ACCOUNTABLE CARE
LEARNING COLLABORATIVE
AT WESTERN GOVERNORS UNIVERSITY

A Call for Collaborative Action

Identifying Required Competencies for Success in Value-Based Care

▶ GOVERNANCE & CULTURE

▶ INTRODUCTION

The country is at an inflection point in how it pays for and delivers health care services. While much of the recent policy focus has been on payment reform, insufficient attention has been given to delivery reform. Public and commercial payers alike are increasingly adopting value-based payment agreements whereby providers are either financially rewarded or at financial risk, depending on whether they meet predetermined quality and spending outcomes. These payment models tell providers the quality or spending outcomes for which they are accountable, but they do not explain what the provider needs to do, or do differently, in order to achieve these goals.

In an industry-wide effort to assist providers with care delivery changes the Accountable Care Learning Collaborative (ACLC) has identified a core group of essential competencies that providers will need to develop in order to succeed in value-based care. The ACLC is introducing these competencies, in conjunction with a framework, as a starting place. We invite payers, providers, and the larger value-based care community to participate with us in evaluating and refining these competencies to help improve all providers' proficiencies under value-based agreements.

The governance and culture whitepaper, part of the inaugural ACLC whitepaper series, highlights governance and culture-specific competencies identified by the ACLC Governance and Culture Workgroup and provides an explanation of the domain, value, methodology, and findings.

Additional whitepapers, the full list of competencies, and instructions for public comment can be found at **AccountableCareLC.org**.

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▶WHY GOVERNANCE & CULTURE IS ESSENTIAL

In a turbulent market where rising costs are no longer sustainable and quality of care is becoming a higher priority, health care leaders are combatting these forces by entering into value-based programs. Unfortunately, leaders have little instruction for this transition. While there is a common belief that a movement towards value is necessary, this consensus does not mitigate the challenges that health care leaders face. One survey of health care leaders by HealthLeaders Media concluded, "While the majority did say they're headed in a value-based direction or are exploring early effort and pilot programs, fewer than 10 percent of respondents are willing to characterize their value-based programs as 'very strong.'"[1] To overcome this feeling of unpreparedness, leaders need basic guidance regarding how to act and guide their organizations.

Governance & culture is what connects all domains. Without an effective governing body or healthy culture, other domains cannot optimally perform in an accountable care setting.

The domain itself naturally separates into two sections. Governance includes how leaders may act and how an organizations' structure can be modified to reflect value-based ideals. Culture alludes to how the organization engenders an attitude of deep commitment to high-quality care through the actions, behavior, and attitude of those involved with the practice. Therefore, because of the breadth of governance and culture, organizations can consider the competencies in Governance and Culture as the fundamental steps to take in moving toward value-based care.

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▸METHODOLOGY

Literature Review

The ACLC research staff utilized a structured approach to identify a list of competencies for each domain. The first step involved the review of various frameworks and literature geared toward preparing providers to bear financial risk. Through a qualitative analysis, the staff identified common themes of competencies and mapped out language differences and commonalities to reveal general industry agreement on seven competency 'domains.' Preliminary sub-domains or 'categories' were created to organize competencies into more manageable groups for review and refinement (e.g. 'Ease of Access' category under the 'Patient Centeredness' domain). A second literature review was then conducted based on the seven domains, scanning for specific guidance on categorization schemes and distinct competencies within each domain. Initial competency domains and categories were then offered to ACLC members for their review.

Workgroup Review and Refinement

Commensurate with the number of domains, seven workgroups were assembled to provide multi-stakeholder review of the preliminary research and give further direction. Each workgroup was chaired by an individual nationally known for expertise in the domain and comprised of ACLC members who indicated specific interest or expertise in a domain. Workgroup members were then given documents that contained the full literature review and analysis along with access to the original documents for reference. Virtual and in-person workgroup meetings were held to review sources, create and refine domain titles and categories and to develop descriptive narrative language for each. Additional vetting and refinement of the domains, categories, and specific competencies was accomplished via email and conference calls. Specific attention was given to recognize and resolve overlap between and among competencies. Workgroup chairs held additional meetings to review proposed competencies, coordinate content, and identify overlap.

