Improving Governance Effectiveness

Health Care Resources and Reports
Since enactment of the Affordable Care Act, multiple resources have been developed to provide hospitals and health systems with valuable health care delivery system intelligence. To help trustees access the most valuable and reliable health care reform and delivery system transformation intelligence, The Walker Company recommends the following list of publications and resources that we believe may assist organizations and their governing boards in understanding the impacts and implications of the emerging health care transformation.

The American Hospital Association

The American Hospital Association (AHA), in conjunction with its partners, Hospitals in Pursuit of Excellence (HPOE), Health Research & Educational Trust (HRET), AHA Solutions, American Organization of Nurse Executives (AONE), Personal Membership Groups, Center for Healthcare Governance, The Institute for Diversity, Health Forum and more, have created a number of guides and reports designed to provide hospitals and health systems with valuable health care delivery system intelligence. Examples of recent guides are listed below.

Leadership Toolkit for Redefining the H: Engaging Trustees and Communities

January 2015

http://www.aha.org/research/cor/redefiningH/index.shtml

Hospitals and health care systems in the United States are focused on redefining the “H”—that is, exploring what it means to be a hospital in a rapidly transforming health care environment. As the field moves from a fee-for-service to value-based model, hospitals are focusing on quality and population health management, and on providing more integrated, better coordinated care. The goals are to improve the health of the community through increased access to primary care, appropriate admissions and reduced inappropriate readmissions, and to make measurable gains in improving outcomes of care and reducing harm.

Two AHA committees, the 2014 Committee on Research and 2014 Committee on Performance Improvement, worked to better understand where hospitals and communities are in their journeys of transformation. Jointly the committees have released “Leadership Toolkit for Redefining the H: Engaging Trustees and Communities.”
Health care is undergoing a complex, uncertain and fast-paced transformation on many fronts. Hospitals and health systems are adapting to shifts in health care reimbursement that encourage greater provider coordination and integration (mergers, acquisitions, affiliations, joint ventures and other relationships) that will radically change the organizational landscape. In addition, evolving advances in information and medical technology, an emphasis on population health that requires organizations to reconsider how and with whom they can partner to best achieve their mission and vision, and a myriad of new laws and regulations are compounding the growing need for diligent, high-performance governance.

The 2014 National Health Care Governance Survey was developed by the American Hospital Association’s (AHA) Center for Healthcare Governance. Building on the results of previous national governance surveys conducted by the AHA in 2011 and 2005, the 2014 survey also includes many new questions about different types of boards, board selection and evaluation, board culture and readiness for health care transformation.

The compendium is a collection of action-oriented resources that can help design and implement strategies that will assist in delivering care that is safe, timely, equitable, effective, efficient and patient-centered. Hospital executives can find information related to population health, equity of care and value-based contracting. The collection features executive summaries from the past year’s HPOE guides.

Building off the 2013 HPOE guide on value-based contracting this guide provides additional financial resources. Hospital executives will find a step-by-step information on the financial planning process and how it can help your organization evaluate the impact of repositioning initiatives as you move toward value-based care and payment.
Building a Leadership Team for the Health Care Organization of the Future

April 2014
www.hpoe.org/futureleadershipcompetencies

Moving from a volume-based payment model to a value-based payment model requires a new set of management skills that encourage systems thinking and align clinical and operational resources to improve outcomes and efficiencies. A survey of senior hospital and care system executives and additional interviews with more than two dozen leaders in the field reveal the ways health care organizations are responding to changes within the field and building the teams needed to achieve their strategic priorities.

The Second Curve of Population Health

March 2014
www.hpoe.org/pophealthsecondcurve

This guide builds upon prior American Hospital Association reports that outline a road map for hospitals and care systems to use as they transition to the second curve of population health. Though the extent to which hospitals and care systems engage in population health may vary, a significant shift toward population health initiatives is anticipated in the next three to five years. The tactics described in this guide provide a framework for initiatives that hospitals and care systems could pursue to develop an institutional infrastructure that supports population health.

