*The Healthcare System:*

**The Dynamic Balance: A Disruptive Model for Healthcare Resource Allocation:**

**A Healthcare Leadership Thought Model for Change**

***A Model Designed for use in Community Health Systems, Healthcare Innovations and Inventions, and the Training of Healthcare Executives***

Presented and Authored by:

Dr. Daniel Berman DBA/HCA, MSN, FACHE, RN

Senior Strategic Thinker/CEO

Center for Healthcare Thinking and Innovations

***The Healthcare Dynamic Balance’s View of the Healthcare Landscape.***

*Special Note: Healthcare Dynamic Balance has coined the term Community Healthcare Cooperative.*

*At all levels of this cooperative the focus is on the sustainability of the Healthcare Community not the*

*Individual components self-interest. If the cooperative is sustained then all the parts of the cooperative*

*Thrive for the better nature of healthcare and human compassion towards those in needs.*

***National Healthcare Cooperative***

***In this model it essential that the four parts of the circle constantly and in real time communicate with each other as decisions are made.***

**State Healthcare Cooperative**

***In this model it essential that the four parts of the circle constantly and in real time communicate with each other as decisions are made.***

***Local Healthcare Cooperative***

***Special Note: This Healthcare Cooperative could be based on local defined regions, counties, and also cities.***

***In this model it essential that the four parts of the circle constantly and in real time communicate with each other as decisions are made.***

**In order for our healthcare system to be nimble and innovative in real time the individual members of the cooperatives are working together to create and innovations and communication from members at each level are occurring constantly.**

**Over Arching Philosophy**

The Health System Dynamic Balance was developed in response to the major issue in Healthcare: ***Every Individual in the US is entitled to Primary Healthcare and Prevention.***

The key to the problem is that these services need to be offered in a manner that correctly allocates existing resources and does not become a fiscal burden on society. The major problem in this healthcare system is a lack of creativity and also innovation. The reason that this is essential is that creativity and innovation in healthcare delivery will allow healthcare practitioners and health systems to create innovations without the additional cost of adding existing or new resources. There are healthcare industry trends that are occurring that is driving the need for this model to help manage the rapid change.

***Predictions for Healthcare Trends from 2014-2020***

1. ***The Development of Population Health Contracting- No longer will healthcare be implemented and providers of all types will be contracted for a population of care based upon a payment for an organized system of care. Contracting will be by disease or by a population.***
2. ***Government and also Employers will bypass insurers and directly contract with groups of providers.***
3. ***Community Systems of providers aligned with groups of clinicians will organize into “Community Cooperatives of all Types of Providers to Deliver Care.” This collective will be driven by a community cooperative board of directors.***
4. ***Traditional Payers are going to become parts of these Cooperative Systems of Care.***
5. ***Physicians and Mid-Level Providers like (Nurse Practitioners and others) will align themselves with Community Cooperatives.***
6. ***Management of these Community Cooperatives are going to be driven by knowledge management. Knowledge management includes the management of data related to healthcare industry.***
7. ***In terms of healthcare services, there will be an increased demand for services with less fiscal resources available. Concurrently, consumer movement will be stronger in demand for quality.***

This model has proved successful in preparing the settings of Community Health Asset Development, Healthcare Executive Training, Education, and Coaching, and Healthcare Small Business Development become aligned with the changes and future trends in healthcare.

***Theoretical Framework***

***The Healthcare System Dynamic Balance*** acknowledges that healthcare is not delivered in a vacuum. There are internal and external forces that are always at play which impacts resource allocation and the nimbleness of a healthcare concern to be innovative and creative. The forces identified are:

1. *Internal Organizational Dynamics*: The Dynamic Balance recognizes that the internal workers of a system experience their own internal psychosocial reaction to the mission and vision of an organization. This psychosocial behavior is identified through the healthcare workers motivation for the work of the organization.
2. *The Fiscal Sustainability:* The Dynamic Balance recognizes this as a force that motivates the internal workers in a healthcare system to always be aware of the fiscal survival of the healthcare component. This sustainability allows the healthcare worker to sustain the mission of the organization and at the same time sustain their own need for an income and or a job*.*

***These two internal factors often cause discomfort among the healthcare system workers and therefore the desire for stability often causes a lack of innovative and creative thinking***

These two internal forces within a healthcare organization is further impacted and govern by the external forces from Society at large. The Health System Dynamic Balance Model recognizes that the Healthcare Internal System could not function in a vacuum and there are external forces at play.

