

Stakeholder Relationships:
Teachable Moments
in Retention of Stakeholders

STAKEHOLDER RELATIONSHIPS: Teachable Moments in Retention of Stakeholders

We asked speakers at this session at the Aligning Forces for Quality May 2013 National Meeting to give us their thoughts on the top things that would drive stakeholder representatives away from the multi-stakeholder collaboratives that have been created within each Alliance. The panelists represented employers, consumers, health plans, and providers. Their thoughts, edited into a few top themes by our staff, follow.

Nine Things To Do To Ensure You Drive Your Stakeholders Away

- ✓ **Don't keep us informed and engaged:** It is easy to attract collaborators at the beginning of a project, but busy people will disengage if they don't have frequent updates about progress and activities. Meet face-to-face on occasion—webinars and phone calls are efficient, but cannot deepen relationships like in-person meetings. Don't underestimate the power of a personal phone call/outreach to discuss an issue—particularly if a stakeholder seems distant. And keep your stakeholders in the loop. Lack of communication is a major “don't.”
- ✓ **Be unable to demonstrate success, or fudge the numbers:** If your goals are too large and long term, collaborators may not see visible progress in the short term. This could lead partners to question the value of the project and disengage before the long-term goals can be met. Don't ever publicly release incorrect data/reports. And work when possible to demonstrate success meaningfully – connect clinical data (graphs, percentiles, and goals/accomplishments) to lives impacted (how many episodes of pneumococcal sepsis/meningitis were prevented due to pneumococcal immunization improvement?)
- ✓ **Present data in a way that implies/communicates judgment.** Don't present data without context – look at comparisons over time, national/local benchmarks. Help providers see themselves in the context of others whom they know and respect, so they know that they are not alone. Don't forget to acknowledge that there can be many reasons for low scores, and remind your audiences that we need to understand the data to improve (was it ordered, was it obtained, was it obtained but did not flow in the EHR, is the provider open to new patients and therefore getting all of the new patients in the practice, etc.).
- ✓ **Step on our turf:** Don't replicate existing efforts underway by your partners. Instead, support and enhance those efforts with your unique contributions. Those contributions could include data, transparency expertise, or even 'donating' time from the external TA resources AF4Q provides to the Alliances. Use appreciative inquiry as a tool – for instance, ask high performing practices and providers how they are achieving their great results. Don't replicate – innovate.

- ✓ **Accept unequal effort among those at the table or take sides:** Treat your stakeholders with fairness. Collaborators want to feel that everyone is pulling their weight. Ensure accountability and equal access to available resources and ensure you have the resources available to support important stakeholder activities, especially consumer activities. And whatever you do, don't 'take sides' with one constituency (with the possible exception of patients).
- ✓ **Forget to connect your community reforms with your community.** Don't make the mistake of failing to connect with the community most impacted by the change you are pushing. Work to reach out broadly —success requires collaboration with diverse community stakeholders, especially on issues like health equity. When working with providers, connect practices' efforts to improving the health of the whole community—neighbors, co-workers, friends. Don't assume disinterest on the part of the practice/provider or other stakeholder—ask them what they think, what they are concerned about, what their barriers are, what their fears are. And keep patients at the center – remember to integrate consumer engagement in your quality improvement (QI) initiatives.
- ✓ **Talk over our heads:** Don't assume members or the public understand the issues or your strategies to address them. And don't assume they are all experts in the details of the health system. Your stakeholders – including some employers and consumers – are rarely all health care experts and should not be expected to know the jargon or weedy details of the health care system.
- ✓ **Be rude or devalue our contribution.** Don't underestimate the importance of relationships, trust and likeability. Follow up on your commitments. Don't publicly criticize your members – especially in the press. Express gratitude for very difficult work and investment of time. Think about your stakeholders and how to value them – for instance, don't forget to acknowledge/respect those aspects of delivering care to people that cannot be measured—like sitting with a patient who is crying because she just lost her husband (how do you measure that?). Treat all of your stakeholders as valued partners in the delivery of quality healthcare.
- ✓ **Take your eye off the prize.** It is crucial to avoid “mission creep” to keep us at the table. Maintain a focus on your mission and the importance of why you have gathered us all together.

With thanks to session speakers: Rhonda Moore Johnson, medical director of health equity and quality services, Highmark, Inc.; Karen E. Jones, medical director of quality and innovation, WellSpan Medical Group, WellSpan Health; Karen Linscott, chief operating officer, National Business Coalition on Health; Elizabeth Mitchell, president and CEO, Network for Regional Healthcare Improvement; and Johnny Simpson, chief executive officer, Simpson Consulting and Management, LLC.