



**The Future of Non-Profit Health Care:
Engaging Leaders in Minnesota, New York and Texas**

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Non-profit health care systems in the United States today face significant challenges; some of the most pressing include:

- A rapid increase in the number of uninsured patients that non-profit systems must find a way to serve;
- A rapid (and closely connected) rise in health care costs;
- Efforts at the federal level and in some states to re-examine the tax-exempt status of non-profit health systems.

To gain a deeper understanding of how non-profit systems are viewed by their communities and seek advice on how best to address these challenges, a national group of 13 non-profit health care system CEOs commissioned Viewpoint Learning to conduct an initial series of Strategic Dialogues¹ with leaders in 3 regions they serve:

- Minneapolis, MN (Allina Hospitals & Clinics)
- Long Island, NY (North Shore Long Island Jewish Health System)
- Lubbock, TX (Covenant Health System/St. Joseph Health System)

Each Strategic Dialogue lasted 4 hours and included 20-30 leaders from government, business, health care, universities, low-income organizations, the media and other sectors in the community. This report summarizes the key findings and conclusions from these dialogues.

KEY FINDINGS

Leaders who participated in the Strategic Dialogues came from a wide range of backgrounds and interests, but in each community they were able to find a surprising amount of common ground both about the nature of the problems and about practical steps to resolve them. Even more surprising, although the communities in which the dialogues were conducted are very different, the conclusions reached on most questions were strikingly similar.

This section focuses on the areas of common ground found in all dialogues. Appendix A provides more detail on the specific conclusions reached in each of the dialogues, including conclusions that were unique to each location.

1. A brief description of the Strategic Dialogue methodology and the steps taken at each of these 4-hour sessions is in Appendix B.

1) *The vital leadership and convening role of non-profit systems*

“There is a real opportunity for Allina to be a truth teller with the capital it has acquired. As a large force in the market, its power to lead by example and to lead by convening around tough issues would be a tremendous community benefit.”

- Minnesota

One of the strongest conclusions in all three dialogues, and perhaps the most surprising, was that **the very act of convening this dialogue constituted an extremely important community benefit in itself. In all dialogues participants recommended that non-profit systems take a stronger role in convening, coordinating and leading such community efforts to define and address needed health care reforms.** While other kinds of community benefit were important, and participants suggested specific steps to improve these (described below), leadership on health care reform and strengthening the health care system were seen as overarching needs that were not being met, and ones where non-profit systems can and should make a vital contribution.

Leaders saw these dialogues as an example of the sort of broader collaborative approach that is needed. They called for non-profit systems to **lead a wider community conversation about improving the health care system, a conversation designed to lead to action. For example, many suggested that non-profit systems should take the lead in reducing duplication and unproductive competition in the health care system, and work with other providers and organizations (public and private) to improve coordination and establish partnerships that will advance sustainable, affordable health care in their communities. They also suggested non-profit health systems should play a stronger role in the health care reform debate at the state and national levels, providing important insight into both the nature of the problems and the practical implications of different reforms.**²

“We felt that it was important to have more collaboration with other agencies to expand services rather than duplicate services.... We're trying to get education and information out. Why are we doing 50 programs when 10 programs with different agencies would reach the people we need to reach?”

- Texas

In one session participants also noted that in previous times local health care leadership was provided by the heads of large, community-based businesses, who would identify important local needs in health care or education, formulate solutions and find the resources needed to get it done. But many of these businesses have subsequently become global enterprises intensely focused on short-term shareholder value. Their CEOs now come from outside the community, generally stay only a few years and often fail to provide leadership on community needs. Participants agreed that if we are going to be successful in addressing today's pressing local, state and national issues in health care, the leaders of local health care systems will have to step up to the challenge of filling this critical leadership vacuum.

In these dialogues participants emphasized that it is important for non-profit systems to **lead by example.** A case in point, repeated in all of the sessions, was the need for greater emphasis on prevention. Leaders in all locations suggested that non-profit systems could do much more to promote prevention, and do so in a more dramatic way. In one dialogue, for example, participants suggested that the non-profit system set the goal of working itself out of a significant percentage of its acute care business

2. The larger the non-profit health system is in their state, the more leaders called on it to play an increased role in the broader public policy debate. So, for example, this call was stronger in Minnesota than in Texas.

in 10 years through greater emphasis on prevention. In all dialogues, leaders called on non-profit systems to **be more explicit about their goals for providing community benefit, and more transparent in reporting the results.**

In each dialogue, leaders indicated that if the non-profit systems decided to play the stronger leadership and convening role they had suggested, the systems could count on their support.

