

The Atlantic Philanthropies • Community Catalyst Site Visit

Overview: Backdrop and Strategy *(Used internally. Not shared at site visit.)*

The Affordable Care Act (ACA) has created or accelerated the growth of a variety of new regulatory, purchasing and health care delivery structures that, if taken together and operating effectively, could radically transform the US health care system to promote seamless coverage, improve affordability and improve quality. At the same time, these systems and structures are not without their risks for consumers; there are powerful players who are positioning themselves (and in many cases are already well-positioned) to take what is intended to be a pro-consumer public policy and co-opt it in the service of for-profit, big business gains. Community Catalyst's goal is to institutionalize a strong and influential consumer voice in the design and shaping of these new systems/structures. At the heart of our strategy is realizing our vision for a new and sustainable (“long-term”) enterprise: **the Center for Consumer and Community Engagement** (the Center). Borne out of The Atlantic Philanthropies-funded, Voices for Better Health Program (VBH) at Community Catalyst, and building on Community Catalyst's unique organizational position within the field of consumer advocacy, the Center will take an inventive, multi-stakeholder approach to redesigning how care is organized, coordinated, and integrated. The goal of the Center will be to create and sustain structures and practices for consumer engagement in transforming the health system in order to maximize value and make the system responsive to consumer needs.

In our view, true **HEALTH SYSTEM TRANSFORMATION** will require more than a mandated invitation for consumers to be at what could very likely be an uneven table. We see a need for a shift--a paradigm shift-- that dictates how care is delivered, who informs the policies that determine how care is delivered, and what systems are in place to oversee how care is delivered. Using the opportunities provided by the ACA as our frame, we will proceed to integrate (i.e., “institutionalize”) the consumer voice within and across public and private health care related sectors (e.g., in hospitals and health systems, with insurers, etc.), so that health system transformation has at its core principles of quality and value as well as cost, and, even more importantly, the health, dignity and wellbeing of real people who are actively engaged in determining how their care is delivered. The Center for Consumer and Community Engagement at Community Catalyst will create, support, and incubate consumer engagement policies and practices through a broad set of consulting and technical assistance activities to assure a powerful role for the consumer voice at the individual level (people determining their own care), at the “systems” level (influencing on how health system players approach consumer needs), and at the policy level (shaping how local and state governments implement reforms).

For over fifteen years Community Catalyst has been highly regarded for our state-based, multi-sector approach to health care consumer advocacy. Over the last several years, Community Catalyst has intensified its focus on delivery system reform by providing state and local advocates in over 40 states with more information, tools, and policy support. These efforts include applied policy content such as our Medicaid Report Card, and efforts to enhance cultural competence, inform federal policymakers and communicate a positive vision for a more effective health system for vulnerable populations. Additionally, since October 2013, Community Catalyst has been actively engaged with state consumer health leaders from around the country in a structured dialogue about the next generation of consumer health advocacy. All agree that health system transformation will be at the root of the movement.

SITE VISIT AGENDA

AP Team: Chris Oechsli (CEO), Steve McConnell (Head of US Programs), Sara Kay (Program Officer)

THURSDAY, JULY 24

Welcome / Overview

Rob Restuccia, Kate Villers, Sue Sherry, Michael Miller, Renee Marcus-Hodin, and Diane Felicio

- Our roots, mission, and historical overview (policy, advocacy, TA, etc.)
- Our longstanding relationship with Atlantic Philanthropies: Brief overview: CBC, VBH, ACAIF
- The Environment and Landscape Now: Political and Policy
- The future: Brief overview -- Health System Transformation: The Center for Consumer and Community Engagement

The opening session went very well. We followed the outline above. Steve and Sara were already familiar with Community Catalyst's history, but Chris was not. He seemed keen on getting us to capture it in some way. He is interested in "playbooks" (i.e., documenting approaches that can be used/revise) over the long term. We talked about our approach to TA, policy, etc. in this way. The discussion about the political/policy environment was good (Michael gave the update). It became clear early on that Chris, although not a health care policy expert, understood the issues, especially as they relate to equity.

The Changing Health Care Marketplace

Rob Restuccia, Sue Sherry, John O'Brien, Andrew Dreyfus, Diane Felicio

Hospitals and health plans are moving forward in the new health care marketplace. Most are focused in large part on costs/revenue with little consideration for quality and the genuine, meaningful input consumers bring to the table. Consumer advocates want to move the needle so that hospitals and plans include the consumer voice in every aspect of the healthcare system. In this session, John O'Brien, former CEO of UMass Memorial Health Care and Andrew Dreyfus, President of Blue Cross Blue Shield of Massachusetts (and former president of the BC/BSMA Foundation) will join us to talk about the changing healthcare marketplace, the implications for providers and plans, the important and meaningful perspectives that consumers bring to the table, the role providers and plans can play in supporting consumers as they advocate for change, and the role of Community Catalyst in assuring that consumers are prepared to work effectively with hospitals and plans and that hospitals and plans know how to best engage the people they are there to serve.

Andrew and John talked about the changing healthcare marketplace and consumer engagement from their respective positions. Andrew noted that, "We are still in the childhood phase of the patient engagement movement." They both did a good job of making the "national" case for consumer engagement and made it clear that the MA story does not limit what was accomplished here to MA. They are both very knowledgeable about efforts around the country and the AP team showed great interest in trends and challenges. Chris clearly understood that dynamics in one part of the country will be different in others, but that the business case for consumer engagement stands.

