1984. Ronald Reagan was re-elected US president. The Summer Olympics were held in Los Angeles, and in Columbus, Ohio, a new not-for-profit healthcare system was born. OhioHealth. Since that time, OhioHealth has been on the forefront of dramatic changes in the delivery of healthcare services. From medical advances to innovations in patient care, OhioHealth has been unwavering in its commitment to its mission—

to improve the health of those we serve.

Here's the story of OhioHealth's journey from a simple legal filing to a multi-hospital healthcare system with millions of patient visits. This book provides a glimpse into all that has contributed to making OhioHealth who it is today and most importantly, the people behind the mission—the nurses, physicians, associates, and volunteers whose contributions to patients and their families have affected generations in the communities they serve.

From the birth of a child to the death of a loved one, OhioHealth has been there when its patients have needed them most. And, looking to the future, OhioHealth is poised to improve the health of entire populations, be a partner in their wellness, and promote innovations in medical technology.

The OhioHealth story is about using the past to make a better future.
An expansion of the OhioHealth Bone and Joint Center at Grant opened in 2017.
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who supports our patients, their families, each other, and the communities where they live and work.

The path that took OhioHealth from a corporation called U.S. Health, with its handful of employees in 1984, to where we are today is quite remarkable. There are key milestones during this journey that you’ll read about in the following pages. Those transformative events have had an impact on our patients, our communities, even, in some cases, on the entire healthcare industry.

One repeated theme as this story is shared is how teamwork and connecting to each other have guided us on this journey. This has held true since the beginning of OhioHealth. We first saw it in action when each hospital had its own board of directors, working independently. When they consolidated into one board we were able to focus on our collective assets and better serve our patients and communities. We’ve also seen it in how we live our values. Integrity, compassion, excellence, and stewardship are beacons for everyone at OhioHealth to follow as we keep the patient at the center of everything we do.

That patient-first philosophy became evident when we adopted a word called “Systemness.” The teamwork that brought down silos between our hospitals, care sites, and services has led to better outcomes for our patients. It’s led to better quality care and shared protocols to ensure every OhioHealth patient receives the highest quality care possible. And, it’s led to a strong culture for our associates. We know we can have a bigger impact on our entire community when we work together and, most importantly, it’s key to fulfilling our mission to improve the health of those we serve.

At OhioHealth, we believe we serve a higher purpose. We’re here to take care of people, to provide care during some of the most vulnerable times of their lives. And more and more, in today’s world, we’re also here to help them to focus on wellness. It’s our family of associates, physicians, and volunteers that allow us to do that. We are humbled to be able to impact people’s lives. Our journey continues and we also believe our strength continues to come from our history and our commitment to patients and our communities as the OhioHealth family.

Dave Blom
OhioHealth President and Chief Executive Officer

View of the downtown Columbus skyline at night looking east across the Scioto River, 1986, two years after the formation of U.S. Health.

In 1984, when articles of incorporation for a new not-for-profit business entity called U.S. Health Corporation of Columbus were filed with the Ohio secretary of state, no one took much notice. The healthcare industry was in the throes of major change and competition for patients—and physicians—was more intense than it had ever been. Changes in reimbursement from Medicare, regulatory attempts to reduce duplicative services, and advances in technology created a delicate balance of risk and opportunity for hospitals. While no one was certain exactly which new strategy would be effective, everyone was certain that neglecting to change would lead to failure.

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or HMOs, were beginning to make inroads into Ohio with
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For hospitals and the good
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obligation to provide care to those who could not pay.
By the late 1970s, this lenient oversight
began to dissolve in a tide of regulatory changes.
Antitrust laws meant the hospitals could no longer
coordinate with each other regarding market growth
and allocation. The federal certificate of need program,
initiated in 1973, substituted the state as the arbiter of
growth and the addition of beds, services, and
programs. What had been friendly competition
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beginning in 1960. The city was heading its
“Cowtown” reputation and evolving into a
sophisticated city with a metropolitan population of
more than 1.2 million.
At the same time, reimbursement under Medicare began to change. First, caps were set on reimbursement for routine per diem costs, then on outpatient and ancillary costs. When the caps failed to produce the desired savings, Congress passed the Prospective Payment Act of 1983. This was a seismic shift in the way hospitals were paid; reimbursement was no longer based on costs incurred by the hospital, but rather on the government’s estimate of the average reasonable cost for the patient’s diagnosis, called a “Diagnosis Related Group” (DRG). The fee structure also created an incentive to shift services to the outpatient setting whenever possible.

In seeking ways to thread the regulatory needle, the concept of the healthcare system began to appear in hospital journals...
Riverside Methodist Hospital Creates a System

The trustees of Riverside Methodist Hospital had been studying the changing environment and making plans. Under the leadership of long-time CEO Ed Mansfield, Riverside Methodist had become a major teaching hospital known for its quality of care and low cost. When Mansfield retired in 1983, the board undertook a national search and hired Erie D. Chapman,
and tax exemption as it pursued additional business opportunities.

One hurdle to overcome involved the West Ohio Conference of the United Methodist Church, which was then the sole voting member of Riverside Methodist (the non-profit equivalent of a sole shareholder). The consent of the church was needed to change Riverside Methodist to a subsidiary of the new holding company. The ties between the church and the hospital went back to the formation of the hospital in 1891 and the emotional connection was significant. Although the church had not provided any direct financial support since the days of the Great Depression, over a third of the hospital’s trustees were Methodist ministers, who regarded the hospital as part of the church’s mission in central Ohio. Bishop Edsel A. Ammons sought assurances that the new structure would not cut the ties with the conference.

To address that concern, Mayo and Chapman agreed the governing documents for the new parent holding company would include the sitting bishop of the conference as an ex officio member and the hospital subsidiary would continue a requirement for seating Methodist ministers on its board. Convinced the proposal not only made sound business sense but also continued the close relationship, Bishop Ammons gave his approval. However, that by itself was not enough; the matter had to be put to a vote by the West Ohio Conference, which met only once a year. The matter was placed on the agenda for the summer 1984 conference meeting. With the support of not only Bishop Ammons but the ministers then serving as trustees, the vote passed. The last obstacle to the creation of the new system was cleared.

Riverside Methodist’s legal team, led by general counsel Frank T. Pandora II, prepared the documents to create the new structure. During September 1984, the Riverside Monthly newsletter announced a complete corporate reorganization. A new holding company known as “U.S. Health Corporation of Columbus” was formed. The Riverside Methodist sign, the white cross visible above, in 1983.

Mayo, the chair of the Riverside Methodist Hospital Board and CEO of the Midland Insurance Company, was driven by a vision of creating a simple system, with a parent holding company, hospital subsidiary, and for-profit subsidiary. Initially, the structure was defensive to protect Riverside Methodist’s assets and tax exemption as it pursued additional business opportunities.

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to be the parent organization and the legal entity formed to coordinate and oversee the subsidiaries. The subsidiaries included the hospital and the related Riverside Methodist Hospital Foundation. In addition, a new for-profit entity, U.S. HealthStar, was formed to undertake the operation of parking services, the hospital’s Medical Building, the new Home Health Care program, and contract and management services provided to other hospitals. Another new, not-for-profit corporation, Riverside Community Health Services Inc., would provide hospice and community health screenings (then in planning stages). The profits from the new business ventures could then be used to purchase new equipment and develop new programs.

Not everyone greeted this news with enthusiasm. Many physicians on the Riverside Methodist medical staff were not in favor of the reorganization, fearing it was an attempt to distance the physicians from the governing body of the hospital. To help assuage that concern, a practicing physician, Owen Johnson, MD, was added to the U.S. Health Board, assuring a voice for the medical staff.

While the long-term vision for the system included the addition of other hospitals, initially the creators expected it to be a defensive tool for Riverside Methodist. The opportunity to advance the strategic plan by several years arose unexpectedly, even before the paperwork could be filed in September. Other Ohio hospitals were feeling the pinch of the recent changes in the industry and seeing the benefit of a system.
In 1922, Protestant Hospital became White Cross Hospital and an institution of the Ohio Methodist Episcopal Conference. For some time, White Cross Hospital was a landmark in downtown Columbus. During the Great Depression, only the United Methodist Church was able to continue any financial support for hospital operations. The other members of the Protestant Hospital Association dropped away, leaving the West Ohio Conference of the United Methodist Church as the hospital’s sponsor.

Since its opening, the hospital offered a five-year nurse training program, which was later shortened to three years. The program became known as the “White Cross School of Nursing” in 1922 and by then had graduated 341 nurses. Eventually the program became known as the “Riverside – White Cross School of Nursing,” which continued until 1994.

In 1947, the Short North facility was growing old. That year, White Cross Hospital cared for 50,576 patients, more than any previous year or any other hospital in Columbus. Of the 14,272 inpatients, 865 were unable to pay any or all of the cost of their care.

The delivery room at Protestant Hospital in the 1910s.

The maternity ward—stark by today’s standards—at Protestant Hospital, 1910s.

The original Protestant Hospital at 3rd and Dennison in Columbus opened on June 2, 1892, with room for forty patients. Protestant Hospital moved to Park Street in 1898.
started planning their future hospital. Groundbreaking on the site would not be until 1958.

On April 10, 1961, Riverside Methodist Hospital opened at its current site. All ambulances in Columbus were used that day to move eighty patients into the new hospital. The first surgery was an appendectomy.

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Hospital officials bought forty-nine acres of land “out in the country” at West North Broadway and Olentangy River Road near Upper Arlington and started planning their future hospital. Groundbreaking on the site would not be until 1958.

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On April 10, 1961, Riverside Methodist Hospital opened at its current site. All ambulances in Columbus were used that day to move eighty patients into the new hospital. The first surgery was an appendectomy.
at 10 p.m. the day of the move, and the first baby to be born at Riverside Methodist was born outside on the sidewalk. The White Cross Hospital then closed its doors, but it was not demolished until 1970.

With so much land, Riverside Methodist was destined for continued expansion for the next fifty years. In 1964, the Coronary Care Unit opened. The south building was completed in 1970 and was quickly followed in 1971 by the completion of the first nuclear medicine unit in Ohio. The opening of the alcoholism unit with sixteen beds in the south building, was seen in 1973. The pulmonary services inpatient-outpatient clinic officially opened in October 1973 and was the first of its kind in Columbus. This clinic paved the way for the Pulmonary Rehabilitation and Training Center, created in 1975 with a grant from the Central Ohio Lung Association.

In 1984, Riverside Methodist formed U.S. Health Corporation. U.S. Health later changed its name to OhioHealth. The most up-to-date name is OhioHealth Riverside Methodist Hospital.

Southern Ohio Medical Center

Serving the Portsmouth, Ohio, community, the Southern Ohio Medical Center then known as Scioto Valley Health Foundation (SVHF), was itself a recently created legal entity comprised of Scioto Memorial Hospital, an acute care general hospital, and Southern Hills Hospital, which at that time had become a rehabilitation hospital. A third local hospital, Mercy Hospital, was not yet part of the system. Once a thriving river town, Portsmouth had fallen on hard times during the 1970s and 80s. Major industries had closed or relocated, and no significant employers took their place. Community leaders believed they could weather this with smart business decisions made in the best interest of the citizens.

SVHF had been created by the Scioto Memorial Hospital Board in response to the changing healthcare business environment, with the intention of creating a vehicle to explore non-traditional sources of income while protecting the hospital’s tax-exempt status and assets. Unfortunately, those non-traditional sources of income proved to be disastrous.

Robert Dever Sr., a prominent Portsmouth attorney who was chairman of Scioto Memorial at the time, recalled, “When DRG’s came into play, everybody was running for cover to find out how they were going to make enough money to survive.” Like many hospitals, they had entered into a variety of non-hospital related businesses in an attempt to shore up their financial base. Among other ventures, they invested in such diverse ventures as a ninja training camp with the first baby to be born at Riverside Methodist was born outside on the sidewalk. Hutchinson Hall, the nursing school at White Cross Hospital, 1947.

Construction crews get to work on an expansion of Riverside Methodist in 1973. With so much land, Riverside Methodist was destined for continued expansion for the next fifty years.

Mothers and babies gather outside Hutchinson Hall at White Cross Hospital for the “Baby Health Revue” 1947.

A pharmacist and his assistant in the White Cross Pharmacy, 1948.

The family atmosphere at Southern Ohio Medical Center is the theme of their brochure in the early 1990s.

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Mercy Hospital in Portsmouth was owned and operated by the Sisters of St. Francis of Rochester, Minnesota. It was one of their two hospitals in the United States (the other being St. Mary's Hospital in Rochester, home of the Mayo Clinic). At its peak, Mercy offered a full array of inpatient and outpatient services and a school of nursing. But by 1987, the sisters realized they could not sustain the operation for long. Their own membership was declining as fewer young women chose the religious life, the hospital facilities were aging, the Portsmouth community had not yet rebounded from its economic downturn, and they lacked the will to enter into hard competition with Scioto Memorial Hospital and U.S. Health. They believed it was in the best interests of the community for healthcare to be coordinated, not competitive.

Portsmouth leadership was very interested in a relationship with U.S. Health, also seeing that the community would benefit from coordinated and cooperative healthcare services. This transaction was generally cooperative and cordial but offered a unique aspect. Transferring an organization sponsored by the Roman Catholic Church to one affiliated with the United Methodist Church presented a few challenges. In order for U.S. Health to become the sole voting member of Mercy, special approvals were required: first from the Sisters of St. Francis in Rochester and then from the Vatican itself. The pope was required to approve the conveyance of assets from the order. "We had to be very clear about our mission," recalls Frank Pandora, who with Bob Dever of the Scioto Memorial Hospital Board of Trustees, led the negotiating team with the sisters. "They weren't doing this for monetary reasons, but because they felt they could no longer fulfill their mission there. We had to assure them that U.S. Health put communities first."

With all the formal approvals obtained, Mercy became a subsidiary of U.S. Health in 1988. In time, it became a subsidiary of Southern Ohio Medical Center along with Scioto Memorial Hospital and Southern Hills Rehabilitation Center, subject to local control and governance. Eventually, Southern Hills became a nursing home and was sold, Mercy became an outpatient center, and Scioto Memorial changed its name to Southern Ohio Medical Center.

The proposal to lose the hospital was greeted with considerable concern by a number of influential people in Portsmouth. Among those who were particularly concerned was John Dever, the president of Scioto Memorial Hospital, who had a long association with Portsmouth and was a respected local citizen. He strongly opposed the proposal, expressing concerns about the impact on the community and the potential loss of a vital resource. The proposal ultimately went forward, and Portsmouth remained without a hospital, which had a significant impact on the community.
Robert Dever Sr. hospitals and the community itself to witness firsthand the poverty and quality of care. “If you don’t want us to do this,” he told them, “we won’t do it.” After only two days, they contacted Pandora, giving U.S. Health the go-ahead. “Portsmouth is a couple hours away so it wasn’t a matter of Riverside Methodist trying to feather its own nest by being fed by nearby hospitals,” said Pandora. “It was a matter of trying to preserve levels of independence in the local hospitals would have their own boards, their own decision-making powers.” He coined the phrase “guided autonomy” to describe the new relationship. Eventually both OhioHealth and Southern Ohio Medical Center began to realize the latter’s natural market was not north, towards Columbus, but rather south, across the Ohio River into Kentucky Changes in federal law that took effect in 2002 increased the degree of control required of parent holding companies over subsidiaries, and it was the last straw for the relationship. In 2002, Southern Ohio Medical Center became the first and only member hospital to return to independent status. Although such a separation had never been contemplated, the system’s board of directors felt it was in keeping with the basic philosophy of returning as much control as possible at the local level and allowed the “divorce.” The separation was amicable, and Southern Ohio Medical Center transitioned from member hospital to an affiliate hospital, which participates in group purchasing and a few other OhioHealth programs.

The Mission

Once the U.S. Health system was established, work began to define the mission and values of the organization. Because Eric Chapman’s management style was inclusive, almost every executive at U.S. Health and Riverside Methodist played some role in developing these statements that would philosophically define the new organization and guide its decisions. After several months of effort, the board approved the statements that remain true to this day: “To improve the health of those we serve.”

The Cardinal Value

To honor the dignity and worth of each person. 

The Values

Compassion Excellence Stewardship Integrity

The mission statement that would guide decision making required discussion and debate. The organization’s mission, vision, and values—a list including ten or twelve values that had evolved over the years. “That’s too much,” he recalled thinking and began looking at ways to bring them into sharper focus. He began an extensive dissemination process, including small groups from every level. “Out of that process, the one value that everybody did actually know was what we call our cardinal value … that one, they knew. The rest were either confused or it was a matter of Riverside Methodist trying to feather its nest by being fed by nearby hospitals,” said Pandora. “It was a matter of trying to preserve levels of independence in the local hospitals would have their own boards, their own decision-making powers.” He coined the phrase “guided autonomy” to describe the new relationship. Eventually both OhioHealth and Southern Ohio Medical Center began to realize the latter’s natural market was not north, towards Columbus, but rather south, across the Ohio River into Kentucky Changes in federal law that took effect in 2002 increased the degree of control required of parent holding companies over subsidiaries, and it was the last straw for the relationship. In 2002, Southern Ohio Medical Center became the first and only member hospital to return to independent status. Although such a separation had never been contemplated, the system’s board of directors felt it was in keeping with the basic philosophy of returning as much control as possible at the local level and allowed the “divorce.” The separation was amicable, and Southern Ohio Medical Center transitioned from member hospital to an affiliate hospital, which participates in group purchasing and a few other OhioHealth programs.

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Marion General Hospital (Marion, Ohio)

The first step in fulfilling that vision after the initial formation of the system came in 1986, when the board members of the 257-bed Marion General in Marion, Ohio, led by Chairman Ralph Howard, approached U.S. Health about the possibility of becoming a member. Marion General was exactly what U.S. Health was looking for; it was financially sound, its debt in the form of general obligation bonds was held by the city, and it had a sound patient base and an excellent medical staff with a first-rate reputation.

Unlike the hospital, however, the city of Marion itself didn’t have a very sizable economy. Located about forty-five minutes north of Columbus, Marion was another Ohio city hit hard by the economic shifts of the 1970s and 80s. Once a thriving mid-size city with a solid agricultural and manufacturing base, by 1986 most of the large employers had closed or relocated and nothing of similar size had replaced them. Howard and his fellow trustees wanted Marion General to be part of a larger team in order to raise their level of quality care, take advantage of economies of scale, and expand resources beyond what was locally available.

The residents of Marion approached the discussions with the same concerns expressed earlier by the Portsmouth trustees. They were proud of their hospital and needed assurances the local board would retain significant decision-making power over its operations. There was also a new issue: Marion General had a collective bargaining agreement with a union, the Communications Workers of America (CWA). This was something of a watershed. The system’s philosophy was to treat associates so well they felt no need for a union, and as a result neither
Riverside Methodist Hospital nor Southern Ohio Medical Center had any labor contracts. In Marion, however, the relationship with the CWA was long-standing and important to the community. It took six months for both sides to develop an arrangement that satisfied both sides of the negotiating table. U.S. Health became the sole voting member of Marion General and provided marketing, management, and financial expertise. Two U.S. Health officials were placed on Marion General’s fifteen-member board of directors. Marion General retained the collective bargaining agreement with the CWA and the local autonomy U.S. Health once again promised, a much more attractive prospect from their viewpoint than being purchased outright by a remote, for-profit hospital chain.

