



Research Summary: Effective Board Governance of Health System Quality

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Assessing the Current State

Between October 2017 and November 2018, a team from the Institute for Healthcare Improvement (IHI) Lucian Leape Institute conducted a series of 90-day innovation cycles¹ to learn about the research literature and practice guidelines linking trustee quality oversight practices and organizational performance, and the current state of health system governance education pertaining to health care quality.

The goals of the current-state analysis included the following:

- **Define the “problem” to be solved:** Conduct extensive interviews and evaluate the current educational content and practice that drives substantial variation in education, guidance, and core practice for governance oversight of quality.
- **Conduct research:** Understand the current evidence base pertaining to governance of health system quality.
- **Develop a framework:** Convene an expert group of governance educators, trustees, and hospital and health system senior leaders to develop and vet a framework for effective governance and a practical assessment tool for evaluating board alignment with governance best practices.
- **Compile the research findings and resulting tools:** Make this content available as a public good, readily available to trustees and the senior leaders who support them.

The research process included:

- **A landscape scan** to understand current resources and programs covering board governance of quality;
- **Interviews with more than 50 experts** to gather their perspectives on governance education, practice, and challenges for oversight of quality;
- **A scan of existing peer-reviewed research** on quality governance practices and the relationship between board practices and quality outcomes for health systems;
- **A survey and ranking process** with the expert group to identify and prioritize core processes for effective governance of quality; and
- **An expert meeting** attended by health care and governance experts to inform the development of the framework, assessment tool, and supporting materials.

The framework, assessment tool, and related content that was developed as a result of this research has been published in the IHI White Paper, *Framework for Effective Board Governance of Health System Quality*.²

Research on Governance of Health System Quality

Over the last decade, an increase in research on board governance of health system quality has generally focused on three areas:^{3,4}

1. Defining the general attributes of a board committed to quality (extensive research);
2. Establishing the attributes of board engagement in quality that correlate with better quality outcomes (a few seminal studies); and
3. Defining the essential quality-related processes and activities for boards (limited research).

We reviewed the research in these three areas and highlight key insights below.

1. Defining the General Attributes of a Board Committed to Quality

After the release of the Institute of Medicine (IOM) reports *To Err Is Human* and *Crossing the Quality Chasm*,^{5,6} early studies of boards identified substantial variation in board structure and education in safety and quality.^{7,8} As a result of the call to action from these reports, the American Hospital Association, The Governance Institute, The Joint Commission, leading governance experts (such as Jim Conway, James Reinertsen, Larry Prybil, and James Orlikoff), and a few leading state hospital associations provided more direction for boards through written guides and articles and educational programming.⁹

The research, guides, and educational programs reviewed by IHI often identified such things as trustee engagement (assessed through board time spent on quality issues), structural elements (such as the presence of a quality committee and quality metrics on the board dashboard), and trustee education in quality as core attributes to establish competency and commitment for oversight of quality. More recent published studies of governance of health system quality evaluate the presence of the recommended elements of board structure, culture, and baseline processes and activities and their relationship to outcomes.^{10,11,12,13,14,15}

In 2013, Millar and colleagues provided a comprehensive review of research on governance of quality and safety, identifying that “effective oversight [of quality and safety] is also associated with well-informed and skilled board members.”¹⁶ Increasingly, health care organizations have worked to recruit board members with competence in quality and performance improvement, and dedicate time to trustee education in quality issues. In 2018, Brown and colleagues conducted a review of research on governance of quality and noted that “in the empirical governance literature, input-related research has examined the influence of relevant board skills through clinical composition of boards and training in quality,” citing a number of studies and noting that “these factors have been demonstrated to influence governance engagement and are associated with improved quality outcomes.”¹⁷

Overall, the focus of most research has been on high-level board attributes of commitment and leadership, or a structure that includes a quality committee and a dashboard, not on more delineated governance processes or areas of oversight.

