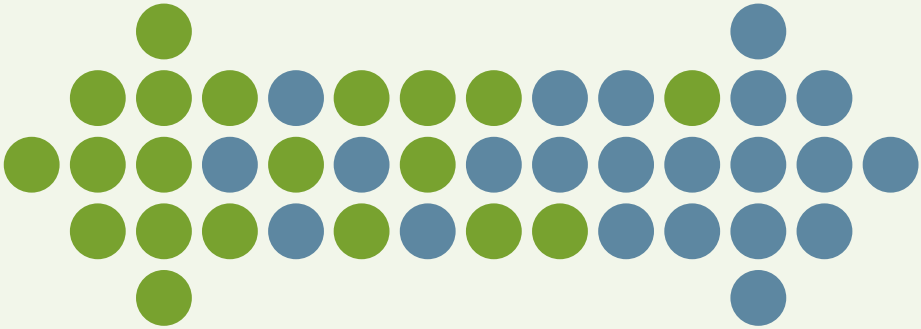




Jewish Healthcare Foundation

# Looking Back, Looking Forward:

Anticipating and Advancing Health Reform



2009 Annual Report

## Looking Back, Looking Forward:

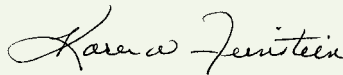
Perhaps once in a lifetime, an opportunity presents itself to launch a major social movement. The Jewish Healthcare Foundation (JHF) had that opportunity with health reform. More than eleven years ago, JHF founded the Pittsburgh Regional Health Initiative (PRHI) to test and prove methods to contain healthcare costs by improving quality. JHF's ongoing support of PRHI, as it provided example after example of how to transform healthcare systems that were unreliable, unsafe, inefficient and unresponsive, made this work possible.

The Patient Protection and Affordable Care Act of 2010 captured much of PRHI's Rx for reform. Some say that the legislation went too far; others say not far enough. Many important cost containment measures succumbed to the intense lobbying of special interests. But PRHI's prescription for delivery system redesign, payment reform, workforce development and harm reduction appears throughout the new health reform law.

This annual report pays tribute to the work of many quality champions who persevered to make reform possible, and to the Board members of the Jewish Healthcare Foundation who have supported PRHI's experiments and held firm in their beliefs and commitments to reform for more than a decade.



**Patricia L. Siger**  
Chair



**Karen Wolk Feinstein, PhD**  
President and Chief Executive Officer



In March 2010, the U.S. Congress passed historic healthcare reform legislation. In addition to sweeping changes in health insurance coverage, the **Patient Protection and Affordable Care Act (PPACA)** focuses on improving healthcare quality and safety. It restricts payment for waste, error, unnecessary treatment and preventable complications, and increases funding for primary care physicians and their prevention activities. The bill authorizes a series of ambitious, regional experiments to test new options for improving quality and patient safety, transforming delivery and payment, and expanding the health workforce. Reform efforts devolve to the regional level.

## How the PPACA Promotes QUALITY AND SAFETY

**Sec. 3002:** Prescribes a penalty for providers who do not report quality measures satisfactorily. Requires meaningful use of electronic health records to advance quality.

**Sec. 3008:** Subjects hospitals to a penalty for high rates of hospital-acquired harm and infections.

**Sec. 3012:** Directs public reporting of performance.

**Sec. 3024:** Establishes a hospital readmission reduction program and penalties for preventable Medicare readmissions.

**Sec. 3025:** Makes available patient safety organizations for hospitals with a high readmission rate.

**Sec. 3501:** Establishes the Center for Quality Improvement and Patient Safety.

## Jewish Healthcare Foundation: Anticipating Quality and Safety Reforms

The Jewish Healthcare Foundation (JHF), from the **creation of the Pittsburgh Regional Health Initiative (PRHI)** in 1998 to the **launching of Health Careers Futures (HCF)** in 2003, and the **formation of the Center for Healthcare Quality and Payment Reform (CHQPR)** in 2008, has anticipated and helped shape the key elements of reform.

By forming PRHI, one of the nation's first regional, multi-stakeholder health improvement collaboratives, JHF was determined to prove that better quality of care, nearing perfection, is possible even in a complex, high-risk industry like health care. Basic performance improvement strategies like "Lean" and "TPS" could be applied to health care, resulting in safer and more efficient care. **Creating its own quality improvement methodology – Perfecting Patient Care<sup>SM</sup> (PPC)**, PRHI was among the first organizations in the U.S. to demonstrate unequivocally that eliminating hospital-acquired infections was an irrefutable, reasonable and possible goal.

