



HPOE *Live!*

2015 Webinar Series

The presentation will begin shortly.

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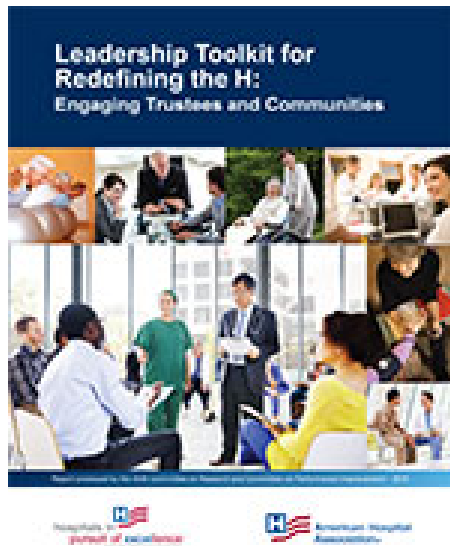
Leadership Toolkit for Redefining the H: Engaging Trustees and Communities

2014 AHA Committee on Research

2014 Committee on Performance Improvement

January 2015

Engaging Trustees and Communities



The 2104 Committee on Research and the 2014 Committee on Performance Improvement embarked on an effort to better understand where hospitals, trustees and communities are in their journeys of transformation. The committees spent the past year looking into:

- Trustee engagement — how it relates to redefining the “H”
- Community engagement — how hospitals can engage with community stakeholders to have conversations about the changing health care landscape

This report includes community engagement and governance strategies for hospital leaders.

Redefining the “H”

The AHA believes that changes in the health care field as significant as those likely to occur in the coming decade need to be planned for, not only within the hospital, but also with strong input and engagement from trustees and the community.

With delivery and payment reform, it is becoming clear that hospitals must adapt to survive. The AHA has identified five possible paths for transformation that are not mutually exclusive:

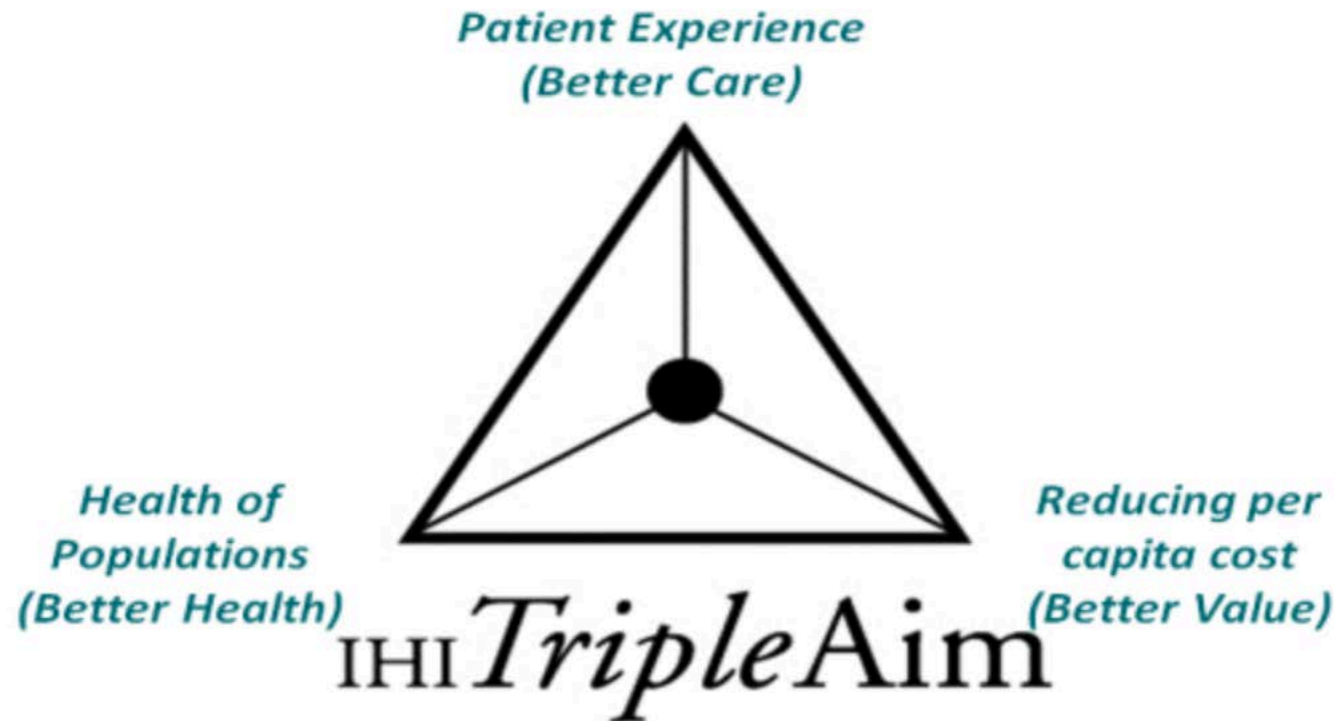
- **Specializing** to become a high-performing specialty provider, such as a children’s hospital or rehabilitation center;
- **Partnering** through a strategic alliance, merger or acquisition for greater horizontal or vertical reach, efficiency and access to resources;
- **Redefining** to a different delivery system that is either oriented toward more ambulatory or more toward long-term care;
- **Experimenting** with new payment and delivery models, such as bundled payment, accountable care organizations (ACOs), clinically integrated networks or medical homes; or
- **Integrating** by developing a health insurance function or services across the continuum in areas such as behavioral health, home health, post-acute, long-term care, ambulatory, etc.