2. Establishing the Attributes of Board Engagement in Quality That Correlate with Better Quality Outcomes

As the attributes of board oversight of quality evolved and were increasingly specified, researchers began to analyze the correlation between board attributes and activities and organizational performance on quality outcomes. A seminal US study demonstrated that high-performing and low-performing hospitals spent differing amounts of time on quality, and that more board time spent on quality was associated with better organizational performance on key quality metrics.¹⁸ This study also found that lower-performing hospitals often evaluated their hospital's quality performance as higher than it actually was.¹⁹ The lower-performing hospitals were also less likely than higher-performing hospitals to review their quality dashboard regularly.²⁰

Another major US study linked improved quality outcomes with both better hospital management practices and increased board attention to quality. The study found that “hospitals with a higher level of board attention to quality were likely to have stronger management practices centered on monitoring quality,” and hospitals with boards that tied executive incentives to quality performance had management practices more centered on target setting and operations.²¹

These studies make a clear case for the need for boards to be thoughtfully engaged in quality for their health systems: greater board engagement is correlated with better quality outcomes. While neither study proved causality (i.e., that board oversight causes higher quality performance), both studies identified a correlation: board and management prioritization of quality speaks to a leadership commitment that impacts the culture and strategic priorities of the organization.

Similar studies around the world have investigated health system trustees' role, impact, and quality oversight obligation,^{22,23,24,25} demonstrating the topic's import and the need for continued research to further define which attributes and core board processes best correlate with quality outcomes and support a culture of quality.

3. Defining the Essential Quality-Related Processes and Activities for Boards

While there is a demonstrated correlation between board engagement and quality outcomes, greater clarity is still needed around the specific governance processes and activities that indicate that the health system board is effectively performing its quality oversight.

In 2018, Brown and colleagues re-evaluated the range of research on governance of health system quality, noting that research has focused primarily on board attributes or “inputs,” although there is a “growing interest” in the actual “mediating processes” used in governance of quality.²⁶ The authors describe these mediating processes as the “what” and the “how” of the taskwork that the board undertakes in its governance of quality. They also note that “the overwhelming body of [health care] quality governance research is focused on board engagement with quality tasks that are broadly described in surveys” and argue for “a more detailed exploration of taskwork through exploring the extent to which processes related to each quality task are undertaken.”²⁷ The authors also advocate for developing a survey tool to identify the presence of both attributes and tasks, which could have “practical applications in informing governance assessment processes and fostering a multifaceted approach to ongoing development of board and management.”²⁸

In their 2017 research on boards' impact on quality, Mannion and colleagues conclude that there is a “need for more elaborate models of governance that link the structure, process, competence, and

human capital of Boards to intermediate and proxy variables within organisations and so to patient safety and quality outcomes for that organisation.”²⁹

In 2017, a leadership team from Johns Hopkins Medicine in Maryland published their approach to establishing greater accountability for quality reporting in their health system using a financial reporting model.³⁰ In work with The Governance Institute, executives from Main Line Health in Pennsylvania similarly shared their effort to delineate the flow and tasks of the oversight of quality from the boardroom to the frontline operations.³¹

In a 2015 article, Tsai and colleagues suggest that effective governance is a key component of value-based care, as it is correlated with higher-quality care. They write, “research and innovation that discovers how to develop and improve governance and management practices... should be considered by policy makers as an integral component of the transition toward a more value-oriented health care delivery system.”³²

In summary, further guidance and depth on the processes of health care quality governance — as opposed to board composition and general commitment — is needed, which will allow for future research to continue to evaluate the correlation between performance of key governance processes and quality outcomes. The framework and assessment tool presented in the IHI White Paper, *Framework for Effective Board Governance of Health System Quality*, could serve as a starting point for subsequent research to evaluate and validate such processes and further advance the body of work on effective governance of quality.

