Conditions for a Healthy System of Health

Developmental Assessment

This assessment captures 11 key conditions that together build momentum toward a transformed regional system of health over time.

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Learning Objectives:
- **To understand the 11 key conditions necessary for transforming systems of health**
- **To assess where your effort is on each of the 11 conditions**
- **To identify areas of strength, improvement, and opportunity**

Phase(s): This tool can be used by groups and individuals engaged in an effort in any Phase (I-V) along the Pathway for Transforming Regional Health

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How this tool helps along the Pathway

The 11 conditions assessed here are the aspects of your regional effort that are a powerful source of progress and momentum. None of them are fully built at a single point in time. In fact, we find that regional efforts avoid pitfalls and sustain progress by attending to each of these conditions repeatedly over time. The process of building each one is iterative and requires multiple points of attention and effort.

For each of these conditions we characterize five Phases of development, roughly equivalent to the five Phases of the *Pathway for Transforming Regional Health.* It will help your effort move along the *Pathway* by identifying which conditions are relatively strong already and which you are poised to develop next.

You are aiming for *balance* among these conditions, not overweighting on one or more and inattention to others—they should be roughly equal. Weaker ones can drag back the strengths you have developed.

How to use it

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This tool is most effective when completed by people deeply engaged in the regional change effort and well-informed about all its areas activity, such as those who are part of the core stewardship team leading the effort, or part of the backbone or integrator organization.
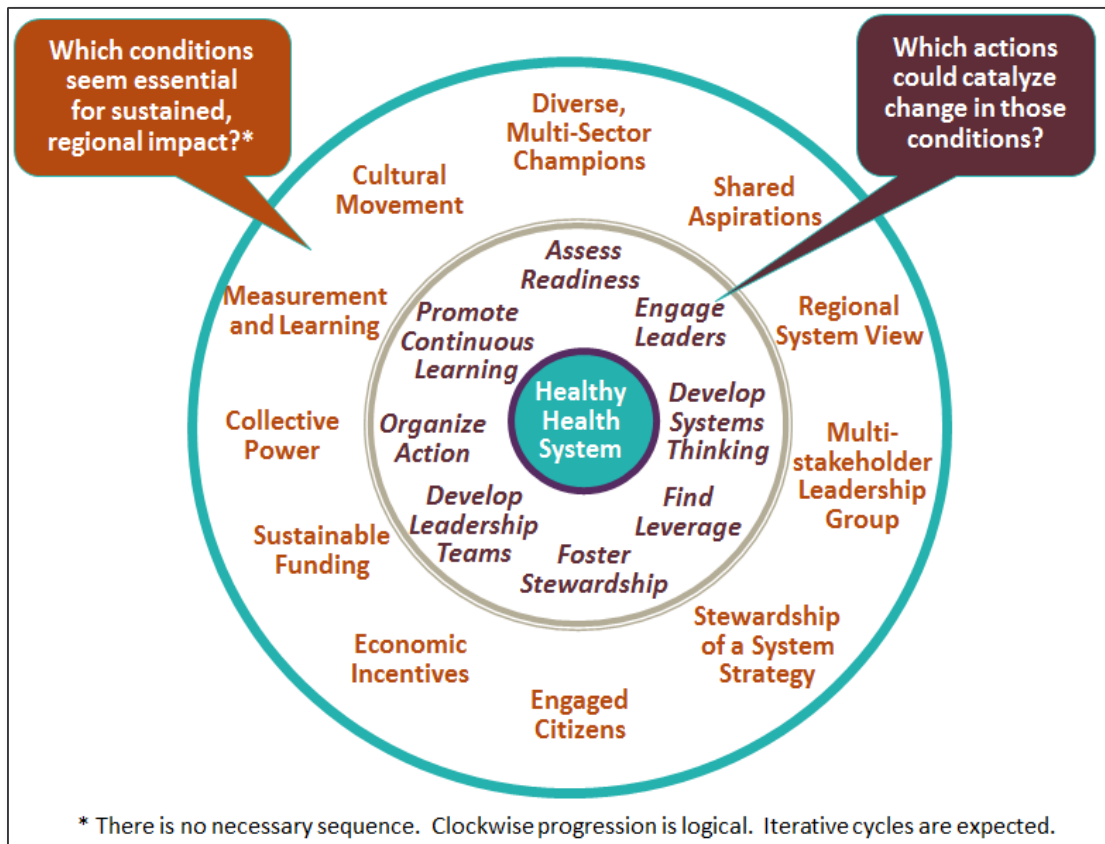
It can be completed as a team: (1) invite individuals to complete their own assessment, (2) capture the range of team member responses for each condition; (3) discuss the conditions in particular where responses are not aligned, and develop a shared view of progress of your effort on these conditions.

