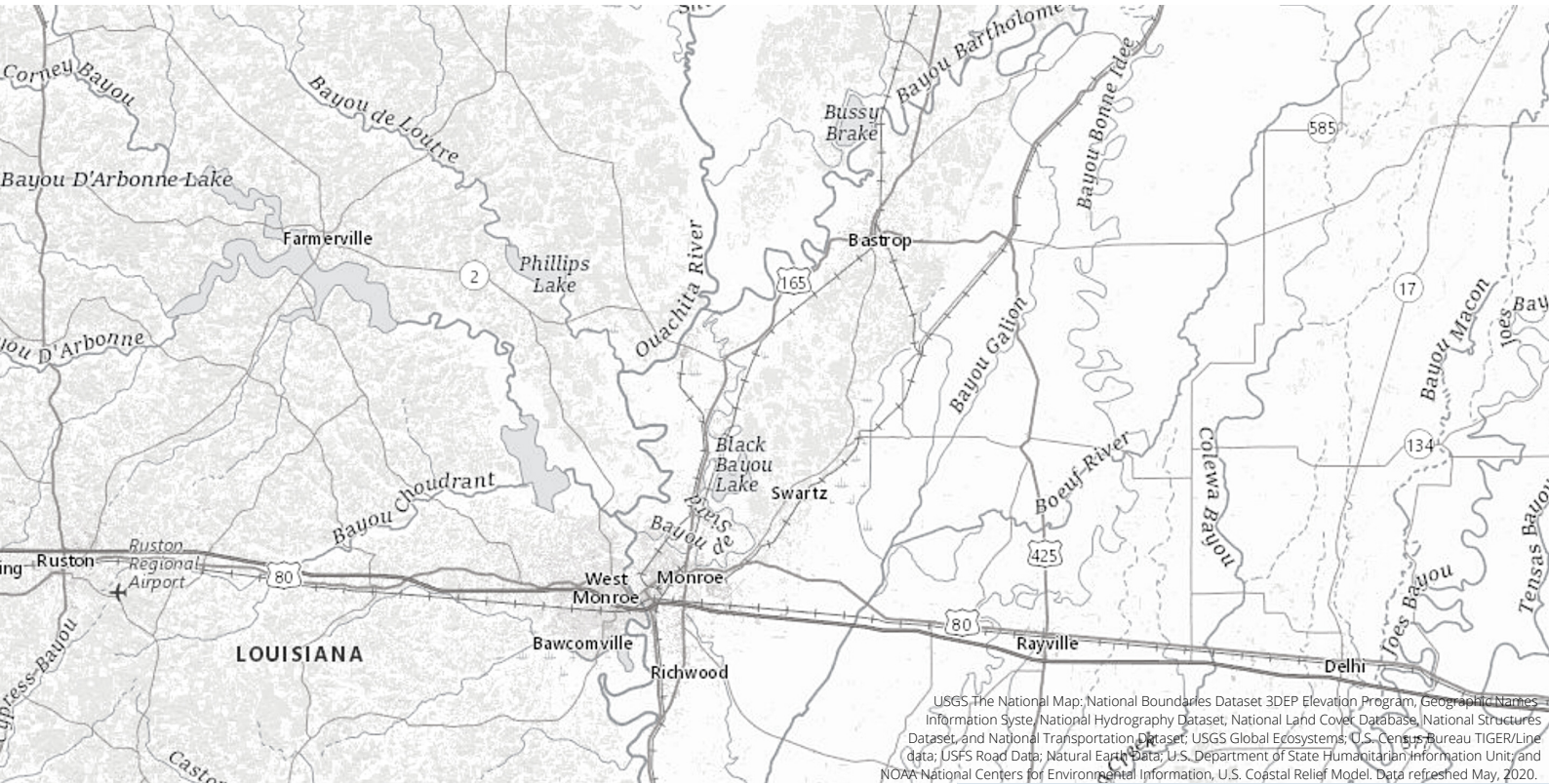


# PROFILING THE NORTHEAST LOUISIANA HEALTHCARE ALLIANCE

A Benchmarking Project of the Institute for Networked Communities (INC)



## NORTHEAST LOUISIANA HEALTHCARE ALLIANCE

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This case study is one in a series of Next Generation Sector Partnerships profiles from across the country.

