

River Healthcare Governance Case Study

Background

River Healthcare is a small tribal health system serving the primary and behavioral health care needs of about 5,000 tribal members in the region. Funded primarily by Indian Health Services and what it can collect from Medicaid, the main clinic is located in a small community about a two-hour drive from Big City, a major regional metropolis. River Healthcare has entered into a contract with the Good Care Hospital System based in Big City for some locally offered specialty clinics and diagnostic services and River Healthcare providers generally refer patients to Good Care when hospitalization or other specialized care is needed. In addition to the main clinic, River Healthcare operates small primary and behavioral health clinics in six other locations across the region.

River Healthcare is one of the largest employers in the tribal community and the Board consists of nine members elected from six distinct tribal communities. The CEO and President of the Medical Staff are ex-officio members of the board, but without vote. There are no term limits and four of the board members, including the chair, have been on the Board for over twenty-five years. The rest of the board members have been on the board for 3-5 years, with the newest member appointed just last year. A respected elder has served as the Chair for the past 18 years. Like many tribal health care systems, River Healthcare struggles from year-to-year with cashflow and to maintain a positive bottom line.

Discussion #1

Sharon is the newest board member and has been on the board for about a year and is the Principal of the local Middle School. In her late 30's, Sharon grew up in the area and moved back two years ago. When asked to be on the board, she was honored; her mother had been employed in the main clinic (now retired) and as a child she used to spend time after school in the clinic waiting for her mother to take her home. But, her first year on the board has been uncomfortable. She was respectfully quiet during her first several board meetings, simply observing and trying to learn how things work and trying to understand all the new acronyms. But, board meetings have been just one standard management report after another with few questions by board members and no real discussion. And, there are no standing committees, so board meetings are long. Certainly, not her expectations. When she tried to bring up complaints that she has heard in the community, she was told by the Chair, "Thank you sweetie, but we do not need to get into that here."

- What are your impressions of the River Healthcare Board?
- How might the Board improve its governance structure and board meeting processes?
- What might Sharon and other individual board members do differently?
- What type of questions should board members be asking?
- What should the CEO and management team be doing differently?

Discussion #2

It is eight months later, and it has been a difficult time for River Healthcare. The tragic opioid overdose death of a young adult from drugs prescribed at the clinic, hit the local newspaper and opened the flood gates of social media to stories about poor patient quality and experience. It did not help when one physician left the clinic and posted on Facebook a public blog about her dissatisfaction. Both the State and Indian Health Service (IHS) made surprise inspections and found a host of patient safety and quality issues and IHS has put the organization on notice, threatening the loss of funding. The clinic CEO decided to retire as did the Chair of the Board. After a long deliberation, the Board elected Sharon as the new Chair and the Good Care System provided an interim CEO. In her first meeting as Chair, Sharon announced that safety, quality and the patient experience need to be a focus of the Board and management. But, she is unsure of how to proceed.

- How might the Board organize to oversee progress on patient safety and quality issues?
- What questions should the Board ask?
- What data should the Board ask to routinely review?
- How might the Board participate in setting new safety and quality aims?
- What is the role of the medical staff in this process?
- What is the role of the CEO in this process?

Discussion #3

It is now 18 months later. The Board is engaged, as is the new CEO and the medical staff in improving safety, quality and the patient experience and the results show in the Board quality reports. Sharon and the new CEO have forged a strong, mutually respectful working relationship and many of the Board processes are smoother—there are less management reports and much more engagement and discussion at Board meetings. The good news is that the clinic and other facilities are busier than ever and River Healthcare is in much better financial shape. Additional physicians are being recruited and a clinic expansion is needed. At the same time, there remain many difficult health issues in the tribal community including drug addiction, high rates of suicide and chronic health problems like diabetes and heart disease. River Healthcare needs a new strategic plan. At the last Board meeting, Sharon and the CEO pitched a new mission/vision for the organization: ***“To improve the health and lives of our people.”*** A Board and Medical Staff Retreat has been scheduled in three months to discuss strategies and consider a new plan.

- How do you think the Board should approach the strategic planning process?
- What data do you think might be useful for the Board to consider?
- Whose job is it to run the strategic planning process?
- What level of engagement is required by the Board in the strategic planning process?
- Once the plan is in place, what is the role of the Board?