“Community benefit can be enhanced through improvements in community education on preventive care and putting the onus on the individual to be more responsible for their own wellness.”

- New York

2) Connecting the dots: how did we get here, and what happens if we stay on our present course?

While many of the participants knew a great deal about particular elements of the health care system, prior to these dialogues few had spent much time considering how these elements fit into a broader picture: how the current health care situation had developed, what happens if nothing different is done, the role of non-profit systems and the threats to the future of those systems. One value of these dialogues, then, was to provide an opportunity at the outset for the leaders who participated to step back and take a look at the bigger picture, compare experiences and perspectives, and connect the dots. This also created an important shared context for the dialogue that followed.

At the beginning of each dialogue participants were asked (in a brainstorming format) to identify the changes and trends over the last 20 years that had been most important in shaping the current health care situation in their community; and then to describe what the health care system would look like in ten years if we stay on our present course. The following key points were identified in all dialogues:

CHANGES AND TRENDS THAT HAVE SHAPED THE CURRENT HEALTH CARE SYSTEM:

- a. **Demographic changes** – Including an aging population, increasing diversity as a result of immigration, and migration within and between states.
- b. **Unrealistic expectations from health care** – A culture of entitlement, the belief that there is a cure for any illness, and persistent patient demand for specific treatments (fueled by the proliferation of information through the Internet, advertising and other media). Taken together, these drive costs and can lead in some instances to unnecessary or ineffective care (overtreating).
- c. **Escalating health care costs and technological change** – In addition to the impact of demographic change and patient expectations, costs have been driven up by innovations in pharmaceuticals, treatments and medical technologies and by efforts to maximize returns on investments to develop and deliver these innovations.
- d. **Prepaid health care and managed care** – Gradual shift from true insurance and fee for service arrangements between doctor and patient to what amounts to pre-paid health care, often delivered

“The expectation is that between technology, doctors and what’s on TV – you will get better. There is also an expectation that you have an absolute right to health care. This might be a correct assumption if we operated in a different political situation regarding health care, but we don’t.”

- New York

by large plans. This increases unrealistic patient expectations (because they are insulated from the true costs of care), and further drives costs. It can also weaken the relationship between patient and provider.

- e. **Pushing the limits of the employer-based system** - Increasing costs are overwhelming the employer-based system as fewer employers can afford to provide coverage at prices that employees can afford — or at all. This is leading to increases in the number of uninsured and underinsured.

“The growing lack of transparency in the system, and ... the administrative complexity really inhibits people’s ability to make informed choices.”

- Minnesota

f. System complexity and skewed incentives – An appropriate policy framework has not been developed to support the growing complexity of the health care system. As a result incentives are often misaligned (for example favoring over-treating to respond to patient demand, or maximizing income, or avoiding litigation). More people find it increasingly difficult to navigate the health care system to obtain the care they need. And poor coordination of care leads to duplication, inefficiency and potentially deadly mistakes.

- g. **Political gridlock** – Politicization of health care reform (in particular increased partisanship and the role of special interests) has reduced the ability to change the health care system to deal with these and other challenges.

WHERE WILL HEALTH CARE BE IN TEN YEARS IF WE STAY ON OUR PRESENT COURSE?

- **Increased number of uninsured** – As health costs rise and fewer employers offer affordable health insurance coverage more Americans will be uninsured or underinsured.
- **A polarized healthcare system** – As health care costs increase and fewer people have good health insurance the health care system will become more polarized between haves and have-nots. Only the wealthy and privileged will have access to high quality health care. There will be escalating demands, especially on non-profit systems, to meet the needs of the growing numbers who are uninsured or underinsured, demands these systems may not be able to meet.
- **Growing public discontent** – Diminishing access to good quality care will lead to rising social activism and efforts to change the health care system.

Leaders then recommended specific steps the non-profit system could take to create a better future for health care in their community. In particular, what steps should the non-profit system take to improve the community benefit it provides, and how can it communicate better with leaders and the public?

3) *Strengthening community benefit*

In all dialogues, as described above in Section 1, leaders concluded that the most important community benefit non-profit systems could provide would be to assume a stronger leadership and convening role in improving health care and advancing reform both in their communities and more broadly. They emphasized the need to reduce duplication and unproductive competition, and they called on non-profit systems to take the lead in developing coordinated approaches and partnerships to improve health care. Non-profit systems should lead by example, being clearer about the community benefits they provide and more transparent in measuring and reporting their performance, and sometimes taking steps to improve health care that might not be in their own short term interest. At the same time, leaders recommended a number of other steps non-profit systems could take to improve community benefit.