ACLC Domains

- ▸ Governance and Culture
- ▸ Financial Readiness
- ▸ Health IT
- ▸ Patient Risk Assessment
- ▸ Care Coordination
- ▸ Quality
- ▸ Patient Centeredness
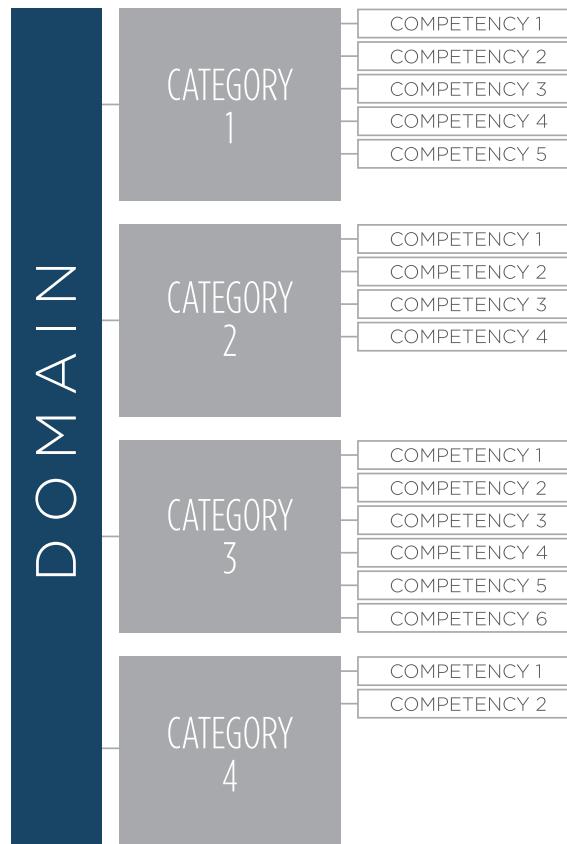
▶ WORKGROUP CONCLUSIONS

Domain

All workgroup members agreed that Governance and Culture is a necessary domain in accountable care; however, challenges did arise when defining the domain. Since multiple definitions for governance and culture already exist, members decided to avoid creating new or additional definitions. Instead, workgroup members decided it would be more beneficial to set a description of governance and culture in the context of accountable care.

The description of the domain derived from two sources. First, the chairs and manager referred to industry dictionaries and publications to observe commonly accepted definitions of governance and culture. Second, the chairs and manager drew upon discussions that occurred at the workgroup meetings. Members at these meeting spoke frequently about the scope and role of governance and culture in the context of accountable care. Using these discussions in combination with the secondary research, the chairs and manager proposed a description for governance and culture in the context of accountable care adoption to workgroup members. Workgroup members accepted the description and proposed minor edits. Understanding this description will give leaders clarity to correctly interpret and apply the categories and competencies. The proposed definition is:

"Governance is the unwavering leadership and policy development directed at achieving and demonstrating provider accountability in an atmosphere of full transparency. Culture is a system of shared assumptions, values, and beliefs which governs how people behave to align their actions with stated beliefs."

Categories

The workgroup recognizes that a complete list of competencies is difficult to evaluate. In order to make evaluation of available competencies most efficient, the workgroup created a multi-part categorization scheme. **These categories present a framework by which providers may quickly identify groups of competencies for which they seek additional understanding.** Below are the four categories with accompanying definitions and the corresponding number of competencies in parenthesis:

1. **Leadership (6):** Considers how a leader or a governing body uses their position, responsibility, and power to make decisions or create policies that will drive successful accountable care adoption.
2. **Organizational Structure (4):** Defines how roles and responsibilities are managed and coordinated among levels of a risk-bearing entity to provide high-value care.
3. **Culture of Stakeholder Engagement (6):** Discusses how to meaningfully engage with industry stakeholders in an effort to become more collaborative and coordinated in the treatment of care.
4. **Commitment to Value (6):** Encompasses values and behaviors that permeate throughout the organization and demonstrate an organization's commitment to value-based care.

It is important to note that although these are the categories that made sense to this particular group of commissioned reviewers, we expect providers to redefine and/or add to these categories such that they are more applicable to their unique circumstances.

Competencies

The governance and culture workgroup has identified 22 competencies. The list of competencies is by no means exhaustive. We welcome further investigation and additions by other groups and individuals and we hope this current list will provide a good foundation for that work. We refer the reader to the full competency list in the below table, but include one example from the workgroup discussion here for illustrative purposes.