Integrating Behavioral Health Across the Continuum of Care

February 2014
www.hpoe.org/integratingbehavioralhealth

This Hospitals in Pursuit of Excellence guide explains the value of integrating physical and behavioral health services and the importance of measuring integration efforts. It offers several frameworks and models to use for behavioral health integration and provides a list of strategic questions for hospital and care system leaders to begin integrating behavioral health or to enhance current efforts.
Your Hospital’s Path to the Second Curve: Integration and Transformation

January 2014

www.aha.org/paths-to-second-curve

To navigate the evolving health care environment, the 2013 AHA Committee on Research developed the report Your Hospital’s Path to the Second Curve: Integration and Transformation. This report outlines must-do strategies, organizational capabilities to master and 10 strategic questions that every organization should answer to begin a transformational journey. The report’s “guiding questions” will help hospitals and care systems reflect and gain new perspectives on the benefits and value of integration. A comprehensive assessment, also found in the report, may lead health care organizations toward a customized path or series of paths to successfully transform for the future.

Managing an Intergenerational Workforce: Strategies for Health Care Transformation

January 2014

www.aha.org/managing-intergenerational-workforce

Generational diversity is rapidly changing workforce dynamics. Each generation has different priorities, attitudes, communication styles, work approaches and ways to interact with colleagues, which influence organizational culture and performance. There are also common and unifying characteristics across all generations that can be leveraged to create optimal teams, critical for future health care models.

Leveraging these generational strengths and differences will give hospital and care system leaders an edge as the health care field moves from the “first curve,” where hospitals operate in a volume-based environment, to the “second curve,” a value-based care system and business model. Leaders that develop robust and productive multigenerational teams, leveraging each cohort’s strengths, will be well positioned to handle “life in the gap,” the transition between the two curves.

Trends in Hospital-Based Population Health Infrastructure: Results from and Association for Community Health Improvement and American Hospital Association Survey

December 2013

http://www.hpoe.org/resources/hpoehretaha-guides/1467

Many factors, most notably the Affordable Care Act, are driving hospitals and care systems to expand their scope to focus on population health management. This change requires hospitals to realign their organizational infrastructure to be congruent with a population health approach. In response to increasing interest, the American Hospital Association and the Association for Community Health Improvement conducted a national survey of hospitals’ organizational infrastructure and staffing as they pertain to population health.

Survey results detailed in this report reveal great heterogeneity in how hospitals and care systems structure and implement population health management. The findings reinforce the need for further education and professional training in population health management. This report provides insight into the field’s development and can serve as a baseline to assess the infrastructure of hospital-based population health initiatives in the future.
Becoming a Culturally Competent Health Care Organization

June 2013

www.hpoe.org/becoming-culturally-competent

It is imperative hospitals and health care systems not only understand the diverse patients and communities they serve but the benefits of becoming a culturally competent organization. This guide describes the benefits, steps and educational techniques of becoming a culturally competent health care organization.

Value-Based Contracting

June 2013

www.hpoe.org/value-contracting

This guide provides specific guidance related to assessment, and financial, operational and implementation issues organizations should examine as they consider value-based contracting arrangements.

Metrics for the Second Curve of Health Care (Report) and Second Curve Road Map for Health Care (Road Map)

April 2013

http://www.hpoe.org/resources/hpoehretaha-guides/1357

The report expands on four strategies originally identified in the report, "Hospitals and Care Systems of the Future." These strategies were identified as major priorities for hospitals and health care organizations moving from the volume-based first curve to the value-based second curve.

- Aligning hospitals, physicians and other clinical providers across the continuum of care
- Utilizing evidence-based practices to improve quality and patient safety
- Improving efficiency through productivity and financial management
- Developing integrated information systems

To further assist leaders trying to implement these major strategies, HPOE created a road map for leaders to implement major strategies and to assess their organization’s progress.

