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Four Levers to Advance Community Health Now

By **Betsy Chapin Taylor, FAHP**, CEO, *Accordant*

What's Inside:

Healthcare's new agenda demands organizations move with alacrity toward operationalizing thoughtful efforts to go upstream to elevate health status with a keen focus on addressing equity and vulnerable populations. Deficiencies in community health status exposed during the pandemic created new urgency about the need for this work. Further, rising social consciousness on this issue shifted the conversation from *why* to advance this work to *how*. Boards can support a cohesive and sustainable community health strategy by ensuring deliberate plans, leveraging external funding, forging partnerships, and driving alignment with the organization's external grantmaking efforts.

Have an Intentional Plan

Hospital and health system boards and executive leadership must first identify the strategy for improving community health status. Language used to describe this work has become increasingly nuanced with objectives to elevate human health and well-being discussed under the banners of elevating community health, improving population health, boosting health equity, addressing social determinants of health, and more. However, agreeing upon semantics is not as important as clearly articulating the impact to achieve. Therefore, leaders should first focus on identifying where the organization must move the needle within the broader community or within select constituencies to proactively improve health. Non-profit healthcare organizations have a ready resource to kickstart this process in the community health needs assessment they are required to complete every three years; however, too often, plans to address opportunities in the community health needs assessment do not move toward meaningful implementation. Therefore, board leaders should bring

their broad perspective on community needs to supplement community data sources, utilization data, financial implications, organizational capacity, and more in order to prioritize initiatives.

Determine Funding for Community Health Initiatives

While non-profit healthcare organizations already have significant dollars allocated to community benefit, determining how to fund community health work has been an insurmountable obstacle for many. Simply, many efforts to address the precursors of illness or injury require new infrastructure or programs that do not have an associated payment mechanism. Instead, it has been assumed hospitals will capture financial benefit later as they assume more risk for populations and are increasingly paid based upon value; yet, the reality is much of healthcare still exists in a fee-for-service world. Therefore, the choice to invest in community health competes with the choice to invest in hospital programs and capital that can drive revenue now. In a time of financial austerity for many healthcare organizations, this can make it hard to justify investments in community health rather than the traditional, core hospital business. However, given the importance of consistency and continuity in addressing community health issues, it's important for boards to ensure a sustainable funding strategy using both internal and external funding sources.

Community health work is well-positioned to secure external investment through philanthropy—voluntary charitable giving by individuals, businesses, and foundations—or through government grants, earmarks, American Rescue Plan

→ Key Board Takeaways

- Ensure a thorough understanding of the healthcare organization's plans and priorities for elevating community health and well-being.
- Prioritize efforts to secure external funding through philanthropy, grants, and similar as part of a sustainable funding strategy, and leverage board influence in opening doors, sharing the case for support, and securing investment.
- Identify and engage community partners that can bring data, expertise, services, or funding to create and implement more cohesive solutions.
- Reassess the organization's approach to outbound gifts, grants, and sponsorships to achieve greater alignment.

funds, and similar. Securing external support for strategically aligned community health efforts begins with pressure testing potential plans to determine the relative appeal to donors and funders. For example, donors want to readily understand the measurable impact to be achieved, the organization's expertise and capacity to provide solutions, and the direct benefit to people. Such information and the rationale for financial support from individuals, corporations, foundations, governments, and others is generally conveyed in a "case statement" that functions as an investment prospectus for potential funders. With larger initiatives, a case statement is also used as a conversation starter to test the appeal and potential of various funding priorities with external donors, funders, and programmatic partners alongside an assessment to determine the organization's readiness and capacity to attract external support. Harnessing the power of philanthropy, grants, and other support can be a game changer by not only providing significant financial support but also signaling external validation of the rightness of the proposed plans in the community. Board members can bring considerable influence to identifying, engaging, and stewarding external donors and funders; leveraging this influence will increasingly be a hallmark of great boards going forward.

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Form Strategic Partnerships

Comprehensive efforts to address complex issues that shape community health often require the partnership of others. Therefore, many healthcare organizations seek to identify and address the gaps and overlaps in existing programmatic offerings with other anchor institutions, health organizations, non-profit agencies, governmental entities, corporate partners, churches, and other collaborators. Additionally, funding partners, including not only the affiliated hospital foundation but also the local community foundation or United Way, can become linchpins of this work. Therefore, there is merit to creating an inventory of all the players who potentially should be at the table, testing the interest and ability of those entities to participate, and identifying clear and specific roles each partner would assume. In determining roles, don't fail

to address some of the stickier issues around fund development, data management, project management, and more. Finally, formalize the structure and roles through a memorandum of understanding (or a similar document) to create a solid platform for partnership. Boards are well positioned to determine areas of strategic synergy with a broad range of potential outside partners. These conversations can happen in the boardroom or through a separate task force set up for this purpose.

