

Hitting the Ground Running

AHA's New President Shares Ideas about Improving Health Care

On January 1, 2007, Richard J. Umbdenstock becomes the 10th president of the American Hospital Association (AHA). Because of the important relationship between CHA and AHA, we thought it fitting not only to congratulate Umbdenstock on his new role but also to ask him to share with us some of the wisdom gained in his many years of health care experience.

HP: Have you had influential mentors in your career?

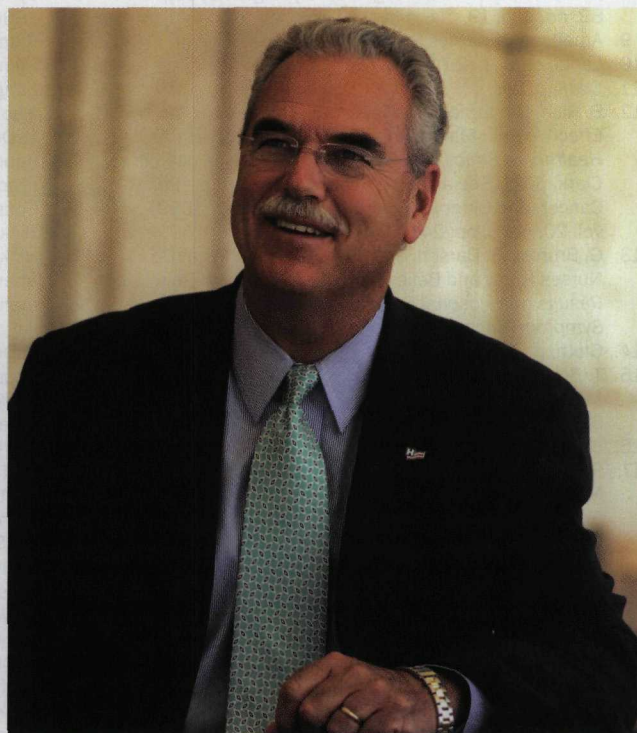
Umbdenstock: Certainly the person that really gave me the opportunity of my career was Alex McMahon. Alex was the president of the AHA in the 1970s when I joined him as special assistant to the president. Alex was a former professor, lawyer, Blue Cross executive, and then AHA executive, and it was the three years I spent with him that, I think, really gave me the opportunity to see the whole field, to learn how the public policy process works—and how the art of association management and member relations *should* work. He was a terrific influence and personal mentor.

HP: What do you anticipate will keep you most busy during your first few months as AHA president?

Umbdenstock: I think the first thing is meeting the members. Fortunately, I know a lot of them from my consulting days, during which I worked around the country, and also the last several years, when I worked on both the AHA board and another national board. So I've had lots of contact with the members. But there are also significant segments of the membership with which I have not yet been connected, especially in large urban centers, teaching centers, and others.

So I'm making a concerted effort to “meet, greet, and listen”—especially to listen. I want to hear what's on the members' minds concerning issues. And I certainly want to hear any suggestions they might have about making AHA more effective on their behalf.

Second, I want to rebuild my connections in Washington, DC. Because I've been out in the field in recent years, I'm a little out of touch with old friends here in the nation's capital. These relationships are so important for an organization like ours. Getting reacquainted will be a lengthy but vital process.



HP: You mentioned that part of the “meeting and greeting” is going to be finding out what is on members' minds. What health care issues keep rising to the top as you consider areas for AHA involvement?

Umbdenstock: Certainly health care reform, which is of course a pretty broad term. At AHA, we're working hard through our board to define what we think health care reform should look like in this day and age. Our members are clearly supportive of significant change in the system, because it is broken in so many ways.

Another is the whole quality movement—how we define, measure, and report quality and then use quality results to improve performance. Quality is both a public policy issue and an operational improvement issue. To improve quality, information systems are needed. Helping hospitals convert to information technology systems that connect with each other—eventually leading to a national electronic medical record—is

an important issue for us.

Still another important issue is physician relationships: How do we work together with physicians? What is the future of the organized medical staff structure in hospitals? Obviously, many physicians face the same economic pressures that hospitals face. So AHA will be dealing with this issue, too.

And then, finally, there's the whole issue of tax exemption and benefit to the community—which, frankly, is linked to the community's confidence in the health care system. But this issue, because the public is interested in seeing significant change for the better, takes me back to the place I began—health care reform.

HP: Any plans for how you're going to hit the ground running on some of these issues?