Health System Transformation: Community Catalyst’s Voices for Better Health Program and the Commonwealth Care Alliance (CCA, 12th Floor)

Bob Master, Rosa Palacios (AP Fellow), Sue Kaufman (Vivily), Rob Restuccia, Renee Marcus-Hodin, Diane Felicio

In 2001, Community Catalyst hosted Soros Fellow Bob Master, M.D., a pioneer in the development of “integrated” delivery systems that serve individuals with significant medical and behavioral health needs. During his time at Community Catalyst, Dr. Master developed the **Commonwealth Care Alliance (CCA)**, a non-profit health delivery system serving dually eligible (those eligible for Medicaid and Medicare) older adults and people with complex physical disabilities. CCA’s pioneering approach relies on an integrated team of nurse practitioners, nurses, behavioral health professionals, social services providers, and other professionals to support primary care clinicians. Since 2003, CCA has been nationally recognized for its highly individualized, compassionate healthcare programs. Along with its dedicated focus to quality care, CCA’s programs also address issues of cost by creating savings from reduced hospitalizations and institutional care. CCA helped Massachusetts to become the first state in the nation to fulfill the promise of effective healthcare reform, a goal that is now enshrined through the Affordable Care Act. CCA’s next venture, **Vivily**, is a for-profit consulting, technology, and clinically oriented, patient centered management service for dual eligibles whereby CCA’s mission and model will be sold to provider groups, accountable care organizations, insurance plans, and others. Community Catalyst is in the very early stages of considering a potential equity stake in Vivily, which is an example of the type of opportunities now available for mission-driven advocates and providers to leverage their expertise in the changing health care marketplace to generate revenues that support their program work.

The Atlantic Philanthropies funded **Voices for Better Health (VBH)** program carries on the integrated delivery system work that helped launch CCA. Quality, cost-effective, patient-centered care is possible, but not without the ongoing and meaningful involvement of vulnerable older adults and the organizations that represent them. Through VBH, Community Catalyst is advancing policies that *require* coordinated, patient-centered care and establishing a strong voice for dually eligible older adults and caregivers in the health plans and provider groups that serve them. CCA is one of our many partners in this work.

Bob Master’s overview of CCA (and the associated Q&A) took up a good portion of this session. Renee Marcus-Hodin and Sue Kauffman were also able to contribute to the conversation: Renee about VBH and Sue about Vivily. We did not spend a great deal of time on the latter, but did refer to the handout in the Materials Packet (sent previously to the Board) that showed the interrelationships among Community Catalyst (the Center for Consumer and Community Engagement), CCA, Vivily, and Vital Capital. Bob alluded to some of the fiscal challenges that CCA has experienced, but presented an optimistic outlook about the future. Rosa Palacios (CCA) gave a brief overview of the Upham’s Corner Community Health Center visit coming up the following day. Chris appeared to be impressed by the model, asked questions about cost/quality and how the integrated care approach actually works.

Elevating the Consumer Voice in the new Health Care Marketplace: The Center for Consumer and Community Engagement

Rob Restuccia, Jacquie Anderson, Sue Sherry, Renee Marcus Hodin, Cathy Levine, and Diane Felicio

In this session we will be joined by a consumer advocate from Ohio, Cathy Levine. Cathy will talk about her experiences as a consumer advocate pre/post implementation of the ACA, the challenges she sees

consumers facing in the new marketplace, what would help advocates overcome those challenges, and the impact of Community Catalyst's support (e.g., through direct technical assistance, the **ACA Implementation Fund**, and advocacy in Washington, DC). Community Catalyst will speak to the many opportunities that the new health care marketplace offers for integrating the consumer voice, what it will take to assure that consumers are well prepared, and the options to sustain the consumer advocacy movement over the long term.

A bulk of this session was devoted to Cathy Levine (ED, UHCAN Ohio) and her work in Ohio and the purpose and value of Community Catalyst's support. The AP team asked some pointed questions about how we work together, what Cathy looks to Community Catalyst for, and what about our support is most helpful to her. She did not sugarcoat – she was clear about her challenges (political and policy) and talked about how much/often she counts on Community Catalyst for our “in-the-moment” access, as well as the availability of the larger learning community that we manage. Chris left with the impression that we must “have our hands full” with energetic (i.e., demanding/motivated/dynamic) advocates like Cathy.

Dinner: Kate, Rob, Diane, Michael, Wendy + AP team

Dinner was social and personal in a "getting to know you" kind of way. Wendy helped make the case that the transformation is coming--that Children's has bought into it--and also emphasized that it is difficult. Chris raised the DC presence question himself--not DC office per se, but was there a need for us to be more present/ visible there. Rob and Michael talked about how it would be helpful to be able to build relationships and easier to insert ourselves. We also discussed some of the big picture politics. Chris was very interested in and appreciated the “human rights” values underpinning our work and the steadfastness of Community Catalyst's mission of constituency empowerment to leverage policy change – its continuity over time, from its roots in the 80's (Villers Foundation) to the present.

End of Day 1 Reflections from Sara Kay

- He is very impressed. We made the case for our value.
- Love the notion of the pivot in the marketplace and CC making the pivot.
- We clearly demonstrated that we working on health equity and consistent with the mission.
- There will be a \$5M match requirement so we need to have a \$15M proposal.
- She said we really need to take the long view.
- The key is to be big bold and aspirational.
- Chris is very interested in the human capital issues and leadership development.
- We need to make the case for the longer run – we need this \$15M to position ourselves for the future – making delivery system change and strengthening the organization overall.

FRIDAY, JULY 25

Site Visit, Community Center at Upham's Corner

Bob Master, Rosa Palacios (Atlantic Philanthropies Fellow), Rob Restuccia, Renee Marcus Hodin, Diane Felicio

Consumer participation and involvement are critical to Commonwealth Care Alliance model of care and organizational identity. The purpose of running local member meetings is to give members the opportunity to voice their opinions about the services they receive and to provide a platform where they

can provide feedback, ideas, suggestion and recommendations to improve the Senior Care Options program. It all gives Commonwealth Care Alliance staff the opportunity to provide updates and information. There are 10-12 meetings in all per year – at least one in each of the eight primary languages members speak. We are expecting between 20-30 members at the meeting at Upham’s Corner. Some members will come with a family member or personal care attendant.