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The Triple Aim

As hospitals work to redefine the “H” and achieve the Triple Aim on behalf of patients and communities, they must actively engage trustees and communities now in the changes that will inevitably come.



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Engaging Communities

As transformation evolves, hospital leaders and boards must lead the way in forging community collaborations that:

- Appropriately allocate resources and define a shared responsibility for improving community health
- Bring insight, perspective and support from the community into the hospital board room as leaders consider paths for transformation
- Enter into strategic partnerships for improving community health and health outcomes



Trustee Engagement


The process of redefining the “H” will require leaders to adopt new structures to effectively govern increasingly complex organizations. To strengthen the health care system, boards must understand community needs and health status as well as:

- Become knowledgeable of changing business models
- Be representative of the community and possess needed skills and competencies
- Willingly and regularly engage with community stakeholders
- Consider a local board structure when feasible
- Address several possible business models to achieve and sustain goals.



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Common Themes



Collaboration Is Key – No one hospital or health system has to be all things to all patients.

Transformation Will Be Local
– Policy changes are needed but change must start locally

Care Might Look Different – As the health care system transforms, communities may see changes in the number of inpatient beds, where care is provided, and the type of services offered.



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Recommendations

While each community event had its own unique characteristics, the recommendations below were drawn collectively from all of the Community Conversations.

Engage in Broad-Based Dialogue

Policy Changes Must Support Collaboration

Frequent and Ongoing Communication Is needed

Use the Community Health Needs Assessment as a Tool

A Holistic Approach to Health Care Is Needed



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Putting it All Together

As this report emphasizes, the future of health care is changing rapidly but, at best, uncertain. However, by strengthening leadership and governance practices and engaging with diverse community partners, hospitals are, more likely to be successful in achieving better health and health outcomes at an affordable cost.



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Issues to Consider in a Rapidly Changing Environment

Managing variation in the pace of change

Adapting to new payment and delivery system models with little experience and knowledge about intended and unintended consequences

Confronting the challenge of disruptive innovators that offer convenience and reduced complexity for the consumer

Managing new and sometimes difficult partnerships where cultures clash and missions do not align

Ensuring sustainability in an evolving business model

Assembling and developing the right talent in the hospital and in the community

Ensuring diversity of age, gender, race and ethnicity that reflects the community, at all levels of the organization from the board to management to frontline staff

Developing a deep understanding of the community's level of health and wellness, their burden of disease and their needs to achieve the health status they deserve



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**Community Conversations Overview
Colorado Example**

Engaging Communities

- **Having Right People at the Table**
- **Defining the Objectives**
- **Choosing the Right Moderator**
- **Framing the Conversation**
- **Lessons Learned / Key Takeaways**



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Redefining the “H” -Community Example

Presented by: Konnie Martin, San Luis Valley Health CEO

Your Trusted Partner in Health



Our History

- Lutheran Hospital Association was founded in 1928
- Grew from small, inpatient facility to a broad, full-scope integrated health system with over 70 employed primary and specialty physicians within its scope
- In 2013, SLV Regional Medical Center, Conejos County Hospital, and five clinics became one official organization, San Luis Valley Health
- San Luis Valley Health is the largest employer in the region, employing 650 individuals