Drive Alignment with External Grantmaking Efforts

Savvy healthcare organizations must also consider one last push to achieve true alignment between strategy and resources. Today, most hospitals and health systems provide outbound community gifts, grants, and sponsorships either as part of community benefit work or for marketing and public relations purposes. Too often, this grantmaking process is reactive, and the intended use and impact of these dollars is fractured. However, healthcare organizations can more effectively deploy and increase the impact of these funds by structuring community grantmaking efforts to align with strategic priorities for community health. For example, many hospitals target their outbound support to non-profits addressing social determinants of health and social needs such as food insecurity, homelessness, and workforce development. Boards can play an active role in demanding a thoughtful approach to outbound community dollars that supports strategy, strengthens the ability to secure external support, decreases mission drift, and reduces arbitrary community investments.

Ultimately, a clear and specific strategy underlies any successful community health effort. Therefore, great boards will bring their broad community knowledge and civic, social, and business influence to shape the scope of work to be advanced, the funding mechanisms needed to support the work, the partners who must come alongside, and the use of all organizational resources in achieving community objectives. When board leaders ensure these pieces are in place, it positions the organization to move beyond reactively treating illness and injury within the hospital to proactively shaping human health and well-being across the community.

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Can a New Mission Statement Really Drive Culture Changes?

By **Marc G. Mertz**, Vice President and Chief Strategy Officer, *Kaweah Health*, and **Guy M. Masters**, President, *Masters Healthcare Consulting*

Does your organization's mission statement make a difference in how people in your hospital or health system (from board members to senior leaders, physicians/clinicians, other staff, and community members) perceive their roles, responsibilities, and relationship to the patients and communities you serve? Many organizations are realizing that their mission statements are dated and less relevant in today's circumstances. These hospitals and health systems are involving stakeholders at every level to assess, review, revamp, and rewrite their mission statements to bring them current and make them more relevant and relatable to current organizational and social concerns.

This article describes how Kaweah Health, a health system in Visalia, CA, used a mission statement assessment to kick off its strategic planning process, and unexpectedly transformed the organization's culture as a result.

Using an Organization-wide Input and Assessment Process

In 2018, Kaweah Health implemented an updated strategic planning process when new strategy leadership joined the organization. A key element of the planning process was to assess the relevance of a decades-old mission statement.

With the assistance of an outside consultant, a series of facilitated focus groups were held to discuss the organization's mission, vision, and core strategies. Focus groups were formed from selected representatives from a broad range of key stakeholder groups including:

- Board members (publicly elected)
- Senior executive and physician leadership
- Medical/clinical staff
- Employees from all levels and departments
- Community members

Key findings from the focus groups resulted in essential and enlightening input including:

- Recommendations for the mission and vision statements. (The existing mission and vision statements, which had not been updated in nearly two decades, were felt to be too long, no longer completely relevant, and did not inspire or motivate associates, medical staff, and other key stakeholders.)
- Strengths and weaknesses of the organization
- Growth opportunities
- Opportunities to improve physician engagement and alignment
- What it would take to make Kaweah Health a "top 100 place to work"
- Top strategic priorities

From Input and Information to Actionable Insight

After the information gathering stage, a planning retreat was organized to process and discuss the findings to deduct relevance, implications, and conclusions. Feedback from the focus groups was shared with about 30 selected individuals who attended the full-day strategic planning session. Participants were asked to review the feedback beforehand and to complete pre-retreat work, including the selection of:

- Mission statement examples and drafts that capture the essence of the organization's fundamental purpose for existing
- Items and characteristics that represent what the organization should aspire to become
- Key strategic priorities and critical success factors

→ Key Board Takeaways

- When crafting the actual mission statement, seek quality over quantity. Keep the message concise and make every word count. Carefully select words and phrases that will be meaningful and easy to remember.
- Use surveys, focus groups, electronic suggestion box portals, town halls, and other means to provide input from all levels of the organization. Consider inviting patients or members of your community to participate.
- Keep stakeholders informed using emails and in-person and huddle-type meetings regarding decisions that are being made, and how these translate and apply to the strategic, operations, and department plans that follow.
- Recognize and reward decisions, actions, and problem-solving examples of mission-in-action choices made by associates that have a positive impact on patient and family experience and outcomes.