Around 1920, Marion, Ohio, attracted the national spotlight because a local newspaper owner and editor decided to run for president of the United States. His name was Warren G. Harding. It was during this time the city’s leaders were trying to find support for a bond levy that would fund a permanent municipal hospital in Marion.

On June 22, 1920, the Marion Daily Star headline read, “Health Board Seizes Waddell Ladies’ Home.” City officials and the health commissioner immediately started planning how to turn the ladies’ home into a suitable hospital. Civic leaders managed to pull off this transition and created a hospital that was almost always at capacity. The staff was made up of five regular and two special nurses who ran the hospital under the supervision of the city safety director.

Almost thirty years later, it was decided by city officials to construct a new hospital. On January 17, 1955, patients were transferred from Marion City Hospital to Marion General Hospital by ambulance, car, and moving van. This T-shaped, four-story facility had a forty-bed maternity wing, five delivery rooms, a surgery suite with four major operating rooms, a pediatric unit, and outpatient services. One of the favorite attractions was the snack shop that featured a classic 1950s soda fountain. The shop served medical needs, too, back when Coda syrup was prescribed to remedy a headache!

In 1974, a $7.5 million expansion made Marion General the largest single public works project in the city’s history. The expansion increased the hospital’s capacity to 254 beds, but the hospital did not stop growing then. A $2.1 million expansion added a front marquee and surgery capacity in 1981, followed by a $1.75 million expansion of the Emergency Department and a psychiatric unit the next year. In 1983, the expense of operating a general hospital was becoming an untenable burden for the city and county of Marion, as the business base of the area eroded. A citizens group led an effort to create a new, private, not-for-profit corporation, and the county commissioners and city council agreed to allow this new entity to take over operations through a long-term lease. The new Marion General Hospital Inc. assumed all of the existing debt and operating expenses. Though complicated and politically fraught at the time, the transition was virtually seamless to the general public.

In 1987, Marion General became a member of U.S. Health, later named OhioHealth.
The addition of Marion General meant that since its official formation in 1984, U.S. Health had developed into a $200 million operation, one of the Midwest’s largest health systems. “We really had the nucleus of a full-fledged healthcare system by 1986, having just started the [planning] effort in 1983,” said Steve Garlock, then vice president of corporate development. Chapman, whose strong point was his penchant for innovation and marketing, predicted further expansion. “In 1983 Riverside Methodist [the system’s 1,026-bed flagship] was the local market leader but not the leader outside of Franklin County,” he told a reporter. “Patient days were declining, with predictions of getting worse. We realized we had to establish a base of credibility outside of the county. We made a decision to expand.”

U.S. Health had developed into a $200 million operation, one of the Midwest’s largest health systems.

Chapman’s bold prophecy made some within the organization nervous, but it also garnered attention for the system and himself. The board president of U.S. Health, Gerald Mayo, noted, “When it comes right down to it, he had the respect of his peers.” It was this respect that brought other hospital administrators to consider joining the system—despite years of intense competition.

History of OhioHealth
Grant Medical Center

At the turn of the century, Grant Hospital was founded by world-renowned surgeon James Fairchild Baldwin, MD. When it opened its doors in downtown Columbus on July 13, 1900, the hospital had fifty patient beds. It was the largest privately owned hospital in the United States. The timing couldn’t have been better. During this period, the middle class were underserved when it came to medical care. The wealthy were able to pay for doctors to come to their homes and there were charity hospitals to care for the poor. So, just ten years after its opening, the hospital

Dr. Baldwin was not only the owner of the hospital, he was chief surgeon.
Dr. Baldwin was not only the owner of the hospital; he was chief surgeon. His patients and their care meant everything to him. He and his family lived in a home across from the hospital and, despite an exhaustive day performing surgery, after dinner each night he would return to the hospital to check on his patients. The hospital would remain in the family with his son, Hugh Baldwin, MD, even after Dr. Baldwin’s death.

During the Great Depression, Grant served all patients. The hospital never refused admittance, even to those who could not afford it. In some cases, Grant would accept food in lieu of money during tough economic times. In 1928, the operating cost for each patient was $4.58 a day.

The hospital never refused admittance, even to those who could not afford it.

In 1948, Grant became chartered as a non-profit corporation. The hospital experienced a major expansion in 1961, when a new, modern, nine-story tower opened its doors. It was built using funds from a bond issue authorized by Franklin County voters.

In 1975, Grant South opened on East Town Street across from the main hospital. It held additional operating rooms to the ones in the main hospital and averaged fifteen cases per day.

What became a mainstay for the hospital, Grant Trauma Center, opened in 1982 along with LifeFlight, which was the nation’s first single-twin jet-engine emergency helicopter transport. A year later the Grant Hospital Paramedic Program began at Grant as a joint venture with the Franklin County Firefighters Association. That same year, physicians at Grant performed the first open-heart surgery in the hospital. In the first ten days of the open-heart program, five procedures were performed. In 1985, Grant Hospital changed its name to Grant Medical Center and in 1988, it became a member of U.S. Health Corporation, later named OhioHealth.
need as well as the southern and eastern portions of Grant Medical Center’s city population with significant, sometimes desperate, located in the heart of downtown and served an inner-
of serving the city of Columbus. Founded in 1900, it was
Grant Medical Center (Downtown Columbus)

An aerial view, complete with helicopters, and a close-up of Grant Medical Center.

Grant Medical Center (Downtown Columbus) had a long and proud tradition of serving the city of Columbus. Founded in 1900, it was located in the heart of downtown and served an inner-city population with significant, sometimes desperate, need as well as the southern and eastern portions of Franklin County. Over time, the rivalry between it and Riverside Methodist increased, intensified, and hardened. Some of the attitude grew out of two strong personalities at the top of each organization. The long-time president of Grant, Don Ayers, once worked as an assistant to Ed Mansfield, the long-time president of Riverside Methodist. The rivalry between them was every bit as fierce as between another mentor-mentee pair well known in central Ohio, football coaches Woody Hayes of The Ohio State University and John "Hog" Schneebcker of University of Michigan. One physician told a Columbus Dispatch reporter that if Mansfield put a cow on the roof of Riverside, Ayers would put two cows on the roof of Grant.

There was also the matter of city hospital versus suburban hospital. Although technically within the city limits, Riverside Methodist was located very close to an affluent suburb and was generally perceived as suburban. One Grant physician characterized Riverside Methodist (somewhat disparagingly) as "a carriage trade hospital." Ayers insisted that market domination by Riverside Methodist could lead to a dangerous decline in Grant’s occupancy rate. The fear, according to local planners, was the danger of a ring of suburban hospitals that would eventually "bleed" the downtown hospitals. Ayers reportedly told a Columbus Dispatch reporter that "if Mansfield put a cow on the roof of Riverside, Ayers would put two cows on the roof of Grant."

Despite its location, Grant was an unpolished diamond, a hardscrabble inner-city hospital, excelling in trauma services, obstetrics, and vascular surgery. Grant’s physicians and nurses were dedicated to their patients and fiercely proud of their ability to serve the neediest community, but the hospital faced tough financial hurdles. The hospital had attempted to shore up its decreased reimbursement through diversification of services offered through a holding company subsidiary model, creating a holding company known as "Intel." These efforts were not enough, however. Despite Grant’s nearly $5 million profit in 1986, its debt load was approaching $30 million. At the time, Grant was undergoing a re-sizing in which up to 250 jobs were being evaluated. Grant’s community-based board of trustees recognized an alliance with U.S. Health was a way to improve its access to capital, coordinate its services, and eliminate costly duplication.

To U.S. Health, the opportunity to have Grant join the system represented a fulfillment of its mission to assure accessible healthcare in the communities it served. If Grant closed, the neediest population in Columbus would lose its primary source of both preventive and reactive services. The financial risk had to be evaluated carefully, but the U.S. Health Board was determined to assure that Grant was able to continue as a downtown, acute-care hospital and trauma center. The transaction proved to be the most complex yet undertaken by U.S. Health. Despite these bonds. If that happened, it would have meant the end of Grant, despite U.S. Health’s involvement. To prevent it, the board struck a deal with one of the hospital’s major suppliers, agreeing to use their products exclusively for five years in return for a $1 million loan, enough to buy them a little time. The company that insured Grant’s municipal bonds recalled. On another occasion, representatives from the company that insured Grant’s municipal bonds advised the board they were about to default on these bonds. If that happened, it would have meant the end of Grant, despite U.S. Health’s involvement. To prevent it, the board struck a deal with one of the hospital’s major suppliers, agreeing to use their products exclusively for five years in return for a $1 million loan, enough to buy them a little time. The most impactful and creative move was the decision to annuitize every pension account maintained by U.S. Health as assumed by U.S. Health. For one year, taking control of operators and financial decisions, while the problems were resolved. William "Bill" Williams, the chief financial officer of U.S. Health, was installed as the hospital’s president and CEO.

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Grant, which freed up $7 million in excess pension funding for operational expenses. The most painful was the decision to lay off a significant number of vice presidents on the same day.

With the direct leadership of Wilkins and Blom, the support of Mayo and the board, and the efforts of Pandora’s legal team, the ingoing issues were resolved. The final transaction remained complex in order to protect U.S. Health and Riverside Methodist from any residual or future issues. U.S. Health created a new subsidiary with the legal name “Franklin Health Corporation” and in May of 1989, Grant’s operating name changed to “Franklin Health Corporation” and in May of 1989, Grant’s assets were dissolved.

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Shortly after the creation of the system, the Elizabeth Blackwell Center opened on the Riverside Methodist campus in 1985 in a building that previously housed a church. As one of the first centers to focus exclusively on women’s health, it established the reputation of Riverside Methodist, and U.S. Health, of the Obstetrics department, noted in an interview for Lifetime.org in 2011 that Riverside Methodist was selected because of “our wide variety of patients. We have a wide range of folks using our services from the homeless to people who might be a big CEO of a company. Riverside’s also really ethnically and socially diverse.” And, at that time, 7,000 babies drew their first breath at Riverside Methodist annually. For obstetric and gynecologic care in an outpatient setting. Known for providing free and low-cost programs, the center was named for Elizabeth Blackwell, MD, the first woman to receive a medical degree in America.

A satellite facility opened at Grant Hospital in the 1990s, and together the two sites provided educational, counseling, wellness, and stress management programs for women. Known for providing free and low-cost programs, the center was named for Elizabeth Blackwell, MD, the first woman to receive a medical degree in America.

A satellite facility opened at Grant in the 1990s, and together the two sites provided educational, counseling, wellness, and stress management programs for women. As other resources became available in the community, however, participation in the centers declined. The Grant center closed and the Riverside Methodist center moved to smaller quarters. The center’s programs were moved to the adjacent John I. Garlach Center for Senior Health, but participation continued to decline, making it unsustainable. The center closed for good in 2014. A satellite facility opened at Grant in the 1990s, and together the two sites provided educational, counseling, wellness, and stress management programs for women. As other resources became available in the community, however, participation in the centers declined. The Grant center closed and the Riverside Methodist center moved to smaller quarters. The center’s programs were moved to the adjacent John I. Garlach Center for Senior Health, but participation continued to decline, making it unsustainable. The center closed for good in 2014. 

Behind the scenes with the camera crew for the reality show, One Born Every Minute. One Born Every Minute.

A camera even captured everything at the nurses’ station as part of the show.

She, Jones, MD, and Mary Englehart pose in front of crew members for the Lifetime network show One Born Every Minute.
The OhioHealth Mothers’ Milk Bank opened in 2005 to provide donated breast milk to babies most at risk. The program was started with a generous start-up grant from the Columbus Foundation. Healthy, non-smoking women who wish to donate breast milk undergo a medical, dietary, and lifestyle screening and must test negative for HIV, HTLV, Hepatitis B and C, and syphilis. The milk is pasteurized, frozen, and then distributed by physician prescription. Each month, the bank distributes 25,000 ounces of pasteurized milk to hospitals across the United States for use in their neonatal intensive care units.

Aid to the Most Fragile Babies

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The OhioHealth Mothers’ Milk Bank is the only milk bank in Ohio and has distributed more than two million ounces of pasteurized breast milk to neonatal intensive care units in eighty-four hospitals.

Other initiatives have further enhanced the system’s position as a leader in women’s health. Outpatient centers offered health education, counseling, and exercise to women in the 1980s. In 1993, the “Project to Reduce Infant Mortality” (known today as “Wellness on Wheels”) was introduced in Columbus; a custom-designed mobile unit was purchased to bring prenatal care to the community, especially to locations in the inner city. The program’s infant mortality rate, measured since it reached the 1,000-birth milestone in 2005, is 5.1 in every 1,000 births, less than the nation’s targeted rate, made even more impressive considering they are taking care of the highest risk patients. One semi-truck used for the program traveled more than a million miles before it was replaced by a new truck in 2015.

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One semi-truck used for the program traveled more than a million miles before it was replaced...
Hospice care was started at Riverside Methodist in 1985 when an area of the oncology unit was set aside for terminally ill patients. In 1989, U.S. Health took hospice care to an entirely new level. It started with a gift from Kobacker family members Arthur J. and Sara Jo Kobacker and their son and daughter-in-law Alfred J. and Nikki Kobacker, who donated $450,000 toward the project. The Riverside Methodist Hospital Foundation raised another $2.2 million. To provide comfort for both terminally ill patients and their families, Kobacker House was designed with a home-like atmosphere. The 18,000-square-foot building located at Thomas Lane and Olentangy River Road accommodated nine patients and their families and was dedicated on January 23, 1989. Built at a cost of $1.7 million, the remaining funds were used to set up an operating K  

Kobacker House

endowment fund to provide hospice care to patients who needed it, regardless of their ability to pay.

When he was interviewed in 2013, Dave Blom recalled his own father’s passing at Kobacker House. “I was there for twenty-one days in a row, every morning and every evening,” he said. Blom’s father was a Presbyterian minister and his mother was the church’s pianist. “I remember a couple times, we’d whee my dad down the hallway to the room where there was a piano and my mom would play my dad’s favorite hymns. You can’t do that if you’re in the ICU. That’s the remembrance that my family has of my dad’s passing ... those moments. I feel pretty blessed to be able to help do that for other families.”

Spiker, the golden retriever, brings his own brand of comfort to patients at Kobacker House.
Initially, hospice served thirty patients each day. Gradually word spread that hospice was a supportive, helpful, and even loving service for patients and families coping with the end of life. The community’s perception began to change, and the demand grew quickly. Hospice beds and nurses were added to more hospitals, but it was still hard to meet the community’s needs. By 2010, hospice cared for 300 patients a day (a tenfold increase). The original Kobacker House was at its maximum capacity.

Gradually word spread that hospice was a supportive, helpful, and even loving service for patients and families coping with the end of life.
A HomeReach associate visits a patient in her home.

With the blessing and assistance of the Kobacker House in 2010 and it opened in 2011 with 24 patient beds and nearly twice the square footage as the original. A 2016 expansion added a new 20-foot wing with eight family and patient suites, a kitchen wing with eight family and patient suites, a kitchen and caregiver accommodations to assist families. Situated on ten acres of wooded land, the site instills a sense of peace and calmness for all who visit. The system also continued to pursue management contracts with hospitals that either weren't good candidates or not interested in full membership.

Alternatives to Full Membership

While U.S. Health continued to grow with the services it offered, the hospital's board of trustees felt system membership was an important part of the system's mission from the beginning. When U.S. Health was first incorporated, it included a subsidiary known as HomeCare Inc. which provided home care services, pharmaceutical distribution services, and durable medical equipment through contract providers. Regulatory changes required a corporate reorganization and a new company, HomeReach, was created in 1994 for the exclusive purpose of providing home health services. Services offered included skilled nursing, physical, speech, and occupational therapy, home health aids, medical social services, nutrition evaluation and education; dedicated wound care team; specially trained IV nursing team; tele-monitoring; and chronic disease management.

To once again focus on finding good candidates for full membership.

Multiple studies have demonstrated that programs with the lowest delivery rates had the highest rates of complications and medical mistakes. It wasn't just a question of money; it was a question of safety. The result had been a financially stable, community-oriented operation. However, the changing healthcare environment created concerns about the ability to sustain that stability, and the hospital's board of trustees felt system membership offered the best long-term chance for success.

In 1995, Hardin Memorial became a subsidiary of U.S. Health, with its local board of trustees intact but for the addition of a U.S. Health executive as an ex officio member. The relationship ran smoothly until 1995 when Hardin Memorial posted multiple annual losses of more than $1 million, an alarmingly large loss for such a small facility. The hospital's obstetrics unit. The number of births at the hospital's obstetrics unit. The number of births at the hospital's obstetrics unit was a point at which they made a commitment to developing U.S. Health not only more aggressively but more imaginatively.

A Focus on Home Care.

A Focus on Home Care.

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Shortly after Hardin County voters approved a $10 million tax levy to support the hospital, in February 2002, the local board of trustees announced its intention to close the obstetrical unit and use the levy to upgrade the hospital’s surgery, laboratory, and radiology departments. Members of the community, up in arms over the announcement, feared system leadership wanted to close the obstetrics unit merely to funnel patients to the system’s larger hospitals. In fact, the natural referral pattern for obstetrics in the area was to Lima, Ohio, which was not an OhioHealth affiliate. Garlock, OhioHealth’s senior vice president at the time, confirmed it was a financial decision to help save the hospital. Of the 425 babies born in Hardin County the previous year, only ninety-three of them were delivered at Hardin Memorial. “That’s about one baby every third day,” said Garlock. “If something isn’t done, that OB department alone will sink that hospital.” He also tried without success to explain the safety concerns.