We were at the Center for about three hours. The AP team took a quick tour and then attended a session with consumers (attendees were from the Cape Verde community and there was a translator present). CCA staff conducted the session, asked for feedback about various elements of the program, and provided information, as well (e.g., about new insurance cards). There was also a 100th birthday celebration for one of the members. The AP team got to witness the “community” element that the CCA program provides (along with coordinated care). Chris said the meeting was inspiring. He spoke with Rosa Palacios afterwards and asked questions about how they handle the feedback they receive.

The Center for Consumer and Community Engagement

Rob Restuccia, Jacquie Anderson, Sue Sherry, Renee Marcus Hodin, Carol Regan, Steve Pratt [Root Cause consultant], and Diane Felicio

In this closing session we will discuss the present and future opportunities and challenges confronting Community Catalyst and its partners in health system transformation. We will learn about Community Catalysts’ plans to deepen capacity – both within its own structure and among its partners – and develop the skills and new tools needed to be effective in this dynamic new environment.

- The purpose and scope of the Center for Consumer and Community Engagement: Next-gen TA, DC office, C-suite, long-term scenario planning, fundraising capacity, fee-for-service, etc.
- Overview of business planning process
- Overview of other opportunities for sustainability: Federal/state grants, Vivily, etc.

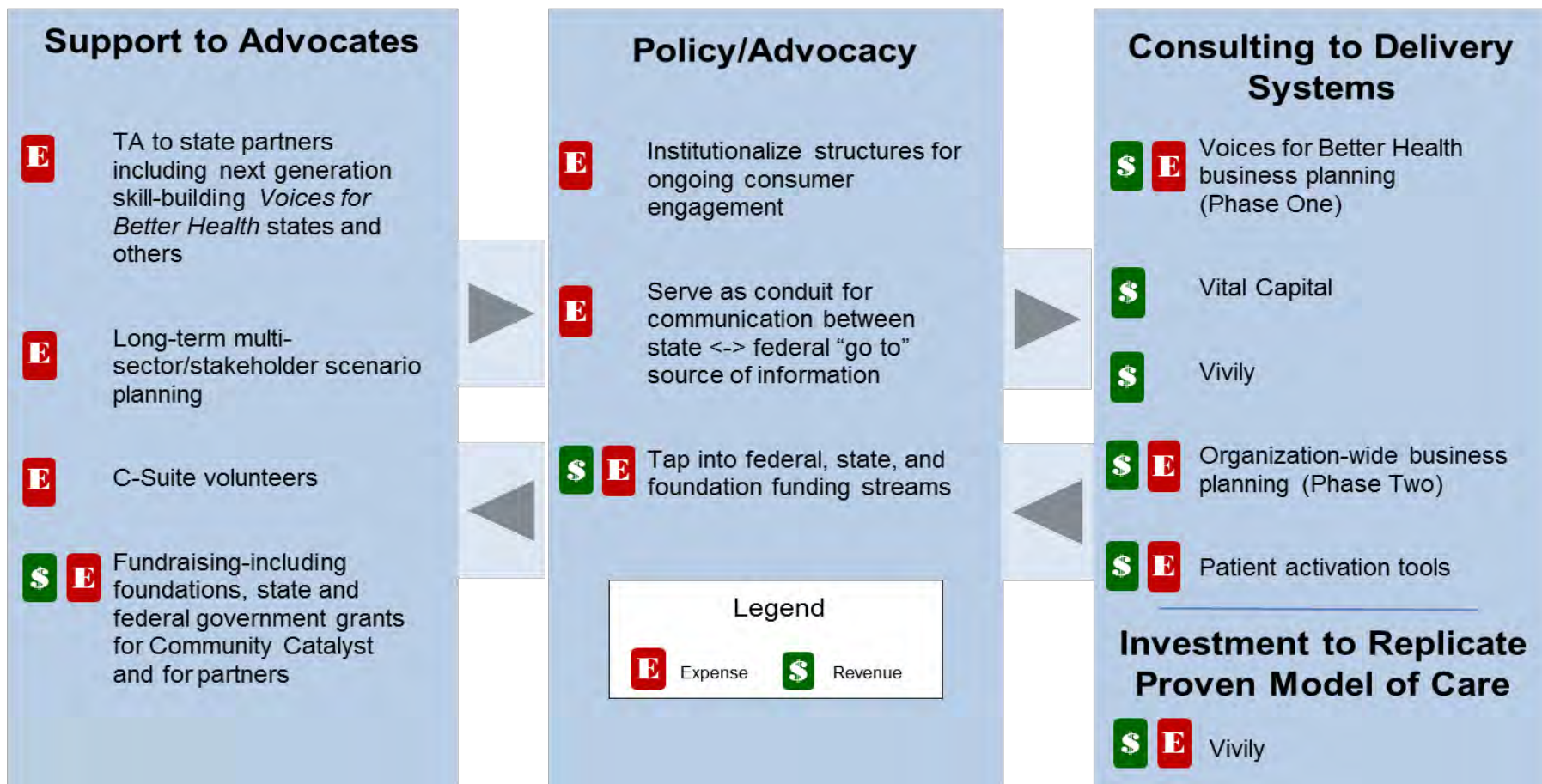
- Chris: How AP defines success: Sustainability, mission, tipping point organization
- Steve Pratt (Root Cause): Steve did an excellent job of talking about the business planning process thus far and responded well to if/then scenario questions (e.g., alternatives to the target groups that might be interested in fee-for-service if health plans are not, the importance of timing, and our readiness). There was a lot of head-nodding during this conversation and Steve, Chris, and Sara seemed to appreciate Steve Pratt’s perspective/approach.
- AP: What would elevate the game?
 - Steve McConnell – Would you do this (the Center/Business Planning, etc.) anyway?
- Rob: Why Community Catalyst?
 - Rob spoke at length and powerfully about our history, impact, content area expertise, strong partnerships (e.g., C-Suite), and how CC has been a key source of resource development for the network.
- Chris: Would you/CC consider regional staff (CC- CA, South); expand video conferencing capacity?
- Chris: what about global health issues? Workforce issues, community based care?