Revised, Concise, Relevant Mission and Vision Statement Drafts

Outcomes of the facilitated retreat included new, concise mission and vision statements:

Mission Statement

Health is our passion. Excellence is our focus. Compassion is our promise.

Vision Statement

To be your world-class healthcare choice, for life.

Every word of each statement was examined thoroughly and selected very carefully. For example:

- "World-class" was heavily debated: How is it measured? Is it realistic? In the end, it was decided that it should be the organization's aspiration to become world-class in the services that it provides. World-class was defined as top-decile performance.
- "Choice" was selected because the organization had long had a reputation as a local provider of necessity, and one of the goals was to change that and become a provider of choice.
- "Life" was selected to reflect a full continuum of services and was consistent with a branding tagline that previously had been in use, "More than Medicine. Life."

Moving from Goals to Pillars

The organization's four long-term "goals" were expanded to five and renamed "pillars" to better reflect their foundational role in the organization's mission and vision. The five organizational strategic initiatives are:

1. Achieve outstanding health outcomes
2. Deliver excellent service
3. Provide an ideal work environment
4. Empower through education
5. Maintain financial strength

Giving the Mission, Vision, and Strategic Plan Ultra-Visibility

The new mission and vision statements have become engrained in the Kaweah Health organization. A one-page strategic framework was developed that captures the mission, vision, pillars, and key initiatives. This high-level summary of the organization's strategic plan has been printed on 11x17 pages and distributed throughout the health system and are now found in board meetings, executive team meetings, and on department bulletin boards. In addition:

- The mission and vision statements are printed on all employee badges.
- The mission statement is prominently posted in all lobbies in large 12-inch-tall vinyl lettering.
- The mission statement is hanging in all conference rooms.
- Posters and plaques containing the mission, vision, and pillars hang in conference rooms, break rooms, offices, and lobbies throughout the organization.
- During executive rounding, employees often quote the mission statement from memory.

The Kaweah Health mission statement is often included in social media and marketing content, and frequently being read aloud by employees and physicians. The mission statement also appears in PowerPoint templates. These practices provide consistency in messaging, brand identity, and visibility in communications with internal and external audiences.

During executive team and board discussions, the mission statement is often used as a litmus test for decisions. For example, when discussing the organization's visitor policy during COVID-19 and its variants, the executive team developed a policy that protected health, followed best practices (excellence), and was compassionate towards patients and their families. This policy provided a guide and standards to follow resulting in consistency, fairness, and safety for patients, families, and staff.

A Mission Statement Making a Difference in Culture

The new mission and vision statements for Kaweah Health have evolved and grown into something that was not anticipated at the outset of the assessment and revision process. The buy-in and enthusiasm for the new statements has been a result of

participation and input from a broad base of stakeholders including board members, senior leadership (executive and physician), department leaders, and associates at every level.

Because of the buy-in and commitment that exists, the rollout and adoption of the strategic plan has been broad-based, meaningful, and extraordinary. Exposure to the mission and vision statements begins with employee orientation and is consistently reinforced in department, town hall, board, and other meetings across the organization.

Results That Matter

In today's changing environment, mission statements are more important than ever in representing publicly and internally the fundamental purpose of the organization as well as guiding how it will act regarding clinical care delivery, providing equal access, and addressing diversity, social determinants of health, environmental, economic, and social issues, as well as other community concerns.

The Kaweah Health experience is an example of how inclusive participation in developing the mission, vision, and strategic plan of the organization can create a culture of unity in purpose, passion for engagement, and focus on achieving common desired organizational outcomes. Is it time to consider an update for your mission statement?

The Governance Institute thanks Marc G. Mertz, Vice President and Chief Strategy Officer at Kaweah Health, and Guy M. Masters, M.P.A., President of Masters Healthcare Consulting and Governance Institute Advisor, for contributing this article. They can be reached at mmertz@KaweahHealth.org or (559) 624-2511, and guymasters11@gmail.com or (818) 416-2166.

Go Beyond EHRs to Address Labor Shortages and Reduce Clinician Burnout

By **Brian Silverstein, M.D.**, Chief Population Health Officer, *Innovaccer*

To an alarming degree, the COVID pandemic has intensified clinician burnout and the healthcare industry's worrisome labor shortage.[1] Almost 20 percent of healthcare workers have quit their jobs during the pandemic.[2] Medscape's 2021 report on physician burnout and suicide stated that 42 percent of physicians cite burnout as a significant factor in their current work circumstances.[3] Already struggling to fill clinical roles before COVID, many over-stressed hospitals and health systems have approached a breaking point.