Responding to the controversy, county commissioners withheld the $774,991 due the hospital until they could be satisfied as to how the money would be spent. In an effort to assuage their fears, the system board of directors agreed to submit bills, one at a time, to the auditor. “If this documentation is what it takes to prove to the taxpayers, the county commissioners, the auditors, and anyone else

McKitrick Hospital, established in 1918, evolved into Hardin Memorial Hospital in 1952. Hardin Memorial was built in Kenton, Ohio, with community funding. Mabel Seline, a retired military nurse, became the first administrator for the hospital. In the 1950s, Hardin bought the local San Antonio Hospital, merging services and patients into Hardin. In 1984, Hardin Memorial signed a management contract with Riverside Methodist. In 1992, it was one of the first hospitals to become a member of U.S. Health, now OhioHealth. Hardin Memorial received Critical Access designation in 2002. This designation is awarded to select small, rural hospitals and allows them to receive cost-based reimbursement for services provided to Medicare patients. Since then, it has been recognized as one of the top financial performing Critical Access hospitals in the United States.
interested, that the hospital board makes its own financial decisions, we’ll do it,” said Garlock. Hardin Memorial Board Chairman Ron Osborn pointed out that throughout 2002, the hospital had reduced its financial losses and had seen an increase in all areas of service. A new $700,000 CT scanner was installed and new physicians were being recruited. Despite their best efforts, a community group organized in an effort to force the board to sever the relationship with the system; one of its leaders was Steve McCullough, owner of McCullough Industries in Kenton. The system responded with an all-out effort to regain the trust of the Kenton community. An OhioHealth executive with experience in local controversy took over the OhioHealth-designated seat on the board of trustees and began to rebuild bridges. Multiple executives made trips to Kenton to make presentations and answer questions from the board and the community. Over time, the legal team was able to convince the county commissioners it did not have the right to withhold the monies from the levy. As promised, the monies were used to upgrade the hospital, completely renovating it from top to bottom. The system also extended an invitation to McCullough to serve as the chair of the Hardin Memorial Board, which included a seat on the system board, so he could see firsthand the kind of thoughtful deliberation and decision making that occurred. With his invaluable assistance, the community began to realize the difficult decision was done for the benefit of the Kenton community and not for the benefit of the system as a whole or the corporate system parent.

... the monies were used to upgrade the hospital, completely renovating it from top to bottom.
Robert Dozet, who witnessed changes in the organization’s leadership team during the years he served on the board, observed, “Throughout the time that I’ve been associated with [the system], it seems like every period of time there’s been some leader out there who’s been what was needed to make it grow and be a better place. Erie was a super salesman and Gerald Mayo between the two of them they presented a very good organization—exactly what was needed to make the organization known throughout Ohio. Bill Wilkins was the business guy who could take what was going on and put a lasso around it.”

Mike Endres, then a board member of Grant, noted, “Erie Chapman had built a very fine reputation for Riverside Methodist but the organization needed to move on to a broader, more robust management structure and one that was centered around the way hospitals were going to be paid and operate, which meant a greater focus on cost, a greater focus on management of the payor mix and the reimbursement structure. Wilkins was a finance person; he was the chief financial officer in the organization and he was tapped to take over for Erie at that point.”

The first major project of the new administration was to formally merge Grant and Riverside Methodist. Although the merger had been approved by both hospital boards and the U.S. Health Board before Chapman’s resignation, it fell to Wilkins and his team to implement it. It was not an easy assignment. Despite several years of operation as sister entities, the competitive spirit between Grant and Riverside Methodist had not abated.
In October 1994, Riverside Monthly profiled associates with the headline “I'm Doing a Great Job at Grant/Riverside.”

Medical staff feared its unique identity would be lost, and the Riverside Methodist medical staff feared its voice would be diluted. Rumors that the name of the downtown facility would be changed from Grant to Riverside Methodist fueled the fears. Both groups claimed superior quality of care and asserted the merger would adversely affect them.

From an economic standpoint, though, the merger not only made sense but was actually needed. According to Endres, the impetus for the merger was simple—to strengthen Grant. “Grant was the inner-city hospital with an incredible reputation and history but it had many of the issues that inner-city hospitals had—capital requirements, payer mix and those kinds of things,” he recalled. “It was a finance-driven activity which had the benefit of allowing the rationalization of some services—joint purchasing and revenue expansion avenues.”

Wilkins met the challenge directly. On August 1, 1995, he issued a memo outlining the new structure. Both hospitals were placed in a single corporate entity known as Grant/Riverside Methodist Hospital, a subsidiary of U.S. Health. They would be overseen by a single board of trustees. In addition, the board of U.S. Health was revamped so it would now have sixteen members: six from the consolidated Grant/Riverside Methodist Board [four physicians: one specialist and one primary care physician each from Grant and Riverside Methodist], two representatives from the United Methodist Church, three representatives from each of the other U.S. Health member hospitals, and one community representative determined by the ex-officio members of the U.S. Health Board. The final changes were administrative and concurrently recognized the new unity while preserving some of the separate identities of the two hospitals.

Although Wilkins was named the interim chief executive officer of the merged corporation, each hospital retained its own, separate administrator. Dave Blom was president of Grant and Nancy Schlichting was president of Riverside Methodist. Very shortly thereafter, Jay Eckersley...
was recruited from BJC Healthcare in St. Louis to serve as the president of Grant/Riverside Methodist, and Blom was named chief operating officer of U.S. Health (a new post). Mary Jo McElroy was named senior operations officer of Grant, and Nancy Schlichting remained as the senior operations officer of Riverside Methodist. For the most part, administrative functions remained separate, although some support departments reported to a single director. The medical staffs also remained separate, and each retained its own credentialing process.

In the closing years of the decade, though, rapid changes in the industry took a toll on the leadership of the organization, and it changed abruptly. Nancy Schlichting left to join Summa Healthcare in Akron and then the Henry Ford System, Jay Eckersley returned to St. Louis, and Dave Blom was named CEO of Grant/Riverside Methodist. In time, McElroy's talents would be applied to bringing clinical clarity to evolving information technology platforms for the system and Ed Cotter would serve as the senior operations officer of Grant.

A New Name for the System, A New Focus on Ohio

U.S. Health Corporation had built an excellent name for itself in its ten years operating under that name. However, that corporate identity was threatened in a federal lawsuit filed in June 1995 by U.S. Healthcare Inc., a then-regional managed-care organization entering the national market. When they attempted to enter the Ohio market, they were advised the name was too similar to the existing U.S. Health HMO product and might confuse consumers. The company responded with a lawsuit seeking monetary damages for “irreparable damage ... to U.S. Healthcare’s business, reputation, and goodwill.”

The for-profit Pennsylvania-based company maintained the Columbus-based health system must stop using the names U.S. Health Plan and U.S. Health HMO, claiming prior use. U.S. Health answered with a countersuit, asserting it had filed a servicemark with the State of Ohio before U.S. Healthcare was operational and had established its business in Ohio first. The Pennsylvania company sought a preliminary injunction, asking it be allowed to do business in Ohio despite the controversy. When that was denied, an appeal was filed with the Sixth Circuit Court of Appeals.

While the appeal was pending, U.S. Health’s new leadership team came to the realization that U.S. Health might not be the best name after all for a corporation with a decidedly Ohio point of view. The initial ambitions of becoming a healthcare provider with national scope were now seen as more aspirational than practical. The success of the system lay in its knowledge of communities in Ohio.

Anticipating a lengthy legal process, Charles Koch, chief managed care officer for U.S. Health, said, “If we left it to the courts it could take a year to resolve, and that wouldn’t serve either party well.” A settlement was reached with U.S. Healthcare and in 1997 Columbus-based U.S. Health emerged with a new name—OhioHealth—and a new identity. A three-month public relations campaign was launched that included television, radio, print advertising, and billboards in the forty-six Ohio counties where OhioHealth had operations. At this point, the OhioHealth regional system included eight member or managed community hospitals, 2,500 physicians, 10,000 associates, outpatient facilities, home healthcare, and managed-care health benefit plans. As part of the transition, the Grant/Riverside Methodist Hospitals reverted to their previous identities as Grant Medical Center and Riverside Methodist Hospital.

The success of the system lay in its knowledge of communities in Ohio.
Touching Lives in Flight

As an inner-city hospital, Grant saw its fair share of trauma patients, most of which resulted from automobile accidents. In the early 1980s, Grant developed a trauma program that included an emergency transport helicopter. Robert Falcone, MD, director of the trauma program, along with ICU nurse Holly Herron made an observation. “We noticed that 43% of [Grant’s trauma] patients were coming from southern Ohio,” said Herron.

Grant developed a trauma program that included an emergency transport helicopter. Herron took on the responsibility for hiring, scheduling, and training the flight crew. Most of her time was spent training the five department, EMS staff, and the local hospital on when and how to make use of the helicopter. At first the local hospital was guarded, hesitant to let go of the one percent of their patients that needed transporting to Columbus for care. Realizing their reluctance was causing preventable deaths, Herron used diplomacy, relationship skills, and her own personal commitment to earn their respect. “We believed that if we were expert educators, if they saw us as excellent clinical educators, that we could teach them how to take better care of everybody . . . which was pretty wonderful,” she said.

In 1994, Grant’s Lifeflight helicopter program merged with The Ohio State University’s version called SkyMed. The new helicopter service was named MedFlight and helped both hospitals reduce duplicative services.

One early memory of the helicopter program was at an anniversary party held for former patients to give them and their families an opportunity to meet the flight crew who had taken care of them. “Many people find closure from this experience when loved ones don’t survive,” said Herron. On one such occasion, a man brought his little boy to see the helicopter. A few years earlier his wife had been in a fatal car accident while pregnant. The child survived after being delivered in Grant’s intensive care unit. Fascinated now with the helicopter, the little boy climbed all over it and told his father he wanted to ride in it, to which his father replied, “You already did.”

With the Grant/Riverside merger, Lifeflight became LifeLink, working in cooperation with The Ohio State University’s emergency transport program, MedFlight.
Physician Relations: “Vertical Integration”

In the mid-1990s, a new trend emerged as physicians looked for new ways to cope with the business side of practicing medicine, in particular the intricacies of managed care. Although the Clinton health plan failed to pass Congress, it seemed in many ways a harbinger of things to come. The need to have hospitals and physicians partner in a meaningful way to control costs, coordinate services, and improve quality of care was clearly visible. For OhioHealth, the first steps in this direction led to new ways to engage with physician leaders. In 1995, a group of physicians created the Medical Group of Ohio, an independent, physician-owned and operated company which partnered with OhioHealth (still known as U.S. Health then) in navigating the muddy waters of managed care. This partnership allowed independent physicians to retain their private practice but still have a voice in business strategies affecting both them and the healthcare system.

The trend to physician employment also intensified at this time. Riverside Methodist first explored physician employment in the late 1980s, opening primary care offices staffed by employed physicians, known as “Riverside Physician Centers.” The model was not popular and was phased out after a few years. Then, during January of 1995, U.S. Health announced the purchase of the Central Ohio Medical Group of Columbus at the price of $2.8 million. The thirty-five-member physician group had primary and specialty physicians in five Franklin County locations. Headquartered in downtown Columbus, the group experienced debt problems in the 1980s and in 1994 began looking for a business partner and found a good fit with U.S. Health. As one of his eight corporate initiatives, CEO Erie Chapman characterized the acquisition as “the beginning of the organization’s transition to a vertically integrated healthcare delivery system.”

Not long after that, the system made its first attempt to own and manage physician practices. A new subsidiary was created to acquire practices, employ physicians, and manage their offices. The subsidiary, OhioHealth Physician Services, based space in an office building in the Columbus suburb of Grandview Heights and built up a staff of experienced practice managers to assist. For nearly five years, the subsidiary was actively pursuing and acquiring practices.

But the system learned a valuable lesson. Running physician practices successfully was difficult and very different from running hospitals successfully. As more practices were acquired, more losses accrued. First the subsidiary stopped acquiring practices in an effort to focus on those already in the fold. But the losses kept mounting, and finally, in the early 2000s, the experiment ended. The physicians were allowed to buy back their practices and for a time, OhioHealth’s employment of physicians was limited to a few hospital-based specialists and subspecialists.

Ambulatory Services: A Renewed Focus

Regulatory changes in Ohio with the certificate of need (CON) program meant a new opportunity for OhioHealth to expand into ambulatory care. Before now, CON laws required government permission before a healthcare facility could expand or offer a new service. In 1995, as part of its significant corporate reorganization, OhioHealth created the Ambulatory Division, which included Grant/Riverside Methodist’s freestanding surgical center, urgent care centers, and primary care physicians’ offices. Keeping the needs of the community in the forefront, OhioHealth began to open centers offering a wide range of services in an ambulatory setting, including imaging and radiology centers, mammography centers, fitness centers, cancer care centers, wound care centers, sports medicine centers, sleep centers, cardiology centers, vascular centers, anticoagulation centers, infusion centers, and an ALS clinic in addition to urgent care centers and ambulatory surgery centers. Strategically, OhioHealth began to open centers offering a wide range of services in an ambulatory setting, including imaging and radiology centers, mammography centers, fitness centers, cancer care centers, wound care centers, sports medicine centers, sleep medicine centers, anticoagulation centers, infusion centers, and an ALS clinic in addition to urgent care centers and ambulatory surgery centers.

At this point, the OhioHealth regional system included eight member or managed community hospitals, 2,500 physicians, 10,000 associates, outpatient facilities, home health care, and managed-care health benefit plans.
located throughout Franklin County, these centers provided new and convenient introductions to the care available through the system.

Without a doubt, the ambulatory project which received the most attention was the McConnell Heart Health Center, which opened in the mid-1990s. A generous gift from local businessman and philanthropist John H. McConnell enabled the system to construct the McConnell Heart Health Center on a 44-acre tract of land formerly known as “Turkey Run.” The tract, which had been the only undeveloped land in proximity to the Riverside Methodist campus, had been purchased in the 1980s and held to accommodate future growth of the Riverside Methodist campus. With its focus on the prevention and rehabilitation of cardiovascular disease, OhioHealth officials developed the McConnell Heart Health Center with a regional and national reputation in mind. In subsequent years, additional programs were developed to help people who wished to optimize their health and quality of life by making the lifestyle changes necessary to achieve that goal. In 2002, the center established an interdisciplinary research program focused on chronic disease management and prevention. The programs that emerged included supervised exercise, stress management, behavior modification counseling, education on heart-healthy eating, tobacco cessation, and other services. A significant spine, bone, and joint wing was added to help patients with orthopedic challenges find ways to remain fit and moving before or after surgery. The center also houses a medically supervised weight loss program that emphasizes nutrition, exercise, and attitude as the key components of long-term weight management.

John H. McConnell (seated) is pictured with OhioHealth President and CEO William “Bill” Wilkins in 1998.

cooperatively with the system throughout the 1980s and 1990s, despite being competitors, to bring new, cutting-edge techniques to Columbus, some of which are now taken for granted: balloon angioplasty, stent placement, and electrophysiology (EP). The groups also supported OhioHealth’s efforts to help community hospitals outside Columbus keep care in their respective communities by establishing specialty clinics around Ohio.

In the 1990s, the emphasis in heart care expanded to include prevention and education. John H. McConnell continued his interest in bringing world-class cardiac care to the region, and a second generous gift from him and his family helped fund the construction of the McConnell Heart Hospital, a state-of-the-art facility on the Riverside Methodist campus. Its design placed the Emergency Department and cardiology department only a short elevator ride apart, enabling immediate care of emergent heart patients. Riverside Methodist’s “door to balloon” time for cardiac patients was already averaging eight minutes fewer than the industry gold standard of ninety minutes and would now be reduced even further. The second floor included eight cardiac catheterization labs and five electrophysiology labs for procedures such as pacemaker implants. With 8,900 procedures a year, Riverside Methodist had one of the busiest electrophysiology labs in the world. Its catheterization labs posted some of the industry’s highest volumes, performing 15,000 procedures annually. When the new hospital opened Andy Chapados, MD, medical director of the cardiac catheterization labs, told a reporter, “We wanted a place that would be as good as anything in the country. I’m happy to say we have achieved that goal and are poised to be a national model for excellence that others will emulate.”

Vascular medicine developed in tandem with cardiac medicine within the system. Originally a strength at Grant, it also continued to evolve at Riverside Methodist. In 2007, the expertise at the two...
Dulsahk Madia, MD, in 2006.
Once the final details were worked out and the rough edges worn down, the deal was done. On January 1, 1999, Marion General announced its plans to spend $18.7 million over the next three years to expand its inpatient facilities in preparation for becoming Marion County's only full-service hospital. As planned, MedCenter would become an outpatient facility.

"OhioHealth let us manage the outpatient facility," Dr. Madia said. Once again, OhioHealth's emphasis on keeping care local and as much control locally as legally possible made the transaction a reality.

Danielle Accessories (Victorian Village, West Columbus, and Nelsonville, Ohio)

While the discussions in Marion were ongoing, OhioHealth was busy with another opportunity, this one in Columbus. The Doctors Hospital system, a major osteopathic teaching system with three hospital facilities, announced it was looking for a buyer. Doctors Hospital was founded as a twenty-five-bed facility in 1940 in the Victorian Village area of Columbus. By 1998, it had three facilities: Doctors Hospital North, the original facility; Doctors Hospital West, located on West Broad Street; and Doctors Hospital–Nelsonville, a small facility in the Hocking Hills area of southeast Ohio.

According to Rick Vincent, then president and chief executive officer of Doctors Hospital, the driving mission of the founders was to advance osteopathic medicine by training post-graduate physicians. In 1980, they acquired the Nelsonville hospital, not just to help the community, but to have a site close to Ohio University, home of an osteopathic medical school. That relationship, as Vincent said, "never quite came to fruition." By the early 1990s, "We had come to the conclusion that to fulfill our mission of advancing osteopathic medicine, we really didn’t need to run a hospital," said Vincent. "We knew we either needed to get larger or look for another avenue to advance our mission."

He also noted, "We decided the best route was to find a partner to which we could sell, put those

In 1920, a mansion on Dennison Avenue in Columbus, which once housed Protestant Hospital, became a hospital again when a board of trustees established Columbus Radium Hospital. The capacity was set at twenty-five patients, with four beds available for emergencies. In 1938, the name was changed to Doctors Hospital. The Great Depression had taken its toll on the hospital, and interior renovations were cast aside. By 1939, three osteopathic physicians—Dr. James Watson, Dr. Harold Clybourne, and Dr. Ralph Licklider—were able to purchase the majority of shares of the hospital. A complete refurbishment of the hospital was in order to widen the narrow hallways and remove old wooden stairs. The addition of the X-ray department helped keep the hospital afloat in the early years.

World War II created problems for Doctors Hospital due to the lack of rubber and steel. However, the war proved to be a boost for osteopathic physicians. DOs were not eligible for commissions as medical doctors and were given deferred status to care for the civilians at home while MDs were drawn into service. This led the American public to discover that osteopathic physicians provided excellent care, and it soon became evident Doctors Hospital would need larger facilities to accommodate the growing number of patients.

Ground was broken for the nation’s first “satellite” hospital at 5000 West Broad Street in 1960. This 56-bed facility would be named Doctors Hospital–Lincoln Village but would soon change to Doctors Hospital West. It was meant to operate as an extension of the existing Doctors North. The hospital accepted its first patient on October 1, 1960.

In 1980, Doctors Hospital acquired Mount St. Mary Hospital in Nelsonville, Ohio, which was renamed Doctors Hospital–Nelsonville. The facility, located only twelve miles northwest of Athens, Ohio, was also affiliated with Ohio University’s College of Osteopathic Medicine and helped to bridge the gap between the university in Athens and Doctors Hospital in Columbus. In 1998, all three Doctors Hospitals became member hospitals of OhioHealth.
funds into the foundation, and attempt to negotiate covenants that would require the acquirer to maintain post graduate osteopathic medicine programs.” In addition, they wanted to find a system that would treat DOs and MDs equally with regard to staff positions, keep their employee base, and continue to provide access to care in the community regardless of a patient’s ability to pay.

