

ACHE CHAPTER PANEL DISCUSSION TEMPLATE #143

For ACHE Face-to-Face Education Credits

Diversity, Equity and Inclusion

- Length:** 1.5 hours
- Target Audience:** All healthcare executives, clinical and administrative/operational leaders.
- Description:** The communities for which healthcare organizations operate are rapidly diversifying. Not only do they provide care for a diverse community of patients and families, but their workforce is also changing, and at times does not reflect the patient community. This diversity is exhibited in a number of ways, including ethnicity, race, religion, socioeconomic status, language, age, sexual orientation/gender identity, and physical ability.
- The business implications and imperatives healthcare organizations face concerning diversity, equity, and inclusion are immense. Diverse communities often require different care needs, improved quality, new or modified operational processes and services, and strategic planning for a varied patient demographic. The continuum of care will need to be considered to best meet the needs of these communities.
- It is incumbent on healthcare organizations and their leaders to both understand and embrace the needs of diverse populations. Leader's abilities to respond to the needs and preferences of a broader customer base will be critical to their financial and operational success.
- Faculty:** Moderator and two to three panelists.
- Moderator: The moderator should be a high-level healthcare executive with extensive knowledge of and sensitivity to diversity issues and best practices of equity and inclusion.
- Panel: The panel should be composed of a hospital C-suite executive successful in diversity, equity and inclusion practices; a chief diversity officer, human resources executive, or comparable role; and a legal counsel or a consultant with experience concerning diversity, equity, and inclusion. A clinical leader who has led programs in cultural competency would also be an appropriate panelist.
- Topics for Discussion:**
- Exploring organizational and community implications, barriers, and opportunities to diversity, equity and inclusion

- Assessing the diversity within your community and staff
- Administering quality practices for diverse populations
- Realizing financial outcomes from implementing diversity, equity, and inclusion initiatives
- Understanding federal and state diversity compliance and regulation
- Measuring patient and employee satisfaction
- Comparing organizational diversity models and plans
- Evaluating organizational culture and cultural competency

Questions for Discussion:

1. How does your organization define diversity?
2. What are you doing to measure the needs of your community, patients and staff?
3. How has your organization responded to the diverse needs of the community you serve?
4. What are the business imperatives to respond to diversity issues and opportunities?
5. What successful initiatives or best practices has your organization identified concerning diversity, equity and inclusion issues?
6. What outcomes has your organization realized from diversity, equity and inclusion initiatives or best practices?
7. What are the legal or compliance implications concerning organizational diversity and community need?
8. How does the composition of your board and management team reflect the community you serve?
9. Where have you experienced resistance to expanding your approach to diversity, equity and inclusion? How did you and your team respond?
10. What are your organization's next steps in your diversity, equity and inclusion efforts? How has the recent pandemic and focus on social injustices effected your diversity efforts? How are you planning for the future?

Materials and Resources for Distribution:

Thomas, PhD Richard K. "Health Disparities and the COVID-19 Pandemic" July 17, 2020, ACHE Blog, [ache.org/Blog](https://www.ache.org/Blog)

Bowen, FACHE, CAE, Deborah J. "Creating a Healthier, More Equitable Future" *Healthcare Executive*, July/Aug. 2020 Vol 35 No 4 6-7

Birk, Susan "Women in Leadership" *Healthcare Executive*. 2019, Nov/Dec, Vol 34 No 6 8-14

Lynch III, FACHE, John "Cultivating a Pipeline of Diverse Leaders, *Healthcare Executive* 2018, March/April Vol 33 No 2 64-66

William A. Nelson, PhD, HFACHE, and Andrew Huang "Discrimination and Patient-Centered Care" *Healthcare Executive* 2017, March/April Vol 32, No 2 54-56

Culbertson, PhD, Richard A. "Trauma Care: Economic Versus Social Justice" *Healthcare Executive*, 2017, July/August Vol 32, No 4 48-49

Donnellan, FACHE, John, "The Ethical Basis for Gender Equality" *Healthcare Executive*, 2016, January/February Vol 31, No 1 46-48

Laderman, M. Whittington, J., 2016 “A Framework for Improving Health Equity,” Healthcare Executive, Vol 31, No 3.82-85.