Its primary purpose is to give practitioners insights into the key milestones and critical ingredients for success that have shaped the journey of the Northeast Louisiana Healthcare Alliance, a four-year old healthcare sector partnership in the 11 parishes of Northeast Louisiana. Its intended audience is the diverse mix of business, education, workforce development, and economic development leaders who are committed to the work of taking their communities to a new level of shared prosperity. The profile is organized into six sections: motivations for launch, mechanisms for change, moments of transformation, measurable results, major ingredients for success, and the future of the Partnerships moving forward.

## WHAT'S INSIDE:

- *About NEHA Healthcare Alliance*
- *Motivations for Launch*
- *Moments of Transformation*
- *Measurable Results*
- *Ingredients for Success*
- *Future of the Partnership*



## ABOUT THE NORTHEAST LOUISIANA HEALTHCARE ALLIANCE REGION

The eleven parishes of Northeast Louisiana remain the most impoverished areas of the state and of the nation. The parishes, many of which reflect a traditional view of the Louisiana Delta, are East Carroll, Madison, Tensas, Franklin, Richland, Jackson, Caldwell, West Carroll, Morehouse, Union and Ouachita. Though possessing a population upward of 304,000—more than 50% of that population, along with the three major hospitals, resides within only one parish, while the balance of the total population resides within the remaining ten parishes. The Healthcare Alliance is comprised of nearly forty hospitals, clinics, long term care facilities, skilled nursing facilities, and home healthcare organizations who together, in addition to providing critical needed healthcare to community members, provide nearly twenty percent of all jobs in the region. For the Northeast region of Louisiana, these jobs are critical to the regional economy. For this reason, the healthcare industry in 2016 was identified through a joint process spearheaded by Workforce Development Boards 81 and 83 as a high priority sector. Using pages from the Next Gen sector partnership playbook, the Boards followed a process by which local education institutions, workforce, community and economic development organizations agreed to build a network of healthcare providers in the region that would partner together around the industry's need to stabilize and grow. The Alliance was launched on August 3, 2016 by six healthcare system CEOs and Administrators in the region, each bringing their own top issues and opportunities for a potential partnership, but all equally messaging the need for a shared and sustained forum to tackle the industry's most pressing shared issues. The purpose of the Healthcare Alliance established then remains the same today:

- To jointly create an agenda that supports the stability and growth of the healthcare industry, and a healthier community, in northeast Louisiana.
- To commit to coordinated action and implementation of shared, high priority areas by public and private sector partners.
- To create a forum for consistent, high quality connections, networking, information and idea sharing.



Since its launch, the Healthcare Alliance has steadily increased in volume, influence and ability to design and implement projects and outcomes that keep the healthcare sector strong and increase access to jobs by people who live in the region. This is attributable to three factors: an ongoing strong business leadership group, the strong staffing and backbone support provided by Workforce Development Board 83, and the coordinated network built as a result of the Alliance among Workforce Development Board (WDB) 81, the University of Louisiana-Monroe, Louisiana Tech University, Louisiana Delta Community College, the Monroe Chamber of Commerce, the West Monroe Chamber of Commerce, a community-based training organization NOVA, and others. These partners were among the original organizations that agreed a new mechanism for partnering and engaging with critical industry was needed.



## MOTIVATIONS FOR LAUNCH: A COORDINATED APPROACH TO REGIONAL IMPACT

In early 2016, the State of Louisiana Department of Workforce Services, like many of its equivalents across the country, was pushing a sector-focused approach to workforce development strategies, motivated by a heavier emphasis in the re-authorized Workforce Innovation and Opportunity Act on “sector partnerships.” Each of the state’s workforce regions were offered the opportunity to receive a small U.S. Department of Labor National Emergency Grant for the purposes of contracting with a sector partnership expert. The Next Gen Sector Partnership team was selected for this work, and Workforce Boards 81 and 83 took the opportunity as a chance to accomplish three linked objectives: first to significantly increase and sustain employer engagement; second to increase the credibility of the Workforce Boards in the region, both with the private sector and their public sector partners in education and economic development; and third to bring coherence to otherwise separate and low-impact engagement of the private sector by public sector partners, often referred to as the “death by a thousand cuts” scenario in the Next Gen world.

An additional driving factor was a larger Health Professions Opportunity Grant to WDB 83 from the Office of Children and Families, U.S. Department of Health and Human Services. This grant required healthcare employers to inform new and expanded training programs; the problem was a significant lack of engaged healthcare employers, especially beyond the limits of Monroe, the region’s largest town. This grant was no doubt an added motivator to launch a healthcare partnership, but importantly WDB 83 did not let it interfere with the discipline with which both WDBs and their public partners used to jointly arrive at a shared target sector, one that answered a pivotal question: Which industry warrants our coordinated engagement in the form of a formal sector partnership? Manufacturing and Technology, in addition to Healthcare, rose to the top. The final selection, made at a meeting of nearly 60 public stakeholder partners in May 2016, of Healthcare was made based on three criteria: the industry provided a significant number of overall jobs in the region; healthcare provides a wide range of entry-, mid- and high-level jobs, thereby offering a stronger potential for career pathway development; and it represented the strongest candidate for direct connections and impacts on the well-being of the region’s communities.