They initially engaged in affiliation conversations with the Mount Carmel Health System because key philosophical differences brought them to an end in June of 1995. They then issued an RFP (request for proposal) with the conditions they had already established, distributing it to the institutions that had previously indicated an interest. Among those interested were OhioHealth; Ohio State University; and Columbia/HCA (Hospital Corporation of America), the largest for-profit hospital system in the United States at that time. In a rare example of cooperation between two fierce competitors, OhioHealth and The Ohio State University submitted a joint offer.

When Columbia/HCA offered Doctors a reasonable price and agreed to all their terms, a preliminary deal was struck. Their size would provide Doctors Hospitals some leverage in managed-care contracting and the financial wherewithal to build surgery centers, clinics, and expanded services Doctors couldn’t afford on their own. News of this was received with chagrin by the other bidders. OhioHealth Chief Executive Officer Bill Wilkins was quoted in the Columbus Dispatch saying, “We [OhioHealth and The Ohio State University] made a joint proposal that would have guaranteed the continuation of the osteopathic residency programs that Doctors currently operates with Ohio University and to pay for value for Doctors Hospitals. I was really surprised [about the Columbia deal] because I thought we were the only ones they were talking with.”

There was just one major hurdle. Columbia/HCA was being scrutinized amid allegations of Medicare fraud; allegations they were unable to shake. When word of Doctors Hospitals’ preliminary agreement with Columbia/HCA surfaced during March 1997, the recently formed Coalition for Community Health Care began distributing fliers that quoted nationally published criticism of the healthcare giant. Convinced Columbia/HCA was not a good fit for Doctors Hospitals or the community, officials at Doctors broke off negotiations.

At this point, OhioHealth re-entered the discussions—this time without Ohio State as a partner. The services and mission of Doctors Hospitals fit nicely with OhioHealth’s needs. Riverside Methodist was known for its expertise in heart surgery, maternity, and cancer treatment. Grant was known for its trauma and orthopedic care, and Doctors Hospitals had a full contingent of primary-care physicians. Doctors would blend with the other two hospitals, not divert patients. Additionally, post-graduate medical education was already firmly established in OhioHealth’s culture. Both Riverside Methodist and Grant sponsored multiple medical residency programs and participated as rotation sites for several more.

Doctors Hospitals’ osteopathic programs would be a perfect complement to the allopathic programs. As added benefit, Doctors Hospitals offered the system new markets through the West and Nelsonville sites. “They really wanted Doctors Hospitals,” recalled Vincent. “They wanted the education programs, and they wanted the primary care osteopathic physicians to feed their hospitals so it ended up well for everybody.”

Negotiations focused on the preservation of the osteopathic heritage of the facilities, the medical education programs, and price. For Peter Johnston, DO, a leading physician at Doctors, it was essential to preserve the educational component in the negotiations. “We were proud of our medical education program,” he said. “We were adamant about it. Fortunately, the graduate medical education program at Doctors had been embraced by [OhioHealth leadership].”

OhioHealth announced on August 21, 1998, that it had agreed to pay $140 million for Doctors Hospitals’ three facilities. The announcement came nearly a year to the day after the cessation of Doctors’ negotiations with Columbia/HCA. Beyond the purchase price, OhioHealth agreed to assume Doctors’ $46.7 million debt. The funds were to be paid to the Doctors Hospital Foundation (now known as the Doctors Hospital West in December 1998.

The OhioHealth logo is installed at Doctors Hospital West in December 1998.
It marked a sea change in the way hospital systems would develop over the next decade.

as the Osteopathic Heritage Foundation) which had a thirty-year history of supporting healthcare and osteopathic medical education in central Ohio. "We went from running a hospital to running a foundation," said Vincent.

"There were some regulatory hurdles to be overcome—satisfying both the federal and state government that antitrust laws were not violated and the acquisition was in the best interest of the community—but those were achieved in due course. The last hurdle was convincing the medical staff they would develop over the next decade.

Despite the satisfactory conclusion, the assimilation proved the most difficult for the system up to that time. During the four years Doctors Hospitals spent looking for a buyer, many of its osteopathic physicians developed relationships with other hospitals. After showing a profit in 1997, Doctors Hospitals lost $5.2 million in fiscal year 1998. The $142 million in acquisition costs for Doctors Hospitals was in danger of closing, despite Freedom's decision they were in a growth mode, not a closure mode. That growth, however, was not in Victorian Village. Doctors West was expected to grow in concert with the rapidly growing area in which it was situated and plans called for a nearly 30 percent expansion in surgical, heart, and emergency care. The objective was to re-establish Doctors West as the preferred place for osteopathic physicians to admit patients.

Doctors North, on the other hand, was landlocked with no room for expansion in a neighborhood that had become part of the inner city and was surrounded by competing hospitals, including Riverside Methodist. Over the years its clientele had evolved and it now faced the challenge all inner-city hospitals were facing—government cutbacks on Medicare and Medicaid reimbursements combined with fewer patients with insurance or the ability to pay. Physician loyalty had eroded, as well. Plans for the newly created Orthopedic and Neurological Institute, which included spending $2 million on a new spine center at Doctors North, had to be changed when the physicians expected to staff and utilize the institute signed a letter of intent to build and own a for-profit specialty hospital. The plans were transferred to Doctors West. In a move that was expected to help save $5 million over the next year, in November 2001 OhioHealth announced the elimination of forty administrative positions at both Doctors North and Doctors West. In addition, they opted to reduce staff hours, implement a hiring freeze on nonclinical staff, and restrict the use of overtime and contract labor.

By early 2001, a twenty-member task force was organized to study the options for the future of Doctors North. The most obvious option was to convert it from an inpatient hospital into a specialty medical center for either vascular services or as a dialysis center. Having served the Victorian Village neighborhood since 1941, the decision behind any option was bound to be difficult. "This is very emotional for the doctors," Vincent told reporters. "But I remain confident that OhioHealth is financially strong enough that this situation will work out." It was equally emotional for community leaders and residents of the neighborhood, many of whom relied on the Doctors North Emergency Department for primary care as well as emergency care. If Doctors North closed, many of them would not have the transportation they needed to get to emergency rooms at other Columbus-area hospitals.

OhioHealth's leadership team anguished over the gap in quality care that would exist should North be closed. They told one reporter, "We need to provide significant healthcare resources for that community. We have worked hard with the local people to make sure we receive good input from them."

Mike Louge, who joined OhioHealth in August of 2000 as chief financial officer, developed a plan to restructure the debt from revenue bonds used to finance the purchase of Doctors Hospitals back in 1998, a move that could add as much as $4 million a year to the hospital's bottom line. Whatever plan was eventually adopted would be announced in April 2001. That time as a full-service hospital was coming to an end. "This is the future of medicine, and it's all outpatient," Bill Wilkins told a reporter, adding that Columbus's OhioHealth hospitals "can't afford to duplicate all the expensive equipment that you have to run in a state-of-the-art inpatient hospital anymore." Resigned to the decision, Vincent said, "Even its size, Doctors [North] was just not large enough to compete financially on managed care contracts and for market share. We were the wrong size to face the future independently." With that decision made, OhioHealth announced plans in 2001 to spend an estimated $5 million at Doctors Hospital West to replace the old patient program that was terminated at Doctors North at the end of 1999.
Increasingly important to OhioHealth’s strategic plan for its Columbus hospitals. Managing the geographically diverse units was awkward and difficult and left little room for growth. OhioHealth sold the former Doctors North facility to Select in 2006, moving its corporate headquarters to downtown Columbus and relocating all of its services except the urgent care center, which operated in leased space within the building.

Doctors Hospital West and the same image constructed from the faces of its associates.

Between 2001 and 2006, efforts to make the most effective use of the Doctors North facility continued. OhioHealth moved its top executives there. The Victorian Village Urgent Care Center remained open, and several beds for surgical patients were retained. At the same time, new competition entered the market. The New Albany Surgical Hospital (a for-profit specialty hospital) and outpatient surgery centers in New Albany and Dublin opened, as well as multiple OhioHealth surgical centers throughout Franklin County. In 2004, it became necessary to close the outpatient surgery center at the Doctors North site, leaving only the urgent care center, sleep disorders unit, laboratory, and medical imaging.

Whatever plan would eventually be chosen for Doctors North, OhioHealth announced in April 2001 that its time as a full-service hospital was coming to a close.

In 2006, a solution emerged. Select Specialty, a national provider of rehabilitation and long-term care services, had been leasing space within Grant, Riverside Methodist, and Doctors West for some time for a long-term acute care center (LTAC). The need for both LTAC and rehabilitation services was growing, especially among the neurosurgeons and neurologists who were increasingly important to OhioHealth’s strategic plan for its Columbus hospitals. Managing the geographically diverse units was awkward and difficult and left little room for growth. OhioHealth sold the former Doctors North facility to Select in 2006, moving its corporate headquarters to downtown Columbus and relocating all of its services except the urgent care center, which operated in leased space within the building.

The OhioHealth Rehabilitation Hospital operates in a partnership with Select Specialty.
Although completely separate business entities, OhioHealth and Select continued to work together closely. In 2013, they announced a partnership to jointly operate the OhioHealth Rehabilitation Hospital on the site once known as Doctors Hospital North. The facility added thirty patient beds in January 2016, bringing the total number of beds at the hospital to seventy-four. The hospital offers both LTAC and rehabilitative care.

Meantime, in west Columbus, Doctors West became Doctors Hospital and began to grow. From March to September 2002, the re-established open-heart program handled 60 open-heart cases, nearly 25 percent ahead of the projected number. Procedures at the hospital’s cardiac catheterization laboratories were likewise 20 percent ahead of projections. The west side of the greater Columbus area was growing nearly as fast as Delaware County, and Doctors Hospital was the only full-service hospital.

The Osteopathic Heritage Foundation played a vital role in the emergent of the hospital. In June 2010, Doctors opened a 60,000-square-foot, $27.5 million wing which included the new Emergency Department (funded by OhioHealth) and space dedicated to osteopathic education (funded by the foundation). At the time, the hospital was the hub for approximately 520 osteopathic residents throughout Ohio who met there on a monthly basis for group training. The new Emergency Department handles more than 60,000 patients annually. Without the continued support of the foundation, this development would have been delayed significantly.

Doctors Hospital–Nelsonville faced much different circumstances. The facility in Nelsonville served a rural community and struggled along for several years. In July of 2014, OhioHealth announced its plans to close Doctors Hospital–Nelsonville by the end of the year as part of a plan to focus exclusively on outpatient care in the Athens County city. Although the hospital had served the community for more than half a century (opening in 1950 as Mount Saint Mary Hospital and changing its name when it became part of the Doctors Hospital system in 1980), it was no longer the hospital of choice for the community. With an average daily census of four, not even its designation as a Critical Access Hospital and the related improved reimbursement could sustain it. Likewise, nearby O’Bleness Hospital in Athens, Ohio, had transitioned from a managed hospital to a full member of OhioHealth and much of the community was seeking care at that facility. It was time to end its run as an inpatient hospital.

As part of the plan, the facility continued providing 24-hour emergency services and other outpatient services under the name OhioHealth Nelsonville Medical and Emergency Services beginning October 15, 2014. The old facility was phased out as a new, updated outpatient center was built. The OhioHealth Nelsonville Urgent Care Center and the OhioHealth Nelsonsville Health Center now meet the needs of the community.

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The Osteopathic Heritage Foundation played a vital role in the emergent of the hospital. In June 2010, Doctors opened a 60,000-square-foot, $27.5 million wing which included the new Emergency Department (funded by OhioHealth) and space dedicated to osteopathic education (funded by the foundation). At the time, the hospital was the hub for approximately 520 osteopathic residents throughout Ohio who met there on a monthly basis for group training. The new Emergency Department handles more than 60,000 patients annually. Without the continued support of the foundation, this development would have been delayed significantly.

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Taking a Stand for the Community

The financial turnaround began in November 2002, when OhioHealth reported it made $23 million in the just-closed fiscal year. But another issue surfaced that posed not only a financial threat but could adversely impact the quality of care available to central Ohio residents. OhioHealth's board of directors developed a heightened sensitivity to for-profit, limited-service hospitals being built around the country. These hospitals typically provided services in only one medical specialty, and as for-profit entities, they were free to accept only patients with healthcare insurance. As of 2002 there were four physician-owned, for-profit, limited-service hospitals on the drawing board for the Columbus area—two orthopedic, one ophthalmology, and one general surgery facility.

"A group of specialty physicians could get together," Blom explained, "and find outside investors, and there were companies that did that for a living. Physicians had to contribute very little capital, and they would then admit the patients that were lucrative [well insured] to their hospital and send the patients that weren't lucrative to the not-for-profit hospitals." The practice, referred to disparagingly as "skim and dump," created a significant conflict of interest and was decidedly out of step with OhioHealth's values. To emphasize both the financial philosophy and narrow clinical scope of these facilities, OhioHealth coined the term "for-profit limited service" hospital, or FPLS. The term caught on in the industry.

At the time, OhioHealth admitted more than 100,000 patients each year and averaged more than $2 billion in gross patient revenue.

In the final years of the 1990s, OhioHealth lost money, as did many hospital systems in the country. Problems with revenue cycle compounded by those with managed care contracts made it difficult to earn an operating margin. In August 2001, Bill Wilkins retired and Dave Blom was named the interim CEO while the board conducted a nationwide search for a permanent chief executive. Following an exhaustive search, Blom was selected from among a field of more than two hundred candidates to become OhioHealth's CEO in March 2002. Whatever challenges he expected, Blom soon found there were more to come.

Experience in other communities showed the devastating impact a FPLS hospital could have on the not-for-profit community hospitals. Many had to reduce services and cut personnel to survive the reduction in revenue. Studies from the Government Administrative Office were released showing FPLS hospitals did not necessarily offer the better quality of care they promised, especially for patients with serious co-morbidities. OhioHealth's board recognized FPLS hospitals were unfavorable for not-for-profit hospitals, as they were for the community as a whole.

In the autumn of 2002, the OhioHealth Board took a bold and controversial position regarding specialty hospitals. It established a conflict of interest policy, denying privileges at any OhioHealth hospital to any physician who invested in a competing inpatient facility. The key to the policy was the investment, not merely practicing at a competing facility; it was the investment that created a conflict between the physician's best economic interests and the patient's best clinical interests. The impact was galvanizing. While some physicians, even those not then involved in a specialty hospital,
OhioHealth, led by board members Jack Chester, Mike Endres, and John Zeiger, stood its ground and policy. They claimed OhioHealth from implementing its policy. They sought a temporary restraining order, seeking an immediate injunction to prevent part of the suit, they sought a temporary restraining order, believing it jeopardized quality of care by eliminating several leading surgeons practicing at OhioHealth, especially at Doctors Hospital, had invested. When it opened on December 1, 2003, OhioHealth notified the affected physicians that they would no longer be eligible for staff privileges at OhioHealth staff physicians who were involved that they would put on hold while a special multidisciplinary task force reviewed it. When it received unanimous approval, the conflict of interest policy was implemented in October 2002. At that point, one of the four specialty hospitals planned for the area came to fruition—the New Albany Surgical Hospital, an orthopedic specialty hospital in which several leading surgeons practicing at OhioHealth, especially at Doctors Hospital, had invested. When it opened on December 1, 2003, OhioHealth notified the staff physicians who were involved that they would no longer be eligible for staff privileges at OhioHealth hospitals as of January 31, 2004.

The affected physicians responded with a lawsuit filed in state court hoping to discourage OhioHealth from implementing its policy. They claimed OhioHealth was engaging in economic credentialing, which, they alleged, was not permitted under Ohio law. As part of the suit, they sought a temporary restraining order, seeking an immediate injunction to prevent OhioHealth from implementing its conflict of interest policy. OhioHealth, led by board members Jack Chester, John Zeiger, and Mike Endres, stood its ground and responded vigorously. The judge denied the request and ruled in OhioHealth’s favor. The lawsuit attracted national attention and the decision was dubbed “The OhioHealth Decision.” “The written opinion indicated the judge did not believe the physicians would ultimately prevail, and the physicians dismissed their lawsuit. Most showed a desire to implement their order to remain on OhioHealth medical staffs, while a few chose to resign from OhioHealth and practice elsewhere.

While that result solved an immediate problem for OhioHealth, Ohio communities were still vulnerable to the problems posed by FPLS hospitals. So, OhioHealth began to curtail physician investment in these specialty hospitals. During the autumn of 2003 a bill accomplishing that was introduced in the Ohio legislature. It passed, but the effort was dropped in deference to the Medicare Prescription Drug Improvement, and Modernization Act (DIMA), the largest overhaul of Medicare in the public health program’s thirty-eight-year history, which also addressed specialty hospitals.

Grady Memorial Hospital (Delaware, Ohio)
The next Ohio hospital to join the system brought a proud spirit of independence that resulted in one of the more unusual transitions to membership OhioHealth ever experienced. Grady Memorial Hospital in Delaware, Ohio (about thirty minutes north of Columbus), was proud of its ground and weather the stormy healthcare environment on its own. Under more than twenty years of leadership by Chief Executive Officer “Bud” Walter, it was profitable in every year but one. It had engaged with OhioHealth as an “affiliate,” participating in group purchasing, but declined to take the next step toward membership. By 2000, however, its leadership was rethinking that position. In this case, the problem was not an economic downturn in the community but the opposite—Delaware County was growing faster than any other in Ohio and the hospital was challenged to keep up with the demand. The 136-bed hospital had been built in the 1950s and was beginning to show its age. Its position as the preferred hospital for the residents of Delaware County was vulnerable to incursions from competitors. The board was not ready to completely give up its local control to a parent company. The board interviewed several potential partners throughout 2000, but it did not take long to realize OhioHealth offered the best fit philosophically and for the medical staff Grady Memorial’s board of directors formed the Healthcare Foundation of Delaware County, into which Grady Memorial was incorporated as an “affiliate,” keeping Grady Memorial’s existing culture and local control. Grady Memorial, though, was the chair of the Grady Memorial Board at the time, believed it was the best possible step. Brad Scott, who currently serves as a member of OhioHealth’s Quality of Care Committee, was the chair of the Grady Memorial Board at the time and believed it was the best possible step. Brad Scott, who currently serves as a member of OhioHealth’s Quality of Care Committee, was the chair of the Grady Memorial Board at the time and believed it was the best possible step. Brad Scott, who currently serves as a member of OhioHealth’s Quality of Care Committee, was the chair of the Grady Memorial Board at the time and believed it was the best possible step. Brad Scott, who currently serves as a member of OhioHealth’s Quality of Care Committee, was the chair of the Grady Memorial Board at the time and believed it was the best possible step. Brad Scott, who currently serves as a member of OhioHealth’s Quality of Care Committee, was the chair of the Grady Memorial Board at the time and believed it was the best possible step. Brad Scott, who currently serves as a member of OhioHealth’s Quality of Care Committee, was the chair of the Grady Memorial Board at the time and believed it was the best possible step. Brad Scott, who currently serves as a member of OhioHealth’s Quality of Care Committee, was the chair of the Grady Memorial Board at the time and believed it was the best possible step. Brad Scott, who currently serves as a member of OhioHealth’s Quality of Care Committee, was the chair of the Grady Memorial Board at the time and believed it was the best possible step. Brad Scott, who currently serves as a member of OhioHealth’s Quality of Care Committee, was the chair of the Grady Memorial Board at the time and believed it was the best possible step. Brad Scott, who currently serves as a member of OhioHealth’s Quality of Care Committee, was the chair of the Grady Memorial Board at the time and believed it was the best possible step. Brad Scott, who currently serves as a member of OhioHealth’s Quality of Care Committee, was the chair of the Grady Memorial Board at the time and believed it was the best possible step. Brad Scott, who currently serves as a member of OhioHealth’s Quality of Care Committee, was the chair of the Grady Memorial Board at the time and believed it was the best possible step. Brad Scott, who currently serves as a member of OhioHealth’s Quality of Care Committee, was the chair of the Grady Memorial Board at the time and believed it was the best possible step. Brad Scott, who currently serves as a member of OhioHealth’s Quality of Care Committee, was the chair of the Grady Memorial Board at the time and believed it was the best possible step.