In response, an increasing number of health systems and states are devoting precious financial resources to entice clinicians, especially nurses, with large bonuses and rewards.[4] The need for mental health services for healthcare workers is also growing.[5] These initiatives and responses may be worthy, appropriate, and even overdue in some cases, but they are unlikely to solve the complex dual challenges of clinician burnout and the labor shortage because they do not address one of the fundamental drivers of clinician dissatisfaction and frustration: the burdensome EHR system.

In the same Medscape report, 79 percent of physicians said their burnout began before the COVID pandemic. Over half (58 percent) blamed excessive bureaucratic tasks. In other pre-pandemic surveys, EHR use was ranked as the second greatest

1 Paulina Firozi and Sarah Fowler, "'Emotionally, Physically, Mentally Tired': Nurses Say Morale Has Hit a Pandemic Low," *The Washington Post*, October 15, 2021.
2 Kelly Gooch, "18% of Healthcare Workers Have Quit Jobs During Pandemic: Morning Consult," *Becker's Hospital Review*, October 4, 2021.
3 Leslie Kane, *'Death by 1,000 Cuts': Medscape National Physician Burnout & Suicide Report 2021*, January 22, 2021.
4 Kelly Gooch, "6 Incentives Offered by Hospitals to Attract Workers," *Becker's Hospital Review*, September 10, 2021; Alex Kacik, "Alabama Redirects $12.3 Million in CARES Funding to Mitigate Nursing Shortage," *Modern Healthcare*, September 3, 2021.
5 Stephanie Goldberg, "Treating Burnout in the COVID Ward," Crain's Chicago Business, September 3, 2021; "The Mental Health of Healthcare Workers in COVID-19," Mental Health America.

→ Key Board Takeaways:

The pandemic is not the root cause for labor shortages and clinician burnout. It accelerated them. Initiatives are being launched to retain and attract clinicians, but they are unlikely to fully solve the complex challenges because they do not address one of the key causes: increased repetitive low-value administrative duties. For the board, addressing this challenge involves:

- Understand that EHRs were built to create a digital patient record, track utilization and process billing, and meet compliance requirements, not to improve information entry, care coordination, health outcomes, and patient engagement.
- Appreciate that while EHRs have clearly improved data capture around the transaction of medical care, the experience and impact on care teams and patients and operational impact has been a negative one, and the anticipated impact on health outcomes has not been achieved.
- Determine how much of a role digital solutions play in your overall growth strategy.
- Develop a plan for unifying data from multiple sources, including EHRs, consumer data, claims, SDOH, and other community and third-party data.
- Assess how your digital growth strategy supports your goals for better care, lower costs, enhanced coordination, and improved patient experience.
- Incorporate feedback from workforce leaders on the experience and effectiveness of dashboards and apps, including whether they can be operated on any device, have an intuitive interface, and reduce or eliminate administrative tasks and repetitive reporting with automation.
- Assess existing and planned digital infrastructure to ensure that workforce has the tools needed to be as efficient and effective as possible.
- Measure impact on clinician engagement, satisfaction, and burnout to determine effectiveness of new and existing digital tools.

source of clinician frustration and burnout[6] and 75 percent of clinicians attributed burnout to their struggles with EHRs.[7] In other words, COVID did not cause clinician burnout; it accelerated it. EHRs are a major and addressable source of burnout and administrative burden afflicting clinicians today.

Here's a two-birds-with-one-stone solution: by radically improving the cumbersome EHR process, the healthcare industry would significantly free up clinician time *and* improve care coordination, patient engagement, and health outcomes. This would effectively shrink the labor shortage gap and reduce the burnout that comes with diminished clinician satisfaction and engagement.

What will that take? Traditional approaches to EHR optimization have only incrementally improved workflow and facilitated easier information access. However, over the past five years, technologies have been developed that complement EHRs and significantly improve the way clinicians interface with them. It's time for boards and senior leaders to consider how their organizations can implement those solutions more comprehensively.

