



HEALTHCARE EXECUTIVE FORUM, INC. (HEF)

The Western New York Chapter of the American College of Healthcare Executives (ACHE)

2020 Q1 NEWSLETTER

A Message From the Board

A Special Message from the Board of Directors

Happy New Year!

The first quarter of the New Year is off to a productive start filled with plenty of planning and collaboration. Our chapter has begun formulating both educational and social programs for this year, as well as focusing on the retention and satisfaction of our members.

Upcoming Programs

HEF will be hosting a networking event on Thursday, February 20th from 5:30-7:30PM at 500 Pearl in Buffalo, NY. Admission is \$8 pre-sale, and \$10 at the door. This event will provide guests with an opportunity to meet local healthcare leaders, as well as learn more about the American College of Healthcare Executives (ACHE) and their initiatives for navigating the dynamic industry we work in today. For more information and registration, please visit <https://winter2020networking.eventzilla.net>.

Embracing diversity is a fundamental principle of the healthcare management field, and one of the main areas of focus for our chapter in the upcoming months will be Diversity and Inclusion (D&I). Following a national initiative, HEF will be collaborating with local organizations to engage the community and promote awareness surrounding the inclusion of all individuals regardless of race, ethnicity, sexual preference, or socioeconomic status. HEF will be hosting a face-to-face event in June, aimed at addressing equity of care and diversity and inclusion. This discussion will include a deep dive of the structural and fundamental changes required to increase equity and access of care in diverse populations. If you are interested in being a part of our diversity and inclusion initiative, please contact Mike Ayanbadejo at neyogy1000@yahoo.com.

Membership

Don't forget to renew your dues before April 1st! HEF board members will be reaching out to chapter members who have not yet renewed their dues for 2020. ACHE is now providing an auto-renewal option which can be accessed via your ACHE account at <https://account.ache.org>. ACHE will begin a national reinstatement campaign beginning March 1st, so be sure to contact us directly if you have any questions!

Want to get involved?

Come Join! The HEF board is always looking for board volunteers to assist with the planning and execution of chapter events. For more information, contact Brittney Carothers at bmeritt0925@gmail.com

New E-mail Alert!

Our E-mail address has changed– Please contact us at
Info@hef.achechapter.org

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Communication & Crisis

How Can Healthcare Facilities Best Prepare for Coronavirus? Prepare to Effectively Communicate!

Alan Kahn

The following are three ways to think about how to be a communications leader during Coronavirus:

1. Prepare like the military prepares:

Decide upon and vigorously train now for the very worst-case scenario that you, your colleagues, and your loved ones might just face. Then work back from there to where you are today. Not only train the health workers and clinicians, but ‘everybody’ in your company on what you will do to fight the spread of the virus, and to care for everyone’s safety, should the worst really happen. Think through what happens if employees should become infected, if leadership should be taken out, and put in place all the steps needed to make sure there is no room for the fog of war to creep in. Make sure you have in place whatever ‘war rooms,’ break rooms, supplies, supply chains, and all the snacks needed—so that nobody gets overwhelmed should your fellow employees start to deal with a crushing number of people with Covid-19. You train for the worst, so that everyone in your organization has the muscle memory to know what to do should the worst really present itself. Be ready with all steps you might take and all precautions you are willing to do, then put them in place NOW on a piece of paper.

Finally, get confirmation from your board and all your key people in leadership that these are exactly the steps you will take, understanding that different levers can be pulled during different levels of the crisis—as the fast-moving situation shifts over time. Ensure you are also in lockstep with the key healthcare authorities. Once you have those protocols in place, have learned (after much practice) what works well, along with a decision on the correct spokespersons to deliver the messages, you are ready to communicate clearly and effectively to everyone in the community. Just like our brave members of the United States military, even though you train harder than anyone else in the world in preparing to fight this war, let’s hope the war never comes!



Alan Kahn is a member of our HEF Board of Directors with over 25 years of marketing, communications, and training experience.

2. Communicate both rationally and emotionally:

What do we do best as healthcare workers? We empathize incredibly well while finding scientific solutions! We must play to our strengths—understanding both the art and the science of healthcare. We work with cancer patients facing the worst, we work with people about to go into major surgery, we work with people at home facing old age...and ‘all of us’ in healthcare are the ones best suited to know how to deal with fear. So, let’s use our skills! Encourage people to be positive through rational reassurance and emotional support. Those of us with scientific degrees may feel more comfortable talking about the technical and medical aspects of Coronavirus.