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History of OhioHealth
Grady Memorial Hospital

By the turn of the twentieth century, the city of Delaware, Ohio, had a population of eight thousand people and was starting to feel the need for a hospital. That need was fulfilled, interestingly enough, due to bad weather and a bright, community-minded physician. When Dr. John Case, a highly successful Columbus physician, passed away, his widow, Jane M. Case, went to Cleveland to live with her physician son. However, she found the weather in Cleveland to be too bitter for her, so she decided to move to Delaware in 1888. Dr. A. J. Willey was Jane’s physician in Delaware, and they became close friends and often discussed the community and its needs. Dr. Willey was even a witness to Jane’s will, where she said part of her estate should go to a charitable cause. When she passed away in 1904, Dr. Willey suggested using a portion of the Case estate for starting a hospital and the idea received favorable response.

In 1904, a Greek revival-style mansion was purchased at the corner of Franklin and Winter Streets to be converted into a hospital. Two years later, the Jane M. Case Hospital opened in the restored mansion with twenty-two rooms. In the first seventeen months, 216 patients were treated. In 1928, the trustees of the Jane M. Case Hospital purchased the Delaware Springs Sanitarium—the beautifully wooded twenty-four acres where OhioHealth Grady Memorial Hospital stands today.

During the Great Depression, the Jane M. Case Hospital was among the many hospitals that struggled with funding. In 1934, a tuberculosis sanitarium was installed in the hospital’s east wing for more income.

The 1950s brought about the construction of a new hospital, as the old Jane M. Case Hospital was operating at full capacity. The name of the hospital didn’t change until 1972, when a $4 million legacy from the estate of Mary Grady was given to the hospital and the name was changed to Grady Memorial Hospital.

Ground was broken for a $5 million expansion in September of 1974. During the severe blizzard in 1978 that swept across the state, the hospital was tested and came through with flying colors. The heating system was adequate and the water supply and electric power met the challenge. Hospital employees with four-wheel-drive vehicles used them for transportation and trailblazing in the snow.

Grady Memorial continued expanding, with a formal groundbreaking held for a 595,000 square foot tower in 1983. More frequent additions and expansions through the eighties and nineties culminated in the largest outright gift since Mary Grady’s bequest: a $2 million commitment to a cutting-edge emergency medical center. To pay tribute to the life of Midge Glendening and to the Grady Memorial staff members who cared for her shortly before her death, Glendening’s family helped to usher in a new era of sophisticated technology and services.

In 2001, Grady Memorial became affiliated with OhioHealth through a partial membership and became a full-member hospital in 2005.
May 2005 it would now become a full member of the OhioHealth system, turning over all financial and legal responsibilities to the OhioHealth Board of Directors. CEO Weber characterized the move as “two non-profits coming together,” adding, “we needed to partner with a larger healthcare system with similar values and a commitment to community-based healthcare.” Scott Weber characterized the move as “two non-profits coming together,” adding, “we needed to partner with a larger healthcare system with similar values and a commitment to community-based healthcare.”

“Small hospitals get stability and the opportunity to share in resources they otherwise couldn’t afford.”

During 2005 Grady Memorial purchased a 105-acre tract of land along Route 23 with the aspiration of expanding services, a plan to be facilitated by Grady Memorial’s full membership with OhioHealth. However, the actual need for a new hospital was called into question when statistics showed it maintained a comfortable market share in Delaware with its existing facility. When the U.S. economy soured in 2008, any plans for a new hospital were delayed. OhioHealth then built the Delaware Health Center on the site in 2010, the first building on the 105-acre Delaware Medical Campus. Today, the site offers a variety of outpatient services including laboratory and imaging, sleep services, pediatric physical and occupational therapy, a weight management center, and an infusion center with oncology services. There are also numerous medical office buildings housing physician practices. Over the years, the OhioHealth–Grady Memorial partnership has served the Delaware County community well, making certain a wide range of quality services are geographically and financially accessible.

Physician Relations: Vertical Integration 2.0

Physician relations continued to be a top priority for OhioHealth, but finding the best strategy to fit the regulatory environment and the business environment proved challenging. Within just a few years after OhioHealth divested its ownership interest in physician practices, the business environment changed again. An emphasis on physician relations and development, noted that although the physician valued their independence, “they didn’t feel engaged with our hospital leadership team.” Increasingly, physicians around the country wanted more input into their work environment. The Meaning of “Membership”

In addition to everything else happening in the early 2000s, OhioHealth was also addressing another philosophical issue: how to honor its mission of keeping care local while operating as a system in a competitive world.

To that end, in 2007, the system created the OhioHealth Medical Specialty Foundation, utilizing the lessons learned from the last attempt to own and manage practices. The most important aspect of the new entity was its governance structure, which gave physicians substantive leadership responsibilities and an effective voice in strategy development. They then created a workplace that gave the employed physicians a voice, and an incentive structure rewarded productivity without encouraging unnecessary services. In addition, the infrastructure gave physicians the chance to be their patients but to the hospitals in which they practice.

Today OPG employs more than 350 physicians in 50 different specialties, 98 physicians joined in fiscal year 2017 alone. While it is true the employment model offers the advantages to physicians such as easier negotiation of insurance contracts, continuity of care, and the improved ability to staff specialty clinics at the rural hospitals, that is not the main reason for its success. Rather, physicians value the chance to be effectively involved in the growth and development of their hospitals and the system.

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Breaking ground for the OhioHealth-Delaware Health Center, 2006.
What makes a person truly legendary? One answer may be a combination of integrity, professional excellence, vision, and personality that combines kindness with humor. Under this definition, OhioHealth was blessed with many leaders of medical education, but one was truly legendary.

He returned to private practice in Columbus until 1969, when he became the director of medical education at Riverside.

Born in 1912, Donald J. “D. J.” Vincent graduated from The Ohio State Medical School and then served an internship and residency at White Cross Hospital (the earlier name of Riverside Methodist). He spent seven years in private practice in Utica, Ohio, before taking a two-year residency in internal medicine. He returned to private practice in Columbus until 1969, when he became the director of medical education at Riverside Methodist.

D. J., as he was known to all, called himself a “country doctor” due to his years in Utica and that showed in his personality—friendly to all, caring, and loyal with human. Behind that amiable personality, though, lay a passion for excellence he imbued in those he taught. He wanted to see Riverside Methodist, and later OhioHealth, become a recognized leader in medical education and to that end he initiated the Medical Education Fund to supplement Riverside Methodist’s medical education program. Eventually the fund was used to finance the state-of-the-art Center for Medical Education and Innovation.

He is remembered as a man defined by love, compassion, dignity, intellect, integrity, and humor. Although he retired from his role in medical education in the 1980s, Dr. Vincent remained deeply involved with the system, serving on the hospital’s Development Board until his death at the age of ninety-nine in 2011. He is remembered as a man defined by love, compassion, dignity, intellect, integrity, and humor. The Donald J. Vincent Medical Library at Riverside Methodist was named in his honor.
the highest ranking official. This meant, despite the government found wrongdoing, it went after to maintain effective compliance programs. In healthcare providers such as HCA and HealthSouth, following the indictments for fraud of multiple significant changes in law and popular expectations overcame.

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This was not always easy. While local trustees have the fngers on the pulse of their own locales, they do not always see the bigger picture. Tensions, such as those that developed at Hardin Memorial, waxed and waned as the system evolved, and each were overcome.

At the beginning of the new century, though, two signifcant changes in law and popular expectations forced the system to re-evaluate its position. First, following the indictments for fraud of multiple healthcare providers such as a HCA and HealthSouth, the federal government was cracking down on the healthcare industry. Hospitals were expected to maintain effective compliance programs. In keeping with its practice in other industries, when the government found wrongdoing, it went up the highest ranking offfcial. This meant, despite the separation of the system board from the local hospital boards, any liability at the hospital level would be attributed to OhioHealth.

Then, in the shadow of the accounting and fnancial scandals at Enron and WorldCom, Congress passed the Sarbanes-Oxley Act of 2002. This law set new standards of governance and operations for for-proft entities which included a requirement for more controls by parent organizations over subsidiaries. As a not-for- profft organization, OhioHealth was technically not required to comply with Sarbanes-Oxley, but as Blom, then CEO, explained, “The spillover of governance and exercising a fiduciary role became forefront in everyone’s mind.” Given that, the decision was made to become an operating company rather than a holding company. No longer would “guided autonomy” suffce. “You’re either a fiduciary or you’re not.”

At the direction of the OhioHealth board leaders, including Jim Huestig and Jack Chevre, Blom led the process to change OhioHealth’s governance model. OhioHealth had become a cohesive unit.” Now OhioHealth, in Endres’s words, “could experience the power and the market presence that it had collectively, as opposed to being a rather loose confederation of independent institutions with a common ownership.”

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"It could only have been done by someone who had integrity within the medical staff, and the standing in the community to deal with physicians, very capable high-powered surgeons, board members, and bring it all together to something that operated as a cohesive unit.” Now OhioHealth, in Endres’s words, “could experience the power and the market presence that it had collectively, as opposed to being a rather loose confederation of independent institutions with a common ownership.”

Endres described it as “a gigantic management process to change OhioHealth’s governance model that resulted as “a critical part of the spillover of governance and exercising a fiduciary role became forefront in everyone’s mind.” Given that, the decision was made to become an operating company rather than a holding company. No longer would “guided autonomy” suffce. “You’re either a fiduciary or you’re not.”

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OhioHealth is also committed to providing healthcare access through community sponsorships. The highly successful "HOOFit" program in partnership with the Columbus Zoo has been offered since 2012. HOOFit is a year-round program to raise awareness about the activity level visitors can achieve by doing fun things like visiting the zoo. A step guide is included in the zoo map at patrons receive, and an engagement team is at the zoo every May through September handing out sunscreen and engaging families in activities like "Can you jump like a kangaroo?" for more health-related praise. The highlight of the program is a series of guided walking tours of the zoo in the warmer months with OhioHealth physicians, who answer common health questions and offer tips on subjects such as slowing down the aging process or staying fit. The activity is free with paid zoo admission.

The long-time partnership with the Columbus Blue Jackets, the National Hockey League team, started when the team first hit the ice in 2000. It has included special game nights, including "Hockey Fights Cancer," when cancer survivors are recognized and cancer prevention techniques are shared with fans. The Blue Jackets team also receives their medical care from OhioHealth Sports Medicine Institute physicians.

OhioHealth has also been an official sponsor of the Major League Soccer team, Columbus Crew SC, since 1997. OhioHealth is the official healthcare provider for the team, through athletic trainers and team physicians. These team physicians are not just for the athletes—any "weekend warrior" with an injury can be seen by these sports medicine specialists.

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Faith and Wellness Partnerships

It may be only fitting that a faith-based healthcare system reaches all religions to provide needed healthcare in the community. Healthcare doesn’t need to be delivered in a hospital; it can be delivered in a church, and illness prevention services to their own members and surrounding community. Open to any and all congregations who wish to participate, OhioHealth helps them assess their needs, identify community resources, and develop a customized educational program for congregants.

Another important aspect of this program is the Faith Community Nursing Program, which actually began in 1992 as the Parish Nurse program. The program, operated in accordance with the principles of the American Nursing Association, recruits nurses to volunteer their services in their own congregation or another congregation to help spread wellness education, improve health literacy, and provide a liaison back to OhioHealth’s Faith Health and Wellness team.

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Making Care Affordable

The economic downturn that began in 2008 highlighted the number of Ohio residents unable to afford basic healthcare, let alone emergent or complex care. In the early 2000s, a massive number of Americans—estimated at fifty million—did not have health insurance. Millions more were “underinsured,” meaning the coverage they did have was inadequate for most care, and they were left with a significant personal burden.

Nowhere is the link between healthcare and faith more apparent than in the charitable service OhioHealth provides to the communities it serves. Tom Hoaglin, former chairman of the OhioHealth Board of Directors and former president and CEO of Huntington Bancshares Inc., proudly observed, “OhioHealth has historically been far and away the leader in providing charity care in the community. We’re the largest hospital system so we should be the leader, but I think it may be only fitting that a faith-based healthcare system reaches all religions to provide needed healthcare in the community. Healthcare doesn’t need to be delivered in a hospital; it can be delivered in a church, and illness prevention services to their own members and surrounding community. Open to any and all congregations who wish to participate, OhioHealth helps them assess their needs, identify community resources, and develop a customized educational program for congregants.

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Faith and Wellness Partnerships

It may be only fitting that a faith-based healthcare system reaches all religions to provide needed healthcare in the community. Healthcare doesn’t need to be delivered in a hospital; it can be delivered in a church, and illness prevention services to their own members and surrounding community. Open to any and all congregations who wish to participate, OhioHealth helps them assess their needs, identify community resources, and develop a customized educational program for congregants.

Another important aspect of this program is the Faith Community Nursing Program, which actually began in 1992 as the Parish Nurse program. The program, operated in accordance with the principles of the American Nursing Association, recruits nurses to volunteer their services in their own congregation or another congregation to help spread wellness education, improve health literacy, and provide a liaison back to OhioHealth’s Faith Health and Wellness team. These programs reach deep into the inner city and other areas where a vulnerable population is learning how to better care for themselves, prevent illness, and treat it in a timely manner when it does happen. It also aligns with the faith-based foundation of OhioHealth.
Continuous Improvement: Upgrading the Facilities

The addition of new members and services in the OhioHealth system did not remove focus from the need to maintain existing facilities and to adapt to new technologies. In the early 2000s, the board approved plans to change the Grant campus significantly. The project required some creativity as Grant, located in the heart of downtown Columbus, had little room to expand. The first phase of the project was the acquisition of real estate directly across the street from the main hospital and the construction of a new medical office building, named for former CEO William “Bill” Wilkins. This allowed physicians practicing in Baldwin Tower, an administrative building attached to the hospital, to move across the street. Once empty, the next phase—the demolition of Baldwin—cleared the way for the final project: the construction of a new four-story surgical wing that would serve as the new “front door” of Grant. The new surgical wing opened in 2006. In the following years, more major renovations updated the facilities for orthopedics, plastic surgery, and podiatric surgery.

Doctors Hospital began renovations on its physical space shortly after Doctors North ceased to operate as an acute care hospital. Administration was moved to a building across the street so new patient care areas could be developed and others refreshed. After years of operating the busiest emergency department on the west side of Franklin County, Doctors received a much-needed upgrade to the Emergency Department in 2010. The new space offered twice the number of beds and three times the space of the former emergency space. Updating aging facilities was one thing, but constructing a new hospital was quite another. No hospital had been built in Franklin County since Mount Carmel St. Ann’s moved to the northeast side in the 1980s. The time had come, however, for OhioHealth to address the increasing patient need in northwest Franklin County as well as neighboring counties.

As part of its community benefit, OhioHealth’s mobile mammography units provide screenings for patients from underserved populations, 2017.

Leaders from Doctors Hospital help in the demolition to make way for a hospital expansion in 2008.

The Affordable Care Act and Medicaid expansion in Ohio have reduced, but not eliminated, the numbers of uninsured and underinsured patients. OhioHealth continued to offer financial aid to those in need and continues to advocate for better governmental support. In 2016, OhioHealth as a system provided $193 million in charity care and community benefit programs—twice as much charity care as the other hospitals of central Ohio combined.

“OhioHealth has historically been far and away the leader in providing charity care in the community.”

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A Towering Implosion

On Mother’s Day, May 9, 2004, Columbus residents were treated to a spectacle as Baldwin Tower, the sixteen-story structure recognized for its large letters spelling “Grant” across the top, was imploded. Used originally as the home of Grant’s nursing dormitory and most recently for medical and administrative offices, the tower was demolished to make room for a four-story surgery building at 300-320 East Town Street to meet Grant’s growing demand for outpatient surgical procedures. Months before, many of Grant’s physicians moved into the William W. Wilkins Professional Building, a six-story medical office building at 283 East State Street.

Although power lines, along with cable and other utilities, had to be relocated before the implosion took place, none of the patients in the adjacent building had to be moved. In an expression of what would become OhioHealth’s pledge to honor the dignity and worth of each person, Grant officials invited the nursing school’s alumni to participate in pre-implosion activities out of respect for the students and the sentiment attached to their former home. “No matter how many ways they could justify [the demolition], they still cared about people’s feelings,” said alumnus Holly Heron.

When the day of demolition arrived, the area was cordoned off and among the throng of onlookers was John Wolfe, chairman of the Dispatch Printing Company whose newspaper reporters were covering the event. “It was a Sunday morning,” he recalled. “All of a sudden you hear the bang and nothing happened for a few seconds, then little by little it just fell in on itself.” In fact, it took only twelve seconds for three hundred pounds of explosives to turn the tower into rubble—more than 15,000 tons of it. Following the cleanup, construction of the $59 million OhioHealth Grant Medical Center Surgical and Heart Center began in September. When it opened in 2006, the gleaming façade of the 125,000-square-foot, four-story building had three times the square footage of the forty-foot wide Baldwin Tower and marked the beginning of a new era for Grant.
Dublin Methodist Hospital (Dublin, Ohio)

Since the late 1980s, the trend in the healthcare industry was away from “bricks and mortar;” that is, healthcare was shifting away from inpatient and toward ambulatory settings. Most of OhioHealth’s construction efforts during that time had been focused on ambulatory sites or updates to its existing hospitals. But the system had made a commitment to the Village of Dublin in 1989, and ten years later it came to fruition.

