

GOOD GOVERNANCE CASE STUDY

*An Online Series by* **The Governance Institute®**

# "Paperless" Governance:

## Implementing a System Board Portal



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## ORGANIZATIONS PROFILED:

Mary Lanning Memorial HealthCare, Hastings, NE  
Memorial Health System, Marietta, OH  
Mountain States Health Alliance, Johnson City, TN



## PERSONS INTERVIEWED:

Kelli Ockinga, *Manager, Administrative Services, Mary Lanning Memorial HealthCare*  
Debbi Beaver, *Executive Assistant, Administration, Memorial Health System*  
Clem “Bo” Wilkes III, M.P.H., *Governance Excellence and Special Projects Coordinator, Mountain States Health Alliance*



### Statement of Interest

“Going paperless” can mean many things, especially in the healthcare setting—electronic medical records, computerized physician order entry, etc. For many board members, it means improved ease and efficiency. In our modern society, when everything moves at such a fast pace, board members need timely, convenient access to board meeting materials. Recently, three organizations decided to implement an online board portal, where all the materials board members need are stored in an enclosed Web site with high security and restricted access. They chose the BoardEffect® portal, a partner of The Governance Institute.

The secure, easy-to-use board portal provides many benefits, including time savings (governance support staff no longer has to spend hours printing and putting together board books prior to meetings), cost savings (substantially fewer printing/shipping costs for those large board books), a better prepared board (easy access anytime, anywhere), and a better educated board (the portal includes access to Governance Institute resources and other helpful information).

### Organization Profiles

Mary Lanning Memorial HealthCare (MLMH) is a hospital system based in Hastings, Nebraska. It includes a 170-bed hospital, home health, and acute/sub-acute rehabilitation. The board portal serves the seven-member hospital board, 13 in-house committees, four medical staff committees, and six of the foundation board and subcommittees.

Memorial Health System (MHS) in Marietta, Ohio, includes Marietta Memorial Hospital, Selby General Hospital, Glenwood Retirement Community, Harmor Place (a skilled nursing

facility), and the Memorial Health Foundation. The 18-member system board serves as the governing board for the two hospitals. In addition, the retirement community, the foundation, the skilled nursing facility, and the affiliated physician corporation each have their own board.

Mountain States Health Alliance (MSHA) is a 13-hospital integrated health system based in Johnson City, Tennessee, offering care in Tennessee, Virginia, Kentucky, and North Carolina. The 13-member system board oversees the system as a whole; in addition, each hospital has its own board.

### Primary Benefits

One of the most significant benefits of the board portal is that support staff no longer needs to spend time and effort preparing and updating large, paper board books before each meeting. “It would usually take half a day and about two-and-a-half reams of paper to prepare for the main hospital board meeting,” said Debbi Beaver, executive assistant, administration at Memorial Health System (MHS) based in Marietta, OH. “Sometimes there would be last-minute revisions so I’d have to copy it again. Now you’re just talking about clicks instead of hours standing, copying, and sorting.”

“It is amazing in terms of efficiency and cost,” said Kelli Ockinga, manager of administrative services at Mary Lanning Memorial HealthCare (MLMH), a hospital system based in Hastings, NE. “Printing and FedEx costs used to add up to a significant budget each month. Now we can send out materials in real time. As soon as we get anything related to the board meeting, I upload it to the portal, so it’s an ongoing process and board members are in constant communication.”

### Major Benefits of an Online Board Portal

- Significant reduction in support staff preparation time and paper/copying costs
- Board members are better prepared for meetings
- Real-time communication
- Enhanced security and confidentiality
- Educational materials accessible via resource library

Since the board portal has been implemented, board members are better prepared for meetings, Ockinga said. “Because the information flows to them on a regular basis, it’s not so overwhelming. In the past, you might send them 200 pages and they’d only have a week to look it over...and after all, they do have full-time jobs and a personal life. Now they can check the Web site on their own schedules to see if there’s anything new. I think they’ve become more engaged because of it. Now they have more time to think about the issues before the board meetings.”

