Sustainable Healthcare Depends on Good Governance Practices

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SUMMARY

Effective leadership and governance are at the heart of creating and maintaining resilient health systems. COVID-19 exposed a plethora of issues in its wake, most notably the need to plan for resilience. Facing threats that swirl around climate, fiscal solvency, and emerging infectious diseases, healthcare leaders are challenged to think broadly on issues that affect operational viability. The global healthcare community has offered numerous approaches, frameworks, and criteria to assist leaders in creating strategies for better health governance, security, and resilience. As the world exits the worst of the pandemic, now is the time to plan for the sustainability of those strategies. Based on guidance developed by the World Health Organization, good governance is one key to sustainability. Healthcare leaders who develop measures to assess and monitor progress toward strengthening resilience can achieve sustainable development goals.

GOVERNANCE DESCRIBES THE mechanisms that organizations use to achieve their goals, both strategic and operational. The term is conceptual and hard to define, but the results of effective governance are tangible. In healthcare delivery, the emphasis has long been on operations and service provision. Today, however, healthcare systems and providers must also consider sustainability and resilience in the complex mix of measures that determine overall success.

COVID-19 and other world events over the past 5–10 years have reshaped what it means to be sustainable in healthcare. Before the onset of the pandemic in 2020, inequities in health were rampant and frequently resulted in the marginalization of the world's most vulnerable people. During the pandemic, the global health apparatus underwent the most significant stress test of operational capacity, resilience, and governance in recent memory. Most healthcare systems felt the pressure but did not have measures to quantify the complete impact. Now, as the world learns to function with COVID-19 and its variants, attention must shift to resilience as a component of effective governance.

HEALTH GOVERNANCE AND RESILIENCE

In the discussion of environmental, social, and governance (ESG) criteria, governance includes all factors that influence leadership activities, from board composition to succession planning, as well as pay for executives. Effective governance can ensure health security, health equity, and corporate resilience in the face of emergencies and pandemic preparedness.

In recent years, initiatives have been put forth to promote the role of governance across the healthcare continuum. These include

- the Global Health Security Agenda (GHSA; https://globalhealthsecurityagenda.org/),
- International Health Regulations (IHRs; www.who.int/health-topics/international-health-regulations), and

- Sustainable Development Goals (SDGs; https://sdgs.un
  .org/goals).

These initiatives emphasize resilience and sustainability in the practices of care delivery.

The movement toward more sustainable care has yielded exemplars across the United States. Each year, Practice Greenhealth announces winners of its awards for sustainability in a host of areas. Several examples of organizations that are effectively aligning strategic goals with environmentally sustainable efforts toward resilience are listed in Exhibit 1, which describes each organization and its approach. Each is marked according to its contribution toward pollution reduction, energy conservation, and environmental protection.

As shown in Exhibit 1, integration of the SDGs into strategic frameworks is an approach toward a more resilient and sustainable system. The United Nations Sustainable Development Agenda for 2030 includes national strategy goals for countries across the globe to enhance sustainability. The primary SDGs (and their targets) that are closely aligned with health system sustainability include SDG 3 (targets 3.4, 3.8), 10 (10.3, 10.4), and 11 (11.5).

Exhibit 1: Examples of Sustainable Efforts in US Healthcare Delivery

Organization	Description	Pollution Reduction	Energy Resilience	Environmental Sustainability
Abraham Lincoln Memorial Hospital	Reduction of 80% of anesthetic gas purchase	X		X
Boston Medical Center	Cogeneration power plant		X	
Cleveland Clinic	30% of local food sourcing			X

Exhibit 1: Examples of Sustainable Efforts in US Healthcare Delivery *(continued)*

Organization	Description	Pollution Reduction	Energy Resilience	Environmental Sustainability
Hackensack Meridian Health– Hackensack University Medical Center	Sustainable food purchasing	X		X
Hackensack Meridian Health– Jersey Shore University Medical Center	Reduction in mean use in patient meals	X		X
Hudson Hospital (HealthPartners)	Use of "veggie prescriptions" to improve access			X
Lakeview Hospital (HealthPartners)	Use of sustainability councils	X	X	X
Memorial Sloan-Kettering Cancer Center	Use of sustainability task forces	X	X	X
Overlook Medical Center (Atlantic Health)	Reduction of surgical blue wrap	X		X

Exhibit 1: Examples of Sustainable Efforts in US Healthcare Delivery *(continued)*

Organization	Description	Pollution Reduction	Energy Resilience	Environmental Sustainability
Ronald Reagan UCLA Medical Center	All-electric buses for patient and staff transport	X	X	X
Stony Brook University Hospital	Green space design	X	X	X
VHA Erie VA Medical Center	Reduced water consumption			X

Source: Adapted from Practice Greenhealth. https://practicegreenhealth.org/data-and -awards/awards-and-recognition.

