

**COMING MONDAY**  
■ We in Houston can be proud that programs in our own backyard are helping to ensure the city stays ahead of the curve in the energy field.

MEDICINE



## What health care community can learn from George Bailey

Base executives' compensation on how they serve the patients

By PAUL E. KLOTMAN

**A**t a pivotal point in the movie *It's a Wonderful Life*, George Bailey defends his struggling Building and Loan Society's policy of lending money to working people to buy homes.

"Doesn't it make them better citizens? Doesn't it make them better customers? ... This town needs this measly one-horse institution."

George Bailey was right. His financial institution benefited the community. In the wake of the current financial meltdown, the public is questioning the benefit of many such institutions. In Bailey's world, banks, savings and loan associations and credit unions were safe places for people's money that then provided a source of lending from which to build the community. The people who ran them kept a balance between safety and returns, and they received a generous salary for doing that.

In a very real way, many of the financial disasters the United States has suffered since the 1930s have occurred when the people who ran such institutions lost sight of their missions, seeking outrageous returns on risky business practices. In return, executives at these financial institutions

received outrageous bonuses — bonuses that were often out of line with the performance of their institutions and awarded for activities that, in the long term, put those same institutions and the nation at risk.

The health care community would do well to take a page out of George Bailey's book and compensate its executives based on how well they perform their mission — not on the past quarter's profits or for risky business ventures that are unlikely to have long-term benefits to the institution or the community. Hospitals and health care institutions — particularly those that are not-for-profit — exist to provide quality health care that improves not only the health of their patients but also that of the community. Cost-effectiveness, evidence-based medicine and quality go hand-in-hand with that mission.

Health care CEOs must lead their institutions in creating value in medicine — the quality, safety and cost-effectiveness that benefit not only the health care system and payers, but also patients. Accomplishing these goals can be painful, but in the end, they will make their institutions stronger, the health care system viable and — most important — patients safer and healthier.

The health care community faces a choice. We can wait for government entities to step in as they are already proposing. As early as 2009, a report by the National Center for Healthcare Leadership found, "At the state level, several legislators have introduced bills to limit the

Please see **MEDICINE**, Page B9

PUBLIC HEALTH

## Houston, we have a solution



■ Let's seize chance to transform state's system of delivering access to health care

By ELENA M. MARKS

**H**OUSTON is a city with a world-class medical center in the midst of a population with inadequate access to basic health care. We have too many hospital beds and too few primary-care clinics. We're good at taking care of really sick people, but we're not so good at preventing illness. We're not alone and we didn't get this way by accident: The United States built a health care financing system that pays more to take care of really sick people than to keep people healthy. This is a significant contributing factor to our ever-escalating health care costs.

In Harris County, the situation is exacerbated by the 1 million-plus uninsured residents who often wind up in hospital emergency rooms where treatment can be three times more expensive than outpatient care. This is not ideal for those patients or the hospitals, which end up shifting the costs to other patients and to taxpayers. These problems were well-documented in reports published by the Greater Houston Partnership in 2004 and 2010. The reports reflected broad-based consensus among health care, business, civic and government leaders of the need for a regional, collaborative, coordinated approach to increase access to health care outside of hospitals, especially for uninsured people. Houston, we have a solution ... if we take advantage of it.

On Dec. 12, the federal government approved Texas' application to obtain up to \$15.4 billion in federal funds to transform the health care delivery system so that there will be more access to care outside of hospitals. The plan, formally called the Delivery System Reform Incentive Payment or DSRIP, pays health care providers, particularly hospitals, to change the way health care is delivered to achieve three goals: better

Please see **HEALTH**, Page B9

COUNSELING

## The holidays can be time of pain for some

■ Organizations are available for families feeling grief

By LINDA DE SOSA

**T**HE death of your child creates a wariness of the holidays since they reflect the deep void that has become our reality, magnifying the pain of our loss. Perhaps in the case of the death of my son, Michael, it is doubly so because he took his life in the early hours of

Christmas, so the holiday doubles as the anniversary of his death. I am using my second Christmas without him to reflect on my first holiday after his loss to see if there is anything of use for others. Also, I found it was helpful for others to tell me how they survived this to reassure me that I, too, could survive.

