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CREATING A CULTURE OF VALUE - PART 1

This is the first piece in a series of articles about creating a “Culture of Value” in your organization. In this article, we introduce the need for a Culture of Value in healthcare and introduce interprofessional collaboration (IPC) as the foundation for this work.

In the recent era of healthcare reform, much has been written about achieving the Triple Aim, the idea posed in 2008 by the Institute for Healthcare Improvement (IHI) to improve the experience of care and the health of populations while reducing the cost of healthcare.¹ Since that time, the concept has evolved into the Quadruple Aim, adding reducing provider burnout as a goal based on the assumption that “care for the patient requires care for the provider.”² Hospitals and health systems have been challenged to shift toward value-based versus volume-based incentives, often defined as an expression of the Quadruple Aim in the “value equation”:

(quality + patient and provider experience)/cost.

Although many healthcare leaders have an idea of what their health system could look like if they were farther along in the journey to enhance value, achieving the ideal can feel insurmountable. All of this would be challenging enough on its own, without the uncertainty about the future of healthcare and the Affordable Care Act under the new administration. Within this broader context, it has become difficult for providers and administrators across the healthcare space to scope, prioritize, and execute initiatives that bolster value.

We know, however, that effective leaders are attuned to their own experience of change and the experience of people across their organizations. A common response to change overload and uncertainty has been for organizations to carve out small chunks of work to test elements of possible ways forward. For instance, a health system may pilot a bundled payment plan in single knee replacement, rework incentives to encourage improved quality scores, or tighten communication across the continuum — or do all three in the same initiative. However, health systems are often challenged to reap the benefits more broadly from these interventions. In other words, patients with a single knee replacement might subsequently report a better experience across the episode of care, but patients with a heart transplant, or even a hip replacement, could feel like they are dealing with the same old fractured system where they risk infection and lack the ability to schedule a follow-up appointment.

Small and steady can be a productive way to go, but our experience has shown us that healthcare leaders often find it difficult to leverage pilots and other pockets of culture change across multiple units, services, and/or across the continuum.

Creating a Culture of Value

Even today, as organizations launch so many efforts to improve value, the question of sustainable change remains. How can we create a “flywheel of value” — one in which the momentum for culture change propels sustainable results? We see creating a Culture of Value as a necessary component to meet the needs of both today’s and tomorrow’s population health efforts.



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continued

A Culture of Value is one where everyone, from frontline staff to C-Suite leadership, understands what it means to create value for the patient and the system, including how to act in ways that create value from each of their respective roles.

This kind of culture evolves through both a top-down and bottom-up approach that relies on increasing capacity at all levels. In any industry undergoing rapid change, successful executives employ management methods that free up their bandwidth for strategic thinking and charting a flexible course through the rapids. In turn, they increase delegation and enhance skills in critical thinking, innovation, collaboration, and execution. In healthcare, specifically, all team members need to understand the impact of their decisions and actions on the patient — being sure to take value, or the combination of quality, experience, and cost, into account.

The top-down elements of creating a Culture of Value are clarifying what value means and making quality, experience, and cost data available, determining what to pilot, and assigning roles and accountabilities. But the bottom-up elements are where that culture comes to life.

As clinical team members pilot change projects, their experience of the efforts informs their view of value, helping them apply that learning again. The power of experiential learning is amplified when team members provide feedback to leadership, which assists leaders in developing more and better initiatives to advance value. The more experience that team members have with value-centered work, the more easily the “flywheel” effect takes hold. Over time, teams engage in advanced decision-making, creating value without the guidance of dictated tactics. In turn, leadership can accelerate results by giving other teams a head start, sharing takeaways through the organization.

Role of Interprofessional Collaboration

Of course, developing this culture takes work, focus, some resources, and many dedicated hands and minds. We have found that developing a firm basis for interprofessional collaboration (IPC) can greatly accelerate the journey toward a Culture of Value. We can draw from a report we authored on behalf of the Robert Wood Johnson Foundation, [*Lessons from the Field: Promising Interprofessional Collaboration Practices*](#), to explain where we see the connection. This report focused on healthcare organizations across the country that effectively use IPC to create value for their patients and to improve the experiences of those who deliver care. We see IPC as a critical enabler to helping organizations create value, and look forward to further exploring this topic in the remaining articles in the series.

In this article, we present the need for a Culture of Value, and the role we envision for IPC as a building block. Subsequent articles in this series will provide examples of steps toward building a Culture of Value using IPC.

For more information on this topic or related materials, contact CFAR at info@cfar.com or 215.320.3200 or visit our website at www.cfar.com.

References

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