SDG 3: Good Health and Well-Being

- **Target 3.4.** Reduce by one-third premature mortality from noncommunicable diseases (NCDs) through prevention and treatment and promote mental health and well-being.
- **Target 3.8.** Provide universal health coverage including financial risk protection; access to quality essential healthcare services; and access to safe, effective, and affordable essential medicines and vaccines for all.

SDG 10: Reduced Inequalities

- Target 10.3: Ensure equal opportunity and reduce inequalities of outcomes by eliminating discriminatory

laws, policies, and practices and promoting appropriate legislation and policies.

- Target 10.4: Adopt policies—especially fiscal, wage, and social protection policies—and progressively improve equality.

SDG 11: Sustainable Cities and Communities

- Target 11.5: Significantly reduce deaths from disasters and substantially decrease the direct economic losses caused by disasters, especially losses felt by the poor and vulnerable.

How is *health governance* defined and implemented? How is progress measured? Exhibit 1 includes real-world examples that healthcare governing bodies might consider for establishing and measuring tangible goals. Initially, it might be prudent for healthcare leaders to understand baselines so they can determine how their organization contributes to pollution and consumes energy, and then more fully appreciate its impact on the local environment. These three targets (pollution reduction, energy resilience, environmental sustainability) collectively represent a great starting point to create governance goals and objectives to assess operational influences and their associated impact on health in the local communities. This is not a simple undertaking, but the baselines yield important benchmarks for improvement.

GOVERNANCE AND EQUITY IN CARE

Many healthcare organizations have made strides in dealing with inequity in their systems. The Institute for Healthcare Improvement (www.ihi.org/Topics/Health-Equity), American Medical Association

(www.ama-assn.org/about/ama-center-health-equity), and American Hospital Association (https://equity.aha.org/) are just a few that have put forth initiatives to address the inequitable delivery of care. However, building sustainability into health equity requires a deep dive into causes beyond superficial anecdotes. Sustainable health equity can be cultivated through data-driven and measurable actions that are reinforced with good governance at the board and C-suite levels. An example is Healthfirst, a nonprofit insurer in New York. The company leverages technology and incentives for providers to serve vulnerable communities through principles in its ADVANCE framework for equity outlined in Exhibit 2.

Exhibit 2: Healthfirst ADVANCE Equity Principles

Available to all people, with equal opportunity to access quality care.

Data-informed to close gaps in care and support care continuity and coordination.

Value-driven through hospital, physician, and insurer alignment around optimal care.

Accessible when and where help is needed, so everyone is surrounded with opportunities for healthcare access and continuous insurance with no gaps.

Nurturing and human-centered so it's easy to engage and navigate.

Community-based with strong ties to services and resources that promote whole-person care and address social determinants of health.

Evidence-based with the best available clinical expertise and research guiding every treatment plan, care decision, and public-health intervention.

Source: Adapted from Healthfirst Advance (2023). https://advance.healthfirst.org/.
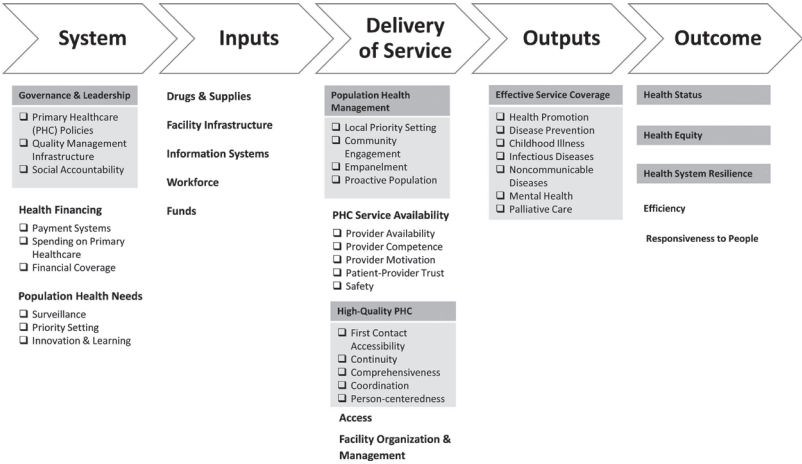
The payer aims to close coverage gaps for its 1.7 million members who speak 70 different languages. Guiding principles in the ADVANCE framework demonstrate organizational commitment to equity, which directly aligns with SDG targets 10.3 and 10.4 as well as the quintuple aim of improving population health, enhancing the care experience, reducing costs, supporting caregivers' well-being, and advancing health equity.

