Today's Risk is Tomorrow's Convention

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As I reflect on risks taken at the Jewish Healthcare Foundation (JHF), I am struck with the timeliness of risk. Risk is of the moment; sometimes it is hard to translate into current reality the extent of risk taken at some previous date. That said, JHF was born of risk: we evolved from the sale of Pittsburgh's Jewish hospital becoming one of the first (poorly named) "conversion foundations," the assets of a beloved hospital converted into a foundation's endowment. Knowing not what "Jewish health" meant, we were free to draw on the tabula rasa.

The anguish, and sometimes outright anger, at the sale of the hospital by the Jewish community cannot be understood in contemporary terms. So many hospitals have been subsequently sold and the assets positively diverted. Somehow, our early staff team knew that we had to create something bold, energetic, and prescient to replace the cherished institution from whence we sprang. Embracing risk did not seem optional; it was adopted as a tribute to our origins in an innovative institution.

Born into turbulence, JHF has a taste for risk. We regard all times as worthy of addressing the unmet need, the controversial issue, the frontier thinking, and the hot topic. We regard this as any foundation's prerogative and, indeed, its mission. Blessed with a trusting and supportive governing board we have taken on large scale policy change; leveraged five dollars for every dollar spent; staffed up in expectation of major developments, hoping that funding would follow; challenged the medical status quo; and turned ourselves into a start-up, developing a bold new product to transform health care delivery. To draw attention to a worthy cause, I have personally dressed up as a tomato and a silent nun, spent time in a jail cell, walked four U.S. Senators through an intensive care unit, and appeared on talk shows with right-wing zealots.

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Eschewing the traditional foundation models of the time, we aspired to be a "think, do, teach, and give" tank. We wanted to be all things: a center of research, program management, and education/training, while pursuing unconventional grantmaking. Our eclectic staff includes physicians, nurses, lab techs, health information technology experts, researchers and epidemiologists, data analysts, labor force economists, educators and trainers, a venture capitalist, former Capitol Hill staffers, and event planners.

We started off with signature initiatives. The first round of grants in 1991 included a massive measles-immunization campaign called KidShot. The intent was to immunize all children before school started in September. Eleven children had died of measles in Philadelphia in the spring, and Pittsburgh wanted to move fast. We enlisted Rotary, the county health department, and local hospitals as partners and set off for malls, community centers, and places where children gather to get the job done. We took out extra insurance to protect our assets! This was risk at a critical time.

The same first round of grants moved us to fund school-based health centers, a controversial action but most worthy. We also established a program with our local PBS station called *The Breast Test* to create public sentiment and advocacy among women for better funding of breast cancer research, better treatment, and more informed and collaborative decisionmaking. Most controversial was the publication of a guide to accredited mammography – some of our most prestigious institutions had equipment that did not pass inspection.

So, you get the picture. We wanted to establish that this was not a hands-off foundation. Remember, the year was 1991. The HIV/AIDS virus terrorized the public. We became the state's fiscal agent for AIDS funding in our region, developed a strategic plan for regional action to contain the virus, and made several grants to develop new organizations to manage the disease and support its victims. We have been leaders in AIDS funding, research, treatment, and program development to this day – and we remain the Pennsylvania's fiscal agent.

To make a lasting gift to the Jewish community, the home base of the hospital that created our endowment, we invested $35 million in a state-of-the-art continuum of care for seniors – a nursing village, assisted living center, hospice, meals on wheels, adult daycare, information central, and more. We supported new projects such as a Jewish residential center for mentally impaired adults, a kosher food pantry, and a new health center. Many of our investments were informed by a JHF-led community needs assessment project, the Healthy Jewish Community Project. All of these projects have been highly successful – worthy of our serious investment. Recently we have been exploring ways in which the Israeli health system, which is very advanced in primary care, can inform American reform.

Adding a component of patient empowerment, we built a consumer health movement in Pittsburgh by founding the Consumer Health Coalition and the western office of the Pennsylvania Health Law Project. We knew that these organizations had to be free to represent the consumer as vigorously as possible, so they were established as independent entities.

Within the foundation, we built our agenda to improve patient care and safety. Perhaps the biggest risk we have ever taken began in 1997. We focused on the serious system failures in health care: waste, errors, inefficiencies, and bad practices. Most importantly, we realized the enormous damage and pain caused as a consequence. Bringing to the public our awareness of the extent of harm (100,000+ preventable deaths, multiples in preventable injury) was risky; explaining the widespread culpability of all stakeholders in this tragedy even more so. The work began before the influential Institute of Medicine report *To Err is Human*. That established us as the Jeremiah of health care.