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Yet, it is important to push oneself to also use the tone and the messaging of comfort used every day when talking with anxious patients. Also, vice-versa, those more used to communicating the warm and feeling part of patient care, must remember to also be caught up on the latest science of what your company is doing, and why. We must continually put ourselves in the shoes of those that simply don't understand viruses, don't know about the science of it all, and are only watching the scary videos with a flood of negativity coming from the screen right in the palm of their hand. Also realize that your fellow healthcare workers are often the most scared of anyone, as they see themselves directly on the front lines.

3. Lead with Care:

Help the public by 'leading' the messaging with care, communicating all of your company's strengths with true feelings of empathy at the very beginning. Just remember that in a crisis you should always use all the "C's" of a communication to show:

- ⇒ Care (and Compassion and Concern), which should always be the first statement. It has to be more than 'thoughts and prayers,' but rather your display of care must really come from the heart, because it is likely you do care very much, so make it show.
- ⇒ Competence (and certainty) to detail what your people are doing about the situation and why they will be able to get the job done, keeping people safe.
- ⇒ Credibility (and confidence and control), which you will project when you focus on number 2 above and you constantly describe why your actions are the right ones to take, listing out the rich experience of the people making those decisions.
- ⇒ Capability (and collaboration), demonstrating that you have all the resources it takes to get the job done.
- ⇒ Commitment (and cooperation), to explain not only what you are doing now, but what you will be doing together with the community well into the future, even after the direness of the situation is reduced.

Or you can substitute in other good "C" words or similar concepts that the great PR firms of the world say should be used in such a situation. Prepare to 'over communicate' these C's to all your stakeholders, answering all questions to the best of your ability.

You will be noticed for how well you are 'leading' the fight and for being out in front when messaging against Coronavirus in Western New York by simply brainstorming positive communication tactics, the same as you might do in other daily situations. Some ideas could include creating small infographics, soundbites, and clear directions that can be used in brief social media posts. Have your virus experts educate schools, officials, and the media. Communicate to your staff in a video town hall. The list is endless for good actions that can be taken right now.

Check out the full article: <https://www.linkedin.com/pulse/how-can-healthcare-leaders-best-prepare-coronavirus-effectively-kahn/>

Articles of Interest

Articles about leadership/management from ACHÉ.

The Path to Equity in Healthcare Leads to High Performance, Value, and Organizational Excellence

Betancourt, Joseph R. MD

An excerpt from Journal of Healthcare Management: January-February 2020 - Volume 65 - Issue 1 - p 7-10 doi: 10.1097/JHM-D-19-00257

KEY LEADERSHIP APPROACHES

This equity playbook is not complex, yet barriers to action and implementation remain. As healthcare leaders aim to achieve equity and drive toward high performance, value, and organizational excellence, a few approaches will serve them well.

Develop Strategic Messages and Communications

When healthcare leaders commit to achieving equity, they must develop strategic messages and communications to engage their entire organization. This can be done via any channels that leaders use to routinely communicate across the institution. Equity should not seem like a transient or remedial effort; it should instead be positioned as completely in line with healthcare's mission of delivering high-value, high-quality, reliable care to anyone, from anywhere, all the time. It must also be made relevant to everyone in the organization and seen by everyone as the responsibility of all.

The messaging and communication strategy does not need to come at the expense of hard conversations about disparities and historical root causes, including racism, segregation, and medical experimentation. Nevertheless, the conversation cannot end there. Enlisting the assistance of communications professionals can be helpful, and linking equity to aspirational values can increase the chances that the organization can integrate and sustain these efforts over the long term. Of course, the more one is able to link equity to quality, safety, cost, value, and other ongoing movements, the likelier an organization will view these efforts as "need to do" rather than merely "nice to do."