Umbdenstock: Yes. I said earlier that AHA's board has embarked on a health care reform development process. We, the AHA staff, have given the board a rough sketch for such a process. In early January, we'll take a more detailed proposal to the board retreat. Then we'll spend the next six months sharing the proposal, as it evolves, with our membership through our regional policy boards, governing councils, and other committees. By July, we hope to be ready for the board to approve the proposal. Assuming that the board does approve, we'll introduce it to the nation on Labor Day, which will be the unofficial kickoff for the presidential election campaign of 2008.

In the meantime, we'll be pushing the quality agenda primarily through two vehicles. In one vehicle, the Hospital Quality Alliance, based here in Washington, DC, we're working to get all of the major players to agree on a common set of hospital quality measurements and on ways to report those measurements.* The second vehicle is our own AHA Quality Center, which helps hospitals accelerate their quality-improvement processes by bringing together "best practices" in quality and patient safety. Launched in March 2006, the AHA Quality Center, like the Hospital Quality Alliance, is continuing to evolve.

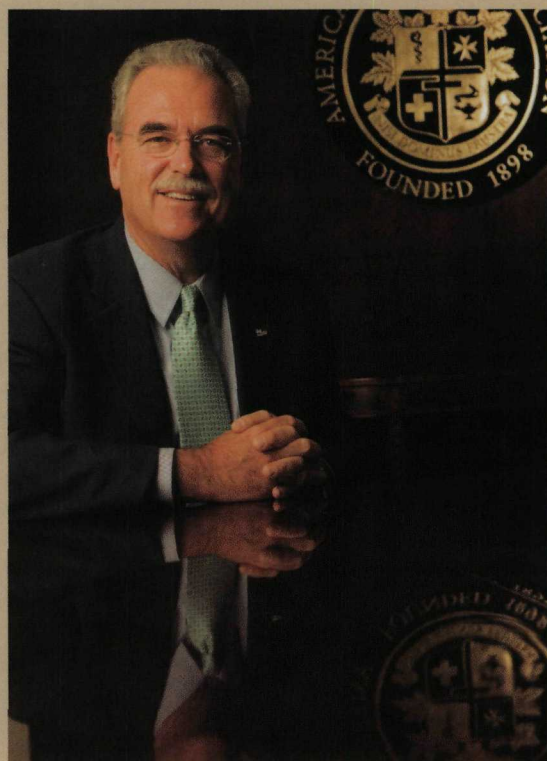
For other areas, such as physician relations, I think we need to step back and reconsider, because we don't yet have a capacity for addressing them.

So, to answer your question, AHA has some things to build upon and also some things to think through.

HP: What do you think health care executives need to be more aware of in the coming year?

Umbdenstock: They certainly should be aware of the need to tell the hospital story, the need to regain the public's trust.

* The Hospital Quality Alliance is a collaboration whose members include AHA, the Centers for Medicare & Medicaid Services, the Federation of American Hospitals, and the Association of American Medical Colleges, among others. See www.cms.hhs.gov/hospitalqualityinits/15_hospitalqualityalliance.asp.



Richard J. Umbdenstock

A nationally recognized health care leader, Richard J. Umbdenstock has a relationship with AHA that extends back to early in his career, when he served as special assistant to then-AHA President Alex McMahon.

Umbdenstock was named chairman of the AHA Board on January 1, 2006. In his most recent role, he served as AHA's chief operating officer. Before the creation of Providence Health & Services, Seattle, where he was a top executive, he served as president and CEO of the Spokane, WA-based Providence Services for more than a decade. Before that, he spent 10 years as an independent consultant to voluntary hospital governing boards in the United States and Canada.

The author of several books and articles for hospital trustees, Umbdenstock is also active in national and local organizations. He has a bachelor's degree in politics from Fairfield University, Fairfield, CT, and a master's in health services administration from the State University of New York, Stony Brook, NY. In May 2003, he was awarded an honorary doctor of laws degree from Gonzaga University, Spokane, WA. He is a diplomate of the American College of Healthcare Executives.

This interview was conducted October 31, 2006.

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People are worried about the health care system from a personal safety and security point of view, and we have to show them that it is a safe system and getting safer every day. The public tends to hear about the things that go wrong in hospitals, and we've got to work to eliminate those. But, at the same time, we've got to be telling the story about all of the things that go *right*. And about how we're working to improve them all the time.

