



# Going Beyond Clinical Walls: Lessons Learned: Leaders Stepping Out to Transform Health and Health Care

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*This paper is the third in a series of communications and tools inviting clinicians, clinical staff and administrators to connect with community partners and resources for effective problem-solving. This series is designed to help you identify next practical steps to move forward. Other resources in the series can be found at [www.icsi.org/beyondclinicalwalls](http://www.icsi.org/beyondclinicalwalls).*

**Across the country**, determined, energized and passionate leaders are setting out to transform health and health care in their communities. Each of these leaders knows that advancing health requires stepping outside of their own comfort zones—or outside their walls and into the world, working side-by-side with the people they serve.

To learn about the power—and challenges—of community<sup>1</sup> collaborations in promoting health and transforming health care, 18 health care executives and board members were interviewed, representing 10 different health care systems. Each of these systems is in the process of developing and implementing community partnerships as a means of improving health. Their systems are of various sizes and are located in different regions of the country. Their patient populations differ, as do their business models and governance structures.

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*A complete list of the leaders interviewed, along with a brief description of their organizations, is available on page four.*

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No matter their situation, each of these leaders is acutely aware of what the health care system is, and is not, accomplishing. “We’re spending all this money and what do we have to show for it? Sick people, because we don’t spend where health really happens,” said Stella Whitney-West, MBA, CEO of NorthPoint Health and Wellness Center.

Indeed, research suggests that health is more influenced by the “social determinants” of health—or the factors that influence the social and physical environment—than health care received. At the same time, increasing concerns about the financial sustainability of the U.S. health care system are spurring changes such as Accountable Care Organizations (ACOs) and payment reform. The health care organizations represented in this report, and in an accompanying document, *“Pioneering Lessons: An Emerging Health Care Path for Community Collaboration”* are adapting to these dual realities by forging partnerships with public health agencies, faith-based organizations, schools,

grocery stores, businesses, law enforcement and myriad other community groups to build new models of health care based on improving broader population health, not just patient care.

“People live 99 percent of the time outside of clinics. If you really care about health, you have to support them when they’re outside your walls,” said Penny Wheeler, MD, president and CEO of Allina Health. “It’s a better way to serve people and cut costs.”

This act of stepping out shifts the focus of health care. Health care problems appear in a new light and become understood in new ways—and an array of solutions opens up. “Community helps us understand what we need to change,” said David Bailey, MD, MBA, president and CEO of Nemours. Wheeler also stated, “It’s amazing what you find out.”

## **New Missions, New Work**

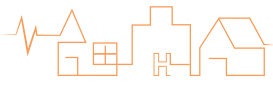
Many of these leaders’ systems have retooled their missions to focus on the health of their *community*, missions demanding a different type of work, and a new sense of responsibility. In these health care systems, improving health is a moral imperative, illustrated by the Nemours mantra “to care for every child as if they were our own.” As Randy Oostra, DM, president and CEO of ProMedica put it, “There are no asterisks.” That is, there are no exceptions to or conditions on this moral imperative. A few missions explicitly recognize the community’s role, as in Hutchinson Health’s “advancing health with our community.”

These leaders were clear that advancing their missions to improve health cannot be accomplished on their own; community partnerships are indispensable. The most frequently cited reasons were:

- **Complexity:** Working in partnership is a recognition that many factors contribute to producing health. As Kathryn Correia, president and CEO of HealthEast Care System stated, “We’re not going to solve these problems one institution or sector at a time; the problems are complex enough that they need all of us.”

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<sup>1</sup> For the health care leaders interviewed for this paper, defining “community” often became part of the work—identifying what constitutes community in order to achieve their mission and goals. Generally speaking, however, the leaders associated community with the general population of the geographic area being served as opposed to the patient population, and this is how it can be understood in this paper.



- **Scale:** Through new resources and expertise, community partnerships provide the means to get to scale to improve health. “We have been doing health care one-on-one,” said Terry Pladsen, former president and CEO of CentraCare Health. “Now we can have impact on thousands instead of a single one.”
- **Leverage:** Working with community partners brings more resources, networks and expertise to the table, and allows health care systems to contribute what they know and do best—not always taking the lead.
- **Understanding:** Ultimately, the partnerships allow health care organizations to better understand their communities’ needs, and to tailor their operations accordingly.