Our Mission and Vision

- **Mission Statement**

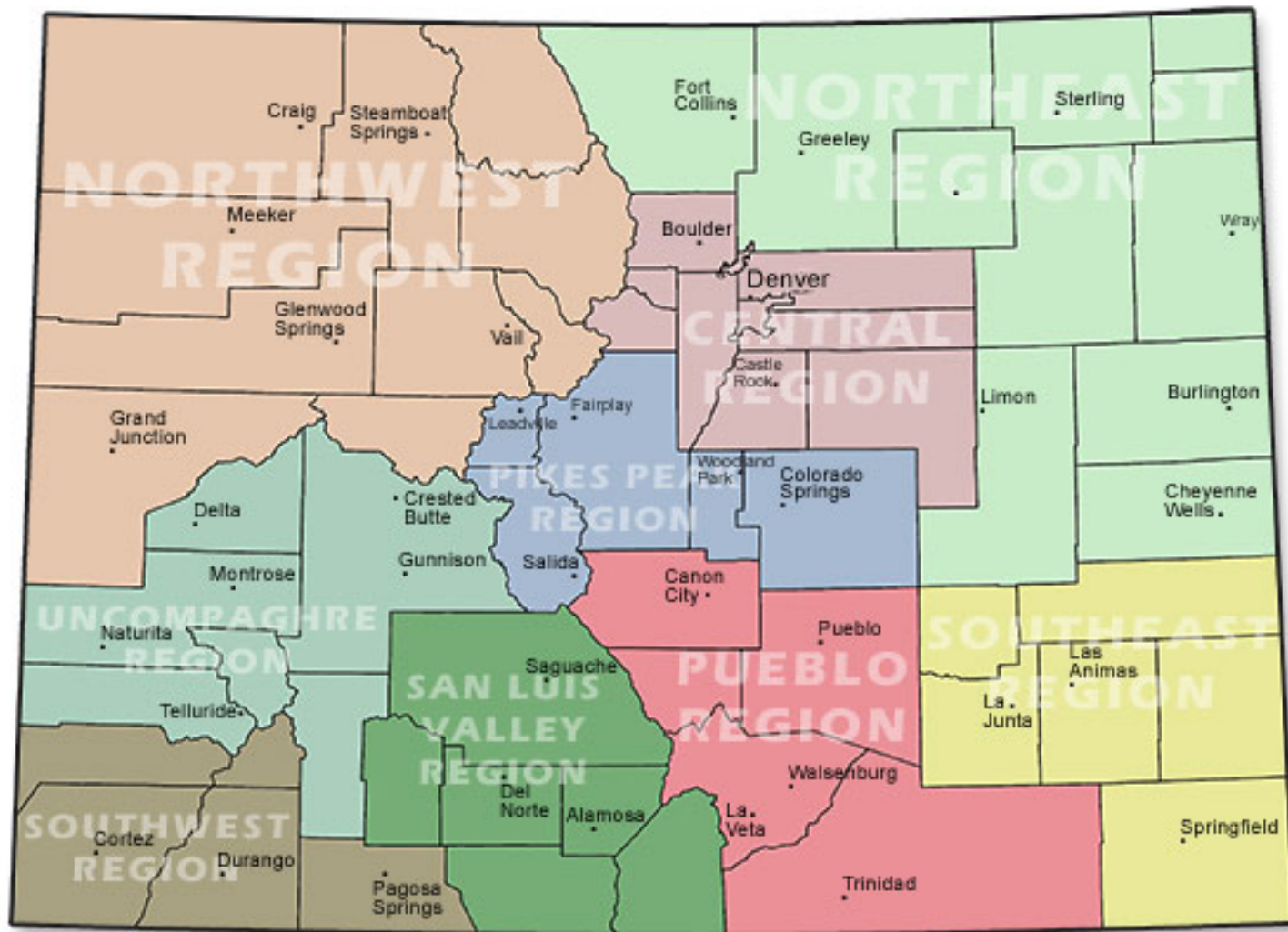
To be a premier, fully integrated rural healthcare system, providing exceptional patient-centered services to the San Luis Valley

