

# 20 years

**Reflecting on our 20-year journey**

2010 ANNUAL REPORT



Jewish Healthcare Foundation

**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.**

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# FROM HOSPITAL TO FOUNDATION



The story of the Jewish Healthcare Foundation (JHF) begins with a transaction — the sale of Montefiore Hospital, Pittsburgh’s only Jewish hospital. That loss left a void in the Jewish community — but the Foundation that succeeded the hospital has attempted to fill that void with a new entity to revive an old mission.

Montefiore Hospital opened in 1908 — famously described at the time as “the gift of Pittsburgh Jewry” because of its commitment to professional excellence and innovation. The Jewish community nurtured the hospital for decades, raising money to build a progressive institution to serve the Jewish and general community with distinction.

At a time when American hospitals routinely discriminated against Jewish physicians, Montefiore provided not only a home for Jewish doctors and patients, but an example of caring that extended well beyond the Jewish community. Physicians of many races and religions were on the staff from the beginning, as was the first woman graduate of the University of Pittsburgh School of Medicine. The first surgical operation recorded at the hospital was a herniotomy performed on a Catholic priest. African-American nurses and physicians were on the staff at Montefiore a full decade before most other Pittsburgh hospitals.

But after more than eight decades in existence, the Montefiore board decided in 1990 that the hospital could not remain financially viable as an independent institution and accepted an offer to become part of the larger University of Pittsburgh health system (now UPMC).

From the sale of Montefiore, \$75 million was set aside to create an independent Montefiore Foundation — soon renamed the Jewish Healthcare Foundation — to further the leadership of Jewish health care in the Pittsburgh region.

Which presented the formative JHF with the fundamental existential question — what is *Jewish* health care?

Health care uniquely marries charity and science. An engineer can design an earthquake-proof building using pure science; a loving heart may feed a homeless person out of pure charity. But neither pure science nor pure charity can treat a complex disease or manage an emergency department. Without both scientific rigor and deep humanity, modern medicine cannot exist.

Jewish health care unites a legacy of humanism with a legacy of scientific rigor.

Alvin Rogal, first chairman of the Foundation, wrote in the inaugural annual report that the Foundation would reflect Jewish values “that go beyond conventional charity.”

Conventional charity, at the core, responds to basic needs. At a higher level, charity anticipates needs. But the Jewish Healthcare Foundation imagined a charity that builds on the historical Jewish penchant for social reform, improving society’s ability to care for its sick, infirm, and vulnerable. JHF is pleased to be defined as a charity, a think tank, a program incubator, and a training resource. Call it a “Think, Do, Teach and Give” Tank.

JHF spent its early years seeking areas of involvement that were timely, neglected, or opportune, such as promoting childhood vaccines, providing indigent care, counseling AIDS patients, advancing breast cancer awareness, developing a kosher food pantry, and other charitable programs. In its first decade, it established a special focus on issues related to aging, women’s health, and comprehensive primary care that has persisted.

But JHF soon discovered a unique mission — to create a new vision, a new method, and a regional collaborative to address the healthcare system’s greatest failing: the lack of reliable best clinical practices, patient safety and efficiencies. The goal was to save lives, improve outcomes of care, and remove waste and error.

## JHF Becomes a “Think, Do, Teach and Give” Tank

The 2000 Annual Report made an ambitious statement that is remarkably consistent with JHF’s impact for the rest of that decade:

*What legacy do we seek in the next ten years?*

*The recognition that quality improvement is the only direction and single solution to what ails health systems today. At the core of so many issues — worker retention, medical error, the high cost and underperformance of American health care — are basic systems failures that can be identified and fixed. We hope, through our grants and outreach, crossing all agendas, to move a region and a nation to patient care that is as perfect as possible in decision making, execution and outcome.*

It was — and remains — a bold vision. “As perfect as possible” may sound unrealistic, but only great goals drive progress. Striving for 10 percent improvement creates 10 percent improvement. Striving for perfection creates substantial change.

It is a heady ambition for a medium-sized foundation. But what the Jewish Healthcare Foundation lacked in endowment funds, it strived to overcome in strategic clarity — grants and initiatives were investments toward the goals of major reform. JHF established its credibility as a neutral voice advocating for patients. It raised outside funds to prove the value of its concepts.

To advance the quality improvement agenda, JHF began to play an outsized role as a neutral broker among healthcare competitors, a trainer and educator, and incubator of pilots and demonstrations to perfect care.

As an organization committed to social reform, JHF felt an obligation to shine a light on controversial areas for improvement such as the prevalence of medical errors, overtreatment at the end-of-life, and preventable hospital readmissions.

In this role, JHF has prodded healthcare institutions in Pittsburgh, around the U.S. and beyond to examine their own organizations’ and practices’ capacities for eliminating medical errors and providing best practice care.

The Jewish Healthcare Foundation, in partnership with The Fine Foundation, sponsors the **FINE AWARDS** for Teamwork Excellence in Health Care. The Fine Awards were established to illustrate how process improvement principles can be used by healthcare teams on the front line of care to improve quality, reduce errors and improve safety. Applications are reviewed by a distinguished national selection committee and three winning teams are chosen to receive a monetary prize. One of the methods we use to connect people across the country with the work of these champions is our “Teachable Moments” — a series of short educational videos featuring some of the frontline clinicians whose projects were selected as Fine Awards Finalists.

A team from Jefferson Regional Medical Center is presented with the 2010 GOLD Fine Award for their project which eliminated ventilator-associated pneumonia in the ICU.





# EARLY DIRECTIONS; A FOCUS ON VULNERABLE POPULATIONS

Reflecting on the proud history of Montefiore, caring for vulnerable populations and the chronically ill has been a commitment of the Jewish Healthcare Foundation from its beginning. It is a basic human need, driven by simple human kindness. JHF embraces

the immediate need or attempts to fill the significant breach. Over its 20-year history, JHF played a key role in a number of programs focused on aging, chronic illness, public health, and health care for underserved populations.



“*The Last Chapter*,” a documentary presented by JHF and WQED, explores the medical, legal, cultural, spiritual and ethical implications surrounding end-of-life.

