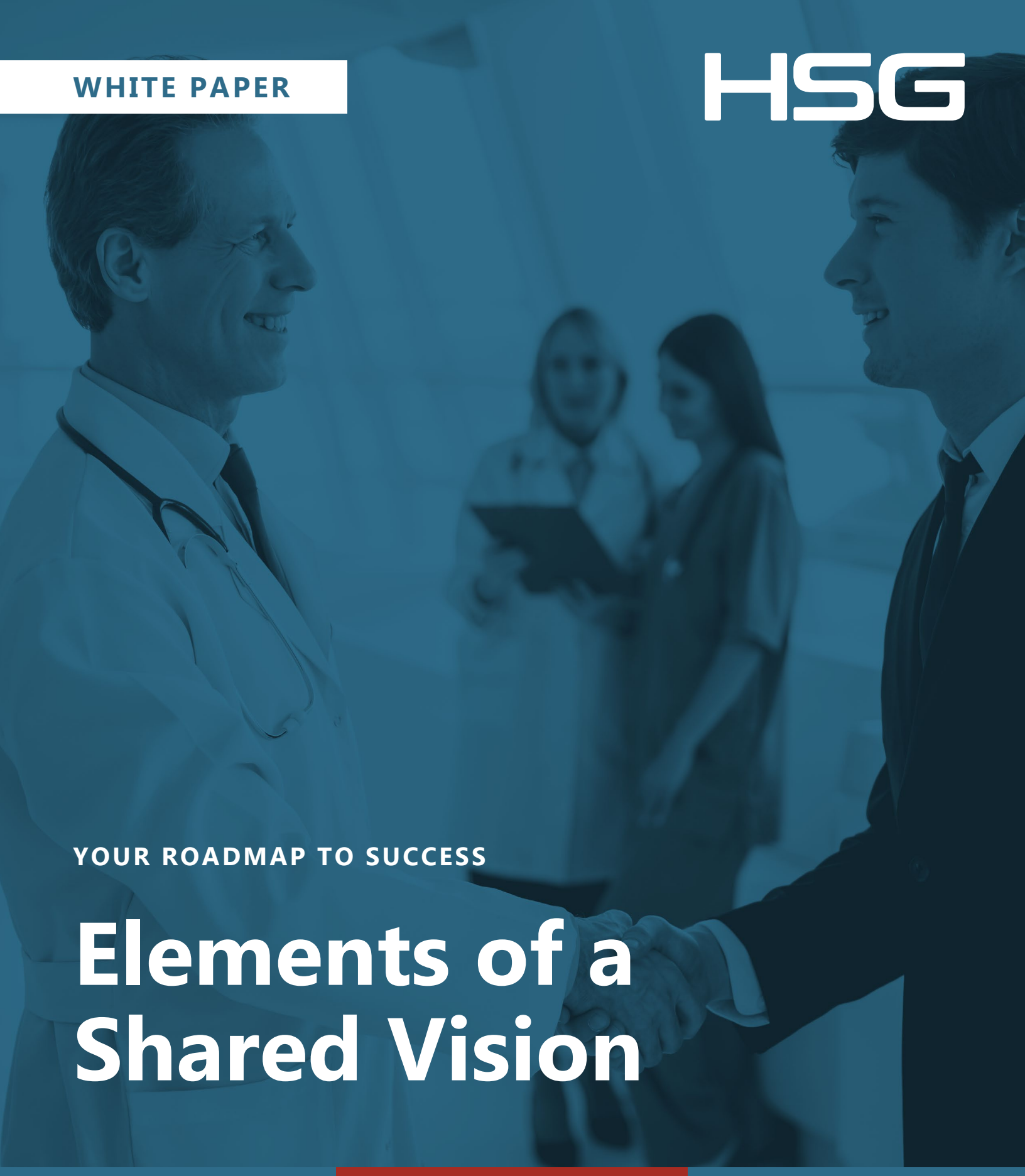
WHITE PAPER



YOUR ROADMAP TO SUCCESS

Elements of a Shared Vision

DECEMBER 2020

About HSG

HSG builds high-performing physician networks so health systems can address complex changes with confidence.