Landscape Summary of Trustee Education in Quality

As part of this work, the IHI research team aimed to understand the current state of governance education in quality and safety in the US. IHI’s 5 Million Lives Campaign, launched in 2006, highlighted the critical role of governance in ensuring quality and safety in hospitals.³³ Over the past 15 years, educational resources focused on quality concepts (though not always covering quality in its many dimensions) for health care trustees have expanded, with content and education led by several national organizations and leading state hospital associations in the US. However, our research and interviews identified notable variation in the content and depth of trustee education in the dimensions of quality other than safety, using the Institute of Medicine STEEEP dimensions of quality (safe, timely, effective, efficient, equitable, and patient centered) as a guide.³⁴

Health care leaders and trustees identified that concerning health trends — such as declining life expectancy, the opioid epidemic,³⁵ rising health care costs,³⁶ and increasing patient debt³⁷ — are often not viewed as vital to the board’s quality oversight, but that they should be. Leaders also identified that some dimensions of quality — such as value, effective clinical care, care access, and equity — are inconsistently covered in the boardroom. Beyond the variation in educational content and oversight expectations for trustees, interviewees identified barriers to governance of quality, notably a trustee’s time to dedicate to a volunteer board, the ability of trustees to access governance education directly, and a missing link between governance education and the processes trustees employ to support their oversight of quality.

Here we draw a distinction between internal and external trustee education. Internal education refers to initial and ongoing education offered within a hospital or health system, tailored to its

board or boards. External education refers to programs and content delivered by state or national organizations (e.g., conferences, publications, webinars) that are not organization-specific and are available for access to all trustees (e.g., trustees in a given state or members of a national health care organization).

Internal Education

There are many approaches within hospitals and health systems to educating trustees on quality. To orient new trustees, hospital leaders tend to first provide introductory “on-boarding” education for board members about hospital structure and general governance responsibilities. That general governance overview often includes a brief summary of health care quality. Members of more specialized board quality committees often receive a more in-depth education in key concepts in quality. In many health systems, trustees are regularly provided with articles about elements of health care quality via their board portals.

IHI’s interviews revealed that some health systems stand out in their especially in-depth efforts to provide the contextual knowledge and competency for trustees to better engage in quality issues and oversight.

- Some health systems, such as Kaiser Permanente in California³⁸ and Henry Ford Health System in Michigan,³⁹ supplement trustee education with annual hospital- or system-wide conferences or retreats and interactions with external quality experts.
- Some health systems create regular quality education opportunities for trustees (in addition to their orientation) by hosting speakers and educational sessions throughout the year.
- Medstar Health has broadened the topics it brings to the board, including human factors engineering, Just Culture, socioeconomic determinants of health, and care-for-the-caregiver.⁴⁰

It stands to reason, then, that health systems that provide ongoing board education opportunities, not only an introduction to quality, in addition to ongoing access to resources and educational materials to support education in quality will have trustees who are more engaged in quality oversight because it is part of their deeper overall leadership commitment to quality.

External Education

IHI’s research on external trustee education included both programs offered by national-level organizations and state-level programs operated by state hospital associations or state-based nonprofits. Our research revealed that the leading national and state trustee education programs provide education in quality in a variety of ways, from online resources, to in-person conferences, to multi-lesson webinar courses. We identified 37 state-based board education programs, with nine programs orienting trustees to quality in substantial depth through half- or full-day in-person meetings, online programs, breakout sessions, extensive published resources, and/or a certification program. All national and leading state association educational offerings have some combination of in-person meetings, online resources, webinars, newsletters, or certification programs.

The national and state organizations that offer general governance conferences often have dedicated breakout sessions on quality concepts. Generally, state and national conferences are not solely focused on quality; their coverage of the multiple dimensions of quality is variable, with a heavy emphasis on safety, elements of patient engagement and satisfaction, and board culture. Some national organizations, notably the American Hospital Association (AHA), Estes Park, the

American College of Healthcare Executives (ACHE), and The Governance Institute, regularly offer trustees some breakout educational sessions focused on quality (generally 1 to 2 hours) as part of an annual leadership conference. Similarly, many state hospital associations offer breakout sessions on governance of quality as part of an annual governance or leadership conference.

A few national organizations and state hospital associations offer more in-depth quality education for trustees. For example, the IHI National Forum in 2017 and 2018 included a full-day session focused on trustee governance of quality. The Michigan Health & Hospital Association hosts a daylong meeting for board members called “Linking Quality to Strategy and Operations” that aims to “help board members understand the quality of care being delivered and how to establish clear and dependable monitoring systems to discover hidden problems and uncover subtleties that result in higher performance.”⁴¹ Some interviewees noted that the registration and travel costs for the national conferences, in addition to the time required for trustees to travel and participate in these conferences, can make them burdensome; state-based conferences are viewed as more accessible and affordable.

