

BoardBrief

Prepared for Colorado Hospital Association Trustees

What's Right About America's Health Care

Studies show that it takes four positive statements to negate the effect of one negative statement.¹ Think back to what you've read and heard about health care in the past few years. Have you heard one positive statement for every four negative statements? Trustees have an opportunity and an obligation to ensure the community understands well what their organization is doing well, and work to tip the negativity scale to help the public understand the many good things happening in America's health care today.

National news, state and local media, blogs, and legislative debates continue to highlight what is "wrong" with America's health care today. We are bombarded daily with news reports about health care quality and safety problems, rapidly rising costs, and health care's role in driving up the nation's deficit, among others. In many cases people simply repeat what they have heard or read, taking information out of context or not conveying it accurately. As a result, so-called "facts" about America's health care may be grossly magnified, distorted or misrepresented, thereby feeding further misinformation and greater misunderstanding.

Hospitals should and do strive for zero defects in quality and patient safety. They strive to be good stewards of the community's financial resources. And they care deeply about utilizing their resources to maximize community benefit. But sometimes the attention is focused so much on the negative that the positive is overlooked, such as how many people are treated and leave hospitals every day infection-free, how many healthy babies are born, how many complicated, life-saving surgeries are successfully performed, how many lives are saved in hospital emergency departments, how much free and reduced cost care is provided, and how hospitals work in their communities every day to tackle community health risks and keep people out of their hospitals. How many other American businesses seek to reduce their customer base and avoid providing their products and services?

There is no question: America's hospitals save thousands of lives every day that otherwise would have been lost. They meet the health care needs of the poor and others at-risk whose needs would otherwise be ignored. And they use their

often slim profits to tackle the most pressing health risks in their communities.

Hospital boards need to ensure these stories are told. They need to highlight what their organizations are doing well, and ensure their good works are seen as an asset for social good. It's important that trustees understand what is so good, unique and valuable about health care in America and in their local communities. They play a critical role in serving as advocates for their hospitals, building trust and confidence that helps sustain community support through hard times, provides leverage during legislative debates, and forms lasting partnerships to further strengthen the hospital's ability to positively impact the community.

Health Care vs. Medical Care

It's important to distinguish the difference between health care and medical care. Many of the statistics about what's supposedly "wrong" with America's health care system don't look at the broader and more complete picture of health care.

Medical care is direct clinical care. America's medical care is top-of-the-line in many areas, yet it lacks some of the components that can elevate it to a higher level, such as greater care coordination, better information technology, and more integrated care – all factors that hospitals and health systems are working to address.

Discussions about America's health care system should be much broader, and encompass all aspects of the system of care. Direct medical care is a primary component of the

system, but it also includes public health, community wellness and individual quality of life, and the broad array of community benefit activities that hospitals and health systems across the country provide to meet their community's unique health care needs.

When the U.S. is criticized for its health status, the measures often used measure overall health, such as infant mortality, life expectancy, and deaths from a wide range of illnesses that would not have been fatal if treated with timely and effective care. These measures involve much more than simply medical care. They are impacted by socioeconomic status, environmental factors, and factors such as smoking, obesity, education level, income, and health insurance status. For example:²

- The death rate of people with 12 years or less of education is more than two and a half times the rate for people with 13 years or more of education
- Lower income and education levels are associated with higher levels of violent crime and more deaths due to firearms, motor vehicle accidents, and substance abuse
- Higher incomes permit increased access to medical care and allow people to afford better housing and live in safer neighborhoods
- Personal behaviors contribute significantly to the health of the population, such as smoking, alcohol consumption and obesity
- Health insurance status is strongly correlated to life expectancy. Having insurance alone improves overall health and reduces mortality rates by as much as 10 to 15 percent

Part of the challenge is that many people view medical care problems and health disparities as a defect in medical care. But some experts estimate that appropriate clinical medical care only delays premature death 10 to 15 percent of the time. As a result, improvements in the quality of medical care alone can have only a limited impact on the overall health of the population.² Does quality of clinical care, efficiency and effectiveness matter? Definitely. But to really influence the population's health, we must move society's thinking about quality beyond clinical medical care, and more effectively address unhealthy behaviors, the environment, and other socioeconomic factors. This is where hospitals can play a critical and invaluable role.

