

Moving beyond the Basics of Strategic Planning: The Board's Role

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"Strategy is a word that gets used in so many ways with so many meanings that it can end up being meaningless."¹ This quotation by Harvard Business School professor and well-known author Michael Porter was not meant to imply that strategy itself is meaningless. Instead, it underscores his point that strategy should focus on what can make an organization unique rather than head-on competition with others.

What does this mean in a period of upheaval in healthcare? What does this require of hospital and health system boards?

While we think of today's healthcare environment as uniquely turbulent, the following paragraph introduces *Health Care Strategy for Uncertain Times*, a book I edited and co-wrote 15 years ago:

The healthcare industry is in the midst of a fundamental, often painful restructuring. Major healthcare systems and hospitals that long have enjoyed success and dominance no longer assume that their future is ensured. Community hospitals worry about their ability to remain independent while continuing to pursue their mission of service to all those in need. Rural hospitals, often serving an older and sicker population, worry about their ability to survive as a needed community resource. Physicians no longer hold the social or economic status that they enjoyed as recently as a decade ago. All the players—providers, physicians, and insurers alike—stand on the threshold of biotechnology and information technology advances that will transform what is meant by health, healthcare, healthcare delivery, and healthcare financing.²

Sound familiar? Today, of course, we use somewhat different terms to describe our painful industry restructuring: transformation, disruption, population health management, virtual or e-health, accountable

care organizations, health reform, consumerism, and value not volume.

No matter what we call them, continued disruption and uncertainties about how the future will unfold are here to stay. Some feel that since this turbulent environment requires so much flexibility, agility, and quick responsiveness (all true), long-term strategic planning is no longer valuable. But being agile and speedy without a clear sense of direction is simply random motion, not progress. History shows us that those organizations in 2000 that embraced a future reality very different from what then was in place and effectively implemented a focused, disciplined long-term strategy are now winners. Indeed, they were flexible, agile, and responsive in "how" they moved forward, but they were disciplined in keeping their eyes on where they wanted to be in 10 years or more.

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"Skating to where the puck is going to be," is admittedly an overused Wayne Gretzky quotation. Yet while it may sound trite, that is effectively what your healthcare organization's strategy needs to do. Your organization cannot expect to be successful

Key Board Takeaways

Establishing strategic direction and providing oversight of plan implementation are core governance responsibilities. Boards should consider what they are doing in today's dynamic environment to ensure that they are collaborating effectively with management to drive a vital and transformational planning process. This includes asking questions such as:

- What can the board do to avoid common pitfalls that result in strategic planning being a rote or even ceremonial process?
- What changes need to be made to the governance structure to enhance the planning and oversight processes?
- What policies and procedures should the board utilize to raise the bar for how it sets and implements strategies to benefit the organization and, more importantly, the communities and patients it serves?

by "skating to where the puck is now"—for example, focusing on today's quality measures yet not preparing for how quality will be judged by payers and consumers in the future. Or worse yet, believing "consumers don't know what quality is." Similarly, your organization cannot endlessly replay its mistakes trying to figure out how you could have succeeded.

Establishing strategic direction for the hospital or health system and providing oversight related to implementation of that direction are core responsibilities of the board. Of course, the board works in partnership with management to craft the direction. Given overall not-for-profit healthcare performance, one must conclude that most "plans" have not led to

1 Michael Porter, "Why Do Good Managers Set Bad Strategies," Wharton School of the University of Pennsylvania, SEI Center Distinguished Lecture Series, November 1, 2006 (available at <http://knowledge.wharton.upenn.edu/article/michael-porter-asks-and-answers-why-do-good-managers-set-bad-strategies/>).

2 Marian C. Jennings, *Health Care Strategy for Uncertain Times*, San Francisco: Jossey-Bass/John Wiley & Sons, Inc., 2000.



stronger, higher-performing hospitals or systems. Many are not winning in today's environment and are not well prepared for tomorrow.

