

GOOD GOVERNANCE CASE STUDY

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

# GENESYS BOARD TRANSITIONS TO A NEW LEVEL TO PREPARE FOR HEALTHCARE CHANGE

PART ONE

By Elaine Zablocki, *Staff Writer, The Governance Institute*



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## ORGANIZATION PROFILED:

### Genesys Health System, Grand Blanc, Michigan

Elizabeth “Betsy” Aderholdt, *President and CEO*

Karen Aldridge-Eason, *Former Board Chair, Genesys Health System Board, and Foundation Liaison, Michigan Office of the Governor*

Mark Piper, *Board Member*

Kenneth R. Steibel, M.D., *Former Medical Staff President*

### Statement of Interest

The healthcare industry has never before experienced the degree of disruption and pace of change that the Affordable Care Act and industry events over the past few years have triggered. In order to sustain and succeed during this period of dramatic change, leaders at Genesys Health System took steps over a six-year period to ensure that all aspects of system leadership were working at a very high level. The organization prepared itself in order to ensure its success through this incredible time of transition.

As a result, Genesys Health System and its board have experienced a remarkable transformation over the past six years. The board has taken increased responsibility for system-wide quality and safety. It has revamped its committee structure, established policies on selection and training of new trustees, and developed a continuing education plan for board members. Most importantly, the board is coping effectively with major strategic decisions in a rapidly changing healthcare environment. In 2011, Genesys and its physician partners applied for and were selected as one of 32 Pioneer ACOs, which are developing innovative models of population-based healthcare.

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### Genesys Health System: Organization Profile

In 1992, Genesys, a member of Ascension Health, was created when four aging community hospitals agreed to form a new, integrated delivery system and build Genesys Regional Medical Center on a 478-acre campus, which opened in 1997. Today it is a teaching hospital with 250 medical students and 160 residents, home of Michigan’s largest family practice residency.

The state-of-the-art, 410-bed hospital was designed as a healing environment, with a four-story atrium, decentralized nursing pods, and quiet space for patients. It is surrounded by forests and meadows, with four miles of walking trails and a 220,000-square-foot athletic/medical wellness center. This progressive, acute-care facility is augmented by an integrated continuum of care including hospice, home health, a skilled nursing facility, primary care locations, and several other outpatient/ambulatory sites located across a three-county region.

Genesys is one of the largest employers in the Flint/Genesee County region in Michigan, about one hour north of Detroit. The system created a joint-venture physician-hospital organization with 160 primary care physicians, and is designated by CMS as one of the nation’s first Pioneer ACOs. Genesys focuses on culture and processes based on high reliability and Lean methodologies.

The name Genesys is based in part on the system’s location in Genesee County, in part on its history of community leaders coming together to create a new beginning, and in part on its sponsorship as a Catholic healthcare ministry.

### Background

In part, the system’s transformation has roots in its unusual beginning. Genesys started out with significant assets. As part of its strategic vision to create an integrated delivery system, 160 independent family physicians joined with the health system to form a risk-sharing physician-hospital organization (PHO), a 50-50 joint venture. The initiative moved forward at a time when General Motors was pulling out of the mid-Michigan area, and the industrial employment base declined from 80,000 to 8,000 jobs. “We’ve been in our current location now for 16 years,” said Karen Aldridge-Eason, foundation liaison in the Michigan governor’s office, and until recently the chair of the Genesys Health System board. “Initially, there was a degree of community angst around physically leaving the city of Flint. Forming Genesys meant merging four hospitals with very different cultures: allopathic, osteopathic, faith-based, with both unionized and non-unionized staff. Naturally, that took some time. On the other hand, from the very beginning there was a strong commitment to use what we had, such as the 160 primary care physicians associated with this wonderful campus, as a foundation for more.” (For information on the system’s long-term vision, see the sidebar, “VisionScape: Interlocking Plans for Health System and Community.”)