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—KELLI OCKINGA

Enhanced confidentiality was a major incentive for Mountain States Health Alliance (MSHA) based in Johnson City, TN. Clem “Bo” Wilkes III, M.P.H., governance excellence and special projects coordinator for MSHA, commented, “Within the resource library, we can limit permissions very precisely. Now we actually have the ability to communicate about sentinel events in a very timely way. Our previous process was quite cumbersome, requiring access through a completely different account, using specialized processes.”

Beaver prepares for each meeting by posting all needed materials, including the agenda, previous board minutes, committee minutes, financial documents, medical staff performance, and clinical quality data. Because the system has multiple boards, she’s developed separate resource sections for each board, where she posts system policies and procedures, board roles and responsibilities, and articles and bylaws.

She also posts links to the most essential materials right on the portal, so board members see them before they enter a separate area or start reviewing the minutes. “I post materials like the financials for the previous fiscal year, or a letter from our auditors about the most recent audit, or our board self-assessment...essential materials board members might want to

reference often,” she said. “Right above the list of files, you can post a brief announcement, and I use that to post a brief explanation of the available materials and their value.”

### Sample List of Materials Posted in the Board Portal

- The hospital or health system’s mission, vision, and values
- Strategic plan
- Articles and bylaws
- Policies and procedures
- Board manual
- Board roles and responsibilities
- Director competencies and qualifications
- Authority matrix (if applicable for system/subsidiary boards)
- Organization chart
- Meeting agendas and calendars
- Board and committee meeting minutes
- Reports: financial information, audit, clinical quality metrics, board self-assessment results, etc.
- Educational materials

She particularly appreciates consistent online access to planned meeting dates, because schedules do change, especially for some of their smaller boards. “Our board is made up of community members who volunteer their time, and they are all busy people who juggle lots of responsibilities. It is so helpful for them to have the calendar at their fingertips.” In the past, Beaver used to call board members with reminders the day before each meeting. Now she sends emails.

### Speedy Transition at Mary Lanning Memorial HealthCare

The transition to an online portal can be a complicated process, and each hospital or health system finds its own path. At MLMH, the transition happened very quickly. Three months after the initial training session, the system was fully implemented. One of the key factors in a smooth transition is strong support from hospital leadership. In this case, their president/CEO was already familiar with the BoardEffect® portal from his work at another health system, and moved forward decisively.

Ockinga went through the initial training in January 2011. In February, she gave the board a detailed demonstration of the available features, using a large-screen projector. “At the March meeting we implemented the process by projecting the Board-Effect® workbook. It was all so clear—it wasn’t overwhelming. We sent out paper packets for one more month and then our CEO let the board members know that if they wanted paper going forward they would have to log on and print the materials themselves.”

The system purchased iPads for hospital board members. They can take their iPad home with them and wherever they go.

“The app is tremendous, especially for those who aren’t technically oriented,” Ockinga says. “I initially set up their iPads, and went to their offices and provided an introduction. Access is extremely simple: you click on the app, you click on your name, you click on the committee workroom, and all of your materials pop up. With a desktop you have to go to the Web site and type in your login and password, but the BoardEffect® app sits on your iPad and never goes away.”

She recalls one new board member in particular. She called him right before his first board meeting to ask whether he had any questions, or any problems logging on. “He loved the Web site; he thought it was user-friendly. The ease of access was a big surprise.”

### Key Factors for a Smooth Transition from Paper to Portal

- Strong support from hospital leadership
- Strong support from governance support staff
- Personal, one-to-one training and follow-up

The best way to create rapid buy-in and a smooth transition is to make yourself available, Ockinga said. “Just really hold their hand through the process. Make sure that if they do have questions, you’re available and you have the knowledge to answer them efficiently so they don’t get frustrated.” New board members particularly appreciate the reference library, she says. “It means they have references available at their fingertips so they have support, even when I’m not around.”

Ockinga noted that hospital board members are now comfortable using the BoardEffect® app on an iPad, but they are not so familiar with access through a computer-based browser. Some of the most recent features, such as RSVPs and the polling process, are currently not available on the iPad; they are only available through a browser (the app is still in development so these features will be updated soon).

Of course, some glitches are to be expected. At MLMH, the board had no hesitation about the transition. “However, we did experience some concerns from employees and physicians. They have had some problems with the transition to an electronic health record, so they were reluctant to start dealing with another electronic form,” Ockinga said. “But as long as you give them appropriate resources and take the time to support them through the transition, they do start to see the benefits.”