Focus on Organizational Change Management

Organizational change management is a framework for managing the effect of new processes, changes in organizational structure, or cultural changes on people in an enterprise (Rouse, 2017). Although the framework has not typically been applied to efforts to achieve equity, research has demonstrated that organizational change management strategies are exactly what is needed, called for, and desired by those engaged in these efforts (Betancourt, Tan-McGrory, Kenst, Phan, & Lopez, 2017). For example, a study of 115 organizations that participated in the Disparities Leadership Program over 9 years and engaged in efforts to achieve equity found that organizational change management strategies were essential to their success. In particular, the following specific organizational change management strategies all proved essential to achieving equity:

- * **Knowing who to involve (engaging multiple stakeholders across the organization)**
- * **Shaping organizational culture (raising awareness and building the case for equity)**
- * **Creating urgency, establishing the vision, and making both the rational and emotional case (using quantitative and qualitative data along with case studies and stories)**
- * **Engaging the organization and audience (employing routine internal and external communications)**
- * **Harnessing the power of a collaborative network (leveraging others who are engaged in this work locally and nationally)**

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Prevent “SDOH Drift”

There is little doubt that social influences—such as lower levels of education, overall lower socioeconomic status, inadequate and unsafe housing, racism, and living in close proximity to environmental hazards—disproportionately affect minority populations and thus contribute to disparities and poorer health outcomes. These social determinants of health (SDOHs), also known as “drivers of health,” have garnered remarkable attention, especially in the context of value-based contracting and population health. Although this attention is justified (and long overdue), it has led to a drift away from clear and frank discussions about health equity and racial and ethnic disparities in healthcare. In fact, this pivot has resulted in less attention to disparities and greater emphasis on concepts that many see as less charged than addressing issues of race. Furthermore, this drift has provided a sense of confirmation among those who always felt that disparities were due solely to SDOHs, not differences in quality of care or clinical decision-making. Preventing SDOH drift and focusing explicitly on disparities in healthcare will be mission-critical tasks for future leaders in achieving equity in healthcare.

Link Equity to Diversity and Inclusion

Leaders must develop a portfolio of activities that link equity to diversity and inclusion, which are necessary means to the end. This portfolio should include initiatives that aim to better recruit, retain, promote, and support a healthcare workforce—including nurses, doctors, researchers, and staff—that is diverse in all ways for patients as well as research participants. Care-giver training activities also will improve cross-cultural communication, mitigate stereotypes that influence clinical decision-making, and foster team cohesion. Finally, there should be an organizational focus on inclusion and building a culture in which care teams and patients feel valued, respected, and engaged.

Ensure Equity in Every Effort

If efforts to achieve equity in healthcare are to be truly transformational, a culture of “equity in every effort” first must take root. This kind of culture is not realized through a mere slogan or campaign. Instead, it follows a philosophy that both challenges and requires leaders throughout a healthcare organization to deliberately consider the effects of their work on all populations, not just a select few. This philosophy calls for a legitimate pause for consideration when interventions or initiatives are developed to discern how they might affect diverse populations—and whether they lessen, or widen, the disparities in healthcare. Achieving equity in healthcare will require that this process become a mandatory function in all efforts.

Conclusion

The path to high performance, value, and organizational excellence can only be successfully navigated through equity in healthcare. There is clear momentum along this path, and future healthcare leaders must continue to follow the road map put forth by the Institute of Medicine more than a decade ago (Smedley et al., 2003).

Equity in healthcare and success in an ever-evolving market with increasing patient diversity will come when leaders

- * **Acknowledge that racial and ethnic disparities persist and are a clear sign of unequal and low-value healthcare;**
- * **Understand that the root causes of these disparities are complex, but a well-developed set of evidence-based approaches is available to address them; and**
- * **Focus on messaging and communication, organizational change management, and equity in every effort as they caution against SDOH drift and tie equity to diversity and inclusion.**

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Board Member Spotlight



Phyllis G.M. Gunning, MPH

- Director, Clinical Programs-Community Partners of Western New York (a DSRIP PPS)
- Joined ACHE/HEF in 2018
- HEF BOD Member

How has HEF and ACHE helped in your professional development?

As a member of HEF, I have been enriched by learning, sharing, and collaborating with leaders who are committed to improving healthcare in the region. I moved from Chicago to WNY three and a half years ago and was rebuilding my professional network. I joined HEF in the Fall of 2018, soon after I attended the (now annual) “Future of Healthcare” event and have benefitted from the many offerings since. HEF lives up to the mission of ACHE nationally to bring leaders together to grow and deliver quality healthcare services and systems.

