
Institutional Alignment for Excellence in Community Benefit: Lessons from Field Implementation

**Kevin Barnett, Dr.P.H., M.C.P.
Senior Investigator
Public Health Institute**

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NATIONAL AUDIOCONFERENCE:

**Hospital and Health System Governance Strategies for Meeting Community Benefit
Responsibilities**



Outline

- **Overview of ASACB uniform standards**
- **Institution-wide engagement: potential roles**
- **Key challenges, lessons, and accomplishments**

Programmatic Goals

- **Improve health status and reduce health disparities**
 - Targeted investment and program design
- **Strategic investment of charitable resources**
 - Reduce the demand for high cost treatment of preventable conditions

Institutional Goals

- **Establish CB governance infrastructure**
 - Increased accountability and oversight
 - Clarity of function - transparency
 - Breadth of competencies
- **Increase competency and organizational support of CB management**
 - Attention to skills needed for quality
 - De-marginalize CB function

Demonstration Goals

Shift the focus of the public debate

Ad-hoc approach represents poor stewardship.

Move from emphasis on inputs to outcomes and quality.

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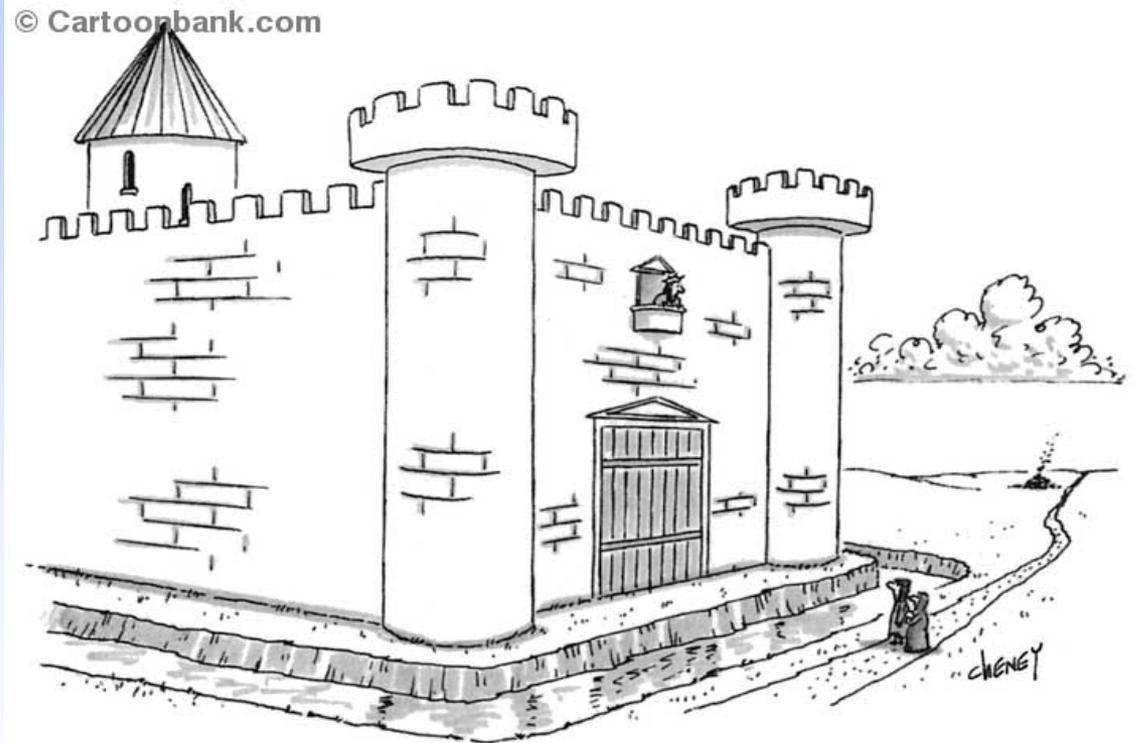
"It's Christmas, Melanie. Have young Cosgrove go down to the street and give something back to the community."

Demonstration Goals

Re-establish the legitimacy of nonprofit hospitals

Make commitment to engage community and leverage resources.

Prevention is part of the identity of nonprofit hospitals in the 21st century.



"You may rest assured that we're doing everything we possibly can."