We've also got to be sure that our members are knowledgeable about, and gaining experience in, this whole realm of evidence-based care. The number of groups developing quality guidelines, protocols, and then, ultimately, outcome measures is exploding right now. We must help hospital executives understand the significance of evidence-based care, understand that they've got to align their internal systems in a way that meets expectations and reports results.

At the same time, those of us who work in the policy world have to do our best to make the development of evidence-based care an orderly process, because we can't possibly go overnight from relatively few measures to thousands of measures. But which measures are most important? And how do we channel the development, approval, and adoption of these new measures?

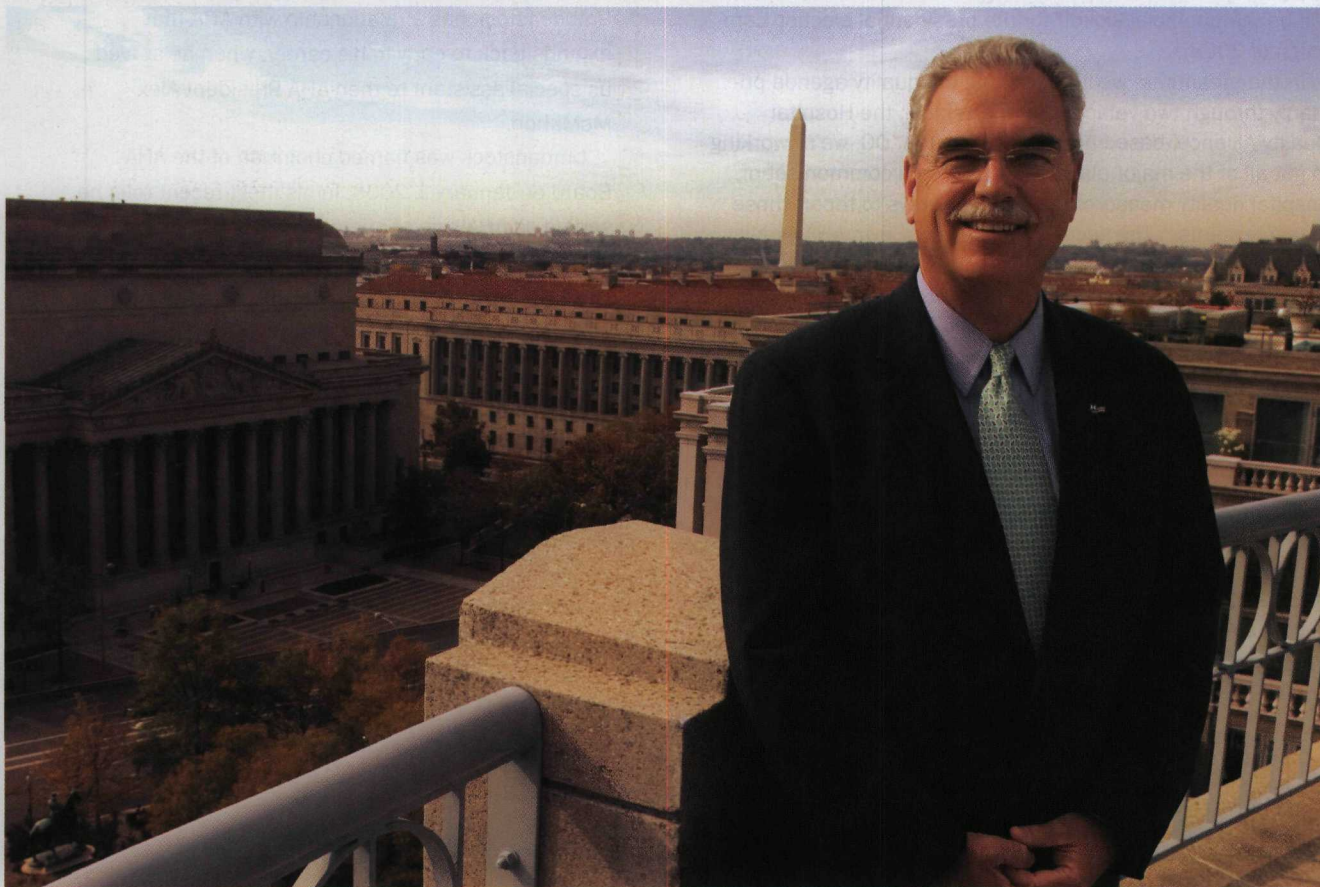
This is a whole new realm for all of us, hospital executives and policy workers both.