The Center for Consumer and Community Engagement

Vision: Transform the health system in order to maximize value and make it responsive to consumer needs

Purpose: Ensure that consumers and communities are engaged in health system transformation efforts



Inside Philanthropy

[A Closer Look at Atlantic's End Game—And Where It's Putting the Biggest Money](#)

[David Callahan](#)

Atlantic Philanthropies is going out with a bang, not a whimper, and it's pretty darn interesting to watch—far more interesting than you think.

Why? Because the story of Atlantic's end game is not about a multi-billion-dollar foundation that is spending down its assets on a methodical schedule set in stone years ago. Instead, this is more like a fireworks display, and we're only now witnessing the finale—one that's being invented on the fly, no less.

If you're not paying attention, you're missing the best part.

Atlantic is starting to make a series of "culminating grants" that will shower a handful of organizations with big money, the kind that rarely comes from foundations. What's more, these funds aren't being shoveled out in rote exit grants so Atlantic can meet its deadline of emptying its endowment by 2016. Rather, the foundation has been thinking new thoughts and setting new goals as part of its last phase.

Fewer and Bigger Bets

In an interview last week, Atlantic CEO Christopher G. Oechsli made it clear to me that even now, with the end looming, Atlantic is still considering fresh gambits and debating where to direct the largest grants.

Oechsli knows how to create suspense. Back in April, Atlantic blasted out [a tantalizing message](#) from Oechsli saying that big things were coming—that the foundation would make "fewer and bigger" bets as it wound down. But he wouldn't say on what.

"Stay tuned," Oechsli wrote. "The symphony is building and there are key movements to come."

A few weeks ago, the picture became clearer when the foundation [announced](#) that it was making three mega grants: one to foster peace and human rights in Northern Ireland, another to help fund a national dementia strategy in Ireland, and a third to expand the Center for Budget and Policy Priorities, the Washington-based liberal think tank. ([See my take on the CBPP grant.](#))

The foundation also revealed more about its end-game strategy, including its intention to invest in a small number of what Oechsli calls "champion organizations" like CBPP that can carry forward Atlantic's goals over the long term.

"Transformative, Systemic Change"

I spoke with Oechsli to learn more about the deeper thinking behind Atlantic's strategy, along with where big money is going next.

The first thing to understand is that Atlantic sees this culminating phase as distinct from its longstanding program funding. "We're moving beyond that approach to grantmaking," Oechsli says. In plotting its final moves, the foundation decided to "pull back and look at the bigger picture."

At the end of 2012, the foundation created a pot of money for a new phase of work it would call Global Opportunity and Leverage, or GOAL, and further refined its thinking through 2013. Tony Proscio, a Duke scholar who's been writing about the foundation, [has said](#) of GOAL that it's "meant not to be solely a final burst of activity, but a new way of thinking about the Foundation's ultimate purpose and how it would conclude."

Atlantic's aim is to build on its previous grantmaking with the hope of "catalyzing transformative, systemic change" in the fields and countries where it has worked.

Good luck getting over that bar, you might say. On the other hand, this is foundation that still has hundreds of millions of dollars to move out the door.

Investing in champion organizations is one track. Investing in human capital is another approach that Oechsli says will guide Atlantic's final grantmaking, with a focus on "developing future leaders who are grappling with multidisciplinary challenges and networked approaches." Long after the foundation goes out of business, Oechsli says, those leaders can still be advancing its values.

The Core Focus: Equity

And what, exactly, are Atlantic's values? Oechsli acknowledges that Atlantic's mission has been interpreted in different ways over time (and with some fuss, we might add), but the enduring core, especially in this final phase, is a focus on equity.

"The basic value is the need to enhance opportunity for people who have unfairly been denied that opportunity," Oechsli says.

(A quick aside: After my recent [deep dive](#) into Hewlett, it's refreshing to hear a foundation president state an overarching normative goal clearly and without equivocation. And no, it's not because I share that goal. I also [admire funders on the right](#) who are crystal clear about the societal change they seek.)

As for the means to advance that goal, Oechsli argues that it's important to focus on both "hearts and minds." The foundation places great stock in evidence-based policy, but also wants to back work that connects with people at the gut level through story telling.

Whatever the approach, "government is a primary audience," says Oechsli, since it has such huge resources and systems in place. In making its big give for dementia work in Ireland, Atlantic is partnering directly with that country's national healthcare system.

The major grant to CBPP certainly makes sense in the context of Atlantic's thinking: It's an outfit that's hyper-focused on shaping government policy with evidence-based policy analysis on behalf of Americans who've historically been screwed.

Shaping the Narrative

Atlantic will be announcing more big grants this year, including to additional "champion organizations." This is nice money if you can get it, with Oechsli saying that most of those grants will range from \$10 to \$20 million.

So who's going to pull in the big money? Atlantic is figuring that out right now.

"There are more champions than we can possibly support," Oechsli sighs. "But we're trying really hard to identify those institutions that can make a lasting impact, reflecting the issues we've been involved with and the issues underlying our work."

One area where Oechsli says that Atlantic will make a significant investment is in shaping "the narrative" around issues of equity. This goes to the foundation's desire to influence people's "hearts," as well as their "minds."

