

Building bridges to better health care

Los Angeles Times - Los Angeles, Calif.
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Date: Oct 7, 1996
Start Page: A1
Text Word Count: 1965

Document Text

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Seventy-six times in the last four years Tom McGuinness has radically stretched the definition of what a hospital is supposed to do.

Because of McGuinness, a West Covina medical clinic gets money for renovations and expansion in exchange for seeing more homeless people. Firemen teach fitness and nutrition to middle school troublemakers and help homeowners fence their swimming pools so fewer children drown.

Because of McGuinness, empty food banks buy tuna fish and macaroni at rock-bottom prices from the major supplier that stocks hospital kitchens. Uninsured youngsters have their cavities filled and ear infections cured by the same doctors who treat the rich.

The cash, equipment and expertise for these projects comes from two places: McGuinness' employer, Citrus Valley Health Partners -- the parent organization of three San Gabriel Valley hospitals -- and a large consortium of public and private agencies from El Monte to Glendora that McGuinness has pulled together.

The passion comes from McGuinness, a 52-year-old Citrus Valley vice president said by his admirers to have the brains of a business executive, the heart of a priest and the vision to see that poverty, violence and isolation are vectors of sickness.

Working without a script, McGuinness has become a poster boy for a quiet worldwide movement to build bridges among hospitals and scores of community agencies that can indirectly improve health. Networking the eastern San Gabriel Valley, he has cajoled 18 cities and 14 school districts into attacking the health implications of gang warfare, hunger, immigration and welfare.

He has spread hundreds of thousands of dollars in seed money. Only by sharing ideas, pooling talent and leveraging resources, goes his mantra, can a community solve its intractable problems in an era of limited resources.

"These things are impacting all of us," McGuinness said. "We can't just do our own little health care thing anymore."

McGuinness' mission began when he was a vice president at Queen of the Valley Hospital in West Covina, now merged into Citrus Valley Health Partners. His hospital drafted him to go outside its walls to create a healthier community. Explore, he was told; guide us into the new century.

Groping for direction, the onetime high school teacher interviewed city council members and gang members, priests and paramedics, school teachers and cops, drug addicts and physicians. He visited low-income clinics, overcrowded classrooms and empty food pantries. Within 15 months he had interviewed 850 people and filled a two-foot stack of notebooks.

He crunched numbers from the hospital emergency department until he knew which ZIP codes accounted for the largest number of patients, which procedures cost the most money, and what the uninsured needed to stay out of the hospital in the first place. Then he invited the people who knew those neighborhoods and provided those services to brainstorming lunches.

In the hospital's executive dining room, over Chinese chicken salad and institutional coffee, McGuinness played matchmaker.

What do you need? he would ask a collection of school district officials, police chiefs, probation officers, clergyman and the like. How can we help?

Collaborative deals -- now 76 and counting -- began to be cut: When McGuinness discovered local food banks empty of supplies because the Federal Emergency Management Agency had cut their funding, he went to Sodexho, a major food wholesaler that supplied his hospitals. Sodexho was wary. Sure McGuinness had come for a handout.

McGuinness assured the wholesaler he was neither begging nor threatening its supply contract. All he wanted was access to its buying power and delivery system. So thanks to economies of scale, there soon will be food for the poor at the East Valley Settlement House in El Monte and the San Francisquito Villa senior center in La Puente at a fraction of previous cost.

When McGuinness discovered that a West Covina clinic for the poor was about to lose its MediCal contract because its building was in disrepair, he went to his board for \$68,000 beyond his budget. If this clinic closes, McGuinness warned them, its ten of thousands of uninsured patients would descend on Citrus Valley's emergency rooms at Queen of the Valley, Inter-Community Medical Center in Covina and Foothill Presbyterian in Glendora.

So the East Valley Community Health Center has been rebuilt, its capacity doubled and its offices spruced up with hand-me-down file cabinets, examining tables and credenzas from the hospitals. The hospitals are also doing the clinic's lab and radiology work at cost.

In exchange, hundreds of homeless people will be treated for free at the clinic, and the clinic director will help train peer health counselors at Nogales High School in Rowland Heights and consult on a teen clinic planned there.

McGuiness' budget for community collaborations is \$400,000 a year, with most projects costing the hospital just a few thousand in seed money. Citrus Valley, which serves a population of 800,000, is designing a mathematical model for calculating how much money it is saving downstream by intervening upstream.

"None of this is a big deal," McGuiness said. "It's just common sense if you stretch, think laterally, color outside the lines."

"Synergy" is a buzzword associated more with Hollywood than Hacienda Heights, but those who have watched McGuiness say he is a master.

"His role is that of a catalyst," said Richard Greene, the fire chief in West Covina. "Somebody had to show us what the possibilities were."

"He's the networking king," said Carla Haven, who supervises a group of nurses who will soon take up duties in several San Gabriel Valley churches and synagogues, like the parish nurses of old. "It's something new all the time."

