Come Together Now: Measuring the Level of Collaboration

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The Collaboration Mandate

- Problems are complex and multifaceted
- Problems require the efforts of many different systems working together to be resolved
- Collaboration extends your reach
- Other views help strengthen the end product
- Collaboration is more efficient
Factors Promoting Collaboration

• **Structural Factors**
  – Favorable political and social climate
  – Development of clear roles and policy guidelines
  – Concrete, attainable goals and objectives
  – Sufficient funds, staff, materials, and time
  – Commitment and or involvement of high-level, visible leaders
  – Interim Successes

• **Interpersonal Factors**
  – Open and frequent communication
  – Established and informal relationships and communication links
  – Shared vision
  – Flexibility
  – Altruism
  – Adaptability
  – Trust
The Collaboration Literature

• Mostly retrospective
  – Groups perceived as effective based on results
  – Interviews after the group has dissolved (sometimes years later)

• Global Measures
  – Mix structural and relational factors
  – Don’t identify individual factors between individuals

• While important factors are identified, little is provided about how you actually develop these factors within a group

• Some of the tools that exist are not specific enough to provide guidance for developing these factors
Widely Used Collaboration Measure
(Frey et al., 2006)

<table>
<thead>
<tr>
<th>Relationship Characteristics</th>
<th>Five Levels of Collaboration and Their Characteristics</th>
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<tbody>
<tr>
<td></td>
<td>Networking 1</td>
</tr>
<tr>
<td></td>
<td>- Aware of organization</td>
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<tr>
<td></td>
<td>- Loosely defined roles</td>
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<tr>
<td></td>
<td>- Little communication</td>
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<td>- All decisions are made independently</td>
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- Little communication refers to minimal communication and decisions made independently.

- Some shared decision making implies that while decisions are made by individual members, there is some level of shared input.

- Consensus is reached on all decisions suggests that all members have a vote and decisions are made through mutual agreement.
How We Measured Collaboration

• Created Collaboration Questionnaire that included:
  – Individual Indicators
    • Frey’s Global Indicator
    • Created Items the Included Medical Home Concepts
      – Level of Integration*
      – Communication*
      – Share ideas/resources*
      – Appreciation of other organization’s culture
      – Influence of organization/individual on the group
  • Social Networking
    – Importance of Group (Value) to address the problem

  – Group Level Indicators
    • Trust*

*Measured on Frey’s Global Indicator
Items from the Medical Home Literature on Collaboration and Partner Tool (Varda, 2010)

<table>
<thead>
<tr>
<th>Level of Integration of Team Members for Caring for TANF Families in the Community</th>
<th>Communication about Caring for TANF Families in the Community</th>
<th>Organization Culture</th>
<th>Group’s Influence on Caring for TANF Families in the Community</th>
<th>Importance of Group on Caring for TANF Families in Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – “Nobody knows my name?” or “Who are you?” 2 – “You help my clients/customers but not me”. 3 – “I am your consultant”. 4 – “We are a team in the care of our clients/customers” 5 – “Together we also teach others how to be a team in care of TANF families and design of system of care”</td>
<td>1-Communication is rare 2-Periodic focused communication mostly by letters; occasionally by phone 3 – Face-to-face consultations; coordinated treatment plans.</td>
<td>1-Little appreciation of each other’s culture 2- Basic appreciation of each other’s roles and culture. 3-In-depth appreciation of roles and cultures.</td>
<td>1-Little influence 2- Influence sharing – some tensions 3- Conscious influence sharing based on situation and experience</td>
<td>1-This group is not really important to Project LAUNCH 2-This group is important to the Project LAUNCH but not one of the key groups. 3- This group is important- without them the project will fail</td>
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</table>

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<tr>
<th>Organization</th>
<th>Level of Integration</th>
<th>Communication</th>
<th>Organization Culture</th>
<th>Group’s Influence</th>
<th>Importance of Group</th>
</tr>
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<tbody>
<tr>
<td>ACECC Family Leadership Training</td>
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</table>

Aranahoe County Early Childhood Council
The Well-Received Trust Items
Currall & Judge (1995)

- 15 items with 3 subscales
  - Communication
  - Surveillance (need to watch over)
  - Need for formal agreement

1. Think carefully before telling the other groups on the council my opinions.
2. Watch group attentively in order to make sure no one does something detrimental to my organization.
3. Enter into an agreement with other agencies in the group even if their future obligations concerning the agreement are not explicitly stated.
4. Enter into an agreement with other agencies on the Wellness Council even if I think other people might try to persuade the agency to break it.
5. Keep surveillance over other agencies (i.e. look over their shoulder) after asking their Wellness Council member to do something.
6. Give the other Wellness Council members all known and relevant information about important issues even if there is a possibility that it might jeopardize my organization.
7. Give the other Wellness Council members all known and relevant information about important issues even if there is a possibility that it might jeopardize my job.
8. Feel confident after asking the other Wellness Council members to do something.
# Items on Shared Decision Making

