In today’s environment, it’s more important than ever that health care executives pay special attention to one of their most vital, strategic constituencies: board members.

Rigorous, comprehensive orientation for new trustees and continuing education programs for the full board are essential in developing a well-rounded, knowledgeable group of leaders who are connected and committed to the health systems they represent. At the same time, board members and senior organizational leaders must be looking forward and identifying the competencies needed in future boards.

This is especially true of a large, faith-based system like Catholic Health Initiatives, which operates in 19 states and is focused on strategies involving everything from risk-based contracting and insurance products to value-based reimbursement and partnerships with for-profit organizations.

A board of stewardship trustees, comprising 15 individuals, oversees CHI at the national level (as CEO, I serve as an ex officio, voting member). In addition, numerous local boards represent CHI’s regional health systems and 105 individual hospitals, as well as its many other affiliated organizations. A handful of joint operating agreements and partnerships across the country span the continuum of care and provide yet another layer of complexity for board members.

Preparing New Trustees
In our education and orientation programs, CHI focuses on the important distinction between governance and management; that is, the board establishes clear goals and direction for the organization but doesn’t get involved with operational issues, which are management’s responsibility. But this is just one component of a comprehensive series of board-orientation programs at both the national and local levels.

The orientation program for national trustees includes sessions on the history of CHI, which was formed in 1996 through the consolidation of three large Catholic health systems; sponsorship and governance; and the organization’s relationship to the Catholic Church. I typically provide a broad overview of key topics, including vision and strategy. Other leaders and subject-matter experts highlight such areas as our governance matrix, corporate responsibility, human resources, financial management, stewardship, and quality and patient safety.

CHI also instructs national trustees on its Mission and Ministry Fund. The program, which provides grants for community benefit and development initiatives across the system, requires education on local efforts tied to CHI’s longtime emphasis on healthy communities, ensuring that local board members are well aware of the organization’s mission.

A similar educational program is provided to local boards through CHI’s national board-development program. While the program covers much of the same material, the systemwide board-development program, which includes participation from all CHI hospitals, offers a distinct local focus, including an emphasis on advocacy, community benefit activities and financial-assistance policies in the markets. Sessions focused on these areas are presented by the system’s top executive leaders.

Local Roles Change
As CHI makes the transition from its historic role as a holding company to its current status as an operating enterprise that manages diverse care sites across the country, the focus of local and regional boards also is changing. In late April, for example, CHI leaders spent a day and a half discussing the evolving role of local board members during CHI’s sixth annual Governance Summit.

In our new, streamlined governance model, there will be much less attention on balance sheet, treasury, supply-chain and revenue-cycle operations at the local level. These now are enterprise responsibilities, handled by a corporate office that is better equipped to leverage economies of scale and best practices, creating efficiencies that benefit our patients and the organization.

In contrast, the role of local boards is to address the health needs of their community and ensure that the organization’s mission and values are reflected in its activities.
communities. They will focus on increasing the value provided to the communities we serve by improving the quality of care while lowering its cost. Local board members also will concentrate on employee engagement, physician alignment and satisfaction, and fundraising initiatives. Their actions will always align with and fulfill CHI’s mission on behalf of the organization’s national board of stewardship trustees.

**Looking Ahead**

By asking the right questions and holding management accountable on local and national levels, CHI’s boards are a driving force in sustaining a culture of safety and providing the highest-quality care. Given those responsibilities, any discussion about board orientation and education also involves recruiting the most qualified individuals to lead the organization.

As the organization shifts its focus from the traditional fee-for-service system to a model based on improving outcomes and keeping people out of hospitals, CHI is looking for somewhat different competencies in future board members.

Although professional backgrounds in health care, finance, business and law are still important, we’re seeking leaders with deep knowledge of the community; competencies that can help the organization adapt to this new era in health care, including technology and consumerism; and the ability to ask the right generative questions.

**Mutual Education**

Continuing education is not a one-way street. As our trustees help to provide the right strategies and direction for CHI, they educate us at the same time. That’s the only way we can move forward together, working collaboratively to fulfill our mission and sustain our ministry.

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