POPULATION HEALTH MANAGEMENT

In considering governance under ESG, healthcare boards should support sustainable health practices in their local populations. The rationale behind the SDG 2030 Agenda is to shift the world population onto a sustainable and resilient path. Thus, healthcare providers must look beyond care delivery and integrate their efforts with community partners to be most effective. Many healthcare organizations have approached population health as a rebrand of the measures already being tracked that are tied to reimbursement, such as readmissions. However, effective management of population health extends beyond the *event* of a readmission and gets to the *underlying causes* of that readmission. Governance strategies should measure and intervene in those areas to make measurable improvements, as indicated in SDG 3.4 for NCDs.

The target for SDG 3.4 is critical to well-being related to the associated financial burden of NCDs and their morbidity. Likewise, SDG target 3.8 relates to achieving essential health services coverage to reduce financial burden and risk to patients. The Organisation for Economic Co-operation and Development (2019) notes that success with the SDGs relies on the tactical use of budgetary, procurement, and regulatory tools, along with the strategic design and implementation of innovative policies and programs. Tactical examples can be found in programs like those administered through Medicaid as well as Health Resources and Services Administration grants.

Exhibit 3: Governance in PHM for Achieving SDG 3.4 and SDG 3.8

System	Inputs	Delivery of Service	Outputs	Outcome
Governance & Leadership ❑ Primary Healthcare (PHC) Policies ❑ Quality Management Infrastructure ❑ Social Accountability **Health Financing** ❑ Payment Systems ❑ Spending on Primary Healthcare ❑ Financial Coverage **Population Health Needs** ❑ Surveillance ❑ Priority Setting ❑ Innovation & Learning	**Drugs & Supplies** **Facility Infrastructure** **Information Systems** **Workforce** **Funds**	**Population Health Management** ❑ Local Priority Setting ❑ Community Engagement ❑ Empanelment ❑ Proactive Population **PHC Service Availability** ❑ Provider Availability ❑ Provider Competence ❑ Provider Motivation ❑ Patient-Provider Trust ❑ Safety **High-Quality PHC** ❑ First Contact Accessibility ❑ Continuity ❑ Comprehensiveness ❑ Coordination ❑ Person-centeredness **Access** **Facility Organization & Management**	**Effective Service Coverage** ❑ Health Promotion ❑ Disease Prevention ❑ Childhood Illness ❑ Infectious Diseases ❑ Noncommunicable Diseases ❑ Mental Health ❑ Palliative Care	**Health Status** **Health Equity** **Health System Resilience** Efficiency Responsiveness to People

Source: Adapted from Primary Health Care Performance Initiative (2018). https://improvingphc.org/.

Population health management (PHM) is important in facilitating progress toward targets SDG 3.4 and 3.8. PHM programs are centered on curative as well as preventive health, NCD management for improved quality of life, and healthcare provision improvements that reduce costs. Exhibit 3 illustrates the process of governance as an enabler in the healthcare system leading to desirable outcomes in care delivery.

PHM supports proactive primary healthcare in accordance with the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and value-based care. Deloitte's 2017 survey of US hospital CEOs validated the crucial role of PHM in value-based care payment models (Burrill and Kane 2017). In the absence of universal health coverage in the United States, value-based care models can be applied to PHM in tackling waste and reducing costs through the integration of chronic disease management and improved access to care (Zieff et al. 2020). While waste reduction is associated with

organizational and fiscal sustainability, it does little to directly address the true causes of health disparities and health inequity in population health. The US Department of Health and Human Services has initiated the Healthy People PHM program to target NCDs' modifiable determinants (https://health.gov/healthypeople). The prevention of risk before the commencement of irreversible complications is an important goal of the program.

Dynamic technology supports successful and sustainable PHM. For example, Grand View Research has created an array of services for PHM and ESG activities. Its PHM open application programming interface can be used to manage NCD conditions to reduce the cost of care (Grand View Research n.d.). The PHM software facilitates the analysis of patient data to support decision-making and improve patient outcomes. In the post-COVID-19 pandemic era, top PHM service providers will be able to transform the PHM landscape in the United States using advanced technologies and data science. This will generate the data to track progress in achieving SDGs such as reduction in premature deaths from NCDs (SDG 3.4) and access to essential health services and financial risk protection (SDG 3.8).

As a multinational example, the European endeavor called EURO-HEALTHY used a scenario-driven approach to identify and track intercontinental drivers of population health inequities (Alvarenga et al. 2019). The project put forth three scenarios—(1) worst case, (2) to the best of our knowledge, and (3) best case—to identify factors present and expected to affect Europe regarding PHM inequities through 2030. The result of this is a population health index to inform policy decisions toward meeting the 2030 SDG Agenda.