JHF had a hand in **transforming health care – one unit or project at a time – through its Healthcare Champions programs**. JHF initiated these programs starting with a Nurse Navigator program to empower frontline nurses, continuing with Physician Champions, and then Pharmacy Agents for Change. These projects provided further evidence that PPC techniques were viable in all settings and for many problems and conditions.

PRHI has been a vocal advocate for the establishment of a Federal Patient Safety Authority, similar to agencies established for aviation, nuclear power and mine safety in the United States.

JHF was early in **identifying the frequency of hospital readmissions** as a high cost and yet preventable healthcare problem. Readmission rates offer a measure for actual outcomes of care, moving quality measurement beyond process-of-care measures. With support from the Richard King Mellon Foundation, PRHI's *Readmission Reduction Project* has shown that up to 40% of hospital readmissions for patients with chronic obstructive pulmonary disease (COPD) can be avoided with good care management, including home visits and discharge planning, patient education, and care coordination. JHF's research team is **identifying patients with common chronic diseases most at risk** for readmissions in a series of *Readmission Briefs*, using data from the unique Pennsylvania Health Care Cost Containment Council.

**To support dignified end-of-life care** reflective of patient values and family preferences, JHF continues to expand its *Closure* program – a series of community conversations aimed at redefining quality care for people with life-threatening illness – into new communities. In addition, with support from the Harry & Jeanette Weinberg Foundation, JHF launched the **Caregiver Champions program** to create a cadre of volunteers to support caregivers of older adults.

Finally, the learning from more than a decade of JHF-initiated quality improvement initiatives will soon be available to a national and global audience via **Tomorrow's HealthCare™ (THC)** [www.tomorrowshealthcare.org](http://www.tomorrowshealthcare.org) – **bringing web-based PPC quality improvement tools and methods to frontline workers** in every setting, when and where they can take time to innovate and learn. THC will make it possible to extend the PPC core methodology and approach to many more healthcare professionals and organizations, reinforcing and supporting ongoing efforts of PPC champions as they seek to spread and sustain PPC quality improvement methods among the frontline teams with whom they work. Our coaching sows the seeds for change, in the form of champions who will lead quality improvement transformations. THC is the means to nourish these seeds, and propagate PPC-driven change among frontline teams, departments, and entire organizations.

### **How the PPACA Promotes PAYMENT REFORM**

**Sec. 2704:** Evaluates the use of bundled payments for integrated care for Medicaid beneficiaries.

**Sec. 2705:** Establishes a Medicaid Global Capitated Payment System Demonstration Project for state payments to an eligible safety net hospital or network.

**Sec. 3001:** Establishes a hospital value-based purchasing program.

**Sec. 3005:** Authorizes development of value-based purchasing programs for skilled nursing facilities, home health agencies and ambulatory surgery centers.

**Sec. 3007:** Establishes a value-based payment modifier, under the physician fee schedule, based upon the quality of care compared to cost.

**Sec. 3012:** Establishes a shared savings program that promotes accountability for a patient population; and establishes a pilot program for integrated care (involving payment bundling) during an episode of care.

### **JHF: Anticipating Payment Reform**

JHF supported the establishment of the **Network for Regional Healthcare Improvement (NRHI)** in 2004 to provide technical assistance to, facilitate information sharing among, and **encourage national support for regional health improvement collaboratives**.

Regional Health Coalitions recognized that perverse financial incentives present major barriers to efficient, high-value healthcare. JHF (together with three other foundations) funded two **NRHI National Payment Reform Summits** in Pittsburgh in 2007 and 2008. The summits highlighted the fact that much of the care required to improve the quality of life and reduce expensive hospitalizations for people with chronic conditions is not reimbursable. As part of its "*Healthcare Payment Reform Series*," NRHI produces nationally-circulated seminal papers widely regarded as the most comprehensive, understandable and pragmatic guides to payment reform available. In 2008, JHF founded the **Center for Healthcare Quality and Payment Reform (CHQPR)** to accelerate payment reform.

## How the PPACA Promotes DELIVERY SYSTEM REDESIGN

**Sec. 2703:** Gives states the option to provide coordinated care through a health home for individuals with chronic conditions.

**Sec. 3022:** Permits Medicare shared savings programs in order to promote shared accountability for a patient population via Accountable Care Organizations.

**Sec. 3024:** Tests physician- and nurse practitioner-directed home-based primary care teams.

**Sec. 3026:** Establishes a Community-Based Care Transitions Program for high-risk Medicare beneficiaries.

**Sec. 3503:** Provides grants for medication management services provided by licensed pharmacists for collaborative, multidisciplinary treatment of chronic diseases.

