

# Effective Hospital Boards



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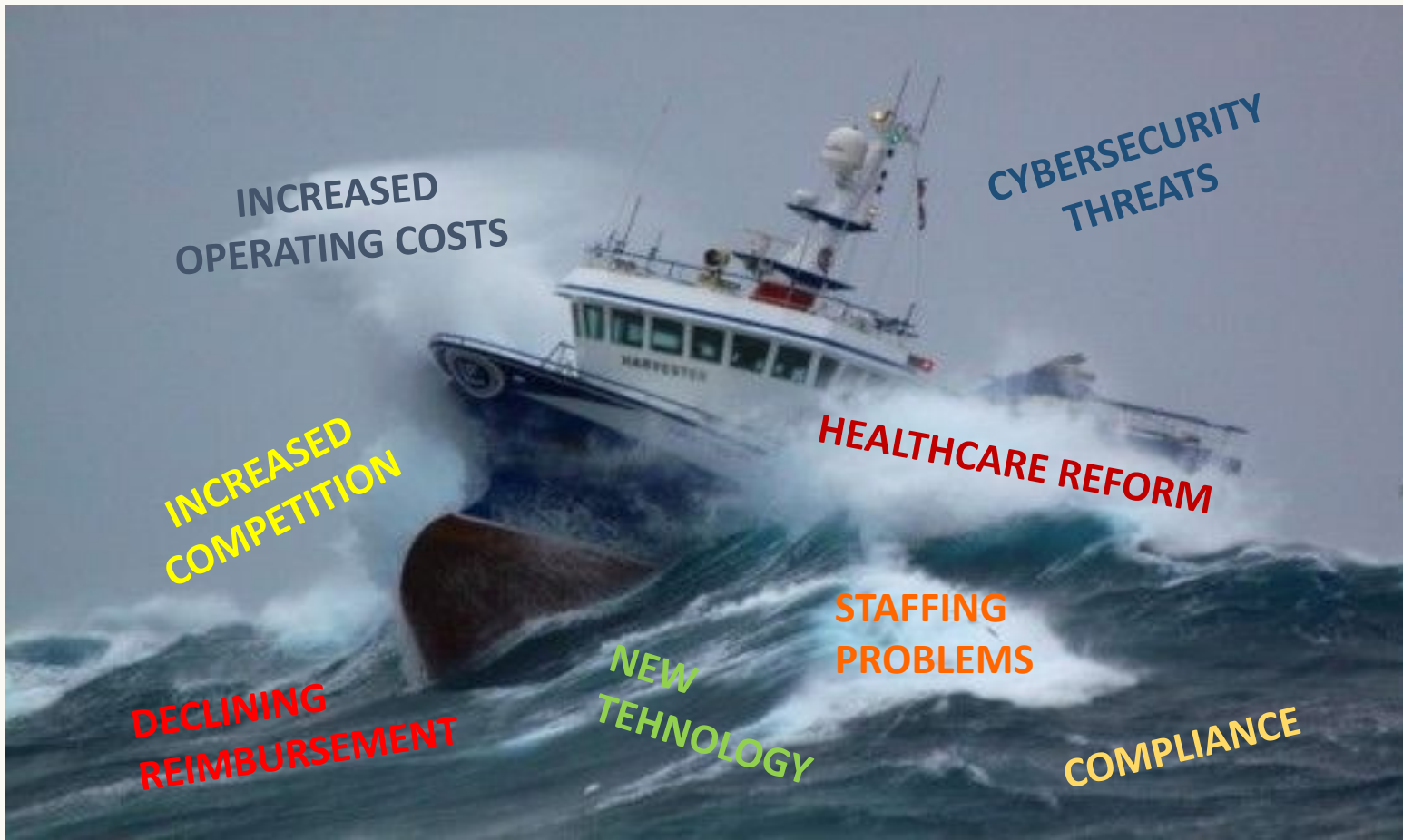
(10/23)



# Introduction

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# Stormy Times in Healthcare...



"The pessimist  
complains about the  
wind.

The optimist  
expects it to change.

The leader  
adjusts the sails."

John Maxwell

# Overview

- Effective Governance
- Board Responsibilities
- Board Roles
- Effective Members
- Effective Meetings
- Fiduciary Duties
- Defenses and Protections for Board Members



# Written Resources

- PowerPoint slides
- Stanger, *Effective Hospital Boards: Fulfilling Board Responsibilities Self-Assessment*
- AHA, *The Guide to Good Governance for Hospital Boards* (12/09), <https://trustees.aha.org/sites/default/files/trustees/09-guide-to-good-governance.pdf>
- Arnwine, *Effective Governance: The Roles and Responsibilities of Board Members* (2002), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1276331/>
- AHA, *Top 10 Principles and Practices of Great Boards*, <https://trustees.aha.org/top-10-principles-and-practices-great-boards>
- Idaho Atty General, *Service on an Idaho Nonprofit Board of Directors* (03/21), <https://www.ag.idaho.gov/content/uploads/2018/04/ServiceOnNonprofit.pdf>

# CAUTION

- I hope this will be more of a discussion than lecture.
  - Please comment, ask question, share best practices.
- This is an overview of some of the principles, rules and laws.
  - Modify as appropriate to your situation.
  - Consider applicable
    - State statutes and regulations
    - Hospital and medical staff bylaws
    - Contracts

# Rules may differ depending on type of hospital...



## Public (govt owned)

- Subject to state laws regarding operations (e.g., open meeting, public records, elections, finance, etc.).
- Board must act per statutory obligations.
- Govt immunity.