The Genesys story includes a number of remarkable initiatives. Since this story is rich in detail, and includes information and examples that will benefit other hospitals and health systems, this case study is divided into two parts. Part One will focus primarily on new structures and processes the Genesys board has implemented within a remarkably short timeframe to prepare for changes in the healthcare delivery and payment system. In Part Two, we will look more closely at the system’s relationship with its physicians, and how those special relationships prepared the way for Genesys’ current role as a Pioneer ACO.



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## VisionScape: Interlocking Plans for Health System and Community

**D**uring 2007, more than 40 community leaders, physicians, Genesys board members, and system leaders came together in an intensive, three-day facilitated workshop to create a vision for Genesys. The process focused on the multiple ways Genesys Health System's assets could revitalize the community by creating new educational opportunities and jobs.

VisionScape is a 25-year plan based on four interrelated areas: the hospital/health system, the campus and surrounding community, population-based care, and education/research. For each of these areas, the vision includes specific initiatives and action steps. Some examples include:

- Hospital/health system of the future:
  - » Excellence in safety, quality, and patient experience
  - » High-reliability organization
  - » Physician alignment/integration
  - » Integrated electronic health records
- Campus and community revitalization:
  - » Development of the Genesys Health Park and related projects within a 15-mile radius
  - » Partnering with other health-related organizations
  - » Downtown Flint Health Center
- Genesys HealthWorks:
  - » Nationally recognized population-based care model
  - » Triple Aim: improving health and patient experience while lowering costs of healthcare
  - » Improving care transitions throughout the full continuum of care
- Genesys Learning Institute:
  - » Educating new physicians through residency training programs
  - » Educating the public about population health, disease management, and wellness
  - » Continual innovation and research
  - » Create 4,600 new jobs in the life-science arena
  - » Partnership with institutions of higher learning
  - » Regional and national learning lab for Ascension Health

Each year the broad, long-term VisionScape initiative is translated into specific strategic objectives for Genesys Health System. For example, for fiscal year 2014, specific objectives include:

- Support new senior service development on the Health Park campus.
- Position the Genesys Learning Institute as a contemporary learning center preparing physicians for tomorrow's healthcare.
- Advance community strategy and engagement to address the top three community health needs: infant health, healthy lifestyles, and advance care planning.

The Genesys Health System fiscal year 2014 strategic plan includes a total of 14 specific objectives based on VisionScape. Each objective is associated with a member of the executive team, who takes responsibility for progress on that item. Progress on these strategic objectives is reviewed by the board on a rotational basis.

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## Steady Progress on Quality Improvement and Physician Alignment

Genesys is part of Ascension Health, formed in 2001, which now includes more than 1,500 points of care in 23 states and the District of Columbia. It is the nation's largest Catholic, not-for-profit health system. This means Genesys can access national purchasing power through a group purchasing organization (GPO), improved financing through a strong, national bond rating, and a large patient safety organization (PSO) to share data across the country. In order to continue to care for the poor and vulnerable, Ascension is increasingly focused on using its size and scope to identify and spread best practices.

In 2007, Genesys experienced an executive leadership transition, with the arrival of Mark Taylor as CEO and Elizabeth "Betsy" Aderholdt as president of Genesys Regional Medical Center (GRMC). "Both of us had been trained in the Baldrige Performance Excellence Program and we were recruited in part to begin moving the organization in that direction," Ms. Aderholdt recalled. Genesys developed a new focus on process improvement (using Lean methodology). The organization has submitted two formal Baldrige applications, and continuously uses the Baldrige criteria as a series of signposts to guide organizational development. Genesys, along with Ascension Health, has set the goal of becoming a high-reliability organization, adopting methods that have been used successfully to reduce errors in the airline and nuclear energy industries as an approach to minimize errors in healthcare.

