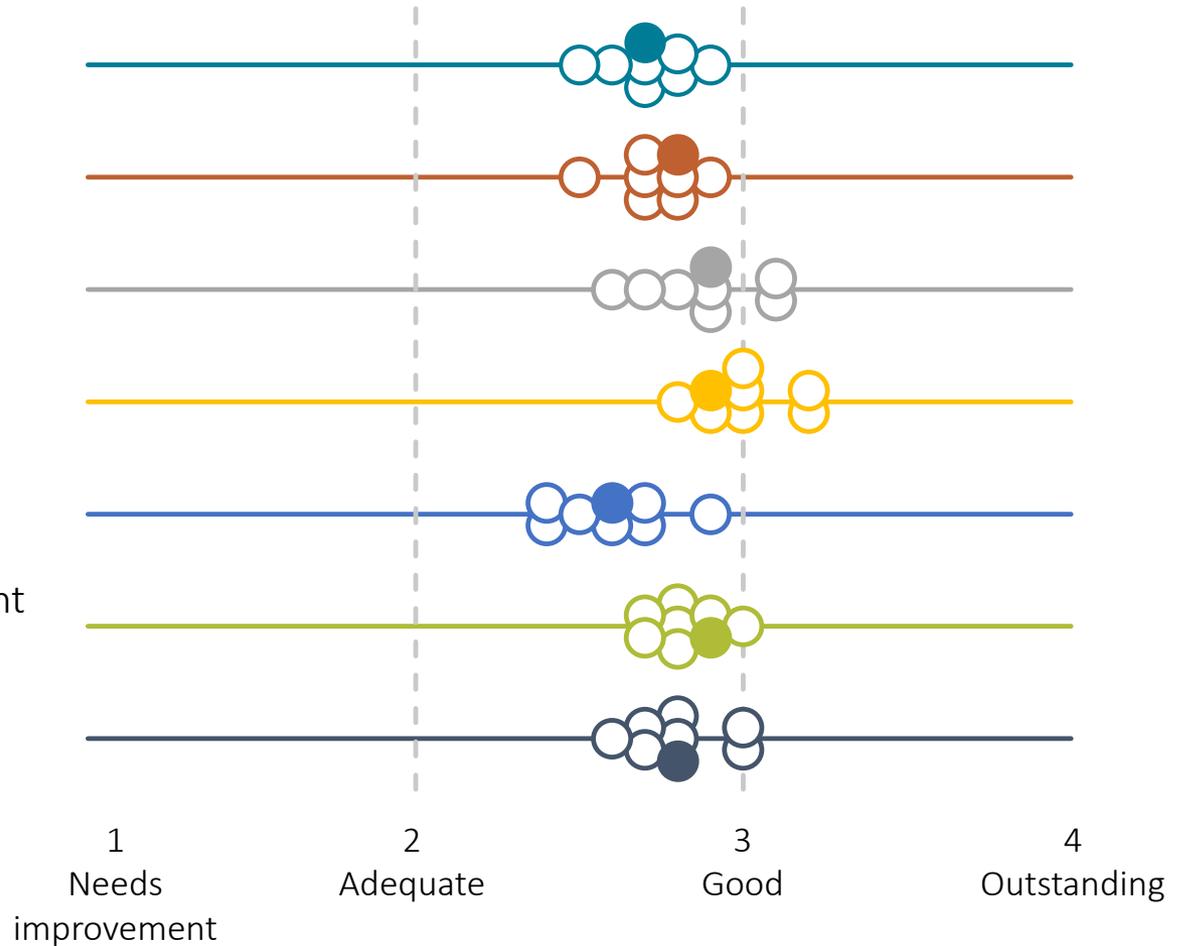
● Governance

● Organizational function

● Community engagement

● Regional health improvement projects

● Overall score (all domains combined)



Each dot represents one ACH.

GCACH 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.

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