Why? The following are the most common failings of strategy setting in hospitals and health systems, with a recommended course of action for the board to avoid these pitfalls:

- **The plan lacks clarity regarding the organization's desired positioning in five years.** Instead, many plans have general statements of desired positioning ("provide exceptional quality, service, and safety" or "improve the health of our community" or "become a leader in population health management"), without defining what these mean in measureable, practical terms. Other plans reflect a belief that future uncertainties require that we plan for only a year or two—hardly sufficient time to see an innovative strategy be implemented successfully. The board must demand that the strategic direction be articulated clearly and concisely, avoid jargon, and include a short list of strategic 10-year and five-year measures of success (strategic or "destination" metrics).
- **Executive compensation is not tied directly to the plan.** What you measure is what you get. Many executive compensation plans primarily reward performance against today's operational metrics rather than incorporating meaningful measures of both short- and long-term performance. A recent study of governance in the private sector by McKinsey & Company indicates that this short-term focus is not unique to not-for-profit healthcare governance. The study recommends that directors of corporate boards spend less time focusing on short-term performance and instead "spend more time discussing disruptive innovations that could lead to new goods, services, markets, and business models."³ Similarly, the hospital or system board must focus more of its time on long-term positioning. The board must insist on executive performance measures that assess both today's performance and progress toward desired future strategic outcomes.



- **The plan is too operational, not strategic.** Strategy formulation can challenge the culture and comfort zones of leaders, physicians, and staff. The desire to build consensus can result in "lowest common denominator" strategies or avoidance of issues that may generate conflict. This in turn can lead to the plan being simply a compilation of initiatives that will address today's performance issues but will not adequately prepare the organization for tomorrow.
- **Budget shortfalls crowd out strategic thinking.** With the impact of multiple pressures on current financial performance, strategic planning often gets pushed aside as pressures to make budget take precedence, and anything that does



not contribute directly to this objective gets cast aside. The board can and should play a unique, important role in redirecting discussions to focus on long-term success and ask, "What must we do now to avoid this same situation every year?"

- **The plan is developed by those wearing "rose-colored glasses."** Plans often fail to adequately address organizational weaknesses, market threats, or, most commonly, potential major challenges or disruptions. While directors are naturally inclined to be supportive of their hospitals or systems, good planning requires a grasp of reality rather than a bias toward optimism. In particular, directors must avoid being lulled into a sense that "these industry disruptions would never happen in our market."
- **The plan does not challenge the status quo or collective thinking.** We need more directors who are willing to make observations similar to that of one insightful board chair during his system's recent planning retreat, "Keep in mind: 'consumerism' may be new in healthcare, but it is well known to American business... and the bottom line is that consumers value low cost more than higher quality. Our overall American business experience with active consumerism should be a cautionary tale for our health system." This statement was made

3 Dominic Barton and Mark Wiseman, "Where Boards Fall Short," *Harvard Business Review*, January/February 2015.

following much discussion by clinicians and others that consumers should be willing to pay more for services delivered by the hospital than at a freestanding center, since (although we cannot prove it) “we believe the hospital offers higher quality care.” The chair’s real-world insights brought the discussions down to earth.

- **The plan takes nothing off the table.**

The easy part of planning is to identify strategies and initiatives. Understandably, each part of the organization wants to make certain its priorities are included in the strategic plan document. The hard part of planning is saying “not now” or “no” to initiatives that, while potentially valuable, are not the best use of scarce resources. One valuable element of a good plan is a list of “the things we will not do.” Board members should ask for such an inventory of eliminated initiatives or projects.

- **The plan is not integrated with a long-term strategic financial plan.**

Ultimately, strategic planning is about resource allocation to position the organization for future success. Without a long-term financial plan, there can be no clear sense of which initiatives represent the best and highest use of scarce resources, which should be the highest priorities and why, and/or the preferred sequencing for initiatives or investments.

What Needs to Happen?

As one CEO nicely summarized:

In this era of unprecedented change in the healthcare system, the work of our boards to bring about and support this monumental transformation is critical. Leading strategically, supporting disruptive innovation, and driving boldness in our efforts to improve the health of individuals and communities are what make governance effective in transformed health systems. Just like every aspect of our organizations’ operations, what has worked well for us in the past likely will not be sufficient for tomorrow’s success. The same is true for governance.⁴

4 James H. Hinton, “Why We Should Support Our Hospital Boards During Times of Change,” *HEHN Magazine*, November 2014.

The purpose of this article is not to provide directors with a prescriptive strategic plan for their organizations. Instead, it is to identify how the board can adapt its own governance structure and governance policies to strengthen the effectiveness of its strategic planning and provide better oversight of plan implementation.