- **Vision Statement**

Your Trusted Partner in Health

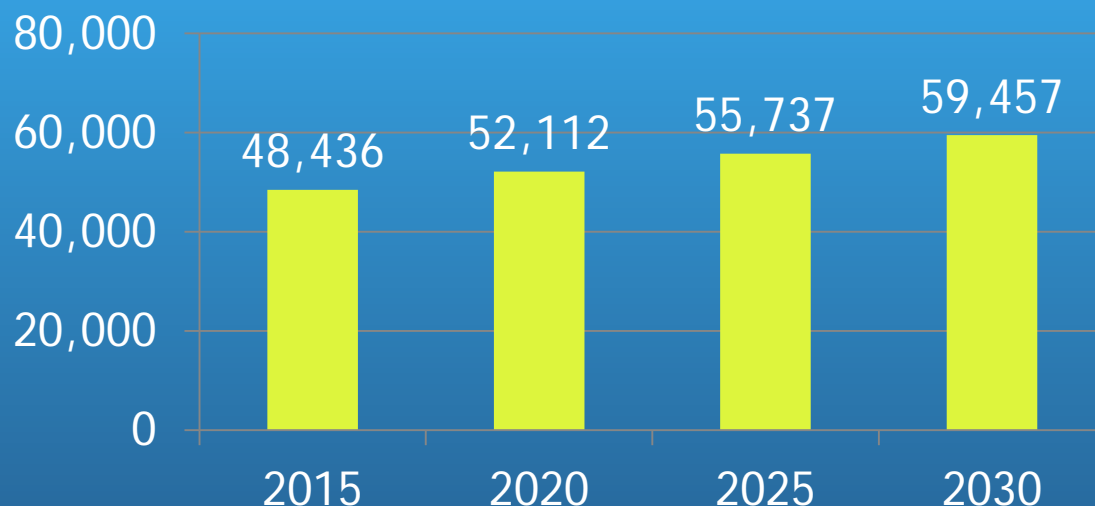


Our Community



Community Demographics

Population Forecast



Income Level

Median Household	\$35,421
Less than \$25,000	37.4%
\$25,000-\$49,999	27.6%
\$50,000-\$99,999	24.6%
\$100,000 or more	10.3%

Annual Household Income (2015)

Population By Race (2015)

Race	Number
Total Pop.	48,436
Non-Hispanic	24,592
White	22,969
African-American	226
Native American	131
Asian	146
Pacific Islander	18
Two or More Races	971
Hispanic Origin	23,844

Commitment to Community

- We are moving towards the care and management of communities of patients in addition to episodic care

Strategies for Success

- We have engaged community stakeholders in our long-term vision for transformation, with the understanding that transformation in healthcare must be done as a community, not to a community.

Three Levels of Conversations

- State Level - Three communities with similar environments
- Valley Level - Six counties, three hospitals
- Local level - Focused groups of Stakeholders



Our Community Conversations

- In June of 2014, AHA/CHA hosted Community Conversation in Keystone, Colorado.
- Those leaders expressed a desire to expand on the conversation that commenced in Keystone...

Our Community Conversations

- Over two dozen people attended, including leaders in: healthcare, finance, higher education, commerce, and small business.
- We are looking to continue to expand on these conversations.



San Luis Valley Focus

Three Hospitals -

- San Luis Valley Health Regional Medical Center:
Sole community provider PPS facility
- CAH - part of our system
- CAH - service area colleague

Community Health Center, Behavioral Health, Public Health, Higher Ed, K-12 Education, Business, Elected Officials, City and County governmental leadership, Banking

Sustaining the Conversation

- Law Enforcement
- Public health
- Education
- Banking
- Safety Net services - Homeless shelter, food bank, Domestic Violence Prevention
- Veteran's Services, Nursing homes, Assisted Living
- Economic Development
- City and County Leadership
- Business
- Behavioral Health, Community Health Center, Critical Access Hospitals



Three Transformational Waves...

These transformational waves will reshape the health marketplace

Patient-Centered Care

FROM	TO
Physician Centered.....	Patient Focused
Transactional.....	Care team managed
Sick-care.....	Health and well-being
Inaccessible.....	Convenient and 24-7
Patient Turnover Volume...	Patient Health Volume

Consumer Engagement

FROM	TO
Uninformed.....	Informed, Shared Decisions
Limited Engagement..	Highly Engaged/Empowered
Isolated Individual.....	Socially Connected
Limited Consequence.....	Financial Incentives
Physician Opinion.....	Informed Shared Decisions

Science of Prevention

FROM	TO
Symptom Treatment.....	Monitoring and Prevention
One-size-fits-all.....	Personalized Therapies
Limited Biomarkers.....	100% Accurate Diagnostics
Big Pharmaceuticals.....	Tailored Gene Therapies
Medical Competencies.....	Life, Social, Ethical Competencies

2010

2025

SLV Health: A System of the Future

In order to be competitive in the future of the healthcare industry, we will exhibit the following strategies necessary for success

