

Part 1: Using Grantee Convenings to Solve Common Problems

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The complexity of health care creates specialized islands of activity, each focusing on one of health care's many moving parts. While it is necessary and desirable to have pockets of expertise in areas as diverse as health care data, clinical practice, payment mechanisms, and community health, it can too often keep different groups narrowly focused on their own part of the system.

As a health foundation, MeHAF works with organizations across this range of specialized expertise and services. We see what the organizations themselves may not: that they are tied together by common challenges and a desire to make Maine a healthier place to live and work. We see the connections, and we know there is power in bringing these diverse organizations together to solve common problems.

Because we recognize the importance of building these relationships, grantee meetings are an essential part of our grant funding strategies. Grantee meetings create the space, both physical and psychological, for people to forge new connections and build trust. The meetings give grantees a chance to get to know others throughout the state and see them as partners and colleagues rather than just representatives of their own organizations. These connections create bridges both within the health care system and outside of it, bringing new possibilities and new life to payment reform work.

New "stories" for innovative solutions

The health care system is multifaceted, and each facet is a world with its own interests, pressures, concerns, vocabulary—and its own myths and stories about the problem and the options for solving it.

When we bring together people who work in different health care roles and settings, they learn new stories about the root causes of problems like waste in the health care system or quality of care issues. They learn to see the contributors to the problem in new ways. They also begin to see new options and start to access more of their collective power to make changes. It is as though they have been working with the five-color box of crayons for years, and now someone has dropped a box with 64 colors on the table.

The solutions are still not easy or apparent, but now there are more tools and additional pathways forward. Darcy Shargo, COO of the Maine Primary Care Association, put it this way: "There's a relative lack of agreement about what the pathway forward is. And I think the role that [MeHAF] play[s] that's really important is to help people from different perspectives understand that there might be a common pathway." <https://vimeo.com/134869269>

When health care professionals gather from the farthest corners of the health care system and meet on neutral ground, the ideas flow and the horizons of "possible" begin to expand.

Grantees form learning communities

Continuous learning is a must for anyone who works in the health care system, which depends on ever-changing bodies of knowledge in fields as diverse as medicine, law, insurance, wellness

and more. There is something new to learn nearly every day, and peers are essential for this rapid cycle learning.

When Tracy Harty from Franklin Memorial Hospital and Melissa Skahan from Mercy Health System began their payment reform projects focused on addressing charity care costs, they were not necessarily expecting to find someone to learn and grow with. Coming from two different communities but sharing similar concerns, they have been able to share their experiences and learning through their MeHAF connection.

“I think the fact that MeHAF brings grantees together has been incredibly important and valuable. I would not have met Melissa,” says Harty. “So often you get a grant and have your outline and then you’re just sort of left on your own to struggle through it. But coming together to hear what others are doing, and getting ideas from each other, that has been extremely helpful for me.”

Learning communities offer grantees a broader perspective and a faster cycle of action-reflection, as they learn not only from their own work but from the work of others. Kitty Purington from the Office of MaineCare Services said it this way: “An unexpected challenge for me was ... the realization that payment reform is not enough. Payment reform kind of gets you in the door, but the need for support and technical assistance, and the learning collaborative and the community of peers and guidance and vision ... those are just such indispensable ingredients to all this work.” <https://vimeo.com/134871081>

The first step to learning is being able to ask the questions and name the problems honestly. As Frank Johnson from Maine Health Management Coalition observed, the safe space of a convening inspires grantees to have “the candor to be able to acknowledge where there have been some real obstacles, and where assumptions didn’t develop as they anticipated and they had to re-try.”

Grantees see beyond turf battles to something bigger

Diane Boas from former grantee Prescription Policy Choices found the grantee meetings to be one of the most important parts of their grant. She observed that the relationships developed there helped to create “system change” and give grantees the feeling of being “part of something bigger than yourself.” <https://vimeo.com/134871458>

It is easy for organizations to get caught up in protecting their immediate interests, turf and status. Grantee meetings take people out of that mindset, showing them that in the long term, it is in everyone’s best interests to solve the complex problems that pose a threat to us all. It is one way to prevent health care’s own “tragedy of the commons.”

The benefits reach beyond those who attend the grantee meetings. When grantees understand the value of building relationships and collaboration, they take those skills and strategies into their own worlds. They bring it to their patient advisory councils and care coordination teams. They bring it to their work with payers, providers and policymakers.

Relationships are an investment in the health care system

The trust and collaboration fostered through grantee meetings is as necessary for our health care infrastructure as buildings, technology, payment mechanisms and research. As Bill

Primmerman of grantee Somerset Public Health stated simply, “without this opportunity, some of these relationships wouldn’t have happened.”

Through grantee convenings, our grantees learn that they are not alone in their work. They learn that the walls they thought separated them from other parts of the system are more like tricks of the light – not exactly real, and surprisingly easy to step through.

These relationships and connections create a health care community that is stronger and more resilient than any one of the organizations could be on their own. We can’t afford not to invest in this essential health infrastructure.

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