



Management of Healthcare Organizations

FOURTH
EDITION

An Introduction

Peter C. Olden | Cathleen O. Erwin

Management of Healthcare Organizations

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GATEWAY 
TO HEALTHCARE MANAGEMENT



AUPHA

Health Administration Press, Chicago, Illinois
Association of University Programs in Health Administration, Washington, DC

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27 26 25 24 23 5 4 3 2 1

Library of Congress Cataloging-in-Publication Data is on file at the Library of Congress, Washington, DC.
ISBN: 978-1-64055-373-6

The paper used in this publication meets the minimum requirements of American National Standard for Information Sciences—Permanence of Paper for Printed Library Materials, ANSI Z39.48-1984. ©™

Manuscript editor: Sharon Sofinski; Cover designer: James Slate; Layout: Integra

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Health Administration Press
A division of the Foundation of the American
College of Healthcare Executives
300 S. Riverside Plaza, Suite 1900
Chicago, IL 60606-6698
(312) 424-2800

Association of University Programs
in Health Administration
1730 Rhode Island Ave NW
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*To the students
who will manage healthcare organizations
to help people live healthier lives.*

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PREFACE

The healthcare industry continues to grow. So does the need for effective management of healthcare organizations (HCOs). Fortunately, many students and healthcare professionals aspire to management positions in HCOs. This book has been written to help them succeed.

We have both studied healthcare management as students, worked as healthcare managers, and worked as healthcare management professors. Pete studied management at the undergraduate, graduate, and doctoral levels, and worked in senior management at three hospitals during 14 years as a hospital executive. He then taught undergraduate and graduate courses in healthcare management and related subjects for 25 years. Cathleen also studied management at the undergraduate and graduate levels, and worked in administration and management for nonprofit arts, healthcare, and higher education organizations for 25 years. She has taught a variety of undergraduate healthcare management courses since 2010 as a full-time faculty member and served as an undergraduate healthcare management program director.

Our backgrounds motivated and enabled us to write this book to help students learn how to manage healthcare organizations. Using this book, students can study the body of knowledge we call *management* and apply it to HCOs. The content includes timeless fundamental principles as well as new methods and current information. Both theory and practice are presented, along with terms, concepts, principles, and tools—and how to use them. A recurring theme in this book is that healthcare management can be a very rewarding, fulfilling career and the book can help students prepare for it. Another theme is that management is contingent, and the “right” approach depends on changing factors. The

book teaches students how to assess problems and then develop good solutions. Students can practice all this by using exercises, case studies, and activities in each chapter.

The well-organized, connected content of this book and the consistent, engaging writing style are aimed at undergraduates. The publication design further helps undergraduates learn by making the material visually appealing and easy to read and grasp. Students can become interested, understand and remember what they read, and enjoy a few laughs. We and other professors have used earlier editions of this book to successfully teach management of HCOs to thousands of students.

The primary intended audience for this book is undergraduate students who are interested in managing HCOs but have no prior knowledge of the subject. This book will also be useful to students who are majoring in allied health professions and to current working supervisors who all want to understand management of HCOs. This book can also help healthcare professionals prepare for advancement to management positions.

The content of this book contributes to numerous curriculum content requirements for Association of University Programs in Health Administration (AUPHA) undergraduate certification. These include organizational development, organizational behavior, management of HCOs, operations assessment and improvement, management of human resources and healthcare professionals, governance, leadership, cultural competence, diversity, ethics, and strategy formulation and implementation.

CHAPTER CONTENTS AND FEATURES

The book has 15 chapters on 15 interrelated subjects needed for management of HCOs. They are arranged and connected into a cohesive body of knowledge. By the end of this book, students will understand management and how to apply it to HCOs. (Because this book is about *management*, it does not include all other disciplines found in healthcare management curricula, such as finance, law, and marketing.)

Each chapter follows a consistent structure and style. Chapters open with an engaging relevant quote or saying, which is followed by Learning Objectives. Next is the Here's What Happened scenario, which is a real-world example demonstrating some concepts and tools taught in the chapter. All the Here's What Happened scenarios are drawn from the same complex, real-world case study that we follow through the book. (The entire case study "A Management Case Study: Partners HealthCare" is available in this book's online supplementary materials.). In each chapter, headings and subheadings organize content and guide the reader. Key points are **bolded in a different font**. Important terms are defined in the page margins and included in the end-of-book glossary. Exhibits, bulleted lists, examples, activities, and exercises in each chapter keep students engaged and learning. There are sidebars and boxes called Check It Out Online; Try It, Apply It; and Using Chapter (Number) in the Real World. At the end of each chapter are One More Time (a chapter summary), For Your Toolbox, For Discussion, Case Study Questions, the recurring Riverbend Orthopedics Mini Case Study with chapter-specific questions, and finally References.