A major recurring theme in the dialogues was the need to **take health care services to where people are, into the community**. Suggestions were made, for example, to increase the use of mobile vans, community clinics, programs in supermarkets and more. This would make clear that the ER is not the only point of care, improve access, and generally **reduce the sense of separation between the hospital and the community**. To further reduce this sense of separation, leaders also suggested steps to make hospital facilities more familiar and welcoming, including providing opportunities for leaders and the public to visit and become more aware of what is available and how the hospital works, and having “greeters” available to help people navigate the facilities. They also recommended that non-profit system executives and medical staff take the initiative to meet with people in the community, rather than expecting people to come to them.

Related to this was a strong recommendation, repeated at every dialogue, that non-profit systems **give more priority to wellness and prevention**. People need to take greater responsibility for their own health, and non-profit systems can do much to give people the education and information they need. Leaders suggested non-profit systems forge closer partnerships with schools and other organizations that can help in providing this education, starting at an early age: the best way to reach parents on these questions is often through their children. In all three dialogues childhood obesity was identified as a priority area for attention, and one where actions now can do much to prevent a lifetime of health problems. Many suggested that wellness and prevention should become the major priority for non-profit systems, the central theme in defining the community benefit they provide and even a basis for redefining the business they are in and their relationship to the community.

“Some things we thought of were expanded use of Nurse Practitioners or Physician’s Assistants at clinics, extended clinic hours in some communities and not having one core ER.”

- Texas

“We could try doing something in supermarkets. We need to demonstrate in very specific terms that there is a relationship between North Shore and the community.”

- New York

“I can’t say enough about how important it is to educate the community about self-responsibility. I think it’s essential that people start to take ownership of their care. Providing that education earlier as part of the curriculum in schools and working its way up to the universities — if we can make that mandatory, I think that would go a long way.”

- New York

“I learned that you’re doing more than I thought you were doing out in the community...and that’s not a good thing because for 30 years I was paid to report on health care issues.”

- New York

“Don’t assume the public knows how much charitable health care is given here, that they know how much is given back into the community.”

- Texas

In all dialogues, leaders noted the close **relationship between strengthening community benefit and improving communications**. Improving communications can be an integral part of providing community benefit and of improving public health and the health care system.

4) Improving communications with leaders and the public

Leaders in all dialogues commented that the public (and often they themselves) did not know enough about the work of the non-profit system, how its role differs from that of for-profits, and the amount and kinds of community benefit it provides. This was true of leaders from business, government, the media, and even the health care professions, and it underlines how much communication work needs to be done. Leaders recommended that non-profit systems do more to get the word out using multiple means.

One way to do this is through the **media**. But leaders generally suggested that “feel good advertising” could backfire, and that it would be more effective and appropriate if media initiatives were combined with efforts to educate the public about health issues. Advertising should provide health information the public can use as well as information about the work of the non-profit system and the services it provides.

The Internet and phone hot lines also could be used more extensively to provide this information in ways that are interactive and responsive to the concerns of individuals. This is another example of how community benefit can be strengthened by improving communications.

Leaders in these dialogues also called for more **face-to-face communication**, for example convening dialogues to engage the public, business and civic leaders, and other stakeholders in understanding and working through the difficult choices that need to be made to improve the health care system, and building support for those changes.

A recurring theme in these dialogues was **the importance of simplicity**. This included focusing on a straight-forward message, making reporting about progress in delivering community benefit simpler and more transparent, simplifying procedures to make them more understandable and to improve access, and generally simplifying and streamlining communications both internally and externally.

Leaders also underlined the need for the non-profit system to do more to deal with **different cultural and language groups**. Recommendations included establishing or strengthening a team able to communicate in different languages, and providing training and support to increase the sensitivity of staff providing care to those from very different cultures.

In all dialogues leaders emphasized **the key role that non-profit system/hospital employees can play** in getting the word out and building public understanding and support. Employees can be the most effective ambassadors — communicating the values and activities of the non-profit system and building positive word-of-mouth. Employees need to be empowered and given the support they need to play this role more fully.

“Allina could really lead by having a community dialogue to help reduce some of the frustration points of this deeply flawed system.”