It also can be completed by individuals knowledgeable about the effort.

When you have completed the assessment, identify which three or four conditions most need attention (for example, are scoring a 1 or 2 when your effort aspires to be moving securely through Phase III of the *Pathway*). These conditions can serve as strategic priorities for your effort in the next year or so. Attention to the progress of these conditions over time, by reassessing them periodically using this tool, can help you identify and celebrate progress and target conditions needing attention in the next stage of your work. Regional efforts sustain momentum by making progress on each of the conditions in each phase, maintaining a balanced scorecard among them over time.

Conditions and Catalysts for a Healthy System of Health

Conditions for a Healthy System of Health: Developmental Assessment

Instructions

There are three parts to each condition listed below: (1) definition of the condition for a high-functioning effort; (2) what to consider when rating your local effort; and (3) descriptions of each level for the condition being rated. You may find it helpful to go through the assessment in the following way.

1. Respond to each of the 11 conditions in sequence. For each condition, read the overall definition. The italicized items are the key aspects of the definition.

2. The notes for rating your local effort provide additional information about what observations or data you should consider when making your assessment.

3. Make your rating (1 through 5) based on the level that most closely aligns with what is happening in your local context for that particular condition. Level 1 is just beginning, whereas level 5 represents an effort significantly advanced on that condition (Use levels 2 and 4 if your effort falls between descriptions of levels 1 and 3 or 3 and 5).

4. Please feel free to offer comments on why you decided to rate the condition as you did.

MULTI-SECTOR CHAMPIONS: Well-positioned leaders from the stakeholders across sectors have committed themselves publicly to aims that will benefit not just their institution, but the whole system of health.

- Identify any major voices in the region speaking publicly about what is needed for the future of health and health care locally (if any).
- Are these individuals from multiple sectors: e.g., local government, healthcare providers, public health, academia, other institutions?
- Is the future they describe one that achieves positive outcomes for the population of the region, and key institutions other than their own?
- Do they take leadership responsibility for bringing about that future?

1 Well-positioned leaders of key institutions participate in collaborative efforts that will benefit and strengthen their institutions and express themselves as leading primarily on behalf of their own organizations.

2

3 Some well-positioned leaders are committing themselves to aims that benefit other constituencies, in addition to their own institutions.

4

5 Well-positioned leaders publicly articulate aims that benefit the whole system of health and characterize themselves as feeling responsible to lead on behalf of the entire region.

ASPIRATIONS: **A key leadership group has articulated audacious goals about transforming the whole system of health for all regional participants.**

- Consider the publicly recorded goals and vision for whatever multi-stakeholder initiative(s) exist in the region.
    - Are the initiatives about solving a specific problem that affects a sub-population (e.g., care for the uninsured; better support for residents with diabetes)?
    - Or are the initiatives about more than one outcome and more than one sub-population (e.g., charity care for the uninsured and childhood asthma, low birth rate initiatives) in a move toward more widespread impact?
- "Audacious" goals are those of multi-stakeholder initiatives whose vision explicitly is about making the whole system work better for everyone, both "upstream" aims to improve population health and "downstream" aims to radically improve the system of care. Are the publicly recorded goals about making the whole system better for all?

1 The local emphasis is primarily project or sub-population specific.

2

3 The focus of innovation is impact across multiple spheres such as how care is provided and which risks are addressed for certain sub-groups.

4

5 The focus of innovation is at the enterprise level, to create a sustainable regional system radically better than the status quo.

