



Healthcare boards:

Awaken the force

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“If I had asked people what they wanted, they would have said faster horses” –Henry Ford



Mega-trends are disrupting health care

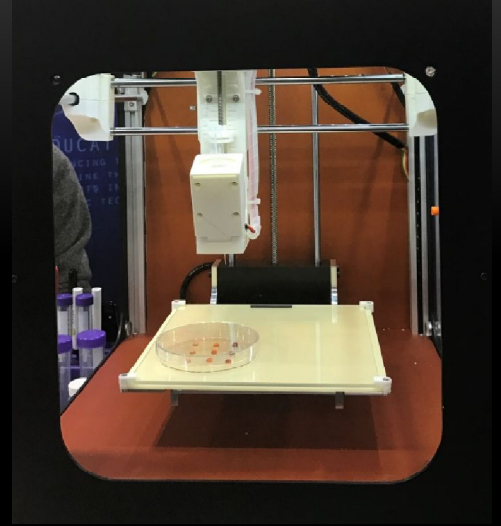
Ai: a game changer

- **AI: Replacing clinicians in making Dx, Tx decisions?**
- **Predictive analytics**
- **Activated data**



Home as a...

- **Diagnostics and treatment center**
- **Research lab**
- **ER**
- **Skilled nursing facility**



new work roles, specialties



- **The role of PCPs & specialists in an era of home monitoring, AI, new technology, citizen scientists, predictive analytics**

Consumer in control

- Demand for convenience, transparency in quality, safety & cost
- Self care
- Citizen scientists



value-based payment

- **Population health focus**
- **Broad affiliations**
- **Data infrastructure revolution**

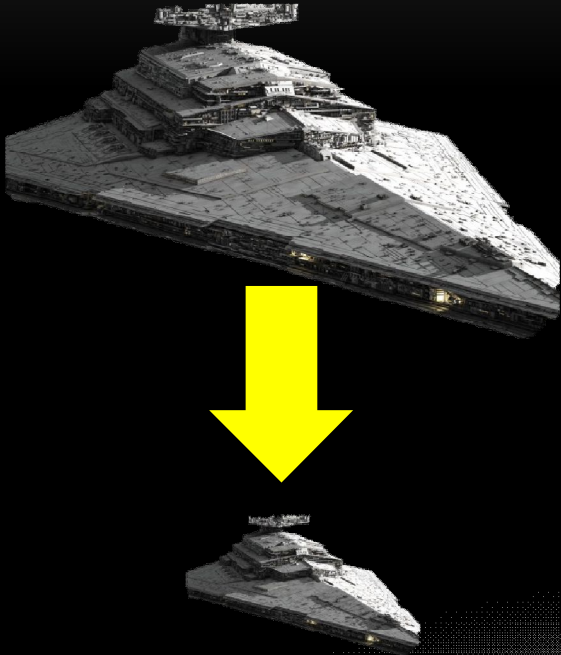


Survival depends on being good at...

- **Waste reduction**
- **Risk analysis**
- **Partnering vs. purchasing decisions**



Lost in space



- How to repurpose large, decades-or-century-old buildings with too many beds?
- Downsized models emerging: Mt. Sinai rebuilding, Cleveland Clinic hub & spokes model, micro-hospitals

Hospital boards to the rescue?

Hospital boards: an untapped resource

- **Nearly 40% of organizations don't use competencies to select new trustees or board chairs**
- **70-80% of trustees are over age 50 &/or male**
- **Hospital boards have business COIs at 6X the rate of other non-profits**



Sources: Healthcare Governance 2014 Survey, Wall Street Journal

Hospital boards: an untapped resource



Source: Healthcare Governance 2014 Survey

- **Dialogue deficit—60% of boards spend less than half of time in active discussion, deliberation, debate**
- **Just 3% of board orientations include shadowing clinicians**

Change is coming..



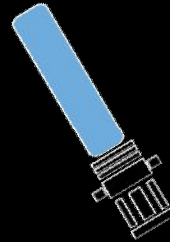
Boards are responsible for the survival of the organization



Strategy



Culture



Problem solving

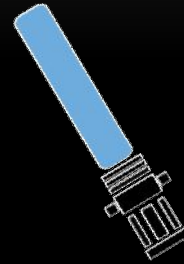
Revisit everything



Selection



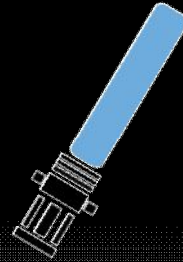
Orientation



Information



Dialogue



Engagement

Anticipation: key questions

- **Where are we most vulnerable?**
- **What assumptions are now false?**
- **Are there better business models, ways to allocate resources, & alternative delivery mechanisms?**
- **Who has the expertise to help us decide?**

Can Mount Sinai be serious? The answer is a resounding yes. In fact, we couldn't be more serious. Mount Sinai's number one mission is to keep people out of the hospital. We're focused on population health management, as opposed to the traditional fee-for-service medicine. So instead of receiving care that's isolated and intermittent, patients receive care that's continuous and coordinated, much of it outside of the traditional hospital setting.

Thus the tremendous emphasis on wellness programs designed to help people stop smoking, lose weight and battle obesity, lower their blood pressure and reduce the risk of a heart attack. By being as proactive as possible, patients can better maintain their health and avoid disease. Our Mobile Acute Care Team will treat patients at home who would otherwise require a hospital admission for certain conditions. The core team involves physicians, nurse practitioners,

registered nurses, social workers, community paramedics, care coaches, physical therapists, occupational therapists, speech therapists, and home health aides. Meanwhile, Mount Sinai's Preventable Admissions Care Team provides transitional care services to patients at high risk for readmission. After a comprehensive bedside assessment, social workers partner with patients, family caregivers and healthcare providers to identify known risks such as

problems with medication management and provide continuing support after discharge. It's a sweeping change in the way that health care is delivered. And with the new system comes a new way to measure success. The number of empty beds.



IF OUR BEDS ARE FILLED, IT MEANS WE'VE FAILED.