ASACB Five Core Principles

- **Emphasis in communities with disproportionate unmet health needs**
- **Emphasis on primary prevention**
- **Build community capacity**
- **Build a seamless continuum of care**
- **Collaborative governance**

Emphasis in Communities with Disproportionate Unmet Health Needs (DUHN)

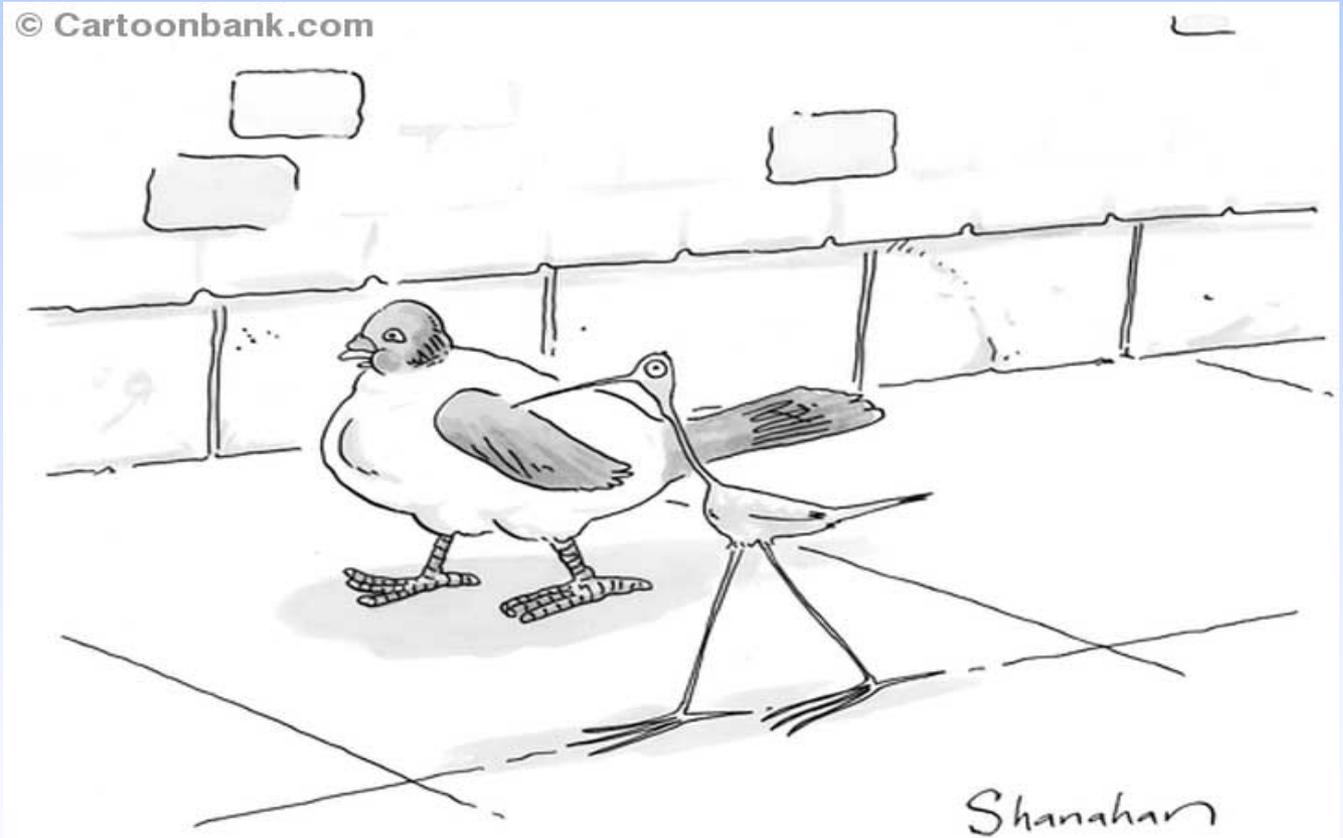
- **Identify communities with high prevalence for health issue of concern or high concentration of health-related risk factors.**
- **Develop outreach mechanisms to inform members of DUHN communities of available services and activities.**
- **Facilitate participation of members of DUHN communities through program location, timing, and/or transportation assistance.**
- **Ensure that program design and content is relevant and responsive to the particular needs and characteristics of members of DUHN communities.**

Emphasis on Primary Prevention

Health
Promotion

Disease
Prevention

Health
Protection



"Maybe I should run on the beach."

Build Community Capacity

- ID and mobilize community assets* to address health-related problems.
- Engage as community stakeholders as full partners in comprehensive strategies to address both symptoms and underlying causes.
- Focus hospital resources** on strategies to increase the effectiveness and sustainability of community-led efforts to address persistent health-related problems.

