

Successful System Community Councils: Three Examples

By Pamela R. Knecht, ACCORD LIMITED

Health systems across the country are attempting to realize the full benefits of increased “systemness.” For instance, they are standardizing processes to improve quality and decrease costs and streamlining management and governance structures to increase decision-making nimbleness. However, as systems become more centralized (e.g., eliminating hospital boards), they run the risk of losing the unique “voice” of each community they serve.

To ensure they retain critical connections to and an understanding of their local communities, some systems have taken a new approach. They have created “councils” that are focused on understanding and addressing the health needs of each community and building relationships with community leaders. This article describes three examples of “community councils” and includes advice for others that are considering similar models.

Amita Health St. Joseph Hospital Elgin’s Community Leadership Board

Amita Health St. Joseph Hospital Elgin (AHSJHE) in Illinois has been through many transitions over the last 10 years. The hospital has been part of three different systems: Provena Health, Presence Health, and Amita Health. Under Provena, the St. Joseph Elgin hospital board’s fiduciary authority was narrowed to approval of minutes, budgets, medical staff credentialing, and few other items. When Presence Health became AHSJHE’s parent, the system restructured its governance and created community leadership boards (CLBs) to replace hospital boards. (Although the CLBs are called “boards,” they are advisory, not fiduciary entities.) The CLBs continue under Amita Health because they have been successful engaging a broader group in the community.

The AHSJHE CLB’s role is to understand the health needs of the Elgin region; this includes overseeing the community health needs assessment (CHNA) and helping management



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develop initiatives to address the most critical needs. During the CLB’s quarterly meetings, management shares information about the system’s strategies, finances, and services. Most of the meeting time, however, is spent in deep dives on the CHNA’s results and possible initiatives.

The composition of the CLB is significantly different than the previous hospital board, which was primarily comprised of business leaders. The 10–12 member CLB includes a wider range of individuals such as the county’s head of public health, a local college president, the fire chief, a minister who works with the homeless, a VNA representative, and a park district executive.

The chair of the AHSJHE CLB, Pat Szpekowski, has been on the board through all these changes and is most excited about this model (versus other approaches). “We now see the puzzle coming together,” she said. For example, the CLB joined partners who, working as a group, are making progress addressing obesity and diabetes in Elgin. Szpekowski shared that compared to the previous hospital board meetings, CLB meetings now have a different focus and are “very productive and much more interactive, where people ask many more questions and make important contacts.” She and her colleagues feel they are on track to making a real difference in improving their community’s health.

Baystate Health’s Community Advisory Councils

Baystate Health (BH) is a four-hospital system in Massachusetts. BH’s governance restructuring journey went in the opposite direction from Presence Health’s. BH has used a centralized governance system with a “mirror board” overseeing its original three hospitals since 2004. Over a two-year period starting in 2014, BH acquired two additional community hospitals and converted one of its existing community hospitals into an outpatient center. (One

Key Board Takeaways

The interviewees’ advice for systems considering “community councils” includes:

- Talk to others who have been through this transition; maybe attend a council meeting.
- Decide which governance model is best for your system (e.g., fiduciary or advisory).
- Ensure both the hospital president and council chair understand their community and support the council’s role and responsibilities.
- Set clear, focused, specific expectations of the council.
- Develop meeting agendas and materials carefully to ensure councils are prepared to focus on their work.
- Require that supported community initiatives have metrics and clear outcomes.
- Provide system-level information so councils have context for their discussions.
- Include council members in system-wide governance retreats/education.
- Let councils make their own decisions, supported by staff.
- Emphasize that the role of volunteers has been changed to help improve their community’s health.

new hospital has a fiduciary board due to its recent affiliation agreement.)

With new senior leadership in place and new communities added to BH’s service area, the BH board and executive leaders realized it would be helpful to have groups of community leaders and influencers that were connected to BH. The lack of community representation and support was highlighted when one hospital had labor relations issues and when the hospital that converted to an outpatient center held a public hearing regarding the change, a required step in the regulatory process. The system did not want to lose the efficiency and effectiveness of the centralized governance structure. Instead of creating hospital boards, the BH board developed community advisory councils (CAC). Each CAC is chaired by a BH board member and is a committee of the BH board. The CACs each have seven to 15 members, the majority of whom are external community leaders such as the director of a local senior citizens’ center, the police chief, and the president of the local bank. The CACs are advisory to the BH board (they do not have final decision authority).

Kristin Delaney, Director, Corporate Governance at BH, said, “The main

roles of the CACs are to provide advice regarding the health-related needs within the community and to build relationships between leaders in the community and the Baystate system.” The CACs also assist with legislative and public policy initiatives, support philanthropic activities, and receive reports on the performance of the hospital and its providers. “CAC members were very helpful in advocating on behalf of the hospital for legislative and public policy initiatives such as the nurse staffing bill that was on the November 2018 ballot in Massachusetts,” Delaney said. “They also provide needed communication linkages to each community.”

Texas Health Resources’ Community Impact Board and Leadership Councils

Texas Health Resources’ (THR) governance journey included some components from the other two examples. In October 2017, THR concluded a governance restructuring that converted their 14 separate hospital boards to “mirror boards” of the parent board. In other words, the exact same individuals serve as the fiduciaries for all the boards.

The work of the hospital boards (e.g., credentialing) is now done through the system board’s committee structure. As a result, the governance structure is designed to improve nimbleness and advance systemness across a continually growing and diversified enterprise.

However, the THR board wanted to stay relevant in local communities and to retain the committed community leaders that served on the hospital boards, so it created a subsidiary corporation to be overseen by a new community impact board (CIB). The CIB, a fiduciary board, was granted \$5.2 million dollars. The CIB created leadership councils (LC)—one in each of the five geographic regions served by THR. The LCs are comprised of community leaders who recommend outcome-driven programs and partnerships to receive funds based on an extensive request for proposal (RFP) process. After analyzing CHNA data, all five LCs chose to initially focus on behavioral health projects (e.g., teen suicide prevention, elderly depression, etc.).

Stacy Cantu, Chief Governance Officer, said, “Those involved feel they are doing far more for their community now

than when they were hospital boards.” She also noted that “the membership of the CIB is intentionally more diverse in terms of gender, age, and ethnicity.”

Conclusion

Health systems across the country are using different structures (other than typical hospital boards) to retain and build connections to their local communities. Whether they are called councils, boards, or something else, they intentionally include individuals with diverse perspectives on the health needs of their community. These “community councils” are intensely focused on improving their community’s health, and they rely on the system’s other governance structures to perform the rest of the fiduciary duties. In this way, each partner has a valuable role to play in ensuring achievement of the mission. ●

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