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Structuring Governance to Enhance Strategic Planning and Oversight

For our purposes, by “governance structure” we mean bylaws that legally outline roles and responsibilities, the board’s “job description,” board committees and their charters, and—for organizations that function with multiple levels of governance—the governance matrix that specifies board responsibilities and authorities at each level.

We do not advocate maintaining a standing strategic planning committee but prefer that setting strategy and monitoring performance be the work of the board as a whole. However, should your organization prefer to utilize a planning committee, you should:

- Consider reconstituting your finance committee as a strategy and finance committee. The work of these two committees must be inextricably linked. This is especially the case given changes in payment models such as value-based payments as well as new delivery models such as accountable care organizations. Positioning the organization to deliver value—as defined by consumers/payers, not providers—is both a strategic and financial imperative.
- Alternatively, establish a time-limited *ad hoc* strategic planning committee to serve a specific purpose.

- Regardless of what form your committee takes, the board should ensure that its charge—and its charter—are clear.⁵

Should your board decide not to use a planning committee, the board’s role in setting and monitoring strategic direction must be clearly articulated and, as outlined in the next section, sufficient time be devoted to fulfilling this core governance fiduciary role. Additionally, directors should be recruited and developed to ensure that the board has the requisite competencies of strategic thinking and experience to successfully navigate an organization during a period of rapid industry change.

Using Governance Policies to Enhance Strategic Planning and Oversight

Governance policies and processes are critical to ensuring that your hospital or health system develops and successfully implements an effective strategy (see sidebar below). Each of the key elements below is a critical contributor to success; all need to be in place for optimal performance.

Changes to Board Policies and Procedures to Enhance Effectiveness of Strategy Development and Oversight

- ✓ Foster generative discussion.
 - ✓ Lead change from the top.
 - ✓ Set higher expectations related to the process and plan content.
 - ✓ Embed the plan into the work of the board and its annual board calendar.
 - ✓ Use “bifocal” governance dashboard metrics.⁶
 - ✓ Develop a competency-based board.
 - ✓ Strengthen board orientation, education, and development.
 - ✓ Hold management accountable.
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5 The Governance Institute outlines what board-delegated powers should be granted to strategic planning committees for both freestanding hospitals and health systems, and also provides sample committee charters in *Board Committees* (Elements of Governance), The Governance Institute, 2012, pp. 14–15, 31–32.

6 *Governance Practices in an Era of Health Care Transformation*, AHA Center for Healthcare Governance, 2012.

Foster Generative Discussions

Generative discussions are those that ask questions about fundamentals: existential questions about the core purpose of the organization, what makes the organization relevant, how the organization will become distinctive, what the organization values, and how it will add value. Generative thinking is about deciding on what to decide, probing assumptions about the organization, and identifying the underlying values that should drive strategy and tactics.⁷

Hospital and system boards should incorporate generative discussions into all decision making, not reserve it for the annual board planning retreat or the planning process.

In developing or updating the strategic plan, directors should start not with a review of the current mission and vision, for instance, but rather with a series of broad-based questions to foster creative thinking and dialogue:

- Why does our organization exist? If we did not exist, why would someone establish us—or would we be needed at all?
- What do we expect to be the greatest changes in our market—and when?
- What do we want to become in five years? In 10 years?
- In what ways would we be distinctive?
- How would we add value—and to whom would these benefits accrue?
- What will it take to achieve that “desired future state”? Is it realistically achievable with focus and hard work?
- How much change is implied by our desired future state?
- Would we be willing to radically redeploy our resources to achieve our desired future state?
- What will be required of us as a board? Of our leadership team? Of our physicians and other clinical colleagues? Of our staff?

Such discussions can be uncomfortable at first. They require that board members be willing to explore questions that have no correct answers. They require that directors be willing to consider futures drastically different from today and become more

comfortable with ambiguity. However, in times of major disruptions, it is imperative that boards become more actively engaged in strategy formulation and oversight as their hospitals and systems seek to navigate uncharted waters.

These generative discussions lay the groundwork for revitalizing your planning processes and developing more useful plan content.

Lead Change from the Top

Planning must be led from the top of the organization. Transformation may demand radical changes in business models, decisions to eliminate or downsize business lines, importation of new leadership and/or staff competencies, or changes in the power hierarchy. Such changes are identified only rarely in a bottoms-up approach.

Importantly, leading from the top does not mean executing from the top. The board should set strategic direction but allow management latitude in how to achieve it. The board must restrain from micromanaging the strategies, initiatives, and tactics used by management.

