

# Organizational Leadership Toward Value

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# Objectives

- Understand the essential components to being a credible, influential, and empathetic rural health leader in a VBC context.
- Identify likely barriers and resistance to VBC and VBP and potential approaches to address them.
- Reflect on your leadership in a VBC context and identify areas for growth or action.

# What is “Value”?

Terminology has been evolving – and depends on your point of view!

Description	Source and Timeline
Value= (Quality + Experience)/Cost	Seminal article: <a href="#">The Triple Aim: Care, health, and cost</a> , Institute for Healthcare Improvement, 2008
Improved Community Health, Better Patient Care, Smarter Spending	<a href="#">Improving our Health Care Delivery System</a> , Fact Sheet, Center for Medicare and Medicare Services, January 2015
A Health System that Achieves Equitable Outcomes through High Quality, Affordable, Person-Centered Care	<a href="#">Driving Health System Transformation – A Strategy for the CMS Innovation Center’s Second Decade</a> , Center for Medicare and Medicaid Innovation, October 2021

# What is value-based care?

To be successful in value-based payment models, you need to deliver value-based care. This entails:

- Emphasizing prevention and wellness, in addition to treatment
- Focusing on improving outcomes
- Helping patients navigate the healthcare system
- Integrating and coordinating care
- Helping patients address health-related social needs

The “value” in value-based care is derived from measuring quality and patient experience against the cost of delivering the health outcomes.

# Why focus on leadership?

- The rapidly changing health care landscape requires effective leadership to articulate a clear future vision and effectively manage change, whether in formal or informal leadership roles.
- Leaders in a value-based care context must concurrently, and occasionally paradoxically, improve the care delivered to patients, increase the health of the community, and reduce per capita health care costs.
- Rural health care poses additional challenges -- rural leaders may not have a close cadre of peers with whom to share ideas and experiences. Yet, rural health care leadership development is critical for personal growth and professional effectiveness.

# What do we mean by leadership?

- Leadership can be hard to define...
  - Is it a steadfast focus on a goal despite multiple distractions (think Abraham Lincoln)?
  - Is it a charismatic and engaging personality (think John Kennedy)?
  - Is it a quietly humble pursuit of an ideal (think Mahatma Gandhi)?
  - Or is it an affirming style that inspires people to work together (think your organization's best team leader)?
- All of these examples represent different competencies of leadership in action. But why are some leaders more effective than others? How does a health care leader assess his or her leadership competencies, and then improve them?

# Leadership skills can be developed!

- Research has found that leadership competency training is effective in health care organizations. One need not be a “born leader”—in fact, “leadership is a set of observable behaviors that, with deliberate practice, can help everyone be more effective and make more of a positive difference in the workplace, in the community, in the world.”
- Amy Yarbrough Landry, Michael Stowe, and James Haefner. Competency assessment and development among health-care leaders: results of a cross-sectional survey. *Health Serv Manage Res.* May 2012 25: 78-86.
- Wiley Workplace Learning Solutions. <http://www.pfeiffer.com/WileyCDA/Section/id-811878.html>.



# Leading in a Value-Based Context

As your rural health organization continues on the path to value, you as a leader need to be on board and communicating about the transition to VBC/P and the “why.”

Who are you leading?

- Clinicians and staff
- Your board
- Your community

# Value-based Care as a Leadership Endeavor

# Transitioning from Volume to Value

You are leading your organization to:

- New organizational skills and resources
- Investment in value-based care capacity
- Tailored local approach based on:
  - Environmental insights
  - Attentive partnerships
  - Thoughtful experiments
  - Continuous learning



# A Culture Which Prioritizes Value is Essential

## Cultural Success Factors

- Leadership
- Plan Supported by Systematic Processes
- Flexibility
- Expectations that Prioritize Quality and Value
- Celebrate Wins

# Success Factors: Leadership Engagement

- Visible commitment to value
- System and process orientation
- Allocation of resources
- Accountability

# Success Factors: A Plan and a Systematic Process

- Planful approach on the path to value
- Common language
- Attention to the flow of information

# Success Factors: Flexible Structure

- No single right way -- be creative in how you re-design the work
- Focus on what makes sense based on your needs, staff capability, and community
- Allow flexibility and engagement of wide variety of staff in planning and implementation

# Success Factors:

## Expectations that Prioritize Value

- Distributed leadership – quality, cost, and patient experience are everyone's role and responsibility
- Resist temptation to allow direct patient care activities prevent QI work – “Too busy chopping wood to sharpen the axe”
- A commitment to health equity – you can't have quality without equity.