The Blackhole of Data Entry

Workplace technology is meant to improve processes and lift productivity. Yet, in the case of EHRs, the time clinicians now spend on data entry has not significantly improved compared with the time they spent on paperwork before the EHR era. In fact, some reviews suggest physicians spend up to three times longer processing patient records because of EHRs[8] and twice as much time interacting with the EHR than they do with their patients.[9]

For clinicians, the biggest change since the implementation of EHRs is the hit to patient care and job satisfaction. Filling out patient reports and prescribing treatments through EHR data entry is arduous and not intuitive. It requires highly skilled clinicians to engage in repeated entry of low-grade information. This detracts

6 "What's Ruining Medicine for Physicians: Difficulty Using EHRs," *Medical Economics Journal*, December 25, 2018.
7 Sandy Robertson, Mark Robinson, and Alfred Reid, "Electronic Health Record Effects on Work-Life Balance and Burnout Within the I3 Population Collaborative," *Journal of Graduate Medical Education*, August 2017.
8 James Siegler, Neha Patel, and C. Jessica Dine, "Prioritizing Paperwork Over Patient Care: Why Can't We Do Both?," *Journal of Graduate Medical Education*, March 2015.
9 "Doctors Call for Overhaul of Electronic Health Records" (press release), Stanford Medicine, June 4, 2018.

significantly from engagement with patients—the primary source of clinician satisfaction—and does not noticeably improve health outcomes, work efficiency, or patient satisfaction.

Consider the typical primary care visit. The patient is forced to repeat the same information multiple times. Meanwhile the clinician devotes precious time and attention to data entry with little payoff in terms of insights derived from the patient record, lab tests, images, other interventions, or evidence-based best practices. EHR systems also frustrate clinicians with pointless alerts.

This diminished professional satisfaction and experience can have a profound impact. Studies show that workplace stress and burnout reduces job satisfaction and experience overall and undermines communication, attention to detail, cognitive processing, creativity, mental agility, curiosity, patience, and empathy.[10] Understandably, this also hurts teamwork, quality of care, information sharing, safety, and patient engagement. Even worse, it contributes to anxiety, depression, substance abuse, and suicide among clinicians.[11] While all these problems are worsening with COVID, the pandemic is not the only cause.[12]

For clinicians passionate about their calling, this burnout has brought them to a breaking point. With emotional and physical resources exhausted, an increasing number are choosing to leave their organizations, retire early, or even abandon their profession entirely.[13] For those left behind, this labor shortage only creates more work, stress, and burnout.

That negative feedback loop will not be slowed or stopped without addressing the forces that drive it—including the EHR.

10 Robert M. Sapolsky, "When Stress Rises, Empathy Suffers," *The Wall Street Journal*, January 16, 2015; Natasha Khamisa, et al., "Work Related Stress, Burnout, Job Satisfaction, and General Health of Nurses," *International Journal of Environmental Research and Public Health*, January 2015.

11 Christine Stehman, et al., "Burnout, Drop Out, Suicide: Physician Loss in Emergency Medicine, Part I," *Western Journal of Emergency Medicine*, May 2019; Amanda Kingston, "Break the Silence: Physician Suicide in the Time of COVID-19," *Missouri Medicine*, September/October 2020.

12 Gary Price, "The Elephant in the Doctors' Lounge," *Medpage Today*, July 4, 2021.

13 Karen Gilchrist, "COVID Has Made It Harder to Be a Healthcare Worker. Now, Many Are Thinking of Quitting," CNBC Make It, May 30, 2021; "Nearly Half of Kaiser Nurses Consider Leaving Profession as Contract Deadline Looms," KATU, September 14, 2021; Mackenzie Bean, "Physicians, Nurses Are Eyeing a Healthcare Exit: 4 Statistics to Know," *Becker's Hospital Review*, October 13, 2021.

A Renewed Focus on Enriched, Timely, and Accessible Patient Information

The fundamental problem with EHRs is that they were built to tally care utilization and process billing, not improve information entry, workflow, care coordination, health outcomes, and patient engagement. Fundamentally, they were also not designed to make it easy for the user to enter information. For clinicians, an EHR is the wrong tool or solution for facilitating patient care.

The first EHRs developed in the 1970s were actually designed with clinical and patient needs in mind. While relatively primitive, that technology supported patient information sharing and longitudinal record keeping. Unfortunately, the reimbursement demands of fee-for-service medicine trumped clinical care needs. The EHRs most providers use today facilitate and maximize reimbursement, not ready access to clinical insights and patient information.