HP: Before coming to AHA, you led Providence Services, Spokane, WA, and then served as an executive with Providence Health & Services, Seattle. How has your experience in Catholic health care formed you?

Umbdenstock: Certainly, my years in Catholic health care deepened the connection I make between personal spirituality and work. That experience has shown me how you can express your spirituality both in the workplace and through your work. I don't think I had that depth of appreciation before my years in Catholic health care, even though I was raised in the Catholic Church.

What I got from Catholic health care was the very important—and comforting—understanding that it's OK to express your form of values, your belief system, your spirituality, in your work. And that such understanding can help inform your work.

The other thing that made a strong impression on me was the realization that Catholic-sponsored health care is a *ministry*. It is a service; I think everybody in the health care field



views it as a service. When you're part of a faith-based organization, that added dimension is most important.

HP: How would you characterize the role of Catholic health care in the U.S.?

Umbdenstock: I think it's essential. It's an essential component of our current system, simply on a capacity basis, just to be very practical. But it's also essential because patients from different belief systems view health care differently, and so to have faith-based organizations as part of a multifaceted health system is a real strength.

As I said earlier, I think the Catholic health ministry helps inform the way health care *can* be delivered, so it can be an example to others. And Catholic health care is a very important option for people whose belief systems match up with those of Catholic and other faith-based organizations. So Catholic health care is very important, not just in practical terms but also in terms of connecting with individuals when they're in a very vulnerable time.

HP: What do you see as some of the key challenges and opportunities for Catholic health care in the coming years?

Umbdenstock: I think maintaining the ministry focus is a significant challenge today and will be even more so going forward, because of the ever-increasing emphasis on the business side of health care. The emphasis on business is just unavoidable, given the level of finances involved and the amount of public financing and regulation. So how Catholic-sponsored organizations maintain their distinct character while serving in this broader public arena will be always a challenge, I think, because those organizations certainly will not want to lose their unique religious identity.

Another challenge I anticipate is a growing expectation that hospitals with different governance and sponsorship structures will collaborate on behalf of the community. This will be both a challenge and an opportunity for Catholic-sponsored

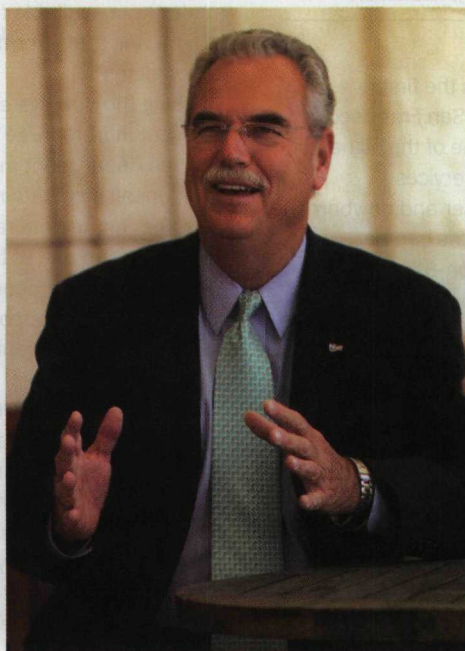
entities in terms of how they build better coordinated delivery systems at the local level, on one hand, while continuing to protect their identity and belief system, on the other.

HP: How would you advise emerging leaders in Catholic health care to better serve the ministry in these coming years?

Umbdenstock: I think the most important thing for all leaders in health care, regardless of the setting or the sponsorship of the organization, is to know and live our values. Again, with the increasing business emphasis, it can be sometimes difficult to be clear and be confident about how well we're handling issues and how we're handling the trust the public places in us. So we've got to be very clear and confident in our own value set. Fortunately, I think, Catholic and other faith-based organizations have that extra-added set of teachings to help people stay focused.

I think we have to also view quality as a value, not just a promise, not just an activity to be improved. We have to view quality as the ultimate expression of the value of respect. When we insist on providing high quality and refuse to permit any unintended harm to occur, that's an expression of respect for our patients. And when we promise to work to steadily improve the quality of care, that's a demonstration of respect as well.

And, as I said before, I do think there is a great deal of expectation that hospitals will collaborate with each other. I see increased collaboration—among different providers in a given community and among acute and nonacute care providers—as part of system reform. To achieve such collaboration, we'll have to learn how to work effectively and respectfully with other organizations. But we have no choice. We must organize and operate the health care system differently if we're to improve the way in which the patient experiences it.



For more information about Richard Umbdenstock and AHA, visit www.aha.org.

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