# Success Factors: Celebrate Wins

- Recognize progress (small steps or lessons learned) and celebrate accomplishments
- Ensure people feel that their efforts and results are appreciated
- Keep teams engaged in the work going forward
- Can be simple, but also an opportunity to be creative and have fun

# Leadership for Value:

## A Few Tips

- If you can't measure it, you can't improve it
- Manage the processes, in support of the people
- Put the right data in the right hands at the right time
- Engage the people who do and understand the work
- Quality and equity are inseparable

# Leadership Growth and Action

# Why might you expect resistance to value-based care?

- There are challenges and potential unintended consequences to being on the path to value as a rural hospital or clinic
- Be prepared to acknowledge and talk about the tensions:
  - Balancing short-term fee-for-service revenue vs. longer term investments which will ultimately produce shared savings and incentives
  - Different types of investments address medical needs from those which support community orgs which address social care needs



*The* NEW ENGLAND JOURNAL *of* MEDICINE

Perspective  
JULY 14, 2022

## **“REACHing” for Equity — Moving from Regressive toward Progressive Value-Based Payment**

Suhas Gondi, M.D., M.B.A., Karen Joynt Maddox, M.D., M.P.H., and Rishi K. Wadhera, M.D., M.P.P.

# What does the NEJM commentary tell us?

- "Value-based payment programs implicitly prioritize well-resourced clinicians and health systems."
- "The value-based care movement has traditionally prioritized reducing spending, but advancing health equity demands spending more on Value-based payment programs implicitly prioritize well-resourced clinicians and health systems."
- *My take-away:* VBC/P has not generally aligned to serve rural health care nor underserved communities very well...but new models are emerging which better enable rural health care organizations to be on the path.

# Leadership for Value

Expanding healthcare payment alternatives, such as shared savings and bundled payments, demand that a healthcare organization develop and deploy new organizational capacities to deliver value-based care.

- Facilitate and/or support community planning, coalitions, and connections
- Identify resources and invest strategically
- Engage staff, clinicians, patients, and caregivers

# What can guide my focus and actions as a leader within my organization?

- Understanding the capacities important to VBC/P success and where your organization is in developing these capacities can help you as a leader to prioritize time, attention, and resources.
- Our Rural Health Value team created the [Value-Based Care Assessment Tool | RuralHealthValue.org \(uiowa.edu\)](https://ruralhealthvalue.org)
  - An assessment of 80 specific capacities or best practices categorized in eight topics.



# Using the VBC Assessment Tool as a Leaders' Guide

- Governance and Leadership
- Care Coordination
- Clinical Care
- Community Health
- Patient and Family Engagement
- Performance Improvement and Reporting
- Health Information Technology
- Financial Risk Management

# Domain examples

## Governance and Leadership

- The senior leadership team includes positions, identified by title and/or job description, who have clear accountability to improve clinical quality and patient safety, improve the patient experience, advance community health, and lower total costs.
- Senior leaders employ regular “walkarounds” interacting with front-line staff.

