Background

Nature of hospitals has changed—principal mission of NFP hospitals was charity care.

Today, hospitals are big business.

For-Profit and Not-For-Profit hospitals look alike and sometimes behave alike.

What is the proper balance between profits and serving the community?

Environmental Uncertainty

Community Benefit and the ACA: How will not-for-profit hospitals respond?

Henry J Carretta, PhD MPH

Institutional Theory Suggests Organizations Change for Three Reasons:

Coercive Forces—Change because it's required

Pushing NFP hospitals toward “Community Orientation”

IRS community benefit reporting requirements

ACA requirement for CHNA every three years

ACA regulations regarding billing, pricing, and financial assistance practice

Medicare payment reform—improve care transition and reduce rehospitalization

Media scrutiny on pricing and billing practices

Normative Forces—Change because it is the right thing to do

Community orientation in board makeup and policies

Catholic Health Association

Mimetic Forces—Just do what the other guy does

Board leadership matters

“Does your board require your local organization to adopt a formal community benefit plan that identifies specific priorities and strategies for its community benefit program?”

<table>
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<th>Other Systems (n=6)</th>
<th>All Systems (n=14)</th>
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<tr>
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Total 100% 100% 100%

Community involvement required.

Collaborate with public health and other stakeholders.

Reevaluate the Mission

http://www.managedcaremag.com