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We understood that nothing less than a revolution, a health reform movement of extraordinary magnitude, would deliver the right care to every patient, every time, reliably. In 1998, with the blessing and sponsorship of our local corporate leadership, we formed the Pittsburgh Regional Health Initiative (PRHI), one of the world's first regional multistakeholder health care improvement organizations. We developed our own improvement process, Perfecting Patient Care. We established our own "four-day university" to teach this method, and set up numerous "champion" programs for nurses, doctors, pharmacists, graduate students, and others to test the method in practice. Controversial as our message was, our actions – teaching, coaching, researching, and testing – were intended to be scientifically rigorous and objective.

Stepping out ahead of the pack, taking on so monumental a set of problems, energized the foundation like nothing we had done before. It cemented partnerships that have withstood the test of time with our regional medical and hospital associations and local health leadership who have been at our side through the days of controversy to the present – when our message is accepted by every responsible person connected with health care. But, alas, that was not the case in the early days. It took courage to be a quality leader and to demonstrate to one's peers, and the broader community, how much potential existed to perfect our systems of care.

Our reward: numerous books, articles, television features, and media coverage heralding the wisdom of our early perceptions and solutions. Of course, the biggest reward is lives saved and pain averted. And perhaps the biggest tribute of all, the current national health reform debates. The question now is not: Is our health care system fundamentally flawed? It is: How do we fix a fundamentally flawed health care system

prone to error, waste, and bad practices routinely? How do we save lives and money by reforming payment and delivery? To that end, we have established a Center for Healthcare Quality and Payment Reform whose website has already been visited by tens of thousands of viewers.

Clearly, we were among the first, if not the first, foundation to devote so much time, money, and staff to perfecting patient care. We were the first foundation to experiment with the introduction of industrial systems improvement methods into health care settings. We championed the use of information technology in health care before the Office of the National Coordinator for Health Information Technology existed, and believe me, this was not popular. As an award, the Centers for Medicare and Medicaid Services did grant us one of their prized electronic health record demonstration grants that might bring $40 million to local, small independent primary care practitioners. We have traveled abroad to witness the frontiers of medically appropriate health information technology systems.

We established internally a program called Health Careers Futures to address the many workforce challenges facing health care: recruitment, education, retention, and promotion. We had no idea, initially, that creating a Summit on the Health Workforce of Tomorrow would lead to long-term engagement and leadership in this issue. But our homework for the summit disclosed the serious challenges ahead in assembling the highest quality workforce in sufficient quantity to meet demand. We help with retention in the volatile nursing home industry; we even have a Pathways project in partnership with the United Way to prepare and attract "marginal" high school students to health careers.

JHF's passion for improving the quality of health care has led us in interesting directions, some more controversial than others. Let us consider our long-term commitment to improve end-of-life care. We have activated all of our areas of endeavor to advance more humane, patient-centered care at end of life: funding a Chair at the University of Pittsburgh Medical School, establishing community conversational groupings around the topic, training graduate students in the health professions, and engaging in policy advocacy. When we knew that there was no hope of buying back our hospital and running it according to our Perfecting Patient Care standards, we applied for and received funds to start our own unique federally qualified health center (FQHC).

An interest in public health has taken us deep into women's heart health (Working Hearts initiative), breast cancer (*The Breast Test*); end of life (Closure); and eating disorders (The Problem with Food). These are outreach, education, and policy advocacy initiatives that we run ourselves. We attempt to move where the puck is going. We have engaged local providers in an accountable care network demonstration, and we are a regional coordinating center for FQHCs. Our longstanding love affair with FQHCs stems from a conviction that the model is simply the best way to deliver comprehensive, integrated care to populations with special health needs.

As you might guess, the atmosphere at JHF is one of a start-up company. In spite of our comfortable quarters, we like to think we are working out of a garage, attempting to create the next new thing – that magic lever that will change behavior, policy, and knowledge. Our current excitement is a web-based tool for health organization executives to transform the delivery of care. We are keen on bringing rapid corrective action to the problems and system failures that plague health care and cost us many lives and wasted resources. Over time, we have altered our focus, our staffing, and our arena for action to meet the current "crisis." Yes, yesterday's crisis is today's established issue. But all times are alive with possibility for major transformative and positive change. It is up to us to seize the opportunity and embrace risk.