SERVICES

PHYSICIAN STRATEGY
Driving a common strategic focus with engaged physicians.

PHYSICIAN LEADERSHIP
Identifying and engaging strong physician leaders is integral to the network's development and success.

PERFORMANCE IMPROVEMENT
Improving the performance of employed physician networks.

NETWORK INTEGRITY
Leveraging HSG Physician Network Integrity Analytics® to create and monitor patient acquisition and retention strategies.

PHYSICIAN COMPENSATION
Aligning physician compensation with health systems and employed network goals.

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Summary

A shared vision is a view of an organization's future state – in this case, an employed provider network – that is forged jointly by clinical and administrative leadership. HSG experiences, and published literature, validate that key administrators collaboratively creating a shared vision in concert with physician leaders and other key staff members promotes greater ownership of the vision and a greater likelihood of successfully achieving it (J. Kouzes, B. Posner, To Lead, Create a Shared Vision. Harvard Business Review, January 2009. hbr.org/2009/01/to-lead-create-a-shared-vision).

HSG's Shared Vision concept creates a comprehensive, several page, descriptive narrative that clearly articulates how the organization would ideally look and function in 10-15 years. It is not a short, pithy "vision statement" that organizational members can memorize and recite in elevator conversations or accreditation surveys. The Shared Vision document defines an idealistic future state in enough detail so that all network members can understand it and collectively work toward it – ideally through specifically developed associated strategies and tactics.

The Shared Vision is developed by a specifically created and convened Steering Committee or by an existing multidisciplinary, multispecialty network leadership group that serves this function. The Steering Committee considers the aggregated, trended inputs, viewpoints, and perspectives gleaned through HSG-administered surveys and individual interviews to generate the initial draft vision. Once drafted, the Steering Committee then edits and revises the document to develop a preferred draft to present to the entire employed network provider membership for further critique and input. The Steering Committee considers the membership's input and finalizes the draft.

Clearly, the resulting Shared Vision document uniquely reflects the circumstances and culture of the individual network that developed it. However, HSG has found that most Shared Vision documents contain common components that are perceived to be critical for employed provider network future success.

The nine common key elements that tend to recur in client Shared Vision documents are outlined in this whitepaper.

HSG's "Physician Network: Building a Shared Vision: Your Roadmap to Success" whitepaper outlines detailed information regarding the entire Shared Vision process summarized above and provides several case studies to illustrate actual client utilization. This earlier publication can be downloaded at **http://info.hsgadvisors.com/shared_vision_roadmaptosuccess_whitepaper**. This whitepaper updates and expands the originally published common elements.

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Elements of a Shared Vision

- **Culture** – Creating and embracing a Shared Vision throughout the employed provider network provides a foundation upon which to build a common culture based on the Shared Vision elements. Culture has many aspects but is notably developed through shared expectations that create behavioral norms. The Shared Vision provides a concrete mechanism upon which to build mutually shared expectations.

  Many networks undertake a shared vision process to unite previously disparate network practices that continued to function relatively independently and rather autonomously. These circumstances often generate the desire to introduce the type of collegial culture characteristic of tightly knit multispecialty groups – one that transcends practice, specialty, or service line specific mentalities.

  The employed network culture invariably reflects the overall health system culture and impacts recruitment, onboarding, and retention of providers and staff. Aspects of the culture element often reference customer service, patient access, and mutual accountability.

- **Leadership** – Though often used to specifically target physician leadership, this element broadly includes administrative leadership, APP leadership, and clinical and administrative collaboration. This functional area requires clearly identified roles with well-defined responsibilities – and often occurring in dyad structures. Formal governance structures such as physician/provider leadership councils and associated committees often reside here.

- **Management Infrastructure** – This element reflects the management capabilities that optimize network operations and develop uniform policies and procedures. These capabilities are ideally defined by an explicit employed network organizational structure.