The grant to the wonky Center for Budget, with its endless stream of sober policy briefs, was all about the "minds," but Oechsli says that Atlantic is also interested in "retelling the story about what's unfair and biased."

In another indication that Atlantic's end game is a work in progress, Oechsli said that the foundation was still grappling with how to fund narrative work and was looking at multiple approaches.

Race Looms Large

Atlantic has been closely involved in My Brother's Keeper, the big initiative on race launched by the White House in February, and Oechsli says that the idea of funding around narrative came from listening to President Obama talk about how boys and young men of color are seen in American society.

So it wouldn't be surprising if Atlantic did something big to shape how Americans talk about race and equity when it starts writing big checks for storytelling.

In fact, the foundation is already involved in narrative work on race, as part of My Brother's Keeper, through a collaborative effort with the W.K. Kellogg Foundation, the California Endowment, Ford, Knight, and the Open Society Foundations. This push engages the media, research, and young people of color themselves.

And long before My Brother's Keeper began, the foundation invested millions of dollars to challenge Draconian school discipline policies, backing grantees that have highlighted the racially biased ways that such policies reinforce a "school-to-prison pipeline."

That work has had enormous traction, with policy change happening at the federal, state, and local levels—all against the broader backdrop of a rethinking of drug laws and the over-incarceration of young people of color.

Going back further, Atlantic has invested over \$100 million in a network of schools and school-based health centers to improve opportunities for low-income middle school kids of color. Also, when Gara LeMarche led Atlantic, the foundation devoted considerable thought to how structural racism played out in its main program areas, including ageing, both in the United State and some of the other countries where it operated. LeMarche gave an [important speech](#) on race and philanthropy in 2008 that remains compelling reading six years later.

The question now is how Atlantic is going to pull together its linked interests in equity, race, and narrative through major culminating grants. I imagine there's more than a few NGOs—would-be "champion organizations"—that are keeping their fingers crossed in a big way.

Healthcare and Education

Health is another area where Atlantic has a stake, given the many millions it has spent not just to help enact the Affordable Care Act but also to implement the law. Oechsli says that the foundation thinks in terms of "health equity" and, in the wake of the successful fight over coverage, has shifted its attention to challenges around healthcare delivery and cost.

One keen interest of the foundation is building a cadre of healthcare professionals who are drawn from the community, and it's learned a lot about this area from its funding of school-based health clinics. Here again, the foundation is poised to make some major grants. Oechsli says the foundation will give big money to at least one champion organization in the healthcare field, and that significant funding for human capital is also likely.

Likewise, Atlantic is zeroing in on a big give in the education sector that Oechsli says will be considered by Atlantic's board in September.

"It's Not an Easy Job"

You might think that shoveling out piles of money to advance longstanding passions would be great fun. But Oechsli says that it's much harder than it looks and that "it's complicated and stressful."

Among other things, it's hard to say no to groups. "To do this well is not an easy job," says Oechsli, although he also describes the process as "very satisfying."

And what's Atlantic's CEO going to do when this is all over?

Oechsli says he hasn't given that much thought amid the intense pressures of closing up shop. But whatever he does, it's hard to imagine that it could be nearly as interesting as managing the biggest philanthropic spend down in history.

David Callahan is founder and editor of Inside Philanthropy. He can be reached at davidc@insidephilanthropy.com

Wednesday, August 20, 2014 at 03:58PM

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Inside Philanthropy

[Will Atlantic's Big Bet on the Center for Budget and Policy Priorities Pay Off?](#)

[David Callahan](#)

No think tank commands more respect among liberal policy wonks and Capitol Hill Democrats than the D.C.-based Center for Budget and Policy Priorities, founded over 30 years ago by the indefatigable Robert Greenstein. The center is revered for its analytical rigor, its rapid response time, and its sheer relentlessness. The place is like a machine: Any time a proposal appears that whacks the poor, you can use a stopwatch to clock how long it takes the center to whip out a scathing critique, often written by Greenstein himself. Does the guy sleep?

Yet CBPP has always had a major weakness: It's never been so great at generating new policy ideas or reframing debates over the long term. It's been more a finger-in-the-dike operation than an effort to redirect the river, even as places like Heritage and Cato focused on doing just that. In this way, CBPP has mirrored the broader struggle of liberalism in recent decades to move past a defense of New Deal/Great Society programs to develop fresh approaches to improving life prospects for low-income Americans.

Now, thanks to a [big gift](#) from Atlantic Philanthropies, the center will shift more to offense, with a new institute that will focus on proactive policy development. In the video below, Greenstein says this new arm of CBPP "is going to look at the longer term," and will complement the fire-fighting work that the center does every day.

Greenstein says the institute will seek to deal with the major fiscal challenges ahead, driven by rising entitlement and healthcare costs as the boomers retire, in a way that actually *reduces* poverty, as opposed to just dodging the most Draconian of cuts.

Atlantic isn't saying exactly how much money it's giving to CBPP, which Atlantic has backed over many years, but it's surely a big number. Remember, this is a foundation that needs to move hundreds of millions of dollars out the door by 2016.

Stephen McConnell, who directs U.S. Programmes for Atlantic, explains that the mega gift to CBPP is part of a broader strategy by Atlantic, which is spending down, to invest heavily in a few "champion organizations" that "have the capacity to not only fight today's battles, but to be strong and fight those battles in the future."

Atlantic's strategy of doubling down on leading organizations makes a lot of sense, and scale matters in shaping public policy. The Heritage Foundation can play both the near-term and long-term game because its budget is three times as large as the Center for Budget and Policy Priorities. Heritage can deploy legions of wonks to analyze breaking policy proposals and still have resources left over to pay senior fellows who write books and think long term.