## Private nonprofit

- Subject to state and federal laws regarding nonprofit corporations.
- Operate for charitable purpose, community benefit.
- Board must further charitable mission.

## Private for profit

- Greater flexibility in operations.
- Subject to state laws regarding corporations.
- May have national and local board.
- National board acts for benefit of shareholders.



# Hospital Boards

The “governing body ... has ultimate authority and responsibility for the operation of the hospital.”

(IDAPA 16.03.14.200; *see also* Wyo. Admin. R. Ch. 12 § 6)

“The hospital must have an effective governing body legally responsible for the conduct of the hospital....”

(42 CFR 482.12)

# Processionary Caterpillars



# Never Mistake Activity for Achievement

-John Wooden

stretch vp



# Effective Boards

- Vision of their purpose.
- Understand their—
  - Responsibilities
  - Roles
  - Authority
  - Attributes
- Act consistently to accomplish their purpose.
  - Understand forces impacting their hospitals
  - Establish and, as necessary, revise goals and priorities
  - Review management performance



# Elements of Accomplishing Mission

- Understand current and future health care needs of community.
- Strategic plan to meet those needs.
- Qualified and effective practitioners.
- Appropriate facilities, equipment and services.
- Community relations and support.
- Financial stability.
- Effective management and leadership to implement foregoing.

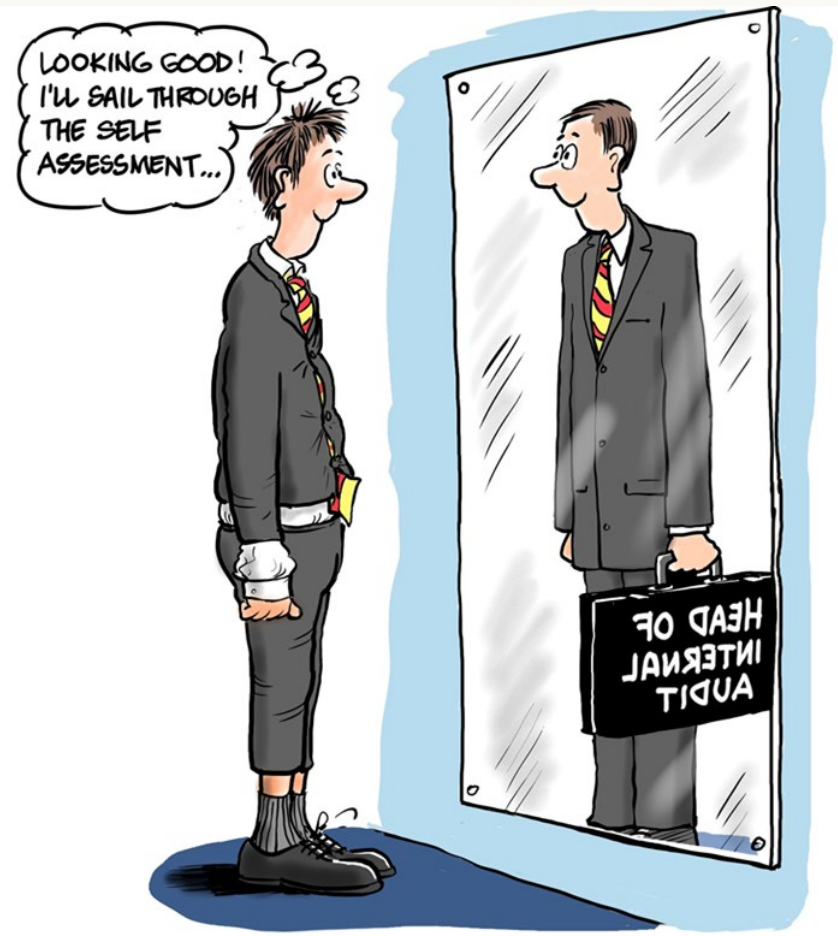
# Board Responsibilities: General Categories

- Hospital mission, vision and values
- Strategic planning
- Community relations
- Quality patient care
- Qualified health care professionals
- Financial stability
- Hiring and evaluating CEO
- Statutory and regulatory compliance
- Board education and efficient processes

# Board Responsibilities: Self-Assessment

- Mission, vision and values
- Strategic planning
- Community relations
- Quality patient care
- Qualified health care professionals
- Financial stability
- Effective administration
- Statutory and regulatory compliance
- Board recruitment, education and efficient processes

Stanger, *Effective Hospital Boards:  
Fulfilling Board Responsibilities Self-  
Assessment*



# Shared Goals, Different Roles

## Governing Board:

“ultimate authority and responsibility for the operation of the hospital.”

