

ACHD Governance Series
Effective Board Work for Enhanced Service and Performance
Six Short (15 minute) Programs for use by ACHD Members

1. Community Engagement
2. Balancing Governance & Management
3. Board Orientations
4. Strategic Planning
5. Board Self-Assessments
6. Board Education Programming

## Jim Rice: Governance Adviser



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Experienced. Practical. Responsive.

Jim Rice, PhD, FACHE is Senior Adviser with the Governance & Leadership service line of Gallagher's Human Resources & Compensation Consulting practice, and Chairman of the Akadimi Foundation. Having served on many boards, Jim focuses his consulting work on strategic governance structures and systems for high performing medical groups, hospitals, credit unions and integrated care systems. He is often engaged for enhanced strategic alliances and mergers for large and small not-for-profit organizations; as well as leadership development programming for Physicians, Boards and C-Suite Senior Leaders.

Dr. Rice holds a masters and doctoral degree in management and health policy from the University of Minnesota. He has received the University of Minnesota, School of Public Health Distinguished Alumni Leadership Award; a National Institute of Health Doctoral Fellowship; a US Public Health Service Traineeship in Hospital Management; a Bush Leadership Fellowship at Stanford and the National University of Singapore; and the American Hospital Association's Corning Award for Excellence in Hospital Planning. He is a Fellow in the American College of Healthcare Executives (ACHE) and has worked in over 35 countries in North America, Asia, Africa and Latin America.

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## 1. What is "Community Engagement"?

**Structured process** to build and nurture **partnership(s)** with diverse players:

- ${f 1.}\,$  Social Determinants of Health (SDOH) partners
- 2. Provider partners
- 3. Payer partners
- 4. Government, Civic and Business leaders
- 5. Supply Chain partners
- 6. Donor partners

Partnerships that deliver meaningful value/results for *health gain* and *health care* in resource constrained environment!

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## 2. Why is it important?

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- 1. No real choice as a community organization formed for and from the community!
- 2. Landscape is more Complex, Riskier, and Expensive
- 3. Not wise to go it alone: need wisdom, leverage and resources
- Collaboration expected model from key stakeholders: payers | media | community leaders | providers | employees | donors | policy makers
- 5. Mission mapping demands engagement for vitality

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- Few paying us to protect and promote community health compared to restoring health via acute care
- New partnerships require new People, Personalities, Processes, Priorities, and Professions
- Many distractions and competing priorities as US and California policy constraints pull us from *populations* compared to *patients*
- Lack of experience and tools in community based planning and "Collaborative Governance"
- Lack of resources to walk-the-talk

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## 4. What can Boards do to be more successful?

- Invite education from community leaders on needs, barriers, and new strategies within new models and new money
- 2. Study successful models of "Collective Impact" and "Collaborative Governance" across California, across the US, and in other countries
- 3. Experiment with "Community Plunges"

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Thank you for all you do for the people in your healthcare district!

We hope this short program stimulates your continuous pursuit of enhanced board work to strengthen your healthcare district's support for health care and health gain in challenging times.

Please contact ACHD to access their many other board support resources.

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