- Pursuit of Triple Aim
 - Improving patient experience
 - Improving health of populations
 - Reducing per capita cost of care
- Clinical Partner
- Non-Traditional Competitors
- Partnerships with Payors
- Partnerships with Employers
- Patient Centric Care
- Increased Transparency
- Customer Service
- Leadership at the State Level
- Technology
 - Telehealth expansion
 - Electronic Medical Records
- Workforce transformations
- Community Health Focus
 - Improving community's overall health, not continuing to fix problems

Benefits

- Promotes Understanding of the “H”
- Builds a stakeholder group
- Gives us a forum to listen to our community
- Good Neighbor – Good Partner



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Redefining the “G”—The Importance of the Role of the Trustee on the Hospital Board and in the Community

April 13, 2015

Actions We Should Start, Stop and/or Continue

We should start:


We should continue:

We should stop:

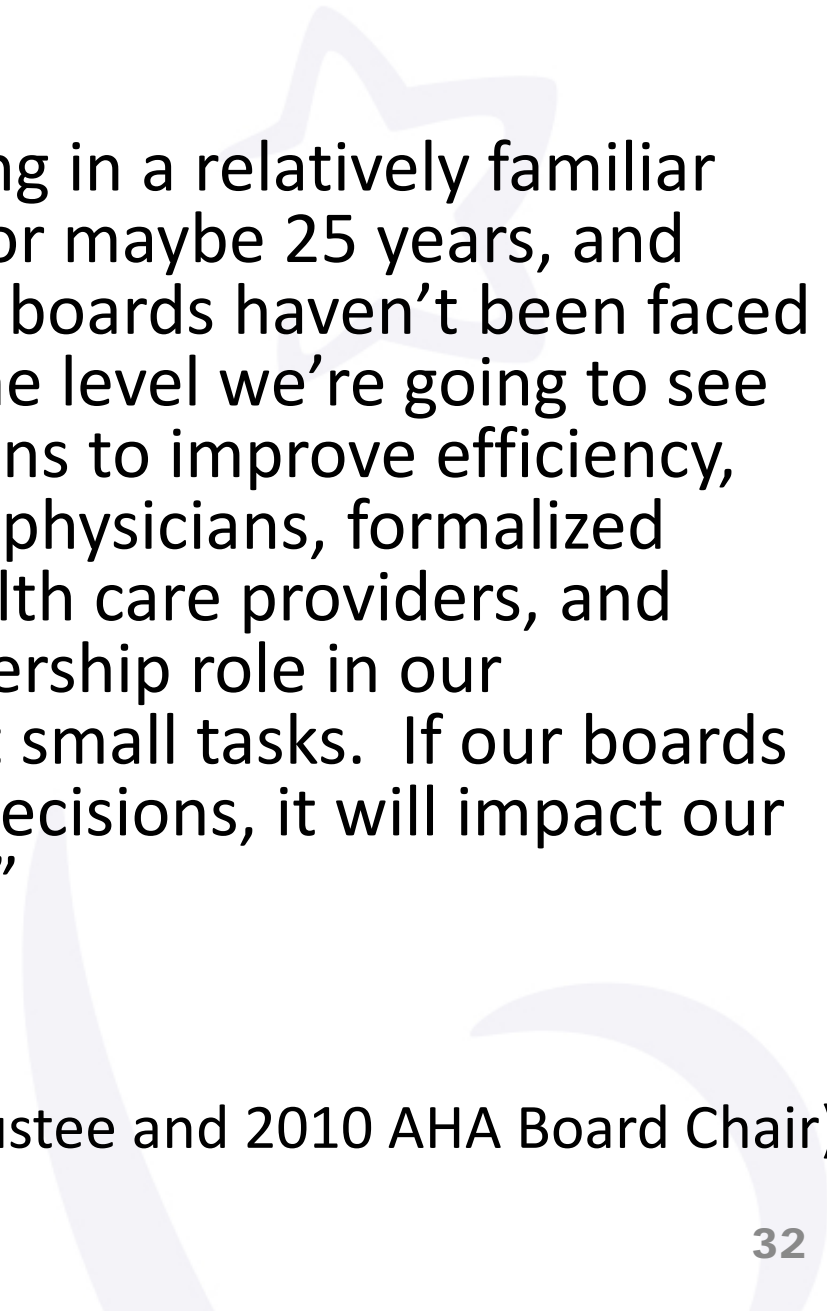
Trustee Roles and Responsibilities

- **Mission**
- **Vision**
- **Planning**
- **Direction**
- **Quality & Safety**
- **Improvement**
- **Growth**
- **Survival**
- **Community**





Did you know that according to the AHA 2014 National Healthcare Governance Survey only 35% of boards use board approved criteria for selecting new board members?



