USING TRANSFORMATIONAL LEADERSHIP
to Move Health Care Upstream

Moving Health Care Upstream (MHCU) aims to assist health systems in their efforts to address persistent and costly health inequities by moving "upstream"—beyond the walls of hospitals and doctor's offices and into communities. MHCU advocates for and facilitates bridge-building between health care and public health to address the root causes of disease, while focusing on the early years when the foundations of life-long health are established and the return on investment in prevention is greatest.

This upstream approach to health occurs through small steps, as well as great leaps, and requires innovation and fresh thinking. Transformation involves coordination that increases the readiness and ability of health systems and providers to collaborate with sectors outside the traditional medical care system. Only in this way can community assets be leveraged to address the upstream social and environmental factors negatively influencing the health and well-being of the children and families they serve.

Through this work to identify, prototype, and refine innovations that will help realize the triple aim to improve health, improve patient experiences, and reduce costs, a common denominator has begun to emerge. That common factor is the transformational leader or group of leaders that support this critical change in course.

Transformational Leaders

Transformational leadership is a leadership approach that creates significant change in the lives of people and the culture of organizations. It redesigns perceptions and values, and changes the expectations and aspirations of employees. Transformational leaders have the personality, traits and ability to articulate their vision, set challenging goals, and lead by example. They enhance the motivation and morale of others and help connect communities to the mission and the collective identity of the organization. They also challenge those around them to take greater ownership for their work and optimize their performance.[1,2]

Within the health care setting, transformational leadership involves the process of visioning a desired outcome, analyzing present reality, and realizing the opportunities for improved health care delivery via cultural change within an organization. Effective leaders realize that only through collaboration can we achieve healthier communities. [3]

Studies have shown that transformational leadership positively affects employees' individual creativity[4] and work-related attitudes.[5] Transformational leadership has also been found to positively influence leadership efficiency and produce positive outcomes including extra effort, effectiveness and satisfaction.[6] Leaders employ a clear and competent vision of public health, work collaboratively with other community agencies, and address the current challenges to public health with creativity and innovation.[7]

Transformational Leaders within Moving Health Care Upstream

This brief focuses on the work of three pioneers in efforts to address upstream population health: Cincinnati Children's Hospital, New York Presbyterian Hospital, and Nemours Children's Health System. Interviews with key leaders responsible for population health strategy and implementation within each organization provide the basis for the following characteristics commonly found among transformational leaders:

They are role models. In each enterprise successfully addressing social determinants of health, leadership has prioritized this work. Transformational leaders act as role models by demonstrating the change they want to see. They motivate others to work with them to achieve difficult goals. They are also strong advocates for change within their communities, pushing for change even when it is not acceptable or palatable. They articulate a vision that is appealing and inspiring to followers. They also work in a manner that instills pride, gains respect and builds trust.

They look beyond the clinic walls. Successful health systems reframe the work of hospitals and clinics to broaden their vision and push hospitals to take responsibility for the health of their community, not just the health of their patient panel. These organizations are creating support and opportunities to train leadership towards a new way of thinking. The visionary aspects of

leadership are supported by communication skills that make the vision understandable, precise, powerful and engaging. Through this commitment to innovation, supporters are willing to invest more effort in their tasks and are optimistic about the future.

They use an interdisciplinary approach. Leadership must role model movement towards addressing the social determinants of health by recognizing that others in the health system have a different perspective. Instead of pushing aside the ideas of those outside of their comfort zone, they welcome them to the conversation and use those ideas to strengthen and support their goals and vision.

They build bridges. Transformational leaders believe in establishing relationships built on trust. They understand the need for consistency and the need to listen to, and understand, concerns. Whether in the community or within the interdisciplinary team, leaders do what they say and demonstrate follow through. This commitment provides others within the organization with a strong sense of purpose and meaning that provides the energy to drive the group forward.

They build continuous improvement into the fabric of their organization. Only by fostering the ability to consistently improve and being to open to ideas for making things better will change occur. Having a culture of continuous improvement also tells all elements of the organization that when problems occur, they can work together to create solutions. This open environment helps employees learn how to bring forth solution-oriented ideas, instead of just complaints.

They support accountability. Transformational leaders hold their colleagues and peers accountable, especially those who refuse to participate in the mission and vision of the organization or who intentionally undermine the work. They set goals and measure progress. They challenge others with high standards, communicate optimism about future goals, and provide meaning for the tasks at hand.

They are mentors. Leaders engage and mentor future leaders. These organizations have created leadership programs, they make time for leaders to do the work of leading and they train from within to help new leaders realize their potential. Leaders offer empathy and support and keep communication open. They also respect and celebrate individual contributions, giving team members the will and aspirations for self-development and the intrinsic motivation needed to do this challenging work. In essence, they lead by example.