Hospitals provide free care to patients who are simply unable to pay due to their income. Hospitals provide community education and outreach programs to encourage healthy

lifestyles and provide individuals with the tools they need to make healthy decisions. They partner with their community to provide necessary social service programs and resources that would otherwise not be available. Hospitals provide free health

screenings and help individuals manage their chronic conditions, and much more. But too often this important work falls under the radar screen, causing lost opportunities to build trust and confidence in the hospital, and leverage partnerships and shared passions to catapult America's "health care" to a whole new level.



Yes, America's Medical Care Needs Work...But Our Health Care is Very Good

Particularly in the time leading up to health care reform, and in the wake of its passage, the public has been overwhelmed with polls and studies about health care quality and delivery programs, and Americans' lack of confidence in the current health system's ability to provide quality care and excellent outcomes to all. Health and Human Services Secretary Kathleen Sebelius took that point to an extreme when, speaking in March 2011, she said that "We pay 2 1/2 times what anybody else pays in the world, and our care outcomes look like we're in a developing country."³

As a counterpoint to many of the negative statements we often hear, consider the following factors presented in an article written by Scott Atlas, Senior Fellow at the Hoover Institution and professor at the Stanford University Medical Center:⁴

- Americans have better survival rates than Europeans for most common as well as rare cancers, and have lower cancer mortality rates than Canadians.

- Americans have better access to treatment for chronic diseases than patients in other developed countries. For example, 56% of Americans who can benefit are taking statins to reduce cholesterol and protect against heart disease. By comparison, of patients that could benefit from these drugs, only 36% of Dutch, 29% of Swiss, 26% of Germans, 23% of Britons, and 17% of Italians receive them.
- Americans spend less time waiting for care than patients in Canada and the United Kingdom, whether it is for seeing a specialist, having elective surgery, or receiving radiation treatment for cancer. At the time of the article's publication, more than 820,000 people in Canada were waiting for a procedure to be performed and nearly 1.8 million were waiting for a hospital admission or outpatient treatment in England.
- Americans frequently voice their views that America's health care system needs major reform. But residents of other developed countries frequently say that as well. More than 70% of German, Canadian, Australian, New Zealand and British adults say their health systems need "fundamental change" or a "complete rebuilding."
- Americans have better access to important new technologies like MRIs and CT scans. For example, in the U.S. there are 34 CT scanners per one million people, compared to 12 in Canada and eight in Great Britain. Similarly, there are 27 MRI machines per million people in the U.S., compared to six per million in Canada and Britain.
- American companies are responsible for the majority of health care innovations, which benefit health care provided throughout the entire world. For example, the top five U.S. hospitals conduct more clinical trials than all hospitals in any other developed country. And since the mid-1970s, the Nobel Prize in medicine or physiology has been awarded to American residents more than representatives from all other countries combined. In fact, in the past 34 years, there has only been five years in which a scientist living in the U.S. didn't either win or share the Nobel Prize.

Hospitals Contribute More than Just Clinical Care.

Hospitals in the U.S. contribute much more than clinical care. They play an integral role in what's right with America's health care system, acting as centers of innovation and education, working outside their walls to improve community health, providing free and discounted care to uninsured and underinsured patients, and contributing significantly to their local economies.

America's hospitals are centers of innovation. Hospitals play a key role in educating and training America's future health care professionals. They conduct state-of-the-art research and provide highly specialized care for the most severely injured and ill patients, from burn treatment to neonatal care. In addition, hospitals across the country are in the process of implementing information technology systems that provide more seamless and coordinated care, improving efficiency and minimizing errors. While not talked about enough, there are examples of organizations doing extraordinary things in this area across the country, such as UCLA recently performing the first hand transplant in the western United States, doctors at Yale-New Haven Hospital in Connecticut using iPads to improve patient-centered care and quality, and doctors at Jackson Health System in Miami, Florida using innovation to treat a rare eye cancer in children.⁵



America's hospitals improve community health. Hospitals' impact on their communities extends beyond immediate medical needs to non-emergent needs tied to personal health and well-being. Hospitals and health systems across the country are working inside their communities to improve public health, address basic social and personal needs, and provide individuals and families with the tools they need to take control of their own personal health. By providing food and shelter, job training, literacy programs, free clinics and supplies such as bicycle helmets and car seats, among many other meaningful initiatives, hospitals have an often immeasurable and overlooked impact on the improvement of their community's health.⁵