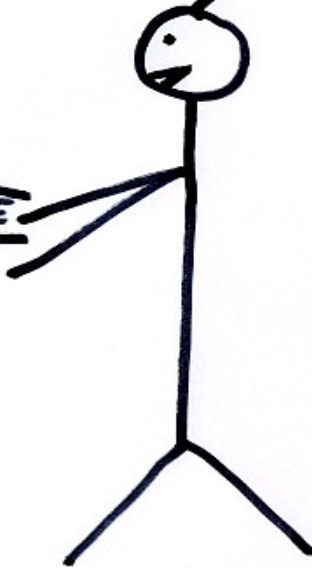
"We Trustees have been living in a relatively familiar and constant environment for maybe 25 years, and that's about to change. Our boards haven't been faced with strategic decisions at the level we're going to see in the future: reconfigurations to improve efficiency, new arrangements with our physicians, formalized relationships with other health care providers, and beyond that, a broader leadership role in our communities. These are not small tasks. If our boards are not prepared for these decisions, it will impact our ability to fulfill our missions."

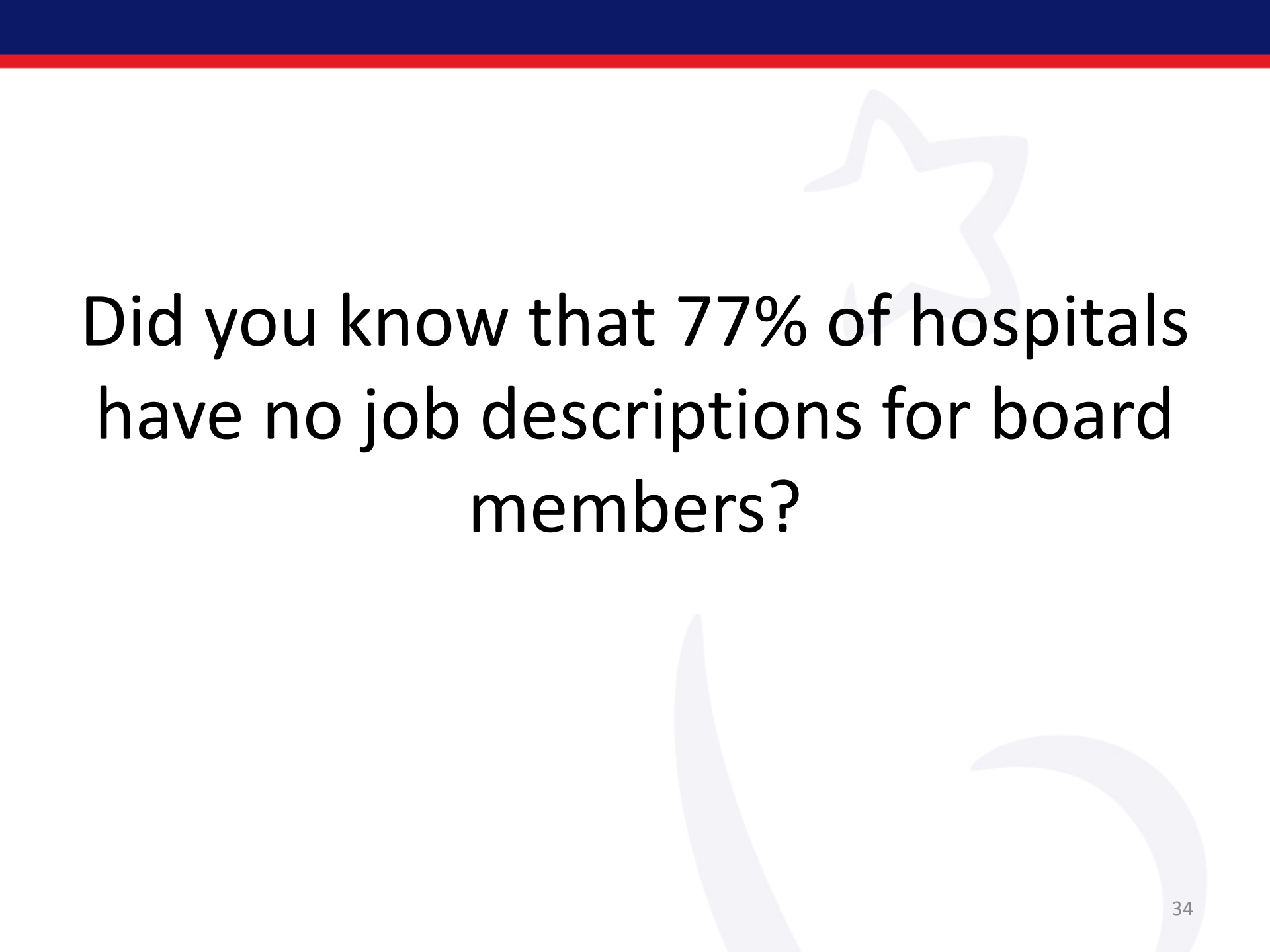
(Richard de Fillippi, Hospital Trustee and 2010 AHA Board Chair)