**Sec. 10333:** Authorizes grants to support community-based collaborative care networks for low-income populations.

## JHF: Anticipating Delivery System Redesign

JHF initiated several large scale projects to redesign the delivery of health care. In one such project, JHF is a funding partner with the Commonwealth Fund, and **serves as a Regional Coordinating Center** of the **national Safety Net Medical Home Initiative**. PRHI trainers support 10 local federally qualified health centers, including the Squirrel Hill Health Center, in their efforts to become patient-centered medical homes.

JHF brought \$40 million to SWPA when **PRHI was selected as the Community Partner in the Centers for Medicare & Medicaid Services' Electronic Health Record (EHR) Demonstration**. PRHI recruited 280 small physician practices to receive incentive payments for implementing and using EHRs to improve quality. To help physicians reach quality targets, 250 providers, staff and practice administrators have participated in PRHI's **Transforming Care in Provider Practice (TCPP)** training.

System redesign – particularly focused on improved primary care and care transitions – is also a theme in the Transforming Care in Provider Practice program. TCPP provides curriculum modules to introduce primary care providers, practice managers, administrators and frontline staff to key concepts related to practice transformation, along with tools and techniques to implement change.

Finally, anticipating the potential of Accountable Care Organizations, we built on previous work with readmission reduction across settings of care to consideration of new models of service delivery. Our investigation has been informed by our partnership with Clalit Health Plan in Israel, particularly Clalit's model of secondary care centers and their outstanding outpatient and primary care. We have also commissioned a series of monographs with JDC Brookdale.

*“Now that the historic national health reform law has been enacted, the real reform begins in earnest... But no one should underestimate the magnitude of other changes that will have to be made on the operational, payment, regulatory, legal, and educational fronts. And no one should understate the urgency.”*

**Susan Dentzer**, Editor-in-Chief, Health Affairs (May 2010 issue)

## How the PPACA Promotes BEHAVIORAL HEALTH SERVICE EXPANSION

**Sec. 1252:** Defines essential health benefits for “qualified” health plans to include mental health and substance use disorder services.

**Sec. 2952:** Encourages best treatments for postpartum depression.

**Sec. 5604:** Authorizes grants for integrated behavioral health services to special populations.

**Sec. 10410:** Establishes national centers of excellence for depression.

## JHF: Anticipating Behavioral Health Interventions within Primary Care

PRHI research uncovered the prevalence of behavioral health comorbidities in frequently hospitalized patients with chronic diseases, such as diabetes, COPD and heart disease. Unmanaged depression or substance use disorders create complications for managing chronic physical illnesses, poor quality of life for the patient, and the potential over-utilization of healthcare resources. Because primary care settings offer abundant opportunities for early identification, intervention, and treatment of comorbid behavioral health problems, JHF, in partnership with The Fine Foundation and the Staunton Farm Foundation, funded the *Integrating Treatment in Primary Care* demonstration project in three community health centers. Early results show improvement in behavioral health and chronic disease management.

## How the PPACA Promotes HEALTH WORKFORCE DEVELOPMENT

**Sec. 5306:** Authorizes grants to recruit and train students to be mental health professionals.

**Sec. 5507:** Authorizes projects to help low-income individuals to obtain education and training for healthcare occupations.

**Sec. 5508:** Awards grants to establish new accredited or expanded primary care residency programs.

**Sec. 5509:** Provides incentives for hospitals providing clinical training for advanced practice nursing.

## JHF: Anticipating Health Workforce Shortages

A JHF-sponsored *Pittsburgh Region Health Workforce Summit* in 2003 found impending shortages in certain healthcare professions required immediate strategies to attract and retain qualified workers. In response, **JHF launched Health Careers Futures (HCF) to align the region’s supply of and demand for healthcare workers.** *Pathways to Careers*, for example, focuses on populating the workforce pipeline by exciting students about the world of health careers, particularly health careers requiring less than a four-year degree.

HCF has also focused on **retention and reducing turnover** through *Incumbent Worker Investment & Skills Enhancement* for frontline staff and managers in long-term and acute-care settings.

Through Health Careers Futures, JHF also sponsors the **Patient Safety Fellowship and the Jonas Salk Fellowship, offering graduate students and professionals access to local champions in quality and safety improvement.** The leaders of tomorrow will apply an interdisciplinary approach to practicing, and continually improving, health care and patient safety. The *Jonas Salk Fellowship* is currently co-sponsored by the University of Pittsburgh Center for Bioethics and Health Law. The program was created to explore various ethical issues in health care not addressed in clinical training programs.