1. American Society often goes through internal battles where society is in conflict with themselves on issues of social justice versus economic spending and stability. Therefore the model recognizes the power of consumer groups as they dictate the healthcare delivery system

American Society and Consumerism dictates how legislative and governmental oversight of Healthcare as well as the development and adherence to Voluntary and Mandatory accreditation standards

1. *Legislative issues*: The Model must take into consideration the direction and impact of legislative processes at both the state and federal levels.
2. *Voluntary and Accreditation Standards:* The model takes into consideration the healthcare systems needs to align themselves with these standards.

***The theoretical framework’s primary purpose is to change the method of healthcare decision making. The purpose is to take this from a strategic senior leader purposed direction to one from small group development, which sole purpose is to bring about decisions not seeped in organizational self- interest but to have every agency approach healthcare decision making from a community based effort. Instead of looking at the sustainability of one organization we are to look at the sustainability of community health assets and the Community Health Cooperative.***

**The Community Healthcare System:**

*The Healthcare System Dynamic Balance* is used to aid the Healthcare System in developing innovative and creative healthcare clinical and leadership decisions that are used to enable healthcare services to be offered to everyone. Operationalization of this model is implemented at several different levels and directions of the organization. Within the organization there are three levels: Executive, Clinical Programming, and Support Staff. At all three levels when a decision is made there should be several questions used as litmus test to see if that decision makes sense.

1. Is that particular decision in line with the identified needs as pronounced by the consumer groups? **(The need for the proper decision in this area should be led by the marketing and sales department in conjunction with representatives from consumer groups.)**
2. Is the particular decision aligned with the legislative climates in the State capital and or Washington DC? **(The need for the proper decision in this area is led by the assigned department for legislative affairs)**
3. Is the particular decision aligned with the voluntary and accreditation forces? **(This is led by your Quality and Compliance Leaders.)**
4. Is the particular decision aligned with the needs of the payers? **(This should be led by the marketing department.)**
5. Is the particular decision in line with the Human Capital Needs of the organization? **(This should be led by the human capital department.)**
6. Is the particular decision aligned with the fiscal sustainability of the organization? **(This led by the fiscal department.)**

The model further promotes a different approach to organizational problem solving. The Senior Executive Team should stay in place and have members from each department that represents the forces above. However the present approach of healthcare systems using a silo departmental approach needs to be stopped. The way to have creativity and innovation is to allow interdepartmental problem solving that allows for all departments and levels to work on the same problem.

Operationally if there is consideration of a new service line, a resource allocation issue, or a clinical ethical decision making issue representatives of all these forces should come together to make decisions. Rather than have large interdepartmental meetings there should be small working groups who problem solve, representing these various forces and then report back to the Executive Committee.

In operating in this fashion the working committee should be no greater than 7 members so that the groups can be nimble and move quickly, if this is organizational issue the Dynamic Balance Model recommends that outside representatives be part of active committees. An example of this key model are clinical and programmatic work groups should include consumer advocacy groups.

***Important Questions that the Model assist in stimulating thought and Discussion***

1. **How does the Community Health Collaborative Identify and Prioritize the need and utilization of healthcare assets and resources.**
2. **How does the Community Health Collaborative define for providers and leaders what “thinking out of the box means in terms of Healthcare Programs”**
3. **How do we define whether Innovation and Creativity improves the delivery and cost of Healthcare,**

**Application of this Model**

* Community Health Networks
* Community Health agencies
* Hospital Systems

**Healthcare Evidence Based Innovations, Healthcare Service Delivery new creations, and Healthcare Startup Technological Companies**

The Healthcare Dynamic Balance is a model of innovation which is designed to stimulate new growth in Evidenced Based research and program development. These new programs can be service delivery innovations and also can be new healthcare technology. The dynamic balance acts a management tool to raise the question of viability from both a service and purpose as well as fiscal sustainability. The leaders in this decision making has one purpose.

“Is the innovation needed, can it be disseminated, and is it fiscally sustainable”?

This question is answered by taking a multiple prong approach using multiple leaders to create a team approach to answering this question. In looking at these innovations the team must be able to answer the following questions:

1. Is the organizational function of the day to day operations for this innovation efficient? In order to be efficient there must be a structure where there is the technical talent to implement the innovation and there is an infrastructure to manage the implementation.
2. Is the Innovation fiscally sustainable? Will the specific unit of service and payment for that unit of service have enough fiscal funds to sustain this venture?
3. Is there a market and or an internal need for the innovation?
4. Does the National and or Local Healthcare consumer movement want the innovation
5. Does the innovation meet the local or national legislative and regulatory requirements and needs
6. Does the innovation meet the needs of the Healthcare Accreditation?