- Minnesota

CONCLUSIONS

The real value of these dialogues will be determined by what comes next. In all dialogues leaders expressed strong appreciation for having been invited to participate. They underlined the value of the conversation and the hope that it would continue, be broadened and lead to action. The non-profit systems responded in kind saying that they saw the dialogue as the starting point for a closer working relationship and would be back to the participants to follow up on their recommendations. One non-profit system captured the positive feelings and sense of possibility at the end of the dialogue by inviting participants to become members of a new “kitchen cabinet.”

The dialogues also demonstrated **the value of dealing with the question of the role, status and activities of non-profit systems in the broader context of health care reform.** The conversation at the outset of the dialogue, about how we got to our current health care system and where we will be in ten years if we stay on our current course, created or reinforced a shared sense of the problem and a shared context for the conversation. Framing the conversation in this way made it easier to find common ground and develop constructive suggestions to address a shared problem.

This framing or reframing of the conversation was extended in two of the dialogues (in New York and Texas) when participants were asked what would happen if their non-profit system were to give up its tax exemption and become a for-profit. Even raising this possibility led to **an eye-opening reconsideration of the value of non-profit status** as participants worked through the implications that losing that status would have for their communities. In both cases leaders generally concluded that such a shift would be a disaster for their communities and one they would work hard to prevent.

These dialogues have demonstrated a valuable way to develop closer working relations with community leaders, provide valuable input to non-profit systems, and build support both for those systems and for needed health care reforms. This promising beginning provides a foundation for a number of possible next steps:

- 1) Continue the conversation with those who participated in the dialogues by providing them with this report or a summary to get their further feedback, and by indicating how the non-profit system is acting on their recommendations.
- 2) Expand these dialogues to include other leaders and possibly the public in those three locations. Conduct similar dialogues with community leaders in other locations where non-profit systems operate.

The real value of these dialogues will be determined by whether or not they are the beginning of a wider conversation that leads to action. By taking on this kind of leadership and convening role, giving higher priority to prevention and community health, improving communication, and acting on many of the other suggestions made by leaders in these dialogues, non-profit systems can make a powerful contribution to improving health care, attract important allies, and provide a more compelling response to questions about the community benefit they provide.

Appendix A

Specific Conclusions from Each Dialogue

In each dialogue participants worked first in smaller groups and then in plenary to define the steps they thought the non-profit system should take to strengthen community benefit and to improve communications with leaders and the public. Leaders were also asked to identify the most important points they had heard during the dialogue and what they would most like the non-profit system to keep in mind as this initiative moves forward. This section summarizes the key conclusions from each dialogue.

1. ALLINA HOSPITALS & CLINICS, MINNEAPOLIS, MINNESOTA

Group 1 Report

How to improve community benefit?

- Take steps to better coordinate decisions on community benefit (an “air traffic controller” for community benefit), for example:
 - What should those benefits be and how much?
 - What benefit sets we can afford to provide?
 - What benefit sets are more essential?
 - How to coordinate benefits in ways that make sense to the community?
 - Encourage a dialogue on the tradeoff between providing additional community benefit and reducing costs (which can provide a different kind of benefit)
- Move beyond talk and take action
- Facilitate a community dialogue on how competition is driving up costs. Raise questions concerning:
 - Affordability
 - Do we have healthy or unhealthy competition?
 - Overbuilding of services at facilities
 - Addressing needs that are underserved because they are not profitable
- Encourage leadership (“gang of four,” “gang of eight”) to reform the health care system in Minnesota (members of this group are involved already, need to support them to make decisions and move forward).
- Better define roles of public vs. private sector in health care.
- Expand beyond a health care focus. Health care is central to quality of life and health care costs can affect ability to pay for clothing, food, housing, and other requirements to live in the community. Need to keep this bigger picture in mind.
- Identify barriers to coordination:
 - Develop plan to address barriers (for example, who makes the hard decisions, who says “no”?).
 - How can we have a dialogue about this?
 - How to deal with concerns (of business and others) that any significant reform will leave them worse off? How to create a safe environment for transition to a better health care system, with a timeframe that is long enough and well enough defined to get us there intact?

How to improve communication?

- Need to better coordinate efforts to communicate the benefits Allina is providing to the community and create a common understanding of its role and the benefits it provides.
- Outreach to improve communication with business leader groups (e.g., MBP/MN Chamber)

ALLINA HOSPITALS & CLINICS, MINNEAPOLIS, MINNESOTA

Group 2 Report

How to improve community benefit?

