



Briefing

Judy Cassidy
EDITOR

As authors in our special section make abundantly clear, how healthcare organizations address emerging governance issues is key to their ability to change and thrive. Michael Scavotto gives one view of the future that projects trustees' roles changing to emphasize strategic direction setting.

Bettsanne Holmes of Volunteer Trustees of Not-for-Profit Hospitals calls on boards to think globally—certainly beyond their own hospital—as they consider their fiduciary responsibilities. She sees trustees assuming an ever greater role in educating the community and legislators and shaping the healthcare system through advocacy efforts.

New trustees need help in understanding the complex relationships and expanding constituencies of the organizations they serve. Sr. Maryanna Coyle, SC, describes a trustee-mentoring program that guides new board members of facilities in the Sisters of Charity Healthcare Systems, Cincinnati.

Although these authors provide different perspectives, one message comes through in all the articles: Trustees' clear focus on mission will keep the organization on track in the face of financial and competitive pressures.

These authors focus on the new milieu where trustees will function. Will their articles help your organization discern directions for trustees as healthcare integration proceeds? What additional information do you need? Do you know of effective governance models? Please call (314-427-2500), write, or fax (314-427-0029) your comments to us.

SPONSORS LOOK TO THE FUTURE

Don't miss the article on p. 20 to find out how sponsors envision their role in the year 2000 and what concerns they find most urgent today. At a CHA meeting, representatives of organizations experiencing rapid change brainstormed about opportunities for sponsors to fulfill their mission and charism in the future.

HEALTHCARE REFORM

"Reform Update" on p. 6 and Jane White's column on p. 12 will help you answer questions about the various healthcare reform proposals.

INTEGRATED DELIVERY

An article in each issue of *Health Progress* explores an aspect of integrated delivery. On p. 15, presidents of a Catholic and an Episcopalian hospital describe their affiliation process. Readers have told us they need details of real-life experiences (including pitfalls and failures) in many areas of integrated delivery, including:

- Physician-hospital relationships
- Capitation
- Information systems
- Networking with non-Catholic organizations

Together, we can get your stories to more than 20,000 readers. Write or call me or any *Health Progress* editor to share your valuable knowledge and experience (314-427-2500).

Each issue also lists recent integrated delivery activities by region (see pp. 18-19).



How
healthcare
organizations
address
emerging
governance
issues is key
to their
ability to
change and
thrive.

These reports particularly clarify the issues of employer financing and universal coverage. And turn to "Reform Update" to learn about CHA resources that can boost your advocacy efforts.

COMMUNITY BENEFIT

Our January-February issue on programs that improve the health of communities received so much attention that we will regularly feature innovative community benefit programs. In this issue (pp. 25-40), articles describe a parenting skills program, an outreach project for troubled youth, a network of inner-city clinics, and a healthcare system's community benefits services policy. "Provider Profile" (p. 70) tells how a computer bulletin board reaches out to disabled people, who often feel isolated in the community. Please let us know about your community benefit programs.