Woods, Eugene A. FACHE The Mission Is the Message, Journal of Healthcare Management: January-February 2019 - Volume 64 - Issue 1 - p 6-9 doi: 10.1097/JHM-D-18-00227

Bonar, Lynette RN, FACHE A Healthy Respect for Culture Can Improve the Delivery of Care, Journal of Healthcare Management: March-April 2019 - Volume 64 - Issue 2 - p 71-73 doi: 10.1097/JHM-D-19-00012

Chaloner, Robert S. FACHE Providing Compassionate Care for Every Kind of Person, Journal of Healthcare Management: July-August 2019 - Volume 64 - Issue 4 - p 205-208 doi: 10.1097/JHM-D-19-00100

Additional Resources:

ACHE Diversity and Inclusion Resources: <https://www.ache.org/about-ache/resources-and-links/diversity-resources>

Increasing and Sustaining Racial/Ethnic Diversity in Healthcare Management.
<https://www.ache.org/about-ache/our-story/our-commitments/policy-statements/increasing-and-sustaining-racial-diversity-in-healthcare-management>

Institute for Diversity and Health Equity <https://ifdhe.aha.org/>

National Association of Health Services Executives: <https://www.nahse.org/>

National Association of Latino Healthcare Executives <https://www.nalhe.org/about/>

Updated August 7, 2020

ACHE CHAPTER PANEL DISCUSSION TEMPLATE #142

For ACHE Face-to-Face Education Credits

Disruptive Innovation in Healthcare Delivery

- Length:** 1.5 hours
- Target audience:** C-suite and other Senior-Level Healthcare Executives, Clinical and Operational Leaders, Physicians, Clinicians, Nurses, Researchers, and Consultants
- Description:** Disruptive innovation, a term coined by Harvard professor Clayton M. Christensen, is a transformative business model that leverages technology to help focus on making products and services more accessible and affordable. In healthcare delivery, disruptive innovations have the potential to decrease costs while improving both the quality and accessibility of care. Disruptive innovations enable new applications and changes in behaviors. The current thinking with many innovators is a belief that a host of disruptive innovations would have wide implications for payers by shifting payment models to reward precision diagnostic tests and abilities of providers. Several current disruptive innovations like retail clinics, telemedicine, medical tourism, and point-of-care medical payments are making a major difference in how health care is delivered. This panel will focus on the role of innovation in the medical marketplace and examples of disruptive innovations that will change lives in health care.
- Faculty:** Moderator plus two to three panelists.
- Moderator: The Moderator should be a healthcare executive who fully understands the importance of disruptive innovation, the impact it has on healthcare delivery and has experience with the implementation.
- Panelists: Panelists should include a Chief Innovation Officer, CEO, COO or other senior healthcare leader who has experience leading and managing disruptive innovation in their organization. An additional option is a healthcare innovator.
- Topics for Discussion:**
- The role of healthcare leaders in encouraging innovations and adoption of innovations
 - Examples of health care disruptive innovations (For example: drugs that lower cholesterol are disruptive to angioplasty, etc.)
 - The role of innovation in the competitive and cost-conscious medical marketplace
 - The challenges associated with medical innovation
 - Collaboration in the role of innovation

Questions for Discussion:

1. What defines a high-performing health system? Is it the culture, history of leadership, the size of the system? What is the “secret sauce” that ensures the success of a system?
2. What are the steps to encouraging healthcare leaders to be more open to disruptive innovation that may threaten the status quo but will ultimately enhance the quality of health care for the majority of the population?
3. What type of disruptive innovations, small and large, could have a positive influence on building a new system that is characterized by lower costs, higher quality, and greater convenience than the existing system?
4. What are some examples of disruptive innovation experiences from your organization? Discuss buy-in and support at all levels, challenges and roadblocks encountered along the way. What went well? What were the outcomes? What were the lessons learned?
 - a. 5. While dominant players are focused on sustaining innovations (i.e., improving products/services to meet the needs of profitable high-end customers), startup companies seek to introduce disruptive innovations that are less expensive, simpler and more convenient aimed at the lower end of the market. How are startup companies impacting the ability of your organization to continue on the same path to sustain your innovations?

What are the challenges associated with medical innovation?

For what reasons do consumers embrace innovations (For example: savings, convenience, ease of access, perceived quality, etc.)?

What steps are a must to involve more healthcare leaders in a collaborative effort to ensure healthcare delivery systems become more innovative to achieve high performance?