- Define community benefit in ways that anybody/everybody can understand (This is critical). For example, what steps are you taking to improve the health of the population and to improve your delivery of health care services?
- Allina needs to provide leadership towards change that brings sustainable & affordable care
 - Lead by example – practicing what you preach
 - Partner internally and externally.
- Pick a bold wellness/prevention goal - plan to work yourself out of X% of your acute business in 10 years. Focus on:
 - Health maintenance
 - Wellness
 - Childhood obesity
- Have a more transparent financial commitment to achieve specific community benefits:
 - Ensure any community benefit you say you will achieve is measurable and measured;
 - Show a measurable (in dollars) commitment to changing the health care system and the business you are in.

ALLINA HOSPITALS & CLINICS, MINNEAPOLIS, MINNESOTA

Group 3 Report

How to improve community benefit?

- Allina should continue and step up its leadership especially around the coming payment reform.
- Allina also needs to provide leadership around how we reallocate resources at the community level. For example, reallocation to deal with fact we are oversupplied on certain services that are profitable, and undersupplied on others like mental health. Allina can lead not only the dialogue but also action to address this — leading by example.
- More of Allina’s community benefit dollars should be spent on real public health and community health initiatives, and less on filling gaps in payment policy or access policy. For example, focus on specific prevention programs and allocate more robust budgets to those programs that have best evidence of cost-effectiveness (like childhood obesity).
- Consider convening the big players in this urban community to do a “Framingham Study” of urban conditions and public health in Minneapolis/St. Paul.
- Step up as the leader of a transparent community conversation regarding how best to provide health care:
 - Lead by example. Do the right thing to advance health care even if it is not in Allina’s short-term interest. Focus on prevention. Be a truth-teller in the health care reform debate and provide stronger input (drawing on the expertise and experience of your professional staff).
 - Lead by convening meetings on what we are going to do to address health care issues as a non-profit health care community. Develop a collaborative approach to community needs with other systems and organizations (Children’s hospital is a cautionary tale). Need to work across silos.
 - Allina is uniquely positioned to do/lead this difficult conversation.

How to improve communication?

- Communicate through multiple networks:
 - Lead an action-oriented community dialogue to develop a more informed public and engage them on difficult tradeoffs that will need to be made between what we want and what we can afford, resource distribution, etc.
 - Utilize employees as message carriers/ambassadors. This is not an ad campaign; it is people who believe and live the values communicating them in their communities.
 - Can’t use one-size-fits-all – go where the community goes, e.g., hockey arenas
 - Identify the compelling message we want to communicate (e.g., around prevention or community health)

Most important points to keep in mind

- “Remember the general public sometimes doesn’t speak the way you do. It is important to craft the message in ways the general public can understand.”
- “We need stronger leadership, and are grateful that Allina is stepping up and trying to provide some of that leadership.”
- “Allina’s ability to be a truth-teller and to lead by example and by convening dialogues around tough issues would be a tremendous community benefit.”
- “Transparency is an important issue going forward whatever we decide to do.”
- “How can we create incentives for the public to pursue healthy lifestyle choices and to control health care costs?”
- “We should be concerned about the future shortage of registered nurses.”
- “The idea of encouraging a small group of state leaders (a ‘gang of four,’ ‘gang of eight’) to take action on needed reforms is good, but Allina should not wait to take the initiative on health disparities where we know payoff exists.”
- “Based on the conversation here today I think it is definitely possible to bring leaders together to find a common goal/ solution.”
- “Allina’s willingness to step up and look at its long-term interest, even at the expense of its short-term interest, will be really important if we are going to transform anything.”
- “What I heard today is that the community is looking for something more daring, and is willing to risk failure rather than to keep doing the same old thing.”
- “If Allina is willing to make a bold move to increase community benefit, I would do whatever I can to bring the buyers along to support that.”
- “If there was ever a time in Minnesota or in this country when people were looking for leadership on this issue, this is the time. We have a moment to really make a difference.”
- “There is a great potential to do more to encourage employees to step up on these issues and do the right thing on health care, and I want to think more about how we might build on that.”
- “I think what we’ve heard this morning is that the community has conferred on Allina a considerable measure of capital to take action. If you don’t have permission now you’re never going to get it! So I think you have our permission. Go ahead!”
- “We need to focus on four or five things that are really important and not get distracted by less important subjects or tasks. We need to simplify and not have too many balls in the air if we really want to make progress.”
- “One important thing we didn’t discuss is governance: the challenge of being a member of the board of an organization like this, and the importance of having a board that can balance the bottom line of the organization with the bottom line of the community. That’s an important issue to keep in mind.”
- “Finding a solution to providing health care for all Americans and at the same time delivering cost-effective care will be difficult. The solution can be top-down or bottom-up. I hope it will be a bottom-up solution starting with Allina.”