America's hospitals provide over \$30 billion of care annually for which no payment was received from the patient or insurer. It is the sum of the "charity care" they provide, or services for which they did not expect to

receive payment because of the patient's inability to pay, a hospital's "bad debt," or services for which hospitals anticipated payment but did not actually receive, and America's community hospitals' uncompensated care as a percent of total expenses has remained steady at about six percent of total expenses over the past thirty years, although the total cost of uncompensated care has increased significantly. And while it is easy to measure and quantify, hospitals' commitments to provide uncompensated care is only one component of the total community benefit they provide. To fully understand hospitals' contributions to their communities, lawmakers and the public must also understand the other significant benefits hospitals provide, from economic contributions to "community benefits" such as free or discounted clinics, community education, health fairs and more.⁶

America's hospitals contribute significantly to the U.S. economy. The contribution that hospitals make to their communities and to America is greater than the life-saving medical care they provide. The jobs provided and goods and services purchased by hospitals significantly contribute to the nation's economy. The health care sector is a growing segment of the U.S. economy. Hospitals frequently provide economic and job security during times of recession, employing more than 5.3 million people across the country as the second largest source of private sector jobs.

Uwe Reinhardt, a leading U.S. health care economist, in 2008 wrote an article in the New York Times entitled "In Defense of a Giant (and Growing) Health Care Industry." In the article Reinhardt noted that if a Martian landed on earth and followed our debate on health care, he would learn "an entirely new macroeconomics, according to which the defense industry, the fast-food industry, golf resorts, football games and Nascar racing create jobs and economic value, while health care destroys jobs and economic value with it."

Alas, Reinhardt says, "Mother Earth is full of such people."

Reinhardt goes on to say "When you last visited a physician's practice or stayed in a hospital, did you see people other than patients there? Do you realize that these people call their work 'jobs,' which yield a livelihood that supports a family and raises the next generation of earthlings? Did it occur to you that their care for you has economic value, especially as you can walk again as you could not before they cared for you? Did you consider that they postponed your death by many years, perhaps even decades? Would you really surmise that their work

creates less value added than, say, the fast-food industry? Can any straight thinking person really conclude that, on balance, health care is a burden on our economy?"

Health care is a large part of a nation's gross domestic product – approximately 18 percent of gross domestic product (GDP). It is projected to increase to 20 percent or so by 2020. Most Americans are likely very grateful for the health benefits of the expansion of the health care industry.

Reinhardt admits that there is considerable waste in United States health care. However, that waste at the margin does not change the fact that the health system is one of the finer sectors in the economy.

Reinhardt noted that "In a 2005 study, the economist Eric Topol and Kevin M. Murphy showed the American health care system to be one of the highest value-added sectors in the economy." The economist Michael Mandel of Business Week recently reported that health care contributed 50 percent of all new jobs over the most recent business cycle.

According to Reinhardt, if that Martian were to land, he'd probably tell Americans to thank their lucky stars that at least one sector of their economy is still healthy.

Hospitals and health systems also spend approximately \$320 billion on purchasing goods and services from other businesses annually, which creates additional economic value for the community. The American Hospital Association calculates that with these "ripple effects," hospitals support nearly one of nine jobs in the United States, and nearly \$2 trillion in economic activity.⁷

Reform Holds Many Opportunities for Overall Health Care.

In addition to the often-overlooked good work that hospitals are doing across the country, the Patient Protection and Affordable Care Act (the ACA, or the Act) holds the potential to further improve the system of health care in America.

Many of the Act's key provisions already having a positive impact and have the potential to further improve our health care system:

- ***More people have insurance coverage.*** Because of reform, over four million early retirees and three million seniors are protected from the "doughnut hole" and two million more kids are covered through Medicaid and the Children's Health Insurance Program (CHIP). In addition, many people are keeping their children on their health

plans until age 26, and consumers applying for health insurance have additional mandates protecting them.

- ***Innovation is encouraged.*** Reform's incentives, pilot projects, and future payment implications are encouraging innovation in much more dramatic ways than in the past. Concepts such as care coordination, medical homes, accountable care organizations, disease prevention and wellness initiatives, new technology, and more are being considered and explored like never before.
- ***Providers and key stakeholders have banded together.*** Key stakeholders that originally supported the reform Act continue to support it, including hospitals and health systems, physicians, pharmaceutical, biotech and medical device companies, labor groups, and consumers.
- ***Reform will take the national deficit in the right direction.*** The reform Act originally estimated a \$124 billion 10-year deficit reduction. That estimate has since been updated to \$210 billion from 2012 through 2021.^{8,9}

A Look at Personal Stories Tells Much About What's Right with Health Care

Health care is personal. As much as some want to evaluate the system using statistics, personalizing care gives a different perspective about what health care is really like. For example, hearing about long wait times in other countries may sound okay on paper when weighed against other benefits and costs. But on a personal level, if you had to wait months for a knee surgery or be transported hundreds of miles away to deliver your baby due to overcapacity, your perception of "quality of care" would change significantly.