Beware consensus. Consensus can force out innovation or yield “lowest common denominator” strategies. Consensus building also can function like the game of telephone: by the time a final decision has been made, so many parties have had input that the final decision bears little resemblance to the original strategic intent. While decisions should be reached in an informed, open, and transparent process with dialogue that is respectful of all perspectives, directors are cautioned against believing consensus means “we all agree.” Doing so can unwittingly allow the party least willing to change to dictate the pace of change—an enormous strategic disadvantage in times of rapid change.

Execution lives or dies with the managers in the middle. Research shows that “consensus” or involvement in decision making is less important to effective execution than are ensuring effective communication from above to middle managers, ensuring that critical information about real-time events flows freely across



organizational boundaries, and clarifying so-called “decision rights” (that is, a clear articulation of the decisions and actions for which one is responsible).⁸

Set Higher Expectations Related to the Process and Plan Content

In some organizations, planning has become a rote or even ceremonial process. Others have turned to using a one-year plan, basically hoping that incremental change will improve their long-term viability.

We believe that the process of developing a viable long-term strategy should be lively, using generative discussions to ensure all issues are on the table. Practically speaking, the board can facilitate a more robust process and a better resulting plan by ensuring:

- There is clarity around roles and responsibilities for plan development.
- The plan is based on objective information and market research; specifically, it includes expert opinions on emerging market trends/disruptions.
- The plan includes clearly articulated assumptions about future market conditions, along with implications for your hospital or system.
- The board or planning committee routinely incorporates scenario planning

7 Bill Ryan, “Governance as Leadership: Key Concepts,” presented at PricewaterhouseCoopers, October 2008 (see www.pwc.com/ca/en/directorconnect/strengthening-nonprofit-boards.jhtml).

8 Gary Neilson, Karla Martin, and Elizabeth Powers, “The Secrets to Successful Strategy Execution,” *Harvard Business Review*, June 2008.

or “what if” analyses in plan development to ensure leaders have considered the impact of potentially dramatic market changes—especially those that would challenge continued success or require substantive changes.⁹

- The plan is as clear about what “we will not do” as what the organization will do.
- The plan includes a clearly articulated “desired future state” that looks out at least five—but preferably 10—years. This desired future state should include four to six related “destination” metrics that would answer the question, “How would the board know we have achieved our desired strategic positioning?” These metrics must be both meaningful and measurable. For example, if your intent is to be a high-performing health system that improves the health of the community, exactly how would you propose to measure that? (See sidebar “Sample 2020 Destination Metrics for a Regional Health System.”)
- The plan focuses on strategies and tactics for the next three fiscal years consistent with the longer-term desired future state.
- The plan includes strategic metrics for each of the three years consistent with the longer-term destination metrics. The board will utilize these annual strategic metrics to monitor implementation progress.
- There is a strategic financial plan that outlines the required capital along with expected incremental revenues and expenses associated with plan implementation.
- The board and management agree on the major risks associated with plan implementation, and management has identified practical approaches to mitigate these risks.
- There is regular frequency of and rigor in monitoring and evaluating the strategic plan.
- The board conducts its annual planning retreat in the first quarter of the fiscal year to review current market changes and emerging disruptions/trends and to identify needed changes to plan content. This timing is critical to ensure changes to the plan can then be incorporated into the capital and operating budgets for the upcoming fiscal year.

Sample 2020 Destination Metrics for a Regional Health System

- System has received AHA’s Foster McGaw Award for hospital/systems that distinguish themselves through efforts to improve the health and well-being of everyone in their communities.
- System named among Truven’s Top 50 Health Systems at least twice in five years.
- System has maintained at least an A+ bond rating.
- System’s community (hospital referral region) has improved from third quartile to second quartile on “Overall Health System Performance” in state’s Scorecard on Local Health System Performance.
- System has doubled external research funding.
- System has at least 200,000 “attributed” lives for which it is responsible for both clinical and financial performance—and is making money on these contracts.

Even if the board uses a committee or *ad hoc* group to develop the proposed plan, the whole board must spend the time required to thoroughly understand the plan context and content. Typically, the organization would conduct a major reassessment of the plan every three years, with updates in the interim years. When in the reassessment portion of the cycle, board members should engage in generative discussions to explore underlying assumptions as well as the types/degrees of transformation the plan requires for the organization; ask “why are we doing this?”; understand the magnitude

of change required by the organization and how that will be managed; and learn about the alternatives considered.