The affiliated foundation board has 22 directors, and it experienced a slower process in creating buy-in. However, it no longer sends out paper packets; if board members want paper copies, they print them out themselves.

### Mountain States Health Alliance Sought Standardization Across the System

One major reason for MSHA’s transition to BoardEffect® was its desire for accountability, transparency, and standardization throughout the system. For about four years, the system board used a board portal from a different vendor, but discovered that it could not be rolled out to the community hospitals. “It worked well enough for the board itself, but we could not even set up separate workrooms for board committees,” Wilkes said. “We had several board members who also served on subcommittees; they expected the ease, standardization, and convenience of the board portal for their committee work as well.”

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—CLEM “BO” WILKES III, M.P.H.

MSHA thinks of its board portal as a way to educate all board members (including those on smaller community boards) in the role of health system governance. Some local board members are later recruited to serve on the system board, so that’s one reason why it was a priority to implement a portal that would be equally effective for all parts of the organization. “Nowadays, all our boards operate off the same portal,” Wilkes said. “Agendas, minutes, structure, and really the entire process is the same, whether you serve on a facility board or the system board or even a subcommittee of the board. It’s all seamless.”

Like Ockinga, Wilkes believes that personal, one-to-one interaction is very important in helping board members make the transition to a board portal. “Let them know they should call you at any time if they run into a problem. After all, they don’t use the system on a daily basis, so sometimes they do get lost.”

MSHA bought corporate iPads that board members can use when they come to meetings. However, after experiencing the portal on the iPad, they each decided to go purchase an iPad for personal use. “The BoardEffect® experience really encouraged them, and of course they also use their iPads in other realms. Now they bring their own iPads to the meeting, and they can document and annotate and make their own records all on their personal iPad,” Wilkes said.



## Portal Security

Any board meeting includes extremely sensitive data such as financial information, so solid security is essential. BoardEffect® uses dedicated secured network servers that are audited once a year. This means while data is at rest on the server, it is encrypted. The portal itself has SSL encryption, so any data is encrypted while it travels between the computer and the server.

The iPad unit itself has built-in encryption; after a period of inactivity, it will lock down, and in order for someone to use the device again, he or she has to supply a password or pin code. In addition, it is possible to set password protection on each meeting packet.

“We do request that they always lock the iPad down, so it’s password protected,” noted Wilkes. “That has been another great thing: we no longer have stacks of printed materials with confidential information lying around everywhere. For a typical board meeting, we used to print about 16,000 pages of material.”

“We rolled out the use of iPads in the meeting rooms,” continued Wilkes. “At the next meeting, we followed up with all of our board members and said we would be happy to provide them with a paper copy if they aren’t comfortable with the iPad. We did not have a single request for a paper copy.”

MSHA has a long-standing policy that all materials go out one week before the board meeting. Wilkes estimates that board members generally log on at least weekly. “We find that now board members often shoot us a quick email when they have concerns,” Wilkes said. “They might describe their preliminary questions and ask us to have an appropriate staff person ready to explain an issue during the board meeting.”

As with any change within a health system, initial support from key leaders is essential. After the system board transitioned to BoardEffect®, there was some initial concern on whether to roll it out to each hospital. “Prior to BoardEffect®, the general adoption rate wasn’t very high,” Wilkes said. “Before the rollout, we really sat down and thought about potential barriers, and who might be potential champions. We were able to identify a few champions and reach out to them, and they were very helpful.”

At MSHA, it took about six to eight weeks for the system board to really get up and running with the portal. After that, the gradual rollout to the facility boards took about six months. “The facility boards have been up and running for about a year now, and next month we plan to have a system-wide debriefing: what’s working, what’s not, what are your challenges?” Wilkes said.

At this time, the board portal has been adopted by almost all of MSHA’s smaller community boards. However, the system has not yet invested in iPads for the community boards. While that

is part of their long-range plan, they also want to ensure that the technology is an appropriate fit for each specific hospital (MSHA is in a rural area; in fact, one of its facilities is a two-bed hospital).