In America, an average of five percent of Americans wait longer than four months for an elective procedure. Approximately 25% wait four months or longer in Australia, Canada, and Great Britain.²

Looking at stories and case examples on an individual basis helps highlight what is really right about America's health care – hospitals working in their communities to significantly impact the health and quality of life of the people they serve. As the case examples below highlight, the impact hospitals have on their communities is much greater than simply providing good clinical care. America's hospitals are engines for social good, disease prevention and wellness. They provide free and discounted health clinics, school-based clinics, free prenatal care, children's asthma care and education, street care for homeless patients, health fairs and health screenings, free mobile clinics, dental health clinics, health career promotion, education on public health issues such as exercise, nutrition

and fire safety, and much more. These are the examples that seldom appear in newspapers or appear on the local news, but hospitals are doing this important work 24/7/365.

Strengthening Community Connections. The American Hospital Association has assembled a wide variety of examples highlighting the valuable work that health care organizations are doing across the country to benefit their communities every day. There are countless stories of hospitals helping patients get the care they need regardless of their ability to pay, providing free care and transportation to and from appointments, coordinating care with other facilities, helping patients apply for medical assistance programs, and following-up with patients to ensure that their needs are met. In addition, hospitals in every community are impacting their citizens through special programs and services that meet unique community needs. Below are a few case examples highlighting the varied and valuable work hospitals across the U.S. are doing in their communities to improve the health and well-being of their residents. And consider this: If hospitals weren't doing this work, who would? For more case examples as well as additional resources for ways to share your hospital's story with the AHA, go to www.caringforcommunities.org.¹⁰

[Beaumont Hospital, Royal Oak, MI.](#) Beaumont Hospital collaborated with local firefighters, police and other volunteers to build the first injury prevention/safety center in Michigan: "Safety City USA." The center includes replicas of household rooms and an indoor park setting that are used to demonstrate possible fire and safety hazards. For example, the bedroom fills with simulated smoke, teaching children how to react and exit the event of a fire. Recently, a seven-year-old girl who visited the "Safety City USA" with her first grade class was credited with saving her family when their home caught fire.

[La Rabida Children's Hospital, Chicago, IL.](#) The La Rabida Community Asthma Program for Children was formed by the hospital in response to startling statistics about asthmatic children – asthma is the number one cause of pediatric hospitalizations, resulting in as many as 14 million lost school days each year. Working with public schools, the program identifies at-risk children, screens and diagnoses them, and then educates parents and teachers on the signs and triggers of asthma, how to respond in an emergency, and how to improve physical environments to reduce asthma triggers. The program then helps connect students with the proper medical resources to help manage their conditions.

[The Mercy Hospital of Pittsburgh, Pittsburgh, PN.](#) Operation Safety Net is an innovative street outreach

program for unsheltered and transient homeless population in Pittsburgh, PA. The program consists of 14 teams that perform medical rounds by walking the city's streets, alleys and riverbanks providing prenatal care, health counseling, TB and HIV testing, and protection from severe weather conditions through an organized shelter. The program trains approximately 100 residents and medical and nursing students annually in street medicine.

UH Bedford Medical Center, Bedford, OH. University Hospitals' DARE to C.A.R.E. community outreach program provides free health screenings to individuals 60 and older, and others with high risk factors. One patient was surprised to learn that his left carotid artery was 80% blocked, putting him at high risk for a stroke. He underwent surgery and made a full recovery.

The Cleveland Clinic Health System, Cleveland, OH. North Coast Health Ministry provides free health care and a medication assistance program. The Cleveland Clinic Health System provides the clinic space, free or discounted lab and radiology services, and other program support when needed for the Ministry.

Northern Hospital of Surry County, Mount Airy, NC. The Medical Ministries Clinic serves the medical needs of the indigent population in Surry County. Every Tuesday night, approximately 40-50 patients come to the clinic to receive care provided by the volunteer doctors and nurses, all of whom are on staff at the hospital. The hospital donated equipment to set up the clinic, and supports the cost of lab work and X-rays.

Woman's Hospital, Baton Rouge, LA. The "Perinatal HIV: Know Your Status, Protect Your Baby" program ensures women know their HIV status and receive preventative treatment before giving birth. The program uses patient classes, the hospital magazine, physician and staff training, case management and hospital protocols to educate patients and staff. Brochures and teaching materials are also distributed through various community outreach programs. Baton Rouge has one of the nation's highest rates of AIDS cases. Without intervention, as many as 20-30 percent of HIV-infected pregnant women could transmit the virus to their infants; with appropriate treatments, the rate can be reduced to 1-2 percent.

