

How To Have Community Conversations:

A toolkit for advancing health in America



American Hospital Association, Committee on Research. (2014, September). *How to have Community Conversations: A toolkit for advancing health in America*. Chicago, IL: Health Research & Educational Trust.

For Additional Information:

Maulik S. Joshi, DrPH, (312) 422-2622, mjoshi@aha.org

© 2014 Health Research & Educational Trust. All rights reserved. All materials contained in this publication are available to anyone for download on www.hpoe.org for personal, noncommercial use only. No part of this publication may be reproduced and distributed in any form without permission of the publisher, or in the case of third party materials, the owner of that content, except in the case of brief quotations followed by the above suggested citation. To request permission to reproduce any of these materials, please email hpoe@aha.org.

Dear Colleague:

The American Hospital Association (AHA) has been working with hospitals and health systems to explore different paths for transformation as the future of health care is rapidly evolving and moving from a volume-based system to one now grounded in value. It is very likely that the shifting business model will mean significant changes for many hospitals and communities, which is why it is important to identify possible scenarios for change and paths to redefine the hospital of the future.

As our health care system changes over the coming decade, collaboration and partnership will be crucial to providing quality health care and cultivating healthier communities. The AHA's Committee on Performance (CPI) Improvement was tasked with exploring ways for hospitals to engage with their communities as an essential part of such transformation.

The CPI oversaw the development and implementation of six Community Conversations across the country; the purpose being to provide a venue for diverse community stakeholders to convene and discuss what is happening in their individual communities, why it is happening and what it will mean for the health of the community. The events were very well received and served as an important listening opportunity to better understand community expectations and needs as the hospital field looks to redefine the "H".

Moving forward collaboration will be more diverse than ever before, as hospitals are willing to try new things to promote the best health for the most important stakeholder of all: the patient. We encourage you to use the resources included in this toolkit and consider hosting your own Community Conversation. Listen and learn from all stakeholders in your communities; particularly those you may not work with often. When working together with the best interest of the patient as the primary focus, silos of care that exist both within a hospital or health system, as well as with other stakeholders, can begin to be broken. Hospitals and communities alike will have a better chance to weather our nation's changing health care system.



Rich Umbdenstock
President and CEO



Dr. Tom Burke
Chair, CPI Committee

Introduction

With health care rapidly evolving, hospitals and health systems are exploring different paths to transform their organizations during these changing times. Across the country, hospitals are considering a variety of options such as:

- Merging with a local, regional or national health system;
- Affiliating or establishing a joint-venture with another health system without ownership or asset change;
- Partnering more closely with health plans for payment redesign;
- Considering what clinical services may best serve the community, which may include discontinuing certain services; or
- Converting a full-service facility to one that focuses more on an area of specific need, given the resources of the community and region's other capabilities—such as, emergency care, urgent care, rehabilitation care or long-term care.

Current economic pressures, delivery and payment system reforms and the shift from a volume-based business model to a value-based model will necessitate that the hospital field consider redefining the “hospital” of the future. During this time of transformation, hosting conversations where community and health care stakeholders can come together and discuss a shared future and explore the future role of the hospital will be essential to ensure a successful process of transformation.

Need for Community Conversations

Relationship building and open communication will be vital for hospitals as they look to transform. While, the materials included in this toolkit will guide users in hosting a community conversation event, we first encourage hospitals to consider their goals for such an event and thoughtfully consider what “type” of group they would like to convene and around what topic. Current conversations have been focused on transformation and redefining the hospital “H” but this framework could certainly be used as an ongoing listening, learning and partnership tool with a wide variety of community stakeholders.

Objective of Hosting a Community Conversation

The purpose of the community conversation event is to convene community stakeholders, health care and non-health care, to initiate a dialogue about the changing health care environment and about the transformation hospitals are likely to undergo; whether that be integrating, specializing, partnering, experimenting or redefining themselves in some manner. Participants will have the opportunity to begin to develop strategies for change that the community can further build upon.

The primary objectives of the community conversations are to:

- Engage in a robust discussion on emerging health care trends;
- Gain a shared understanding of changing community health needs;
- Consider how changes and trends might impact both the hospital and, more broadly, the health of the community; and
- Encourage further dialogue and collaboration among all care stakeholders on the changing role of hospitals in community health.