They engage staff and build capacity. Transformational leaders support staff at all levels to engage in, and support movement toward, addressing the social determinants of health. To be successful, they must assist in building staff competency and capacity around these issues. The current state of the healthcare system supports care for the downstream effects of poor health, however leaders understand the need to move upstream, understanding the root causes of poor health conditions. Leaders also understand how to foster the desire to build skills and capacity rather than focusing on training alone.

They embrace the old and the new. Leaders help provider's see their role in addressing the social determinants of health. Providers are traditionally trained to manage health through strategies such as education, counseling, referrals, treatments, and procedures. Leaders frame issues in a way that aligns with providers' training. They help providers recognize that results are not always quick and some solutions may be out of reach. In patient centered medical homes, practice team meetings facilitate introductions to new roles and responsibilities. They also facilitate ongoing dialogue among staff and management to help make cultural competency and health equity a part of standard operating procedures.

They find community partners. Transformational leaders help their health systems engage with the neighbors and together work to improve the health of the community. They ensure that community partners have a true seat at the table. They build competency and capacity to facilitate staff engagement with community. They engage community members and practitioners in assessing the status of community determinants and use that feedback to prioritize and take action. Leaders also clearly state and uphold the roles of community partners.

They are good neighbors and authentic partners. Effective leaders serve on boards and committees and are actively engaged in community-based initiatives. They acknowledge the importance of diversity, embrace equity and look within the community for employees and partnerships. They patronize local businesses and even live within the community, when possible.

They plan strategically. Transformational leaders embed social determinants into strategic planning, ensuring their entire organization is working toward addressing these goals. Strategic planning engages all levels of staff, the board of directors, top organizational leaders and providers, to include a long-term plan to address the health system's community. Leaders determine the philosophical foundation of the strategic plan, as well as the financial and community health outcome goals necessary to achieve it.

They support assessment. Leaders also use strategic planning to align the plan and vision with the community's health needs assessment (CHNA) and other community assessments. These assessments ensure that health systems have the information necessary to implement key hospital and community activities. These assessments also take into consideration input from those within the community, intentionally weaving together community partners such as key community based organizations, the education system, the public health system, social services organizations, and hospital services, all working together to improve health outcomes.

They work creatively and collaboratively to fund important initiatives. Transformational leaders set out to make their vision a reality. They approach tasks with an "If you build it, they will come" attitude. They engage funders and key decision makers early on and build support through trust and measurable results. They braid resources from state and federal funding streams, local grant opportunities, community benefit funds, and other grant-making institutions. They advocate to change systems of health care reimbursement to fund quality of care, not quantity of care. While funding is a barrier to many new initiatives, these leaders rarely let lack of dollars stand in their way.

The following tools and resources are available to assist in assessment, planning, and implementation of transformation:

- [Institute for Healthcare Improvement: Triple Aim for Populations](#)

- [The Center for Medicare and Medicaid Services Innovation Center](#)

- [A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease](#)

    - [Building Organizational Capacity to Advance Health Equity](#)

- [The Lumeris Accountable Primary Care Model](#)

- [THRIVE: Tool for Health & Resilience In Vulnerable Environments](#)

Policy Recommendations

This brief provides strategies consistent across organizations that transformational leaders use to effectively impact population health. In some cases, strategies may be initiated through a simple, informal practice change, but in other cases, strategies will require policy changes at the local, state or federal level of government or at the institutional level. To encourage more hospitals to rethink their leadership strategy and move toward a more transformational focus, we recommend the following policy recommendations:

For Hospital Systems:
- Create a position statement that defines the population and health its health needs, and describes goals to achieve the triple aim of improved health outcomes, improved patient satisfaction and reduced costs.

- Implement policies that allow providers and leaders the time and training needed to act as a transformational leader, and ensure that health system compensation systems reward time spent in training or in quality improvement initiatives. Professional development opportunities are critical, especially to build leadership skills, because being a transformational leader utilizes a unique skill set.

- Review, revise, and develop policies that address health equity, such as those that prioritize hiring from within the community, highlighting the need for access to healthy food within the community or working with minority-owned businesses.

- Direct hospital community benefit funds to evidence-based community prevention programs to improve health and lower costs and consider community benefit dollars as a

funding mechanism for these programs. Hospitals should also engage the strategic use of their Community Health Needs Assessment, so as to develop and maintain a roadmap of how resources might need to be allocated and key stakeholders involved to achieve improved community health outcomes overtime.