## **JHF LOOKING FORWARD: Advancing Health Reform**

After a dozen years of working on healthcare reform, the Jewish Healthcare Foundation and its supporting organization, the Pittsburgh Regional Health Initiative, have proven the validity of a core strategy: developing quality champions from within the ranks of the healthcare delivery system – in hospitals, skilled nursing facilities, community health centers, laboratories and private practices. Data and dollars will not produce performance excellence and contain cost. Healthcare transformation must be done from within by committed and equipped CEOs, managers, lab scientists, physicians, nurses, pharmacists and frontline champions. We will continue to expand our training, coaching and educational functions.

A revolution requires a vision of what is needed, and the practical application of proven improvement tools, methods and training; and sufficiently aligned incentives. Repeated applications of our health improvement methodology, Perfecting Patient Care<sup>SM</sup> have shown that previously unimaginable improvements in performance excellence are attainable. We aim through Tomorrow's HealthCare<sup>TM</sup> to equip every **healthcare champion at every level and in every profession to achieve breakthrough improvements in preventing infections, medication errors, patient falls and other harm; improve chronic disease management and reduce preventable hospitalizations; and replace waste, errors and re-work with streamlined, patient-centered, and continuously improved care.**

We are leading the way, regionally and nationally, to **realize value from health information technology**. We also seek to demonstrate new models of care through which champions can excel at evidence-based medicine, patient safety and efficiency. Our practice coaches are helping to ensure that new health information technology is supported in hundreds of southwestern Pennsylvania primary care practices – with trained staff, redesigned patient care processes, and use of data for public reporting. Through our Center for Healthcare Quality and Payment Reform, we are active participants in the critical national discussion of healthcare payment reform.

In the coming months, we will be focusing on **health careers recruitment and preparation, quality and safety in emergency medical services, and chronic disease management**. Our projects also will include helping patients, families and caregivers to **manage end-of-life issues, improve transitions of care** from one healthcare setting to another, and **implement behavioral health interventions in primary care**. We will continue to build on our essential partnerships with local, state and national thought leaders, and continue to rely on instilling Perfecting Patient Care<sup>SM</sup> methods and **inspiring new ranks of healthcare champions**, even as we **activate new, web-based learning resources, on-site coaching, and potentially revolutionary models for primary and secondary care**.

*“The most interesting, under-discussed, and potentially revolutionary aspect of the law is that it doesn't pretend to have the answers. Instead...it offers to free communities and local health systems from existing payment rules, and let them experiment with ways to deliver better care at lower costs.”*

**Atul Gawande**, MD, MPH, Best-selling author (New Yorker, April 5, 2010 issue)



## Consolidated Statements of Financial Position

December 31,	2009	2008
<b>Assets</b>		
Cash	\$ 2,033,976	\$ 2,363,946
Investments, at market value	112,054,281	95,976,919
Government grants receivable	661,030	519,999
Contributions receivable	1,392,877	69,832
Furniture and equipment, net of accumulated depreciation of \$139,099 and \$173,280, respectively	44,359	53,829
Other assets	153,324	113,653
<b>Total assets</b>	<b>\$ 116,339,847</b>	<b>\$ 99,098,178</b>
<b>Liabilities and Net Assets</b>		
Accounts payable	\$ 440,054	\$ 363,460
Contributions payable	24,521,139	26,872,604
Deferred revenue	61,235	—
Interest rate swap liability	115,065	316,681
Other liabilities	93,484	67,685
<b>Total liabilities</b>	<b>25,230,977</b>	<b>27,620,430</b>
<b>Net assets</b>		
Unrestricted	88,420,703	70,322,296
Temporarily restricted		
Qualified grants to successor of Montefiore Hospital	386,993	332,562
Donor restrictions	2,301,174	822,890
<b>Total temporarily restricted</b>	<b>2,688,167</b>	<b>1,155,452</b>
<b>Total net assets</b>	<b>91,108,870</b>	<b>71,477,748</b>
<b>Total liabilities and net assets</b>	<b>\$ 116,339,847</b>	<b>\$ 99,098,178</b>

# Board of Directors

## OFFICERS

Patricia L. Siger, Chair  
Alan R. Guttman, Vice Chair  
Nancy L. Rackoff, Secretary  
Richard D. Rosen, Treasurer