Beyond the educational opportunities provided at conferences, many national organizations have made an effort to make education accessible for trustees closer to home via webinars, newsletters, and guidebooks. The AHA *Trustee Insights* and The Governance Institute *BoardRoom Press* newsletters targeted specifically to trustees frequently cover quality topics.

The AHA, The Governance Institute, IHI, and The Joint Commission offer downloadable guides for trustees on governance of quality. However, the expert group that IHI convened as part of this research noted that these guides do not universally address all six STEEEP dimensions of quality that are reinforced in the IHI White Paper, *Framework for Effective Board Governance of Health System Quality*. The AHA offers a series of online videos for trustees, with an overview of some elements of quality such as clinician and patient engagement.⁴² Other national organizations also offer archived webinars and videos for some elements of governance of quality. Notably, across all the guides and video offerings, the definition of quality varies — sometimes focused only on safety, often hospital-centered, and rarely covering all six STEEEP dimensions of quality and the IHI Triple Aim — thus indicating a need for a more clear and consistent framework for governance of quality for trustees and those who support them.

A few state hospital associations have brought governance education of quality closer to home through their governance conferences, newsletters, and online guides and videos. The Texas Healthcare Trustees, affiliated with the Texas State Hospital Association, publishes the *Trustee Bulletin* newsletter and has an in-depth library of guides and videos that provide thoughtful guidance on quality issues for new trustees. Their *Trustee Guidebook: Quality and Patient Safety* is an in-depth and accessible guide for new trustees, albeit with a heavier focus on safety than other dimensions of quality.⁴³ A few states offer more in-depth quality education for trustees in the form of a fellowship or certification program that usually has a requirement for a certain number of hours dedicated to quality education (e.g., Michigan Health & Hospital Association Excellence in Governance Fellowship,⁴⁴ Iowa Hospital Association Board Certification Program,⁴⁵ and the Minnesota Hospital Association Board Certification⁴⁶).

To make elements of governance education more accessible and to lessen the travel and time burden for trustees and health leaders, organizations such as the AHA, The Governance Institute, IHI, ACHE, and many state hospital associations have increasingly offered webinars. Health system CEOs often manage access to this content, however, so there is limited trustee awareness that it is available. But IHI’s research indicated that the target audience for webinars is often health

care leaders who are looking for strategies for engaging and supporting trustees, and not trustees themselves.

In Summary:

- Current board education in quality at the overall board and quality committee level tends to focus primarily on in-hospital safety rather than on aspects of safety throughout the health care system (e.g., behavioral health, primary care, ambulatory care).
- Both internal and external trustee education and resulting recommended governance of quality work are variable across the multiple dimensions of quality. A best-practice approach to the core processes for oversight in all dimensions of quality, especially beyond safety, does not yet appear to be consistently documented and validated.
- Research and interviews indicated that many hospital leaders and trustees do not feel that trustees receive sufficiently comprehensive initial and ongoing education to enable them to deeply understand quality concepts and the trustee role as it pertains to governance of quality.
- In addition, most trustees that IHI interviewed noted that they are not usually oriented to their own health system's improvement methodology to understand how the system approaches prioritization, evaluation, and resource allocation for improvement efforts.
- The interviews revealed that trustee education programs, both internal and external, often introduce some quality concepts, starting with safety, but typically do not connect those concepts to a clearly defined set of processes and activities the board needs to undertake to effectively govern quality.

Conclusion

IHI's research on board governance of health system quality, including a scan of existing research, a landscape scan of trustee education in quality, and expert interviews, identified that there is room for improvement in both the internal and external educational support for trustees to enhance their understanding of quality concepts, and a need for a more clearly defined set of core processes and activities to guide trustees in their oversight of quality.

As a result of these findings, the IHI Lucian Leape Institute initiated a subsequent phase of work to develop, in collaboration with health leaders and governance experts, a framework for effective board governance of health system quality and an assessment tool. This framework, assessment tool, and supporting materials are presented in the 2018 IHI White Paper, *Framework for Effective Board Governance of Health System Quality*.

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