For Local, State and Federal Policymakers:

- Create or provide seed funding for robust data systems that link existing or proprietary clinical and community services information (e.g. clinical, social, behavioral, public benefits, etc.), as appropriate under federal and state law, to support the provision of seamless and coordinated services for individuals requiring multiple community supports.

- Support an interoperable health system that empowers individuals to use their electronic health information to the fullest extent; enables providers and communities to deliver smarter, safer, and more efficient care; and promotes innovation at all levels.

- Enact policies for payers at the state and national level that encourage organizations to work towards common goals, measurement, and reduce silos. For example, at the federal level, evidence-based activities should fall within the four strategic directions of the National Prevention Strategy: clinical and community preventive services; healthy and safe community environments; empowered people; and elimination of health disparities. Activities that fulfill the goals of these strategic directions should receive full community benefit credit for the hospital.

- Create policies that fund or incentivize community based prevention efforts, especially those that strengthen linkages among clinical and community partners. For example, at the state level, Oregon has implemented a policy that requires shared savings be redistributed in a way that benefits community health (i.e. Oregon CCOs).

Transformational Leadership in Action

Learn more from transformational leaders within three different health systems who are testing new solutions and adopting promising innovations.

CASE STUDY: Cincinnati Children's Hospital

Cincinnati Children's Hospital embodies the use of transformation leadership in its efforts to improve the health of its community. "We began building a case that it wasn't acceptable to be the lead children's hospital in the city and the county and have such poor outcomes in the neighborhoods not far from here," recalls Dr. Rob Kahn, Associate Chair for Community Health. Leveraging credibility earned through work in quality improvement and safety, key leaders within the institution championed to move health care upstream.

"In 2010, the board of trustees of the hospital endorsed four population health goals to improve outcomes for all children in the county, whether patients of the hospital or not," states Kahn. This key endorsement led to transformation among hospital leaders. Monica Mitchell, PhD, Senior Director, Community Relations explains, "Cincinnati Children's is committed to achieving our vision of being the leader in improving child health. We are working together with schools and families to improve asthma management and decrease childhood obesity. We are also partnering with organizations and communities to reduce rates of infant mortality and unintentional injuries. By working together to solve key health challenges, we can become a stronger community and 'change the outcome' for local children and families." Today, the hospital's strategic plan is based on the commitment to "help Cincinnati's kids to be the healthiest in the nation through strong community partnerships."

Cincinnati Children's is committed to transformational quality and process improvement. Efforts have changed the culture and focus of all work from the chairman of the board to the frontline staff. Their James M. Anderson Center for Health Systems Excellence opened in 2010 to a focus on quality improvement, and to spread the impact of this work. The Anderson Center works to identify best practices, connect research and healthcare delivery, and partner with patients, families and outside organizations to bring new knowledge to healthcare. The Center is also harnessing the power of improvement science to accelerate change and to create change agents who will be the catalysts that transform the delivery of healthcare.

Cincinnati Children's is now connecting with community partners, focusing on key health issues across in the neighborhoods they serve, and fostering innovative ideas within the community to improve health. Patient liaisons are integrated in primary care clinics to link families to food and infant formula banks, job training, technology, and even legal services to help them improve their housing conditions or claim wrongly denied federal benefits.

The hospital's commitment to population health is paying off with positive health outcomes for patients and their families too. Kahn asserts, "We have achieved our 2015 goal for asthma. We have an over 20 percent reduction, in the county, in asthma admissions among children with Medicaid!"

CASE STUDY: Nemours Children's Health System

In 2004, the Nemours Health and Prevention Services division was established to focus on preventing disease and promoting health. This operational shift broadened the focus of the health system from clinic and hospital patient services to work focused on improving the health of all of Delaware's children. To enhance integration of clinical care and community-based prevention, as well as to achieve a broader mission of helping children grow up healthy, in 2011 Nemours established a leadership work group to develop a strategy to optimize health for Delaware's children. The Nemours team identified an opportunity to further catalyze this transformation through the Center for Medicare and Medicaid's Health Care Innovation Awards (HCIA).

Nemours was awarded $3.7 million for a 3-year period to work with community partners in Delaware to better integrate clinical care with community-based prevention for children with asthma, including Medicaid beneficiaries. The focus of this work centered on more than 800 children enrolled in the Nemours asthma registries; however 42,000 children in six surrounding communities were identified who could be impacted by broader, community-based systems and changes in policy. The project worked to enhance the existing family centered medical home; used technology to better identify and stratify the patients at highest risk; deployed a "navigator" workforce of community health workers to integrate interventions within the community; and developed and deployed an "integrator" model to support each site- with supports including use of community liaisons to connect patients with much needed services.[8]

Of the lessons learned in this project, transformational leaders were necessary to facilitate and achieve change in key population health outcomes. Mary Kate Mouser, former Operational Vice President of Nemours Health & Prevention Services, describes the process, "We tried to engage a lot of individuals. Throughout the process we tried to bring board members and community leaders into the practices, so that [providers] felt that their work was recognized and important. We looked for opportunities to highlight the work and speak about it and…we tried to ensure that…those people doing the work had a voice to talk about it."

