

Systemness in Health Care

Educational Briefing for Non-IT Executives

Executive Summary

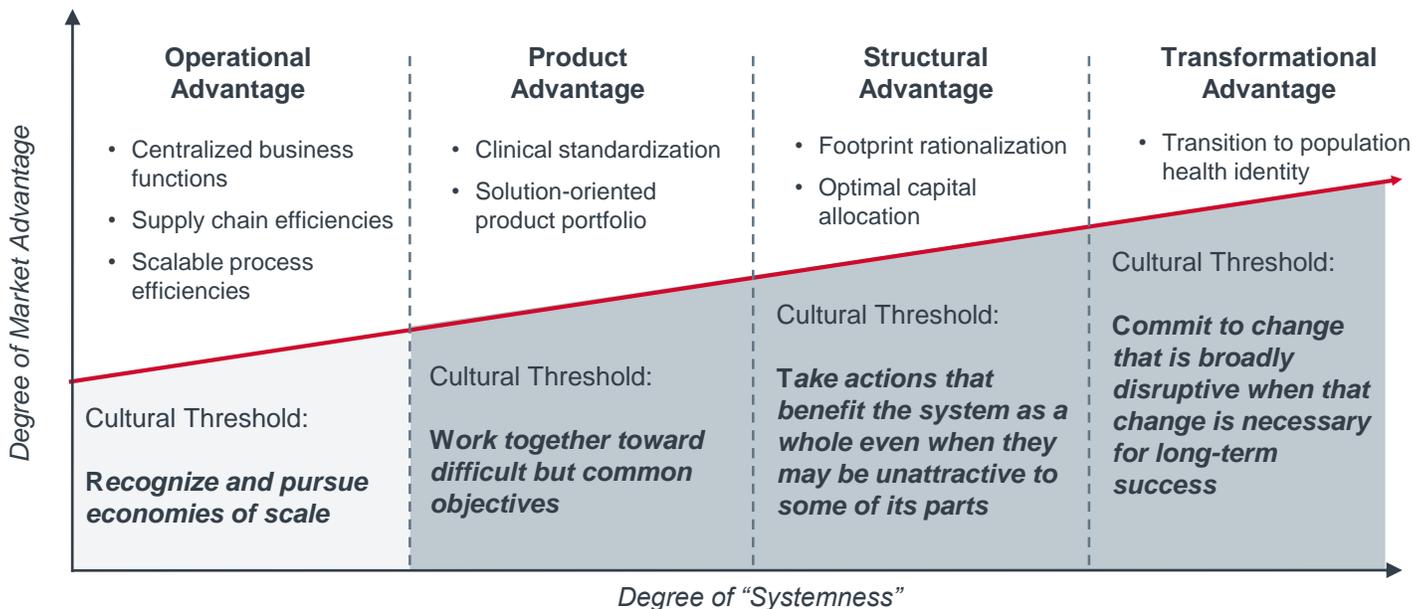
Systemness requires organizations to evolve into a ‘connected care community’ instead of operating in a hospital-centric model. By doing so, it helps health care organizations better serve and support the broader goals of patients and the health care system, integrate their owned and operated components, and extend IT capabilities to the wider community of care. This transition is necessary to successfully implement new models of care, such as value-based care and population health management, and will ultimately drive the formation of a more agile, virtually integrated enterprise.

What is systemness?

Striving for systemness is the desire to act as one organization for better results, and is created when people, processes, technologies, and data are put together in such a way that they can act as one entity. Systemness can mean integrating community partners and affiliates, and the owned and operated entities into a connected care community. This involves extending IT capabilities, including the meaningful exchange of information through interoperability and data-driven decision making with business intelligence and analytics, beyond the walls of the hospital.

Achieving higher levels of systemness has considerable advantages and requires the ability to make hard choices. These choices and actions, as displayed in Figure 1, get harder as the health care organization (HCO) advances towards a population health identity. Operational advantages such as supply chain efficiencies require HCOs to recognize and pursue economies of scale. Product advantages that come from efforts such as clinical standardization require a bit more—people have to work together on a common objective—agreeing on common care guidelines, such as when to use generic drugs or when to use surgery versus physical therapy for lower back pain. Gaining structural advantages may require the moving of a service or the closing of a facility, such as converting acute care space into an ambulatory care center. Hardest of all is achieving transformational advantage by which people have to commit to disruptive change that is best for the long-term success of the system as a whole, but may be difficult for parts of the organization to accept. Ultimately, moving towards a population health identity requires HCOs to work collectively to exceed cultural thresholds and remove common barriers including historical distrust, structural silos, and changing priorities.

Figure 1: The Systemness Story



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Source: Health Care IT Advisor research and analysis.

How is systemness used or applied in health care?

Connected care communities support new models of care and will ultimately drive the formation of a more agile, virtually integrated enterprise. While IT systems can aid systemness by supporting people and processes, IT can also hamper systemness if disparate, heterogeneous systems do not speak to each other. HCOs that are IT-enabled for systemness capture and share electronic data to establish baselines for performance, encourage clinical standards, manage patients proactively, and enable cross-network visibility. The following attributes help HCOs achieve benefits from systemness:

1. Shared governance and decision making
2. Aligned priorities and strategies
3. Consistent practice standards
4. Common performance expectations
5. Mutual appreciation for partnership
6. Streamlined resource allocation
7. Seamless patient experience

Why is it important?

Efforts towards achieving true systemness should be led by executive leadership and supported by IT. In doing so, the systemness work should be framed around clinical achievement and not labelled as an 'IT project.' Realizing benefits from reducing unwarranted care variation and greater efficiency requires better alignment and integration across the continuum. When HCOs fail to realize these benefits, they miss opportunities to provide optimal care through the support of cross-continuum referrals, improved care coordination, and the achievement of clinical and efficiency goals. A lack of integration and standardization across the enterprise can also cause considerable waste in the system. Examples include duplicated tests and unwarranted variations in clinical practices and processes, which lead to increased costs and lower care quality. HCOs not striving toward systemness risk the inability to transition to new models of care delivery.

How does systemness affect health care providers and IT leaders?

IT leadership's role in systemness is two-fold: first, fragmentation among both organizational and IT leadership must be overcome; second, the unified IT function must be integrated into the broader organization. Establishing system-level technology and services is challenging and requires careful steps from IT before and during integration. To achieve true systemness, four conditions must be met:

- **Governance and structures must be explicit and appropriate.** Establish clear divisions of authority between various boards and leadership structures and balance powers between system, regional, and local structures.
- **Staff must be engaged at the system level.** Ensure facility-level executives play system-wide roles, build cohesion among the clinical workforce, and encourage front-line staff to participate in the organizational mission and culture.
- **Incentives must support system-level priorities.** Establish incentives, such as shared goals, to encourage working across boundaries.
- **Actionable information should be available throughout the enterprise.** Use IT systems to facilitate exchange of data across sites and functions and promote a culture of knowledge-sharing that extends beyond transparency.

Questions That Hospital Executives Should Ask Themselves

- 1 What structures and processes in my organization are currently inhibiting systemness?
- 2 What organizational decisions should be made on a system versus a local level?
- 3 Do we have a standard approach for system integration that includes a set of minimum requirements but enough flexibility to accommodate necessary variation?

Additional Advisory Board research and support available



Web conference: [Interoperability: Can You Hear Me Now?](#)



Web conference: [Building a Community of Care: Achieving Systemness in a Sea of Individuality](#)