On a continuing basis, MSHA is exploring possible new uses for the portal. “My philosophy, and our team philosophy, is that we have this great tool in front of us,” Wilkes said. “How can we maximize its effectiveness? If board members are going to access it routinely, what else can we provide that they need to see? How can we leverage this tool, particularly in terms of confidential material? We’ve done a lot of work, continually checking in with our facilities and also our corporate departments, asking if they have information that should be communicated to the board.”

## Transition at Memorial Health System

The transition at MHS went through several stages. Scott Cantley, MHS president and CEO, initially learned about the BoardEffect® portal at a conference. “We’ve tried various methods over the years to become more efficient in getting information out to board members,” Beaver said. “When we talked about this option, I became quite excited, since I had already looked online for a portal, but hadn’t found anything that seemed to fit our needs well.”

Beaver and Cantley participated in an on-site demo of BoardEffect® in their own boardroom. “It was obvious that this portal had the options we needed, so after that we didn’t explore other possibilities,” Beaver said. “It had so many options that we needed, including a calendar, separate tabs for individual boards, and a well-designed directory for everyone’s contact information. In general terms, it was clear. It was very well put together.”

Another feature that was particularly important was ease of access, Beaver said. “Because BoardEffect® is Internet-based, board members can access it from a laptop, an iPad, from their iPhone, or from a library computer. They can be anywhere in the country; all they need is their password.”

## Additional Features of the BoardEffect®/ Governance Institute Portal

- Resource library of Governance Institute publications and other materials
- Board development section
- RSVP for board meetings/events
- Polling/voting options
- Shared calendar
- Separate tabs for individual boards/committees
- Board contact directory
- File sharing
- Multiple display options

Beaver attended a training session in early spring of 2011. At the next board meeting, Cantley discussed the concept while Beaver explained how the portal would work. She demonstrated this by showing some Word documents stored on the portal on a large TV screen at the meeting (she could not yet do an actual portal demonstration because the boardroom did not yet have a wireless Internet connection).

However, with an 18-member board, presenting Word documents from the portal on a TV screen wasn't effective. They next installed two smaller TVs in the boardroom, at opposite ends of the room. "We thought this would really help, but it was still hard to see the documents. The video screen works well with PowerPoint, but it was not effective with a Word document," Beaver says. So she continued to print paper copies for the next two or three months.

Beaver sent board members a link so they could access materials from external computers before the meeting, but that was also not effective. Board members misplaced the link, or said it didn't work. "For some of them, it was a totally foreign process and they were hesitant...they just weren't sure how to do it," she recalled. During the summer, she continued to print paper copies, gradually diminishing the number of sets. She encouraged board members to print out only the materials they wanted to bring with them—not the entire set.

Then there were two breakthroughs. First, the IT department installed wireless access in the boardroom; this allowed board members to actually access the portal during board meetings. Next, Beaver encouraged the marketing department to post the BoardEffect® link on the hospital's Web site. "That ended our issues with links, which was really wonderful," she says. "I would recommend this to other hospitals...it was a big turnaround point for us."

At about this time, the executive committee decided to purchase iPads for system board members. Now they bring their iPads with them, and while a few still need some assistance in accessing and navigating the portal, the number is diminishing. Beaver prints out agendas for board meetings, but aside from that they are paperless. She particularly appreciates having so much material readily available. "One of the gems of this whole thing is, if someone wants to go back and see what was done last March, or what we talked about at last April's meeting, it is right there at their fingertips."

The other parts of the system are still in transition. Three boards have transitioned to the portal: the system, the skilled nursing facility, and the retirement community. However, the physician corporation, which only meets biannually, and the foundation haven't begun to use the portal. The retirement community is still printing out paper copies and bringing them

to board meetings, but all of the information is posted on the portal ahead of time, so members can access it and read it before the meeting.

The system's annual meeting was held in a hotel, and included a system board meeting. "The hotel had Wi-Fi access, and everybody had their iPads with them, so it meant I didn't have to carry bundles and boxes of printouts into the hotel," Beaver said. "At the last board meeting, you could see all the board members sitting there and scrolling through the presentations. I think they are all proud of themselves as well. It wasn't without pain, this transition, but as long as you're making progress, it is worth it."