At the back of the book are appendices with more resources. The first appendix—Integrative Case Studies—has seven short (one to three pages) case studies for which there are questions at the end of each chapter. The Real-World Applied Integrative Projects appendix suggests various kinds of real-world applied projects that students can work on during the course. All these projects will require students to apply and integrate management tools from multiple chapters. All tools listed at the end of the chapters throughout the book are combined in the Your Management Toolbox appendix. All defined terms from throughout the book are repeated in the Glossary, which is followed by an extensive detailed Index.

Several features help students understand how chapters (and management methods) are interrelated. The book is arranged in a logical sequence of chapters that continually build on and connect with previous chapters. Chapter by chapter in the Here's What Happened examples, students follow managers at the Mass General Brigham HCO (formerly Partners HealthCare) who create and manage telehealth services to improve population health. When students read the example that begins each chapter, they may also look back at prior chapters to see how the opening scenario (and the chapters) all interact to provide the healthcare services.

Chapters are further interconnected by end-of-chapter case study questions, which all pertain to the same seven cases in an appendix. One case is new to this edition and involves a clinical care unit and staff. Students will realize that fully solving a case study (i.e., management problem) requires them to use different kinds of management principles and tools (from different chapters) just like managers do in the real world. Also, when students try to explain how to address a project listed in the Real-World Applied Integrated Projects appendix, they will realize they must combine various tools and methods (from multiple chapters) like managers do in the real world. This type of learning will develop their understanding of how multiple management methods often are used together to solve real-world problems. The book sometimes states explicitly how specific chapters and concepts work together.

WHAT'S NEW IN EACH CHAPTER OF THE FOURTH EDITION

The Detailed Table of Contents identifies the main topics and subtopics taught in each chapter. In all chapters, prior content has been updated. Each chapter has new content pertaining to diversity, equity, and inclusion. Each chapter also has new content pertaining to managing clinical staff and clinical performance. The purpose of each chapter—and the main changes to each chapter in this fourth edition—are described in the following paragraphs.

Chapter 1 provides the context and background for why HCOs exist and why HCO managers are needed. It introduces readers to health, population health, healthcare, healthcare services, HCOs, HCOs' external environment, and healthcare management jobs. The section on healthcare trends, future developments, and disruptors has been updated

and includes topics such as COVID-19, demographics, diversity/equity/inclusion, value-based payment, artificial intelligence, patient experience, population health, workforce challenges, sustainability, and others. The Quadruple Aim, Iron Triangle, and genomics in healthcare have been added.

Chapter 2 teaches what management is and how it evolved as a body of knowledge, theory, and practice beginning more than a century ago. New content explains the purpose and value of theory and introduces three “schools” of management theories. The chapter chronologically presents important developments in the history of management theory that are still used today. This edition includes new sections on Drucker and management by objectives, and suggestions for reading popular modern management books.

In chapter 3, students learn how managers plan the purpose, goals, and work of their HCOs. This includes high-level strategic planning, lower-level operational planning, and project planning. The chapter describes planning tools and techniques and shows real-world examples in exhibits. This new edition expands the discussion of strategy by listing five general types of strategies with examples of each. Also new in this edition is a detailed example of lower-level planning by a clinical department’s manager. This edition was updated to reflect new project performance domains and principles from the Project Management Institute. A new section was added for contingency planning and continuity of operations planning.

After planning in chapter 3, managers must organize to achieve their plans. We learn about organizing in chapters 4, 5, and 6. In chapter 4, managers organize work into jobs and departments. This new edition revises and expands the section about medical jobs and physicians to further explain how HCOs manage physicians and other licensed independent professionals. There is a new section about artificial intelligence and its influence on jobs and organizing in HCOs, and some points about how COVID-19 affected organizing jobs and departments.

In chapter 5, the text and exhibits describe how managers organize departments into larger organization structures seen in organization charts. This new edition includes more about elements of organization structure, more about the governing body’s responsibilities, and discussion of the need for diverse composition of boards. The section about medical staff organization was expanded to include more detail about medical staff responsibilities, structure, and bylaws, and to provide a real-world example of dyad leadership.