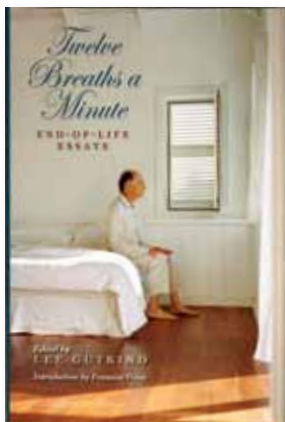


## Interfaith Volunteer Caregivers

The Jewish obligation to visit the sick inspired JHF to create Interfaith Volunteer Caregivers of Southwestern Pennsylvania, a network of churches and synagogues that mobilizes and trains volunteers to reach out to the isolated elderly of their congregations with companionship and assistance in daily living.

## Closure – End-of-Life

With any healthcare decision, information is often the most crucial resource. But when facing the death of a loved one, people often try to make rational decisions about what is best for themselves and their families.



“*Twelve Breaths a Minute: End-of-Life Essays*,” a collaboration between the Jewish Healthcare Foundation, Creative Nonfiction Foundation and the SMU Press, examines the way we as a society care for the dying.

*Closure* is a JHF initiative that offers information and resources to help families make educated decisions around care at the end-of-life in a thoughtful way, not in a crisis situation. The hallmark of *Closure* is community conversations which bring together a range of providers, clergy, attorneys, and most importantly, caregivers, to explore and plan for a better system of end-of-life care and support — a system focused on appropriate care and support of the family’s needs and values. Among *Closure*’s many projects is an educational package called *Closure 101*, which spells out available resources and guides families to the questions to explore their own values and religious beliefs. ([closure.org](http://closure.org))

## Caregiver Champions

From the beginning, the Foundation has been committed to developing a continuum of services that address the health-related needs of the elderly. More and more frail, older adults are being cared for by family, friends or other non-professionals – known as informal and family caregivers.

*Caregiver Champions* is a program specifically designed to help informal and family caregivers gain the confidence and control they need to better balance their lives. Open to people of all faiths and backgrounds, the program consists of *Caregiver Learning Circles* – a series of six, free two-hour sessions designed to provide informal learning about caregiving topics in a casual setting.

*Caregiver Champions* is funded by the Jewish Healthcare Foundation, The Harry and Jeanette Weinberg Foundation, the Commonwealth of Pennsylvania's Department of Community and Economic Development, and the Department of Public Welfare. ([caregiverchampions.org](http://caregiverchampions.org))

## Working Hearts® (Women's Heart Health)

In 2002, little attention was paid to women's heart health even though 500,000 women were dying from heart disease every year. As a coalition of more than 70 community organizations, the *Working Hearts*® initiative was wholly brought to life by JHF to address heart disease in women. *Working Hearts*® programs encouraged women to be aware of the risks of developing heart disease, make changes in their lifestyles, and track their indicator signs like body mass index, cholesterol, glucose and blood pressure.

## The Breast Test (Empowering Women)

JHF has been a champion for early detection and prevention of breast cancer. *The Breast Test* was a breast cancer detection, screening and outreach program. The Foundation partnered with WQED-TV to air a one-hour program on public television stations across Pennsylvania, which taught thousands of women about the importance of early detection, screening methods and treatment options.

*The Breast Test* Initiative was a catalyst for the Foundation's three-year support for the National Council of Jewish Women to start the "Race for the Cure" in 1993. It has become an annual Mother's Day tradition, attracting more than 35,000 participants and raising over \$2 million annually.





## HIV/AIDS

Since the early 1990s, JHF has served as the fiscal agent for state and federal HIV/AIDS funding in southwestern Pennsylvania, responsible for approximately \$3 million in annual funding designed to improve the response to the HIV/AIDS epidemic. HIV/AIDS education programs were among the Foundation's first grants.

In partnership with The Pittsburgh Foundation, JHF has undertaken a multi-disciplinary approach to reducing hospital readmissions among people living with HIV/AIDS in southwestern Pennsylvania. The PRHI/JHF team is using a modified Perfecting Patient Care<sup>SM</sup> approach to increase the capacity of community-based AIDS Service Organizations (ASOs) and enhance their services targeting HIV-positive individuals at greatest risk of readmission. This work is being facilitated through an online quality improvement web portal developed by the Jewish Healthcare Foundation for HIV/AIDS-service organizations.

