

How Do You Get Your Board to Help You Eat an Elephant (Strategically)?

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In this case, the elephant is a \$2.5 billion bond proposal in support of Harris Health System’s strategic facilities plan, which includes a replacement hospital that would provide Level I trauma center capability, expanded capacity of an existing Level I trauma center hospital, and investment of \$500 million in our ambulatory clinic and population health platform. This bond proposal is the first ever pursued by Harris Health in its nearly 60-year history and will likely receive great scrutiny. It’s a lot, hence the elephant comparison.

On April 28, 2023, the Harris Health Board of Trustees unanimously approved making the request to Harris County Commissioners Court to authorize a \$2.5 billion bond election. My work leading to this momentous occasion began three years ago as the brand-new CEO of Harris Health in March 2020, just in time to deal with the start of the global pandemic. And I still needed to create my leadership team and get to know the members of our board.

Our board comprises nine residents of Harris County, Texas, who are appointed by Harris County Commissioners Court to oversee my role as CEO and provide strategic guidance to Harris Health. The board I met was very eager to address the chronic infrastructure issues of our health system that had long been identified but had gone unaddressed due to a host of circumstances. Those issues were reaching a crisis point. It took a bit—perhaps more than a bit—of convincing the board that we should approach the infrastructure issue in a holistic manner to address all issues that our health system was facing including our quality, patient safety, and variability challenges.

These challenges were exacerbated by operating one of the largest safety-net health providers in the country with nearly 40 locations—two full-service trauma hospitals, a network of community health centers, clinics, a chronic

dialysis program, a freestanding dental center, homeless shelter clinics, mobile health units, a virtual care platform, and a correctional health program—all in partnership with three affiliated and renowned medical schools. And, to make matters more interesting, we were entering a once-in-a-lifetime pandemic and national public health emergency that has gripped the world for the last three years. So, while putting COVID-19 fires out on a daily basis, we began a yearlong journey to create a five-year strategic plan for Harris Health that would clearly delineate our infrastructure capacity and service limitations and establish a set of concrete goals.

It took another 24 months to conduct and develop a facility-needs assessment for our two hospitals and our ambulatory care services platform. These studies were combined into a master facilities plan. As studies were completed and recommendations made, our board was kept apprised each step of the way.

Earlier this year, my leadership team and I presented the overall master facilities plan to our board complete with its funding proposal for a countywide \$2.5 billion bond referendum. I wish I could say it was smooth sailing—it was anything but. Looking back and taking solace in the fact that our board was frequently informed of our developments, we lost track of the fact that several of our more experienced board members were leaving our board and being replaced with new appointees by our county commissioners.

Unfortunately, our new board members were never brought fully up to speed on the direction of the health system and its strategic facilities goals. By the time we unfurled our plan and its overall cost, about half of the board had been replaced from the original group of members who had adopted our five-year strategic plan with infrastructure optimization goals. It quickly became clear to me after our first board presentation of the plan that we had a problem of inadequate communication on our hands. Many board members, including some more experienced members, felt unaware of the full scope of the plan. We faced what I am sure many executives face when dealing with their board: Have we, the health system administration, been keeping our board in the dark? And if so, why?

This was not the case, nor intended. Over the next three months, we held a series of face-to-face meetings with each board member to fully review the strategic facilities plan—in as much detail as each board member needed—but also the original five-year strategic plan that included all the infrastructure goals

that were being addressed. We included answers to questions raised by board members in our one-on-one meetings during the ensuing monthly public board meetings. While some questions were technical and procedural in nature, there was a great deal of misunderstanding and misperception. All of these concerns had to be addressed, with board members and our local elected officials.

We met with each commissioner and the county judge and their staff to answer all questions and concerns. Additionally, we met on several occasions with the Harris County Budget Office, the funding and budgeting source for all county agencies, to ensure alignment with our financial assumptions. It was very important to know that the county budget office would respond positively if asked by the commissioners about the fidelity of our assumptions. At the end of this process, our bond proposal has to be approved by the Commissioners Court before it can appear on the election ballot for a countywide vote later this year.

Two months into this process, we believed we had the votes from our board to get the bond proposal approved and later formally presented to the Commissioners Court for consideration. Unfortunately, it would have been a split vote in favor. My team and I decided to take an extra month to communicate with and better educate our board members who were seemingly reluctant to support the bond proposal at the time. We provided them with additional information including potential tax rate implications of the bond proposal as well as the economic impact of the plan on our communities

→ Key Board Takeaways

- Focus on strategy, check and validate, but allow the administration to run the operations.
- Act as one. A divided board can be a distraction.
- Certain goals can change from year to year, depending on the realities that a system faces, but the overall strategic direction should not.
- Trust decisions of previous board members to reflect the best interest of the system as new members consider and build on future goals and objectives.

and the county as a whole. This effort paid off in April, when we achieved a unanimous board approval for the bond proposal.

Yes, the proverbial elephant is still not fully consumed, and it won't be until the bond proposal passes later this year—hopefully, by a large margin of voter support. But to this point, we have gotten past several early hurdles and challenges. We continue to serve it up, working through this enormous undertaking, together and unified. Our feast continues.

The Governance Institute thanks Esmail Porsa, M.D., M.B.A., M.P.H., CCHP-A, President and CEO of Harris Health System, for contributing this article. He can be reached at esmail.porsa@harrishealth.org.