Chapter 6 focuses on how managers organize groups and teams. This edition has new content about interdisciplinary teams in clinical care. There is also new content explaining how team structures and processes pertain to and affect diversity, equity, and inclusion. Since the COVID-19 pandemic greatly increased the use of virtual groups and teams, this new edition explains much more about how to create effective virtual teams.

After planning and organizing, managers must staff the positions, departments, and organizations. Chapters 7 and 8 explain how managers do this. Chapter 7 focuses on obtaining staff; chapter 8 focuses on retaining staff. In this new edition, chapter 7 presents

expanded discussion of diversity, equity, and inclusion in HCO staffing. New content describes the negative effects of COVID-19 on direct patient care workers. A new exhibit shows advantages and disadvantages of telecommuting work.

New content in chapter 8 includes drivers of turnover, expanded discussion of employee engagement, orientation of remote workers, cross-training, and the impact of COVID-19 on staffing. There is more discussion of burnout, protecting staff, and psychological safety for diverse groups. This chapter explains the continuous performance management process, with appraisal as one component of it. Revamped discussion of the point system and graphic rating scale (with new exhibits) is also included.

After managers staff the HCO, they must lead, direct, influence, and motivate the staff. This is explained in a trilogy of leadership chapters. Chapter 9 presents leadership theories and models. This edition has a new section about HCOs using mentoring to help develop diverse leaders. The section on Leading Physicians was also expanded with more suggestions and revision of the exhibit titled “Differences Between Managers and Physicians.” Other noteworthy changes are in the explanations of transformational leadership and of HCO leadership responding to the COVID-19 crisis.

Chapter 10 teaches leading by motivating, influencing, and using power. It explains and applies motivation theories and methods. This edition has a new exhibit showing Maslow’s hierarchy of needs as motivators during COVID-19. The list of political tactics was expanded and revised. New examples are explained. Two new sections explain how to motivate a diverse workforce and how to motivate frontline patient care nurses. Chapter 11 teaches how managers lead using culture and ethics. This edition has more discussion of safety culture in HCOs. It also has added the organizational ethics type of ethics and explained it with examples. There is a new real-world example of the importance of storytelling for organization culture. The ethics part of this chapter discusses clinician burnout and intent to leave as examples of moral distress.

After planning, organizing, staffing, and leading HCOs, managers must control their HCOs’ performance. Chapter 12 teaches control and performance improvement. This edition expands the prior three-step control process to a four-step process. It defines operations management and links it to the control function. The chapter provides a distinct section for control tools and methods. There is more explanation of the plan-do-study-act (PDSA) cycle, updated and expanded explanation of Lean (including the DOWNTIME acronym for the eight wastes), more explanation of Six Sigma, more about high reliability, and added explanation of the Lean Six Sigma combination.

After chapters 2 through 12 explain the five basic management functions (planning, organizing, staffing, leading, and controlling) and apply them to HCOs, the book presents three additional chapters that will help students to manage HCOs. Chapter 13 teaches how to make decisions needed to solve problems and resolve conflicts. This edition has a new subsection to emphasize diversity, equity, and inclusion in decision-making. At the end of the chapter, the One More Time summary has been expanded. Then chapter 14 teaches

how to manage small-scale and large-scale change in organizations. The chapter has a new subsection to explain some ways that COVID-19 caused HCOs to change more quickly, change clinical care, and improve health equity. Content has been updated in these chapters.

Because all the management work taught in chapters 1–14 should be done with professionalism, chapter 15, the final chapter, explains professionalism for managers in HCOs. This includes sections on professionalism, emotional intelligence, cultural competence, and communication. The chapter emphasizes the importance of these competencies for healthcare managers at all levels of the organization. The cultural competence section has been expanded to include a discussion of implicit bias and strategies for delivering culturally competent care.

Instructor resources for each chapter include PowerPoint slides, suggested answers to discussion questions, and a test bank. There are also a few online resources to supplement content in the book. This online content is optional yet may be useful for instructors and students. For access to these instructor resources, e-mail hapbooks@ache.org.

Please share with us your feedback about this book. Thank you.

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INSTRUCTOR RESOURCES

This book's instructor resources include PowerPoint slides, a test bank, and suggested answers to discussion questions.