This Toolkit Includes:

1. Timeline
2. Audience
3. Invitation
4. Logistics
5. Pre-event Survey/ Materials
6. Agenda
7. Moderator's Guide
8. National Perspective Slide Deck
9. Breakout Group Questions
10. Common Themes to Date
11. After the Conversation

1. Timeline

Timelines will likely vary based on event location, designation of speakers, etc. But the timeline below offers an outline for optimal event planning and execution.

- Select date – 4 months prior
- Build invitation list – 3-4 months prior
- Send out save-the-date notice – 3 months prior
- Send out invitation – 2 months prior
- Send out reminder invitation – 3 weeks prior
- Send out pre-survey to attendees – 2 weeks prior
- Send out post-event survey – 1 week post event

2. Audience

Audience make-up will likely change based on the individual community, but included below is an outline of how to build a audience that will prompt a robust, productive conversation.

Community Conversation events are intended to be structured dialogues, not open to the public, and are designed to initiate conversations regarding the challenges and opportunities to redefine the hospital “H.” Events should be planned to accommodate roughly 25 to 40 attendees. To ensure a group of that size, invitations should be sent to at least of 60 individuals.

Think strategically, both in terms of the goal of the community conversation as well as which community stakeholders would be most beneficial to attend, who could offer important insights and open doors for ongoing partnership. As hospital leaders often have opportunities to speak with one another, we suggest that the invitation list for community conversation events be representative of the local community and also include a variety of non-health care stakeholders. Those convening community conversations are encouraged to think beyond their comfort zone to invite a full spectrum of community representatives, including consumers and other public representatives they may not normally solicit feedback from. Ideally, the audience would be close to 75 percent non-health care participants. In thinking about building a list, the audience could include:

- Purchasers, large employers and local businesses;
- City, county or state departments of health and public health officials;
- Health plan representatives;
- Local elected officials;
- Consumer group representatives (AARP or other local consumer group chapters);
- Community stakeholders representing the chamber of commerce, banking/finance and educational institutions;
- Social service organizations (YMCAs, mental health clinics, health centers, etc.); and
- Health care stakeholders (medical societies, nursing home associations, home health associations, rehabilitation facilities, etc.).

Identifying a member of your hospital's governing board also may be a helpful addition to the community conversation audience; these individuals not only provide an important connection with community stakeholders but the opportunity to listen to such conversations will bring new insight to the hospital boardroom. Additionally, for small and rural communities, there may be value in joining together and learning from one another, particularly those at different stages of transformation. Doing so can allow for important insights and add to the diversity of the audience and conversation.

3. Invitation

A sample invitation is included below. AHA partnered with state and metropolitan hospital associations in hosting these events and would encourage the use of co-logos with any key event partners to broaden interest. Initial save-the-date invitations were sent out a month or more prior, with a follow-up invitation sent two weeks prior to the event.

4. Logistics

Venue: Ideally, community conversation events, which are scheduled to run for three and one half hours, would be held in a centrally located and easy to access venue for all attendees. Recognizing that participants are committing a significant amount of time to participate, we suggest providing a working lunch.

Room set-up: The suggested room set-up is a hollow "U" to help facilitate dialogue and open exchange of ideas. Additionally, if the venue permits, secure two or three additional rooms adjacent to the main event room that have flip charts and can be used for the small group break-out discussions.



Speakers: The community conversations should be just that, conversations with the invited stakeholders and not solely a hospital-centric discussion of hospital challenges. The events held by the AHA in partnership with a number of state and metropolitan hospital associations employed a model that consisted of using a moderator who was not directly connected with a hospital to serve as a knowledgeable third-party entity, who could keep conversations moving in a productive manner. In addition to the moderator, the community conversation events included a hospital/health care representative to give a brief overview of the national health care landscape, as well as touch on key aspects of the local environment and community challenges. When inviting a moderator and other guests to join such an event, we encourage a pre-event prep call to walk through the intended flow of the event, talk through any specific state or local considerations and answer any questions that would help the guests feel more comfortable with their role.