  On the operational side, the organizational structure considers effective span of control, component complexity, and geographic spread (i.e., having the right seats on the bus). Assigning staff to the structure considers possession of the skill sets necessary to fulfill the responsibilities delineated by formal position descriptions (i.e., having the right people in the seats).

  The organizational structure should also define the dedicated resources needed to support network operations and functions – and adequately staff these support services, regardless of whether the resources are housed within the network hierarchy or provided through shared health system services.

- **Strategic Focus and Growth** – This element emphasizes the need to maintain a strategic focus while addressing daily operational issues. One key strategic factor is growth – both by service line and geography. Another key strategic factor is adaptability – maintaining the foresight and flexibility to meet evolving healthcare trends through proactive anticipation and prompt responsiveness. Networks must consider the personnel, technological, and physical resources and capabilities necessary to effect the strategies – and project the potential impact on the management infrastructure.

Elements of a Shared Vision
continued

- **Customer Experience** – A bastion of employed provider networks, and the health systems with whom they are associated, is patient experience/satisfaction. This facet of customer experience can be incorporated in the "quality" element or can be separately called out as a larger, more comprehensive customer service framework that includes external (i.e., patients, referring providers) and internal (i.e., staff and providers within the employed network and within the health system) customers.

  Many providers do not relish considering patients as customers (defined as one who buys goods or services from a store or business) or consumers (defined as one who purchases goods and services for personal use) as they feel the term is demeaning to the patient. These individuals may prefer to separate patient experience from customer service for this reason. [One might wonder if these individuals actually feel that the customer term is demeaning to the provider, since the terms would make physicians and APPs the representatives of businesses and the purveyors of goods or services that patients purchase (often through a third party).]

- **Provider Well-Being** – A recent addition to shared vision documents is an element that explicitly delineates the importance of provider wellness. This area was often mentioned within the "culture" element but its significance has grown so much that many employed networks now desire to direct specific attention to this important area – and often include all staff in the description. Consideration of individual resiliency and organizational programmatic and cultural support are foundational to these wellness initiatives, the success of which impact the individuals, the organization, and those served.

- **Quality** – This element reflects the network's comprehensive ability to produce consistent outcomes based on best practices across clinical quality, patient safety, patient satisfaction, and operational efficiencies measures and metrics. Maximum success depends on embedding these initiatives in daily operations and EMR functionalities; emphasizing true performance improvement; transparently sharing data; integrating efforts with health system imperatives and programs in a complementary fashion that avoid duplications and redundancies; and holding each other accountable. Underdeveloped or absent specific infrastructure is addressed through this element.

> Executing the strategies derived from the shared vision **drives progressive advancement toward the desired future state – and ultimate organizational success.**

- **Brand** – Establishing an employed provider network brand requires consistent, reliable performance in many of the above elements, which becomes synonymous with the portrayed network culture. Ideally, anyone interacting with any aspect of the employed network reliably encounters similar positive experiences – which engenders universal "brand" confidence over time. The resulting employed network branding must be consistent with, or a part of, the health system branding.

- **Financial Sustainability** – Network sustainability relies on optimizing the financial performance of the network so that subsidies are minimized and are superior to external benchmarks. This is often accomplished through eliminating operational inefficiencies, duplication, and waste on the expense side and enhancing revenues through fastidious workload capture and patient attraction and retention programs. Market competitive provider compensation models that align individual and group productivity and nonproductivity incentives with organizational goals and objectives – and adapt to progressive value-based reimbursement models – reap dividends across both the revenue and expense categories.

  Effectively addressing value-based reimbursement and care delivery models while developing population health management capabilities tend to round out this element – or occasionally rise into its own element depending on market forces and health system emphasis.

Overview

Even though each employed network's vision for its future is unique, these nine shared vision element categories tend to be a recurring theme. Not coincidentally, proficient accomplishment of these elements and their associated strategies predict the network's ability to drive health system success, to be leveraged to produce value, to be perceived as an asset instead of a liability, and to become a high performing organization.

To discuss how HSG can work with your organization to craft and incorporate a Shared Vision with your employed provider network, contact us at 502-814-1180 or info@HSGadvisors.com.

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