Initial quality efforts focused on transforming the management team and developing increased alignment with the physicians. The board realized it needed to create an effective working relationship with the medical staff to be successful in this new environment of rapid healthcare transformation, and Genesys has a history of relationship building with physicians. There are about 800 physicians on the Genesys medical staff, and of those, about 400 consistently utilize Genesys Health System. The system has 10 employed physicians. The PHO, formed in 1994, was designed to bring physicians and the health system together to provide care, and take full financial risk for Genesys' managed care patient population. "The PHO initiative was somewhat ahead of its day," recalled Kenneth R. Steibel, M.D., a family physician and past president of the medical staff. "Essentially, it is a primary-care-driven PHO, collaborating with specialists to create a specialist panel based on the needs of our patient population. With PCPs as the drivers, we have been able to reduce costs and improve the quality of care and patient experience for the population we serve."

Even during the years when managed care fell out of favor, the Genesys PHO was able to maintain reasonable costs and continue the program. "Obviously it has been a learning experience, but we were extremely fortunate to develop essential processes and then maintain them for more than a decade," Dr. Steibel said. "We have evolved from an HMO gatekeeper model to a medical home model, expanding our relationships and partnerships with the healthcare system and our patients. Over time, these established relationships have created an environment where the patients understand the system, the specialists understand the system, and the hospital administration understands the system."

This mutual understanding serves as our foundation for future improvements.”

In July 2009, Genesys formed three joint venture specialty management companies for the following service lines: 1) cardiovascular services; 2) orthopedic, neurosurgery, and podiatry services; and 3) surgical services that cover all other surgical specialists. These companies have 64 physician investors and are responsible for managing service lines that include over 200 medical staff members.

In 2011, CEO Mark Taylor was promoted to lead another Ascension facility, and Ms. Aderholdt took on the role of CEO. The Affordable Care Act had been passed about a year earlier. While its ultimate legal status was uncertain, many private payers were already moving forward rapidly with various forms of pay-for-performance. “From my perspective, based on 30 years of experience in healthcare, we have never before seen so much disruption, such a drastic pace of change,” said Ms. Aderholdt. “I’m speaking of both federal healthcare reform and the commercial industry’s reaction to healthcare reform. In order to do the best possible job during this period of dramatic change, we needed to have all aspects of system leadership working at a very high level.” At that point, the board met only five times a year, and was not fully aware of the oncoming onslaught of changes in healthcare.

While Ms. Aderholdt was mulling this over, the Genesys board was having similar thoughts. “We watched Genesys grow in sophistication and precision,” Ms. Aldridge-Eason recalled. “We observed a rapid transformation in managerial leadership and in physician alignment. The board was asked to consider a growing range of topics. Board members began talking among ourselves, and we recognized that visiting these topics once every other month at board and committee meetings was not sufficient. We wanted to be more than passive listeners.”

Ms. Aldridge-Eason went to Genesys leadership and requested additional training for the board—the same sort of educational resources and expanded view of healthcare that management and physician leaders were already receiving. “We requested an outside consultant to work with us over an extended period of time,” Aldridge-Eason said. “At that point, we weren’t actually a bad board, but we were a bit too polite. We asked ourselves, ‘what is the appropriate role of the board? We can’t be subject matter experts like the management team or the physicians, but we can become governance experts.’ We wanted to do that and do it well.”

## Board Self-Transformation

According to its charter, the Genesys Board of Trustees could have anywhere from three to 17 members, but typically operates with 12 to 14 members. It is a self-perpetuating board, and conducts its own nominations and evaluations, although the board chair must be approved by Ascension Health. Physicians make up about a third of the board membership, and the CEO and president of the medical staff are *ex-officio* voting members.

Over an 18-month period, starting in September 2011, the board worked with a consultant to reorganize the board’s committee structure, transform the way the board functioned, and create formal policies on selection and training of new members and continuing education for all board members.

Perhaps the most important aspect of the board transition has been a new emphasis on strategic planning throughout the year. In the past, the board might listen passively to management reports, and approve a strategic plan once a year. Throughout the year, the board is responsible for identifying strategic challenges and determining the system’s priorities.