The Henry Ford Health System is one of only 21 organizations selected to participate in the newly announced Next Generation ACO program. Part of the organization's success, and contributing factor to its inclusion in the program, is attributed to leaders who have six years of experience successfully leading their clinical integration network. The system witnessed the benefit of "identifying interdisciplinary leaders who have proven abilities to achieve value, quality-improvement outcomes and manage risk." Charles Kelly, D.O., the executive who leads the effort, stated, "The Next Generation ACO Model is an important step toward advancing models of care that reward value over volume in care delivery."[2]

CATEGORY	COMPETENCY LABEL	TIER	COMPETENCY
LEADERSHIP	GC.1.1	Pre-Launch	Identify interdisciplinary leaders who have proven reputation and abilities to achieve value outcomes, carry out quality-improvement initiatives, and manage risk
	GC.1.2	Pre-Launch	Define your organization's strategy, common terminology, and vision for the served population
	GC.1.3	Pre-Launch	Develop policies that support business processes, compliance, ethical behavior, patient rights, and patient centeredness
	GC.1.4	Pre-Launch	Distinguish and match leaders' skills to place them in a position to achieve value in a risk-bearing provider entity
	GC.1.5	Operational	Ensure that there is sufficient representation of clinicians, community members, and patients on your board of directors and throughout the governance structure of the organization
	GC.1.6	Operational	Drive low-cost, high-quality outcomes by providing adequate resources, monitoring ROI of investments, and changing the flow of funds
ORGANIZATIONAL STRUCTURE	GC.2.1	Pre-Launch	Codify decision-making processes that align with organization's value-based objectives in strategic documents
	GC.2.2	Pre-Launch	Invest in an effective internal communication strategy that aligns with your organizational values and operational processes
	GC.2.3	Operational	Structure clinical operations for high-value, patient centered care
	GC.2.4	Operational	Eliminate internal fraud, waste, and abuse

Competencies *(cont'd)*

CATEGORY	COMPETENCY LABEL	TIER	COMPETENCY
CULTURE OF STAKEHOLDER ENGAGEMENT	GC.3.1	Pre-Launch	Engage physicians and clinician leaders throughout all levels of the organization to carry out and drive value-based objectives
	GC.3.2	Operational	Identify resources to support physicians and health care professionals in offering value-driven care
	GC.3.3	Operational	Use patient assessments and communicate with them to track patient satisfaction, and identify the strengths and weaknesses of the organization
	GC.3.4	Operational	Collaborate frequently and effectively with value-focused partners across the health care spectrum
	GC.3.5	Operational	Provide transparent cost, quality, and process data to internal and external stakeholders
	GC.3.6	Operational	Increase operational efficiency and improve quality outcomes by facilitation collaboration throughout all levels of the organization
COMMITMENT TO VALUE	GC.4.1	Pre-Launch	Align your organization's mission or vision with your commitment to value-based care objectives
	GC.4.2	Pre-Launch	Align ethical obligations for providing care with quality-improvement initiatives
	GC.4.3	Pre-Launch	Challenge the cultural assumption that high-cost treatment is the same as high-value treatment
	GC.4.4	Operational	Employ effective tools and processes for ethical decision making
	GC.4.5	Operational	Understand the unique cultural characteristics of the population served to implement changes in the organization in order to provide high-value care
	GC.4.6	Operational	Create, evaluate, and modify operation metrics to reflect your value-driven strategy

▶NEXT STEPS

The governance and culture information presented in this paper is a starting point and marks the beginning of a public comment period. The ACLC will release a series of subsequent revisions as comments and the perspective of future members are reviewed and incorporated. It is anticipated that the work will substantially evolve over time as more information, evidence, and perspective is acquired.

There is more to do than just refine the domains, associated competencies, categories and definitions inventoried here. Going forward the ACLC will begin identifying stages of competency attainment, recognizing that not all competencies can or should be advanced simultaneously. ACLC members will also begin stratifying competencies by the type of organization and risk arrangement. For example, an integrated health care system will have a different starting point and possibly end goals than a single practice specialty group. The ACLC will also create a resource center where evidence including case studies, vendor information, and other relevant materials will be available and disseminated, all with the goal of advancing and accelerating the successful adoption of value-based care arrangements.

To provide comments to the work of this workgroup or others and to learn more about how you can help contribute to this shared body of knowledge, please visit AccountableCareLC.org.

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About the Accountable Care Learning Collaborative

The ACLC accelerates the transition to accountable care by identifying what providers need to succeed in value-based payment models. Through collaborative forums, members contribute their understanding and experience in the real world of accountable care implementation. The ACLC is managed by Leavitt Partners, LLC.

About Western Governors University

The ACLC is at Western Governors University (WGU), a leading innovator in health care education. WGU offers over 50 online bachelor's and master's degree programs that are accredited, flexible and competency based, serving the needs of working adults. Degree programs include nursing, health informatics, business administration, and integrated health care management. WGU prepares future leaders for the world of accountable care.

Acknowledgements

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