Working Party Collaboration Platform – A Proposal  
December 2018

**What:** The FMAHealth Board proposes to the Working Party organizations that together they develop a collaboration platform that can help sustain and strengthen collaboration across the eight family medicine organizations when it is appropriate.

**What is a Collaboration Platform?**
A structure, analogous to the “backbone structure” described in the piece on “collective impact” that the ADFM shared at the Working Party meeting in August, 2018. A collaboration platform can:

- Take on the tasks of coordination and communication among participating organizations
- Help those organizations think together strategically on an ongoing basis (vs every ten years) by scanning the environment to anticipate issues of strategic concern to the group of organizations collectively.
- Conduct work on behalf of the participating organizations between meetings in ways that make scarce time and attention at meetings as productive and valuable as possible.

To be effective, a collaboration platform relies on:

- An agreed upon process for decision making among participating organizations
- A practical understanding on the part of each participating organization of its own interests, and the interests of other participating organizations – and where those interests differ and overlap.
- An evolving understanding of criteria for identifying issues that should be of concern to the group of organizations as a whole.
- Willingness to grant authority to the collaboration platform team to do its work within agreed upon expectations of responsibility and accountability.

**Why This, Why Now?**

- At times when it is important for the specialty to coordinate and collaborate on specific initiatives, an effective collaboration platform can help the specialty do so effectively and efficiently. We believe that this is one of those times in the life of family medicine when there will be many opportunities and a need for the specialty to speak with one voice about issues critical to the specialty, to primary care and to health and healthcare for all in the U.S.

- A collaboration platform can help insure that the family of family medicine continues to focus on new ideas, initiatives and innovations that can be spread across the eight family medicine organizations and with outside organizations as well. There are times when bold initiatives are needed that may not directly serve members of each organization in the near term, but the success of those initiatives paves the way to achieving the quadruple aim.

- Traditional approaches to strategic planning take place every few years. The healthcare landscape is changing rapidly. Successful organizations working in turbulent environments, like healthcare, are strengthening their capability to think strategically on a regular basis in ways that offer an opportunity to act as well as react to impending change.

- The specialty of family medicine can benefit from an ongoing, flexible structure that supports collaboration throughout the year and across collaborating organizations. That support structure could act in a coordinating role with family medicine organizations to identify issues where collaboration makes sense, and, for example, do initial background work on those issues.
between Working Party meetings. Discussions at the meetings could be more focused and productive, and decisions made more quickly.

- A collaboration platform as described here can help avoid duplication of effort by focusing only on issues that are of concern by the organizations most suited to the task and impact the specialty as a whole. Like “teams,” “collaboration” is not the solution to how to address every challenge.

Two Options for Consideration

A: A Collaboration Platform that Continues the FMAHealth LLC Operating Agreement

The FMAHealth LLC Operating Agreement has no designated end date and continues until terminated by the organization where it is housed, the AAFP. Any changes necessary for reconfiguring the LLC can be accomplished by amending the Operating Agreement. Such an amendment was made previously to create the President position and related changes to the FMAHealth board. Amendments can only be made by the Member/AAFP but Working Party participants could come to an agreement with the AAFP that it would seek input from the other organizations before making amendments.

FMAHealth LLC can easily be reconfigured to meet the needs of the Working Party and its participating organizations in order to function as a collaboration platform as described above. A few structural things to consider to make it function with disciplined flexibility include:

Board Structure
- It would be valuable to reevaluate the composition of the board going forward. A reconfigured board could include, for example, representatives from each organization and a patient advocate. There may no longer be a need, however, for a chapter executive, early career, or small practice representatives. And you may decide that some new roles are needed.

Board Chair -President
- We think it would be useful to reevaluate the need for a president position. There has been a significant benefit in having the position be separate from any of the sponsor organization appointees. This would be a significant ongoing expense, but perhaps worth it. If there was no president position, the chair could be chosen by the board or rotated among the sponsor organizations.

Administrative services agreement
- The current administrative services agreement between FMAHealth and AAFP-AAFP-F extends to the end of 2019. Extending the agreement would require negotiating an extension or finding another source of administrative services.

Continuing FMAHealth, LLC could enable the Working Party’s participating organizations to do many things, including but not limited to:

Providing a Home for the Health is Primary Campaign and Other Specialty-Wide Initiatives
- If the Working Party organizations elect to pursue a long-term extension of the Health is Primary campaign, FMAHealth would be a logical entity to continue to conduct the campaign. (This would most likely be dependent on outside funding/sponsors, and the FMAHealth, LLC could administer those funds.)
Updating a Specialty-Wide Strategic Plan

• An updated strategic plan could be developed for the ongoing work of the specialty in ways that build on the brand identity you initiated and sponsored. Among other things, the Family Medicine for America’s Health brand includes a website, fmahealth.org, and hundreds of engaged volunteers across the country ready to continue to be the grassroots voice for the specialty.

Operating Continuously throughout the Year

• The work of FMAHealth’s collaboration platform could remain continuous throughout the year. Board meetings could occur face-to-face at Working Party and virtually in between.
• A small group of representatives from participating organizations could work virtually behind the scenes between Working Party meetings.

Adapting a Backbone Structure That Is Already Built vs Having to Re-invent It

• The FMAHealth, LLC had to build a backbone structure to implement the strategic plan. A lot of the “machinery” developed to make it work could be adapted for future purposes of the Working Party. We are thinking here of tools and templates for coordination and communication of work across multiple organizations, e.g., meeting systems, task force creation and dismantling, decision making and negotiation processes, rapid design, etc.

B: Create a Collaboration Platform without Continuing the FMAHealth LLC

This kind of collaboration platform would have many of the same features as the first option without the organizational infrastructure to conduct business, e.g., financial and legal functions.

In this option the Working Party’s participating organizations would create a collaboration platform that meets the needs outlined in the “Why This, Why Now?” section above while taking into account a set of principles to guide the work. Here are some that we have learned, in some cases learned the hard way:

Guiding Principles – A Starter Set

• Collaboration is easier to agree with as an aspirational goal than it is to put into practice. It’s easy to confuse the intention to collaborate with the ability to do so. It takes time and some tools to develop the skills needed to collaborate. At the beginning, we stepped on each other’s toes and felt bruised at times. Now when we step on each other’s toes, we say ‘Ouch’ and move on.

• Decide on an agreed upon process for decision making that works for you and stick with it.

• Build a collective understanding of both shared and differing interests to use when working through disagreements, and to support each other’s strengths.

• Collaboration is not the answer to every question or problem. At times collaboration can be detrimental to moving work forward, or result in watering things down. A productive collaboration platform will include a set of criteria for determining when and where collaboration across all family medicine organizations makes sense—and where there is no need for it.
Finally, and perhaps most important, build on what is already working. Collaboration is not a new idea among the Working Party’s participating organizations. There are many examples of successful collaborations across the family, some of which are listed here:

- 25x2030 (coordinated by the AAFP)
- Evaluation of the EPAs (coordinated by AFMRD)
- The Preceptor Initiative (coordinated by STFM)
- Alliance for e-Health Advisory Group (coordinated by the AAFP)
- Research efforts (coordinated by NAPCRG)
- Health equity initiatives (coordinated by the AAFP’s CDHE)

Thank you for considering this proposal and its two options. We look forward to discussing them further with you at the upcoming Working Party meeting in January.