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—Karen Aldridge-Eason

One major issue facing the board was how to improve communications with physicians. “The consultant who worked with our board is a physician, and one of the most critical things he did was help the board and medical staff reset their working relationship,” Ms. Aderholdt said. Like many community health system boards, until then the Genesys board had been comfortable listening to medical staff reports on quality, credentialing, and safety and accepting them relatively unchallenged. “[The consultant] was invaluable in coaching the board about their appropriate role and the ways they can provide oversight to medical staff even though they are laypeople,” Ms. Aderholdt said. “He was able to say authoritatively that while the board may delegate certain responsibilities to the medical staff, the ultimate responsibility for quality of care rests with the board.”

“We needed to fundamentally change our culture to become a high-reliability organization, and the board had to take the lead in that transformation,” recalled Ms. Aderholdt. “Fortunately, because of our community background as an industrial economy, we have a number of community leaders with Lean expertise. While they may not know all the details of clinical care, they certainly understand process improvement.”

For example, during this period of transformational change, the board determined that all physicians who practice surgery at Genesys Regional Medical Center would use the World Health Organization pre-surgical checklist. In addition, all members of the medical staff must take a lengthy high-reliability training course covering multiple disciplines. These standards are now mandatory.

“Board members who have experience in process improvement have taken the lead in establishing quality standards,” Ms. Aderholdt added. “In fact, they’ve been able to offer our medical staff leaders coaching on ways to deal effectively with the range of responses you may hear from peer physicians as you introduce policy changes.”

The board decided to schedule joint meetings with physician leaders, and balance them with structured “board-only” meetings. At present, the board itself meets six times a year. On the off months, they schedule board education sessions (frequently during dinner) and invite physician leaders to participate. In

addition, there are two board retreats, spring and fall, and they are structured so that Friday afternoon and evening the board meets on its own. On Saturday, for a half day, senior management and all physician leaders are invited. These biannual board retreats are conducted at local venues so the costs remain relatively low.

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—Elizabeth “Betsy” Aderholdt

### Restructuring Board Committees

During this period of change, another major focus was reviewing and restructuring the board committees. Previously Genesys didn't have a governance committee; now it does. This committee is responsible for board policies and procedures, such as succession planning and developing a process to evaluate new board nominees. The governance committee is responsible for the board education plan, which is developed each year based on organizational needs and board interests. (See sidebar, “Board Education: Foundation of Strategic Decisions.”)

Governance is a key function, and the person chosen as the first chair of this committee was a results-oriented member who likes to work through a list of projects, checking them off in turn. The governance committee reviewed the charters for each board committee and worked with the committee chairs to refine each committee's scope of responsibility. Then it analyzed the skills and background of each current board and board committee member. “We looked at the attributes each person brought to the board, trying to figure out where we were lacking,” said board and governance committee member Mark Piper, a real estate developer who chairs the finance committee and serves on the full board. “We did this across all levels, with the idea that we'll recruit new board members from the committee level to fill in holes so incoming board members start out with some background.”

In the past, the Genesys safety, quality, and service committee was chaired by a physician. “That didn't work very well; it was an unbalanced process,” Ms. Aderholdt said. “It meant the medical executive team made decisions, which were then reviewed by a committee chaired by one of their own, so it didn't give us the checks and balances we needed.” Since the reorganization, the board safety, quality, and service committee has been chaired by a lay board member. Genesys is particularly fortunate in having a highly skilled lay community to draw on. The first lay chairperson was a healthcare lawyer, and his replacement has worldwide experience as a Lean process improvement expert from General Motors.