For the most up-to-date information about this book and its instructor resources, go to ache.org/HAP and search for the book's order code (24791).

This book's instructor resources are available to instructors who adopt this book for use in their course. For access information, please e-mail hapbooks@ache.org.

ACKNOWLEDGMENTS

This book and our work on it have benefited from many people. We gratefully acknowledge and appreciate the support of the following people, among others.

Michael Cunningham, Molly Lowe, Jennette McClain, and Sharon Sofinski—all associated with Health Administration Press—were helpful during the process of writing and publishing this new edition. Health Administration Press kindly gave permission to use material from some of its books, including exhibits prepared by Rose T. Dunn, Daniel B. McLaughlin, John R. Olson, Luv Sharma, and Patrice Spath, as well as case studies prepared by Deborah Bender, Jennifer Lynn Hefner, Anthony R. Kovner, Ann Scheck McAlearney, and Susan Moffatt-Bruce. Veralon Partners Inc. graciously allowed use of several of its strategic planning exhibits in this book. Finally, we appreciate *Frontiers of Health Services Management* allowing us to use an image of an organizational chart created by Banner Health in collaboration with Navigant Consulting, A Guidehouse Company.

Pete Olden and Cathleen Erwin

When I was an undergraduate, graduate, and doctoral student, many professors helped me study and learn about managing healthcare organizations. During my hospital management career, I worked with hospital executives and managers who helped me develop practical management experience. Some former students now managing HCOs have shared ideas with me. What I learned from all these people has helped me write this book.

Cathleen Erwin has been a wonderful coauthor for this book. She has been eager to learn what is expected as coauthor and then provide what is needed. I appreciate her excellent work and collegiality as coauthor.

My wife, Debbie, has been supportive and understanding of my professional work and the time and effort needed to write this book. She has also enriched my life in many ways for which I am grateful. My parents, Walter and Helen, instilled in me a passion for reading and learning that I've always appreciated.

Pete Olden

First, I want to thank Pete Olden for inviting me to collaborate on the fourth edition of his classic textbook that I have enjoyed using in my healthcare management class for many years. I have learned much from him throughout the process and enjoyed our collaboration immensely.

Next, I am so grateful for the mentorship of the late Michael DeBoer, CEO of Baptist Health in Montgomery, Alabama, who gave me the opportunity to become a healthcare administrator, which eventually led to my career as a health administration professor. I'm also grateful for the many professors, colleagues, and students who have inspired me along that long journey.

Finally, my parents, John and Corrie Owens, who nurtured in me a love for learning and raised me to dream big dreams; and my husband, Jeff, who is my biggest cheerleader, and supports me in everything that I do. I could not have done this without your love and encouragement.

Cathleen Erwin

CHAPTER 1

HEALTH, HEALTHCARE, AND HEALTHCARE ORGANIZATIONS

It is no longer about [just] the patient's medical journey—it's about the whole consumer experience.

Jane Sarasohn-Kahn, health economist, advisor,
author, and speaker

LEARNING OBJECTIVES

Studying this chapter will help you to

- explain what health and population health are,
- describe the major forces that determine the health of a population,
- identify types of health services in the continuum of care,
- identify types of healthcare organizations,
- explain the external environment and how it affects healthcare organizations,
- describe trends that will affect management of healthcare organizations in the future, and
- appreciate the variety of healthcare management jobs and careers.

HERE'S WHAT HAPPENED

Mass General Brigham (formerly called Partners HealthCare) is an integrated health-care delivery system based in Boston. It owns and operates numerous healthcare organizations (HCOs), including community health centers, physician practices, hospitals, urgent care clinics, and home care businesses. Together, these HCOs provide the continuum of care from prenatal to end-of-life. Mass General Brigham (MGB) is committed to its community, and it values innovation and technology. Its managers have watched developments in the external environment, such as demographic trends, health-related uses of technology, emphasis on population health, and value-based payment. They have been transforming the health system to adapt to the changing external environment in which it operates.

MGB strives to keep the local population healthy through proactive preventive care. For example, managers implemented a Connected Cardiac Care program that uses telehealth to connect with remote patients and help them manage their heart disease at home. People are living healthier lives because of what the managers and staff do.

As the opening example shows, healthcare organizations need managers. We will follow managers at Mass General Brigham as a management case study spread through this book. A brief example of MGB managers “in action” opens each chapter to demonstrate that chapter’s subject. (These examples are based on the lengthy case study “A Management Case Study: Partners HealthCare” that is available in this book’s online supplementary materials.)