The board should not be asked to complete an initial review and approve the plan at one meeting. Instead, the board should be engaged in generative discussion of the initially proposed plan, expecting that a final proposed plan will be brought to the board for approval at the next meeting.

Embed the Plan into the Work of the Board and Its Annual Board Calendar

Keep the plan front and center for the board at all times to ensure that strategy drives board policy formulation, decision making, and oversight. Use a consent agenda to accomplish routine board business to allow time for directors to understand and discuss areas of greater long-term importance. Consider holding fewer but longer board meetings to refocus them from a format of presentations with little conversation to meetings that allow for generative discussion, thoughtful decision making, and more effective execution of all governance responsibilities. Specifically:

- Develop an annual board calendar in which each meeting is organized around one of the goals in the plan. In this way, the board obtains an in-depth understanding of each focus area and has an opportunity for generative discussions around what is occurring in the market, how effectively the plan is being implemented, proposed priorities for the upcoming year, and the challenges and opportunities related to the goal.
- Ensure that major decisions of the board are made in the context of how the



9 Marian Jennings, “Scenario Planning: More Useful Now than Ever,” E-Briefings, The Governance Institute, November 2005.

decision will further the long-term strategic positioning of the organization. For example, management should identify why each decision is essential to long-term success, along with how it furthers specific goal(s), strategies, or strategic metrics.

- During the annual capital and operating budgets approval process, ensure that the board understands how these tie directly to the core strategy.

Use “Bifocal” Governance Dashboard Metrics

Many boards use a balanced scorecard that incorporates key performance indicators related to, for example, quality, safety, and the patient experience; financial performance; employee engagement; turnover rates; and success in physician recruitment. This approach is valuable to directors in effectively overseeing current performance and moving the organization to higher performance levels.

However, unintentionally, these indicators of current performance may overly focus the board on “skating to where the puck is now” and reinforce the status quo. While necessary, they are not sufficient. Just as a driver needs to see both his dashboard and look further down the road, directors need to track both current performance and key indicators of future success.

In addition to broad strategic destination metrics, the board should review performance against clearly defined metrics related to each goal on a quarterly, semiannual, or annual basis based upon the nature of the metric.



Below are some thoughts around what these more strategic, longer-term dashboard metrics might look like:

- Assuming a continued rise of consumerism, the board should anticipate how future healthcare decisions are likely to be made—with much greater emphasis on convenience and low cost—and begin tracking how the accessibility and cost-effectiveness of its care compare to that of regional competitors.
- If a system wants to perform at the level of a Truven Top 50 system, it should track not only the usual balanced scorecard metrics, but also begin to compare itself against likely future benchmarks of top performers. (“Skating to where the puck will be.”)
- Envisioning a future where more payment will be based upon delivering “value,” in addition to monitoring specific quality or other metrics, the board should monitor what portion of potential incentive dollars the hospital or health system achieves for delivering “value” and estimate how it is likely to fare in the future on such incentives.
- Preparing for a future in which individuals will relate to networks of providers, the board should track what portion of “attributed lives” in the region relate to its system and affiliates.
- Anticipating a future with greater transparency of hospital quality data, the board should monitor its performance against quality data of local competitors not simply track its own improvements.

Develop a Competency-Based Board

Numerous studies and blue ribbon panels have come to the same conclusion: hospital and health system boards should use a competency-based approach, not only to recruit new board members but also to assess, educate, and develop existing members—ultimately creating a board with the right blend of knowledge and expertise, experience, personal attributes, and diversity for the hospital or health system of the future.^{10,11}

What are the specific competencies the board should look for to be more effective in strategy formulation and oversight? Several come to mind to complement the more traditional competences found on boards:

- Knowledge and expertise (“hard skills”)
 - » Expertise in change management/innovation and transformation
 - » Knowledge of customer service process improvement
 - » Expertise in public policy or community health planning
 - » Knowledge of reliability science for improving quality and patient safety

¹⁰ Don Seymour and Larry Stepnick, *Governing the 21st Century Health System: Creating the Right Structures, Policies, and Processes to Meet Current and Future Challenges and Opportunities* (white paper), The Governance Institute, Fall 2013.