### Addressing the Social Determinants of Health

Community partnerships are the vehicle to better understanding health needs, setting priorities, and developing initiatives to address those needs and priorities. For instance, some health care professionals have learned that patients were avoiding colonoscopies not because they feared the procedure, but because they had no transportation to the clinic. Obesity problems were ultimately linked to hunger. The homeless do not return from the emergency room to a shelter, but back to life under a bridge. And it is tough to talk to parents about getting their kids more engaged in physical activity when they are afraid to send them outside into unsafe neighborhoods.

These health care systems and their community partners are tackling key issues related to the social determinants of health:

- **Nutrition:** Initiatives include hunger screenings, community gardens and farmers markets, nutritional scoring in grocery stores, food shelf nutritionists and cooking classes, healthy vending guides, efforts to enable use of electronic benefit transfer at farmers markets, food reclamation and dietary guidelines for preschoolers.
- **Pediatric health:** Organizations are addressing children’s asthma, child and youth mental illness, and teen suicides; and running educational campaigns to reduce infant mortality.
- **Physical activity and safety:** Organizations are building awareness of community health by promoting and supporting physical activity, advocating for more walkable neighborhoods, promoting the use of seat belts and bike helmets, and buying back guns.
- **Community development:** Health care systems have funded community proposals, collaborated on new health facilities, helped build housing for the homeless, converted corner stores from places attracting violence to places of resource for the community, and helped develop new parks.

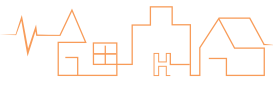
### Managing the Transition

Work outside clinic walls requires complementary work inside the walls. “It’s a very hard transition,” said James N. Weinstein, DO, MS, CEO and president of Dartmouth-Hitchcock Health. “And some people are afraid. They’re really scared about what that’s going to mean to their organization. Very understandable.” The internal work typically includes the following.

- **Board alignment:** The composition and commitment of the board is considered fundamental to success. Atum Azzahir, a NorthPoint Health and Wellness Center board member, described this work as the conscience of the community: “Where are the values? Are we sure this is in the interest of patients and the community?”
- **Role clarification:** Leaders emphasized the need to identify the unique role their health system can play and to concentrate on where they can have the biggest impact. They also stressed that their role is not necessarily to lead, but to work in deep, intentional, equal partnerships. “You can’t be the 800 pound gorilla and parachute in and tell people what to do,” advised J. Eugene Grigsby III, retired board member of Kaiser Permanente. Common roles include convener, organizer, integrator of resources, and provider of health and technical expertise.
- **Culture change:** Employees and physicians can be skeptical and even fearful because the work is not what they trained for or are accustomed to. Attention to internal communication is critical, and must convey that the work is fundamental to the mission.
- **Measurement systems:** Ascertaining what works and what doesn’t involves developing theories of change, dashboards, metrics and formal evaluations.
- **Resource realignment:** This may entail new staffing patterns, executive compensation systems, purchasing patterns, and reallocation of financial resources.
- **New skill sets:** Building trust and partnerships can be a slow fragile process, requiring thoughtful balance. “It can feel overwhelming to physicians” said Roland Hayes, board member of HealthEast, “Oh my gosh, this is more than I bargained for. I haven’t been trained for that.”
- **Patience:** Ray Baxter, senior vice president of Kaiser Permanente, stated, “There are such powerful forces in the environment that undermine health; it may take a very long time.”

### Business Case Realities

Perhaps the most formidable transitional challenge is the lack of a financial model to sustain these efforts. All of the leaders remain confident and committed to their ability to finance their current efforts through sources such as community benefit contributions, reallocation of internal resources, philanthropic support or trusts. But those in fee-for-service systems expressed concern about the lack of a financial model that sustains rather than punishes wellness care: the more successful they are in reducing hospitalizations



and illness, the more revenue they lose. Richard Christopher, a Nemours board member, recounted a comment made to him by an industry observer about Nemours: “I’ve never before seen an organization with goals and objectives to put itself out of business.” The leaders agreed that new financial models are imperative if such work is to be sustained and brought to scale.

### From Volume to Value: Healthier Populations, Lower Costs

Why expose a health system in this way? First, there’s the moral imperative to improve health. Second, these leaders believe that change in health care is inevitable. They agree that the transition from “volume to value” is positioning their health care systems for future demands. They also expressed enthusiasm about competitive edges, improved standing and reputation in the community, benefits to the local economy, and employee satisfaction.