This book will help you learn how to manage HCOs to help people live healthier lives, like managers at MGB and other HCOs do. You will be able to perform meaningful work (while earning a good paycheck). This first chapter explains health and population health and examines the main forces that create them. It identifies health services in the continuum of care and the types of HCOs in the healthcare sector. The chapter then describes the external environment and important developments and trends that are affecting HCOs and the healthcare sector. The chapter ends with information about healthcare management jobs and careers, for which this book will prepare you. After reading this chapter, you will better understand why communities need HCOs—and why HCOs need people like you to manage them.

health

A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

HEALTH AND WHAT DETERMINES IT

What is health? In a classic definition still widely used today, the World Health Organization (WHO 1946, 100) states that **health** is “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” **Note that the definition of health is based on being well rather than just not having a health problem.**

An individual's health status may be measured by how well that person feels and functions physically, mentally, and socially. Health status can be evaluated through many measures, such as physical ability, emotions, blood pressure, and absence of pain. For a group or population, health status may be measured by birth rates, life expectancy, death rates, prevalence of diseases, and group averages for individual health measures.

In recent years, healthcare leaders, clinicians, policymakers, and others have become more concerned about **population health**. The well-established definition of population health, as used in a population health book (Caron 2022) and elsewhere, comes from Kindig and Stoddart (2003, 381): “the health outcomes of a group of individuals, including the distribution of outcomes within the group.” Distribution of outcomes in a group is important because although a population can be healthy on average, some individuals might not be healthy. A population can be a group of people identified by their shared community, occupation, ethnicity, geographic region, or other characteristic. Population health is one of the three goals in the Institute for Healthcare Improvement's Triple Aim that is explained later in this chapter.

Managers of HCOs historically focused on the health of their individual patients. Now many of them also are addressing the health of their local populations. You will have to do the same when you are managing an HCO. The techniques presented in this book will help you manage programs, activities, and services to improve population health and individual health in your community.

population health

The health outcomes of a group of individuals, including the distribution of outcomes within the group.

DETERMINANTS OF HEALTH

Many forces determine (influence) the health status and health outcomes of populations and individual people. To understand these forces, consider the main determinants of health identified by expert sources:

- ◆ Social and economic environment, physical environment, individual characteristics and behaviors, and health services (WHO 2018)
- ◆ Policymaking (by governments), social factors (including physical environment), health services, individual behavior, and biology (genetics) (ODPHP 2021b)



CHECK IT OUT ONLINE

The US Office of Disease Prevention and Health Promotion (ODPHP) develops health objectives for the country to pursue during each decade. The objectives are designed to help the country become a “society in which all people live long, healthy lives” (ODPHP 2021a). The 2020 health objectives are available at www.healthypeople.gov/2020/About-Healthy-People. These objectives pertain to dozens of health topics, some of which are relevant to college students. Newer topics include sleep health, genomics, adolescent health, dementia, and global health. Information provided for each topic includes an overview, objectives, data, and resources. You can also see work now underway to develop objectives for 2030. Check it out online and see what you discover.

- ◆ Healthcare, individual behavior, genetics, social environment, and physical environment (Kindig 2021)
- ◆ Genetics, health behaviors, social factors, environmental factors, and healthcare (Artiga and Hinton 2018)

Based on these sources, exhibit 1.1 shows five important determinants that influence the health outcomes of a person or population. Though not shown in the exhibit (to avoid too many arrows cluttering the exhibit), these determinants interact; they are not independent of each other. For example, the *social environment* in which someone lives affects that person's *individual behavior* and *healthcare*, and those three determinants all affect the person's health. The five determinants do not all have an equally strong influence on health, which is explained next.

Genetics is the starting point of health. It is the study of genes and how traits or conditions are passed from one generation down to another (NHGRI 2018). Genes and characteristics inherited from parents make a person more likely or less likely to develop certain health problems, such as heart disease, cancer, or diabetes. Perhaps your parents have mentioned genetic traits and characteristics that run in your family. **Genomics** is the study of all of someone's genes along with interactions of those genes with other genes and the environment (NHGRI 2018).

