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

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**May 7, 2008**

**NATIONAL AUDIOCONFERENCE:**

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



# Outline

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

# **Programmatic Goals**

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- **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

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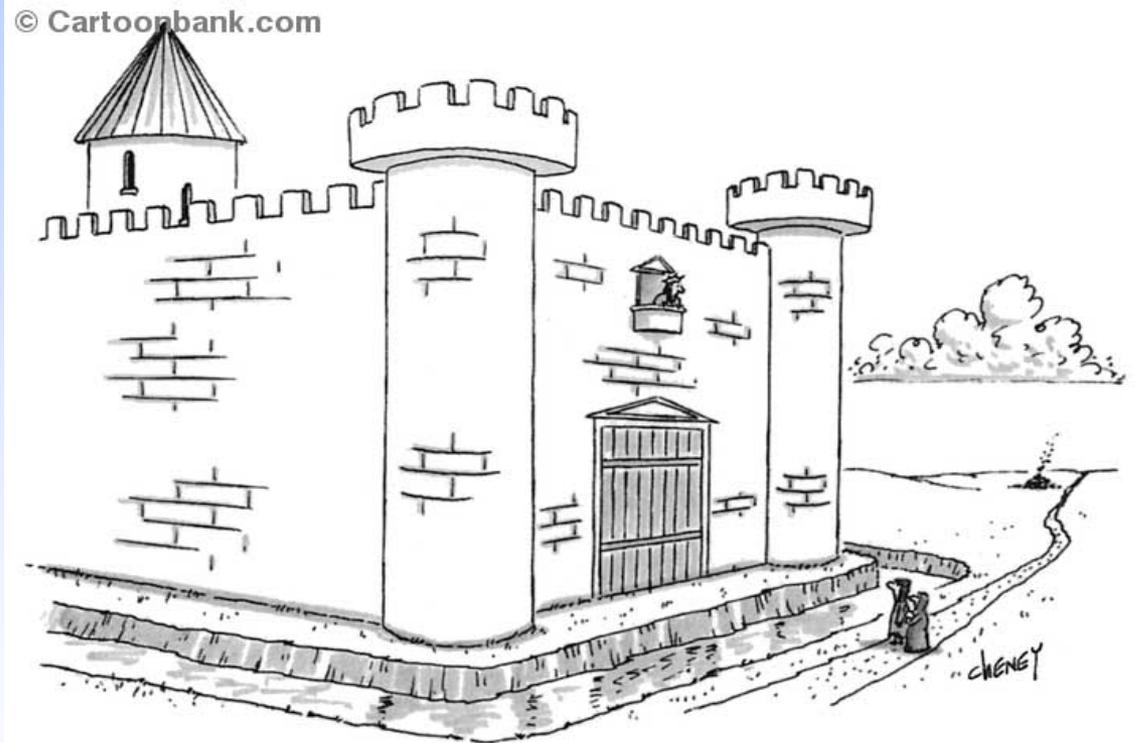
*"It's Christmas, Melanie. Have young Cosgrove go down to the street and give something back to the community."*

# 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 21<sup>st</sup> century.



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

# **ASACB Five Core Principles**

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- **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)**

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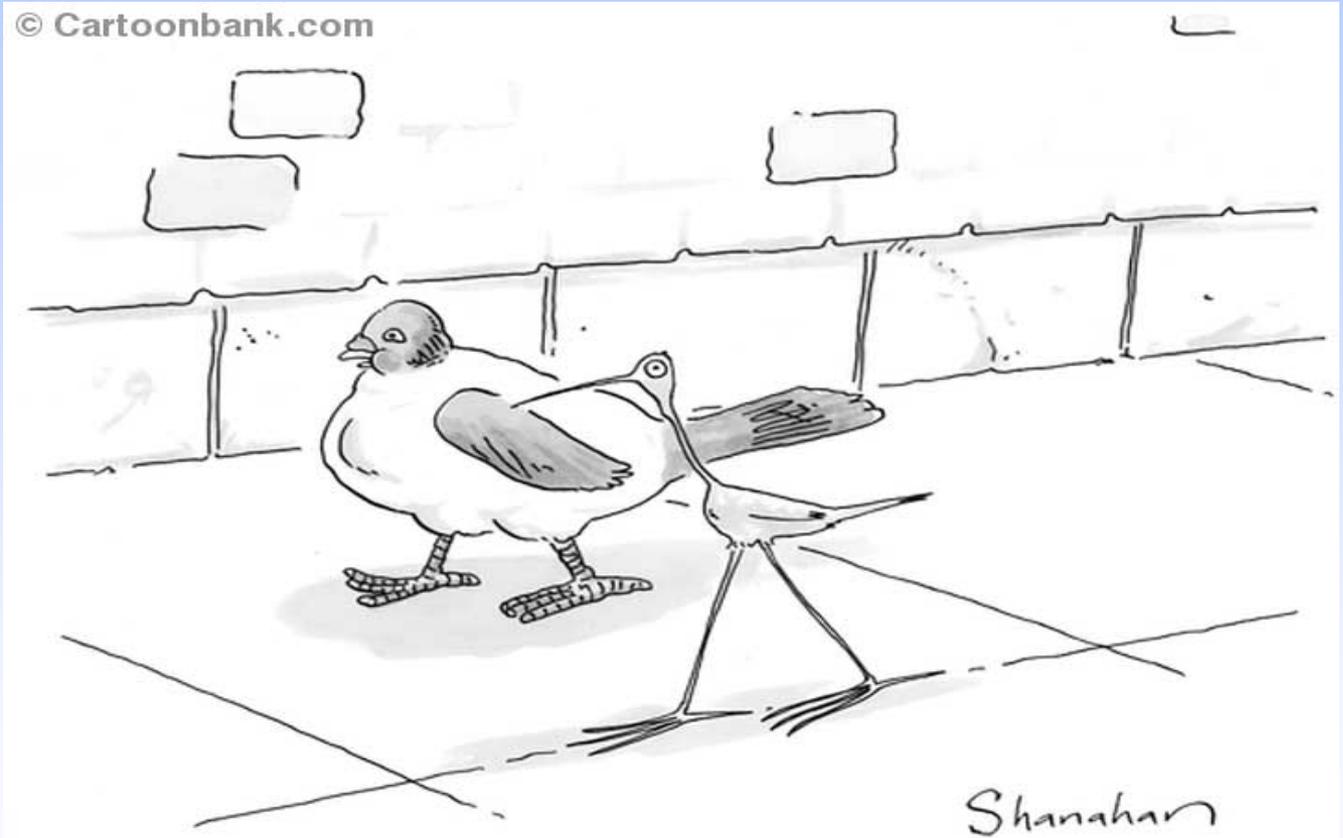
- **Identify communities with high prevalence for health issue of concern or high concentration of health-related risk factors.**
- **Develop outreach mechanisms to inform members of DUHN communities of available services and activities.**
- **Facilitate participation of members of DUHN communities through 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

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- 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**

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- 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

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- 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**

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- **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**

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- **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

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# Institution-wide Engagement: Potential Roles

# Administration

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- **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

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- 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

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- 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

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# 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

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- **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

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- **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

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- **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

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# 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

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