



AHA TRANSFORMATION TALKS

STRATEGIES FOR REIMAGINING HEALTH CARE

Educating the Health Care Board to Meet Tomorrow's Challenges

Health care's traditional governance model is showing its age, and with it the need to reexamine how boards are being educated.

Sweeping societal, demographic, economic, business, technology and regulatory changes are occurring across health care. Issues like emergency response during the COVID-19 pandemic are becoming more complex. This is placing enormous expectations on governing boards to synthesize all that's happening and provide meaningful guidance to hospital and health care system leaders. And while many provider organizations recognize the importance and value of educating trustees, finding the time, resources and right materials to optimally engage trustees has proven challenging.

Data from the "**AHA 2019 National Health Care Governance Survey Report**" highlights some of these issues.

More than
70%

of responding boards do not have a continuing-education requirement for their members.

61%

of health system boards sought new-member skills or competencies — a positive sign given the rapidly evolving health care landscape, but also a challenge when trying to locate volunteers with in-demand backgrounds like information technology.

85%

use an electronic board portal to keep boards informed — a valuable tool but one that is sometimes used to provide volumes of information that may be imposing or impractical for boards to consume quickly.

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Effective boards drive strategy and are most valuable when members have a strong understanding of the foundational issues impacting provider organizations. Gaining this knowledge can take considerable time and be an uneven process absent a formal, board development and education plan. Setting learning expectations for trustees, determining best practices for delivering education and clearly defining the ways in which boards will be educated are crucial steps for hospitals and health systems trying to be more forward-looking in developing strategies.

Given the current pace of change, particularly with the COVID-19 crisis, learning no longer can be episodic or fragmented. It should be an evolving and ongoing expectation for board members, regardless of their backgrounds. A growing number of health care executives recognize these needs and are building education requirements into their criteria for prospective committee chairs or to remain on the board.

Educational content also needs careful scrutiny to ensure that materials are tightly focused, concise and delivered in easy-to-access formats. Learning opportunities should include a mix of virtual and in-person opportunities so that trustees can collaborate with peers from other health care organizations. Board members, like most consumers, are looking for on-demand content in various formats, including videos, podcasts, newsletters, articles, etc.

Positioning education so that it's not only an expectation but also fun, effective and a relatively light lift will drive higher engagement levels and increase board members' value to provider organizations. In turn, this will help hospitals and health systems be better prepared to address both current and future challenges as well as unforeseen crises.

To learn more, visit our AHA Transformation Talks [resources page](#).

Discussion Questions:

1. **What should board education encompass? How will board education change in the next one to three years?**
2. **What are the hurdles or headwinds to better board education?**
3. **How can we increase board engagement and education? What technologies and modalities (e.g., video, LMS) can be leveraged?**
4. **What types of outside experts and in what fields will providers need to bring in over the next one to three years to advance board education?**
5. **What are some effective tactics for resource-constrained organizations?**