*“From a hospital executive standpoint, I needed to know this was a long-term endeavor, that we were setting up a table that created space for a very competitive industry to name and tackle our big, shared pre-competitive issues together for the long haul. That’s industry-driven, solution-oriented, and in the end it’s about what we do right, by us and by our region and the people we need to serve.”*  
– **Jonathan Phillips**, (Director of Clinical Services, LaSalle Corrections, formerly Chief Operating Officer, Oschner LSU Health System Monroe Medical Center)



## MECHANISMS FOR CHANGE: INDUSTRY VOICE AND LEADERSHIP, PUBLIC PARTNER SUPPORT

Terri Mitchell, Executive Director of WDB 83 and lead public partner convener of the Alliance admits that prior to the launch of the Alliance, she and business service unit staff, even with the best intents, did not actually listen to employers. They, she says, “never understood that employers are not just employers, they’re businesses, and they have three other things to get through before they can focus on talent.” The most significant shift, according to Terri and active industry leadership, was therefore both positioning and expecting industry to lead from the center. The agreed-upon structure of the Alliance requires industry voice, leadership and investment of time into shared priorities before a coordinated network of workforce, education and economic development partners can wrap around those priorities with public resources. Creating the pull by industry inserts a common focal point for public partners where one did not exist before. For the Alliance it required committed healthcare executives to persist and make time for shared priorities and investments, coalescing the right coalitions of willing healthcare organizations around the right issues at the right time. It also required public partners to fully give space to the emerging business-to-business network forming, and to check their individual agendas at the door, despite initial skepticism. For Jonathan Phillips (Director of Health Services, LaSalle Correctional, formerly Chief Operating Officer, Oschner LSU Health System Monroe Medical Center), long time industry leader in the Alliance, the fact that this was not a grant, an initiative, nor another ask brought to him by an agency or public partner, was the draw.

## MOMENTS OF TRANSFORMATION: IDENTIFYING BARRIERS, CREATING SOLUTIONS, TAKING ACTION

In its first year, the Alliance focused on a few critical shared issues, including:

- Identifying and acting on policy barriers that prevented healthcare providers from hiring qualified individuals to critical occupations (leading, for example, to new state legislation streamlining and removing costs for LPN license checks);
- An assessment and articulation of customer service skills needed in CNA trainings (leading to a new workforce training certificate program and a re-tooled community college CNA program);
- An inventory of bed space, special equipment and specialized nursing skills across regional hospitals in order to improve likelihood of safe and effective transfer of patients from over-capacity to under-capacity systems, resulting in a Hospital Resource Guide.

Each of these were spearheaded by industry executives, delegating expert staff within their systems when needed, but always keeping executives leading and co-investing their time. WDB 83 will admit at first the work of keeping the trains moving and on time from a staffing perspective felt overwhelming. Still, WDB 83 is quick to acknowledge an early turning point: the realization that this work is, in fact, the work a Workforce Board is intended and suited to do. A critical additional factor of success within the first year was a shared and broad recognition that individual education, workforce and economic development partners were getting more out of this than if they had never joined. The access to a critical and invested cohort of healthcare providers would not otherwise be replicable. The vision of how each organization can and should plug in essential resources and expertise to projects that benefit their mission populations (low-income workers, students, businesses) was markedly clearer. The ease and agility with which public partners collaborated, as well as healthcare organizations with competitors, was new and high-value. These early moments of markedly different experiences as a result of launching the Alliance led to a series of additional wins in the coming years.