Parma Community General Hospital, Parma, OH. The Parma Health Ministry is a service of Parma Community General Hospital and Parma Christian church that cares for local uninsured residents. The program diagnoses and treats patients for a range of conditions, from cancer and

heart disease to diabetes and hypertension.

Saint Francis Medical Center, Grand Island, NE. The Student Wellness Center provides general health care services, as well as mental health counseling, including assistance for students with drug and alcohol problems.

Beatrice Community Hospital and Health Center, Beatrice, NE. Ready-Set-Go is an annual back-to-school event organized by the hospital and The Salvation Army. The event provides low-income children in grades K-12 with sports physicals and the supplies they need to start the school year. Each child receives a health kit; a school backpack filled with school supplies; coupons or vouchers to local retail, shoe and clothing stores; haircut vouchers; hearing, vision and dental screens; a public library card; and information on topics ranging from diabetes education to health insurance.



Evanston Northwestern Healthcare, Evanston, IL. Through a collaborative partnership with the local high school and health department, Evanston Northwestern Healthcare established a free school-based health clinic for the high school's 3,000 students. The clinic is staffed by hospital employees with the overall goal of providing primary health care services in a caring environment, promoting healthy lifestyle practices and reducing the barriers students encounter in their efforts to access health care services. Specific services include evaluation and treatment of acute illnesses, follow-up and management of chronic illness conditions and health maintenance visits, including routine physicals and immunizations.

Yuma Regional Medical Center, Yuma, AZ. The School Health Care program provides free medical care to thousands of Yuma County school children who don't have health insurance. Before receiving care from the School Health Care Program, Leticia missed 45 days of

school in one year due to severe asthma. Through the care she received at the clinic, she is now a healthy eight-year old.

Blessing Hospital, Quincy, IL. Supported by the hospital and the medical community, the Community Outreach Clinic provides free, non-emergency primary health care, access to hospital services, specialists and medications to adults without government or private insurance.



Improving Clinical Care: AHA's Hospitals in Pursuit of Excellent Initiative. Hospitals in Pursuit of Excellence (HPOE) is the American Hospital Association's platform to accelerate performance improvement and support delivery system transformation in the nation's hospitals and health systems. HPOE provides education on best practices, evidence-based tools and guides, leadership development through fellowships and networks, and engages hospitals in national improvement projects.¹¹ Several of the case examples highlighting hospital's efforts to improve quality of clinical care included in the HPOE initiative are highlighted below. For more case examples, go to www.hpoe.org.

Novant Health, Winston-Salem, NC. In 2005 Novant Health implemented a system-wide hand hygiene program, in part to address concerns about MRSA infections sparked by a MRSA-related infant death in the neonatal intensive care unit. At the time, the MRSA infection rate at the hospital was 0.54 per 1,000 patient days, and proper hand hygiene compliance was estimated at 49%. The program included internal and external marketing campaigns, staff education, the creation of two hand hygiene monitor positions, and department and unit-level rapid-cycle improvement projects. Initially, the hand hygiene monitors were LPNs, but they weren't confident challenging caregivers that weren't compliant with the hand hygiene requirements. Even after the LPNs were

replaced with RNs, arguments persisted. The organization's senior leaders sent out a memo that said if employees mistreat the hand hygiene monitors, in essence they will be fired. That marked a cultural transition, and now that the entire organization is on board with the importance of the initiative there is a friendly internal competition between departments. In addition, the organization has tied leaders' compensation to performance on hand hygiene and other three-year quality goals. In November 2006 hand hygiene compliance at Novant Health had increased to 90%, and in October 2008 hand hygiene compliance was 99%.

Missouri Baptist Medical Center, St. Louis, MO. Leaders at Missouri Baptist Medical Center knew the statistic that adverse drug events occur in as many as 10% of hospitalized patients, and they wanted to ensure that their organization did not fall into that category. The hospital was committed to its leaders "walking the walk" on patient safety, rather than just talking about it. They did this in part by hiring a full-time patient safety officer, and identifying safety champions from the medical and front-line staff to lead quality initiatives. Leaders also invested in technology and systems to help staff lower errors. A significant part of the initiative was transitioning the hospital's culture to a patient safety-oriented atmosphere, embracing and adopting a non-punitive culture in order to make significant and lasting gains in its safety initiative. The cultural shift involved empowering frontline workers so that they could "stop the line" if something was amiss. The combination of the cultural changes, new technology, and a variety of other changes within the hospital resulted in a 54% reduction in mortality between 2005 and 2007. Nancy Kimmel, the hospital's patient safety officer said "I like to think of our near misses as gifts... It's okay to speak up and stop the line and truly talk about it... because the bottom line is to keep patients safe here."