## TRUSTEES

David Ainsman  
Eva Tansky Blum  
David A. Brent, MD  
Marc Brown  
Donald S. Burke, MD  
Debra L. Caplan  
Beatrice Conn (In Memoriam)  
Ethel Feldman (In Memoriam)  
Stephen E. Fienberg, PhD  
Michael Garfinkel, MD  
Irwin Goldberg \*  
Stanley R. Gumberg (In Memoriam)  
Stephen F. Halpern  
Stuart Hoffman  
Carole Kamin  
Richard E. Kann  
Thomas A. Karet  
Joelle Krasik  
Laura Penrod Kronk  
Louis B. Kushner  
Jeffrey W. Letwin  
Regina Levin  
Anne Lewis  
Marvin S. Lieber \*  
David J. Malone  
Stanley M. Marks, MD  
Pearl Moore, RN  
Robert A. Paul \*  
Louis Plung  
Donald M. Robinson \*  
Eric Rodriguez, MD

Yoel Sadovsky, MD  
Jonathan M. Schmerling  
Lori B. Shure  
Richard S. Simon \*  
Richard A. Snow  
James L. Winokur (In Memoriam)  
Karen Wolk Feinstein, PhD \*\*  
Jeffrey Finkelstein \*\*  
William Rudolph \*\*

\* Life Trustee

\*\* Ex Officio

## COMMITTEE CHAIRS

Distribution: Alan R. Guttman  
Executive: Patricia L. Siger  
Finance & Audit: Richard S. Simon  
Governance: Stephen F. Halpern  
Investment: Richard D. Rosen  
Nominating: Nancy L. Rackoff

## PITTSBURGH REGIONAL HEALTH INITIATIVE

Alan R. Guttman, Chair

## HEALTH CAREERS FUTURES

David J. Malone, Chair

# Staff

**Karen Wolk Feinstein, PhD**

President and Chief Executive Officer

**Robert Antonelli, MA**

Director of Government Relations

**Gerry Balbier, MPM**

Director, Tomorrow's HealthCare™

**Carla Barricella**

Communications Manager

**Katherine M. Brewer, MPH**

Educator/Trainer/Coach (PRHI)

**Jennifer Condel, SCT(ASCP)MT**

Project Manager/Educator/  
Trainer/Coach (PRHI)

**Cara Dermody**

Program Associate (HIV/AIDS)

**Robert Ferguson**

Program Associate

**Millie Greene**

Executive Assistant

**Tina Hahn**

Project Manager/Educator/  
Trainer/Coach (PRHI)

**Leah Holleran**

Business Manager

**Barbara Jennion, MEd**

Director, Perfecting Patient Care<sup>SM</sup> (PRHI)

**Keith T. Kanel, MD, MHCM, FACP**

Chief Medical Officer

**Lindsey Kirstatter Hartle, MBA**

Accounting Manager

**Jason Kunzman, CPA, MBA**

Chief Financial Officer

**Laura Mahood, MS, SCT(ASCP)**

Project Manager/Educator/  
Trainer/Coach (PRHI)

**Bridget McNie**

Public Relations Manager

**Betsy Milliron**

Administrative Assistant (PRHI)

**Michelle Murawski, MHA**

Project Manager (HIV/AIDS)

**Catherine Mutunga**

Administrative Assistant

**Beth Polonchak**

Program Associate

**Scott Rosenblum, MS**

Program Associate

**Maureen Saxon-Gioia, RN, BSN**

Educator/Trainer/Coach

**Cliff Shannon**

Chief Communications Officer

**Marsha Shisman**

Office Manager  
Grants Manager (HIV/AIDS)

**Marlene Suchma**

Administrative Assistant

**Steve Taninecz, MS**

Educator/Trainer/Coach (PRHI)

**Brian Turcsanyi, MBA**

Senior Research Analyst (PRHI)

**Jessica Turner, PhD**

Research Associate (PRHI)

**Linda Vicaro, MA**

Educator/Trainer/Coach (PRHI)

**Pamela Vingle**

Project Manager

**Colleen Vrbn**

Research Analyst (PRHI)

**Jonathan Weinkle, MD**

Medical Advisor

**Nancy D. Zionts, MBA**

Chief Program Officer

**CONSULTANTS**

Susan Elster, PhD

Scott Frost, MBA

Naida Grunden

Harold Miller, MS

The mission of the Jewish Healthcare Foundation (JHF) is to support and foster the provision of healthcare services, healthcare education, and when reasonable and appropriate, medical and scientific research, and to respond to the medical, custodial and other health-related needs of elderly, underprivileged, indigent and underserved persons in both the Jewish and general community throughout Western Pennsylvania. In fulfilling this mission, JHF perpetuates the vision and values of the founders of Montefiore Hospital, whose sale in 1990 provided for the Foundation's endowment.



**Jewish Healthcare Foundation**

Centre City Tower  
Suite 2400  
650 Smithfield Street  
Pittsburgh, PA 15222  
412.594.2550  
[info@jhf.org](mailto:info@jhf.org)  
[www.jhf.org](http://www.jhf.org)