While this project spanned several healthcare, political, and social systems that differ from US systems, there are some relatable governance nuggets. For example, EURO-HEALTHY found 176 drivers of inequities across political, environmental, social, technological, legal, and environmental domains. In each domain, the

drivers were ranked to enable prioritization of resources and energy for the things that a healthcare system can influence (and identify those that are out of scope). These driver configurations could easily serve as a basis for governance in PHM sustainability, particularly around inequity. The sustainability of PHM in the US systems of care must involve policymakers (government level) and healthcare leadership champions (health system level), along with community involvement at the local and regional levels.

HEALTH SYSTEM SUSTAINABILITY

Resilience in healthcare has mostly been viewed in governance from a fiscal standpoint, with more recent consideration of environmental sustainability and health equity. A more comprehensive approach to governance might evolve through the understanding of hospital resilience core capacities codified by Khalil and colleagues (2022):

Exhibit 4: Areas of Focus for Hard and Soft Resilience in Hospitals

Hard Resilience	Soft Resilience
Space includes infrastructure and space utilization agility.	Systems and strategies includes planning, adaptive leadership, and management.
	Staff includes the clinicians and nonclinicians who do the day-to-day work.
	Stuff includes supply chain mechanisms, finance, and logistical operations.

Source: Adapted from Khalil et al. (2022).

absorption, adaptation, transformation, and learning. Hospitals' resilience is ultimately intertwined with the resilience of the overall health system and the communities they serve. Within this conceptual framework, strengthened hospital resilience requires both hard and soft qualities, as illustrated in Exhibit 4.

This approach fortifies the pillars of governance and equity in healthcare to support people, places, and planet. The ultimate outcome is sustainable economic, human, and social development.

CONCLUSION

The challenges to creating and maintaining sustainability depend on ESG factors related to health equity in care delivery, sustainable development, and resilience. In the movement to build sustainability in the US system, healthcare governing bodies should keep the following points at the forefront of their perspectives:

- Health is more than what occurs in the walls of healthcare providers; it includes environmental and social determinants.
- Inequities in the provision of care are costly and deadly.
- Health systems function in communities, and they must be full partners with others in providing care to the populations they serve.

When organizations fully understand their impact on their local environments, they can then create governance structures to cultivate sustainability and resilience. Empowered by that understanding, healthcare leaders can make evidence-based policy decisions. With equity and inclusion integrated into the approach, the system can work for everyone.

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REFERENCES

Alvarenga, A., C. A. Bana e Costa, C. Borrell, P. Lopes Ferreira, Â. Freitas, L. Freitas, M. D. Oliveira, T. C. Rodrigues, P. Santana, M. Lopes Santos, and A. C. L. Vieira. 2019. "Scenarios for Population Health Inequalities in 2030 in Europe: The EURO-HEALTHY Project Experience." *International Journal for Equity in Health 18* (1): 100. https://doi.org/10.1186/s12939-019-1000-8.

Burrill, S., and A. Kane. 2017. "Population Health and Value-Based Care: Hospital CEO Survey Series." In *Deloitte 2017 Survey of US Health System CEOs: Moving Forward in an Uncertain Environment.* www2.deloitte.com/us/en/pages/lifesciences-and-health -care/articles/populationhealth-based-model.html.

Grand View Research. n.d. "U.S. Population Health Management Market Size, Share & Trends Analysis Report by Product (Software, Services), By End Use (Providers, Payers, Employer Groups), and Segment Forecasts, 2022–2030 (Report Overview)." Accessed October 28, 2022. www.grandviewresearch.com /industry-analysis/us-population-health-managementmarket.

Khalil, M., H. Ravaghi, D. Samhouri, J. Abo, A. Ali, H. Sakr, and A. Camacho. 2022. "What Is 'Hospital Resilience'? A Scoping Review on Conceptualization, Operationalization, and

Evaluation." *Frontiers in Public Health 10*: 1009400. https://doi.org/10.3389/fpubh.2022.1009400.

Organisation for Economic Co-operation and Development. 2019. "Highlights. Governance as an SDG Accelerator: Country Experiences and Tools." Published July 16. www.oecd.org/publications/governance-as-an-sdg-accelerator0666b085-en.htm.

Zieff, G., Z. Y. Kerr, J. B. Moore, and L. Stoner. 2020. "Universal Healthcare in the United States of America: A Healthy Debate." *Medicina 56* (11): 580. https://doi.org/10.3390/medicina56110580.

FOR DISCUSSION

1. In the discussion of environmental, social, and governance (ESG) criteria, what does governance comprise?
2. How can a healthcare governing body take an active role in pollution reduction, energy resilience, and environmental sustainability?
3. The UN's Sustainable Development Agenda includes goals and targets for organizational resilience. Describe a goal and one of its targets in healthcare.
4. How can value-based care models be applied to public health management in tackling waste and reducing costs?