(IDAPA 16.03.14.200; IC 39-1395;  
*see also* Wyo. Admin. R. 12-6)

## Administration

“vest[ed] with general managerial powers over the operation of the hospital...”, i.e., day-to-to day operations

(IC 31-3609; *see also* Wyo. Admin. R. 12-6(c))

## Medical Staff

“responsible to [Board] for quality of all medical care provided the patients, and for the professional practices ... of the members.”

(IDAPA 16.03.14.250; *see also* Wyo. Admin. R. 12-7)





# Shared Goals, Different Roles

## Board's Roles

1. Sets policies
2. Makes big decisions
3. Oversees management

## Governing Board:

“ultimate authority and responsibility for the operation of the hospital.”  
(IDAPA 16.03.14.200; IC 39-1395; *see also* Wyo. Admin. R. 12-6)

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## Medical Staff

“responsible to [Board] for quality of all medical care provided the patients, and for the professional practices ... of the members.”

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# Board Roles: Decision Making

- Board must make certain decisions, e.g.,
  - Hire CEO/administrator
    - Periodic evaluation
  - Approve strategic plan.
  - Hire qualified practitioners.
    - Credentialing and privileging.
  - Service additions/deletions.
  - Approve significant budgets and deals.
- Public hospitals: statutes may impose certain additional responsibilities on boards, e.g., levying taxes.

# Board Roles: Policy Making

- Board should establish general policies that further hospital mission.
  - Mission, vision and values.
  - Board policies.
  - Public hospitals: statutes may require board to approve certain policies.
- Board delegates implementation of policies to management.

# Board Roles: Oversight

“The role of a director [or trustee] is not to provide management. It is to assure that management is provided.”

- Norman R. Augustine, retired Chairman and CEO of Martin Marietta and Lockheed Martin Corp.; Chair of American Red Cross, National Academy of Engineering, Advisory Committee on the Future of the United States Space Program



# Board Roles: Oversight

- Board should oversee management.
  - Ensure plans, policies and mechanisms are in place.
  - Require and review periodic reports .
  - Ask appropriate questions.
  - Follow up on issues that arise.
  - Hold management accountable.

# Board Roles: Oversight

- Board should not try to manage day-to-day operations .
  - Board usually lacks time, training, experience, and info to manage effectively.
  - Board needs to focus on achieving the hospital's mission, not managing operations.
  - Inappropriate interference in management →
    - Undermines management.
    - Disrupts chain of authority and processes.
    - May result in violation of applicable law or policies.
    - May result in board member's or hospital's liability.

# Board Roles: Oversight

“It’s often a challenge for board members to see the fine line between management and governance. Board members must understand that they are expected to be the leaders and overseers, not managers and implementers...

“Micromanagement is a term generally applied to boards that pay too much attention to details, and not enough attention to the ‘big picture’ strategic issues and implications.

“It’s up to everyone on the board to guard against micromanagement. The board chair should ensure its members understand their roles, and consistently adhere to them.”

- *Two Roadblocks to Fiduciary Effectiveness*, Training Camp for Rookie Trustees (Minn. Hosp. Ass’n 2016)