Mr. Piper recalled that before the board's self-analysis and reorganization, “When we did board retreats, there was often a nagging feeling that what we don't know is what's going to hurt us. Many board members don't have any healthcare background, myself included. One eye-opening moment was when the board consultant asked if we could each give a brief elevator speech on the health system's financial situation, and we all could do it. Then he asked if we could each give a similar talk on quality measures, and our system's focus in terms of quality outcomes and patient safety. Frankly, we all kind of scratched our heads,” he said.

But that was three years ago, Mr. Piper added. Today, every board member could definitely give an elevator talk on quality. The board safety, quality, and service committee has put considerable time into creating a dashboard that distills the most important quality issues, in an easy-to-grasp format. At each meeting, the board reviews about 20 measures in a dashboard format coded red, yellow, and green to indicate progress or problems. The dashboard includes clinical measures for important health issues as well as inpatient satisfaction issues. Serious safety events are reported up to the board level.

Genesys formerly had a culture and advocacy committee, which dealt with both internal and external issues. Internal cultural issues are now handled by the board safety, quality, and service committee, which advances Lean methodology and the adoption of a high-reliability culture.

Today, the advocacy committee has a sharper focus on external issues, particularly reviewing measures of community health and health disparities, prioritizing the most important community health needs, and making recommendations on the appropriate role for Genesys in addressing community needs. This committee is responsible for external advocacy and legislative policy issues. The Community Health Needs Assessment process is managed by the board advocacy committee and is fully integrated into the strategic planning process.

When dealing with key decisions, the board sometimes forms an *ad hoc* board team to work with management, focus on a particular issue, and disband at the end of the process. It is not an official committee with a charter, but rather a working group with specific skills suited to the issue under review. “This is particularly valuable when we are working on an issue that may be driving to a decision point,” Ms. Aderholdt said. “The *ad hoc* team helps management work through the issue, and when we get to the board discussion, there are three to five board members who have already completed a deep dive on the subject. It means when we are having that strategic discussion at the board level, there is a critical mass of individuals who know the material extremely well.”

In addition, the board is reaching out to community organizations to broaden cultural diversity on the board and expand potential viewpoints available when making key choices. This is particularly important as the system shifts to a population health focus, which is based on preventive care and serving the community as a whole.

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## Board Education: Foundation of Strategic Decisions

The Genesys board has taken on responsibility for its own education, and it doesn't waste a minute. The board completes an annual self-assessment to identify areas of needed improvement and responds to an annual survey asking what educational topics are most important in the coming year. Board committees also propose topics that deserve increased attention from the full board. Based on these inputs, the governance committee maps out topics for a year-long education plan, including education to be completed in routine board meetings, spring and fall retreats, online Webinars, and four board dinners.

"One of our best practices is that for these events we do a pre-test and a post-test," Ms. Aderholdt said. "Boards can be quite diverse, so the pre-test helps the speaker gauge the audience and know what it most needs to learn about a given subject. The post-test lets us know whether we have communicated effectively, and met our educational goals for that particular event."

In 2011, Genesys shifted to an electronic-only format for all board communications. One reason was that as a Pioneer ACO, the system received frequent updates from CMS that were critical to timely decision making. In addition, the board wanted material readily available so they could read it before meetings and use board meeting time for strategic discussions. "Having an electronic board portal helped us get material out more rapidly, and enabled us to move from one-way reports to two-way dialogue," Ms. Aderholdt said. This was a significant cultural change, since at that time some board members didn't own a computer. However, the board determined that a standardized process for rapid, efficient communication was essential. Board members rose to the occasion and mastered the necessary skills (and the system saves \$24,000 a year on board-related copying and mailing costs).

Each year, the board responds to a survey asking trustee opinions on communication methods and processes including written materials, face-to-face meetings with the board chair and CEO, and improved communications with the medical staff. Currently, board members receive a monthly "Board Bulletin," plus weekly updates on the ACO, and emails as needed.