*“There is no comparison. Sector Partnerships are hard work and time intensive. Having the vision, the model and training to help establish the foundation for this type of partnership has been invaluable. We see the fruits of our labor, recognition of Workforce Development Board 83 as a true asset to the business community, and improved credibility with leadership from our regional community partners.”*  
– Terri Mitchell, Director, Workforce Development Board 83, Monroe, Louisiana



## MECHANISMS FOR CHANGE: INDUSTRY VOICE AND LEADERSHIP, PUBLIC PARTNER SUPPORT

With the groundwork laid in the first year, the work of the Alliance continued in a cascade of industry-driven, community-supported initiatives and activities, including:

- The Policy and Regulatory committee positioning the Alliance as a go-to for Louisiana’s State Legislature on healthcare-related laws, triggered by hosting an annual Legislative Luncheon on top policy barriers, again focused on the ability to hire and advance qualified talent;
- The Education Committee significantly expanding a CNA certificate program that increases the time and rigor of classroom and clinical hours in order to more closely align healthcare provider skills and knowledge needs with graduating CNAs. This included a new Behavioral Health module that fills the void of severely lacking Behavioral Health techs in the region. This training demand increased at such a rate that providers now pay for Delta Community College to conduct the training at healthcare providers sites. Individuals who go through this training get guaranteed job interviews and job preferences among Alliance healthcare providers;
- The Acute Care Committee re-establishing a defunct Ambulance Advisory Committee, including securing Committee appointments, in order to initially tackle limitations on patient transfer between hospitals, and ultimately to add additional needed ambulance provider capacity to the region.



*Before we just all had the same issues; now we have single, shared solutions. The Alliance ignites otherwise separate organizations together. It requires pro-active collaboration and coordination. If the healthcare industry fails, our regional economy fails. We must thrive so that we have a regional economy that works for the people who live here, by keeping them healthy, educated and in good jobs. – Aimee Kane (Vice President, Business Development and Strategic Planning), St. Francis Medical Center*



## MECHANISMS FOR CHANGE: CONTINUED

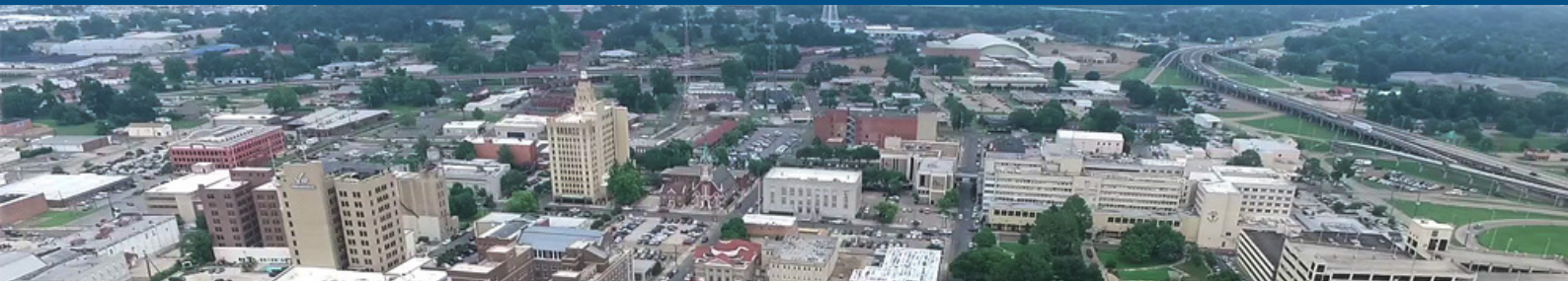
- A 2018 grant from the Blue Cross Blue Shield Foundation and Living Well Foundation to fund adjunct nurse faculty to teach nursing clinicals onsite at 12 regional healthcare facilities during non-peak/off-schedule times in order to avoid competing with nurse workdays. This grant directly responded to an Alliance focus on the extreme need for qualified nurses in the region and solved a problem of lack of experienced nurse preceptors due to under compensation. The project has increased the adjunct faculty pool by 15, including three adjunct faculty who have transitioned to full-time. Up to 30 new nurses graduate per year as a result, totalling 114 additional RN students to-date. The Alliance was awarded a prestigious 2019 International Economic Development Council (IEDC) award for this work.
- An annual Nursing Symposium that offers Continuing Education credits at no cost to 70+ existing nurses to upskill in critical applied knowledge areas, including skills stations staffed by subject matter experts from healthcare providers and the region's 2- and 4-year colleges and universities. Criteria and qualifications align with the state's Nursing Board.
- Ongoing addition of new, in-demand occupational training programs in the region including Environmental Technicians, Medical Assistants and Behavioral Technicians.
- A patient-facing Acute Care Resource that helps patients and families navigate the complexities of transfers from acute care to nursing homes and skilled nursing facilities, building off the Year 1 work of inventorying skills and equipment across institutions.
- Influence and appointment of a rural Hospital physician to the Louisiana Board of Pharmacy, a State Board previously only represented by private sector retail pharmacies.