### Training Session Smoothens Transition

After the MHS board decided to pursue a board portal, Beaver and another staffer attended a two-day training session provided by The Governance Institute in Lincoln, NE. "We were a relatively small group, perhaps 15 to 20 people," she recalls. Beaver brought basic information with her and started loading it onto the portal during the training session. "I brought contact data and additional materials with me, and we had most of the directory loaded before we left," she says. "During the training we received all the information we needed to get started. Afterwards, we always had someone available we could call for support."

Ockinga similarly brought a thumb-drive along to her training session, loaded with bylaws and articles of incorporation for the hospital and all the other entities within their corporate structure. "During the training, they show you how to build committee workrooms and how to upload all your hospital's resource materials. By the next month, our portal was ready for the board meeting."

### All Three Boards Rely on the iPad

All three of these organizations are primarily using iPads to access the portal (although of course some board members may also use desktops or laptops outside the board meeting, whenever that is most appropriate for their own particular circumstances).

"At this point, 52 percent of our 18,000 BoardEffect® users use the iPad exclusively, and that has happened within the past 18 months," said Dottie Schindlinger, vice president of e-governance for BoardEffect®. "It was based completely on customer demand. People said they'd like to have BoardEffect® on the iPad, so we thought, 'that sounds like a good idea; let's build an app.' But it was almost an afterthought. Now that app has become core to our business."

Once the BoardEffect® app is installed and all the meeting materials display on the iPad, board members can view the



information, highlight text, type in notes, and draw markings using their finger or a stylus on the screen. They can review the agenda and click to jump to a particular section, or bookmark pages of particular interest. They can search the entire meeting book for a particular word or phrase.

The highlighting feature is one of the reasons MLMH decided to go with the iPad, Ockinga said. “The touch screen allows highlighting, while if you use a laptop you don’t have that capability. Our board members definitely rely on this feature—particularly finance committee members. For example, if there’s a negative number in the financial data, that is a red flag. They highlight that data before the meeting, and then when we get to that page it reminds them immediately that they wanted to gain more insight.”

### Hospitals and Health Systems Rely on Diverse Features

In addition to the basic function of replacing meeting agendas, briefing books, and other printed resources, the board portal supports various forms of improved communication. Hospitals and health systems typically spend some time exploring the different features and evaluating what is most important in their specific context.

Ockinga, for example, likes to post news items about the hospital on the board home page. “One of our pharmacists just received an award as Pharmacist of the Year, so I shared that with the board,” she said. “I post little snippets of information about positive activities, like an employee luncheon coming up or our big Christmas dinner.” She does something similar with each of the committee workrooms, posting updated information that’s relevant to that committee.

Ockinga finds that she constantly directs people to the portal, “specifically to the committee directory, because it’s such a great place to find contact information for key personnel. When our board members travel, they find it convenient to use the directory to contact people within the hospital.”

In addition to information to support board meetings, the portal includes separate “committee workrooms” that can be set up so committee members and select staff can access that section of the portal. For example, there may be medical executive committee members who aren’t directors. The portal can be set up so they can never access board materials, but they can access the committee workroom, which has all the materials, contact information, scheduling abilities, and any other special features the committee needs in order to carry out its work most effectively.

MSHA uses the committee workspaces for all of its nine committees. They used to rely on a different portal, which was effective for the system board, but cumbersome for other functions. “With the previous system, users had to have different passwords for each individual board or committee they might serve on. BoardEffect® allows each person to access all the different functions with only one login.”

MLMH has separate workspaces on its portal for the hospital board of directors, executive sessions for the board of directors, the foundation board, six foundation committees, and four medical staff committees (a total of 24 committees).

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**B**ecause BoardEffect® is Internet-based, board members can access it from a laptop, an iPad, from their iPhone, or from a library computer. They can be anywhere in the country; all they need is their password.

—DEBBI BEAVER

The portal includes a “board development” tab that shows, at a glance, which committees need members and who is about to retire. “We haven’t used that feature yet, but we are aware of it,” Wilkes said. “We are currently reevaluating board terms throughout the entire system. At present they vary depending upon each facility’s history and when it was acquired. We expect to move in the direction of seamless standardization and integration of governance throughout the system. In that context, we are potentially excited about the [portal’s] board development function, as something that may be quite useful to us in the future.”

