



KHSC Newsletter

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Governance in Health Care: Best Practices after COVID-19

Just as health care organizations have struggled with how to adapt to mergers and meet the evolving needs of their communities, COVID-19 struck with a vengeance forcing changes in governance in health care. Seemingly overnight, the health care industry was on the hot seat to save lives and create vaccines.

As the coronavirus numbers continue to swell and recede repeatedly, health care boards and executives are having robust discussions by necessity about the impact of health care governance caused by COVID-19.

As health care boards face an unknown future regarding the state of community health, the pandemic presents new opportunities to learn from this unparalleled experience. The current climate in health care governance begs further questions. How can health care boards use the knowledge gained through the pandemic to move forward? What temporary changes in the health care industry due to the pandemic will remain and which will go by the wayside?

COVID-19 Creates New Governance Challenges

The idea behind establishing a health care board is to bring multiple perspectives together to make the best decisions possible. Good decision-making requires robust, thorough discussions and expediency – two things many health care boards lacked as the pandemic went into full swing.

The current times are especially challenging for community-based boards lacking experience in operating during a global crisis. Many boards had not yet set up rules and protocols for virtual meetings when news of the pandemic began to spread worldwide, leaving boards unequipped to meet virtually. Still, other boards lacked the benefit of videoconferencing software and equipment.

Executives had to make timely decisions about purchasing personal protective equipment, monitoring patients remotely and allowing for virtual health assessments. Yet, they often lacked the authority to make responsible decisions without timely board approval.

The current health care climate requires health care boards to review the changes they scrambled to make during this crisis, consider what changes they need to make now and evaluate what changes will help better prepare them for a future crisis.

Seven Health Care Governance Strategies to Take into the Future

Health care boards need to consider what should change, if anything, once there's no longer a need to social distance and take other sanitary precautions.

We've put together seven health care governance strategies to put on your board's agenda:

1. **Focus on the organization.** Boards need to be organized and ensure they have the right tools and systems to allow them to communicate at a moment's notice and keep them informed of updates. One solution is to form an emergency committee responsible for streamlining processes until the entire board has time to establish appropriate rules and protocols to prevent hasty, adverse decisions.
2. **Reevaluate the CEO's spending authority.** One of the issues that came to the helm during COVID-19 was the need for health care CEOs to make fast financial decisions to ensure their organization could get the necessary personal protective equipment and testing supplies without having to get board approval for the funds. The bidding wars over personal protective equipment demonstrated timeliness is of the essence in an emergency.
3. **Establish research and non-clinical partnerships now.** As an example, Ohio State University struggled with the long wait times in getting COVID-19 test results. After partnering with Battelle Research Institute, they reduced COVID-19 test results from 14 days to six hours.
4. **Create a team to establish an emergency triage protocol.** An excellent example of this is Atrium Health in North Carolina. They devised a tool that categorized patients into five designated risk strata to outline treatment strategies and protocols. This procedure allowed health professionals to quickly decide which patients could return home safely and which truly needed hospitalization. The tool helped reduce problems associated with hospital capacity.
5. **Set up a coordination center for health care.** In the Netherlands, Dutch hospitals relied on the profiles developed by Integrating the Healthcare Enterprise to set up a nationwide coordination center to coordinate patient transfers and spread the burdensome patient load between hospitals.
6. **Set up a national system for sharing medical and health care data.** The Dutch also established an integrated document sharing and mobile interface to ensure the safe sharing of patient data. They were able to get 95 percent of the hospitals connected to these systems with little delay.
7. **Minimize and streamline administrative procedures.** Mary Greene, MD, director of the Office of Burden Reduction and Health Informatics at the Centers for Medicare & Medicaid Services, had this to say, "Sometimes increasing capacity means reducing administrative requirements, where possible, to focus on resources and patient care so people are not working on the administrative reporting requirements, but actually taking care of patients..." Dr. Greene advocates for flexibility and coverage related to prior authorization to expedite patients' needs.

To sum things up, Bill Horton, co-chair of the Healthcare Industry Team at Jones Walker law firm, said, "We've got to look at what kind of systems we need to have to respond as a board, and make sure we have taken appropriate action to empower the CEO, COO and other leaders."

Taking Health Care Governance into the Future

While the future is still uncertain, what is certain is health care boards have much work ahead of them as they consider which changes to make and which of them should become permanent. Historically, health care boards have followed the lead of the federal government in making significant changes. However, the federal government didn't react with enough speed to the challenges arising from the pandemic. Forcing health care boards to quickly learn they would have to rely on themselves and whatever resources they had available to tackle the pandemic.

Given what we've learned about health care governance emergencies, the following questions should ignite some lively discussions at your upcoming board meetings:

- How can you build flexibility into health care systems?
- Which changes we've made should become permanent?
- Which circumstances call for giving the CEO more authority over spending?
- What role will telehealth play in the future, and what impact will it have on the budget?
- How can your health care system respond better and faster during times of crisis?
- What have you learned about your normal operations through this crisis?
- Which types of health services are appropriate for telehealth services?

Out of necessity, health care boards approved a host of temporary measures to help manage health crises and save lives. As difficult as the last couple of years have been, it's provided multiple opportunities for boards to regroup themselves in governance in health care that meets the needs of today's populations. Overall, the greatest risk a health care board can make is repeating the same mistakes they made during the pandemic. A board management tool such as BoardEffect enables boards to seamlessly communicate and stay organized to respond during a crisis.

--Toni Hoy

Blue Cross Blue Shield Provider Class Action Case Ongoing

There is ongoing litigation against Blue Cross Blue Shield for Provider Plaintiffs (which includes health systems, hospitals, surgery centers and other health care providers) alleging the various Blue Cross Blue Shield entities across the United States and Puerto Rico reached an explicit agreement to divide the United States into "service areas" and then allocate those markets amongst themselves, free of internal competition.

Further, the Provider Plaintiffs challenge the agreements reached by the Blues to fix prices for services rendered by health care providers through the Blue Card Program. While the provider litigation is still ongoing, it is a potential future settlement that hospitals and other providers who contract with BCBS should be aware of as this case may present a substantial (billions of dollars) recovery opportunity.

Class Action Capital specializes in the research, data collection analysis and filing of complex class action settlement claims. CAC has helped more than a thousand hospitals and health systems with recovery efforts for other settlements during its ten years as a company. If your organization accepts or accepted Blue Cross Blue Shield or one of their entities/ subsidiaries as a form of payment, you may be eligible for a refund.

While no one is required to work with any third-party service in order to file a claim, CAC operates on a contingency fee basis with no upfront costs or filing charges and may be able to assist with the filing of your claim.

For more information on this litigation, Class Action Capital and to review their authorization form, please visit: <https://www.classactioncapital.com/cases/kha>. If you have additional questions, please contact Joshua Kerstein of Class Action Capital at josh@classactioncapital.com or by calling him directly at (914) 200-0066.

Medicare's New Gold Mine Is Chronic Care Management Programs

The concept of value-based care was introduced in 2006, so one would think that the change in how we think about, and practice medicine, would have far progressed by now. Learn more about the status of value-based care and an innovative way to implement a Chronic Care Management by [reading this article](#).

Health System Uses 340B to Improve Community

Hospitals that are eligible for the 340B prescription drug program know how valuable it can be for their communities and the patients they serve. [Read this case study](#) about how one health system used their 340B program to improve their community's health and pass prescription savings on to patients.