These free resources and more are available in digital and mobile format:

www.hpoe.org/resources
www.aha.org

Android Market: and Apple App Store: search for HPOE or Hospitals In Pursuit of Excellence
In the first collaboration of its kind between these groups, the Inspector General of the Department of Health and Human Services (HHS OIG), the American Health Lawyers Association (AHLA), the Association of Healthcare Internal Auditors (AHIA) and the Health Care Compliance Association (HCCA) released a joint educational resource to assist governing boards of health care organizations carry out their compliance plan oversight obligations.

In addition to governing boards of health care organizations, the document will also assist internal auditors, lawyers, and compliance officers that report to those boards.

This guide represents a unique collaboration between the American Health Lawyers Association (AHLA) and the Office of Inspector General of the U.S. Department of Health and Human Services (OIG). It provides insight into the OIG’s priorities, and practical tools that will help healthcare organization boards carry out their fiduciary responsibilities.
Despite spending far more on medical care than any other nation and despite having seen a century of unparalleled improvement in population health and longevity, the United States has fallen behind many of its global counterparts and competitors in such health outcomes as overall life expectancy and rates of preventable diseases and injuries. A fundamental but often overlooked driver of the imbalance between spending and outcomes is the nation’s inadequate investment in non-clinical strategies that promote health and prevent disease and injury population-wide, strategies that fall under the rubric of “population health.”

To explore the range of resources that might be available to provide a secure funding stream for non-clinical actions to enhance health, the Roundtable on Population Health Improvement held a public workshop on February 6, 2014, that featured a number of presentations and discussions, beginning with an overview of the range of potential resources (for example, financial, human, and community) and followed by an in-depth exploration of several dimensions related to financial resources.

Many of the elements of the Affordable Care Act (ACA) went into effect in 2014, and with the establishment of many new rules and regulations, there will continue to be significant changes to the U.S. health care system. It is unclear what impact these changes will have on medical and public health preparedness programs around the country. There is a commonly held notion that disaster preparedness is separate and distinct from everyday operations, and that it only affects emergency departments. However, catastrophic events can challenge the entire health care and public health spectrum. The implementation of the ACA provides an opportunity to consider how to better incorporate preparedness into all aspects of the evolving health care system and daily delivery of care.

On June 13, 2013, the IOM Roundtable on Population Health Improvement held a workshop to explore the likely impact on population health improvement of various provisions within the ACA. This document summarizes the workshop. Several provisions of the Affordable Care Act (ACA) offer an unprecedented opportunity to shift the focus of health experts, policy makers, and the public beyond health care delivery to the broader array of factors that play a role in shaping health outcomes. The shift includes a growing recognition that the health care delivery system is responsible for only a modest proportion of what makes and keeps Americans healthy, and that health care providers and organizations could accept and embrace a richer role in communities, working in partnership with public health agencies, community-based organizations, schools, businesses, and many others to identify and solve the problems that contribute to poor health.
The Institute for Healthcare Improvement

Pursuing the Triple Aim: The First Seven Years
2015
http://www.ihi.org/resources/Pages/Publications/PursuingTripleAimFirstSevenYears.aspx

The concept of the Triple Aim is now widely used, because of IHI’s work with many organizations and also because of the adoption of the Triple Aim as part of the national strategy for US health care, developed during the implementation of the Patient Protection and Affordable Care Act of 2010. Drawing on IHI’s seven years of experience, this article describes the three major principles that guided the organizations and communities working with IHI on the Triple Aim: creating the right foundation for population management, managing services at scale for the population, and establishing a learning system to drive and sustain the work over time.

Governing for Improved Health
May 2015
http://www.ihi.org/resources/Pages/Publications/GoverningforImprovedHealth.aspx

Hospital trustees play an important role in community health. The Affordable Care Act, accountable care organizations, global and value-based payment structures, and an increasing focus on population health are all driving change in how health care leaders and governing boards manage their organizations. Health care organizations need to move beyond the view that they are the only solution to a community’s health problems and instead see themselves as part of a larger health care continuum — and a key asset within their communities to promote and ensure health.