Beyond the sheer number of initiatives and projects that are spearheaded by the Alliance, three additional factors may best characterize it. First, scalability in a short time period. In its first year, most healthcare organizations remained on the sidelines, with only a half dozen leaders investing time. Today over 40 healthcare organizations participate, and could describe the Alliance and its outcomes to strangers. Second, credibility, both of the Alliance itself as a go-to forum for anything healthcare related by public policy makers and education institutions, and of the Workforce Board as an effective broker of public-private partnerships. Third, accelerated decision making capacity by a collective and diverse group of stakeholders. "Nothing gets stale; it gets decided," according to Aimee Kane, Vice President, Business Development and Strategic Planning, St. Francis Medical Center. This took two years, she said, but is demonstrative of the true mobilization of a public-private network in the region that did not exist before.

It is often discussed in the national Community of Practice of Next Gen Sector Partnerships that the ultimate litmus test for partnership success is a sudden awareness that a partnership could not be shut down under any circumstances. In other words, no sudden pull of funding or lack of a grant, no turnover of a critical public or private sector leader, and in the context of 2020-21, no unprecedented global pandemic. The Healthcare Alliance did not miss a beat during the COVID-19 crisis, but instead tightened the ship. The Alliance, true to form, became the go-to forum for provider-to-provider networking about critical issues, including staff fears of coming to work and patients' fears of accessing healthcare services. A public service campaign launched, including a video and social media campaign that directly speaks to community members about the need to manage their chronic and acute health issues during the pandemic. Sharing promising practices and acting on the most pressing retention and recruitment issues of essential healthcare workers during shifting conditions and sudden loss of revenues came into sharp focus.







## **MAJOR INGREDIENTS FOR SUCCESS: COALITION BUILDING AND COLLECTIVE CREDIT**

Two essential ingredients for success are the level and consistency of industry leadership coupled with the neutrality and effectiveness of the public partner convener, the WDB 83. Constant, transparent communication; exceptional work stream management; and a learned ability to broker relationships and mutual support by the WDB 83 are strong contributors to the success of the Alliance. Public and private partners alike will cite a true spirit and practical adherence to coalition-building as a foundation for Alliance success. Industry executives are quick to note that coalitions of the willing are the key.

Involvement around some issues may be small at first, but staying focused and persistent with the leadership that steps up on each project leads to momentum and scale. Industry leaders at executive level positions step in and step up on the issues they see as pressing and requiring collective action. Despite being competitors in a healthcare market, they see themselves as coalitions of connected leadership on the shared issues that affect their businesses and impact the people and patient populations of Northeast Louisiana. So strong is the practice today of collective leadership, no credit by any single initiative or outcome goes to individual organizations, neither private or public; it goes to the Alliance.

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## **THE FUTURE OF THE ALLIANCE: AREAS TO STRENGTHEN AND GROWTH OPPORTUNITIES**

The award-winning Alliance no doubt demonstrates an ability for a region to create and mobilize a public-private network that did not exist prior, one capable of harnessing the voice and commitments of an industry for the good of a region. But that does not mean the Alliance can coast forward into the future. The everchanging landscape of Healthcare nationally and in the 11 parishes of Northeast Louisiana will require consistent leadership and continued partnership brokering. As the Alliance enters its fifth year, it faces these realities. But it shows no signs of slowing down. On the public partner side, a critical commitment in 2021 will be among the network of public partners, some of which are even stronger partners than ever (including the two Universities in the region, Delta Community College, the major Chambers of Commerce, and the sister WDB 81), and others who still have not directly engaged with the Alliance work. Risks that unengaged partners set up siloed healthcare-related initiatives, thereby missing out on opportunities for scale, do exist. WDB 83 will therefore purposely design an onboarding process and a refreshed agreement among public institutions in support of the Alliance, drawing in some partners that have yet to strongly engage, including school districts and some of the smaller cities in the region.

On the industry side, despite COVID conditions, a new growth opportunity is being explored that directly leverages the coalitions of the Alliance: the exploration of the Monroe area, the region's most densely populated small city and home to three major hospitals within ten miles of each other, as an official medical district. Much like a designation as a downtown district or an arts and cultural district, the concept of a medical district relies on the deliberate knitting together of an ecosystem of healthcare organizations and services with patient- and community-facing enterprises, including grocery stores and affordable living. It envisions leveraging synergies of the industry and the community in a way that begins drawing in additional medical innovation and research activities as well. It may take time to realize the vision, but it epitomizes the spirit and practice of the Alliance: a public-private network focused on keeping a critical jobs sector stable and vibrant, and rooted in the needs and opportunities of a unique region.