The Board Bulletin is a remarkably effective way of communicating information: a detailed 15-page report, in outline format. It covers safety events, equipment plans, events and opportunities related to Vision-Scape, patient satisfaction results, "door to doc" time, key financials, labor relations, recruitment, legal and policy updates, community advocacy, board updates, and much more. Each nugget of information is coded and linked to a particular strategic plan objective. Scanning the monthly Board Bulletin, trustees are able to stay abreast of the full range of system news.

Genesys has developed a four-hour orientation session for new board members, including a presentation from the consultant who mentored the board during its transformation, plus discussions of the rhythm and structure of board work, the legacy of Ascension's ministry, and the basics of healthcare finance. "We've received positive reviews for this orientation process," Ms. Aderholdt said. "Previously we offered incoming board members a notebook and an hour-long overview. Now, this is a much richer review that gives us time to discuss board roles and responsibilities and how these new members can guide and direct the organization strategically to meet community needs."

## Defining the Board Chair's Essential Skills

As one aspect of its increased focus on governance, Genesys spent time analyzing the skills a board chair needs. "Previously we didn't fully understand that when you're looking for a new chair, you're looking for a skill set," Ms. Aderholdt said. Most importantly, the board chair should be skilled at facilitating group discussions and decision making. "We find that often the board chair is the person who speaks least in meetings," she said. "Instead, they are working hard to make sure everyone's voice is drawn out."

Because healthcare is going through a period of rapid change, hospitals face difficult discussions as they develop plans related to key players such as the corporate office, the physician community, and even the competition. "This means the board chair's ability to discuss challenging issues in a diplomatic way is essential," Ms. Aderholdt said. "We need someone who is gifted in hearing all viewpoints and helping people find common ground."

Looking back at the past three years, Ms. Aderholdt believes that Ms. Aldridge-Eason's interpersonal skills played an essential role in the organization's rapid process of change, making for an ideal board chair. "As a new CEO, having someone I could call on to help build relationships and navigate through challenging situations was extremely helpful."

In 2011, for the first time, Genesys developed a formal succession plan for its board chair. Previously, the chair might serve in that role without thinking much about finding and training a successor. But this time, starting about six months before the transition, the incoming chair began "shadowing" Ms. Aldridge-Eason, participating in monthly face-to-face meetings, email discussions, and periodic phone calls. Ms. Aldridge-Eason has been on the board for the past 10 years; during the transition, she had time to sketch in the historical background behind today's hot issues. Now she will offer continuing support to the new board chair as a member of the board's executive and governance committee.

Once the board established a strong governance system and processes for board communication and education, and policies were in place for the transition to a new board chair, then the system needed to prepare for a new medical staff president. Dr. Steibel had served in that role for over 10 years. When he determined it was time to step down, the board suggested that choosing and training his successor should follow a thoughtful, transparent, predefined process. The board was in a position to say, "Ken, you saw how much effort we focused on our transition, and



what a difference it made. Now we want your transition to be just as smooth.”

Dr. Steibel was determined to adopt many of the strategies the board had used to clarify needed skills and train incoming board members. “In the past, when someone was elected chief of the medical staff, they didn’t necessarily know anything about leadership or governance,” he recalled. “You got elected simply because you got the most votes. Now we recognize that incoming physician leaders need specific skills to succeed in their new roles. We have developed an education and training program for incoming medical staff officers and department chairs so they understand their new roles and responsibilities.”

Defining these new, more formal transition processes, while it took an investment of time and effort, had significant positive effects, Ms. Aderholdt observed. “Without a formal process, we might have experienced time-consuming conflict among physicians or medical staff officers who were uncertain about their new responsibilities, and that would have drawn time and resources away from work on our major strategic objectives,” she commented. “During a two-year period Genesys transitioned to a new CEO, board chair, and medical staff president—three key leadership positions. Meanwhile, the implementation of our strategic plan actually accelerated. The reason we didn’t lose momentum is that we had these leadership processes in place.”