Dublin, Ohio, was once a sleepy farm village located at the extreme northwest of Franklin County. . . .

Steve Garlock, then senior vice president at OhioHealth, and Pandora, general counsel, led the team that identified three adjacent tracts of land, with three different owners, situated in an ideal location for a healthcare campus and inpatient hospital. The 119 acres ran adjacent to the major highway connecting Columbus to Marysville and Bellefontaine, a stretch where State Route 161 and U.S. 33 were combined. Purchasing the three tracts took over a year; another year was devoted to obtaining the needed zoning approval from the Dublin Board of Zoning Appeals; and many more months were needed to negotiate the creation of an exit/entrance ramp from 161/33 to Avery Road, which would serve as the main access to the land. During that process, which finally ended in 1989, OhioHealth promised that its ultimate intention was indeed to build an inpatient facility on the site when there was sufficiently documented need.

The site was initially developed with an urgent care center and some physician office buildings which included laboratory and radiology services. It was not until 2004 that the need for a new inpatient facility was evident. Cheryl Herbert, then president of the new Dublin Methodist Hospital, joked about being the “president of a bean field” while the hospital was being built, 2005.

Rev. Keith Vesper conducts a blessing of the hands for associates of the new Dublin Methodist.
Designed with Patients in Mind

The decision to build Dublin Methodist presented a unique opportunity to develop something new—a state-of-the-art, environmentally friendly, and patient-centered facility. “I told them, ‘Don’t take what you know today and try to fix it…tell me the ideal,’” said Cheryl Herbert, leader of the design team. The planning effort became part of the Pebble Project, a national collective focused on designing healthcare facilities that focus on quality of care, patient safety, staff safety and environmental safety. Using a concept called evidence-based design (EBD), every aspect of the hospital was designed for the purpose of creating a positive, healing environment for both the patients and the people who work there. Natural light flows in from every direction, courtyards abound throughout, and even the lobby is graced with a large waterfall and live trees to provide patients with the healing benefits of nature.

All the patient rooms at Dublin Methodist are private. “EBD says that patients in a private room are less likely to get an infection, less likely to experience a medication error, and more likely to communicate openly with the caregiver team,” explained Herbert. The rooms were also made approximately 35 percent larger than typical and include amenities to make it possible for family members, whose presence is a healing influence, to be present. Patient rooms were also built for “acuity adaptability,” which means, aside from the maternity section and Emergency Department, patients suffering from less serious illnesses to intensive-care patients could be housed in any of the hospital’s rooms, eliminating the need for stressful moves from one unit to another. Nursing stations were decentralized so nurses could be closer to patients, and every room was set up identically so physicians and nurses could immediately put their hands on whatever equipment they needed.

Dublin Methodists’s lobby is filled with live trees and water features as shown on the winter 2008 edition of OhioHealth Dimensions.

Dublin Methodist was designed to bring as much healing light as possible to create a calming environment for patients and visitors.
Systemness was the means to achieve the vision CEO Dave Blom first expressed in 2002: to make OhioHealth the place where people want to work, physicians want to practice, and, most importantly, where patients want to go when they need healthcare. Consistently achieving that vision was possible when everyone collaborated. "Systemness also meant a collective use of assets," board member Brad Scott pointed out. "The money that comes into the system, wherever it's generated, is allocated to where it will best serve the system (to meet patient needs)."

The philosophy of Systemness was evolving even before the 2008 recession hit. One of the drivers was the anticipation of major legislative changes. Healthcare reform, that would later be passed as the Patient Protection and Affordable Care Act, was in the early stages of congressional debate. "Anyone listening to the healthcare discussions coming out of Washington," said Blom at the time, "understands that healthcare has to change, and is going to change. We are going to be asked to do more with less. But by working together, by taking advantage of the strengths we have as a system, we will thrive in the new environment. Our ability to come together as a system is a huge strategic advantage for OhioHealth, and one we need to capitalize on."

The declining economy prompted OhioHealth's leadership team to undertake a project to determine whether OhioHealth as a system was operating efficiently, or whether any unnecessary duplication or overlap could be reduced. The project, known as "Systemness," was the means to achieve the vision Blom expressed in 2002: to make OhioHealth the place where people want to work, physicians want to practice, and, most importantly, where patients want to go when they need healthcare.
as Aligning Process Excellence with Systemness or “APExS” (pronounced “apex”), covered thirty-five functional areas across the system. Over the course of ten weeks, 210 of the nearly 250 initiatives, ranging from the major to the most basic functions, were designed, accepted, and implemented. In one year, OhioHealth realized significant savings with only minimal changes in staffing and no programs or services closed. More importantly, the culture changed: cross-campus teams became the norm, which improved consistency of processes, camaraderie among associates, and care to patients. The exercise began as a cost analysis, but it turned out to be, in Blom’s words, “a transformational experience.” By bringing so many colleagues from different business units together in this way, the concept evolved into reality, or as Blom said, the APExS experience “birthed” Systemness. In 2010, an OhioHealth internal publication called Creating a Roadmap for our Future pointed out, “We are stronger when we work together. Together we can leverage our experience, knowledge, strength and reputation to achieve greater success than when we operate as independent hospitals and businesses. That is the heart of Systemness.”

Believe in WE™

The next step in solidifying the culture of Systemness was to share it with the public. OhioHealth wanted its communities to understand and volunteer delivers on every day.” Led by Senior Vice President and Chief Communications Officer Sue Jablonski, a new positioning was adopted that encompassed all of this in a manner both simple and memorable. “Believe in WE.”

The cover of the March/April 2011 edition of UpFront, OhioHealth’s internal publication, featured an illustration of hundreds of people, presumably OhioHealth associates, physicians, and volunteers, standing side by side and arranged to form two letters—W and E. With this powerful picture of a veritable army of healthcare professionals, Believe in WE was unveiled. The message it sends to OhioHealth is more than just a healthcare system. It is a belief system, believing in providing the best care experience possible to its patients and their families; believing the collective talent, wisdom, skill, and compassion of its physicians and associates is greater than the individual pieces. “WE is collective,” said Jablonski. “It refers to everyone associated with OhioHealth—our associates, physicians, volunteers, and the patients who trust us to partner with them for care.”

Since then, Believe in WE is used to convey to the people of Ohio the name “OhioHealth” represents much more than bricks and mortar. OhioHealth is first and foremost a community of people serving their own communities with the best possible care for patients and families.

O’Bleness Hospital (Athens, Ohio)

Located in picturesque Athens County, the seventy-bed O’Bleness Hospital began its relationship with OhioHealth as an affiliate in 2000. Over time, financial concerns began driving the hospital closer to the system. Fiscal year 2008 resulted in losses for the year and although improved productivity and increased admissions were turning the situation around, the financial future remained questionable. Like most rural hospitals in smaller markets, O’Bleness lacked the specialty care that brought higher payment rates. Patients in need of such services were routinely referred elsewhere. As the relationship between OhioHealth and O’Bleness grew and physicians became convinced their patients would eventually come back to them, “elsewhere” increasingly became Grant and Riverside Methodist Hospitals. In 2011, O’Bleness entered into a management agreement with OhioHealth and in 2012 joined the OhioHealth Stroke Network. The natural evolution of this relationship was membership, and following...
Before 1921, residents in Athens, Ohio, received healthcare in physicians' offices or in their homes. Life expectancy was fifty-six years and maternal and infant mortality rates were high. In 1921, Delia Breinig invited women to use a couple of rooms at her home on Clark Street to deliver their babies. After he had delivered babies for two couples at the Breinig's home, Athens physician John R. Sprague, MD, made a casual remark that her home would make a good hospital. Soon, Charles and Delia Breinig decided to open their home to patients. The name was Sheltering Arms Hospital, a "lying in" hospital for maternity patients. Dr. Sprague and other physicians encouraged their patients to have their babies at the home on Clark Street, so physicians didn't have to travel from one patient's home to another delivering babies or choose between patients.

As Athens expanded, so did the hospital. In 1925, four rooms were added to convert the maternity hospital to a general hospital. The Breinig's operated Sheltering Arms Hospital for over twenty years until it was sold to Theron H. Morgan, MD, who expanded it to fifty-two beds and nine bassinets with the help of his wife, Betty, the hospital's manager.

Civic leaders established the Sheltering Arms Foundation Inc., which helped raise funds to expand the hospital's services. In 1957, when Dr. Morgan died, his will was carried out by transferring ownership of the hospital to the foundation.

The year 1967 brought vast expansion for Sheltering Arms. With Charles G. O'Bleness's gift of $1 million, ground was broken for the new hospital on a twenty-five-acre lot from Ohio University. After three years of construction, O'Bleness Memorial Hospital opened with Sheltering Arms Foundation as its owner. After years of planning and fundraising, and an overwhelming amount of support from the Athens community, the foundation's aim was achieved.

Charles O'Bleness was not a doctor but a banker, and for many years he was very frugal with his money. He was born in Athens in 1877, lived there all of his life, and played football at Ohio University. As the football team's business manager, he made the decision they play in green and white uniforms, which were cheaper than blue and white uniforms. It was toward the end of his life that O'Bleness gave considerable donations to both the university and hospital that call Athens home.

O'Bleness Memorial became a teaching site for physician students co-sponsored with the Ohio University College of Osteopathic Medicine. This began its long-time connection with the university and the field of osteopathic medicine.

In 2005, O'Bleness Memorial became a health system when it joined with Athens Medical Associates, a large multispecialty group of practitioners. After being in a management agreement with OhioHealth since 2011, it became a full member of OhioHealth in 2014.
review and approval by the Ohio attorney general, O’Bleness Hospital became a full member of the system on January 16, 2014. For O’Bleness leadership, one of the key considerations in the change was confidence that OhioHealth would remain committed to the portion of Appalachia served by O’Bleness. “As the board considered the agreement, we had no doubts that OhioHealth could best help us serve this community,” said Susan Quinn, OD, chair of the O’Bleness Hospital Board of Directors. “We knew that in order to sustain a local system of care we needed a strong partner, one with similar goals and a similar commitment to serving our area.”

For OhioHealth, this new relationship provided opportunities with multiple benefits. “This will not only allow us to continue the good work already being done here,” said Blom, “but also allow us to focus on the future and how, together, we can ensure that O’Bleness thrives and continues to serve the Athens community.”

The addition of O’Bleness to the membership fold meant OhioHealth, which already had a presence in the community with Doctors Hospital–Nelsonville, could develop a strategic plan for healthcare services in southeast Ohio. The conversion of the Nelsonville facility to outpatient eliminated duplication of services and unnecessary inpatient beds, while maintaining access to routine health services in that part of the county.

Just as important, the addition of O’Bleness further solidified the system’s relationship with the Ohio University College of Osteopathic Medicine. “Having the hospital in Athens right next to the medical school was important for us,” said Blom.

MedCentral System (Mansfield and Shelby, Ohio)

Just months after O’Bleness joined the OhioHealth system, a two-hospital system was ready to follow suit. MedCentral Health System, a non-profit organization based in Mansfield, Ohio, was formed in 1996 when Mansfield General and Shelby Memorial Hospital in Richland County entered into a partnership.

Despite MedCentral’s stability, its board was worried about their ability to sustain it in the long term. The facilities were in need of updating, and reimbursement was projected to continue to shrink. The Mansfield community, once a thriving manufacturing center, had lost virtually all of its large business base in the past twenty-five years and was not rebounding quickly. David Eichinger, chairman of MedCentral Health System’s board of trustees, led the board through a deliberate process to find the right partner, talking with the Cleveland Clinic and The Ohio State University Wexner Medical Center before selecting OhioHealth. He clearly saw the challenges of most small hospitals and commented at the time, “It’s difficult for a hospital...
A fundraising campaign for a new hospital raised $150,000, which led to a new fifty-bed hospital on the current site on Glessner Avenue. Some people at the time complained this site, currently one mile from the city center, was too far out in the country. The hospital was dedicated on May 10, 1918, just in time for the flu epidemic of 1918. The next year, the School of Nursing was established, but the nurses’ home and school weren’t built until 1923.

With two large expansions in 1935 and 1953, Mansfield General Hospital grew to 249 beds. The School of Nursing had doubled in capacity by 1958 with 120 student nurses. A new emergency room was completed in 1966, and the 1980s saw a new four-story addition to Mansfield General that housed the expanded cardiology services, including a new cardiac catheterization lab, two intensive care units, and the maternity ward. In 1996, MedCentral Health System formed when Mansfield General and Shelby Memorial Hospital partnered.

The Shelby community’s public health league began providing basic hospital services in a building in downtown Shelby in 1917. The following year, the services were moved to a small clinic in an Episcopal church parsonage. Hospital services began operating independently from the health league in 1919, when the Shelby Hospital Association was chartered as a corporation and moved into a home on the site of the current hospital.

A large farmhouse on the site was purchased, enlarged, and remodeled into Shelby’s first real hospital, which opened in April 1921. This facility, named Shelby Memorial Hospital, had twenty-five beds and five bassinets. It was dedicated “In Memoriam of the Soldiers, Sailors and Marines of Shelby and Vicinity.”

In the early 1940s, the community of Shelby raised funds to build a two-story south wing, which added nineteen more beds and brought the total capacity to fifty-five. In 1960, after five years of planning and fundraising, the original farmhouse was demolished and construction started on the current building. The south wing built in 1942 was moved into place against the new building and attached, bringing the bed capacity to eighty-two. Throughout the 1970s and 80s, Shelby Memorial added a maternity unit and an outpatient care area. A new emergency department was constructed in 1991.

In 1996, Shelby Memorial merged with Mansfield General Hospital to form MedCentral Health System. These two hospitals became members of OhioHealth in 2014.
In 2009, physicians and administration developed a new direction to capitalize on OhioHealth’s strength as a provider of neurosciences, taking a two-pronged approach. The first prong of the strategy was to improve the ability of small and rural hospitals, which typically did not have any neurologists or neurosurgeons on staff, to care for as many patients locally as possible. OhioHealth had long sponsored specialty clinics at these hospitals, but in 2010, the evolution of technology made something exciting possible: the Stroke Network, which allows small and rural community hospitals without full-time neurologists to provide the immediate care which is vital to patients suffering a stroke.

“If someone goes into a small hospital with stroke symptoms there is a robot,” explained Dr. Bay, “they put that in front of the patient. The nurse takes vital signs, they do a CT scan there, and then they activate the Stroke Network. It is transmitted to our electronic ICU and a critical care nurse gets more history and then notifies the [board certified] neurologist on call for the network who’s able to look at the patient, have them hold their hands up, smile, talk to them, find out when their last known well time was and then they make a decision regarding their care.” In most cases, stroke patients were now able to stay in their community hospitals instead of being transported to Columbus for more advanced interventions, further easing the cost burdens associated with travel families often faced.

In 2014, the 326-bed Mansfield General and the twenty-five-bed Shelby Memorial Hospital joined OhioHealth as full members. With annual operating revenue of approximately $255 million, MedCentral had more than 2,400 associates and served nearly 325,000 people in Richland County and five surrounding counties. The “MedCentral” name was phased out as the hospitals accepted the OhioHealth brand. Demonstrating its commitment to the local community, OhioHealth committed to investing in substantial capital improvements, beginning with the much-needed updates at Mansfield hospital. A $80 million expansion included a five-story, 53,000-square-foot surgery center, a 140,000-square-foot medical office building, and a parking garage, making state-of-the-art medical care accessible for the people of Mansfield.

Clinical Focus: Neurosciences
OhioHealth increased its commitment to neurology and neurosurgery early in its existence, seeking to bring to the community a service it lacked by attracting respected specialists such as Janet Bay, MD to Columbus. The service grew steadily and somewhat quietly for nearly three decades until OhioHealth became one of the leading providers of neuroscience services in the country.

Numerous open houses were held for associates, family members, and the community at large to explain the many details that went into the planning and construction of the new OhioHealth Neuroscience Center at Riverside Methodist, 2015.

The new OhioHealth Neuroscience Center at Riverside Methodist hospital opened on July 6, 2015.

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In 2010, a group of thirty OhioHealth physicians and administrators went on a fact-finding mission visiting one of the country’s top neuroscience programs, the Swedish Neuroscience Institute in Seattle. “We came back with a common vision and a common resolve for what it was that we wanted,” said Dr. Bay. The second prong of the new strategy was to create state-of-the-art facilities for neuroscience patients in Columbus. In 2010, a group of thirty OhioHealth physicians and administrators went on a fact-finding mission visiting one of the country’s top neuroscience programs, the Swedish Neuroscience Institute in Seattle. “We came back with a common vision and a common resolve for what it was that we wanted.”

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and Innovation

Knowledge, Experience, and Innovation

OhioHealth’s vision of technology is not limited to what it can acquire. In 2007, the OhioHealth Research and Innovation Center was launched, tapping into the depth and breadth of knowledge if all went well, the product was then implemented.

and experience of OhioHealth’s physicians, nurses, and associates. Realizing the frontline staffers were in need of the patients. A visual aid helped—a replica of Wilson, the famous volleyball companion on Tom Hanks’s movie Cast Away, was placed at the center of the table as a surrogate for the patient. Later, during construction, duplicate Wilsons were placed in intensive care units at Riverside Methodist, Doctors Hospital, and Grant during 2005. Donna Hanly, currently OhioHealth’s senior vice president and chief nursing executive, was the director for eICU, the branchial of critical care physician Amy Imm, MD. “She told a compelling story then presented it to the administrative team and the board of directors,” said Hardy. “We got the funding for it and made it happen.” The eICU system, developed by Johns Hopkins University professors, made it possible for OhioHealth intensive care nurses and physicians to monitor patients remotely at the first sign of a problem, the monitoring eICU physician or nurse could then contact a nurse by phone in the ICU. “What the eICU will allow us to do is to look over the shoulders of those practitioners in a very useful way,” Dr. Imm, then Riverside Methodist’s ICU medical director said at the time, “and help bring the standard of care up to the very highest of quality for every single patient.” Ultimately the eICU was a precursor to OhioHealth’s virtual care network, comprising the Stroke Network, a single transfer center, and telemedicine. The goal was to bring care to rural hospitals to offer services that had not been available in that setting before; to allow patients to remain as close to home as possible, and when transfers were needed, to make the process as simple as possible. Electronic Medical Records. Entering the 21st century, one of the challenges of treating a patient in any setting is access to that patient’s medical history. This truism in healthcare: change is the only constant. Advances in technology occurred with regularity; technology which fulfilled a community need or addressed the common reasons to transfer a patient from one setting before; to allow patients to remain as close to home as possible; and when transfers were needed, to make the process as simple as possible.

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experience with technology, but when Blom said, “I need you,” he recalled thinking, “I couldn’t turn that down.”

Epic’s basic software was customized for OhioHealth and renamed CareConnect. “We picked the 350 smartest docs in the system who were leaders in the various areas and then we had them go through the order sets to build them, approve them and submit them, and then we voted on them at the system level,” said Dr. Hawley. He credits Dr. Taylor for shepherding and streamlining the approval process by forming the CareConnect Approval Body, a single internal group comprised of representatives from all the different care sites, which eliminated the need for approval from multiple physician guidance councils. In the end, 450 order sets were approved, “almost 90% of them were done from scratch,” said Dr. Hawley.