What has been the most challenging aspect of being a healthcare leader?

I find the most challenging aspect is staying abreast of the rapid pace of change in healthcare, particularly with rising costs and shifting payment models.

The most rewarding?

What is the most challenging is the most rewarding. It is exciting to be at the forefront of change, finding innovative ways to provide better care, reduce cost, and add value to the healthcare experience.

What is one item you can’t live without?

My label maker. I can’t stand to waste time finding things.

What do you like to do in your spare time?

I spend any time I can taking in the important historic landmarks, rich cultural offerings and natural beauty of WNY with family and friends. I grew up in this region but took so much for granted. Just recently, my son and I visited the Niagara Falls Underground Railroad Museum, and it finally became real to me that Harriet Tubman led enslaved people through this region on their journey to freedom. People always talk about Buffalo and the snow, but there is so much more to discover.



Fellow of the American College of Healthcare Executives

The Distinction of Board Certification

Frequently Asked Questions

Q: What are the advantages of becoming board certified in healthcare management and earning the FACHE credential?

A: Earning the distinction of board certification in healthcare management as a Fellow of the American College of Healthcare Executives (FACHE) signifies your expertise, experience and commitment to continuing education and professional development. Just as members of the medical staff are board certified, having the FACHE credential by your name indicates a level of achievement in the profession.

Q: What are the major requirements that I must meet to earn the FACHE credential?

A: Fellow candidates must meet all of the following requirements prior to applying and sitting for the Board of Governors Exam.

1. 1 Current Member with three (3) years tenure as an ACHE Member, Faculty Associate, or International Associate. Student membership does not count toward tenure.
2. 2 Master's degree (or other post-baccalaureate degree). A copy of your diploma or final conferred transcript is required.
3. 3 Currently hold an executive healthcare management position with a minimum of five (5) years of executive healthcare management experience. A copy of your job description, organizational chart and resume is required.
4. 4 Demonstrate 36 hours of healthcare-related continuing education within the last three (3) years of submitting an application (12 hours must be ACHE Face-to-Face education).
5. 5 Two (2) examples of community/civic activities AND two (2) examples of healthcare-related activities within the last three (3) years of submitting an application.
6. 6 Two (2) references: One (1) Fellow reference (must be a structured interview), the second reference may be from a senior-level executive (VP or higher) in your organization, OR it may be from a second Fellow.
7. 7 \$250 Application Fee (non-refundable)



Frequently Asked Questions Cont.

Q: How does ACHE define an executive healthcare management position?

A: An executive healthcare management position is one in which the applicant is employed by a healthcare organization or by an organization whose purpose is to influence the growth, development or operations of a healthcare organization. To be eligible for advancement an applicant's position must be at a department director/department head level which includes control of departmental budgeting, planning and staffing and accountability to senior management for department performance. Eligible positions include C-suite executives, Vice Presidents and Directors/Department Heads. Additional titles may be accepted if job responsibilities reflect departmental control as described above.

Applicants whose management authority is at a project and/or program level do not qualify. Examples of this level of authority might include: Analyst, Coordinator, Program Manager, Project Manager and Specialist. Administrative Fellowships, Residencies and Internships do not qualify.

Q: How should I prepare for the Board of Governors Examination?

A: There are a wide range of resources available on the Board of Governors Examination area on the ACHE website: <https://www.ache.org/fache/the-board-of-governors-exam>. ACHE also provides a Board of Governors Examination Review Course: <https://www.ache.org/learning-center/education-and-events>. Also check with your local and area chapters.

Q: Can I take the Board of Governors Examination before I submit a Fellow application?

A: No. You must first submit your FACHE application. Your Fellow application remains valid for two (2) years in which you must take and pass the Board of Governors Exam.

Q: What are the Fellow recertification requirements?

A: To maintain your fellow status, you must demonstrate 36 continuing education hours of Healthcare Management Continuing Education credit is needed, of which 12 hours must be ACHE Face-to-Face Education hours, AND involvement in two (2) healthcare-related activities and two (2) healthcare and community/civic activities since your last Advancement or Recertification.

Contact Us

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