# Governance v. Management

## **BOARD**

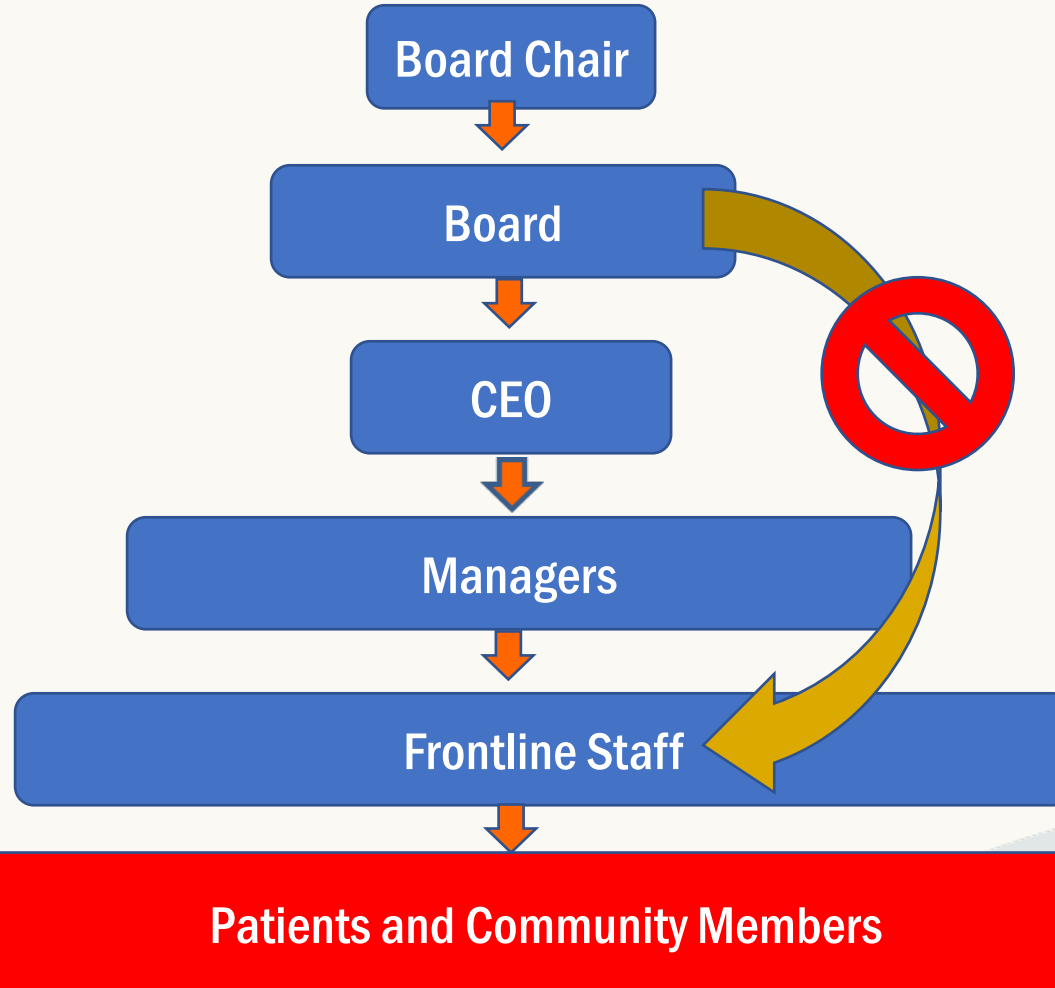
- Focuses on long term objectives.
- Establishes or ensures policies are in place.
- Hires and supervises CEO.
- Credentials practitioners.
- Reviews and responds to reports.

## **ADMINISTRATION**

- Tactical steps to achieve strategic plan.
- Implements and enforces policies.
- Handles day-to-day operations.
- Deals with employment issues.
- Prepares and makes reports to board.



# Board Roles: Chain of Command



# Board Roles: Summary

- Focus on items that will enable hospital to accomplish its mission.
- Effective governance is 66% leadership and 33% follow-up.
  - Establish mission, vision, goals, policies and expectations.
  - Hire an effective CEO.
  - Task CEO with developing plans to achieve mission and goals.
  - Review proposed plans.
  - Let management manage.
  - Review and hold management accountable for performance.



# Board Authority



- The board is the governing body of the hospital and has the ultimate authority and responsibility for the operation of the hospital. (See IC 39-1395; IDAPA 16.03.14.200; Wyo. Admin. R. 12-6; 42 CFR 482.12)
- Don't get railroaded by others, including medical staff, administration, practitioners, staff, or outsiders.

# Board Authority

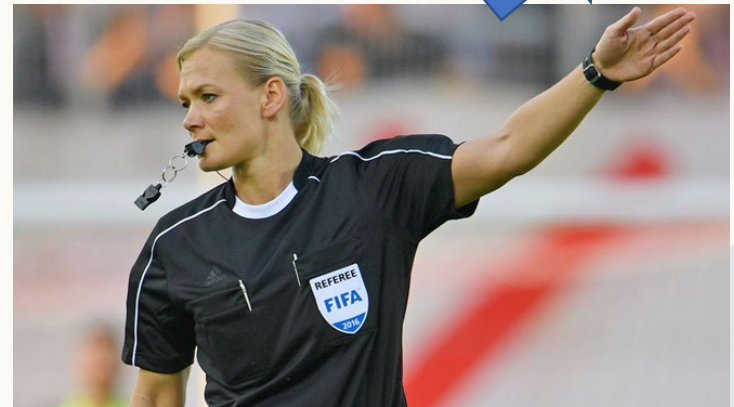
- The board has the authority, not individual board members.
  - Board must have quorum to act.
  - Board may delegate authority to committees or individuals.
  - Individual board members lack authority to act unless authorized by the board.
- Board member may expose themselves to liability if act outside scope of authority.
  - *Ultra vires* acts
  - Loss of statutory immunity and/or insurance coverage.

# Effective Board Meetings



# Effective Board Meetings

- Elect a skilled leader as chair.
  - Identify and prioritize issues.
  - Maintain order, efficiency, and focus.
  - Reign in disruptive or inappropriate behavior.
  - Ensure board members are treated with respect.
  - Ensure board members contribute.
- Respect and support the chair.



# Effective Board Meetings

- Good meetings begin before the meeting.
  - Board Chair and CEO: identify purpose and agenda in advance.
    - Public hospitals: know open meeting laws.
  - Management: send relevant materials to board sufficiently in advance.
  - Board members: review and come prepared to participate.
- Begin/end on time, when possible.
- Meeting should be no longer than necessary.