Operationally, in this decision making process there should be leaders at the table who have expertise in healthcare business operations, talent that understand the innovation, marketing and sales, legislative and regulatory needs, and accreditation.

This model can be applied to small changes in healthcare protocols in existing delivery systems, changes in healthcare delivery systems, and large scale healthcare technological innovations.

1. ***Important Questions that the Model assist in stimulating thought and Discussion***
2. How does the innovator explain the value of the innovation from a fiscal and market perspective
3. How does the innovator explain the cost of developing this innovation
4. How does the innovator develop and pay for a program of dissemination

**Application of Model**

* Creators of Evidenced Based Care for Patients
* Creators and Developers of Community Healthcare Cooperatives
* Creators of Independent Healthcare Companies
* Healthcare Technological Inventors
* Healthcare Startup Companies
* Investors in Healthcare

**Healthcare Leadership Training at Formal and Informal Levels**

*Informal Trainings- Is training held in the community or in the facilities as ongoing training and development*

*Formal Training –Is training held at the University or College level in Undergraduate and Graduate Work?*

The Healthcare Dynamic Balance Model is designed to stimulate growth in the development of these programs to remain relevant so that they meet the on-going leader’s needs in skill development and meet the needs of the industry skill and knowledge needs. This model recognizes that often accreditation and regulatory requirements can be interpreted by the educator community as a barrier to change. The model recognizes that these accreditors and regulatory agencies are stakeholders in this process.

Therefore educators and administrators at both levels should meet together with other stakeholders to be able to answer the following questions

1. Do the courses and trainings meet the educational developmental needs of the leaders?
2. Does the educational offerings meet the needs of the industry and trends?
3. Does the course and training meet the needs of the consumer groups?
4. Does the course and training meet the needs of the Professional Organizations?
5. Does the courses and training meet the new trends of healthcare legislation?
6. Does the courses and training meet the identified educational needs of the accrediting bodies?
7. Are the instructors up to date on the needs as identified in questions 1-6?

All educational entities whether they be universities, colleges, training vendors, or internal training departments should have a continuous quality improvement team that meets at least quarterly to review the educational offerings to see if they the needs identified in questions one through six. They should have experts who represent the enrolled users of the training, industry leaders, patient consumer groups, professional organizational leaders, leaders aware of new legislation, and professional accreditation leaders.

Every new course that is developed should go through a rigorous process where developers are required to demonstrate how the course meets the requirements of 1-6.

1. **Do educators and educational administrators both agree to the importance of answering questions one-sixth?**
2. **How do educators and educational administrators agree on the priority of importance for numbers 1-7?**

**Stories of Success of the Implementation and Use of the Healthcare Dynamic Balance Model**

1. Problem Identified- In Large Urban Area of Pa consumers of children care for the indigent complained that they were unable to advocate for their Children’s Special Needs.

*Result*: The Dynamic Balance model was used to bring providers and parents together to solve problems related to access and proper use of healthcare resources.

1. Problem Identified-

In statewide in Maryland Behavior Health Providers were concerned that the payers and employers were not in concert with the needs of the patients.

Result: Using the Dynamic Balance model a criteria for the managed care of substance abuse was created and used called the Baltimore Criteria. (*This was one of many local criteria that the American Society of Addictions used to create national approach)*

1. Problem Identified:

Nationally providers of care were examining how to organize into models of care so that they could contract with managed care.

Result: Using the Dynamic Balance many providers networks were established and still operate and have obtained contracts.

1. Problem Identified:

In the Greater Baltimore area, governmental payers and commercial payers were concerned, that there was not enough skilled and unskilled care.

Result: The Dynamic Balance was used to bring together small home health providers and created a network where they shared resources and then provided these needed home health services to contain costs.

1. Problem Identified:

The author of the Dynamic Balance, Dr. Berman noted that there were many individual consultants who were working in alignment but were not integrated. Using the *Dynamic Balance,* a model was created for inter and intra consulting. This company was called Visionary Healthcare Consultants and grew to include 20 consultants in different locations. The firm was sold for a profit.

**How can the existing Healthcare System benefit from the Dynamic Balance?**

* Dr. Berman is available to share this model and vision to large groups and Organizations.
* Dr. Berman is available to serve as an advisor to Healthcare Organizations.
* Dr. Berman welcomes discussion and dialogue with any vested party.
* Dr. Berman is using the Dynamic Balance Model for Industry Research and welcomes commentary.
* Dr. Berman is available to author articles for healthcare media relations.

For any System or Provider to interface with this model

Please Contact:

Dr. Dan Berman

Center for Healthcare Thinking and Innovations

904-261-2258

Daniel.berman@healthcarefutureinnovations.net