## Operation KidShot

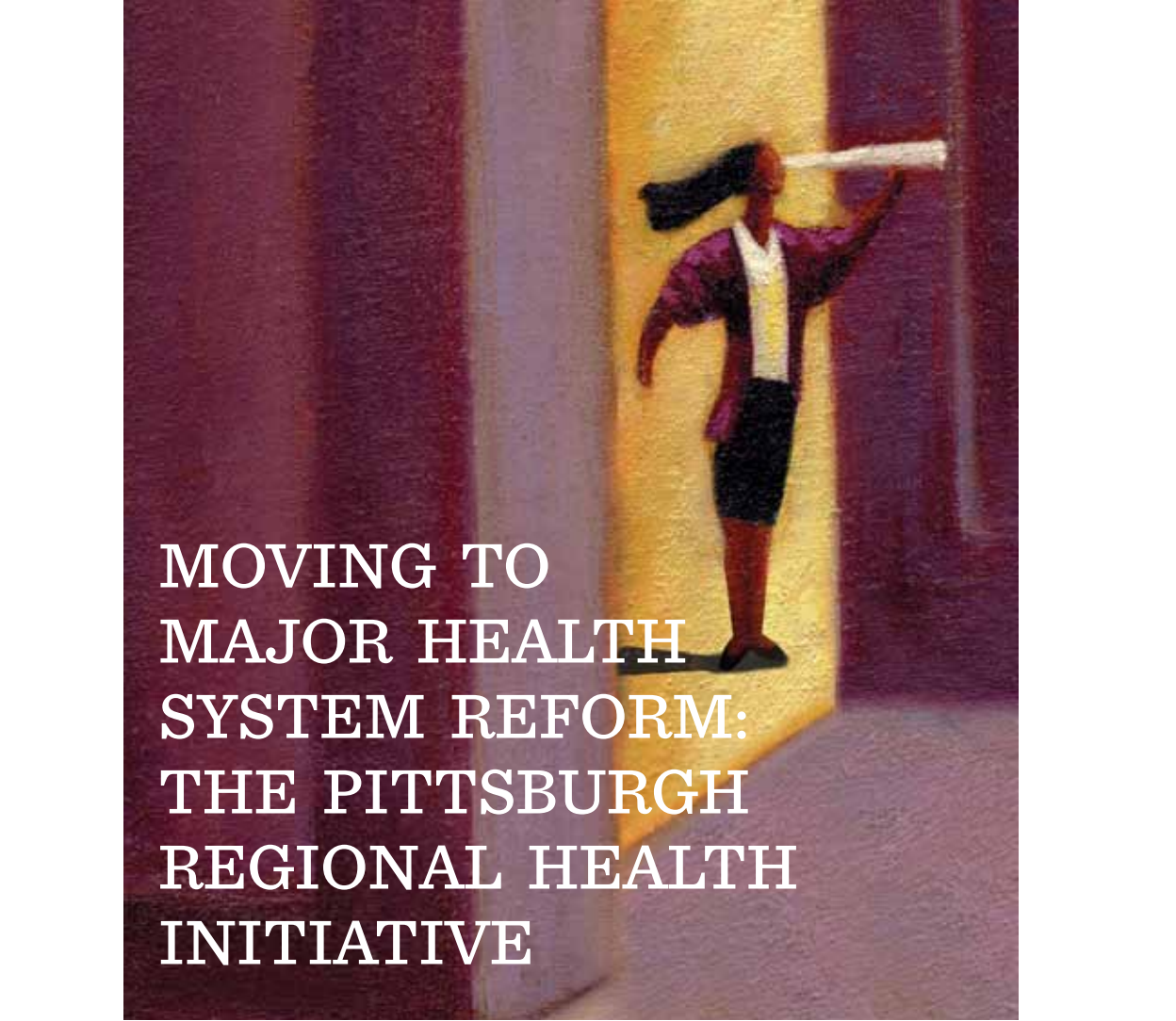


In response to eight children in Philadelphia dying during a measles outbreak, JHF, the Rotary Club of Pittsburgh, and United Way, undertook *Operation KidShot* in 1992, a project to immunize children in southwestern Pennsylvania against preventable childhood diseases, and to link families to sources of health care. Nearly 6,000 children were immunized as a result of *Operation KidShot*, as well as helping to pass a state law that requires all health insurers to cover childhood immunizations. In 1992, the Pennsylvania Chapter of the American Academy of Pediatrics and Connaught Laboratories, Inc. honored JHF with the Immunization Award for *Operation KidShot*.

## A Leadership Role in Philanthropy

JHF was unlikely to realize bold aspirations for health reform alone. Partnership with other foundations was one avenue to augment our problem analyses, action on solutions, available resources, and impact—regionally, statewide and nationally. Accordingly, JHF has actively sought partners in philanthropy. This has allowed us to tackle weighty problems with sufficient intellectual, political and financial support; in all, we have leveraged an additional \$5 for every dollar invested from the JHF endowment in worthy ventures.

Our penchant for partnership led to the JHF CEO serving as Chair of Grantmakers In Health and Grantmakers of Western PA. JHF's Chief Program Officer served on the board of Grantmakers In Aging. JHF is a key founding member (and fiscal agent) of the Pennsylvania Health Funders Collaborative, and often has convened other funders around hot topics. In 2010, JHF convened, with Grantmakers In Health, over 70 national funders at Brandeis University to consider how the Affordable Care Act would influence our respective agendas.



# MOVING TO MAJOR HEALTH SYSTEM REFORM: THE PITTSBURGH REGIONAL HEALTH INITIATIVE

In 1997, the Allegheny Conference endorsed the consortium that became PRHI. The founders were Paul O'Neill, then CEO of Alcoa and later U.S. Treasury Secretary, and Karen Wolk Feinstein, PhD, President and CEO of the Jewish Healthcare Foundation.

O'Neill had rebuilt Alcoa's safety and efficiency practices based on the principles of the Toyota Production System — which has at its heart a relentless, ongoing pursuit of perfection by tolerating no errors, and pursuing every error to its root cause. In the Toyota culture, errors are for learning. Workers are required to investigate causes for every error; workers and managers as a team work together to eliminate the causes of errors.



O'Neill and Feinstein were convinced that basic performance improvement methods common to industry would change health care. From the beginning, PRHI adopted an ambitious and sometimes controversial goal — perfection. Zero errors. This meant: zero medication errors; zero hospital-acquired infections. Continuous improvement means that redesigning and rethinking never stop.

PRHI concentrated initially on bringing together healthcare leaders in southwestern Pennsylvania — along with business and government leaders — to discuss ideas and create consensus around improving health care and lowering costs.

PRHI endorsed a vision of value: producing better quality care would lower cost. Now, looking back at 13 years of ongoing work by PRHI, it is clear that the job required a fundamental transformation in how we deliver and pay for care.

Patient safety represents one of the most salient measures of quality affecting cost; errors and hospital-acquired infections are a major source of readmissions and longer stays — and higher costs.

Safety was a natural target for PRHI's first efforts. In 1999, not long after PRHI's founding, the Institute of Medicine published a landmark report, "To Err is Human: Building a Safer Health System." The report shocked the nation with the estimate that 98,000 Americans die each year from medical errors. Further studies on waste and ineffective treatments, and well-publicized deaths owing to medical errors at elite medical institutions — from Boston Globe healthcare columnist Betsy Lehman at the Dana Farber Cancer Institute to 19-month old Josie King at Johns Hopkins — all contributed to a conviction that some fundamentals in American health care were very wrong.

But proof of concept was required; against much push back, PRHI had to prove that dramatic safety and quality improvements were possible.