*(Simatupang & Sridharan, 2004)*

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<tr>
<td>4. Serving TANF eligible families with public insurance. Agencies in our community do their own thing</td>
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<td></td>
<td></td>
<td></td>
<td>There is a joint plan across the agencies system in our community</td>
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<tr>
<td>5. Serving TANF eligible families with no insurance. Agencies in our community do their own thing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>There is a joint plan across the agencies system in our community</td>
</tr>
<tr>
<td>6. Serving TANF eligible families who have children 0 to 3 Agencies in our community do their own thing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>There is a joint plan across the agencies system in our community</td>
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<tr>
<td>7. Serving TANF eligible families who have children 4 to 8 Agencies in our community do their own thing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>There is a joint plan across the agencies system in our community</td>
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<tr>
<td>8. Serving TANF eligible families who have children 9 to 18 Agencies in our community do their own thing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>There is a joint plan across the agencies system in our community</td>
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<tr>
<td>9. Serving TANF eligible families who have no housing Agencies in our community do their own thing</td>
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<td></td>
<td></td>
<td></td>
<td>There is a joint plan across the agencies system in our community</td>
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<tr>
<td>10. Serving TANF eligible families who need employment Agencies in our community do their own thing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>There is a joint plan across the agencies system in our community</td>
</tr>
<tr>
<td>11. Making referrals Agencies in our community do their own thing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>There is a joint plan across the agencies system in our community</td>
</tr>
</tbody>
</table>

Who We Got Data From

• County Wellness Council
  – Included front-line staff from mental health, physical health, early childhood (childcare navigator, parenting class educator), public health (Medicaid and visiting nurse), workforce, and TANF
  – N=8

• Community Medical Home Integrated Systems Group
  – Included providers from health clinics (physicians, nurses, dentists), faculty from the local university, county health department workers and supervisors, consumers/family members, healthcare providers from the local school district
  – N=32

• Statewide Medical Home Systems Thinkers
  – Included higher-level staff (key decision makers) the departments of Public Health and Environment, Health Care Policy and Finance (HCPF), Colorado Clinical Guidelines Collaborative (CCGC), the Colorado Medical Society, Colorado Children’s Healthcare Access Program (C-CHAP), and 2 foundations who fund Medical Home efforts
    – the Colorado Trust and the Colorado Health Foundation.
  – N=31 (decreased over time)
Baseline Measures of Collaboration
Baseline Global Collaboration Scores

- Scores are 0-5
- Wellness Council - 2.58 (Cooperation to Coordination)
- Med Home Community Group - 2.80 (Cooperation to Coordination)
- Systems Thinkers - 3.21 (Coordination to Coalition)
Global Collaboration Indicator & Individual Items Measured Captured In Global– Time 1 only

<table>
<thead>
<tr>
<th></th>
<th>Overall Score for Global Coll. Tool (max 5)</th>
<th>Global &amp; Group Rel Individual</th>
<th>Global &amp; Level of Integration Individual</th>
<th>Global &amp; Communication Individual</th>
<th>Global &amp; Shared Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness Council</td>
<td>2.58</td>
<td>.23 (p=.62)</td>
<td>.30 (p=.51)</td>
<td>-.38 (p=.40)</td>
<td>-.24 (p=.61)</td>
</tr>
<tr>
<td>Systems Thinkers</td>
<td>3.21</td>
<td>.53 (p=.11)</td>
<td>.38 (p=.28)</td>
<td>.87** (p=.001)</td>
<td>Not measured</td>
</tr>
<tr>
<td>Med Home Community Group</td>
<td>2.80</td>
<td>.76** (p=.001)</td>
<td>.92** (p=.000)</td>
<td>.30 (p=.26)</td>
<td>.17 (p=.54)</td>
</tr>
</tbody>
</table>
Longitudinal Data
Outcomes Measured

• During the case staffing 133 referrals/suggestions were made for the families. For 96 of these (72%), the referral/suggestion was followed up on.

• Progress Satisfaction

• Program Satisfaction
Correlation of Collaboration Indicators and Outcomes

• **Progress Satisfaction**
  • Respect for Organizational Culture all 3 times
    • Time 1 $r=.72, p=.07$
    • Time 2 $r=.87, p=.01$
    • Time 3 $r=.68, p=.04$
  • Group relationship time 2 $r=.87, p=.01$
  • Communication time 2 $r=.87, p=.01$
  • Influence time 2 $r=.89, p=.001$
  • Trust communication
    • time 1 $r=.71, p=.05$
    • Time 3 $r=.84, p=.00$
Correlation of Collaboration Indicators and Outcomes

• **Program Satisfaction**
  • Respect for Org Culture
    • Time 1 r=.88, p=.01
    • Time 2 r=.83, p=.02
  • Group relationship time 2 r=.87, p=.01
  • Communication time 2 r=.74, p=.06
  • Influence time 2 r=.82, p=.02
  • Importance of group time 3 r=.61, p=.08
  • Overall trust time 3 r=.59, p=.09
  • Trust communication time 3 r=.72, p=.03
  • Trust surveillance time 3 r=.59, p=.10
  • Trust informal agreement (r=-.71, p=.08)
Where We Are Now
The Paper Hat Effect

![Graph showing data points for Trust in communication, surveillance, informal agreement, and trust with A1, A2, and A3.]
Individual Vs. Group Level Measures

- When non-player taken out:
  - At time 2 see some increases in scores
  - By time 3, see bigger increases when take out non-player
    - Biggest changes were in Global Collaboration (lower by .11 on a 5 point scale)
    - Level of Integration higher without the non-player by .14 on a 5 points scale
    - Level of Influence of Players higher without non-player by .06 on a 3 point scale
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References


• Doherty (1995). The why’s and levels of collaborative family healthcare. *Family Systems Medicine, 13*


References