Material for Reference and Distribution:

Glasheen, James, ACHE Blog Post “Innovation to Improve Patient Outcomes” Jan. 28, 2020

Ramos Hegwer, Laura “Creating a Culture of Innovation: Instilling a spirit of creative problem-solving” *Healthcare Executive* Jan/Feb 2020 8-14

Van Dyke, Maggie “Getting to True Innovation: Moving the Next Idea Forward” *Healthcare Executive* Jan/Feb 2020 16-22

Radick, Lea “Harnessing the Power of Technology and Storytelling to Change the World” *Healthcare Executive* Jan/Feb 2020 24-29

Agee, Nancy Howell Leadership in Disruptive Times: The Key to Changing Healthcare, *Frontiers of Health Services Management*: Spring 2020 - Volume 36 - Issue 3 - p 3-11
doi: 10.1097/HAP.0000000000000076

DeVore, Susan Embrace Disruption to Turn Financial Pressures Into Opportunities, *Journal of Healthcare Management*: January-February 2020 - Volume 65 - Issue 1 - p 11-14 doi: 10.1097/JHM-D-19-00247

ACHE CHAPTER PANEL DISCUSSION TEMPLATE #134:

Virtual Learning Environment

For ACHE Face-to-Face Education Credits

Sustainability of Healthcare Organizations: A Plan of Action

Length: 1.5 Hours

Target Audience: Department heads, vice presidents. C-suite executives and clinicians involved in leading organizational change in new and/or renovated alternative sites of care. Clinical and administrative/operational leaders.

Description: Issues surrounding sustainability for healthcare institutions into the 21st century in the U.S., with regards to the era of healthcare reform, are very complex. Within the scope of priorities, this discussion will emphasize the necessity of understanding the key potential and existing operational and cost problem areas for healthcare system growth and sustainability as healthcare providers continue to face future operational, reimbursement, and environmental challenges. The primary goal of this discussion is to provide an overview of the models of current successes and solutions with a focus on a realistic plan of action.

Faculty: Moderator plus two-three panelists.

Moderator: The Moderator could be a healthcare leader who has a thorough understanding of the concepts/implications involving the issues of building and sustaining operational success. They may have clinical or administrative leadership responsibilities.

Panelists: The panel may include an executive with several years of experience with operational and cost challenges who understands the impact of accountable care or alternate payment models on growth and sustainability, an experienced clinician that has working knowledge of the importance of planning and execution of design with healthcare executives who have significant knowledge of operational sustainability, and a facility designer/planner or infection control subject matter expert.

Topics for Discussion:

- Building successful Accountable Care Organizations, cohesive providers, and system partnerships
- Developing a Medical Home/Long-Term Acute Care/Telehealth*/Primary Care Physician/Population Health management model that is effective and efficient
- Simplifying efficiencies across an organization, such as computer physician order entry and artificial intelligence for clinical and business decision support
- Workflow needs of the healthcare provider in the digital era that can best be served for maximum quality, safety and efficiency
- Key take-aways for the audience to replicate at their organization

Questions for Discussion:

1. What are the sustainability issues that need to be addressed and represented from the onset?
2. What are the skills needed for leaders that take ownership of successful organizations?
3. What are the other regulatory components that play a critical role in the successful implementation of a compliant healthcare delivery model?
4. What are the most common bottlenecks and needless duplications of process across a system that would diminish sustainability?
5. How do you select the highest value expert consultant(s) for efficient design implementation and efficient utilization?
6. What is the best method and time frame for including the clinical end-users in a planning and design process?
7. What is the best approach for educating the patient community in learning the new healthcare model?
8. How can an organization include all stakeholders in the design and execution phases to change?

Materials for Reference and Distribution:

Burroughs, Jon MD, FACHE, FAAPL “Rethinking Physician Clinical Documentation” May/June 2018 *Healthcare Executive* p 72-74

Radick, Lea “The Transition to Value-Based Care” July/Aug 2018 *Healthcare Executive* p 38-46.

Van Dyke, Maggie “Strengthening Post-Acute Partnerships” Jan/Feb 2017 *Healthcare Executive* p 18-26.

Vinh, Khanhuyen P. DSc; Walston, Stephen L. PhD; Szychowski, Jeff PhD; Hernandez, S. Robert DPh The Effect of Hospitalists on Average Length of Stay, *Journal of Healthcare Management: May-June 2019 - Volume 64 - Issue 3 - p 169-184*
doi: 10.1097/JHM-D-18-00042

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