**“Since its creation in 2002, over 4,000 participants from 26 states across the country – and Israel – have received Perfecting Patient Care™ training.”**

## PRHI Proves Its Point: Dramatic Improvements in Safety Save Lives and Money

Beginning in 2001, PRHI spearheaded a region-wide offensive to reduce Central Line-Associated Bloodstream infections (CLABs) in intensive care units. Problems with central lines — IVs inserted into main arteries in the chest or groin — can lead to frequently lethal infections that were once accepted as a fact of life in intensive care units.

PRHI, marshalling data collection, hands-on teaching and effective public pressure, helped bring about a reduction in CLABs across 32 hospitals in southwestern Pennsylvania. The Centers for Disease Control and Prevention (CDC) confirmed that CLABs in the region declined by 68 percent between 2001 and 2005.

The CLAB reduction helped save lives. It saved millions of dollars. It brought PRHI to the attention of the prestigious *Journal of the American Medical Association*, and demonstrated the great potential of the quality agenda.

PRHI undertook a new challenge. Its Perfecting Patient Care<sup>SM</sup> (PPC) improvement methodology was one element of the successful CLAB reductions. In 2002, the CDC tapped PRHI for a pilot to apply quality principles to reducing the growing rates of hospital-acquired infections of Methicillin-Resistant Staphylococcus Aureus, better known as MRSA. Resistant to antibiotics and hard to eliminate, MRSA represented a dangerous and frustrating challenge.

In partnership with the VA Pittsburgh Healthcare System, PRHI helped develop protocols for screening and hand sanitation on a post-surgical unit that reduced hospital-acquired MRSA infections by 85 percent over three years. The national VA Healthcare System subsequently adopted the successful PPC-inspired guidelines in 2006. PRHI's work at the VA was featured in the book *Better*, by Atul Gawande, MD.

PRHI moved beyond infection control when it also challenged southwestern Pennsylvania to have the world's best clinical outcomes in cardiac care, diabetes and depression, and obstetrics.

## Perfecting Patient Care<sup>SM</sup>

JHF's *diagnosis* of what ailed health care: (1) a shocking lack of accountability for high performance, (2) little basic understanding of how high reliability and Continuous Quality Improvement organizations operated, resulting from (3) an education system for healthcare professionals that includes no instruction in systems theory, organization behavior or safety science, led to its prescription for improvement.

PRHI developed its own curriculum for teaching quality improvement, based on the Toyota system, but geared to health care, and incorporating the lessons of PRHI's early years. The curriculum was called Perfecting Patient Care<sup>SM</sup> (PPC). While PRHI continued to stress the importance of engaging the highest levels of leadership, the new curriculum reached deep into healthcare organizations, with coaches and champions embedded with frontline clinical teams examining daily problems that impacted safety, quality and efficiency. PPC courses were offered at cost to healthcare organizations ranging from teaching hospitals to long-term-care facilities to primary care practices. Eventually, PPC coaches trained champions throughout the nation.

PRHI also came to recognize the Herculean task required to educate health professionals in safety and quality improvement techniques. Face-to-face encounters would never suffice.

Taking the curriculum one step further, JHF and PRHI developed Tomorrow's HealthCare<sup>TM</sup> (THC), a web-based quality improvement tool intended for healthcare executives, managers and staff. Combined with the expertise of PRHI's on-site trainers and coaches, Tomorrow's HealthCare<sup>TM</sup> serves to spread and sustain Perfecting Patient Care<sup>SM</sup> in support of achieving transformation. THC is slated to begin a project with four county hospitals in California, as part of a partnership between PRHI and the California HealthCare Foundation. ([tomorrowshhealthcare.org](http://tomorrowshhealthcare.org))



On March 12, 2007, a national record was set when a group of Southwestern PA employers signed on to the Four Cornerstones of Value-Driven Health Care.

## Success Reveals More Work to be Done

PRHI's mission grew continually during its first decade. PRHI helped a range of healthcare organizations apply PPC methods — dubbed “The Pittsburgh Way to Efficient Healthcare” in the title of a 2008 PRHI-focused book — to achieve remarkable improvements in individual units, among them:

- an 86% reduction in medication errors
- a 17% drop in pediatric clinic wait times
- a reduction from 180 to zero in lost patient hours per month due to ambulance diversions
- a 20% decline in nosocomial *C. difficile* infections
- a 68% drop in CLABs in 32 regional hospitals
- a 50% reduction in pap smear sampling defects
- a 40% reduction in readmissions for COPD patients
- a 100% increase in a pathology lab's efficiency
- a 100% patient compliance with guidelines and aspirin use in a diabetes clinic

Attacking one problem uncovered other problems. Successes brought satisfaction, but usually revealed more work to be done. PRHI discovered that even relatively modest ambitions — like infection control — require systemic change, reaching beyond the work of any individual unit, or any individual healthcare organization.

The 2007 article “Profitable Complications” in *Modern Healthcare* that featured PRHI described the situation bluntly:

*Thanks to a perverse payment system that is largely indifferent to good outcomes, hospitals that do just an OK job of infection control stand to generate more revenue than hospitals that do an outstanding job.*

PRHI celebrated its 10<sup>th</sup> anniversary in 2008 — during a contentious presidential race with healthcare reform at the center of the debate. The champions of quality began to realize that efforts at quality improvement alone wouldn't lower costs. No single reason and no single solution explained why health care in the United States continued to be the world's most expensive while delivering care that failed in safety, equity, accessibility and good outcomes.

# HEALTH REFORM LEGISLATION AFFIRMS PRHI PLATFORM



JHF, from the creation of PRHI in 1998 to the launching of Health Careers Futures in 2003, and the formation of the Center for Healthcare Quality and Payment Reform in 2008, anticipated and helped shape the key elements of quality and safety reforms.