Community Conversation Checklist:

- ✓ Articulate the reason or goal for convening a Community Conversation
- ✓ Select a date
- ✓ Select a venue
- ✓ Strategically build an invitation list
- ✓ Identify guests (Moderator and other speakers)
- ✓ Send a save-the-date invitation when possible
- ✓ Send invitation
- ✓ Hold prep calls with moderator and speakers
- ✓ Confirm logistics with venue (room set-up, food, AV, etc.)
- ✓ Send reminder notices as needed
- ✓ Send pre-event survey and materials to registered attendees
- ✓ Convene event (bring needed materials: agendas, any handouts, tent/name cards, flip charts, etc.)
- ✓ Post event follow-up (send participants thank you, post-event survey or evaluation, key findings and any next steps)

5. Pre-event survey/ materials

Please find a sample survey included below. Once your attendee list is confirmed, you may decide to send pre-event materials. Such materials should be refined to either provide you with needed insight and/or educate attendees but should not appear as cumbersome homework for attendees.

The AHA, in conjunction with the state and metropolitan association partners, opted to share some basic background materials with participants to give some perspective on the changes the health care system is undergoing. Additionally, all registered attendees received a brief survey to complete as part of an event reminder that was sent out one week prior to the event. The survey responses helped to gauge the basic understanding, perceptions and expectations of the attendees and was used to help guide the moderator in determining key topics for discussion.

SAMPLE SURVEY QUESTIONS

1. What are the biggest health care challenges your community is facing today? *(Click all that apply)*
 - a. Access to care
 - b. Chronic illness
 - c. Affordability of health services
 - d. Preventive services
 - e. Mental health services
2. As the health care system continues to transform, what do you see as the largest obstacles your community will face over the next five years?
 - a. Cost or price
 - b. Access to hospital care in your community
 - c. Access to other health care services in your community
 - d. Surplus of specific services
 - e. Better coordination of care
 - f. Need for preventive care
3. What services does your community need MORE of in the future to improve your community's health? *(Click all that apply)*
 - a. Primary care physicians/providers
 - b. Urgent care services
 - c. Home health services
 - d. Nursing home of other long-term care services
 - e. Social services (such as Meals on Wheels)
4. Do you agree that, compared to today, in five years, most patients in your community will have primarily electronic health care interactions (i.e., schedule appointments online, have online medical visits, receive test results online, use social networking for collecting information)?
5. Should hospitals partner with business and others in the community to impact health challenges?
6. Over the next five years, do you foresee any changes in the current hospital or health system make-up within your community as it relates to possible mergers, acquisitions or affiliations with other health care organizations?
7. In your community, do you envision having more or fewer hospital inpatient beds in the next five years?
8. Compared to today, in the next five years will health care be more integrated and providers paid based on a fixed price for all care that is delivered versus reimbursed based on each service provided?
9. Compared to today, in the future, do you believe hospital payments will be based on the value or performance of the services provided, rather than the volume or number of services provided?
10. What one question or topic would you like to ensure is discussed at the upcoming Community Conversation in terms of health care services in your community?

6. Agenda

Included below is a sample agenda that can be adapted as needed based on the speaker line-up. Please note that each of the AHA Community Conversations included break-outs during which small groups were able to discuss topics in greater detail before reporting back to the larger group.

SAMPLE AGENDA

Welcome and Introductions w/ Lunch (12:00- 12:30)

State Executive

- Brief overview of the state/community landscape
- Introduce moderator

Moderator

- Quick outline of how afternoon will flow (tee up questions, point of discussion)
- (Before we jump into the “meat” of today’s discussion, let’s hear from XXX to share a little national perspective/ set-the-stage for why we are all here...)

National Health Care Landscape (12:30-12:50)

American Hospital Association representative

- Changing landscape
- Top issues coming at us/top challenges
- Need to adapt to survive

Moderator

- (Ask a few questions of the AHA speaker... regarding top strategies for success in future, areas of focus for hospitals, any key deadlines, etc.)