What McGuiness has been doing, without knowing at first that it had a name, is part of a "healthy community movement" first promoted by the World Health Organization in the mid-1980s to build bridges between the myriad agencies that affect health in a community.

"Health doesn't happen in a vacuum," said Kathryn Johnson, president of the Health Care Forum, a San Francisco think tank that has been one of the nation's leading proponents of the movement.

"Our problems are highly correlated," she said. "We don't just have health problems. We have education problems, housing problems, jobs problems, transportation problems, environmental problems, diet problems. It takes all of these things for health to flourish. And unfortunately our culture tends to view these things narrowly, by sector, with a linear mind-set."

The movement had its early gurus, like Leland Kaiser, a health futurist and professor at the University of Colorado who taught and inspired Citrus Valley's CEO, Peter E. Makowski. When McGuiness first took his new assignment, and hadn't a clue how to proceed, he listened over and over to a tape of one of Kaiser's lectures, an messianic exhortation about "the alchemy of transformational leadership."

"It was radical stuff," McGuiness said. "And it pushed out the envelope in my head."

Such ideas did not take hold in the U.S. until the last few years, when a plague of social ills and greater demands for social services began collapsing on urban health systems.

No change had more impact than the advent of managed care: Hospitals were no longer reimbursed for each patient visit, but rather paid a flat fee per person, regardless of how much health care the patient needed. If hospitals did not do a better job of managing demand by building healthy communities, they would be bankrupted by a flood of patients in the emergency rooms where the poor, the uninsured and the underinsured increasingly turn.

"Hospitals now have a vested interest in keeping people healthy," said Thomas Dolan, president of the American College of Health Care Executives, a 30,000-member organization that advocates tying the compensation packages of hospital CEOs to the health of their communities. (Citrus Valley's boss, Makowski, has such a clause in his contract.)

Why a hospital, rather than a government agency or community organization, as hub of the wheel? Experts note that a hospital is often the largest employer in a community, with a board of directors that includes many local movers and shakers and -- often -- a natural mind-set toward doing good.

Because a hospital has data from the emergency department that pinpoint a community's gravest needs, it has "a true barometer of the impossible realities that plague American urban life," said Kathryn Johnson at the Health Care Forum.

And because a hospital has an infrastructure -- an accounting department, engineers, a food supplier, meeting rooms -- it has the potential to be an economic development entity, said Jim Talon, president of the United Hospital Fund, a philanthropic and research organization in New York City.

Although few hospitals have initiated scores of community collaborations like Citrus Valley, most are at least broadening services: establishing ambulatory clinics, encouraging prenatal care or organizing school conflict resolution programs. Last year, the 5,000-member American Hospital Assn. formed a center to help executives design and run such programs.

The hospital association is also supervising 25 community care demonstration projects nationwide, similar to what is going on in the East San Gabriel Valley.

The Health Care Forum in San Francisco has for the past five years offered fellowships to executives like McGuiness to share expertise with leading thinkers. In the next couple of weeks, the forum will publish a guidebook on collaboration that will be funded and distributed by the Wellness Foundation in Woodland Hills.

The Wellness Foundation has pledged \$20 million over the next five years to assist communities interested in starting health partnerships. It was a leading

proponent of 1994 legislation in California to force nonprofit hospitals to get involved in community health.

Sponsored by former Sen. Art Torres (D-Los Angeles), the law required hospitals to phase in community plans at the risk of losing their tax-exempt status.

The likeliest hospitals to be at the cutting edge, experts say, are nonprofit organizations and those with religious ties, like Citrus Valley, whose Queen of the Valley was founded by an order of nuns.

But hospitals are not all created equal.

Some have responded to the challenge or managed care by cutting back on money-losing services rather than expanding their reach. Some have closed emergency rooms or limited their hours, discouraging the uninsured with long waits for service.

Even those hospitals that choose the noble path need more than good intentions, experts say. They need to create multiple funding sources with community groups to sustain themselves in good times and bad. They need to enlist all community players and encourage them to cross-subsidize each other.

But most important, a hospital must choose the right executive to run the program, someone with enough prestige inside the institution to command resources and enough charisma to scale the walls. This leader, experts say, must have an ability to both read a balance sheet and dream big dreams and a willingness to share power rather than take credit.

Such a man is Tom McGuinness, a devout Catholic and father of four whose specialty as a teacher was slow-learners and delinquents.

McGuinness hugs strangers on first meeting and charms the skeptical. There was, for example, a clinic operator who mistook his overtures as a way of skimming her MediCal patients, a clergyman who asked if putting a nurse in his church was a way of getting new business for Citrus Valley, and a firefighters union that initially wanted no part of a youth program but came to be its champion.

"These things are not all that difficult," McGuinness said. "Just decide you're going to do it -- Ready! Aim! Fire! -- and work out the details later. ... I believe absolutely that when good people gather, energy occurs. That may sound like hokey stuff. But I can feel it. I can touch it. It's as real as water.

"The best thing about me," he says over and over, "is the company I keep."

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