OhioHealth trained 23,000 physicians and associates to use CareConnect in a process Epic called one of the best they’d ever seen. When the system went “live” at the first hospital, Grant, on February 1, 2015, newly trained associates and physicians were joined by hundreds of specially trained “super users” wearing red vests. The super users were walking tech resources on site twenty-four hours a day for the first few weeks of the implementation. Even Service Excellence team members, the specialists in customer satisfaction, made sure patient care and comfort were a priority during this major transition. For the first six days, the team provided twenty-four-hour support by serving as extra sets of hands and sources of information as they rounded through patient rooms and high-traffic waiting areas. It was a model other OhioHealth care sites used for their “go lives.”

In keeping with OhioHealth’s strategy of partnering with rural hospitals, CareConnect was designed to be interoperable with other local and regional systems. One module in Epic’s system called “Care Everywhere” made it possible for patient records to be shared with other physicians and other healthcare providers at the request of the patient. “Clinical information belongs to the patient, and if the patient wants their information shared, we ought to make that happen,” said Blom. In addition, a patient portal called MyChart made it possible for patients to set appointments online, request prescription refills, view test results, or engage in other non-urgent communication with their physician’s office, facilitating their involvement in their own healthcare.

The development and implementation of CareConnect represented OhioHealth’s largest Systemness effort to date and highlighted the benefits of physicians and administrators working together with a single focus to improve patient care.

Clinical Focus: Oncology and Cancer Care

Oncology, the specialty of diagnosing and caring for patients suffering from cancer, was part of the fabric of OhioHealth from its inception. The hospitals were able to participate in clinical trials through membership in the Columbus Clinical Oncology Program, offering patients the latest available therapeutic agents and techniques. Riverside Methodist and Grant recruited subspecialists to treat gynecologic cancer and breast cancer. The main challenges to a cohesive approach to cancer care were the number and types of physicians involved—specialists in radiology, radiation oncology, general surgery, neurosurgery, breast surgery, urologists, gynecologists, oncoologists, gyneco-oncoologists—and the number of practice sites.
services, a courtyard healing garden, and live, soothing music to help calm the worried patient and family members. OhioHealth was then treating about 4,500 cancer patients every year and expected nearly one thousand patients to visit the center each month. Jeffrey C. Bell, MD, the hospital’s medical director of cancer services, said the emphasis at the Bing Center is on the whole person, not just their battle against cancer. Patient navigators, specially trained nurses who help guide patients through the treatment and recovery process, were also based in the center where adjunct therapies like acupuncture and massage therapy were offered to promote healing.

Another significant step was taken in September 2014 when OhioHealth proudly announced it was becoming Ohio’s first certified member of the MD Anderson Cancer Network®, bringing world-renowned expertise to their cancer patients. MD Anderson was routinely ranked the number one cancer hospital in the country. The rigorous standards required of network members meant local patients would receive the same standard of care as patients at MD Anderson’s home hospital in Houston, Texas. OhioHealth was the first to join the network as an entire system. “This collaboration will help advance cancer care in the communities that OhioHealth serves,” Blom said, “while still keeping that care local for patients and their families. This relationship creates a new standard of cancer care for the region.”

The relationship resulted in new protocols, collaborations, and relationships as physicians at OhioHealth hospitals worked to meet MD Anderson’s rigorous standards for certification. Even the system used for managing cancer patient data was overhauled. Once the facility and physicians have been certified, they can have peer-to-peer consults easily with MD Anderson physicians about their patient’s care, take part in MD Anderson’s weekly multidisciplinary planning conferences, and be subject to MD Anderson’s quality oversight.

By the fall of 2014, both Grant and Riverside Methodist had been certified, validating that “our cancer care is up to the standards set by one of the nation’s leading cancer centers,” said Blom. Additional stages of the process certified other OhioHealth hospitals, including Dublin Methodist, Dorothy Grant, Grady Memorial, Marion General, and Mansfield Hospital. By achieving these certifications, the hospitals officially joined the network and OhioHealth patients could now be assured they would be receiving the very best in cancer care without having to leave their own communities.

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Berger Health System: A Strategic Partnership (Circleville, Ohio)

The OhioHealth philosophy of serving the community is shared by Berger Health System, the primary hospital provider of healthcare in Pickaway County. Its foundation’s motto is “Creating a healthier community.” Consequently, in early 2015 Berger and OhioHealth entered into a “strategic partnership” in which OhioHealth provides specialty services at Berger. The partnership launched with cardiology services and quickly expanded to include cancer care, neuroscience, and radiology.

Its foundation’s motto is “Creating a healthier community.”
The importance of keeping care local was highlighted by the leadership of both organizations. Chair of the Berger Board of Governors, Don McIlroy, noted, “Through this partnership, Berger and OhioHealth will deliver high-quality local care for patients and remain a vital community asset for Circleville and Pickaway County for years to come.” OhioHealth Executive Vice President and Chief Operating Officer Mike Louge echoed these sentiments: “Working together, we can utilize the best of both systems to enhance quality, improve efficiency and most importantly, keep more care local to this community.”

Ambulatory: Reaching More Communities

Keeping care local was also made possible with an ambitious strategic plan calling for multi-use ambulatory centers to assure access to all the communities OhioHealth serves. The ambulatory division had been renamed “OhioHealth Neighborhood Care” in 2007. The Westerville Medical Campus successfully opened in 2009 with an ambulatory surgery center, a freestanding emergency department, and a full complement of ambulatory and outpatient services. The Delaware Medical Campus opened in 2010 with ample room to expand as the needs of the community may dictate. In 2015, the Pickerington Medical Campus opened to meet the healthcare needs of residents southeast of Columbus with services including an emergency department, outpatient surgery centers imaging, and primary care. The campus also includes two thousand square feet of classroom space leased to Pickerington Local Schools for a year for the district’s science, technology, engineering, and math (STEM) program.

In 2016, plans were announced to expand services in Grove City to include a surgical hospital with an emergency department as well as a new medical office building. With a two-part goal to ease the burden on busy emergency rooms at local hospitals and provide access to healthcare in the community, a number of freestanding emergency departments were planned throughout central Ohio. The locations provide patients full emergency care without having to go to a hospital. OhioHealth Emergency Care Centers opened in Hilliard and Ontario in 2017. Others are planned in Reynoldsburg, Obetz, Powell, New Albany, and Worthington. Each location serves patients with eight treatment rooms and on-site services including X-ray, CT, ultrasound, and a point-of-care lab.

Southeastern Ohio Regional Medical Center (Cambridge, Ohio)

OhioHealth’s commitment to another part of the state, in southeast Ohio, was reinforced when, on January 1, 2017, it announced it had finalized an exclusive strategic partnership with Southeastern Ohio Regional Medical Center (Southeastern Med). The partnership is not a merger or acquisition but instead similar to the relationship with Berger. Together, the parties will focus on enhancing local specialty services with a focus on cardiology, oncology, neuroscience, and orthopedics, increasing access to care for and the recruitment of talent, enhancing quality of care and patient safety, and keeping care local for the residents of Guernsey and Noble Counties.
Supporting Communities through Volunteerism

OhioHealth’s sense of responsibility to the community extends beyond the delivery of affordable healthcare services to include sponsorships of various activities.

“By the very nature that we have 29,000 associates, physicians, and volunteers at OhioHealth,” said current board chair Steve Rasmussen, CEO at Nationwide, “we are active in the community at every level. They’re not just engaged in Columbus but some of the surrounding communities as well. OhioHealth hospitals are embedded in their communities where the physicians themselves are also personally and heavily engaged.”

During fiscal year 2017, associate and physicians tracked more than 29,000 community volunteer hours at 433 community organizations. OhioHealth leaders and physicians served on more than two hundred community and government boards and commissions. OhioHealth also provided more than $2 million in philanthropic and in-kind support to community non-profit organizations.

Associates’ generous spirit has a huge impact on the community. During OhioHealth’s 2017 Operation Feed campaign in support of the Mid-Ohio Foodbank, associates donated more than 410 pounds of non-perishable foods and monetary donations of $143,500, which translated to more than 574,000 meals for community members struggling with hunger. The 2016 OhioHealth Giving Campaign raised a total of $1.23 million, with more than 75 percent of associates and physicians who donated choosing to designate their donation to an OhioHealth Foundation fund. More than four hundred associates joined Team OhioHealth for the 2016 Susan G. Komen Race for the Cure and raised $39,000 to help fight breast cancer. And, Team OhioHealth was the largest corporate team at the 2017 Central Ohio Heart Walk, with more than 2,600 participants and $167,000 raised to help the American Heart Association/American Stroke Association in their efforts to fight heart disease and stroke.

For OhioHealth, improving the health of the community extends beyond the walls of its facilities and into the daily lives of its leaders, physicians, and associates.
Bruce Vanderhoff, MD, senior vice president and chief medical officer, attributes a great deal of OhioHealth’s success to its practice of leading with its physicians. “We see them as the indispensable partner of leadership and we have invested in helping the physicians be effective leaders and we have invited them to the table around every major decision the organization has undertaken,” he said.

Recognizing that physicians, however highly educated, are not always trained in leadership skills, OhioHealth developed the Physician Leadership Academy to create a broader avenue for physician leadership throughout the organization. Physicians identified as having leadership potential are then given the skills, knowledge, and training necessary for leadership at all levels. Where initially only a handful of physicians participated in the academy just ten years ago, now hundreds are participating every year.

Through that elevated level of physician support, involvement, and engagement, OhioHealth has seen remarkable results. In 2017, the outcome of the Press Ganey Physician Engagement Survey ranked OhioHealth in the 96th percentile among 52 large healthcare systems.

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No history of OhioHealth would be complete without a focus on the effort the organization has made throughout its history to create a work environment that recognizes the importance of each and every caregiver and associate. “For people to thrive, you’ve got to hire the right people—you have to have their hands,” said CEO Blom. “Then you have to educate, give context, share why we’re doing things and that gets their heads. But recognition gets their hearts. Almost everything I do I think about from those buckets. Get their hands, then heads, and then hearts. And if you get all three of those things, then you’ve really got something special and people will go through a wall for the organization. That’s where excellence comes from.”

In 2017, the outcome of the Press Ganey Physician Engagement Survey ranked OhioHealth in the 96th percentile among 52 large healthcare systems.
to practice medicine, we score in the high 90s,” said Jim Wheaton, former vice president of physician relations and development. “The other question is, ‘do you feel engaged with administrative leadership?’ The answer is a resounding, ‘Yes!’

Compassionate Nursing. A patient’s satisfaction level for a hospital stay rises and falls with the quality of nursing care received. From its inception, OhioHealth has striven to provide its nursing staffs with the tools, training, and environment to assure not only quality of care but a happy workplace as well.

Nursing education is part of the history of the organization; several OhioHealth hospitals operated nursing schools for decades. When the nursing

Srividya Viswanathan, MD, hematology, oncology, hospice, and palliative medicine at Mansfield and Shelby Hospitals, consults with patients and visits them throughout their treatment and recovery.

John Phillips, MD, interventional cardiologist, leads residents during rounds at Riverside Methodist in 2016.

Paul Gabriel, MD, emergency medicine, is pictured at center in the trauma bay at Grant.
schools closed, OhioHealth formed alliances with accredited nursing programs so its hospitals serve as a clinical training site for nursing students from The Ohio State University, Capital University, Hondros School of Nursing, and others. Grant also maintains a relationship with Otterbein University to train certified registered nurse anesthetists (CRNAs).

Another indicator showing OhioHealth’s commitment to nursing is hospitals earning designation as a “Magnet®” site. Awarded by the American Nurses’ Credentialing Center, a Magnet hospital is stated to be one where nursing delivers excellent patient outcomes, where nurses have a high level of job satisfaction, and where there is a low staff nurse turnover rate and appropriate grievance resolution. Grant and Riverside Methodist have each received and maintained “Magnet” designation. Even more impressive, two OhioHealth nurses have received national “Magnet Nurse of the Year” recognition.

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Rita Smith is a legend of OhioHealth nursing. She graduated from the White Cross School of Nursing and has spent more than 50 years as a nurse at Riverside Methodist.

Nurses at Grant celebrate their success as the American Nurses Credentialing Center named Grant a Magnet Hospital for the first time.

The Riverside Child Care Center used to cost associates $3 per hour with a maximum of $20 per day. In addition, families received a $1,750 stipend to offset the cost of day care.

At the Employee Convenience Center, located in the parking lot of Riverside Methodist Hospital, associates could order and pick up groceries, dry cleaning, and shoe repairs.

Associate Appreciation

Over the years, OhioHealth has implemented many innovative programs to show its appreciation for the hard work and dedication of its associates. Riverside Methodist’s day care center for its associates was considered one of the best in the county, and Grant had a complete fitness center for all associates. A Kroger outreach store in the middle of Riverside Methodist’s parking lot made it possible for associates to drop off a grocery order in the morning and pick it up at the end of the workday.

In 2010, a new benefit for the system’s 12,000 associates, physicians, and volunteers arrived just in time. The Riverside Child Care Center used to cost associates $3 per hour with a maximum of $20 per day. In addition, families received a $1,750 stipend to offset the cost of day care.

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time for the Christmas season. To help reduce stress, not just during the holidays but all year through, OhioHealth associates could now call on a concierge to run errands for them. They were available to pick up groceries, shop for and wrap gifts, take a dog to the groomers, or take their car for an oil change. Understanding the impact stress had on their associates, this newest benefit offered them a welcomed helping hand. Senior Vice President Debra Plousha Moore said, “We want them to be at their very best taking care of our patients.”

Other offerings included incentives for healthy living, such as smoking cessation or weight loss, resulted in discounts in health insurance premiums. The Move + Improve program creates incentives to earn rebates for good lifestyle choices, including earning up to $1,000 a year just for getting enough daily steps on their personal pedometer. Then, in 2015, OhioHealth went even further to help associates with fitness. Each associate received a free pair of athletic shoes to “put their best foot forward.”

That culture endures, and OhioHealth continues to offer a range of benefits and events for its associates which set it apart from other employers. The two most popular programs for associates are the annual Shopping Trip and the Prism Awards. Launched in 1990, OhioHealth’s longest-tenured associates are honored for their service during the Shopping Trip by doing, what else, but shopping! Associates starting at the 20-year mark, and then every five-year increment thereafter, are treated to a day off work, breakfast and lunch, and hundreds of dollars loaded onto a gift card based on their number of years of service. After a group breakfast and distribution of the shopping money, associates are given several hours of no-holds-barred shopping. Exhausted and jubilant, they return to a red carpet event where executives, managers, and directors cheer them on amid lights and live music. In 2017, almost 800 OhioHealth associates were treated to their special day.

Another way associates are treated to a red carpet event is the annual Prism Awards, OhioHealth’s version of Hollywood’s Academy Awards, where the highest

Associates in Every Capacity. Like the physicians and nurses, associates in every capacity understand their contributions in achieving OhioHealth’s mission. The key to engaging “hands, heads, and hearts” is much more than simply providing competitive salary and benefits. It is assuring associates feel respected and valued and, in turn, are recognized for their hard work and success through innovative and values-based rewards.

Giving associates a voice and keeping them involved in strategic initiatives have been the linchpins of OhioHealth’s relationship with its workforce since the beginning. Using tools such as an annual Associate Engagement Survey to measure associate satisfaction and semi-annual OhioHealth Leadership Briefings (which bring together more than 1,200 manager and above-level associates plus physician leaders for inspirational, motivational, and educational meetings), associates are able to have their thoughts heard by leadership.

It is in the arena of associate benefits that OhioHealth has truly demonstrated innovation. From the earliest days of the system, the tone was set by Eric Chapman. “The core of excellence is always the frontline people,” he noted. Putting that belief into action, he and his staff built a culture and environment which supported them.
Honors are presented to physicians and associates. Winners are nominated and selected by their peers and attend a private reception at the Ohio Statehouse followed by a formal awards ceremony at the historic and sumptuous Ohio Theatre. The Prism Awards are given in categories representing commitment to OhioHealth’s core values—integrity, compassion, stewardship, and excellence. Winners are chosen for each business unit in those categories with one overall winner chosen for each. In 2016, more than 8,845 associates and physicians were nominated and from these, Prism Awards were presented to more than 120 individuals or teams. At the night of the event, nine system winners were chosen and, just like their Hollywood counterparts, they were invited on stage to receive their award.

Balanced Scorecard: Balancing Incentives.

Exciting as these associate programs are, they would be meaningless if the associates were not translating their positive attitude to creating the best possible experience for the patients of OhioHealth. To that end, the board of directors sought to find a way to reward all associates for success and developed a values-based definition of what “success” looks like. The board’s objective was, as described by former chair Tom Hoaglin, “to develop the kind of organization that would sustain itself and be successful over time.” At OhioHealth, success was measured by more than the bottom line. The first statement by the board of this important concept was the implementation of...
the Balanced Scorecard, which translated the four core values into precise behaviors expected of all physicians and associates in four areas: quality, service, culture, and finance. No single quadrant is more important than the other. The annual bonus of every associate, regardless of title, is based on the success achieved in all four quadrants.

As Blom explained, “The Balanced Scorecard gives us a framework for what’s important, and everything we do maps back to it. It’s evolved over time, meaning that the metrics change each year, but the rigor and the discipline stays the same. Every associate in the organization has some part of their compensation ‘leveraged on it.’ Every year the performance bar is raised, and from the very top to the front line, OhioHealth associates are aware of what their scorecards are on every floor and every unit.

Over time, the Balanced Scorecard led to the development of the “Values Blueprint,” which guides the organization as it creates its annual strategic business plan. Specific and measurable goals are established for each of the four quadrants on the Balanced Scorecard. The Values Blueprint also provides a guideline used for hiring, training, and evaluating all associates. When strategic initiatives are introduced to the associates, they can see the connection to the Values Blueprint and understand the connection to OhioHealth’s core values.

The outcome of these efforts is evident through the recognition OhioHealth has consistently received for its workplace environment. During 1994, the system had approximately 800 job openings—and 30,000 applicants. Riverside Methodist was featured on the cover of Working Woman magazine and named one of the top ten friendly employers in the country. It was even featured on an ABC news special called Revolution at Work.

Each year, beginning in 2007 through 2016, OhioHealth has been named one of the “100 Best Companies to Work For” by FORTUNE magazine, and, in 2016, ranked fourteenth among all healthcare companies. In addition, OhioHealth is making an impact with the next generation in the workforce, earning a place on the 100 Best Workplaces for Millennials in 2016.

