

WHITE PAPER

HSG

EMPLOYED PROVIDER NETWORK

Shared Vision: Process and Intent

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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 "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://www.hsgadvisors.com/wp-content/uploads/2019/07/Building-a-Shared-Vision.pdf>. This whitepaper updates and expands the originally published elements related to actual shared vision development process and its intended utilization.

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Background

Without a defined and clearly conveyed vision, employed provider networks typically find themselves stuck in operational chaos, with individual practices continuing to operate relatively independently and the network struggling to become cohesive and synergistic. The shared vision becomes a beacon that illuminates the future targets, draws the network together for a common purpose, provides the foundation from which strategies necessary for success arise, and establishes the framework for a common network culture that transcends individual components.

The impetus for creating a shared vision rather than creating a vision by administrative edict is that the latter occurs in isolation and dictates the future course to “subordinates.” The edict approach often results in the vision being less accepted, less fully embraced, and less enthusiastically supported by the “subordinates” – and the network is less successful. Creating a shared vision jointly between key administrative and clinical leaders promotes greater ownership of the vision and a greater opportunity for success.

HSG’s experience with healthcare organizations – and employed provider networks in particular – supports the concept that creating a shared vision affords the greatest likelihood of buy-in, execution, and success. Further, a strong, shared vision, developed in conjunction with physician leaders, will catalyze development of a strong group culture aligned with requisites for network success.

In this whitepaper, we outline the importance of establishing a shared vision, how to approach its development and implementation, and what networks can expect to achieve through its utilization.



Importance

Creating a shared vision requires a collaborative approach, whereby senior leadership involve others in the process. The “others” involved are most often key formal and informal physician, APP, and network administrative leaders. Involving physicians and other key staff in the vision development process is an important contributor to success for the following reasons:

- **Demonstrating respect** – Including these individuals in the shared vision development process immediately expresses the esteem with which those individuals are held and validates the importance of their involvement to achieve the best possible outcome.
- **Incorporating input** – Physicians and other direct care providers have an intimate understanding of how the group needs to evolve to thrive. They understand how the network could better serve patients and how variability in care represents opportunities for improvement.
- **Instilling ownership** – Direct involvement of these individuals in the development process inherently creates a sense of ownership in the final product and allows them to be active champions of the resulting product. Thus, less time is devoted to obtaining “buy in” from key individuals and more time is dedicated to accomplishing the vision’s objectives.

HSG’s ideal shared vision is a comprehensive, descriptive narrative that clearly articulates how the organization will ideally look and function 10-15 years in the future. It is not a short, pithy “vision statement” that organizational members memorize and recite in elevator speeches or during accreditation surveys. The document defines an idealistic future state in enough detail (often over 2-3 pages) so that all staff members can fully understand it, collectively work toward it, and progressively achieve it.



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Development Stages

HSG utilizes a six-stage process, outlined in the chart below, when working with employed provider networks to create a shared vision and associated potential strategies. While the exact process will necessarily vary by circumstance, the components are generally similar and will consistently result in a custom-generated product that defines network aspirations and meets network needs.



Utilization

The shared vision document is utilized for three primary purposes – to develop strategies, to guide network activities, and to ensure continued pertinence.

Develop Strategies

Each element of the shared vision is reviewed to develop potential strategies through which the element and sub-elements can be achieved. Once created and agreed upon, the potential strategies are prioritized for implementation – usually in short-term (first 6-12 months), intermediate (next 6-18 months), and long-term (beyond the next 24 months) intervals – since the depth and breadth of the strategies exceed reasonable network bandwidth. The potential strategies with the highest priorities are selected for individual action plan development – including financial impact. Once action plans are developed, the potential strategies cease to be “potential” – they are now actual strategies that the network is undertaking. As strategies are realized and resources become available, remaining potential strategies can be reprioritized and selected for action plan development.

Strategy status should be monitored and reported regularly to ensure progress is made. A matrix can be devised that lists the vision element and related strategies and annotates the priority (e.g., short, intermediate or long term), current status (e.g., completed, in progress, TBD), and pertinent details or comments (e.g., Leadership Council Charter signed October 24, 2020; first meeting held November 15, 2020 – or – deferred until EMR updated in January 2021). When used appropriately, the matrix can simultaneously serve as a monitoring tool and a “network journal,” as it chronicles desired actions and associated accomplishments.

Guide Network Activities

The shared vision should be used to guide leadership behaviors and actions. To be a true beacon or roadmap, the shared vision must inform day-to-day decision making in addition to longer term strategy development. After all, the shared vision delineates what the group determined to be important and what it should aspire to become – so the document provides a standard against which options are evaluated. As a result, contemplated options and decisions should fully align with and wholly support vision objectives.

Guide Network Activities cont'd

Similarly,

- Policies and procedures must be consistent with the shared vision principles.
- Culture development must be aligned with and based upon the shared vision elements.
- Cultural fit determinations during the recruiting process should align with the shared vision elements.
- Education of staff should occur during implementation or hiring and reinforced during onboarding and annual training.