2. NORTH SHORE LONG ISLAND JEWISH HEALTH SYSTEM, LONG ISLAND, NEW YORK

Group 1 Report

How to improve community benefit?

- Communication is central to providing community benefit:
 - Develop a community outreach program that makes contacts with community leaders and asks them to pass the message on. Access through different subcultures. Focus on messages about getting a regular physical, childcare, wellness programs, healthy lifestyles etc. Also might have individual notification programs through mail or e-mail (need to create database for that).
 - Conduct surveys to get feedback (might partner with local churches)
 - Engage the community in finding ways to increase access to healthcare by creating a Community Advisory Board
- Improve outreach and focus on prevention through:
 - Increasing the number of/redeploying mobile vans
 - Expanding clinics
 - Developing programs at supermarkets

How to improve communication?

- Community Show & Tell – bring the community into the hospital to observe the substance of the health care work that NSLIJ undertakes.
- Develop a campaign within communities to sustain an ongoing dialogue and build trust
- Conduct focus groups with community members
- Collect and distribute patient testimonials
- Use public service announcements
- Develop classroom education programs (reach parents through the children)
- Branding/Marketing — create a friendly image of NSLIJ
- Develop a health care hotline that can provide instant information to a caller

NORTH SHORE LONG ISLAND JEWISH HEALTH SYSTEM, LONG ISLAND, NEW YORK

Group 2 Report

How to improve community benefit?

- Undertake community education efforts that emphasize
 - Preventative care,
 - Individual responsibility,
 - Compliance for chronic care
 - Screening programs focused on key public health areas
- Be leaders in the public policy conversation about health care reform, stay in front of elected officials on the need for real health care reform and the implications of proposed reforms (otherwise it is the non-profit systems that end up picking up the pieces — without effective reform the system is in danger of collapse)
- Develop relationships with school districts and other not-for-profit agencies (Incorporate health education into curriculum)
- Help other Long Island hospitals improve quality of care (especially hospitals in low income communities)
- Provide infrastructure and support for faculty/MDs to volunteer time for community service/free care (e.g. facilitate referrals for tests)
- Create access to a community pharmacy

How to improve communication?

- Media doesn't know you're out there and the public is unaware of the community benefits NSLIJ provides. Need to do a better job of making people aware of these services and developing reputation/brand for improving care in the area
- Good starting point would be to develop stronger links with schools (education on prevention) starting in middle schools or earlier.
- Look at lessons from social marketing: Change the way the message is delivered to maximize reach
- Simplify system/paperwork for Medicaid eligibility (Perhaps develop software like TurboTax for Medicaid eligibility)
- Focus on communicating with people from different communities/cultures — reduce potential disconnect between patients and medical practitioners

NORTH SHORE LONG ISLAND JEWISH HEALTH SYSTEM, LONG ISLAND, NEW YORK

Most important points to keep in mind:

- “Non-profits need to be leaders in policy reform discussion, staying in front of elected officials as national health care reform becomes increasingly urgent.”
- “We should be concerned at the alarming increase in the number of the uninsured and its implications for the future of non-profit systems and the country.”
- “It’s important to emphasize individual responsibility: it is increasingly important to get people to take ownership of their care and to provide them with the education they need to do so.”
- “There is an urgent need to take this dialogue on health care reform to both the public and politicians.”
- “If we don’t have a real national public debate about health care in this country we are so screwed. If nothing is done there is a serious potential for social chaos. The absence of political will at the national level has put more and more of the burden on local hospitals (especially non-profits) and that is not sustainable.”
- “NSLIJ has been doing more in the community than I realized, and I’ve been reporting on this for 30 years. This means that there has been a communication break down that needs to be addressed.”
- “You need to ensure that the mission statement is something that NSLIJ really lives. If you succeed in improving communications, as you should, people will be checking to see that you are walking the talk.”
- “We should be more circumspect in talking about all that we do and focus instead on what’s most important. We should narrow the focus: do more of fewer things to get a better impact. That should help both communications and community benefit.”
- “Look at innovative ways to get the message out. We might even take a page from the ‘evil empire’ — the pharmaceutical industry.”
- “NSLIJ should consider expanding to Suffolk County.”
- “The public does not realize that the health care system is on the verge of falling apart. You need to be more transparent about that and raise public awareness.”
- “As NSLIJ grows larger it risks becoming more distant from the communities in which it operates.”
- “There is a need to balance the marketing of NSLIJ as a world-class brand with the understanding that it is also a community-welcoming brand.”