JHF launched a major social movement 13 years ago when it founded PRHI to test and prove methods to contain healthcare costs by improving quality. The Patient Protection and Affordable Care Act of 2010 (PPACA) captured much of PRHI's Rx for Reform — delivery system redesign, payment reform, workforce development, and harm reduction — and the Pittsburgh prescription appears throughout the new federal health reform law. For example:

## Readmission Reduction

JHF was early in identifying the frequency of hospital readmissions as a high cost and yet preventable healthcare problem. PRHI's Readmission Reduction Project has shown that up to 40 percent of hospital readmissions for

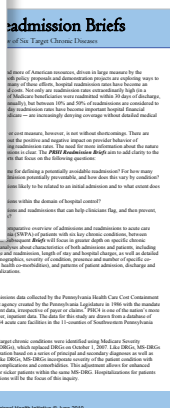
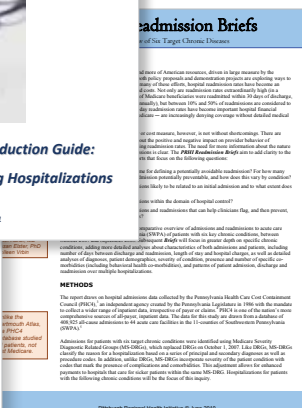
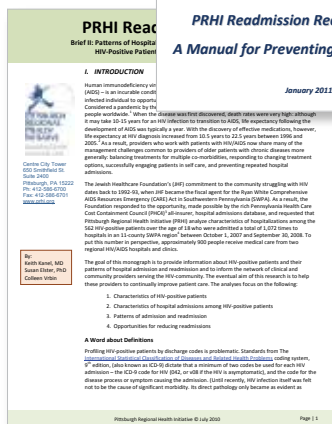


patients with chronic obstructive pulmonary disease (COPD) can be avoided with good care management, including home visits and discharge planning, patient education, and care coordination. Many of PRHI's projects have been informed by clinical information gathered by the Pennsylvania Health Care Cost Containment Council (PHC4). In health care, PHC4 is the gold standard for measuring what really counts — patient outcomes — and our talented research staff mine these data to identify opportunities to save both lives and money.

Most 30-day readmissions occur among patients with ambulatory sensitive conditions, and the prevention of exacerbations that lead to hospitalization is the province of primary care providers. Reducing readmissions therefore, requires that community hospitals engage with their referring outpatient care providers, and these providers must, in turn, be able to manage chronic disease in ways that keep people out of the hospital. Accountable Care Organizations (ACO), now firmly embedded in the Patient Protection and Affordable Care Act, represent a possible solution for building the inpatient-outpatient alliances that have the potential to improve patient outcomes and control spiraling healthcare costs. PRHI has begun the process by supporting two community hospitals — Jefferson Regional Medical Center and Monongahela Valley Hospital — and their affiliated primary care physician practices to move toward establishing ACOs. They will focus on improving admissions and readmissions for three chronic diseases: chronic obstructive pulmonary disease, congestive heart failure, and coronary artery disease.



Examples of PRHI's Readmission Reduction resources available at [pri.org](http://pri.org).





**“The negative impact on patient quality of life and the huge burden on the healthcare system have made reducing hospital readmissions a central goal of healthcare delivery and payment reform efforts.”**

## Payment Reform

Change cannot occur easily when the payment system rewards volume not value. A fundamental belief in quality improvement as the foundation for value in health care had driven the Jewish Healthcare Foundation to unprecedented success and stature as an advocate and educator. But it became ever clearer to the Foundation that any meaningful healthcare reform must first of all — as they say — follow the money.

In 2004, JHF supported the establishment of the national Network for Regional Healthcare Improvement (NRHI) to provide technical assistance to, facilitate sharing among, and encourage national support for Regional Health Improvement Collaboratives. JHF, together with three other foundations, also funded two NRHI National Payment Reform summits in Pittsburgh in 2007 and 2008, highlighting 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.

In 2008, JHF founded the Center for Healthcare Quality and Payment Reform (CHQPR) to develop the details of new payment systems and effective strategies for transitioning from current payment systems. CHQPR produces nationally-circulated seminal papers widely regarded as the most comprehensive, understandable and pragmatic guides to payment reform available, such as “From Volume to Value” prepared by CHQPR’s Director, Harold Miller.

The CHQPR National Advisory Board is chaired by Stuart Altman, Sol Chaikin Professor of National Health Policy at Brandeis University. Karen Wolk Feinstein serves as vice chair.

Recently, PRHI announced a three-year payment reform project designed to create a successful business model for accountable care, a concept of care delivery and payment that has become a keystone of Medicare’s reform efforts under the Patient Protection and Affordable Care Act.

To help develop a business model for accountable care, Highmark Blue Cross Blue Shield will share customized, declassified financial data with the PRHI data team. The team will analyze the data and then work with a healthcare economist to develop a model through which costs may ultimately be financed in a successful manner.

This payment reform project is being made possible by a grant from the Robert Wood Johnson Foundation, the nation's largest philanthropy devoted exclusively to improving health and health care.

## Delivery System Redesign

JHF initiated several large scale projects to redesign the delivery of health care. In one, PRHI was chosen to serve as a Regional Coordinating Center of the national Safety Net Medical Home Initiative. PRHI coaches 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 southwestern Pennsylvania when PRHI was selected as the Community Partner in the Centers for Medicare & Medicaid Services' Electronic Health Record (EHR) Demonstration project. PRHI recruited 280 small physician practices to receive incentive payments for implementing and using EHRs to improve quality.

Building on the success of this demonstration, PRHI became a key player in the national network of regional health information technology centers set up to assist small primary care practices and community health centers with EHR adoption and the achievement of Meaningful Use. To date, the PRHI-REACH (Regional Extension and Assistance Center for HIT) project has recruited more than 700 primary care providers to receive this assistance.

## Behavioral Health Integration

Early JHF research uncovered the prevalence of behavioral health comorbidities in frequently hospitalized patients with chronic diseases, such as diabetes, COPD and heart disease. 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, in 2008 funded the three-year Integrating Treatment in Primary Care demonstration in three community health centers. The success of this demonstration laid the groundwork for a subsequent \$3.5 million grant from the federal Agency for Healthcare Research and Quality for PRHI to partner with the Institute for Clinical Systems Improvement in Minnesota and the Wisconsin Collaborative for Healthcare Quality to implement unhealthy substance use and depression services in up to 90 primary care sites in Pennsylvania, Minnesota and Wisconsin.