# Effective Board Meetings: Agenda

- Use good agendas.
  - Solicit input from management, board members, etc.
  - Include mission, vision and/or values.
  - State time, date and location.
  - Describe items to consider, responsible person, and proposed action.
  - Suggest time for discussion of each.
  - Prioritize .
    - Put most important items at front.
    - Consider consent agenda for items that need no discussion, e.g., approval of minutes and agenda, routine reports, etc.
    - Addressed by one, consolidated motion.



# Effective Board Meetings



# Effective Board Meetings

- Participate.
  - Ask questions.
  - Treat others as you want to be treated.
    - Actively listen, strive to understand, and consider other opinions and ideas.
    - Respect and value others' perspectives.
    - Learn to agree or disagree courteously.
    - State opinions and ideas clearly and concisely.
    - Don't interrupt.
    - Don't dominate discussion.
- *These are not just good manners or societal norms...*



# Effective Board Meetings

## COLLECTIVE INTELLIGENCE: GOOD



## HERD MENTALITY: BAD



- Decisions made by an informed, appropriately motivated group usually lead to better results.

# Effective Board Meetings

- Google's "Project Aristotle" identified common elements in high performing teams.



# Effective Board Meetings

- Invite outside experts to present when appropriate.
- Build in education as appropriate.
- Maintain focus; avoid unnecessary or irrelevant diversions.
- Table or require follow up if there are unresolved questions or concerns.
- Strive for consensus, but don't be hobbled by it.
- If the board makes a decision about which you disagree:
  - Record your dissent in the minutes.
  - Support the board's decision.
- Confirm decisions and action items.
  - Next steps, assignments, and deadlines.
- Review or critique the meeting.

# Effective Board Meetings

- Public hospitals: comply with—
  - Open meeting laws.
    - Notice
    - Publication of agenda
    - Executive sessions
    - No improper discussions or meetings in violation of the laws.
  - Public records acts.
    - Minutes or other documents from meeting are generally available to public.

# The example of team building

A team is an active group of people who...

- is committed to a **common goal**,
- is working **harmoniously** together,
- has **pleasure** in their work and
- is accomplishing **excellent results**.



# Fiduciary Duties





# Trustee = Fiduciary

- “Fiduciary”
  - Holds or cares for property of another
  - Faithful, loyal, true, e.g., fidelity
- “Trustee”
  - Holds or cares for property for benefit of others
  - One in whom trust is placed

# Fiduciary Duties

- Duty of care
- Duty of loyalty
- Duty of obedience
- Duty of confidentiality



Nonprofit  
community  
hospital went  
bankrupt

Liquidating trust  
sued interim CEO  
and individual  
board members  
for breach of  
fiduciary duties

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
NORTHERN DIVISION - BAY CITY

In re:

COMMUNITY MEMORIAL  
HOSPITAL, d/b/a Cheboygan  
Memorial Hospital,

Case No. 12-20666  
Chapter 11  
Judge Daniel S. Opperman

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FRED VITELLO; JOHN WARD; DONALD  
WATSON; MICHAEL WEEKS, and HAL  
YOST,

Defendants.

August 2,  
2018

## The Amended Complaints

In response to this Court's order, Plaintiff filed Amended Complaints, each pertaining to an individual Defendant.<sup>3</sup> The Amended Complaints, like the Original Complaint, allege several instances where Defendants breached their fiduciary duties and/or were negligent with regard to acts or omissions which Plaintiff claims resulted in the financial collapse of CMH. Specifically, it is alleged that:

Allegations against defendants

- Defendants failed to address losses from its employed physician practices.<sup>4</sup>
- Defendants failed to address billing and coding issues.
- Defendants failed to ensure adequate control over financial issues allowing the financial statements to overstate the hospital's revenues.
- Defendants approved the sale of the hospital's interest in a joint venture with Northern Michigan Hospital, VitalCare (a home health service company), in June 2009 for less than fair market value.
- Defendants allowed excessive senior management turnover to continue.
- Defendants allowed excessive compensation of Physician Board Members.
- Defendants were involved in allowing a conflict of interest to exist when CMH refinanced \$4.3 million in long term debt with Citizens Bank because board member Susan Eno was the president of the bank.
- Defendants otherwise systematically and consistently failed to address the financial issues facing the hospital.

Although the Amended Complaints reference events dating back to at least 2003, Plaintiff

# Duty of Care



- Board members exercise due care in making decisions, i.e., they must act—
  - In good faith.
  - With the care that ordinarily prudent person would exercise in like circumstances.
    - Take reasonable steps to make informed decisions.
    - Make reasonable inquiry where appropriate.
    - May reasonably rely on officers, committees, or outside advisors.

# Duty of Loyalty



- Board members must act in a manner the member reasonably believes to be in the best interests of the hospital.

## Do:

- Be objective and unbiased in thinking and decision-making.
- Be free from external control and ulterior motives.
- Able to observe total confidentiality when dealing with hospital matters.

## Do Not:

- Misuse position to gain secret profit or compete with hospital.
- Usurp a business opportunity that belongs to the hospital.
- Participate in an action in which you have a conflict of interest unless conflict properly disclosed and resolved.