First, the anticipation of what might happen during the holiday may have been worse than Christmas Day itself. I was wary of the ubiquitous reminders — decorations in stores as early as Halloween and holiday songs in the air



with all the refrains morphing into "your son is dead." I wasn't prepared when I walked into my first store stuffed with Christmas trees and was knocked flat with a panic attack. I shuffled to the front to make my purchase, making monosyllabic responses to the cheerful clerk. Suddenly, behind his head I saw a small stuffed lavender monkey with huge mournful eyes, and I exclaimed, "Him, I need to buy him!" One lesson I learned from this was to avoid stores and shop online. However, I still need groceries and church so now my monkey accompanies me anywhere I might have issues and he doesn't seem to mind me squeezing the life out of him. Each individual needs to find his own method of coping and ignore what others might

think.

The memories that bind our child to us this season can be overwhelming. I did a neat trick for my birthday this year — I flew to Australia the day before my birthday and arrived the day after due to the international dateline — thus totally eliminating the day. However, the holidays are a season, not a day. I wondered if I could just remember him and forget his death. But that empty chair is there, so we need to adjust to the new environment created by his loss — create a new normal. I realized it was important that we give ourselves permission to do what is most comfortable, whether it be new or old traditions. And what we do each year may change as our circumstances change. This first year, I knew I could

Please see **GRIEF**, Page B9



## MEDICINE: Let's link pay to service provided

**CONTINUED FROM PAGE B8** compensation paid to hospital executives, while state attorneys general are beginning to focus on high-end compensation arrangements in not-for-profit health care organizations."

CEOs must take that bold step in tying pay increases and bonuses to measurable factors that best benefit the community in which such health care entities exist — quality of care, safety, improved outcomes and cost-effectiveness. Health care organizations should set a transparent set of goals each year. Annual reporting to the community on success toward these goals should then form the basis for executive compensation.

Such clear measures provide benefits beyond the corporate suite. The

changes necessary to enhance quality and reduce costs require efforts at many levels, including physicians and nurses. Quantifiable reporting of progress could support collection of the data needed to direct bonuses to all members of the health care team who contribute to success. Furthermore, the improved relationships between hospital and community leadership that would be sure to result from such transparency would facilitate stronger working relationships to help advance prevention strategies such as lifestyle modifications, which have the potential to benefit everyone.

The health care institutions that survive in these difficult economic times will not be those that seek to increase short-term margins or profit — often at the expense of quality or meeting community needs. The survivors will be those that provide the community with the highest quality health care it needs in a cost-effective manner.

*Klotman is president and CEO of Baylor College of Medicine in Houston.*

## HEALTH: A chance to change the system

**CONTINUED FROM PAGE B8** care for individuals, better health for the population as a whole and lower costs. The focus areas that Texas will address, by its own choice, include infrastructure development (expanding outpatient facilities, increasing the primary care workforce and investing in technology) and program innovation and redesign (developing new ways to deliver care).

The mechanism for implementing the DSRIP program is a Regional Healthcare Partnership or RHP, whose task is to deliver care more effectively and efficiently and provide increased access to care for low-income Texans. In our region, the Regional Healthcare Partnership will be anchored by the Harris County Hospital District and will include all interested public and private health care providers in the region.

There will be opportunities for public input as the RHP develops its plan. Once our RHP's plan is finalized and approved by state and federal agencies,

the funding will flow to our community. While we don't know precisely how much money will flow to our region, we should expect, based on our size, \$2 billion to \$4 billion over five years.

Described in two paragraphs above, the DSRIP seems elegant and simple. In reality, it is the result of hard work by our public and private hospital leadership alongside state and federal policymakers. Politics or money could have derailed the DSRIP before it was in place. Diligent staff at state and federal agencies worked together below the radar, outside the political fray, to structure a plan that is a policy and fiscal win-win for both. Hospital systems, historically dependent on a financing system that has not rewarded innovation outside the hospital walls, helped create a transitional financing plan that will support hospitals through these changes.

The DSRIP gives us the chance to build the kind of system envisioned in the Greater Houston Partnership reports. It's up to us to work together to make our lofty goals a reality.

*Marks is the Baker Institute scholar in health policy and the chair of the board of directors of Community Health Choice, a nonprofit organization serving more than 200,000 members.*