## Workforce Development

A Jewish Healthcare Foundation-sponsored Pittsburgh Region Health Workforce Summit in 2001 found impending shortages in certain healthcare professions required immediate strategies to attract and retain qualified workers. In response, JHF launched **Health Careers Futures** in 2003 to align the region's supply of and demand for healthcare workers.

Pathways to Careers, a current partnership of JHF, United Way of Allegheny County and Health Careers Futures, envisions that expanded, effective health career exploration will lead to greater motivation and academic success. Pathways is a community-focused project designed to open the world of careers to ninth grade students and break new ground by configuring community partnerships (community-based organizations, schools and employers) around the Pennsylvania Career Education and Work standards. Participating organizations include the Consortium for Public Education, Jewish Community Center of Greater Pittsburgh, Wireless Neighborhoods, and YouthWorks, Inc.

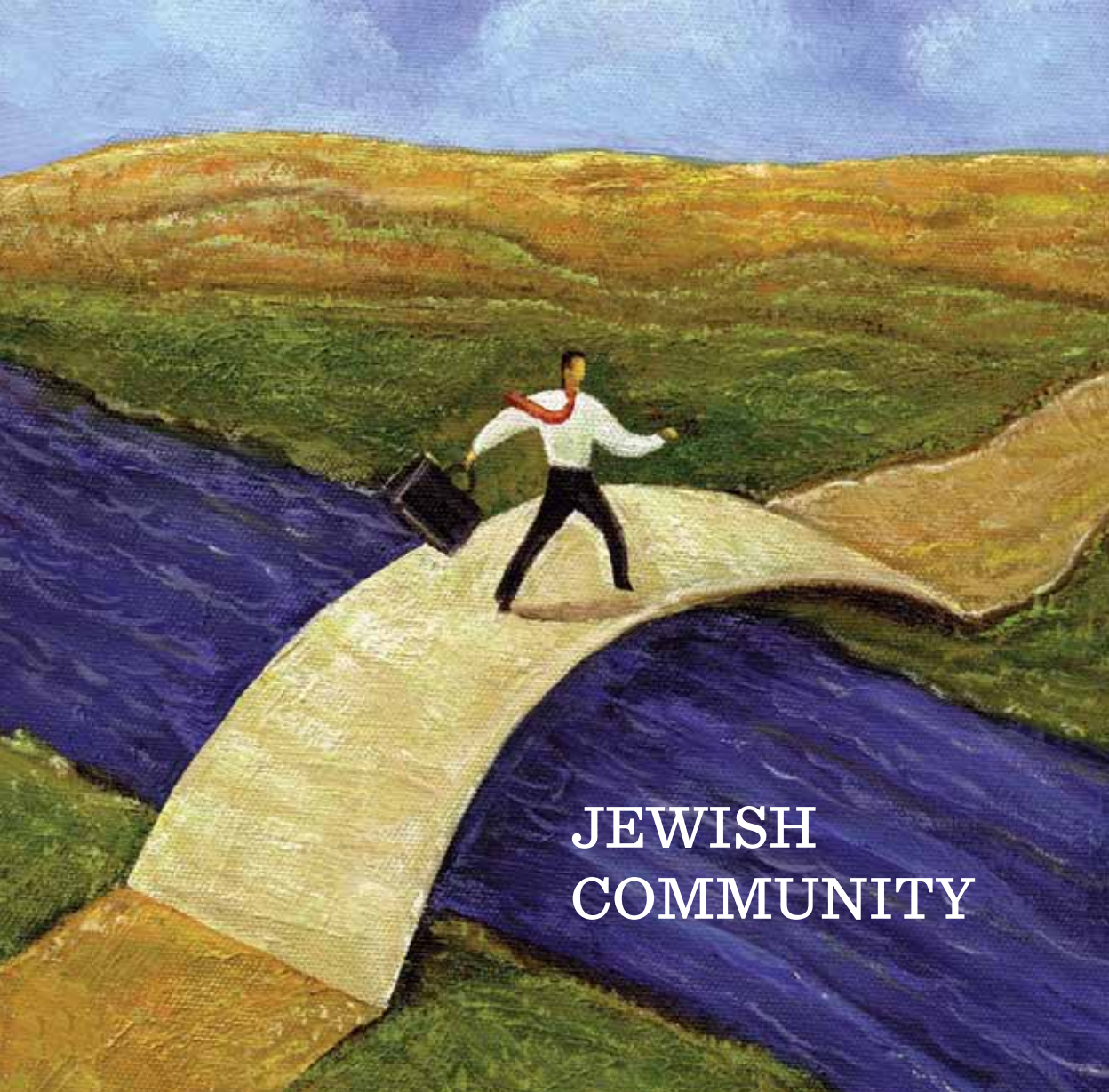
Through Health Careers Futures, JHF sponsors the Patient Safety and Jonas Salk Fellowships, offering graduate students and professionals access to local healthcare champions.

The Jonas Salk Fellowship is focused on issues of revolutionary change in medicine and public health. Fellows are challenged to explore the theoretical components of transformative change and reflect on healthcare examples of each, as well as review literature on each topic. The sessions highlight "healthcare heroes" who took on establishment thinking and scientific belief to champion new methods, policy or behaviors.

At the core of the Patient Safety Fellowship is Perfecting Patient Care<sup>SM</sup> (PPC), PRHI's healthcare process improvement methodology. Through PPC, Fellows study systemic problems through observations at the point of patient care, refine interdisciplinary team-based approaches to address observed problems, redesign work based on a systems perspective, and analyze improvement opportunities for educational value. The Fellowships are currently in their 10<sup>th</sup> year.

### **Champions for Transformation**

Health Careers Futures recognizes that improvements at the point of patient care depend on a team leader/champion, a change method that works, performance measurement, and shared passion for excellence. In 2005, a series of Fellowships for Champions for Transformation was launched. The Fellowships are a series of professional development programs and demonstrations that JHF initiated to bring Perfecting Patient Care<sup>SM</sup> process engineering principles, systems thinking and other quality improvement tools into the hands of the region's frontline healthcare professionals. The Champions are the leaders of change essential to transformation. Since it began, JHF has created programs for physicians, nurses, clinical pharmacists, librarians, and emergency medical technicians, among many others.