Local Health Care Trends, Challenges and Opportunities (12:50-1:30)

Moderator (Example: State Exec. shared a little, but lets delve in a bit deeper and get thoughts from all of you on local health care challenges and opportunities)

- Key Questions for attendees (asked by moderator)
- What key considerations need to be addresses proactively regarding health care/ redefining the “H”

Health Care Transformation and Redefining the Hospital “H” (1:30-2:45)

Moderator

- Tee up key aspects of transformation
- Ask question of participants/ solicit discussion around key topics and local challenges

Small group breakout discussions

- Each small group will have an appointed leader and scribe and be given several questions to discuss

Wrap Up and Next Steps (2:45-3:30)

Moderator

- Small group sharing
- Moderator recaps common themes and recognizes areas of differences – attendees can add/amend the list

7. Moderator's Guide

The moderator's guide below was prepared and shared as a tool for the individuals who moderated the AHA events. The guide was used as a general framework to keep the event and discussions moving but can be adapted as needed based on each community and who steps into the role of moderator for the community conversation events.

SAMPLE MODERATOR'S GUIDE

1. Background/Introductions (12-12:30)

MODERATOR WILL:

- Introduce self
- Share agenda/objective slides
- Keep the agenda moving
- Introduce speakers

SUGGESTED TPS:

- We have a lot to cover in a few hours today and our biggest goal is to have a lively discussion. We want to get this group's reaction to the current health care challenges our community faces, as well as how national pressures may impact the future of health care and where both challenges as well as opportunities may exist.
- We are interested in hearing all opinions, not simply those that agree with others.
- My role is to keep the discussion focused and within our time frame.
- We will be audiotaping today's discussion to ensure we don't miss any comments, but we will not attribute any quotes to specific individuals so you can be assured confidentiality beyond this room.
- Before we set the stage for today's discussion by hearing about the national perspective, let quickly run through a few "housekeeping" items – respectful of one another and of time (no phones), restrooms are, drinks back of the room etc. On that note, lets get started by introducing yourselves. We'll go around the table.

2. National Healthcare Landscape (12:30-12:50)

MODERATOR WILL:

- Introduce AHA presenter
- Ask questions of AHA speaker
- Facilitate group discussion/ questions for AHA speaker

SUGGESTED QUESTIONS:

- What major trends do you envision playing out over the next five-10 years in health care in general?
- What top strategies are hospitals considering to manage these changes?

GROUP QUESTIONS/ DISCUSSION

3. State/Local Health Care Trends, Challenges and Opportunities (12:50-1:30)

Moderator will walk through key concepts/ topic areas for discussion.

MODERATOR WILL:

- Briefly outline topics up for discussion
- Pose question to participants about key topics/concerns that should be addressed but are not on our list
- Lead robust group discussion through these topics
- Facilitate discussion that solicits feedback from participants on each key topic area

SUGGESTED TP:

Let's delve in bit deeper and get thoughts from all of you on local health care challenges and opportunities. (NOTE: WHEN APPLICABLE, MODERATOR CAN SHARE RESULTS OF SURVEY, TICK THROUGH A LIST OF PRIORITY TOPICS, PROMPT PARTICULAR ATTENDEES TO WEIGH IN)

- Access to care
- Health care costs
- Behavioral health
- Workforce
- Community needs assessment/ community partnerships
- Appropriate primary/ preventative care
- Payment inadequacy

SUGGESTED QUESTIONS:

- In the survey, this group identified X, Y and Z as the top health challenges we face. How do you think those will change in the next five years?
- How will such changes impact each of you? (prompt feedback from... business/insurer/ health provider)
- Does anyone have particular insight on how any (or all) of these challenges/concerns can be addressed in your community?

GROUP QUESTIONS/ DISCUSSION

4. Health Care Transformation and Redefining the hospital "H" (1:30-2:45)

Moderator will walk through key topics for discussion and facilitate breaking into small groups for discussion. (Groups will be pre-determined.)

MODERATOR WILL:

- Tee up key aspects of transformation with some general background (topics will be provided to moderator)
- Move group discussion to how health care services are changing/expected to change
- Introduce break out groups (assign groups, explain assignment, hand out small group worksheet)

SUGGESTED TP:

As touched upon throughout our discussion so far, the health care landscape is changing. Some aspects will be more universal for providers like payment reform that shifts from volume to value. Other aspects of transformation may play out differently in different communities and areas of the country... whether it be mergers or new affiliations among hospitals and health systems; partnerships between hospitals, health plans, physicians or stronger collaboration with community stakeholder groups; or reassessing the type of clinical services that are offered in certainly communities.