REGIONAL SYSTEM VIEW: **Many well positioned leaders across sectors have invested in developing the ability to understand the system of health as a complex system, including how upstream factors influence health, how key institutions influence each others' actions and incentives, and how a long-term view should shape action in the short term.**

- How do key leaders talk about the system of health, especially those that are engaged in cross-sector dialogue or partnerships? Is the perspective they express focused on how their organization influences and is influenced by others (rather than as an independent actor)?
- Has there been any intervention or activity offered to groups of stakeholders that is explicitly aimed at broadening their understanding of the system of health as a whole?

1 Well-positioned leaders in the region generally understand only narrow and siloed parts of the system of health.

2

3 Some well-positioned leaders are beginning to develop and articulate understanding of the interconnections between certain parts of the system of health but leave others out.

4

5 Well-positioned leaders are able to see the whole system of health, articulate the relationships among key sectors and their priorities, and weigh tradeoffs between long- and short-term goals for their organizations and the system.

MULTI-STAKEHOLDER LEADERSHIP TEAM: **A key leadership group of the system of health is composed of all relevant stakeholders, operates as a real leadership team, and makes decisions together that affect the whole system of health (they exercise legitimate authority).**

- Identify the key leadership group that is the closest to a multi-stakeholder governing body or executive team that you have in your region. Some examples to consider are: a steering group, a board of a multi-stakeholder organization, an executive team, or all three (or none).
- In assessing that team, consider the diversity of membership of the group, including involvement of payers, employers, public health, providers, and citizens.
- Consider the degree of authority this group has to make decisions together that affect many stakeholders in the region. What does this leadership team do when it convenes (e.g., make decisions, or just exchange information; establish priorities for the system, or for small parts of it)?

1 There is no recognizable multi-stakeholder group that considers the future of the whole regional system of health.

2

3 There is a multi-stakeholder group of leaders convening, but key stakeholders in the system of health (such as payers or employers or public health officials) are not at the table, and/or the group has authority to act only for parts of the regional system of health.

4

5 There is a multi-stakeholder group convening and it includes stakeholders from all relevant sectors of the regional system of health. The entity operates as a legitimate authoritative body for making collective decisions that affect the whole system of health of a region.

STEWARDSHIP OF A SYSTEM STRATEGY: A key leadership group has formulated a high-leverage strategy that proposes a coherent set of initiatives to be undertaken in a coordinated way among stakeholders of the whole system of health of a region.

- Considering the same group(s) as above, what do their strategizing processes consider? Is there a multi-sector strategy? Does it show consistency and coherence across all the initiatives that the leadership team guides? Do the initiatives fit together to move multiple outcomes?
- Does the strategy that is formulated rely primarily on individual organizations and actors pursuing their own projects, or does it call for multiple stakeholders to coordinate their actions and attend to timing and sequencing of their initiatives over time?

1 Major stakeholders establish their own change priorities independently of one another and are not guided by a coherent regional strategy.

2

3 A multi-stakeholder leadership group has identified shared goals and priorities for the region, but most change initiatives are intended to be undertaken independently by key stakeholders based on their own strategies (as opposed to a coordinated effort among stakeholder institutions).

4

5 A multi-stakeholder leadership group has created a shared strategy of high-leverage initiatives for the whole system of health, and change efforts are intended to be integrated and sequenced among stakeholder institutions.

ENGAGED CITIZENS: The general population, individually and collectively, exercises responsibility and ownership for its own system of health.

- Considering the same leadership group(s) as above, are community members (not just high-level leaders from community organizations) represented on the governing body? Do they have more than an advisory voice? Are they part of making decisions for the future of the system?
- Considering change initiatives in the system, are citizens involved in shaping the vision of the future system? Providing advice and feedback about aims and priorities? Are they active participants in leading the implementation of change efforts?

1 Citizen involvement is largely pro forma: citizens are mainly clients and no mechanisms exist for them to be meaningful decision makers in the design and priorities of their system of health.

2

3 There are deliberate recruitment and community outreach efforts to hear the views of non-health professionals by key institutions in the system of health; but there is no formal role in governance by ordinary citizens.

4

5 There are well-established and meaningful mechanisms in place for engaged citizens to get involved in shaping the system of health, as well as active involvement in governance by citizens that makes the system accountable to the public.