That said, is Atlantic placing the right bet in investing big in CBPP?

[Here, I should pause for the disclaimer that I co-founded and previously worked at Demos, another national policy shop.]

I can see both the pros and cons of betting heavily on CBPP.

The center looks like the right vehicle for shaping long-term debates if you believe that fiscal choices will be all-important in determining living standards for many Americans in coming decades. At stake in looming budget battles is not just the survival of safety net programs, but the ability of government to address common problems *at all*.

That's because spending on entitlement programs for seniors and interest on the debt threatens to crowd out spending on most everything else that government does a few decades from now, unless revenues substantially increase and/or projected public healthcare spending is sharply reduced. The squeeze is already on, with domestic discretionary outlays on a steady downward slope.

If you want to win the brutal multi-decade fiscal war that lies ahead, you can see the appeal of scaling up the left's premier budget outfit.

The argument for investing elsewhere is that the fiscal and economic choices by policymakers are merely a reflection of who has power in American society and what values ordinary people embrace. If U.S. politics remains dominated by corporations and the affluent, and if a great many Americans embrace libertarian ideas about the economy and safety net, than all the wonks in the world won't turn things around.

Conservative philanthropy has been so successful since the 1970s because the right's funders have focused huge resources on shaping meta debates over values and the economy. They've pushed moral arguments about individual responsibility and bashed social programs as harmful while teaming up with business and the wealthy to promote laissez-faire ideas about the economy and regulation. Separately, a powerful message machine emerged on the right with the muscle to shape public opinion on a large scale. And of course, vast amounts of new money poured into our democracy, tilting policy outcomes toward the 1 percent.

In the face of this juggernaut, many liberal funders remained steadfast in their faith that reason and analysis would prevail, and the Center for Budget and Policy Priorities has long been a magnet for foundation dollars as the gold standard in this department.

But to me, the lesson of recent decades is that equity-minded funders need to invest much more heavily in institutions that are thinking at a deep level about both the economy and values, and can connect this work to movement building. The center isn't a leader in these areas and it's hard to see it becoming one (even if it did hire Jared Bernstein a few years back, who's great on the big picture stuff).

So what the bottom line in all this? Ultimately it's not clear there's an either/or choice here in terms of where to invest, and Atlantic can't really go wrong in giving CBPP a big pile of money.

Even in an America far more receptive to the ideas of collective obligation and a mixed economy, the coming budget battles will be brutal as the boomers retire and interest soars on the debt. An expanded CBPP with more capacity to think a few moves ahead can only be a good thing.

And let's not forget something else: Atlantic is still not done choosing the "champion organizations" that it plans to shower with "culminating grants" as it moves toward closing its doors.

I'll be writing more about Atlantic's end game strategy in coming weeks and months.



Community Catalyst
Center for Consumer and Community Engagement (CCCE)
WORKING GROUP #2



August 21, 2014

accelerating performance for SOCIAL IMPACT

Today's Goals and Agenda

Goals:

- ▶ Understand and discuss the research findings to date
- ▶ Identify next steps for research and deliverable

Agenda:

- ▶ Process Review and Update
- ▶ Internal and External Review Findings
- ▶ Path Forward



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PROCESS REVIEW AND UPDATE



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Center for Consumer and Community Engagement Business Planning Process

Working Group Meeting

	MAY	JUN	JUL	AUG	SEP	OCT
PHASE 1: INTERNAL REVIEW • Community Catalyst Overview • Internal Stakeholder Review		Jun 2				
PHASE 2: EXTERNAL REVIEW • Interview key informants and potential customers • Research financial options				Aug 21		
PHASE 3: FRAME PLAN • Prepare multiple plan scenarios including program models and budget frameworks					Sep 29	
PHASE 4: DRAFT PLAN • Present summary of plan • Present funder prospectus and roadshow						
PHASE 5: FINALIZE PLAN AND DELIVERABLES • Review/finalize plan • Update all stakeholders • Ongoing implementation coaching						Present Plan to Board

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Reminder: Center for Consumer and Community Engagement (CCCE) Business Planning Process Goals

Overarching goal: Explore and develop sustainability options for CCCE that include diverse sources of revenue

- ▶ Root Cause's work to date has focused on the feasibility of developing a fee-for-service revenue stream for CCCE focused on training and technical assistance for those who have strategic and/or compliance reasons to focus on consumer engagement



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INTERNAL AND EXTERNAL REVIEW



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Internal Interviews

Conversations with six Community Catalyst staff and two board members

Topics Included:

- ▶ What are:
 - The things that you have?
 - The things that you do?
 - The things that you know?
- ▶ Who would want those things?
- ▶ What could be monetized
 - Directly?
 - Indirectly thru proxy payers?
- ▶ What could CCCE products and services look like?
- ▶ What lessons have been learned from previous examples of providing TA and/or other fee-for-service work?



Findings: CC Assets for CCCE Fee-for-Service Work

- ▶ **Expertise:** Deep technical and content knowledge of policy and practice of community planning and consumer engagement
- ▶ **Strong relationships** and networks, including relationships with consumer advocates at the state level across the country
- ▶ **Bridge-building** history among diverse stakeholders
- ▶ **Brand** and reputation that are well-respected



Findings: CC Challenges for CCCE Fee-for-Service Work

- ▶ **Lack of business skillsets:** No in-house experience or culture with fee-for-service client services including scoping, execution, marketing, billing and customer- or revenue-driven mentality
- ▶ **No 'fully-cooked' turn-key offerings;** any products would have to be developed from existing assets on an ongoing basis, which can be risky, costly, and harder to sell
- ▶ **Limited in-house experience with health plan administration,** essential when providing TA to health plans
- ▶ **Differing and evolving internal visions** for the Center
- ▶ **Risk of having clients with conflicts** with advocacy work