Nemours developed interdisciplinary teams, promoted organizational culture change, and improved patient, family, and community engagement. To successfully link clinical care and community health, health care systems included team members who brought both a clinical perspective and a public health perspective to meet the needs of the child and family holistically. Transformational leaders considered how to optimize collaboration and engagement of critical clinical, public health, and community stakeholders early on. Looking back, Alisa Haushalter, former Senior Director of Nemours Health and Preventive Services (NPHS), stresses the role of leaders to focus on "understanding how transformative change occurs and how long it takes, having stakeholder buy-in in the broadest sense, and creating the infrastructure (data, organizational support, Human Resources, etc.) that supports this change."

At Nemours, support for this transformative process yielded results. The number of registry patients with a referral to a community resource increased considerably. The cumulative number of asthma-related emergency department visits to Nemours/Alfred I. duPont Hospital for Children for registry patients decreased by more than 60 percent from 2012 to 2014. Asthma-related hospitalizations also decreased and an outside evaluator observed a significant reduction in cost in the amount of $533 per child per quarter for patients on the Nemours asthma registry relative to the patients in the comparison group. [9]

CASE STUDY: NewYork-Presbyterian Hospital (NYP)

In 2007, NYP embarked on an evidence-based population health initiative designed to measurably improve the health of the Washington Heights-Inwood community. This started with a comprehensive community needs assessment, completed in collaboration with community providers and community based organizations aimed at identifying the most pressing needs of the neighborhood.

The needs assessment, coupled with the vast portfolio of public health and training programs embedded within a community partnership framework, led NYP and community collaborators to form the Washington Heights-Inwood Regional Health Collaborative (RHC), an evidence-based, collaboration of NYP, community-based organizations, and community providers.

"We are looking beyond the needs of the hospital," says Dr. Dodi Meyer, Associate Professor of Pediatrics at Columbia University Medical Center and Attending Physician at New York Presbyterian, Morgan Stanley. "We have a commitment to the community and to the people we serve."

The RHC evolved in four phases: 1) Developing population health initiatives addressing root causes of disease (1995-present); 2 Creating patient-centered medical home community anchors (2004); 3) Embedding new care team members to address patient needs (2010), and 4) Engaging community collaborators in addressing social determinants of health (2012). As a result of the Regional Health Collaborative, emergency department visits decreased by 29.7 percent and inpatient hospitalizations have decreased by 28.5 percent. Thirty-day readmissions and average length-of-stay were reduced by 36.7 percent and 4.9 percent, respectively, concurrent with improved patient satisfaction scores.

Across departments, NYP leaders apply business, leadership and interpersonal skills to support the work of the collaborative. They empower employees to focus on patients and community members while developing trusted and lasting partnerships.

The Hospital has leveraged a number of funding mechanisms, including private philanthropy, State and Federal grants, and participation in State and Federal reform initiatives to expand and sustain the Regional Health Collaborative. In 2015, NYP organized the various efforts of its hospital-based primary and specialty clinics, community programs and other responses to Federal and State reform efforts under the Division of Community and Population Health. This reorganization will allow the programs to continually address the needs of the community, while ensuring programs are optimally aligned for maximum impact. Recently, the Regional Health Collaborative expanded, through participation in New York State's Delivery System Reform Incentive Payment (DSRIP) program, to include new collaborators across New York City, including substance use treatment, housing providers, and federally-qualified health centers.

This expanded group will spread the community programs, information technology resources, and collaborative approach across the various communities and populations that NewYork-Presbyterian Hospital serves.

Conclusion

Transformational leadership is both a quality and a skill. Some leaders naturally possess these characteristics and others have worked to change their outlook and approach to leading. Our key findings across leaders interviewed for this brief include:

- Having a vision and being effective in realizing that vision is fundamental to achievement of transformation.

- The strategic engagement of organizational leaders, staff and community partners is central to their effectiveness.

- Supported visionaries are strategic and discover opportunities for ongoing funding that allows continued progress and achievement of predetermined goals.

MHCU's goal in identifying common themes and characteristics of successful leaders is that more individuals in leadership positions will begin to use these suggestions to move their health care upstream.

Acknowledgements

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