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—*Kenneth R. Steibel, M.D.*

### **The Reenergized, Refocused Board**

Ms. Aderholdt reflected on the board transformation she has observed over the past two years. “Now we have 12 individuals who are schooled on the choices we need to make, and who bring a range of perspectives based on their own professional expertise and input from different circles of people. Now, when we grapple with major questions such as ‘what is the best next move,’ ‘how fast do we make this change,’ ‘how much risk do we take,’ I have a value-added resource to rely on, a resource that didn’t exist two years ago.”

Over the last 18 months, the Genesys board has recruited more than 15 new board and committee members. Board members are eligible for three three-year terms. In the past, trustees often served all three terms. “Now, we recognize that we need to bring in different perspectives and skill sets,” Ms. Aderholdt said. “Even when a person is eligible to serve another term, our governance committee takes on the difficult work of acknowledging that at this time we need a different mix, and therefore some board members will not be reappointed. This is a new viewpoint for us.”



The reenergized, refocused board requires a new degree of commitment from board members. It means giving up football on Saturday to attend a board retreat. “We began encouraging people to attend *all* the educational sessions,” Ms. Aldridge-Eason said. “We understand sometimes work or family responsibilities get in the way, but we emphasized how much healthcare reform means for Genesys and for Michigan. In response, our people have put forth every effort to be at all or most of the meetings.”

The increased workload for board members translates into a serious commitment of time and energy. Mr. Piper spends about 10 hours a month on board-related business. In addition, board members attend two board development conferences each year. “It is a chunk of time,” Mr. Piper said. “Then I remind myself that I’m getting the equivalent of an associate’s degree in healthcare policy. In addition, we recognize that Genesys provides a safety net of uncompensated care, and that the campus is a potential magnet for new economic growth for our region. You really do feel that you’re helping bring benefits to your local community.”

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—*Elizabeth “Betsy” Aderholdt*

### **Lessons Learned**

What has the Genesys board and leadership learned from this fast-paced process of transformation? What advice would they offer other health systems?

“Get an outside assessment,” said Ms. Aldridge-Eason. “We worked with an effective consultant. During our first conversation with him, we emphasized that we needed to know how we measure up against best practices for hospital governance. How are we doing? You may think you’re doing a wonderful job and



not notice gaps; you just don't know what you don't know." For example, during this period of reexamination the Genesys board realized that increasing the time it focused on quality issues was a major priority.

The board also invited its consultant to assess board committees and committee chairs, and offer coaching on needed skills. "For example, one person might benefit by learning how to encourage every committee member to take a share in the conversation," Ms. Aldridge-Eason said. "Others learned how to demand more from the management team. The board shouldn't just sit blankly through PowerPoint presentations; it should recognize and grapple with major strategic questions the organization is facing."

The board learned how important it is to explore possible futures, set strategic directions, and then make decisions based on this "big picture" viewpoint. "We learned how important it is to do a deep analysis of your board makeup and frankly explore your weaknesses," Mr. Piper said. "When you recruit new board members, they should fit into your whole strategic vision of your organization, and the expertise you'll need to carry out that vision."

One benefit of board training and reorganization, Ms. Aderholdt said, is that board members now have a more substantial understanding of the ways they add value to the organization and community. "It has enabled us to recruit top-notch people who

want to be a part of this effort," she said. "Now when our board members speak with potential board candidates, they can articulate what we do and why it is so important. There are vital roles that only a local board can play, even when they are a part of a larger regional or national health system."

All the work Genesys and the broader community invested in crafting a long-term vision for the system bears fruit in a more effective, more committed board. "If we focused solely on delivering healthcare and trying to preserve the bottom line, we wouldn't be able to attract the sort of board members we have," Ms. Aderholdt said. "Our strategic plan envisions Genesys as a national leader in transforming the delivery of healthcare. It pictures our 400-acre campus as the linchpin to create 4,600 new jobs for our region. We attract board members because we are an innovative organization, and by serving in this governance role they can really make a difference." ●

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