# JEWISH COMMUNITY

The Jewish Healthcare Foundation remains an integral part of Jewish life in Pittsburgh, and Jewish life will always be integral to JHF. Reaching back beyond Montefiore Hospital — “the gift of Pittsburgh Jewry” — to the spirit of the founders of the Hebrew Ladies’ Hospital Aid Society in 1898, JHF continues to serve the health needs of the Jewish community, especially the most vulnerable members.



## Jewish Association on Aging

JHF helped to establish the Jewish Association on Aging to carry out its mission of creating a blueprint of care for the elderly that could serve as a national model of excellence. Since 1992, the Foundation has invested nearly \$35 million to provide high-quality services for seniors from nursing home and assisted living care, to home-delivered meals and hospice care.

## Jewish Federation of Greater Pittsburgh

Since 1990, JHF has contributed nearly \$18 million — now an annual commitment of at least \$900,000 — to the Jewish Federation of Greater Pittsburgh, which distributes those funds to the beneficiary agencies including Jewish Association on Aging, Jewish Family and Children's Services, the Jewish Community Center, Jewish Residential Services, and Riverview Towers.

## Squirrel Hill Health Center

JHF harbored a vision of filling the void left by the closing of Montefiore Hospital's community clinics. Once again putting Perfecting Patient Care<sup>SM</sup> principles to work in community health, JHF proposed, supported, and guided the development of the Squirrel Hill Health Center, a federally qualified health center. Established in 2006, the Squirrel Hill Health Center brings high quality, affordable health care to underserved Pittsburgh residents, including the area's substantial immigrant populations, with their unique cultural and linguistic needs. The center is now a thriving site for physical, dental, and behavioral health care.

## Squirrel Hill Community Food Pantry

Realizing that there were poor and hungry within the Squirrel Hill community without a source of food, JHF funded the planning and start-up costs for a kosher food pantry that opened in 1998. Serving over 850 people a year, its programs focus on food distribution to address the immediate issue of food poverty, and on support and resource coordination to address its underlying causes.

## Israel Partnership

To learn how Israel achieved universal coverage and excellent health care at low cost, the Jewish Healthcare Foundation led groups of physicians, health policy analysts and insurers on two fact-finding visits to Israel in 2009 as guests of the Myers-JDC-Brookdale Institute — Israel’s leading social and health policy think tank.

The resulting partnership with Myers-JDC-Brookdale led to a series of monographs comparing key aspects of the Israeli and American healthcare systems — the appropriate role of government in structuring the delivery of health care; the implications of structure and financing for primary care delivery; and the multiple consequences of the Israeli approach to and the cost of medical education. JHF also established an exchange with Clalit Health Services (Israel’s largest HMO) around quality improvement, regional accountability for the care of defined populations, including the use of health information technology, best practices in chronic disease management, team approach to primary care, and shared accountability across levels of care.

These partnerships laid the groundwork for ongoing intellectual and professional exchanges between U.S. healthcare providers and policy makers and their counterparts in Israel — partnerships that will hopefully improve health care on both sides of the ocean.

## CONCLUSION

Conversions of the assets of traditional hospitals and insurers into health foundations over the last two decades have had a substantial impact on advancing and shaping healthcare delivery, philanthropy, and public health, as hospitals and insurance companies were sold and merged and new charitable entities established. These entities, like the Jewish Healthcare Foundation, attempted to replicate the overall mission of the predecessor organizations, and to add unique value by addressing the needs of the vulnerable, underserved and poorly served. Without walls or required capital investments, with limited but “particular” staff, the Jewish Healthcare Foundation, like others, embarked on a unique set of activities that nevertheless kept alive for the Jewish community their commitment to health improvement, suffering alleviation, social reform, and compassion for the vulnerable and underserved populations.

For more than 20 years, JHF has gone from challenge to challenge. Having chosen the role of social reformer, JHF continues to examine its work with the same questioning spirit and commitment to quality that we encourage in the organizations with whom we work. We are proud of the national and local recognition we’ve received as one of the region’s — and the nation’s — noted innovators, acting as a neutral voice, educator, researcher, and champion focused on *perfecting patient care*.

# Board of Trustees

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\*\* *Ex Officio*



## Walking Through Time:

Board Chair Pat Siger and CEO Karen Wolk Feinstein walk Montefiore Hospital's "heritage corridor."

## Committee Chairs

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Finance & Audit: Thomas A. Karet  
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## Past JHF Board Chairs

Stephen F. Halpern: (2006 - 2008)  
Charles C. Cohen: (2003 - 2005)  
Farrell Rubenstein: (2000 - 2002)  
Leon L. Netzer: (1997 - 1999)  
David S. Shapira: (1994 - 1996)  
Alvin Rogal: (1991 - 1993)

## Pittsburgh Regional Health Initiative

Alan R. Guttman, Chair

## Health Careers Futures

David J. Malone, Chair

## About the Foundation

The Jewish Healthcare Foundation (JHF) and its supporting organizations, the Pittsburgh Regional Health Initiative (PRHI) and Health Careers Futures (HCF), develop and manage programs, conduct research, training and grantmaking to perfect patient care. JHF is also the fiscal agent for State HIV/AIDS funding in Pennsylvania. We are funded by public and private sources, and the JHF endowment.