3. COVENANT HEALTH SYSTEM, LUBBOCK, TEXAS

Group 1 Report

How to improve community benefit?

- Undertake a public education/media campaign to educate the public on health care issues (including one on one involvement with children and parents (e.g., time in classrooms))
- Build community partnerships, e.g.:
 - Doctors visit neighborhood schools, etc
 - Getting closer to the community by helping in the community as needs arise
 - Health education in after school programs (e.g. YMCA)
 - Contact with school nurse

How to improve communication?

- Explore ways to simplify procedures (e.g., reduce waits)
- Develop a “Doc for a day” program for community leaders where they can come in and see first hand what services are provided at the hospital
- Create informative media outreach where people can access interactive online answers to medical questions
- Encourage greater collaboration among health care providers and less competition/duplication, this will also build public trust
- Communication should provide a benefit (e.g. public education about prevention or available services); it should not be just “feel good advertising”.

COVENANT HEALTH SYSTEM, LUBBOCK, TEXAS

Group 2 Report

How to improve community benefit?

- Expand use of nurse practitioners and physician's assistants in community clinics — show that the ER is not the only point of access. Consider having these paraprofessionals in supermarkets. Communicate (internal/external) that the ER is not the only venue of care
- Market/make clear the standard of charity care so people know what to expect
- Increase partnerships and positive communication about existing successful partnerships
- Develop leadership values at point of care – so employees take the initiative to provide quality care
- Institute sunset evaluations of existing community programs and their effectiveness

How to improve communication?

- To reduce the image of a large impersonal organization, it is important to increase transparency and face-to-face contact. Meet with people where they are and talk about what you are doing. Should have meetings like this out in the community, people shouldn't have to come to "Olympus."
- Develop community "SWAT" teams to address public concerns/crisis with candor and transparency
- Create a multilingual/ multicultural communications team to better reach different communities and language groups
- Have "greeters" at Covenant facilities to help people find their way
- Streamline internal communications

Group 3 Report

How to improve community benefit?

- Encourage better utilization of limited resources for graduate medical education & research through collaboration among Texas Tech University Health Sciences Center and UMC.
- Collaborate with other agencies to coordinate and expand services rather than duplicate services. There are too many existing collaborations where Covenant is not at the table.

How to improve communication?

- Focus marketing on what Covenant does and on public education about health (not generic signs at football games)
- Educate public about:
 - How to use available resources
 - The real cost and benefits of using different services (can be done at the point of service)
- Enhance awareness of non-profit status throughout community — how is that different from for-profit status and what community benefit do you provide? What are you giving back to the community and how much remains in the local community?

COVENANT HEALTH SYSTEM, LUBBOCK, TEXAS

Most important points to keep in mind:

- “It is important to improve collaboration with other health care facilities such as UMC, Health Science Center, Methodist, etc.”
- “The large amount of dollars Covenant puts into community benefit is surprising and needs to be more widely known.”
- “We need to be more transparent about medical care, what’s available and the real costs of that care.”
- “I was also surprised to hear about how much Covenant gives back to the community. Most people don’t think of it as a non-profit, I didn’t. People need to be made more aware of that.”
- “Most people, including community leaders, are not aware of Congressional moves to re-examine the tax exemption of non-profit hospitals, and those moves are worrying. At the same time Covenant should be proactive in re-examining what it is doing to provide community benefit, not just reactive to some initiative in Congress.”
- “Covenant needs to empower its employees to promote the hospitals.”
- “Covenant should be a catalyst and provide leadership for collaboration among various medical agencies to improve health care in this community and West Texas.”
- “People are not aware of the community benefit you provide and how you give back to the community. It is important to get the word out. Your staff at all levels can play a key role in doing that and should be encouraged to do so.”
- “Covenant should be congratulated for its partnership with the business community in efforts to expand coverage and access to health care. That kind of leadership and collaboration to improve health care is not just a model for this community but for the nation. If its non-profit status were to be removed, it would be bad news not just for this community but for West Texas and Eastern Mexico.”
- “People need to understand the value of the non-profit status of Covenant, without that we would be paying much more in taxes to treat the indigent through the county system.”
- “It is important to be more financially transparent. People need to understand that there is nothing wrong with your making money, you need to do that to survive, but that you give much of that back in community benefit. What’s important is not that you make money, but what you do with that money. To get that story out you need to be clearer in your financial measurement and reporting.”
- “Do a better job of letting the public know all that Covenant has done not only in Lubbock but also in other parts of the state.”
- “Take services to where the people are, and build collaboration, partnerships and trust.”
- “Covenant needs to provide leadership, not just focus on a niche but be a leader in the community and set a pace for us to follow. That’s perhaps the most valuable community benefit you can provide.”
- “I’m thankful as a citizen to have this dialogue. We need to communicate better what we do, and stories are the best way to do that. Covenant has many good stories to tell. You need to tell those stories of what the system has done for the community, for individuals and for partner organizations.”
- “Covenant is a big, powerful organization. But organizations like Southwest Airlines show that big organizations can have a great reputation. The key is to have employees who believe their actions and opinions count, who feel pride and a sense of responsibility, and who can create good word of mouth in the community. That, rather than a slick advertising campaign, is the best way to get the word out.”
- “It’s important for Covenant to provide a continuum of care. That’s a key advantage it has and benefit it provides.”