Above all, leaders say their efforts are working. Despite the learning curve, the many challenges, and the acknowledgement that changes come slowly, there’s a thrill of actually making a difference in people’s lives across communities.

“You have to wonder, ‘Why didn’t we think of this sooner?’” said Stephen Staelin, Vice Chairman, Board of Trustees, of ProMedica.

While changes in community behavior and population health can be difficult to measure, especially near the outset of an initiative, early results are emerging (see figure).

Finally, the work also turns out to be a source of great personal fulfillment. “I’m very happy, because I feel I can influence, shape, help, different community groups,” said Mohamed S. Yassin, MD, a board member for CentraCare Health. NorthPoint Health and Wellness Center’s Whitney-West agreed. “My staff, myself, we’re closer to the community we serve, there’s a certain degree of satisfaction... you see the results of your work.”

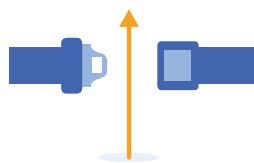
## Emerging Early Results

**30%  
DECREASE**



**Allina Health’s** Heart of New Ulm initiative, aimed at reducing heart attacks through improved health, saw deaths from coronary heart disease **fall 30 percent** from 2006 to 2011, compared to 11 percent in Minnesota as a whole.

**32%  
INCREASE**



**CentraCare Health’s** Business, Educators, Law Enforcement and Teens Together (BELTT) project targeted high-risk teen drivers and others to successfully **increase seat belt use from 62 to 82 percent** of participants, surpassing the state average of 72 percent.

**74% OF  
SHOPPERS**



**Kaiser Permanente** put farmers markets in its hospitals and medical facilities; **74 percent** of shoppers said they eat more fruits and vegetables as a result.

**2,400  
BUY-BACKS**



The **UMass Memorial** Goods for Guns program in Worcester, Massachusetts, which buys back guns with grocery store gift cards, has **retrieved 2,400 weapons** since 2002; Worcester has the lowest rate of penetrating trauma by a knife or gun of any city in Massachusetts.

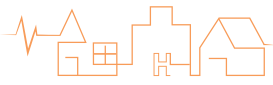
*How can you start or further conversation(s) about such opportunities? When and how can you involve possible community partners? Find additional resources at [www.icsi.org/beyondclinicalwalls](http://www.icsi.org/beyondclinicalwalls).*

### About the Institute for Clinical Systems Improvement

The Institute for Clinical Systems Improvement (ICSI) is a non-profit collaboration of medical groups, hospitals, non-profit health plans, purchasers and consumers with a mission to accelerate improvement in the value of health care delivered to the populations we serve. For more information visit [www.icsi.org](http://www.icsi.org). Follow ICSI on Twitter [@icsiorg](https://twitter.com/icsiorg).

### About the Robert Wood Johnson Foundation

For more than 40 years the Robert Wood Johnson Foundation has worked to improve the health and health care of all Americans. We are striving to build a national Culture of Health that will enable all Americans to live longer, healthier lives now and for generations to come. For more information, visit [www.rwjf.org](http://www.rwjf.org). Follow the Foundation on Twitter at [www.rwjf.org/twitter](https://twitter.com/rwjf) or on Facebook at [www.rwjf.org/facebook](https://www.rwjf.org/facebook).



## Leader Interviewees

**Penny Ann Wheeler, MD**  
*President & CEO*  
Allina Health

**Nate Garvis**  
*Member, Board of Directors*  
Allina Health

**Terence Pladsen, MD**  
*Former President & CEO*  
CentraCare Health

**Mohamed Yassin, MD**  
*Member, Board of Directors*  
CentraCare Health

**James Weinstein, DO, MS**  
*President & CEO*  
Dartmouth-Hitchcock

**Laura Landy**  
*Member, Board of Trustees*  
Dartmouth-Hitchcock

**Reverend Roland L. Hayes**  
*Chair, Board of Directors*  
HealthEast Care System

**Kathryn Correia**  
*President & CEO*  
HealthEast Care System

**Steven Mulder, MD**  
*President & CEO*  
Hutchinson Health

**Raymond J. Baxter, PhD**  
*SVP, Community Benefit,  
Research and Health Policy  
and President*  
Kaiser Permanente International

**J. Eugene Grigsby, III**  
*Retired Member,  
Board of Directors*  
Kaiser Foundation Hospitals and  
Health Plan Boards of Directors