SUGGESTED QUESTIONS:

- Here in XXX, what do you see as the key areas of health care transformation your community will have to address?
- Are there specific changes/ challenges you anticipate based on your location?
- What might that mean for the hospital and other providers?
- What role can all stakeholders play in ensuring that needed health care services are available for the community?

SMALL GROUP QUESTIONS/DISCUSSION

MODERATOR WILL:

- Convene groups back together
- Facilitate small group reporting

5. Wrap Up and Next Steps (2:45-3:30)

Moderator to facilitate

MODERATOR WILL:

- Initiate wrap up, including teasing out common themes – key takeaways, major challenges and opportunities
- Solicit any other topics not addressed or issues that should be addressed future

SUGGESTED TPS:

- Let's identify common themes from what we've heard today. I've heard X, Y and Z. Is there anything I'm missing that someone wants to add?
- I've also heard A, B and C are major challenges and 1, 2 and 3 are key points of dissen-tion that have opportunities for us to explore further at another time. Is there anything I'm missing?
- One topic we briefly discussed that I'd like this group to talk a bit more about is XXX. (Use this to circle back to any of the priority areas that were not discussed, or issue/ discussion you feel needs further clarification.)
- Thank you all for your participation today. The goal of this conversation was to begin understanding how together we can improve our community/state's health. I know we have learned from all of you and will look to this discussion to help inform them about how best to tackle future health challenges. Thanks again!

8. National Perspective Slide Deck

Included below is a slide deck developed by the AHA in June 2014 that outlines the changes the field is seeing and the potential paths for transformation that hospitals and communities may be experiencing in the coming years. These slides may need to be updated with time and, depending on the speaker line-up for state and local events, could be woven into the presentation given by a state/metropolitan association executive or hospital CEO.



National Health Care Landscape

Community Conversations
June 2014



1

What Is Different Now?

How is the current health care landscape changing? How is it different? Are these changes a good thing for me and my family?

- Economic/financial pressure
 - Health care is a significant portion of our national economy (18% of the GDP)
- Aging population and rise in chronic conditions
- Technology and medical advances



Is Health Care Transformation Good?

Explaining the Affordable Care Act

- The Good: expanding insurance coverage, insurance reform and helping to drive and accelerate change
- Areas of Concern: reimbursement constraints
- Unanswered Questions: the next decade may be spent testing and experimenting with new payment and care delivery models



Health Care Transformation

Volume	➡	<i>Value</i>
Fragmentation	➡	<i>Integration</i>
One Provider	➡	<i>Multidisciplinary teams</i>
Episode	➡	<i>Population health</i>
Passive Purchaser	➡	<i>Consumerism</i>
Buildings (Bricks & Mortar)	➡	<i>Health information technology</i>



Community Challenges

Hospitals are economic engines and cornerstones of health in many communities, but must continue to:

- Understand the needs of your community through a needs assessment
- Identify obstacles to good health
- **Engage all stakeholders in improving the overall health care of a community**
- **Partner to meet community needs**
- Solicit feedback and community impressions



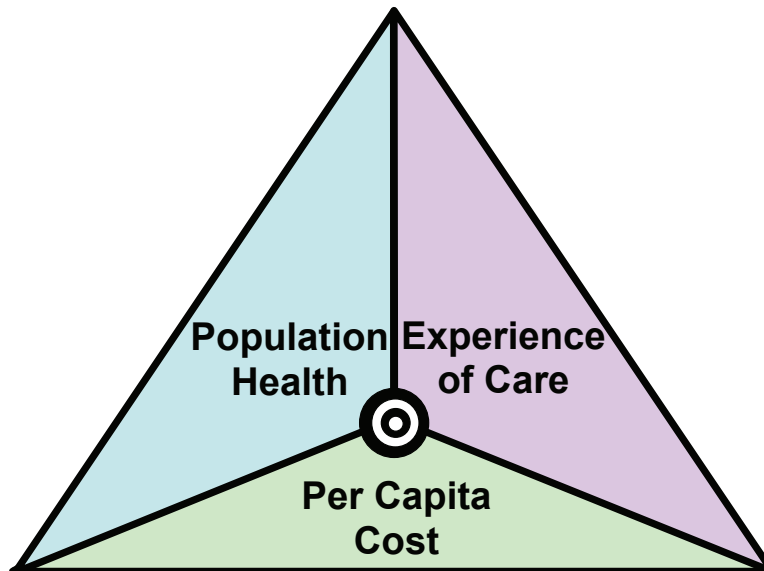
5

Hospital Challenges-Nationally

- Hospitals will be paid differently, and money will be tight
- Risk will be moving from those who pay for health care services to those who provide the services
- Hospitals and caregivers will be caring for more people, with greater health problems
- Consumerism will be experienced at a higher level than ever before... price transparency, quality comparisons, etc.