Medical Education: Systemness Supports the Community

The year 2010 ushered in a number of developments in the scope, organization, and philosophy for medical education within the OhioHealth system. The first of these was an announcement from the Ohio University Heritage College of Osteopathic Medicine (OU-HCOM) opening their Dublin campus in 2014.
College of Osteopathic Medicine (OU-HCOM) that it had reached a definitive agreement with OhioHealth to be its “Preeminent Education Partner” for the college’s expansion into central Ohio and to work with the college on the construction and implementation of the Dublin Medical School. “OhioHealth has had the fortune of developing a long-term relationship with OU-HCOM to train medical students, interns and residents, providing them with the education and experience they need to deliver the highest quality care and services to their patients,” said Dr. Vanderhoff. “We see this aspect of our work as an essential part of our mission to improve the health of those we serve and are thrilled to partner with OU-HCOM to expand those learning opportunities in our hospitals.”

Even as medical education was participating in the APExS project and exploring the possibilities of Systemness, the Accreditation Council for Graduate Medical Education (ACGME), the accrediting body of all allopathic post-graduate medical residencies, developed new standard requirements for duty hours. This accelerated the need to develop new efficiencies. The first step was the creation of an academic council with the charge of identifying new ways to cooperate and improve efficiency across all the medical education programs. The first members included graduate medical education (GME) leadership and representatives from each campus with GME programs. That opened the door to new discussions about integration, efficiency, and cooperation. Then, the 2015 announcement by the American Osteopathic Association that in 2020 it would cease accrediting osteopathic post-graduate programs provided even more reason to make sure OhioHealth, with both allopathic and osteopathic programs, was making the most of available resources to provide a quality educational experience. The hard work of the academic council resulted in the administrative consolidation of medical education within OhioHealth. Doug Knutson, MD, was named system vice president for academic affairs, and a director was named to the leader at each medical education site. For the first time, this brought all the key players to the table for a philosophical discussion about what medical education should be at OhioHealth. They analyzed each program individually in terms of its value to the community and the organization. Dr. Knutson said, “The questions became ‘what should we be doing for our community and our organization’ and ‘how can we maximize the investment we are making in medical education across the system?’” Each program has been evaluated based on an objective quality analysis of the training provided, resident retention, the learning environment, the needs of the community (e.g., filling shortages), and the system’s strategic needs. As a result, OhioHealth has been able to make strategic and operational decisions for each individual program. Some have been consolidated with other like programs, some have increased in size, some have decreased in size, and some have been closed. New programs that meet key strategic needs in service areas have been added. As Dr. Knutson explained, “While decisions to make changes in programs have operational and cultural implications, using objective analysis and engaging with program and care site leadership during the process has empowered the teams to make these decisions in the most collaborative way possible.” For his part, Dr. Knutson believes the future of OhioHealth is found in today’s medical education program. “A lot of our most successful current physician leaders trained with us,” he noted. “When people train in our environment, they tend to want to stay in our environment. Medical education really is the pipeline for our future physician leadership talent.”

“When people train in our environment, they tend to want to stay in our environment.”
GIFTS, GRATITUDE, AND THE OHIOHEALTH FOUNDATION

CHAPTER 7

The Gerlach Family
The Gerlach family have been business leaders in central Ohio for decades, since founding the Lancaster Colony Corporation in 1961. The family’s generous donation allowed the construction of the John J. Gerlach Center for Senior Health on Olentangy River Road, which opened in 1994. The center was one of the first to recognize the need for specialized, interdisciplinary geriatric health services and to provide day care for seniors, allowing caregivers a respite or time to work.

The Kobacker Family
Arthur J. Kobacker was a Columbus success story, returning to the area after serving in the U.S. Navy during World War II and founding the Kobacker Shoe Company. The company grew to 700 stores in 32 states. Art and his wife, Sara Jo, used their success as a platform for philanthropy. In 1989, they, along with their children, Art and Nikki, donated nearly half a million dollars to jump-start the construction of the first hospice in the system, which became known as Kobacker House. Patient demand was so great the original facility was undersized and in need of replacement. The Kobacker family again stepped up, providing a substantial donation to the $14 million facility. The project was further supported by a $7.2 million gift as a legacy from the estate of a one hundred-year-old woman in gratitude for the care her sister had received at Kobacker House. The generosity of the Kobacker family clearly inspired generosity in others.

A great deal of the charitable and community work OhioHealth is able to do comes through the generosity of the donors to the OhioHealth Foundation, which evolved out of the original Riverside Methodist Hospital Foundation to ultimately support all of OhioHealth. Initially, fundraising tended to be low key, focused on a few large annual events to raise money for a specific hospital—the Harvest Ball for Riverside Methodist, the Candy Cane Ball for Grant—but some large donations in the 1980s and 1990s far outpaced the result of these popular events.

Memorial bricks placed outside the Kobacker House, 2015.

Precious cargo is carefully moved from the old NICU at Riverside Methodist to the new, more welcoming, and state-of-the-art NICU made possible by donations to the OhioHealth Foundation, 2017.
John H. McConnell
OhioHealth has been blessed with many generous benefactors, among them John H. McConnell, founder and chairman emeritus of Columbus-based Worthington Industries and a widely recognized philanthropist. “Mr. Mac,” as he was widely known, started his company in 1955, borrowing $600 against his 1952 Oldsmobile to purchase his first load of steel. He grew his business under the mantle of the Golden Rule, offering employees amenities few companies then offered. In 1993, Worthington Industries built its own on-site medical center to provide primary care to employees and their families. His contributions to Columbus and central Ohio are many and include bringing Columbus its National Hockey League franchise, the Columbus Blue Jackets, to town. That move inspired the creation of the Arena District, making it a hub of sports, business, and retail.

In 1994, McConnell gave an extraordinarily generous gift to Riverside Methodist in gratitude for saving his wife Peggy’s life nine years prior. She had been diagnosed with a heart tumor, a rare kind of tumor that normally isn’t detected until after the patient’s death. In March 1998, the new McConnell
Heart Health Center opened at 3773 Olentangy River Road on the Turkey Run parcel. The $15.2 million, 105,000-square-foot, freestanding facility was funded entirely through private donations, including the McConnell’s $7.5 million gift.

The following year, McConnell generously gave OhioHealth an additional gift of $7.5 million, in part to expand the center including a fitness trail named “Peggy’s Path” in honor of his wife and Big Red’s Lodges, a cluster of guest homes all within a 25-acre wooded preserve designed to offer stress reduction and respite in a healing natural environment. Available to patients and family members receiving healthcare services, guests are invited to participate in a number of healthy exercise and educational programs while at the same time having access to the medical specialists at the center.

McConnell’s gift also helped kick off the fundraising for the McConnell Heart Hospital, a new wing of Riverside Methodist housing the Emergency Department, cardiology services, and medical education. Additionally, the family made a gift of $1.5 million to establish the first endowed chair at OhioHealth, in advanced structural heart disease. His generosity stands as the largest total gifts ever given to OhioHealth.

The Crane Family

Tanny Crane, president and chief executive officer of Crane Group, a proudly held diversified portfolio company currently serves as the foundation’s board chair and believes the primary value of the foundation is building community awareness of the value of the OhioHealth system. Despite her busy schedule, Crane was led to serve on the board through personal experience. In honor of her aunt, Ann Burba Crane, who volunteered for many years in the neonatal care at Grant, the Crane family elected to make a generous gift when the center made plans to upgrade their birthing and neonatal sections. As a result, ten rooms at Grant were named in honor of Ann Burba Crane. “We worked with the foundation and the way they engaged our family was very rewarding to us because it really helped us tell the story,” said Crane. “It encouraged me to get more involved in the Foundation.”

Arthur G. Bing, MD, and Hetty Bing, MD

In August of 2011, Riverside Methodist announced it had received a $2 million gift, this time from two married physicians. Plastic surgeon Dr. Arthur G. Bing and his wife, Dr. Hetty Bing, donated the gift for a new cancer center. Both physicians immigrated to the United States from Indonesia in 1969, and in the early 1970s Mrs. Bing was treated for colon cancer at Riverside Methodist. The Bing’s gift, the largest single gift from a physician in Riverside Methodist’s history, was the signature donation to kick off a $6 million fundraising campaign for cancer care. The Arthur G. H. Bing Cancer Center opened on November 1, 2012, in a 63,000-square-foot, five-story building previously known as the Riverside Health Center renovated at a cost of $9.5 million. The Bing Cancer Center, regarded as a gateway to advanced treatment for cancer, with help from the OhioHealth Foundation and the Crane family, the Ann Burba Crane Center for Women and Babies opened in 2010 at Grant.
includes all the outpatient services necessary for a cancer patient’s treatment as well as counseling services, a courtyard, and a healing garden.

The Osteopathic Heritage Foundation

Tracing its history back to the formation of Doctors Hospital in Columbus in the 1940s, the Osteopathic Heritage Foundation is dedicated to enhancing osteopathic medicine, its educational programs, and medical research, as well as improve the quality of life in communities served by osteopathic facilities. It made its first grant as an independent foundation in 1999 and has been a consistently generous supporter of OhioHealth’s efforts to support osteopathic medicine and medical education ever since.

As noted earlier, its generous grant permitted the construction of the new medical education facilities at Doctors Hospital in 2010. In 2011, its gift of $105 million to the Ohio University Osteopathic School of Medicine, renamed the Heritage College of Osteopathic Medicine, transformed osteopathic medical education in Ohio and led directly to a new educational relationship with OhioHealth.

New Directions

Gifts such as these are what inspired Karen Morrison, president of the OhioHealth Foundation, to take a new direction regarding fundraising. Instead of the special events of years past which were time consuming and resource intensive, “We recognized that our focus could be better served in growing our donor pipelines and enhancing our capacity for contributions,” said Morrison. “They were wonderful events and accomplished a great deal for us over the years. But we knew, just looking at best practices over our industry, most organizations were moving away from multiple events and were focusing more on major gift fundraising by connecting more with our patients and their families.” As a result, they no longer view themselves as fundraisers, but rather as people who facilitate gift giving by grateful patients, inspired by the care they receive and feel “moved, motivated and inspired to make a gift.” Funds from the foundation are used in four areas. They include innovation and technology, research and education, facilities and infrastructure, and community outreach. “As the city has grown, OhioHealth has not only kept up with the growth,” said Morrison, “but looked forward from a vision standpoint to say, where do we need to be to make sure we’re taking care of the needs of our community?”
The Reverend Dr. Ned Dewire currently chairs the Faith, Culture, and Community Benefits Committee which meets every year to review the system’s relationship to the church. The social principles laid down in the church’s Book of Discipline serve as a teaching document for the system’s faith-based governance. The United Methodist bishop of Ohio is a member of the board of directors and many organizational meetings are opened with prayer. “It’s a way to symbolize our faith-based relationship,” said Reverend Dewire. In what is a very uncommon occurrence among most organizations, Reverend Keith Vesper, who heads the system’s chaplaincy service, reports directly to the chief executive officer. Reverend Vesper’s operational responsibilities include a very consistent foundation of the system, from its earliest days as U.S. Health until the present, is its unwavering commitment to faith-based care. In an era where the secular and spiritual realms sometimes appear to be at odds, OhioHealth unabashedly embraces its relationship with the United Methodist Church, a relationship dating back to 1891 and the creation of Protestant Hospital (the original name of Riverside Methodist). At the same time, OhioHealth strives to honor people of all faiths.
Fardowsa Barkad, an MRI technologist at Doctors Hospital, gives a patient a special bag filled with items intended to help Muslim patients feel at home in the hospital, 2016.

A nurse assures a young patient and her mother at the OhioHealth Pickerington Medical Campus.

Twelve standing ethics advisory committees in different operating units plus a system-level committee look at necessary policy developments that normally arise either through changes in technology or law.

More than 60 individuals of varying faiths work with physicians and nursing staffs across the system on patient care and are highly integrated into many of the treatment protocols. “We are routinely notified of new admissions or new traumas and we are part of the Ethics Committee, so we’re very active on a day-to-day basis,” said Reverend Vesper. In his early days as a chaplain, he discovered the importance of staff support in a hospital, referring to them as his “consistent parish.” "The work our physicians and nursing staff do is extremely demanding and can be very draining. They are deeply caring people who want to serve," he said. In addition, he continually works to develop partnerships with faith communities and congregations of all kinds to build a better continuum of care for people. He also provides pastoral support for the chaplains themselves, support that may be needed for professional education or for their own personal resiliency.

While embracing its ties to the United Methodist Church, the system goes to some lengths to make it clear that all faiths are granted equal deference. The system commissioned a rondel in 2007, which is now on display at corporate headquarters and every care site. In an often-divisive world, it provides a powerful reminder that mankind has more in common than it realizes.

Since its earliest days, OhioHealth has been a faith-based organization. Every year, the Faith, Culture, and Community Benefits Committee reviews the organization’s relationship to the United Methodist Church and its Book of Discipline provides their guidance. In 2007 that relationship was given new illustration through the creation of a faith and diversity rondel to celebrate OhioHealth’s healthcare ministry.

The rondel, displayed in all OhioHealth care sites, illustrates five different faith traditions—Christianity, Islam, Judaism, Buddhism, and Hinduism. The United Methodist Church’s flame and cross overlay the OhioHealth symbol at the center. The Reverend Dr. Ned Dewire, who has served as the bishop’s nominee to the OhioHealth Board since 2002 and has board service for OhioHealth hospitals dating back to 1986, now serves on the Faith, Culture, and Community Benefits Committee along with Reverend Keith Vesper, vice president of mission and ministry who developed the rondel. “When it was being developed through our committee by Keith Vesper,” Dewire said, “I asked what other faiths had to say about the cross and flame being there. He tested it with them, and they said, ‘That’s who we are, we affirm it, we think it belongs there.’”

A Celebration of Faith and Unity
Executive Vice President and Chief Operating Officer Mike Louge put it succinctly: “I think we all feel like we spend too much money on healthcare in America. I think we do have the best healthcare in the world but it is expensive and that expense has a lot to do with the way the system is built and the way the incentives are aligned. I think any sane person would tell you that how much money we

Throughout its history, OhioHealth has seen many changes in the delivery of the nation’s healthcare system and the economic models that drive it. Now, as yet another critical juncture in the evolution of healthcare approaches, OhioHealth once again is poised to meet the challenges of the future by facing them head on, always keeping patient care at the forefront.

While many healthcare organizations are focusing on the economic ramifications of the changing model, OhioHealth’s leaders and physicians continue to focus on what’s best for their patients and the communities they serve.
spend on healthcare as a percentage of GDP [gross domestic product] has got to change. We have to change the economic model. Instead of fee-for-service, we need to shift to a value-based model."

These days, discussions on the future of healthcare are rife with phrases like “volume and value” and “population health management.” While many healthcare organizations are focusing on the economic ramifications of the changing model, OhioHealth’s leaders and physicians continue to focus on what’s best for their patients and the communities they serve.

Like many physicians, Gary Ansel, MD, candidly recalls the days when physicians’ incomes were determined by the number of patients they saw and the number of procedures they performed. “When you get into the value discussion, you start thinking, ‘how well is this really going to help this patient?’ It’s almost subconscious,” he said. “I think people really get the idea that at OhioHealth it’s different. We’re really looking out for patients first, we’re trying to figure out what is the best value for them, that the outcomes of the care we provide.”

While many agree the shift to value-based care is inevitable, the question remains how to make the transformation. “The only way we’ll be successful in that,” said Janet Ray, MD, “is to have physicians lead it because physicians define value. How we get there will be defined by the practices the physicians follow.”

To that end, OhioHealth supports the OhioHealth Group Clinically Integrated Network, a collective of physicians, hospitals, facilities, and payors that work together to promote value in healthcare. Bruce Vanderhoff, MD, noted, “We are focused on increasingly organizing our care in the manner in which it will deliver greater value, where we’re able to deliver better outcomes at a lower total cost of care. Through that integrated network, which involves something close to 3,000 physicians working with our hospitals, we are able to engage insurers in single signature contracts for the delivery of care.”

The work of OhioHealth Group then, working with Clinical Guidance Councils, is to take the fragmented fee-for-service health system and, as Dr. Vanderhoff explains, “turn it into a cohesive whole that is better able to focus on what’s best for the patient in terms of long-term outcomes, and do that as efficiently as possible for as little cost as possible,” even though it often entails eliminating revenue-generating procedures. Simply put, the goal is to identify segments of the population—for instance, those with chronic conditions or precursors of more serious
disease, such as pre-diabetic patients—and develop a road map to keeping them healthy. A consistent approach to treatment and early intervention can lower the costs of care in the long run by eliminating or reducing the need for treatment that carries both more cost and more risk to the patient. The final step will be to engage payors and patients in the process to achieve a common goal of affordable quality care.

There remains a great deal of work ahead before the solutions to the American healthcare system are found. But CEO Dave Blom has a vision for OhioHealth’s role: “I think in every market, someone’s going to flip the switch, regarding quality, accessibility, service, and affordability. Someone’s going to control that in every market. I think in some markets it’s going to be the insurance companies. But in this market, I want it to be us. I think we can do it.”

“I think people really get the idea that at OhioHealth it’s different. We’re really looking out for patients first . . .”
Beyond the metrics and the quantifiers and all the technical analyses, sometimes the secret to an organization’s success comes down to the most basic of formulas. Sometimes it’s as simple as asking one’s self every day who they are, what their purpose is, and what contribution they might make to the world. When interviewed several years ago, CEO Dave Blom told a reporter: “We’re here to take care of people during some of the most vulnerable times of their lives, right? Happy moments, sad moments and in between, and moments of crises during your life. In order to do that well, you have to have your associates and your physicians—everyone in the organization—engaged, energized, and passionate about what they do in order to achieve levels of excellence in giving service. Because we’re not making widgets, we’re taking care of people.”

The health system supports a network of eleven hospitals, fifty-plus ambulatory sites, hospice, home health, medical equipment, and other health services.

“To improve the health of those we serve.” For OhioHealth, the mission remains the same; the quest to fulfill it is constantly evolving. In today’s world the focus is on simple, accessible, and affordable care. And with a solid foundation of values, vision, and common purpose, the system is poised to continue bringing care to its communities for generations to come.

A focus on wellness is a priority for OhioHealth.
OhioHealth associates participate in the Columbus Pride Parade, 2017.

Parade goers couldn’t miss the bright colors of the OhioHealth balloon display at the Columbus Pride Parade, 2017.

With hands, heads, and hearts fully engaged, associates at Hardin Memorial proudly carry their banner during a heart walk.

Doctors Hospital at dusk.
The curtain is ready to rise for the 2016 OhioHealth Prism Awards.
Acknowledgments

Telling the OhioHealth story is both a pleasure and a privilege. So many people have contributed to our decades of success. Their ideas, their passions, and their commitment to our mission is exemplary. To improve the health of those we serve has meant so many things—helping a patient walk again after suffering a stroke, shedding tears with a patient’s family, or offering a friendly smile to those who enter our doors. OhioHealth associates, physicians, and volunteers have made a difference in the lives of generations in the communities they serve.

Thank you to the many individuals who shared their knowledge and their time to help us capture the stories in this book.