

Improving Partnership Synergy

This talk was given to the Advisory Board for the University of Wisconsin Center for Cooperatives by Tim Size, RWHC Executive Director, on December 18th, 2002.

“The power to combine the perspectives, resources, and skills of a group of people and organizations has been called *synergy*.”

An absolutely “must read” article for anyone interested in health care networking is “Partnership Synergy: A Practical Framework for Studying and Strengthening the Collaborative Advantage” by Lasker, Weiss & Miller in *The Milbank Quarterly*, Vol. 79, No. 2, 2001 “In this paper, the term ‘partnership’ is used to encompass all of the types of collaboration that bring people and organizations together to improve health, health care, and the functioning of the health system.”

Within the paper there is a particularly useful list and discussion about “determinants of partnership synergy.” The authors identify elements of partnership functioning that are likely to influence the ability of partnerships to achieve high levels of synergy. (“Based on a review of the extensive literature on partnerships from the unique perspective of partnership synergy” they group these “determinants” into the following categories: resources, partner characteristics, partner relationships, partnership characteristics, and the environment in which partnerships function.

In a related effort, the Center for the Advancement of Collaborative Strategies in Health at The New York Academy of Medicine launched “its new **web-based Partnership Self-Assessment Tool**. The launch took place during a live satellite broadcast from the Albany studios of the New York Network. “The Partnership Self-Assessment Tool is a unique resource for partnerships concentrating on health or any other issue. Unlike most evaluations, which focus on a partnership's programs or goals, the Tool assesses how well a partnership's collaborative process strengthens its ability to achieve those goals. The Tool shows a partnership how well its collaborative process is working and what it can do to make the process work better. In this way, it enables partnership members to get more out of their collective efforts and make more of a difference in their community.” The tool can be accessed at <www.cacsh.org/satool.html>.

Below is the results of Senior Staff at RWHC having used this outline to organize our own questions and observations about “improving partnership synergy” among a cooperative of rural hospitals. This is not intended as a comprehensive list but is intended to illustrate the utility of the framework developed by the authors:

- 1) Resources
 - a) Money
 - i) FCC currently excludes cooperatives from access to Universal service fund.
 - ii) Need for ongoing federal investment in rural informational technologies.
 - iii) IRS has historically limited hospital cooperative access to non-profit status.
 - iv) Sources of investments for new product development?
 - v) How much capital reasonable to expect from members?
 - b) Space, equipment, goods
 - i) Lack of flexible/appropriate business space in rural areas can be a challenge.
 - c) Skills and expertise
 - i) Business & professional schools need to teach collaborative leadership.

- d) Information
 - i) Huge challenge to stay current in comple field like health..
 - ii) Internet must have been invented just for cooperatives!
 - e) Connections to people, organizations, groups
 - i) Value of networking and collaborative activities may not be well understood.
 - f) Endorsements
 - i) Difficulty of cooperative staff getting comfortable with “self-promotion.”
 - g) Convening power
 - i) Wisconsin’s Private Employer Health Care Coverage Program experience is an excellent example of the need to convene powerful interests to find common ground re barriers to implementation of this initiative to help small employers.
- 2) Partner characteristics
- a) Heterogeneity
 - i) There are both pros and cons of diverse membership which has been promoted by many funding sources; there is now a growing realization that the complexity of collaborative action is sometimes best facilitated by managing or limiting the diversity of the participants in some ventures.
 - ii) For cooperatives with less diversity in the membership, external collaborations are excellent vehicles to work with more diverse partners.
 - b) Level of involvement
 - i) How do we most appropriately minimize the “freeloader” effect?
 - ii) How do we minimize the number of false positives re new programs? I.e. board as a whole says yes but individual members don’t find it bneneficial to participate in a new shared service?
- 3) Relationships among partners
- a) Trust
 - i) Absolutely critical, needed on day one but takes time to develop.
 - b) Respect
 - i) How is respect best managed among members who sometimes have competing interests?
 - ii) How best to communicate/manage legitimate differences in corporate cultures between individual members and the cooperative office?
 - c) Conflict
 - i) How best to manage occasionally unavoidable member to member competition/conflict?
 - ii) How best to disseminate the idea that competitors frequently cooperate?
 - d) Power differentials
 - i) Some members naturally are better positioned with more capacity or resources than others, how best to manage this diversity?
 - ii) How to best facilitate members seeing “glass half full rather than half empty” when comparing themselves to powerful external competitors?
- 4) Partnership characteristics
- a) Leadership
 - i) How maximize benefits, minimize drawbacks of member participation?
 - ii) How do cooperative leaders listening better to the members while still helping to lead the group forward? How do avoid the trap of becoming too manipulative?

- iii) How deal with founder syndrome?
 - b) Administration and management
 - i) How manage the need for cooperative staff and administration to challenge the board while remaining subservient to it?
 - ii) How balance authority/limelight of being a cooperative leader with the need to stay in touch with the role of being an employee?
 - c) Governance
 - i) How big can/should a cooperative board get?
 - ii) How reduce perceptions of insiders and outsiders among board members?
 - iii) What are the pros and cons of “outside” members on a cooperative board?
 - iv) How does staff most appropriately work with customers who are also board members?
 - v) How maintain/grow the “cooperative spirit”?
 - d) Efficiency
 - i) How compete successfully for members’ time?
- 5) External environment
- a) Community characteristics
 - i) How can we make Wisconsin health care more cooperative friendly?
 - ii) How manage urbanization of rural constituency?
 - iii) How best develop rural/urban coalition to balance suburban political power?
 - b) Public and organizational policies
 - i) Shouldn’t every cooperative CEO be a lobbyist?

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