Genomics shows that *interactions* of genes and the environment also make someone more likely or less likely to develop diseases that are linked to genes (NHGRI 2018).

genetics

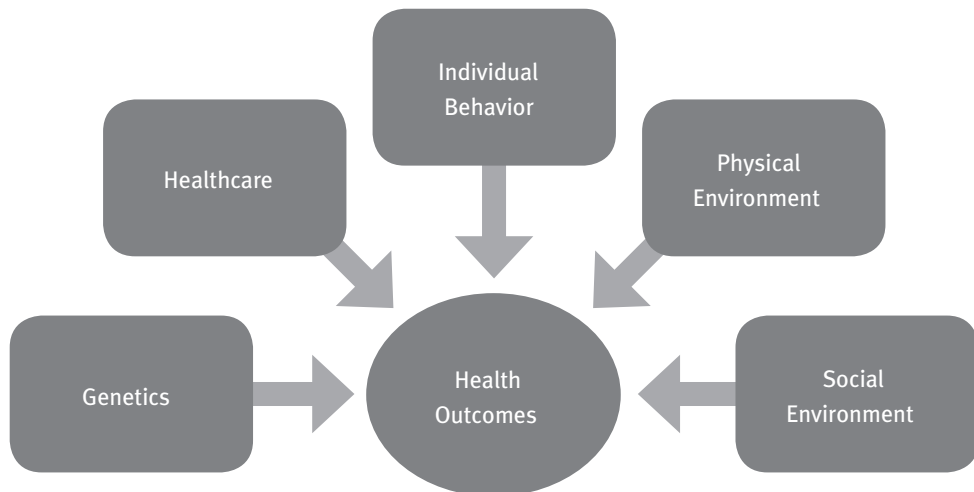
The study of genes and how traits or conditions are passed from one generation down to another.

genomics

The study of all of someone's genes along with interactions of those genes with other genes and the environment.

EXHIBIT 1.1

Five Determinants of Health Model



Source: Data from Artiga and Hinton (2018); Kindig (2021); ODPHP (2021b); WHO (2018).

Genomic testing enables better prediction, prevention, diagnosis, and treatment of many diseases that are typically due to a combination of genetic and environmental factors.

Excluding accidents, “genomic factors play a role in nine of the ten leading causes of death in the United States” (NHGRI 2018). Thus, many health systems are performing extensive genomic testing in their service areas. Intermountain Healthcare, based in Utah, is in a five-year project to perform whole genome analysis on half a million people. Each person’s genome data can be combined with their health outcomes data to better manage their health. For example, this data will enable personalized drugs (i.e., precision medicine) for a specific person that are more effective with fewer side effects than mass-produced drugs.

Genomic testing is expected to become the standard of care for some diseases and help improve health outcomes, value-based medicine, and healthcare equity (Birk 2021). Later in this chapter, the Using Chapter 1 in the Real World sidebar illustrates how genomics is being used to help overcome inequities in the health of underserved populations.

Healthcare is “the maintaining and restoration of health by the treatment and prevention of disease especially by trained and licensed professionals” (*Merriam-Webster Medical Dictionary* 2021). (The definition of *medical care* is similar but often limited to care performed by physicians.) Based on that and other ideas, this book defines healthcare as efforts to maintain and improve health by the prevention, diagnosis, and treatment of disease and injury, especially by trained health professionals.

Healthcare services exist for all ages and stages of life, from womb to tomb. Together, they form a continuum of care that is explained later in this chapter. Most healthcare spending in the United States has been for diagnosis and treatment of health problems. However, other determinants often have a larger effect on health (Caron 2022). Researchers, HCO managers, clinicians, policymakers, and others are realizing this. They are giving more attention and allocating more resources to improve individual behavior, physical environment, and social environment.

Individual behaviors, such as smoking, seat belt use, diet, flossing, handwashing, and exercise, strongly affect health. Healthcare managers can improve people’s health by helping them improve their lifestyle and behavior. Some HCOs offer smoking cessation programs, nutrition classes, and fitness walks. HCOs urged people to follow masking guidelines in their behavior, to avoid COVID-19.

Physical environment is the physical setting (natural and built) in which someone lives. Many elements of the physical environment affect health, such as sanitation, climate, parks, nighttime lighting, forests, safe roads, and air pollution. Healthcare managers can improve people’s health by helping them improve their physical environment. For example, HCOs have helped their communities reduce air pollution, build parks, and remove garbage. HCOs modified their physical setting to control the spread of COVID-19.