Winthrop-University Hospital, Mineola, NY. In an effort to minimize medical errors, Winthrop-University Hospital not only implemented a computerized physician order entry (CPOE) system, but also actively took steps to encourage a non-punitive culture focused on patient safety. The hospital encourages workers to raise issues of patient concern so that they are addressed, rather than dismissed or overlooked. The CPOE system has helped with this shift, creating transparency in ordering so that prescriber intentions are clearly specified so that nurses and pharmacists no longer have to "translate" orders. When asked about the extra pains the hospital took to enhance a non-punitive environment that resulted in more open reporting of errors, Valerie Terzano, the hospital's Vice

President of Nursing said “It was important for the board of directors, senior executives and frontline staff to understand that an increase in medication error reporting was not necessarily a bad thing... Identifying actual medication errors, as well as near misses, helped us to identify process problems – how the errors were occurring – and gave us an opportunity to develop systems to prevent errors in the future.”

Gundersen Lutheran Health System, La Crosse, WI. Gundersen Lutheran Health System did not have a systematic or organization-wide approach to minimizing and eliminating patient falls. The hospital researched best practices, and identified specific areas to focus on (such as medications, safe room set-up, safe signage, and more). A patient advisory group was also formed, allowing for direct patient feedback on new ideas and approaches. The focus on eliminating falls also required additional staff training to help change the hospital's culture from a mentality of patient falls being acceptable, to the understanding that falls are preventable and must be prevented. Staff are empowered and encouraged to conduct safety huddles for falls and other events, calling a huddle after a fall or a near-miss to immediately identify what could have been done to prevent the incident. The cultural change relies on staff engagement, and the hospital's success has built upon itself to result in even greater successes. The more successful the units are at improving specific metrics, the more they want to try harder to have an even greater impact.

Prairie Lakes Healthcare System, Watertown, SD. At Prairie Lakes Healthcare System workplace dissatisfaction was a challenge, in part because nurses were overworked, spending too much time on paperwork and not enough time at the bedside. The hospital estimated that nurses spent approximately one-third of their time at the bedside, and the remainder of their time on administrative responsibilities. The hospital recognized that patient-centered care requires maximizing direct patient care time, and invested in technology changes as well as changes in workflow and communication to maximize direct patient

care. Nurses led the workplace redesign effort, including implementing an electronic health record system, changing the way medication was administered, changing their leadership structure, and adding walkie-talkies for improved communication. The initiative doubled the amount of time nurses spent at the bedside, and reduced turnover from 65% to 10%. The cultural shift was a win-win, improving staff satisfaction and workforce retention as well as quality of care.

“Wellness and prevention in the community will have to come out of a board of trustees. Hospitals don't really do that now. It's such a fundamental shift in our mission that if it doesn't come down from the top, it won't work.”

-Richard de Filippi, trustee for Cambridge Health Alliance in Massachusetts and past chairman of the American Hospital Association

The Connection Between Governance and Community Service

There is a strong connection between governance leadership and hospital community service. The board sets the tone for what the organization values, and where it invests its resources. In this new era of health care reform, new opportunities are emerging to encourage care coordination, strengthening existing partnerships and forging new partnerships to better serve the community and ultimately elevate “what's right with health care” to a whole new level. Trustees play a role in promoting greater care coordination by emphasizing its importance, and looking at new

opportunities such as accountable care organizations, information technology, and ways to prepare for and maximize the benefits associated with bundled payments.

Trustees can also play a leadership role in establishing and sustaining community initiatives that address socioeconomic factors that lead to readmissions and disparities in care, which hospitals will be penalized for under new payment structures. When referring to new government payment mechanisms that encourage care coordination and penalize errors and inconsistencies in care, Richard de Filippi, trustee for Cambridge Health Alliance in Massachusetts and past chairman of the American Hospital Association said that “the whole push toward wellness will be the only way to avoid these...wellness and prevention in the community will have to come out of a board of trustees. Hospitals don't really do that now. It's such a fundamental shift in our mission that if it doesn't come down from the top, it won't work.”¹²

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