Using the shared vision in these ways will make it a living document, maximize its impact, and enable it to be the network's Constitution.

Ensure Continued Pertinence

The shared vision and its associated potential strategies should be re-evaluated regularly to ensure continued pertinence. The document cannot be set in stone and rigidly adhered to. It should be reviewed regularly (not less than annually) and adjusted, as needed, to ensure it remains pertinent for changing operational environments, circumstances, and market forces. It must continue to reflect what the organization aspires to become – which may change over time.

That said, just because a vision element has been achieved, does not mean it should be removed. On the contrary, the accomplished foundational elements should remain intact to continue to provide a framework upon which to base decisions. Only vision elements that are no longer pertinent to network success or aspirations should be altered or eliminated. Similarly, changing circumstances may require the addition of new potential strategies that predict or permit network success. Evolving technology, advancing population health or value-based care tenets, or changing care delivery dynamics may be areas that produce new opportunities.

The potential strategies should be reviewed as the shared vision is reviewed or as additional potential strategies are selected for action plan development and implementation.

Additional Outcomes

The primary desired outcomes of a shared vision – establishing the future direction for the group, defining the strategies to get there, determining the relative priorities of the strategies, and developing specific action plans and financial analyses – were outlined in the previous pages. Executing the strategies drives progressive advancement toward the desired future state – and ultimate organizational success.

Other outcomes are equally important – engaging physicians and other direct care providers, defining a common culture, and driving positive change across the network.

- **Engaging Providers** – Provider engagement starts from the beginning of the process – with the creation of a representative Steering Committee consisting of formal and informal provider leaders and key administrative leaders who work together to develop the shared vision. The process instills a sense of provider ownership in the end product, which is reinforced when provider members of the Steering Committee discuss the vision and associated strategies with their peers.

Provider engagement increases with the implementation of strategies. Most shared vision documents contain elements related to physician leadership which often result in the development or modification of a network provider leadership council – often initially composed of Steering Committee members. This group now takes on the task of further prioritizing strategies, developing and executing action plans, monitoring results, and developing further action plans based on initial outcomes.



Executing the strategies drives progressive advancement toward desired future state –and ultimate organizational success.

Transparently communicating the planning, implementation and execution of the action plans to the entire network is important to engender further provider engagement. Leadership council members continue to own the process, advocate actions to their peers, obtain further feedback, and champion the process. These ongoing activities progressively build more global provider engagement and ownership that drives organizational change and vision fulfillment.

- **Defining Common Culture** – Many employed provider networks enter the shared vision development process as a collection of relatively autonomous practices – each exhibiting their own identity and culture. Networks consisting of these disparate practices consistently envision cultivating a more cohesive group and expect the shared vision process to directly aid with that transformation – and it does so in several ways.

First, the shared vision projects a future state that was not previously formally declared. The individual practices were likely satisfied maintaining the status-quo, moving into the future in the same manner in which they functioned in the past, which is a familiar, comfortable, and preferred existence. The shared vision provides answers to typical questions from these individuals, such as “why change” and “into what.”

Second, the shared vision document often contains behavioral norms and shared expectations that begin to define the desired common culture for the group. These often build on fundamental values that exist within the group but have not been formally promoted as the foundations of the network’s culture. Bringing them to the forefront and emphasizing their collective importance to the group catalyzes active culture development.

Third, the shared vision document can be used as an educational tool for all network provider and non-provider staff – both current and future – as noted above. By defining what the network aspires to be and is working toward, it can serve as a unifying influence for the adoption of a common culture and identity.

Fourth, the shared vision document is used by many clients during the recruitment process to determine cultural fit. If the prospective recruit cannot envision practicing in the described environment, the individual is likely not going to be a good fit and not pursuing that candidate avoids almost certain conflict, dysfunction, and a future recruitment for a replacement.

Fifth, following through during the onboarding and orientation processes reinforce the importance of the network’s shared vision and associated strategies in daily operations and cultural

development. The common theme resonates, builds momentum, and becomes the new reality.

- **Driving Change** – In addition to driving change through strategy development, action plan implementation, and common culture cultivation, the shared vision and associated strategies drive change through direct linkage with operational decision-making. Besides creating direct change, the document provides a measuring stick against which additional proposed operational initiatives and budgetary requests can be gauged. As one of the criteria for initiative consideration and funding, leadership can require that proposed initiatives and funding requests advance an existing vision element or contribute to a meaningfully revised vision element – and drive positive change within the network.





Conclusion

Creating, communicating, executing, and regularly revisiting a shared vision sets the framework for employed provider network success.

The shared vision helps to galvanize the network around an aligned, common vision for the group's future. The described development process engages physicians and other providers, which progressively increases during strategy formation and implementation. Incorporating the shared vision and associated strategies into daily operations contributes to defining the "brand" the group desires to promote and strengthens network function and outcomes, including establishing a common culture and driving positive change.

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**.

The logo consists of the letters 'HSG' in a bold, white, sans-serif font. The 'H' and 'S' are connected, and the 'G' is slightly larger and positioned to the right. Below the logo is a thin white horizontal line.

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