Is this the
board meeting
package?



No, that's
just the
agenda.





Did you know that 77% of hospitals
have no job descriptions for board
members?

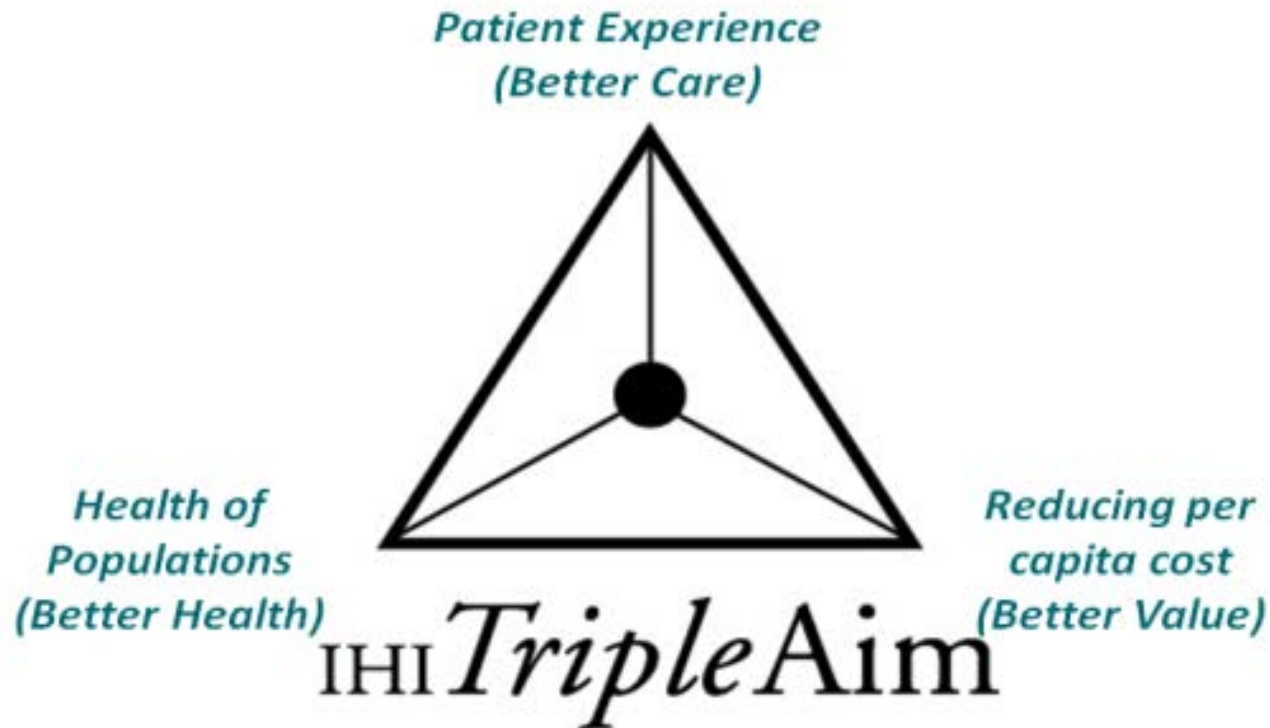
A Resource for Health Care Boards of Directors

A collage of images related to healthcare and corporate responsibility. The collage includes a doctor in a white coat, a patient sitting in a chair, a wireframe head, a close-up of a doctor's face wearing glasses, and a classical building column. The images are arranged in a grid-like fashion with overlapping edges.