Clinicians are right to suspect that modern EHRs actually impede care coordination and information access, entry, and workflow. The technology typically operates as a closed system, meant to defend the provider organization against revenue losses and patient leakage to rivals. Unfortunately, this also creates barriers inside organizations between clinicians, departments, and specialties. Because of the barriers to sharing, the 21st Century Cures Act was passed by Congress in 2016 in part to force information sharing between EHRs and other systems.[14]

Despite these limitations, almost every traditional hospital and health system uses the EHR as their login screen. This means that clinicians engage with the transaction engine of the organization rather than a clinical and patient knowledge hub.

Other industries do it differently. For example, the travel industry relies on the Sabre Global Distribution System as a transaction engine, but airline, hotel, and car rental employees and customers don't log in to Sabre to search options, make reservations, and book tickets. Instead, these customer-focused companies layer interface software on top of Sabre to facilitate searches, reservations, transactions, etc., making it easier for all stakeholders to conduct business and communicate.

That kind of interoperability immeasurably enhances commerce and empowers customers. The banking industry recognized this need when they created an open

14 Peter Nichol, "21st Century Cures Act's Impact on Healthcare Interoperability," *CIO*, December 16, 2016.

network to make financial transfers possible across all ATMs and businesses. Cashiers and customers don't need to navigate cumbersome data entry systems to facilitate a purchase—they just need to use their trusty debit card.

Interestingly, healthcare organizations that take full risk and promote value-based care, patient engagement, and better consumer experience (think Oak Street Health and One Medical) have developed their own customized software stacks to better leverage their EHRs. Clinicians and patients interact with the EHR through user-friendly portals that facilitate clinical and patient information flow, enhance rather than impede engagement, and support better care with meaningful insights, robust coordination, and appropriate treatment pathways. This is evidence that alternatives in the marketplace do exist, and there is no need for clinicians to be tied to the yoke of the traditional EHR.

Edit or Replace?

EHRs were a necessary first step in healthcare's digital transformation. The shift from paper records and faxes to zeroes and ones is foundational to better patient care and population health. However, healthcare's transaction-focused EHR-driven system is clunky and ill-suited for the needs of clinicians and patients.

An entire patchwork sector has arisen to implement costly but incremental improvements to EHRs. While fixes that remove pop-ups, reduce alerts, transcribe or automate entry, bring some machine intelligence to searches, and speed up processes all alleviate a certain level of everyday frustration, they are only a hodgepodge of bandages, and will not replace or transform the EHR system itself.

Optimizing EHRs is insufficient, but getting rid of EHRs is not the answer either. Despite their limitations, EHRs have aggregated massive quantities of patient and clinical claims data. It's time to advance them by overlaying the core transaction engine with portals, dashboards, and sophisticated data, analytics, and automation capabilities. The board's role is to review and approve the overall IT strategic plan and ensure it has clear objectives and time horizons. Management's role is to create and implement it.

To be truly patient-centric and clinician-supporting, those enhanced systems must:

- Combine patient data from other rich streams and sources, including consumer data, SDOH data, and other community and third-party data.

- Leverage that data with intelligent analytics to make clinicians smarter and more knowledgeable, while supplying them with meaningful care insights whenever needed, including the point of care.
- Facilitate access ease through dashboards and apps that can operate on any device at any time with an intuitive user-friendly interface.
- Automate and eliminate administrative tasks and repetitive reporting.
- Free clinicians to engage with patients, not toil in data entry.

With that technology overlay, clinicians will have power at their fingertips that supports patients in achieving best health outcomes. For the provider organization, that expanded clinician capacity effectively addresses the labor shortage challenge while reducing burnout by improving morale, engagement, and clinician performance.

As an example, at Banner Health, digitization of the health system is part of the board's strategic plan. The board's objective is to help patients access care more easily and have a more integrated experience. To accomplish this, management has established a unified patient data platform and is assembling an array of assets on top of that, including hospital-at-home services, remote monitoring, digital therapies, digital engagement tools, and services that facilitate registration and simplify billing. It's believed that the improved patient experience and tech-enabled care coordination will also support clinicians in providing better care and engaging with patients.[15]

That's the kind of productivity technology should offer: for organizations, greater efficiency and happier associates; for clinicians, less stress, less burnout, less time with tech, and more time with patients and their human needs.

The Governance Institute thanks Brian Silverstein, M.D., Chief Population Health Officer at Innovaccer and Governance Institute Advisor, for contributing this article. He can be reached at brian.silverstein@innovaccer.com.

15 Jessica D. Squazzo, "Have You Future Proofed Your Organization?," *Healthcare Executive*, January/February 2022.