Appendix B

Strategic Dialogue Methodology

When “business-as-usual” decision making is not enough, Strategic Dialogue provides a powerful way for groups and organizations to understand and deal more effectively with major changes outside their usual comfort zone.

In responding to changes or issues outside the comfort zone, groups need special methods to:

- ✓ Make sure they fully understand the change and its implications
- ✓ Question familiar and comfortable responses
- ✓ Expand the range of available options
- ✓ Anticipate the intensity of emotional reaction to potential decisions on the part of a wide range of stakeholders
- ✓ Bring a wide diversity of points of view to bear
- ✓ Create a strong sense of ownership for the decision that is ultimately made
- ✓ Do all of this quickly

When facing challenges that demand genuine innovations, organizations need a systematic way to engage key employees and stakeholders in working through the critical choices. The Strategic Dialogue program is designed to do just that.

Each Strategic Dialogue program is customized and draws on a range of techniques we have developed, including:

- Identifying and analyzing convergence of trends – when trends or changes converge their impact is multiplied
- Formulating special scenarios for action
- Structuring dialogues with a wider range of key employees, stakeholders or selected outside experts designed to: expand the range of options, uncover the Archaeology of Assumptions, bring a wider range of perspectives to bear, probe for unintended consequences, build commitment to implementation of the decisions that will be taken, and find common ground and new ways forward
- Conducting interactive briefings for senior decision-makers in a specialized format that enables them to focus and crystallize the insights gained through the dialogues and their implications for the decisions they face

Strategic Dialogue enables groups and organizations to tap their own resources more effectively to deal with changes outside their comfort zone. Examples of changes outside the comfort zone include:

- Crises of confidence or mistrust with outside stakeholders
- Major changes in technologies or markets
- Tectonic shifts in public views and attitudes
- Significant revisions in the unwritten social contract within the organization (e.g. pension and other benefits)
- Mergers, acquisitions and strategic partnerships

Wrestling with hard choices for action, and examining them from differing viewpoints, is the best way to develop the genuine innovations required. It also enables key players to “own” those innovations so they can be implemented more quickly and effectively.

Applying Strategic Dialogue to Non-Profit Health Care

The Strategic Dialogue methodology was customized to meet the objectives of this project and to fit the limited time (4 hours) available for each session. Each of the three Strategic Dialogues conducted for this project followed the same sequence of steps:

- 1) Basic briefing — including the purpose of the meeting and how the results will be used, background data on health care in the U.S. and in the state, the role of non-profit health systems, and an orientation to using dialogue.
- 2) Introductory comments by each participant on what concerns them about the future of health care and the role of non-profits in that future
- 3) Brainstorming, first on what trends and changes over the last 20 years have shaped the current health care situation, and then on what would health care be like in 10 years if we stay on our present course and make no major changes (a baseline scenario).
- 4) Presentation on the local non-profit health system and, in particular, how it currently provides community benefit
- 5) Dialogue in smaller groups on what specific steps the local non-profit health system should take: 1) To provide more effective community benefit; and 2) To communicate more effectively with leaders and the public
- 6) Group reports and plenary dialogue about the specific steps recommended
- 7) Closing comments by each participant on the most important or surprising insight from the dialogue, and the most important thing to keep in mind as this initiative moves forward.