Our Goal: The Triple Aim



7

How Hospitals Are Responding-Nationally

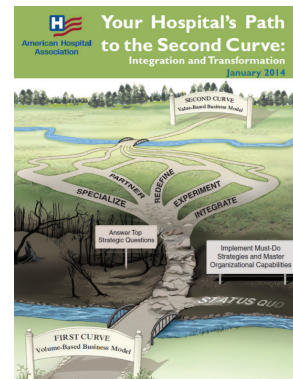
- Redesigning care to improve quality and reduce costs
- Developing strategic partnerships
- Engaging in new delivery models of care
- Experimenting with risk-based payment
- Educating and engaging hospital trustees
- Redefining the “H”



8

Hospitals Need to Adapt to Survive

- Hospitals will start in different places and take different paths
 - Specialize
 - Partner
 - Redefine
 - Experiment
 - Integrate



- But all will become more integrated, more accountable and more financially at-risk



9

Moving Ahead...

- Hospitals must engage with their communities and various stakeholders to understand national and local trends.
- Hospitals and communities should continue to keep lines of communication open as health care continues to change and hospitals look to redefining themselves.

Hospitals must work collaboratively to meet community health needs and achieve the triple aim; better health, better health care, lower cost.



10

9. Breakout Group Questions

Sample breakout group questions are included below. Based on the six events hosted by the AHA and our state/metropolitan hospital association partners, these questions were general enough to guide discussion but allowed for time to explore key topics relevant to each small group. These can be adapted or refined if it is desired to focus the breakout discussion on more concrete topics or concepts.

SAMPLE SMALL GROUP DISCUSSION QUESTIONS

1. How do you envision health care in your community changing in the coming five years?
 - a. Are there any positive changes?
 - b. Any potential negative repercussions of change?
2. As a community (all stakeholders) how can we best adapt to this type of change, make it work for the unique needs of our community?
 - a. What challenges need to be addressed/ discussed further?
3. What can policymakers do or implement that would increase flexibility/support communities rather than hinder them?
4. How do we convey to our neighbors that it may not be financially feasible to support a full-service hospital in our community? Hospital may be redefined.
5. Stakeholders need to collaborate together to meet health needs... But who does what? What role should hospitals play?

(Answers to those questions can be captured on small group worksheet and highlighted on whiteboard/flipcharts if helpful.)

10. Common Themes to Date

Overall, the balance of improving access to both health care services and insurance coverage, while maintaining hospitals' financial viability was a major theme in every Community Conversation held thus far. There was uniform agreement that the health care system is approaching a time of rapid change that would impact the current infrastructure of community health. Cost and coordination of care were generally identified as two of the biggest obstacles in health care transformation. Behavioral health, preventive services and social services were identified most in need. While every community had its own characteristics and populations to consider, the concept of collaboration being crucial to transformation emerged during each conversation as a common recommendation to solve the bigger challenges around changing the health care environment. Additionally, there was a belief that transformation and change would begin first and could be most successful when occurring locally.

11. After the Conversation

Included below is the basic survey the AHA sent to participants. In addition to the basic survey you may opt to send a more comprehensive follow-up.

In addition to thanking participants for their time and sharing basic themes and take-aways from the event, we suggest taking the opportunity to send a post-event evaluation to help capture additional thoughts and possibly direct future activity and collaboration among community stakeholders. This could be accompanied with a thank you note to participants, a meeting evaluation form, a summary of key insights and next steps when applicable. Remember this is an opportunity for relationship building.

SAMPLE POST-EVENT EVALUATION

1. Please indicate what type of organization you represented at the Community Conversation event?
 - a. Hospital/ health system
 - b. Health care (non hospital)
 - c. Non-health care
2. What was your biggest takeaway? What did you learn?
3. What next step(s) would you like to see happen in your community?
4. Please provide any additional comments.