* *Community-based organizations, neighborhood associations, coalitions, informal networks, individual skills, physical space, facilities.*

** *Financial support, technical assistance, in-kind support, advocacy*

Build a Seamless Continuum of Care

- ID links between community health improvement activities and medical care service utilization.
- ID measures for CHI activities that validate progress towards improved health status and quality of life.
- Engage providers and develop expanded protocols that make optimal use of community resources to manage chronic disease and minimize future medical care service utilization.

Collaborative Governance

- Breadth of competencies and diversity are needed for informed decision making.
- Shared accountability with diverse community stakeholders for the design, implementation, and refinement of community health initiatives.
- Diverse community stakeholders have role in ID of measurable objectives, data collection, and the interpretation of findings.

Institutional Policy Standards

- **Establish board level oversight committee**
 - Trustees
 - Senior leadership/ staff
 - Community members
- **Develop formal committee charter**
 - Specific roles and responsibilities
 - Criteria and process for recruitment
 - Criteria and process for priority setting

Institutional Policy Standards

- **Organizational Support**

- Integrate CB and organizational strategic planning
- Align priorities of managers and supervisors
- Expectations of departments
- Dedicated time for quality improvement

- **Competencies**

- Outline scope of job responsibilities
- ID and develop necessary skills
- Engage external assets

Institution-wide Engagement: Potential Roles

Administration

- **Finance**

- Collect utilization data, identify DRGs with high preventable utilization, document reduced demand, improved outcomes, channel to more effective use of limited resources.

- **Marketing**

- Provide TA to CBOs and informal networks to assist in self-marketing and outreach to public and potential funders

- **Foundation / Development**

- Assist CBOs and informal networks with development of funding proposals; help informal networks secure nonprofit status

- **Leadership / Board**

- Leaders and board members advocate for basic community needs (e.g., quality housing, food, K-12 education)

Clinical Care

- Develop expanded referral systems in collaboration with community-based organizations for discharged patients
- Fund specialty care navigator position and community clinics to enhance follow-up and preventive care
- Provide TA to community clinics to increase outpatient care throughput efficiency, clinical care management, secure contractual approvals (e.g., FQHC, 340B)
- Coordinate with decision support services to generate GIS data and target chronic disease prevention and management strategies.
- Collaborate with govt. officials and service providers to develop and/or enhance housing and social services.

Education / Diversity

- Establish medical resident rotations in community clinics to increase access to specialty care and increase cultural competency
- Emphasize importance of diversity to academic affiliates
- Share staffing of culturally competent nurses and other clinicians with community clinics and other safety net providers
- ID regional – statewide workforce needs and develop coordinated strategies with provider organizations, associations, academic affiliates, community leaders, and public officials
- Provide release time for clinicians to mentor, educate, and support under-represented youth entering the health professions

Lessons from Field Implementation

Program Review and Enhancement

- **Challenges**

- Unfamiliar with public health concepts
- Initial resistance from middle managers
- Shift from administrative mindset to critical thinking
- Substantial up front time commitment

- **Benefits**

- Better understanding of community benefit intent
- Excitement about more strategic targeting and design
- More practical, timely, and meaningful performance measures
- Shared accountability with community stakeholders
- Leverage internal resources

Institutional Policy Reforms

- **Challenges**

- Initial trepidation about involvement of committee members from community
- Reluctance to impose “burden” on trustee committee members
- Shift in control away from senior managers
- Resistance to change based upon historical practices
- Scope and pace of change can feel overwhelming in early stages

Institutional Policy Reforms

- **Benefits**

- CB committee both “serves and protects” institution
- Increased understanding and support across institution
- Increased focus on quality
- Formalization contributes to sustainability
- Emergence of institution-wide accountability

Institutional Policy Reforms

- **Key Lessons**

- Early involvement of board member who “gets it” is essential
- Need early participation of community members on committee to ensure shared ownership
- Focus on competencies over representation and PR concerns
- Program review tied to core principles is both fundamental and transformative for committee
- Elevate lead CB staff to EMT or involve EMT member to ensure continuity and responsiveness
- Engage external “expert” to support early development

Next Steps

National Rollout of ASACB Standards

National Implementation Strategy

- With funding from the WK Kellogg Foundation, next steps include
 - Engage leading edge hospitals and health systems
 - Engage key organizations that can serve as conveners at the state and national level
 - Develop regional and institutional implementation strategies

Contact Information

- **Kevin Barnett, Dr.P.H., M.C.P.**
Public Health Institute
555 12th Street, 10th Floor
Oakland, CA 94607
Tel: 925-939-3417 Mobile: 510-917-0820
Email: kevinpb@pacbell.net
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