Getting Boards on Board: Engaging Governing Boards in Quality and Safety
April 2008
http://www.ihi.org/resources/Pages/Publications/GettingBoardsonBoard.aspx

As hospitals seek to drive rapid quality improvement, boards have an opportunity — and a significant responsibility — to make better quality of care the organization’s top priority. This article, the sixth in a series on IHI’s 5 Million Lives Campaign interventions, discusses six things all boards should do to improve quality and reduce harm in their organizations.
The Henry J. Kaiser Family Foundation

Health Reform Source: Implementation Timeline

http://kff.org/interactive/implementation-timeline/

The implementation timeline is an interactive tool designed to explain how and when the provisions of the health reform law will be implemented over the next several years.

You can show or hide all the changes occurring in a year by clicking on that year. Click on a provision to get more information about it. Customize the timeline by checking and unchecking specific topics.

Summary of the Affordable Care Act

April 2013


This fact sheet summary of the Affordable Care Act, and subsequent changes to the law, focuses on provision to expand coverage, control health care costs, and improve the health care delivery system.

Also available via the Kaiser Family Foundation website:

Centers for Medicare & Medicaid Services Innovation Center

The Innovation Center was established by section 1115A of the Social Security Act (as added by section 3021 of the Affordable Care Act). Congress created the Innovation Center for the purpose of testing “innovative payment and service delivery models to reduce program expenditures …while preserving or enhancing the quality of care” for those individuals who receive Medicare, Medicaid, or Children’s Health Insurance Program (CHIP) benefits.

Congress provided the Secretary of Health and Human Services (HHS) with the authority to expand the scope and duration of a model being tested through rulemaking, including the option of testing on a nationwide basis. In order for the Secretary to exercise this authority, a model must either reduce spending without reducing the quality of care, or improve the quality of care without increasing spending, and must not deny or limit the coverage or provision of any benefits. These determinations are made based on evaluations performed by the Centers for Medicare & Medicaid Services (CMS) and the certification of CMS’s Chief Actuary with respect to spending.

Innovation Models

Accessed July 2015
http://innovation.cms.gov/

The Innovation Center develops new payment and service delivery models in accordance with the requirements of section 1115A of the Social Security Act. Additionally, Congress has defined – both through the Affordable Care Act and previous legislation – a number of specific demonstrations to be conducted by CMS. Innovation Models are organized into seven categories: Accountable Care, Bundled Payments for Care Improvement, Primary Care Transformation, Initiatives Focused on the Medicaid and Children’s Health Insurance Program Population, Initiative Focused on the Medicare-Medicaid Enrollees, Initiatives to Speed the Adoption of Best Practices, and Initiatives to Accelerate the Development and Testing of New Payment and Service Delivery Models.

Information about the various models being conducted in each of the categories may be found at the Innovation Center.

Where Innovation is Happening

Accessed July 2015
www.innovation.cms.gov/initiatives/map/index.html

Where Innovation is Happening is an interactive map of the United States designed to show where various Innovation Models are being conducted at the state level as well as the health care facilities where models are being tested.

Click on a menu of states, models, or categories to show the locals of the Innovation Models. Click on the locales indicated on the map for brief facts and links to additional information about a specific model.
The Healthcare Finance Management Association (HFMA)

Value Project

https://www.hfma.org/valueproject

HFMA’s Value Project has been developed to help healthcare organizations in the transformation to a value-based health care delivery system.

HFMA’s three phase Value Project brings together resources, healthcare finance leaders and clinical partners to assist organizations to:

- Define the practices of providers who are leading the way toward a value-based healthcare system
- Describe the primary capabilities that healthcare organizations will need to develop in the areas of people and culture, business intelligence, performance improvement, and contract and risk management to improve the value of care provided
- Provide specific strategies, tactics, and tools that healthcare organizations can use to build, enhance, and communicate their value capabilities
- Identify the trends today that are defining the future state of value in health care and describe new care delivery models that could help healthcare organizations create value