ECONOMIC INCENTIVES: Positive financial consequences accrue to individuals, groups, and institutions contingent on system-level performance outcomes, and do not reward undesirable behaviors.

- How are providers paid? Is there some form of payment in place in the region that moves providers away from fee-for-service?
- Are cost savings and patient well-being rewarded?
- Do incentives for all key stakeholders depend on population health status?

1 Misaligned incentives dominate and efforts to change are stalled.

2

3 Key groups are engaged in experiments in changing incentives toward aligned accountability for health status of the population.

4

5 Key actors are guided by incentives that encourage mutual accountability for the outcomes and health status of the population.

SUSTAINABLE FINANCING: The system of health change strategy is supported by a financing strategy that is designed to be self-sustaining and its survival is not dependent on any one main funding stream or outside grants.

- Consider what you know about where the funding comes from to support both the joint initiatives that are part of the effort and the infrastructure for cross-sector collaboration (i.e., the organization in charge of implementing shared strategy). How diverse and planful is the array of funding? Are participants investing jointly in the effort?
- Does an agreement exist among key stakeholders in a regional system of health to identify funds that might be saved as a consequence of one initiative, and to invest those funds in upstream initiatives to improve health over time?

1 Joint initiatives are largely dependent on external funding or short-term investments.

2

3 Stakeholders provide financial resources for supporting a backbone organization and implementing joint initiatives, but a long-term financing strategy is yet to be developed.

4

5 Stable funding comes from diverse sources, including reinvestment of savings, to drive further improvements over time for the whole system of health of the region.

COLLECTIVE POWER: **Groups implementing innovations are coordinating with each other and combining resources where possible in a way that builds toward critical mass for change to take hold.**

- Consider who is providing resources, personnel, leadership, and other capacities to projects. Is each innovation or improvement effort managed by a single stakeholder, or are efforts combined and aligned across organizations and sectors?
- When redesign efforts are undertaken (in the health delivery system, in how social services or other services are provided) are they designed jointly by different stakeholder organizations and types, and are they implemented with personnel working interdependently across organizations?

1 Different stakeholders pursue mostly their own initiatives; collaborations are time bounded and project focused.

2

3 Some stakeholders pursue intentionally aligned and collectively adopted goals over time, and some initiatives in the effort are conducted interdependently between organizations.

4

5 Distinct groups and organizations work together on most projects and jointly deploy resources to combine their "collaborative muscle" to achieve shared aims.

MEASUREMENT AND LEARNING: A coordinated effort exists to collect and use data that measure impact across a range of key outcomes, for testing hypotheses about the impact of initiatives, and for altering course based on findings.

- Consider the core multi-stakeholder leadership team and the ways in which information systems, evaluation practices, and measurement are incorporated into initiatives.
- What key metrics is that group tracking, and for what populations? Do those metrics represent a diverse dashboard, covering the range of outcomes that define an effective system of health?
- To what degree are measures used to test progress? Are they used to suggest course corrections? Do they serve as a source of collective reflection by key leaders engaged in implementing the strategy?

1 The local effort measures key outcomes only at the specific project level.

2

3 The local effort has developed at least some shared metrics to test effectiveness of a suite of initiatives toward improving health, care, and costs.

4

5 The local effort includes integrating rigorous measures into a dashboard assessing movement towards true regional goals, including excellent population health, high-quality care, and sustainable costs.

CULTURAL MOVEMENT: **Different stakeholders consistently express similar strong values about the characteristics of a transformed system of health in the region, and their norms of behavior and organizational priorities support action toward those values.**

- Consider the stories key leaders tell and what gets celebrated as accomplishment in the local effort: Are there consistent themes across stakeholders that are widely shared?

- If there are surveys in use as part of the local effort, consider questions about what respondents value in their system of health. Do citizens as well as well-positioned leaders express a set of shared values about health, access, sustainability, and other key attributes?

1 Values about what a better system of health means vary widely among institutions and groups and are not yet strongly shared.

2

3 Many groups in the local system are beginning to coalesce around certain shared values for a better system of health.

4

5 Values for a transformed system of health are widely and strongly shared and actively pursued by a powerful movement in the whole community.

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