We act as a neutral voice focused on Perfecting Patient Care<sup>SM</sup> (PPC) for patients, workers and healthcare systems. At present, our agenda includes:

**For the Patient, care that is kind, competent, customized, comprehensive, safe and efficient; addressing the needs of vulnerable populations, including:**

- seniors (Caregiver Champions)
- the poor (Safety Net Medical Home Initiative)
- the chronically ill (Accountable Care Network)
- those who are approaching end-of-life (Closure)
- persons living with behavioral health problems (Partners in Integrated Care, and HIV/AIDS Readmissions Reduction project)

**For the Healthcare Worker, support for care that is:**

- informed and enabled (Regional Extension & Assistance Center for HIT - to assist small primary care practices with EHR adoption and use)
- incentivized (Robert Wood Johnson Foundation payment reform grant and the Fine Awards)
- continuously improved through training and coaching (Perfecting Patient Care<sup>SM</sup>, Tomorrow's HealthCare<sup>TM</sup>, Fellowships and Champions Programs)

**For Organizations and Systems, this focus includes:**

- training, coaching and leadership development (Perfecting Patient Care<sup>SM</sup>)
- comprehensive improvement and education tools (Tomorrow's HealthCare<sup>TM</sup>)
- transformations and new models of care (Patient Centered Medical Homes, Accountable Care Networks, Primary Care Resource Centers)
- payment reform (Robert Wood Johnson Foundation payment reform grant and the website of The Center for Healthcare Quality and Payment Reform — chqpr.org)







## Recognition of Our Journey

The Jewish Healthcare Foundation, through its President and CEO Karen Wolk Feinstein, has received local and national recognition for its work as a “Think, Do, Teach and Give Tank.” Listed below is a selection of that recognition over the course of our first 20 years.

### Honors

**2011, 2009**

**Allegheny County Medical Society:** Special Commendation for its groundbreaking work in evaluating and improving systems of care, reducing variation and disparities in care, and addressing patient safety while improving outcomes (PRHI)

**2009**

**Jewish Community Center of Greater Pittsburgh:** for JHF’s significant role in furthering the AgeWell Pittsburgh Collaboration (JHF)

**Pennsylvania Occupational Therapy Association:** Award of Appreciation (JHF)

**University of Pittsburgh Institute of Politics:** Coleman Award for Excellence in Community Service (Karen Wolk Feinstein)

**2008**

**HHS Secretary names PRHI One of 12 Sites selected for major CMS Demonstration Project** (PRHI)

**League of Women Voters:** Good Government Award (PRHI)

**HHS Secretary names PRHI a Chartered Value Exchange** (PRHI)

**Presbyterian SeniorCare 80th Anniversary Celebration:** Community Award (Karen Wolk Feinstein)

**2007**

**HHS Secretary names PRHI a Community Leader for Value-Driven Health Care** (PRHI)

**2006**

**Distinguished Daughters of Pennsylvania** (Karen Wolk Feinstein)

**Girl Scouts Women and Girls of Distinction:** Pearl of Excellence Award (Karen Wolk Feinstein)

**2003**

**Kollel Jewish Learning Center:** Shalom Award for Commitment to Excellence in Health Care (JHF)

**Ronald McDonald House Charities of Pittsburgh:** “Big MAC” Award (Karen Wolk Feinstein)

**Squirrel Hill Urban Coalition:** Citizen of the Year Award (Karen Wolk Feinstein)

**2003, 1999**

**Pittsburgh Magazine:** Pittsburgher of the Year (Karen Wolk Feinstein)

**2002**

**The New York 43<sup>rd</sup> Annual International Film & Video Awards Festival:** Finalist-Foundations: Making A Difference video (JHF)

**YWCA Tribute to Women:** Civic Service Award (Karen Wolk Feinstein)

**2001**

**Wilmer Shields Rich Awards for Excellence in Communications:** “Branches” Newsletter (JHF)

**Yeshiva Schools:** Annual Dinner Honoree (Karen Wolk Feinstein)

**2000**

**Women of Reform Judaism:** Tikun Olam Award (Karen Wolk Feinstein)

**1999**

**United Way of Allegheny County:** Chairman’s Award (JHF)

**1998**

**Family Health Council, Inc.:** Healthy Start House Award of Appreciation (JHF)

**1997**

**Chatham College:** Honorary Doctorate of Public Service (Karen Wolk Feinstein)

**Southwestern Pennsylvania Partnership on Aging:** Award of Excellence (Karen Wolk Feinstein)

**1995**

**City of Pittsburgh Project Safe:** Gold Helmet Award (JHF)

**PA Community Crime Prevention Program:** Certificate of Merit (JHF)

**Three Rivers Youth:** Certificate of Appreciation (JHF)

**Wilmer Shields Rich Awards for Excellence in Communications:** Bronze Award, Public Information Campaigns for “The Problem with Food” (JHF)

**1994**

**Second Annual State CLPPP Awards:** Community Awareness and Education Group Category for Childhood Lead Poisoning Prevention Program (JHF)

**1993**

**Sisterhood Shabbat and the Women’s League for Conservative Judaism Congregation Beth Shalom -** A New Resource for Pittsburgh and the Jewish Community (JHF)

**1992**

**Health Education Center:** Award for Operation KidShot (JHF)

**The Pennsylvania Chapter of the American Academy of Pediatrics and Connaught Laboratories, Inc.:** Immunization Award for Operation KidShot (JHF)

## **National Publications (Featured)**

**2011**

*Twelve Breaths a Minute:* End-of-Life Essays

**2010**

*Health Affairs* - “Partnering Private Primary Care Practices With Federally Qualified Health Centers In The Care Of Complex Patients”

*Modern Healthcare* - “Reform Catalysts: Health Foundations Can Offer Money, Expertise Toward Implementing Reform Law”

**2008**

*Better* - PRHI’s success at the VA Pittsburgh Healthcare System is featured in chapter one of this book by Atul Gawande, MD

*The Pittsburgh Way to Efficient Health Care*

**2007**

*Modern Healthcare* - “Profitable Complications”

*Silence Kills: Speaking Out and Saving Lives*

**2003**

*Health Affairs* - “A Systems Approach for Achieving Perfect Patient Care”

# THE JEWISH HEALTHCARE FOUNDATION: A UNIQUE ORGANIZATION

## Think

Researchers  
Data Analysts  
Policy Analysts  
Evaluators

## Do

Grant Managers  
Program Directors  
Fiscal Agents for  
HIV/AIDS Funds



40 +  
STAFF

## Train

Curriculum Developers  
Coaches and Trainers  
EHR Implementation  
Specialists

## Tell

Grant Writers  
Media Specialists  
Writers  
Event Planners  
Web Designers  
Public Relations



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