The social environment includes factors such as socioeconomic status, availability of fresh food, job opportunities, social interaction, discrimination, education, language, poverty, prevailing attitudes, and neighbors. Many of these factors vary based on location. Thus, a

healthcare

Efforts to maintain and improve health by the prevention, diagnosis, and treatment of disease and injury, especially by trained health professionals.

person's zip code is a stronger predictor of health than is genetic code (Hinton and Artiga 2018). The effect of these factors on health has gained more recognition in recent years and may be included in patients' medical records. Healthcare managers can improve people's health by helping them improve their social circumstances. HCOs modified their social environment by requiring social distancing among people to avoid the spread of COVID-19.

These determinants can lead to differences in the health of specific groups or sub-populations (e.g., those based on ethnicity, gender, and other characteristics). According to the Office of Disease Prevention and Health Promotion, a **health disparity** is a difference in health associated with economic, social, and/or environmental disadvantage (ODPHP 2021c). These disparities are common and "adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion" (ODPHP 2021c).

The US population is becoming more diverse, with more people facing health disparities. For example, when compared to their white counterparts, people of color had worse outcomes for infant mortality, number of chronic conditions, and overall health status (Ndugga and Artiga 2021). The COVID-19 pandemic has increased disparities in healthcare and made it harder for HCOs to provide equitable care. Healthcare managers are striving to reduce disparities, and you can help do that in your career. Other chapters in this book will explain tools and methods to help plan, lead, implement, and evaluate change. By doing that, you can improve people's determinants of health and their overall health.

health disparity

A difference in health associated with economic, social, and/or environmental disadvantage.

**USING CHAPTER 1 IN THE REAL WORLD**

Rick Kittles, PhD, is the founding director of the Division of Health Equity in a comprehensive cancer center called the City of Hope, in Duarte, California. His team is doing population-based genomic research to overcome health disparities of Black, Latino, and other underserved populations in the area. One project is aimed at prostate cancer, for which disparities and inequities exist. Black men are twice as likely as white men to have prostate cancer and almost three times as likely to die from it. The team is gathering genomic data of Black males pertaining to prostate cancer, which is linked to genetics. The researchers will use the data to create tests to identify much sooner (than the common prostate-specific antigen, or PSA, test) those Black men who are at high risk for developing prostate cancer. Earlier identification will be followed with earlier intervention, prevention, detection, and, if necessary, treatment (Birk 2021).

(continued)

**USING CHAPTER 1 IN THE REAL WORLD (continued)**

Ernie Sadau, President/CEO of CHRISTUS Health in Irving, Texas, believes that population health and health equity are interrelated and must be addressed together. Thus, community health workers help marginalized people deal with social issues that impede their health and wellness. A task force on physician health equity is using quality data by race and ethnicity to create a social determinants of health tool. Physicians will be able to use this tool in the clinical process to help vulnerable people improve their wellness. Educational modules for diversity, equity, and inclusion have been added to medical staff training, grand rounds, and continuing education. CHRISTUS Health collaborates with other organizations in the community to create a network of providers who help meet patients' social needs. Managers and clinicians examine utilization data by gender, ethnicity, age, language, zip code, and other variables in order to take care of vulnerable populations. By doing all this, managers and clinical staff improve population health and enhance diversity, equity, and inclusion (Radick 2021).

HEALTHCARE AND HEALTH SERVICES

There are many kinds of healthcare and health services. Which ones have you heard of? Some prevent problems, some diagnose problems, some treat problems, and some support people at the end of life. Some are short-term; others are long-term. The many kinds of healthcare and health services can be grouped into categories, such as preventive, diagnostic, curative, rehabilitative, and so on. Exhibit 1.2 lists many types of healthcare and services. (It is beyond the purpose and scope of this book to explain all these services. You can learn about unfamiliar services online.)

**TRY IT, APPLY IT**

Suppose you are asked to serve on a college task force that must recommend what the college should do to help students improve their health. Using what you have learned in this chapter about the determinants of health, suggest how students' individual health and population health can be improved. Discuss your ideas with other students.

EXHIBIT 1.2Types of
Healthcare
Services

Acute care	Health promotion	Preventive care
Adult day care	Home care	Primary care
Ambulatory care	Hospice/palliative care	Public health services
Assisted living	Hospital care	Rehabilitative care
Behavioral health care	Inpatient services	Respite care
Chiropractic care	Long-term care	Self-care
Chronic care	Mental health care	Skilled nursing care
Community health services	Mobile care	Specialty care
Complementary care	Outpatient services	Sports medicine
Dental care	Personalized precision care	Subacute care
Diagnostic care	Physician care	Urgent care
Emergency care	Post-acute care	Virtual care

continuum of care

A range of services needed to care for a person or population.