Ockinga similarly believes that she will probably use features such as board development analysis in due course. “I haven’t taken the time to explore some of the features that were added recently,” she said. “In addition, right at this point, we are still getting the board members just a bit more comfortable with using the portal.”

BoardEffect® also includes a “poll” feature that meets the standards set by each state for an electronic voting system for non-profit boards. During the polling period, board members can see who has voted, how they have voted, and any comments they have left. In an emergency, when a decision needs to be made quickly, board members could use the poll feature to actually vote without meeting face-to-face (provided this is in accordance with the board’s bylaws). “We are aware of the poll feature, and we have used it occasionally on certain facility levels,” Wilkes said. “However, it hasn’t been widely adopted within our system. We also have the technical capability to poll people during a Webinar. We find that our board is very engaged, and particularly appreciates that face-to-face personal interaction.”

The portal has a section for each hospital’s unique support materials. For example, Ockinga uses that section of the portal for the latest version of the board manual, organization chart, articles of incorporation, strategic plan, and bylaws for the hospital and all related organizations. “It really is a library for



the hospital,” says Ockinga. “We also post articles on expected healthcare reforms and other key news that might affect us. The benefit is that these materials are always available as references for all board members, no matter where they may be located.”

MSHA is using the resources tab in an unusual, extremely valuable way. Wilkes has set up a secure subsection within the resource library to communicate particularly sensitive information, such as recent sentinel events. “This area has a neutral title and restricted access,” he says. “It means we have secure instant communication about important events. We don’t have to communicate via email, where you can never tell exactly who else may see the message. This way, the relevant people log on to the portal and can access information in a very timely, secure environment.”

Similarly, MSHA has set up secure subsections for its quality dashboard and a wide range of safety, clinical, and financial data. “The portal has become a one-stop shop where our board members can have everything at their fingertips, with of course varying levels of detail depending on their level of interest and responsibility,” Wilkes said. “It allows us an effective way to communicate securely with board members, so they are aware of sensitive facts in a timely way, and also know the best internal personnel to answer any particular questions.”

In addition, there’s a tab for The Governance Institute’s Resource Library, which includes more than 300 articles or publications, templates, and videos organized by governance topics. For example, there are materials on board structure, core governance, the healthcare environment, and director activities. The section on the current healthcare environment includes detailed resources on healthcare payment and delivery reform, and physician relations and alignment. The section on director activities includes materials on CEO evaluation, selection, and compensation. Board members can browse the information and pursue their own interests, relying on staff to filter materials as needed or appropriate.

The library is a particularly important resource for MSHA. Wilkes recalled one board member who approached him

recently seeking information on bond ratings and financial structures. “We’ve built three hospitals in the last few years so we have to deal with the bond market. This is an issue that’s discussed at the system board level, and understanding all the nuances can be very helpful. We were able to find exactly the information he needed within the Resource Library.”

Wilkes noted that education is so important right now because healthcare is transitioning from fee-for-service to fee-for-value. MSHA itself is in the process of transforming into an ACO. “Just with the dynamics of the Affordable Care Act, there is a great deal of information we need to absorb so we can plan for the future,” he said. “Because we are moving to an ACO model, education on these issues is particularly valuable. We combine The Governance Institute Resource Library with various tools that we produce internally or we identify elsewhere. Several of our board members have commented that this gives them rapid access to the hot-button healthcare topic of the day. Education is at their fingertips, and they appreciate that.”

### What Time Is the Best Time?

What is the best time to embark on the transition to a board portal? It depends on what your board members need, and what they’re ready for, Wilkes said. “I’ve talked with colleagues in other organizations who are still trying to find the right mix to just get people excited about volunteering their time, energy, and effort to shape the hospital’s future. From that standpoint, their boards aren’t necessarily ready to take the next step.”

In contrast, he recalled, MSHA’s board was ready for more. They were engaged. “Our board could not get enough. They were asking for detailed financials. They wanted to drill down beyond the initial quality measures. These were the signals that showed we were ready for and would use additional resources.”



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