# Duty of Loyalty: Confidentiality

- Do not disclose confidential info without authorization.
- Statutes or other laws may prohibit use or disclosure of info.
  - HIPAA, 45 CFR part 164
  - State privacy laws, e.g., WSA 35-2-601
  - Peer Review Statutes, e.g., IC 39-1392
  - Ethics in Government Act, e.g., IC 59-701
  - Common law privacy rights.
  - Others?



# Duty of Loyalty: Confidentiality

For public entities, Open Meeting Laws or Public Records Acts may affect confidentiality requirements.

- Know applicable laws.
- With limited exceptions, info discussed in an open meeting or writing is generally available to the public unless a limited exception applies.
  - Be careful what you say or write.
  - If appropriate, go into executive session.
- Just because you can say it does not mean that you should.



# Duty of Obedience



- Board and its members must:
  - Comply with applicable laws and regulations.
  - Act in a manner that furthers the hospital's mission.
  - Comply with board bylaws, policies and rules.
  - Act within the scope of their authority under hospital's articles, bylaws, and applicable laws.

# Business Judgment Rule



- Generally, Board members are not personally liable for mistakes in judgment if they act:
  - In good faith belief that decision was made in the best interest of the hospital.
  - With due diligence and upon adequate info;
    - ✓ **Complied with duty of care**
  - Without conflict of interest.
    - ✓ **Complied with duty of loyalty.**
  - Within authority granted by statutes and bylaws.
    - ✓ **Complied with duty of obedience.**

# *In re Community Mem. Hosp. dba Cheboygan Mem. Hosp.* (Bankr. E.D. Mich. 2018)

- Court held that plaintiff stated a claim for breach of fiduciary duty/negligence:
  - “Directors fail[ed] to act even in the face of information that put them on notice of the need to take action.”
  - One director had conflict of interest because she was an officer at bank which financed hospital.
  - Other directors had conflicts because they were physicians who were allegedly overpaid by the hospital.
- Business Judgement Rule did not apply:
  - It “affords no protection where directors have abdicated their authority or have simply failed to act, absent a conscious decision not to do so.”
  - It does not apply where directors have an unresolved conflict of interest.

# *In re Caremark* (Del. 1996)

- Caremark had to pay \$250 million for violating federal fraud and abuse laws. Shareholders sued Caremark's board for breaching their duty to supervise.
- Court held that, under business judgment rule, board acted reasonably.
  - Consulted experts (lawyers) about plans, and relied on lawyers' advice.
  - Implemented compliance plan and audits.
  - Received management reports.
  - **Complied with duty of care.**

# Credentialing Practitioners



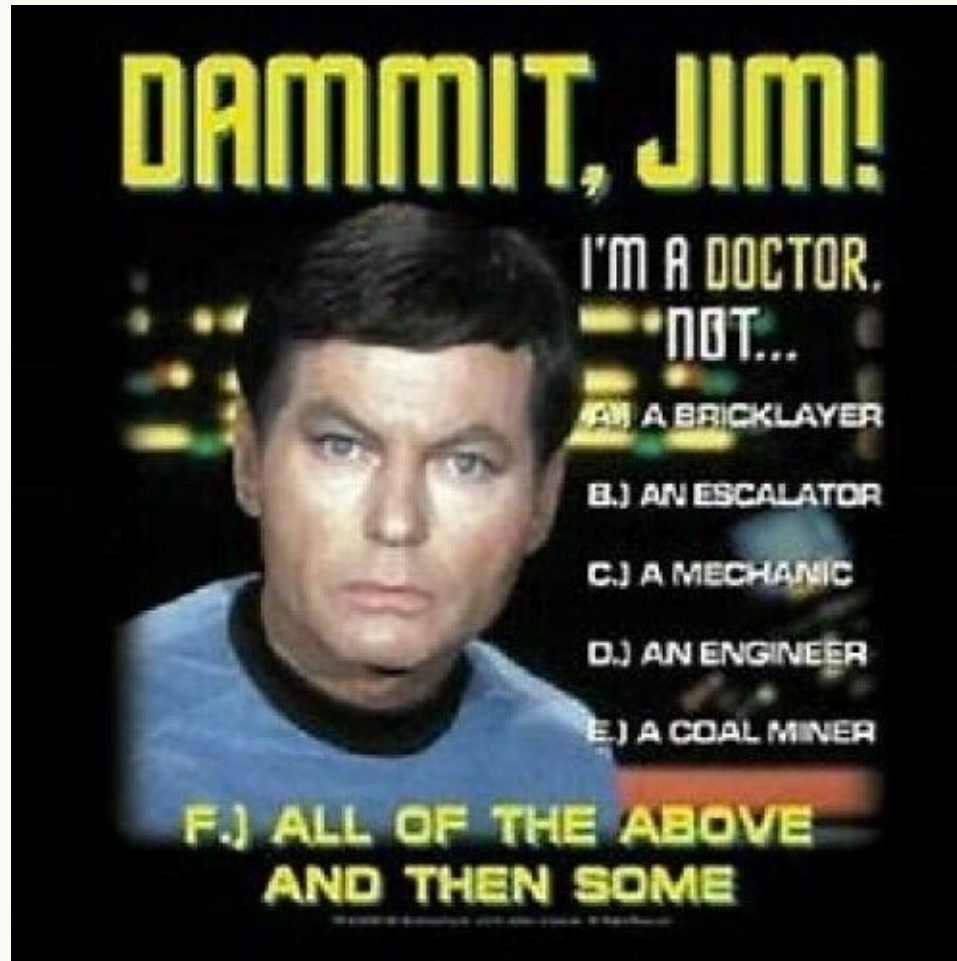
# Quality Practitioners → Quality Patient Care