¹¹ Marian Jennings, “Competency-Based Board Recruitment: How to Get the Right People on the Board,” *Governance Notes*, The Governance Institute, February 2015.

- Professional and personal experience
 - » Experience in managing complexity or governing in a complex organization
 - » Experience in successfully navigating an organization during a period of rapid change
- Personal attributes
 - » Strategic thinking
 - » Ability to hold self and others accountable for achieving goals
 - » Curiosity and an interest in continuous learning

Importantly, in addition to possessing these competencies, board members must demonstrate them in the boardroom and other board-related responsibilities. They must be well-prepared, active participants in board dialogue and in their committee service.

The board must provide management the latitude to be agile, flexible, and responsive to market changes in its approaches, while ensuring that steady progress is being made toward achieving the desired long-term positioning.

Strengthen Board Orientation, Education, and Development

The magnitude of change related to industry restructuring—and the associated demands on boards of hospitals and health systems—require substantially strengthened board orientation, education, and development. These activities should include:

- Content related to understanding the healthcare industry and industry trends, restructuring, and disruptions.
- The roles and responsibilities of not-for-profit healthcare boards.
- The roles of the board within a multi-level governance structure (if relevant). This is particularly important since, all too frequently, board members of hospitals that are part of a larger health system are unclear about their roles and responsibilities.

Orientation must be designed as an intensive ongoing activity throughout the first year of a director's initial term, rather than a one-time event.

The board governance committee should develop a focused annual education and development plan to ensure that directors have the knowledge and skills to support strategy formulation and oversight. This includes not only a knowledge of the industry and emerging trends both nationally and regionally, but a solid understanding of the changing roles and responsibilities of hospital and health system boards in this era of transformation. The board should be surveyed annually to identify its greatest needs for education and development to fulfill their strategic planning and oversight roles, to inform a solid annual board development plan.

There are benefits to educational sessions in which all board members are in attendance, since these give rise to opportunities for generative discussions. These include forums such as annual board retreats or attendance at national or state conferences. Additionally, as described earlier, at each board meeting, the board as a whole can do a deep dive into specific issues and trends.

Increasingly, Web-based courses, Webinars, and other virtual forums are available, focused on board development for hospital and health system directors. These can be used in individually tailored education and development plans or for the board as a whole.

For hospital board members of larger health systems, the regional or national health system may have its own board education and development programs you can access. Understanding the responsibilities and authorities of subsidiary boards is essential to effectively carry out the responsibilities delegated by the parent organization.

Hold Management Accountable

As part of its oversight responsibilities, the board should regularly monitor progress in achieving key elements of the strategic plan and, where performance is lagging, expect management to prepare and initiate thoughtful, realistic corrective plans of action to get back on track.

The board must provide management the latitude to be agile, flexible, and responsive to market changes in its approaches, while ensuring that steady progress is being made toward achieving the desired long-term positioning.

Sometimes referred to as “tight-loose-tight,” the recommended approach is for the board to be:

- “Tight” in its definitions of expected future outcomes related to desired future strategic positioning. These are the longer-term metrics that should be incorporated into the bifocal governance dashboard. To be effective, there must be clearly defined, objective, and measurable five- or 10-year destination metrics along with a set of goal-related metrics with annual targets for at least the next three years.
- “Loose” in allowing management the flexibility needed to implement long-term strategy in a dynamic market. The board should not micromanage how management moves forward; rather it should focus on monitoring the outcomes that are being achieved.
- “Tight” in increasing the frequency and rigor of monitoring performance toward strategic ends using the longer-term metrics on the governance dashboard. The board must focus itself on strategic outcomes—not recitations of the initiatives or processes underway to move forward or, worse, the reasons why an outcome was not achieved. If the outcome/metric is no longer meaningful, the board should delete or modify it. If it is still meaningful, the board should expect management to formulate a plan to get back on track.

Closing Thoughts

While the transformation of the U.S. healthcare system demands a more rigorous approach to strategic planning, most of the tenets of traditional strategic planning still apply, albeit with renewed senses of urgency and internal coordination. To be successful in tomorrow's environment, the board must go beyond “rubber-stamping” the organization's plan and drive a more vital, transformational, and iterative strategic planning process. With a firm foundation in “how to move beyond the basics” of healthcare strategic planning, boards can reclaim the meaning of “strategy” for their organizations and enable their organizations' long-term success. ●

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