## NASA

# A landmark year for space agency

### The debate about future of U.S. role in space is now over

By CHARLES F. BOLDEN

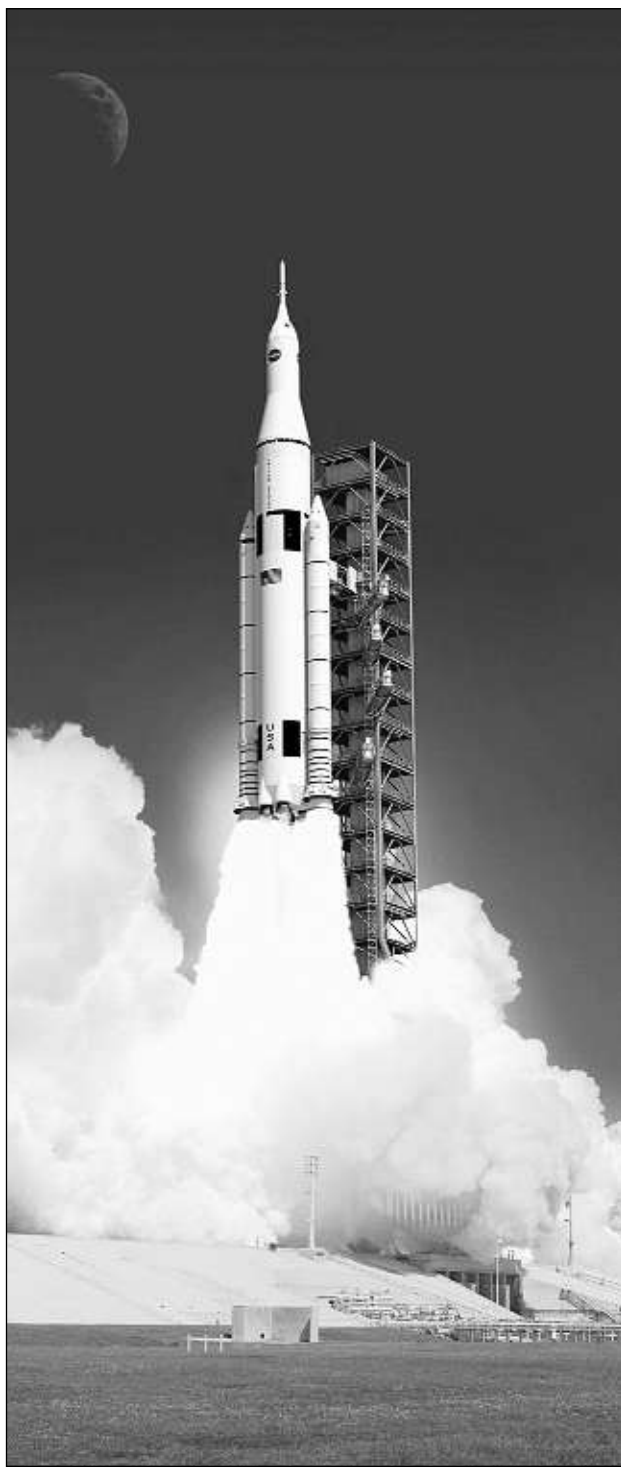
**W**HILE NASA scientists are helping debunk the myth that 2012 will be the end of the world as we know it, President Barack Obama and a bipartisan majority in Congress have essentially put an end to a world of debate about the future of the planet's premier space agency.

At the beginning of this year, with the pending end of our shuttle program, there were concerns that America might be losing its global leadership in space exploration. But President Obama's direction that NASA concentrate on deep-space exploration while a burgeoning commercial sector takes over transport to the International Space Station (ISS) now has the support of both sides of the aisle in Congress. This achievement was punctuated by a congressional conference committee's mid-November approval of NASA's 2012 budget to the tune of \$17.8 billion, only slightly less than the president's request.

By any measure, 2011 has been a landmark year for NASA.

In July, we witnessed the successful conclusion of NASA's 30-year space shuttle program. That was an extraordinary human accomplishment, which continues to reap enormous benefits for our nation.

The ISS, the largest and most complex international science project in history, will be the centerpiece of our human spaceflight activities until at least 2020. The ISS is carrying out research relevant for life on Earth and in preparation for future human exploration. It is also an economic engine, serving as the initial destination for the commercial sector to provide space transportation for cargo



GETTY IMAGES

**NEW LAUNCH SYSTEM:** This NASA illustration shows the design for the agency's new Space Launch System, which is expected to be ready for test launch in 2017.

in the near-term and for crew by the middle of this decade.

This year we also announced the development of a new Space Launch System (SLS) — a heavy lift rocket that will take our astronauts farther into space than ever before, create high-quality jobs here at home, and provide the cornerstone for America's future human space exploration efforts. And we are continuing work on a new Orion multipurpose crew vehicle (MPCV), the deep space capsule that will take

American astronauts to our ambitious destinations: the moon, asteroids and Mars.

We are hiring new astronauts for these missions. On Nov. 4, I had the pleasure of attending the graduation of nine new NASA astronauts at Houston's Johnson Space Center.

And on Nov. 15, we opened recruitment for the next class of astronauts who will begin their initial training in 2013. These may be the first astronauts to leave footprints on the surface of Mars.