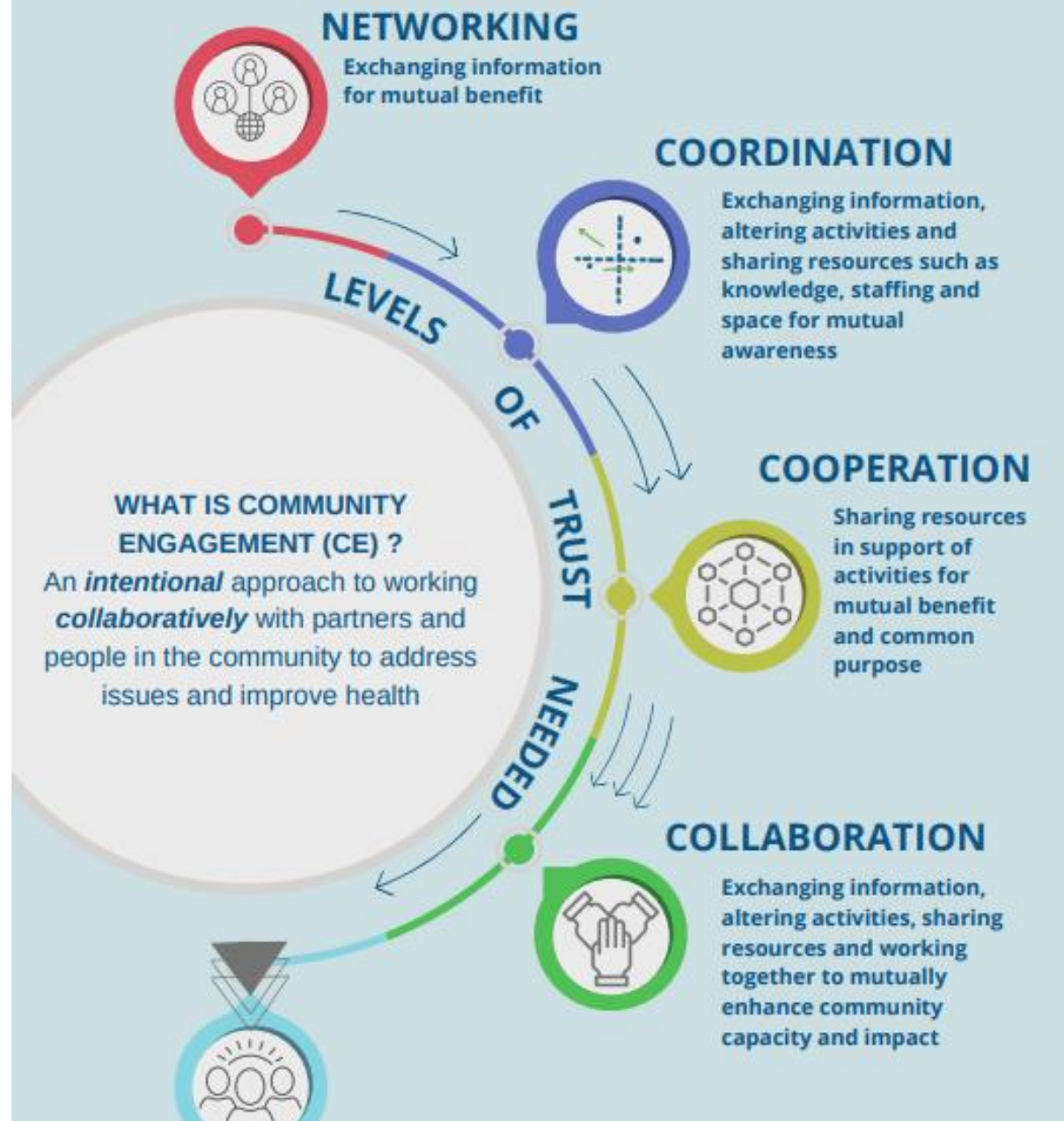
## Clinical Care

- An after-hours care system (e.g., practice call line and extended clinic hours) supports access to care that can help reduce emergency department use for non-emergent conditions.
- Processes and training are in place to assure appropriate access to palliative care support, hospice services, and end-of-life care.

# What can guide my focus and actions in my community?

The goal is to have assessments and strategies designed to enhance the health of all individuals in a community across a spectrum of ages and conditions.

- A new resource guide and infographic provides rural health care leaders a variety of toolkits, strategies, and information to help initiate, improve, and inspire community engagement strategies that support value.
  - [Rural Health Value Community Engagement Resource Guide](#)
- The following [infographic](#) highlights strategies for community engagement and benefits aligned with value-based care. (2023)



# For your self-reflection as a leader in in a value-based context...

- Identify recent examples of how your organization has celebrated quality and value. Can you name three from the past year?
- If someone from outside your organization was visiting, what easily identifiable artifacts would they see that reflect your organization's commitment to value?
- What structured method for implementation of quality improvement efforts does your organization use? How do you know it's used consistently?
- How is accountability for value-based care distributed at your organization?

# Parting advice

- Alignment of what you do and say is what creates trust and credibility
- Be the leader you would want to follow

“A leader takes people where they want to go. A great leader takes people they don't necessarily want to go, but ought to be.”

Rosalynn Carter



# [www.ruralhealthvalue.org](http://www.ruralhealthvalue.org)



## Pulse Check

Rural system high performance

**Value-Based Care Assessment** - Assess capacity and capabilities to deliver value-based care. Receive an eight category readiness report.

**Physician Engagement** - Score current engagement and build effective relationships to create a shared vision for a successful future.

**Board and Community Engagement** - Hold value-based care discussions as part of strategic planning and performance measurement.

**Social Determinants of Health** - Learn and encourage rural leaders/care teams to address issues to improve their community's health.



**Thank you for your work to improve the lives of rural people and communities!**

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# Thank you!

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