All healthcare and health services together can be thought of as a **continuum of care** (CoC) or care continuum with a range of services needed to care for a person or population. A comprehensive “womb-to-tomb” CoC begins with prenatal care, ends with palliative end-of-life care, and includes all other health services in between that people might use during their lifetime. Some HCOs extend the CoC beyond “care” and include non-health services and activities in the community that help improve population health. For example, a health continuum might extend to housing, food support, employment, and other social determinants of health that come from outside the healthcare system (Buell 2018).

Exhibit 1.3 shows an example of a general CoC with a comprehensive sequence of services that many patients might follow during their lives. It begins with prenatal and preventive care, followed by primary care, specialty care, diagnostic care, acute care (outpatient and inpatient), subacute care, chronic care, rehabilitative care, long-term care, and end-of-life care. Preventive care and specialty care occur at multiple stages of the continuum.

Health professionals use CoC models as tools to plan which services to provide in which sequence to meet the healthcare needs of a person or population in the most cost-effective way. The continuum can be considered a person’s journey through the healthcare system and related community services that are needed to care for that individual (Buell 2017). All services in a CoC must be coordinated to work together. The complete continuum provides all services needed during a person’s life. Smaller CoCs exist for patients having

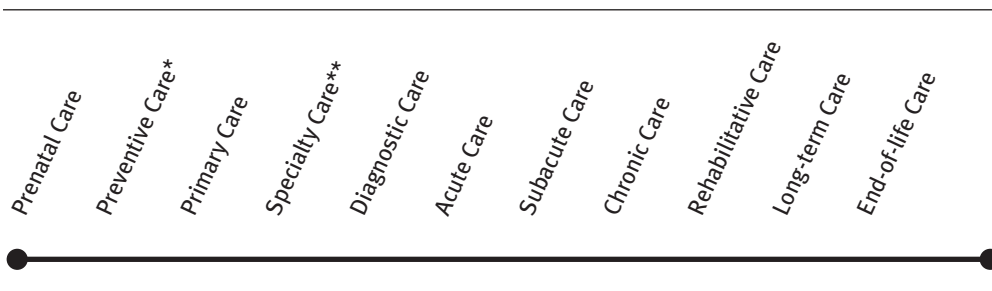


EXHIBIT 1.3
Continuum of Care

Source: Adapted from Barton (2010), Buell (2017), and Shi and Singh (2015).

*Preventive Care occurs at many stages of the continuum to prevent occurrence and reoccurrence of disease, illness, and injury.

**Specialty Care occurs at many stages of the continuum.

specific types of healthcare needs, such as CoCs for obstetrics, cancer, rehabilitation, or adolescent behavioral health. The University of Pittsburgh Medical Center Rehabilitation Institute uses a rehabilitation CoC that includes inpatient, outpatient, community, and home-based services (Radick 2018).

New ways of paying hospitals and demands for integrated (rather than fragmented) care are driving managers and clinicians to develop more optimal CoCs for patients. These may go beyond services that HCOs provide to include the patient's role in self-care. CoCs might also include resources and services of other organizations that can improve a patient's social determinants of health (Buell 2018). When planning CoCs, some HCOs are considering patients' housing, food security, clean air, education, and other social factors that strongly affect their health.

HEALTHCARE ORGANIZATIONS

Here's What Happened at the beginning of the chapter introduced Mass General Brigham—a large, complex HCO (made up of smaller HCOs) that we will follow throughout the book. What HCOs have you heard of, worked at, or volunteered at? Some HCOs, such as large general hospitals, provide a wide range of services spanning many parts of the health CoC. Other HCOs, such as hospices, specialize and provide only a narrow range of services in one part of the continuum. Hospitals may also specialize, such as hospitals for only psychiatric care or for only rehabilitation services.

Ambulatory HCOs provide healthcare services to people who obtain care but do not stay overnight. Medical group practices and physician offices provide many ambulatory medical services such as diagnostic testing, on-site therapy, and outpatient surgery. Outpatient diagnostic centers perform lab tests, medical imaging, and other services to diagnose health problems. Ambulatory surgery centers, urgent care facilities, mental health clinics, public health agencies, sports medicine businesses, dental practices, and counseling