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International
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Cheat Sheet

Systemness

Educational Briefing for Non-IT Executives

Executive Summary

Systemness helps health care organisations better serve and support the broader goals of patients and the health care system, and extend IT capabilities to the wider community of care. It requires organisations to evolve into a 'connected care community' instead of operating in a hospital-centric model. 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 organisation 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 IT-building blocks of population health management, beyond the walls of the hospital. Systemness also requires the meaningful exchange of information through interoperability and data-driven decision making with business intelligence and analytics.

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 organisation (HCO) advances towards a population health identity. Operational advantages such as supply chain efficiencies require HCOs to recognise and pursue economies of scale. Product advantages that come from efforts such as clinical standardisation require a bit more—people have to work together on a common objective—agreeing on common care protocols, 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 centre. 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 organisation to swallow. 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.
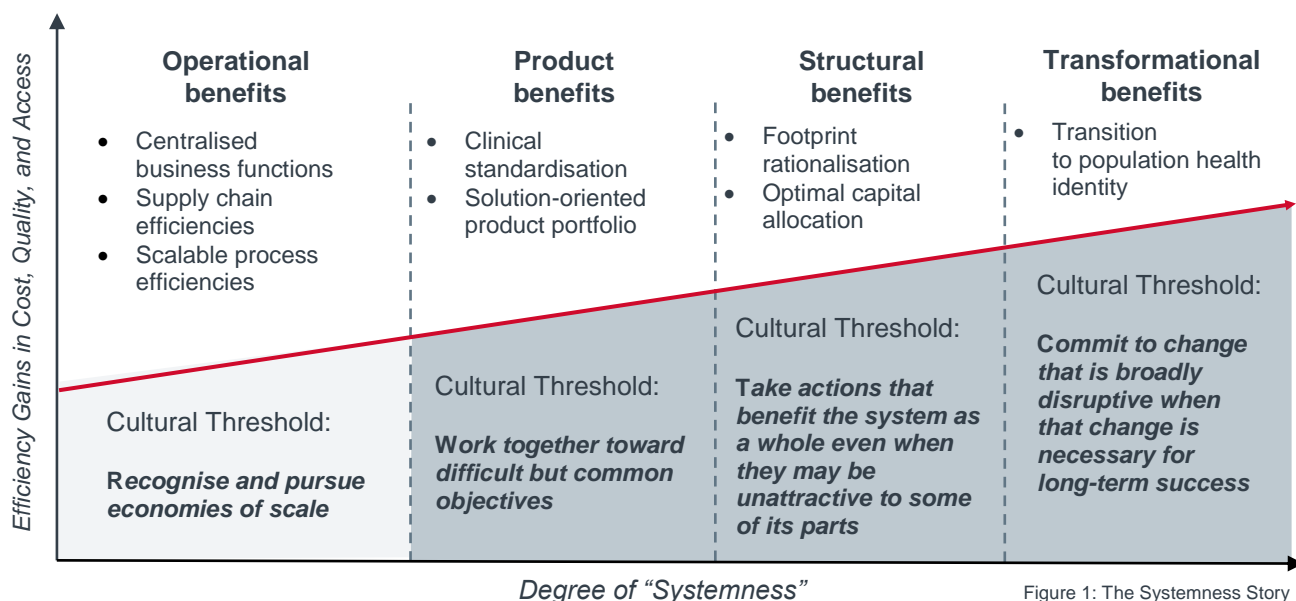

Figure 1: The Systemness Story

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.' Realising benefits from reducing unwarranted care variation and greater efficiency requires better alignment and integration across the continuum. When HCOs fail to realise 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. When clinicians are unable to access information, the data is not 'apples to apples,' or care plans are not standardised across the enterprise, so it can cause considerable waste and inefficiencies. 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.

What is the state of systemness in health care?

Building a connected care community is necessary to 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. Our research indicates HCOs that exhibit these seven attributes are much more likely to 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

How does systemness affect health care providers and IT leaders?

IT leadership's role in systemness is two-fold: first, fragmentation among both organisational and IT leadership must be overcome; second; the unified IT function must be integrated into the broader organisation. Establishing system-level technology and services is challenging and requires careful steps from IT before and during integration. Technologies for enabling systemness include infrastructure / collaboration, financial, clinical, and business intelligence (BI) / analytics. To achieve true systemness, four conditions must be met. This is what we refer to as the "Four Hallmarks of True Systemness" in Figure 2: governance and structures must be explicit and appropriate, staff must be engaged at the system level, incentives must support system-level priorities, and actionable information should be available throughout the entire organisation.

Four Hallmarks of True Systemness

Governance Structures Explicit, Appropriate

- Divisions of authority between various boards and leadership structures expressly articulated
- Thoughtful balance of powers between system, regional, and local structures

Engagement of Key Constituencies Hardwired

- Facility-level executives play system-wide roles
- Doctor workforce cohesive; clinical leadership embedded in broader system
- Frontline staff participate in organisational mission, culture

Incentives Do Not Encourage Counterproductive Behaviour

- System-wide priorities rewarded
- Individual efforts that emphasise local priorities over system priorities discouraged

Broad Range of Information Accessible, Actionable

- IT systems facilitate exchange of data across sites, functions
- Culture of knowledge-sharing extends beyond transparency to curiosity, reflection

Figure 2: Four Hallmarks of True Systemness

For more resources on systemness and IT-enabled integrated care, contact GEEC@advisory.com.