“Boards of Directors Under Fire: An Examination of Non-profit Board Duties in the Healthcare Environment.”

by Naomi Ono in the Annals of Health Law
Riordan & McKinzie
Vol. 7, Issue 1

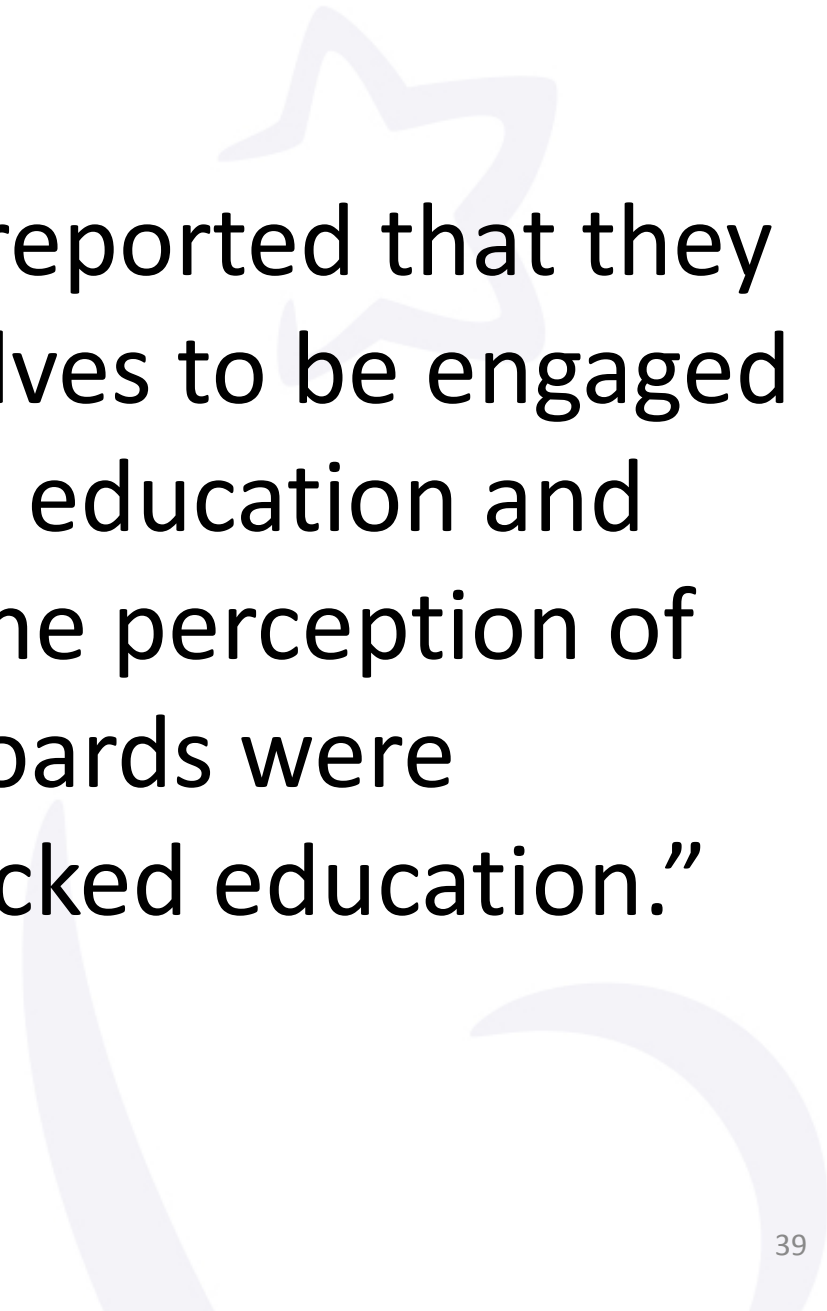
The *Triple Aim*



Leadership Toolkit for Redefining the H: Engaging Trustees and Communities



Report produced by the AHA Committee on Research and Committee on Performance Improvement – 2015



“Board members reported that they perceived themselves to be engaged and wanting more education and resources; while the perception of the CEOs is that boards were disengaged and lacked education.”
(AHA)

“The part that is really exciting for boards is that they really are the translation—the place where what the community wants (or thinks it wants) gets translated into action by management of a health system. To be able to be close to but not at—the bedside in terms of what a provider is able to do for an individual patient and a community as a whole is the reason why people serve on boards—they make the difference!”

(Carolyn Scanlon, Trustee, Lancaster General Hospital)



9 Hours Later...

"Hurray! Meeting adjourned!"



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<https://www.surveymonkey.com/s/hpoewebinar4-13-15>

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- Reducing avoidable readmissions
- Managing variation in care
- Implementing electronic health records
- Improving quality and efficiency
- Bundled payment and ACOs
- Others

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