We've also made major advancements in science this year.

On Nov. 26, from Cape Canaveral, we launched the most advanced mobile robotic laboratory ever built on an eight-month mission to Mars. Aptly named "Curiosity," this rover, the size of a Volkswagen Beetle, will land on the surface of the Red Planet next August and begin seeking answers to the planetary puzzle about life on Mars. This is a precursor to sending



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**EXPLORING MARS:** A NASA artist's rendering depicts the Mars Science Laboratory Curiosity rover at work.



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**SPACE MAN:** NASA Administrator Charles Bolden says the space agency has a bright future.

humans to Mars in the 2030s.

We are also continuing work on the follow-on to the Hubble Space Telescope, the world's next generation space observatory, the James Webb Space Telescope (JWST). The most powerful space telescope ever built, Webb will observe the most distant objects in the universe, provide images of the very first galaxies ever formed and study planets around distant stars. We'll continue to undertake other world-class science missions to observe our planet, reach destinations throughout the solar system and peer even deeper into the universe.

And finally, let me be clear about this: We're committed to having American companies, with sufficient oversight to ensure human safety, send our astronauts and cargo to the International Space Station, rather than continuing to outsource this work to foreign governments.

This will allow us to focus on deep space exploration and develop the technologies needed to get there. We have executed a number of agreements with commercial firms to begin this work and we recently announced that SpaceX will be the first private company to launch a demonstration flight to the ISS as early as this coming February. This new approach to getting our crews and cargo into orbit will create good jobs and expand opportunities for the American economy.

So, the debate about NASA's future direction is over.

We're moving out in the ambitious new direction our nation's leaders have given us — developing new technologies and partnerships; providing opportunities for competition and innovation; and looking for ways to get the most mileage out of all of the hard work under way in the fields of engineering, science, aeronautics and technology.

All of this not only gives expression to our exploratory spirit as a nation, it will inspire the next generation and boost our economy. It is also proof, as we enter a new year, that when we come together in common purpose for the common good, there's no end to what America can accomplish.

*Bolden is NASA's administrator.*

## GRIEF: The holidays can be painful time for some families

**CONTINUED FROM PAGE B8** not put up decorations or a tree if I couldn't even face them in a store, and I will continue to omit those reminders for a few years. However, my other children and I did gather for Christmas morning to open gifts. First, we lit a candle for Michael so he would be there with us. We were so apprehensive, but we were astonished — we actually had fun and laughed, just as we had in previous years.

My highest priority right now is to take care of my other extraordinary children and to keep myself safe during this heart-rending time. It has been critical to acknowledge the reality of his death and our feelings of loss. Talking about it may be uncomfortable, but necessary. I have written in a journal my responses

to "holidays without you feels like. ..." It has been a process to redefine my relationship with Michael from frequent travel buddy and son living in San Diego just a phone call away. It has been transformed to someone who occasionally appears in my dreams to give me the opportunity to say goodbye and tell him how much I love him and how I wish I had been with him at the top of the bridge. Someone whose memory is triggered when I yearn to share a thought with him. That has to be enough and I must re-engage in life without him, creating new dreams to replace the lost visions of his future accomplishments and children.

One of the most surreal experiences during this season is to move around in a jubilant world which is unaware of our loss. The



night he died, we chose not to sit in the hotel room and so went to a movie he would have enjoyed. As we shuffled through the

mall, other families shared laughter and joy, which almost felt disrespectful of our anguish. And beyond that are the random

cheerful people who urge us to enjoy the holidays and won't let us react with just a nod of our heads. I admit to feeling a bit of satisfaction when I must tell the most persistent that I am not celebrating since my son died on Christmas. We are not caretakers of the world, just us and our family, and so I have had to disregard the expectations of others. I do know others feel uncomfortable around us as they celebrate and I had always felt I needed to put them at ease. Friends may want directions on how they can help ease the time, but the rest of the world reacts sporadically. I can't control their actions, just my reactions to them. I need to recognize my limitations and disengage when necessary.

I reflect now that the source of my sorrow is because I had the joy of my

years with my son. I choose to be grateful for that joy. I accept that I will never be over his death, but I will live in the moment and go where it takes me, without judgment. And if I can help others during that process, then Michael smiles. Please reach out for help with your grief this season. Compassionate Friends (compassionate.friends.org) is an organization whose mission is "to assist families toward the positive resolution of grief following the death of a child of any age and to provide information to help others be supportive." It has many branches for those who suffer the loss of a child. Your local churches may have holiday grief support. There are many organizations that care.

*De Sosa lives in the Houston area.*