## *A word about credentialing...*

- Board determines medical staff membership and clinical privileges. (IC 39-1395, WSA 32-5-113).
  - Appointment and reappointment
  - Clinical privileges
  - Adverse action



# Credentialing Practitioners



# Credentialing Practitioners

- Courts usually do not second guess board's decision if:
  - Followed standards in statutes, bylaws and policies.
  - Based on legitimate, documented reasons
    - Patient care or facility operations
    - NOT arbitrary or capricious
    - NOT improper motive, e.g., discrimination, anti-competition, retaliation, etc.
- From legal liability standpoint, the process is more important than the decision.

*Board: check these!*



# *Miller v. St. Alphonsus* (Idaho 2004)



- *Facts:* St. Als denied med staff privileges due to physician's alleged history of disruptive behavior.
- *Held:* Court upheld St. Als' decision.
  - Bylaws do not constitute a contract.
  - Hospital must comply with statutes and bylaws that required bylaws and hearing process.
  - Hospital gave the process due in statute and bylaws.
- *Lesson: Follow bylaws process.*

# Credentialing Med Staff

- Ensure appropriate credentialing process.
  - Initial and bi-annual review of credentials.
  - Recommendation by active medical staff.
  - Review by Board.
    - Proper procedures followed.
    - Medical staff recommendation is reasonable, based on legitimate factors, and supported by the evidence.
    - Recommendation not based on arbitrary, unreasonable, or illegal bases.
- Ensure there is ongoing process to review and respond to quality care concerns.

# Health Care Quality Improvement Act (HCQIA)

- HCQIA provides immunity for most claims arising from credentialing action against physician if the action is taken:
  - In reasonable belief that action furthered quality care,
  - After reasonable effort to obtain facts,
  - After adequate notice and hearing procedures, and
  - In reasonable belief that action warranted by the facts.
- Hospital process is deemed to be fair if:
  - Proper notice given,
  - Hearing before a fair-minded officer or panel,
  - Physician has right to present evidence, and
  - Physician receives written recommendation.

*Ensure med  
staff bylaws  
process  
complies*

(42 USC 11101 *et seq.*)

# Laurino v. Syringa Hospital (Idaho 2005)



- *Facts:* Physician with provisional staff membership denied privileges following fair hearing process involving independent hearing officer. Physician sued hospital, trustees, and chief of staff for \$2,000,000.
- *Held:* Court dismissed all claims on summary judgment.
  - HCQIA barred all claims except violation of due process.
  - Hospital's hearing satisfied due process.
  - Hospital awarded \$120,000 in attorneys fees.
- *Lesson:* document legitimate reasons and fair hearing process.

# Protections for Board Members



# Liability Defenses and Protections: Statutory Immunity

- Volunteer Protection Act, 42 USC 14501
  - Applies to volunteers in non-profit or govt entities if receive <\$500 per year in compensation and act within course and scope of duties.
  - Does not apply to willful, criminal or reckless misconduct; harm caused by motor vehicle; actions by nonprofit entity against volunteers; civil rights violations; sexual misconduct; intoxication; or non-monetary relief.
- Idaho Nonprofit Directors and Trustees Act, IC 6-1605
  - Applies to uncompensated directors and volunteers of nonprofit corp if act within course and scope of duties.
  - Does not apply to willful conduct, fraud, or knowing violation of law; bad faith intentional misconduct; intentional breach of fiduciary duty; derive personal benefit; or to extent there is insurance coverage.
- State Tort Claims Act, e.g., IC 6-901, WSA 1-23-107
  - Applies to state actors acting within scope of duties.
  - Does not apply to willful misconduct; federal claims; non-tort claims.

Claims against most directors were dismissed based on state nonprofit volunteer immunity statutes.

Claim against director who had financial conflict was not dismissed.

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Defendants.

August 2,  
2018

# Liability Defenses and Protections: Statutory Immunity

- Health Care Quality Improvement Act (“HCQIA”), 42 USC 11101
  - Applies to claims by physicians arising out of peer review actions if gave certain due process rights.
  - Does not apply to non-monetary relief or civil rights claims.
- Peer Review Privilege, e.g., IC 39-1392, WSA 35-17-103
  - Applies to claims arising out of participation in peer review or credentialing actions.
  - Does not apply to ultimate decision by hospital.
  - But limits provider’s ability to introduce evidence related to peer review action.
- Local Govt Antitrust Act, 15 USC 34
  - Applies to federal antitrust claims against public hospitals.
  - Does not apply to claims for non-monetary relief or claims under state antitrust laws.