**David Bailey, MD, MBA**  
*President & CEO*  
Nemours Children's Health System

**Richard Christopher**  
*Vice Chair, Board of Directors*  
Nemours Children's Health System

**Stella Whitney-West, MBA**  
*Director/CEO*  
NorthPoint Health and  
Wellness Center

**Atum Azzahir**  
*Member, Board of Directors*  
NorthPoint Health and  
Wellness Center

**Randy Oostra, DM, FACHE**  
*President & CEO*  
ProMedica

**Stephen Staelin**  
*Vice Chairman,  
Board of Trustees*  
ProMedica

**Eric Dickson, MD, MHCM,  
FACEP**  
*President & CEO*  
UMass Memorial Health Care

## Health System Summaries

**Allina Health** is a not-for-profit health care system based in Minneapolis, Minnesota. Allina owns or operates 13 hospitals and more than 90 clinics throughout Minnesota and western Wisconsin. It has over 26,000 employees and annual net operating revenue of \$3.4 billion. *Mission: We serve our communities by providing exceptional care, as we prevent illness, restore health and provide comfort to all who entrust us with their care.*

**CentraCare Health** is a not-for-profit health care system operating in Central Minnesota. It comprises six hospitals, six nursing homes, seventeen clinics and numerous specialty care services and has over 6,600 employees. *Mission: To improve the health of every patient, every day.*

**Dartmouth-Hitchcock** is a non-profit academic health system that serves a patient population of 1.2 million in New England. It is anchored by Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire, and includes the Norris Cotton Cancer Center, and several affiliate hospitals in New England. Dartmouth-Hitchcock has more than 8,800 employees. *Mission: We advance health through research, education, clinical practice and community partnerships, providing each person the best care, in the right place, at the right time, every time.*

**HealthEast Care System** is a non-profit health care provider located in St. Paul, Minnesota and the surrounding suburban area. It includes four hospitals, 14 clinics, and a variety of other outpatient services, \$950 million in annual operating revenues. *Mission: High quality, compassionate, cost-effective health care for the communities we serve.*

**Hutchinson Health** is an independent health provider in rural Minnesota, operating one hospital, four clinics and a nursing facility. *Mission: Advancing health with our community.*

**Kaiser Permanente** is a consortium based in Oakland California comprised of three entities: the Kaiser Foundation Health Plan and its regional operating subsidiaries; Kaiser Foundation Hospitals; and the autonomous regional Permanente Medical Groups. Kaiser Permanente operates in eight states and the District of Columbia, and is the largest managed care organization in the United States, with \$53.1 billion in annual operating revenue. Kaiser Permanente has 9.1 million health plan members, more than 174,000 employees, 17,425 physicians, 38 hospitals

and 608 medical offices. *Mission: To provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.*

**Nemours Children's Health System** is an internationally recognized children's health system that owns and operates the Nemours/Alfred I. duPont Hospital for Children in Wilmington, Del., and Nemours Children's Hospital in Orlando, along with major pediatric specialty clinics in Delaware, Florida, Pennsylvania and New Jersey. Established as The Nemours Foundation through the legacy and philanthropy of Alfred I. duPont, Nemours offers pediatric clinical care, research, education, advocacy and prevention programs to all families in the communities it serves. *Mission: To provide leadership, institutions, and services to restore and improve the health of children through care and programs not readily available, with one high standard of quality and distinction, regardless of the recipient's financial status.*

**ProMedica** is a mission-based, not-for-profit healthcare organization serving northwest Ohio and southeast Michigan. The 13-hospital system has more than 17,000 employees, 2,300 physicians with privileges, and 800 healthcare providers employed by ProMedica Physicians. Additionally it offers a health plan, Paramount, which serves 320,000 members. Driven by its Mission to improve your health and well-being, ProMedica offers a full range of diagnostic, medical and surgical specialties in areas such as emergency medicine and trauma, heart and vascular, oncology, orthopaedics, neurology, and women's and children's services. The health system has been nationally recognized for its advocacy programs and efforts to raise awareness about hunger as a health issue.

**NorthPoint Health & Wellness Center** is a private non-profit, multi-specialty medical, dental and mental health center and human service agency located in health and human services agency serving North Minneapolis residents. *Mission: Partnering to create a healthier community.*

**UMass Memorial Health Care** is the largest health care system in Central and Western Massachusetts, and the clinical partner of UMass Medical School. In addition to four hospitals, the system of more than 11,600 employees includes home health and hospice programs, behavioral health programs and community-based physician practices.