WHAT IS SYSTEMNESS AND WHY IS IT A BRIGHTER FUTURE?

Systemness: Delivering patient-focused, seamless, and high-quality care across the many parts of the system to maximize value for customers (Becker's 2020). Systemness can be achieved and maximized through a wide variety of external partnership options across different levels of governance and operational control.

Considering recent events during COVID-19, the idea of Systemness in healthcare has never been more relevant than now. The impacts of the pandemic to hospital supply chains, demand planning, and resource allocation can be lessened by hospitals working together as a system to serve their communities. The "minute by minute" policy changes driven by COVID-19 development underline the challenges in implementation and agile operational shifts and require talents who can not only communicate clearly but also quickly rationalize the changes in operational setting. The skillset of industrial and systems engineering is naturally aligned to elevate healthcare organization's efforts to achieve Systemness.

IDENTIFCATION OF GAPS: KNOW YOUR INTEGRATION HURDLES

❖ Drive Clinical Standardization
❖ Create System-wide Provider Alignment
❖ Increase IT Operability
❖ Integrate Assets Post-Merger and Acquisition
❖ Stakeholder Buy-In
❖ Goal Alignment and Communication
❖ Equity amount Organizations
❖ Understanding the Power of Talents

(Reference: Advisory Board: Expert Perspectives – Systemness)
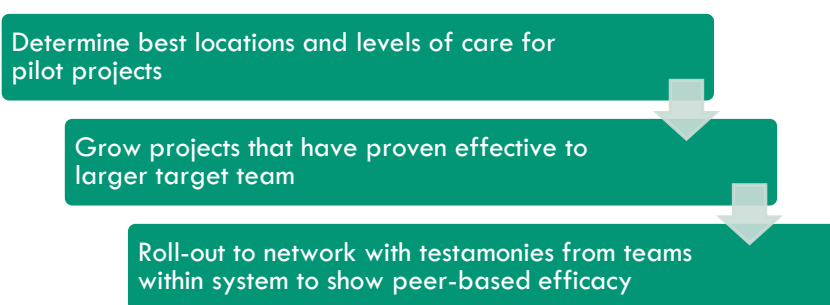
DEVELOPMENT OF A SYSTEM: PLANNING IS CRITICAL

To develop an effective health system, planning with the appropriate stakeholders is critical. Consider the following when kicking off health system alignment efforts.

1. Clear assessment of services offered to optimize utilization, and reduce redundancy in geographic area
   o Optimization efforts should include all care sites: acute care hospitals, urgent care centers, clinics, provider offices, nursing facilities, hospice, home care, virtual care, etc.
   o Community expectations are shifting and complexity of service level in given communities is expected to change based on local demographical needs ("if you build, they might not come")
2. Executive alignment across health system for patient focused system wide benefits
   o Competing objectives can break down progress to growing system efficacy
   o Physical presence and direct line of communication at the top level to demonstrate commitment
   o Expect change and a lot of it: disruptions to the status quo to deliver value-based care models
3. Do not forget the providers
   o Clinical standards, provider alignment and increased visibility to patient records across the health network will move Systemness forward
   o Consider putting a provider as the Systemness champion for the organization
   o Compensation alignment towards productivity-based structure and minimize discrepancy among providers
4. Partnership (internal vs. external)
   o Internal partnerships need to highlight the role of front-line staff and physicians (e.g. nurse and physician governance council); appropriate amount of trust and communication can go a long way

o External partnerships need to emphasize "shifting value to value"; look beyond incumbents, pay attention to disruptive businesses (such as technology firms)
5. Shared goals measured by consistent metrics
   o Develop "data coalition" with clear sharing and reporting structure to support collective decision making
   o Define consistent system level metrics / KPIs to promote healthy competition within the system
   o Promote "lessons learned" conversations

OPTIMIZATION OF SYSTEMNESS: SMALL TESTS OF CHANGE TO GAIN MOMENTUM

Industrial Engineering is primed for executing small tests of change as proof of concept. Once an experiment has been refined and best practice unveiled, a network-wide strategy can be deployed. Consider breaking the project into tiers (see below).

Determine best locations and levels of care for pilot projects

Grow projects that have proven effective to larger target team

Roll-out to network with testamonies from teams within system to show peer-based efficacy

PANELIST INFORMATION

Adam Seyb, Director of Healthcare, West Monroe Partners (*aseyb@wmp.com*): Seyb has provided leadership throughout the lifecycle of his clients' largest and most strategic projects. He's able to do so thanks to his 20 years of experience as a consultant and advisor to leading integrated delivery networks, academic medical centers, health systems, and physician groups.

Eric Crocket, Regional Chair of Administration, Mayo Clinic Health System (*crockett.eric@mayo.edu*): Crockett is the Regional Chair of Administration for the Southeast Region of the Mayo Clinic Health System. This includes oversight of the administrative staff and functions in the region, as well as operations in a number of surrounding communities. Mr. Crockett's undergraduate degree is from St. Olaf College in Northfield, Minn., and his graduate degree in Business is from the University of St. Thomas in Minneapolis, Minn. Mr. Crockett is a Fellow in the American College of Medical Practice Executives and a member of the MGMA-ACMPE National Board of Directors. He also serves as an adjunct faculty member with both the University of St. Francis and Augsburg College.

Leang Chhun, Director of Quality Improvement, Piedmont Healthcare (*leang.chhun@piedmont.org*)**:** Leang is a Change Leader with 10+ years of progressive healthcare improvement experience. He is responsible for Quality and Process Improvement across 11 hospitals in the Atlanta, Georgia Region. Leang directs and prioritizes the activities of the process improvement professionals leading and facilitating system and hospital wide strategic quality and safety improvement projects. He is also a Georgia Tech alum with degrees in Biomedical Engineering and Health Systems.

WEBINAR RECORDING AND UPCOMING EVENTS

Here is the link to the replay video for you to access at your convenience => **Access to Webinar Replay**

As you enjoy this content and we hope to see you at our follow-up to this conversation on Systemness coming up on **Thursday, August 6, 2020 at 2pm (EST)**. Official communications will follow soon, but please feel free to register in advance for this session => **Access to Registration**