# Liability Defenses and Protections: Insurance and Indemnification

- Indemnification provisions in bylaws or contracts.
  - May not apply if act outside course and scope of duties.
  - May not apply if engage in intentional misconduct.
  - May not apply to claims by the hospital.
- Directors and officers liability insurance.
  - May be subject to policy limits or conditions, e.g.,
    - May only reimburse defense costs.
    - Defense costs may reduce policy limits.
    - Usually coverage is on a “claims-made” basis.
  - May not apply if act outside course and scope of duties.
  - May be subject to exclusions, e.g., intentional misconduct; certain types of claims; etc.

# Liability Defenses and Protections: Risk Management Actions

- Ensure hospital has adequate insurance.
- Act within course and scope of your duties and authority.
- Comply with fiduciary duties.
  - Duty of care
  - Duty of loyalty
  - Duty of obedience
    - Comply with bylaws and policies.
    - Comply with applicable statutes and regulations.
- Ensure that hospital has appropriate employees, committees, and processes in place.
- Require regular reports and respond appropriately.

# Additional Resources



<https://trustees.aha.org/>

Advancing Health in America



Register / Log In

Search...

Search this site  Search all of AHA

Trustee Insights ▾

Governance Issues ▾

Governance Practices ▾

Education ▾

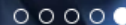
About Trustee Services ▾

NEW RESOURCE

## Boardroom 101: Key Strategies and Practical Tools for Orienting New Board Members

This resource from AHA Trustee Services provides information and guidance, including sample agendas and questions for board members to consider as they learn about health care, their hospital and/or health system, and board responsibilities.

Learn More!



Board Responsibilities >

Board Support >

Foundation Board Resources >

Governance Effectiveness >

System Board Resources >

## Resources, Tools and Education to Foster High-Performing Hospital and Health System Boards

Strong, informed governance is vital in this rapidly changing health care landscape. Our expanded website and enhanced monthly e-newsletter are your go-to source for the latest resources, tools and education to foster high-performing hospital and health system boards.

Ensure you have the latest information, insights and analysis that boards need to help navigate their

<https://trustees.aha.org/sites/default/files/trustees/09-guide-to-good-governance.pdf>

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### Resource Repository

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## The Guide to Good Governance for Hospital Boards

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The AHA's Center for Healthcare Governance is a community of board members, executives and thought leaders dedicated to advancing excellence, innovation and accountability in health care governance. The Center's mission is to offer new and seasoned board members, executive staff and clinical leaders a host of resources designed to progressively build knowledge, skills and competencies tailored to specific leadership roles, environments and needs to help fulfill its mission the Center is pleased to provide The Guide to Good Governance, a resource for U.S. hospital boards and leaders adapted from the original Canadian version developed by the Ontario Hospital Association.

The Guide contains a comprehensive overview of the key components of good governance practices, as well as templates and tools to support these practices.



The resource materials found in the Guide are intended for use by all hospitals, non-profit, government or for-profit, however, they may need to be adapted to meet the needs of specific institutions. Hospitals are therefore encouraged to customize the tools and templates to meet their unique needs. It is not expected that hospitals will adopt the Guide in its entirety. Further, hospitals may wish to consult the Guide for different purposes. For example, new board members may utilize the Guide to familiarize themselves with governance practices and processes, while more experienced board members and officers may look to the Guide to supplement their practices in a particular area the Guide is not intended, nor should it be construed as legal advice. Hospitals concerned about the applicability of specific governance practices to their organization are advised to seek legal or professional advice based on their particular circumstances.

As hospitals continue to improve their governance processes and practices, additional resources will be needed. The Center looks forward to developing further tools, resources and educational programs that will

# [HTTPS://WWW.HOLLAND HART.COM/HEALTHCARE](https://www.hollandhart.com/healthcare)

## Free content:

- Recorded webinars
- Client alerts
- White papers
- Other

The screenshot shows the Holland & Hart website's Healthcare section. At the top, the navigation bar includes the firm's logo, "People Capabilities", and a search bar. The main header features the word "Healthcare" in large white text over a dark background with a stethoscope image. Below this is a sub-navigation menu with "Overview", "Expertise", "People", and "News and Insights". A section titled "Areas of Focus" contains five buttons: "Business Litigation", "Corporate", "Employment and Labor", "Mergers and Acquisitions", and "Real Estate". The main content area starts with the text "Healthcare is a massive industry that needs specialized legal advice." followed by three icons and links: "WEBINAR RECORDINGS" (with a computer icon), "PUBLICATIONS" (with a book icon), and "IDAHO PATIENT ACT TIMELINE" (with a caduceus icon). On the right, a "Primary Contacts" section features a photo of Kim Stanger, a man in a suit and glasses, with his name listed below.

# Questions?



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