External Review Key Questions

Question	Method
Are there opportunities for consumer engagement fee-for-service work?	External Review Research: Market Landscape and Interviews
If so, how are these opportunities developing due to the changing healthcare landscape?	
Who would demand these services?	
Who else is already meeting those needs and can CC position itself in a discrete area of the market where it would have a competitive advantage?	External Review Research: Benchmarking



External Interviews: Potential Customers

Conversations with six potential customers, six pending

Topics Included:

- ▶ When you have technical assistance needs, how do you usually address those (in-house vs. external)?
- ▶ Have the changes associated with the ACA altered when and how you use outside TA services?
- ▶ For those technical assistance needs that you address externally, what services or partners have been most helpful? What has worked well? What challenges did you encounter?
- ▶ How have you approached consumer engagement up to this point? Does that affect your TA needs?
- ▶ Possibility of seeking TA on specific aspects of consumer engagement strategy

Interviewee	Title & Organization
Mary Kennedy	Vice President for Medicare and Managed Long-Term Care, ACAP
Bob Thompson	Vice President of Community Health Engagement, Excellus BlueCross BlueShield
Bob Crittenden	Senior Policy Advisor, Health Reform, State of Washington
Chris DeMars	Director of Systems Innovation, Oregon Health Authority Transformation Center
Lorez Meinhold	Senior Associate, The Keystone Center
Judy A. Farrell & Portia McCormack	Vice President and Assistant Vice President, Government Affairs, GuildNet

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External Interviews: Allies/Thought Leaders

Conversations with five thought leaders/allies in the field, two pending

Topics Included:

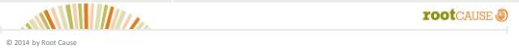
- ▶ What does the need look like for technical assistance for community engagement for health plans?
- ▶ Who are the decision-makers/payers within health plans that we should consult?
- ▶ Perception of CC expertise areas and match with unmet need
- ▶ View on detailed list of CCCE products/services – which might be most useful?
- ▶ What are the risks associated with working with health plans on these issues? How might they be mitigated?

Interviewee	Title & Organization
Cindy Eshes	Executive Vice President of Consulting, COPE Health Solutions
Tom Lynch	Founder, Lynch Ryan; CCA Board Member
Andy Stern	Senior Fellow, Columbia University Richman Center Advisory Board Member, Open Society Foundations U.S. Programs Former President, Service Employees International Union (SEIU)
Bill Walczak	Former CEO, Codman Square Health Center
Jan VanRiper	National Alliance of State Health Co-ops



Peer Organizations Benchmarking (1 of 2)

Organization	Annual Revenue	Description from Website
American Institutes for Research (AIR)	\$279M (2011) (Health program—\$27M)	One of the world's largest behavioral and social science research organizations. AIR conducts and applies health policy research to develop improved healthcare services, systems, and structures that improve health and affordability of care.
Institute for Healthcare Improvement (IHI)	\$43M (2011)	Built around the belief that everyone should get the best health and care possible, its work is divided into five areas (Improvement Capability; Person and Family-Centered Care; Patient Safety; Quality, Cost, and Value; Triple Aim for Populations)
Studer Group	\$45M (2010)	Works with over 850 healthcare organizations in the U.S. and beyond, teaching them how to achieve, sustain, and accelerate exceptional clinical, operational, and financial outcomes
Planetree	\$7.6M (2012)	Operates under the premise that care should be organized first and foremost around the needs of patients. Partners with providers across the continuum of care to transform organizational cultures.



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Peer Organizations Benchmarking (2 of 2)

Organization	Annual Revenue	Description from Website
Patient & Family Centered Care Innovation Center	N/A	Established in 2006, the PFCC Innovation Center of UPMC is one of the first Patient and Family Centered Care (PFCC) applied research centers that focuses on co-designing ideal care experiences with patients and their families
Press Ganey	N/A	Mission is to support health care providers in understanding and improving the entire patient experience. Strategic business partner to more than 10,000 health care organizations across the country and across the continuum of care.
Institute for Patient- and Family-Centered Care (IPFCC)	\$2.3M (2012)	The Institute for Patient- and Family-Centered Care serves as an information resource center for patient and family leaders, clinicians, administrators, educators, researchers, and facility designers who are interested in advancing the practice of patient- and family-centered care.
Health and Disability Advocates (HDA)	\$2.1M (2012)	Each year, HDA provides technical assistance to hundreds of individuals, community-based organizations, health care professionals, and state and federal agencies throughout the country. In addition, HDA regularly convenes meetings of federal and state agencies, advocates, consumer groups, and community-based providers to develop cogent public policy around disability and health.



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Peer Organizations by Services Offered

Organization	For-Profit/Nonprofit	Technical Assistance/Capacity Building	Events & Webinars	Publications	Research & Evaluation
American Institutes for Research	Nonprofit	✓		✓	✓
Institute for Healthcare Improvement	Nonprofit	✓	✓	✓	✓
Studer Group	For-Profit	✓	✓	✓	✓
University of Pittsburgh Medical Center - Patient & Family Centered Care Innovation Center	Nonprofit	✓	✓	✓	✓
Planetree	Nonprofit	✓	✓	✓	✓
Press Ganey	For-Profit	✓	✓	✓	✓
IPFCC	Nonprofit	✓	✓	✓	✓
HDA	Nonprofit	✓	✓		✓



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Core and Secondary Markets: Original Hypothesis

Core Market:

Health Plans	# of Plans	# of Enrollees
Medicaid Health Plans	337	29,120,482
Medicare Health Plans	403	54,000,000
Totals	740	83,120,482

Secondary Market:

- Community/non-profit health providers
- Labor union Taft-Hartley plans
- Dual demonstration project health plans
- Accountable care organizations (ACOs)
- Coordinated care organizations

Outside the Market:

- Solely government funded health plans



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Core and Secondary Markets: Current Hypothesis

Core Market:

Organization Type	Population Served
Community-based health plans including ACAP member plans	ACAP: 58 local, not-for-profit, community-affiliated Safety Net Health Plans
Community health centers	9,000 sites serving >22 million patients
Accountable care organizations (ACOs)	Over 400 nationwide covering 25-31 million Americans
PACE organizations	104 programs in 31 states

Secondary Market:

- Community-based hospitals
- Dual Demonstration Projects
- Private, commercial health plans that serve Medicare/Medicaid

Outside the Market:

- Solely government funded health plans



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CCCE Potential Products and Services: Current Hypothesis

Strategic planning on consumer and community engagement
Assistance brokering collaboration with community-based organizations
Skill training and leadership development for consumers
Development of user-friendly consumer engagement materials and tools
Strategies for evaluating consumer feedback and engagement mechanisms
Document and disseminate best practices and models of care



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External Review Findings To Date



The service offerings CC has put on the table for consideration to date do not match up to customers' pain points.



Customers are unlikely to pay to address something that is not a pain point.

The following slides examine each hypothesis about the market and our conclusions



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Hypothesis 1: Compliance

Hypothesis

Potential customers will seek external assistance on complying with recent ACA-related guidelines on consumer engagement.

Reality

Compliance is not high on the list of concerns for target customers. Consumer engagement guidelines are not specific or stringent enough to make the topic a priority for target customers.

Evidence

Of all the new ACA requirements for non-profit hospitals, only one requirement (community assessment) comes with an accompanying penalty.¹

"If CC is coming in and saying here is a test of 500 questions. 400 of them relate to big systems issues and we are going to come in as a separate question [on consumer engagement] and help you answer 5 of those – that is a hard place to position yourself!"²

"Some want to do the minimum – there is not much incentive – we don't know the teeth behind the evaluative aspect...I know what [health plans] priorities are, and consumer engagement isn't one of them. Need to be clear that there is a regulatory stick."³

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Hypothesis 2: Cost Savings

Hypothesis

Potential customers who are interested in taking advantage of the cost savings associated with improved consumer engagement will seek external assistance.

Reality

The cost-savings from consumer engagement are neither well-known nor prioritized by potential customers, and take a back seat to other cost-saving sources related to administration and technology.

Evidence

"Patient engagement still remains a 'holy grail' and I'm not sure that anyone has bragging rights about how well they are doing it... So if CC comes in saying they can do this, they might end up just being another vendor trying to distinguish themselves."¹

"CC has done well with...making sure vulnerable populations aren't being left out [but]...financing and financial incentives in the system are not in line with consumers."²

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Hypothesis 3: Customer Service

Hypothesis

Potential customers will seek to improve the quality of their consumer engagement as an value-add for consumers that sets their services apart.

Reality

Currently this is not a top concern of customers and there is not yet a robust market advantage for customers with strong consumer engagement

Evidence

"I don't think [consumer engagement] is a pain point for them. No one has made it such. There is no pain to take away unless/until hospitals realize that they could take away a lot of pain. I don't think they are thinking about it."¹

"There's a lot of interest in consumer engagement among health system players, but it's currently more theoretical than practical... Health plans are most concerned with marketing issues and their competitive advantage over other health plans...[consumer engagement] doesn't seem to be their main marketing play."²

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Hypothesis 4: Mission Alignment

Hypothesis

Mission-driven customers will seek assistance with developing high quality consumer engagement practices, because consumer engagement is core to their mission.

Reality

Mission-based plans and providers are likely to improve customer engagement quality in-house rather than through external consulting assistance.

Evidence

"I think [health plans and providers are] handling a lot of it internally, people who are working internally have feelers out on what state of the art is nationally. Decisions get made on the marketing- business case approach."¹

"Drawing on my own experience and community connections, [mission-driven community plans] are likely to have that going on already... I suspect people won't pay. The reason is that plans are paid through Medicaid programs, so there is a lot of investment in systems. They can put it in administrative, but I am skeptical. [They are] more likely to hire someone [internally]."²

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PATH FORWARD



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Hypothesis Evolution

Customers won't pay CCCE to help them work better with consumers, however...

Customers may pay CCCE to help consumers work better with customers.

Evidence

"There will always be a series of people who don't understand the economic impact of their care... There is a business model to carve out a better mousetrap (i.e. technology that appears on phones with multilingual abilities). Someone needs to tell [health system players] that they can administer these benefits in a better way at no large cost." ¹

"A lot of education needs to happen with people who have never been connected with their state insurance program before. We quite frankly have not been ready for this [influx of new consumers]. We're trying to go there. There is some activity that the state and CCOs will take on member engagement related to health Insurance 101, state insurance 101...Another thing we're focusing on is health literacy—that's come to the forefront as a need." ²

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Path Forward



NEXT STEPS



Center for Consumer and Community Engagement Business Planning Process

	MAY	JUN	JUL	AUG	SEP	OCT
PHASE 1: INTERNAL REVIEW • Community Catalyst Overview • Internal Stakeholder Review		Jun 2				
PHASE 2: EXTERNAL REVIEW • Interview key informants and potential customers • Research financial options				Aug 21		
PHASE 3: FRAME PLAN • Prepare multiple plan scenarios including program models and budget frameworks					Sep 29	
PHASE 4: DRAFT PLAN • Present summary of plan • Present funder prospectus and roadshow						
PHASE 5: FINALIZE PLAN AND DELIVERABLES • Review/finalize plan • Update all stakeholders • Ongoing implementation coaching						Present Plan to Board

Working Group Meeting

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