# **Module 3: Clinical Support Systems**

Sara Wilson

University of Mary

BUS630 Contemporary Issues in Healthcare Administration

Paula Stechschulte, PhD

January 28, 2024

# **Module 3: Clinical Support Systems**

White and Griffith (2019), defined sustainability as the capacity to prevent depletion of natural resources or cause damage to the environment with throughput process, thereby supporting long-term ecological balance (White & Griffith, 2019). Sustainability factors are essential in a healthcare ecosystem. Macfarlane (2014) stated a sustainable operation procedures originate when organizations emulate sustainability cycles of growth, decay, and regeneration. Clinical support services (CSS) are vital to healthcare systems large and small as all HCOs face challenges affecting sustainability and each system requires an intricate balance of resources to thrive. Clinical support services are supportive disciplines designed to augment the patient care experience and improve clinical diagnostics. Providing the right care at the right time to is the priority of the HCO. Clinical support services need to be congruent with the HCOs mission and strategic plan. According to White and Griffith (2019), there are several collaborative options for collaboration between the CSS teams and the HCO including direct or internal hire, contracts, joint ventures, and corporate subsidiaries. Regardless of the business structure, CSS must commit to the mission of the HCO and evidence-based medicine.

# **Unified and Joint Operations**

In this type of structure, the organization owns and operates the specialty division, internally employing and managing all talent. Unified operations give the HCO ultimate control. The challenge, however, especially in rural settings, may lie in the ability to access qualified professionals. As Redford illustrated (2019), attracting highly qualified professionals to sparsely populated rural communities are increasingly difficult. Rural demographics and geography may disprove the benefits of internally owned and operated CSSs. White and Griffith (2019) determined unified operations are the most common, particularly among smaller CSSs. Right-

sizing operations presents the greatest challenge. In joint operations, the healthcare system owns and operates the facility, including hiring of ancillary associates exercising controls.

## **Joint Venture Corporation**

According to White and Griffith (2019), in a joint venture corporation, the organization maintains some strategic and operational control and can reserve certain powers that maintain control of size, location, clinical privileges, and management appointments over the CSS. The most beneficial reason for this type of service is to gain access to working capital, allowing CSS affiliated associates to have equity and income compensation (White & Griffith, 2019). This structure may also some financial stability in for-profit environments.

## **Long-term Contract with a Separate Corporation**

When HCOs are unable to independently maintain operational sustainability, product development strategies may indicate a need to explore external options. Khosravizadeh et al. (2022) decision-making surrounding outsourcing needs as one of the most complex strategic processes. The principles of Lean or Six Sigma may be implemented in the strategic planning of operations and determination of best practice design. In a long-term contractual agreement with a separate corporation, an independent entity owns facilities, employs associates, and sells services to the HCO, similar to a traditional lease agreement (White & Griffith, 2019). The contract should specify obligations, expectations, and intentions of both entities.

#### **Best Solution**

The best and most common single solution is unified operations, particularly among smaller CSSs (White & Griffith, 2019). By implementing unified operations, the HCO maintains the highest level of control and oversite. As value-based reimbursement models are implemented, sustainable HCOs cannot afford to lose value through contract costs. Other options

might be developed to offer incentives, reduce costs, or to take advantage of skills developed through lateral affiliation (White & Griffith, 2019). Telemedicine is defined as the use the use of technology to exchange medical information from one site to another to improve a patient's health status.

#### How Should HCO decide what to do?

Macfarlane (2014) identified HCOs must have the opportunities' available ability to meet the value demands of both internal and external customers to develop competitive advantage. To maintain a value-base, organizations require engaging processes and transform customers into active collaborators of highly customized strategies. Annual goal setting and continuous quality improvement efforts should be implemented to ensure the HCO and each CSS are operating effectively (White & Griffith, 2019). Clinical excellence depends on all professionals and services provided by a clinical support system.

## Who should be involved in the decision?

The senior leadership team for the healthcare organization, CSS leadership, the HCO senior leadership team, internal and external stakeholders, and customers should all be a part of the decision-making process. Using the three-part strategy described by White and Griffith (2019) can lead to successful operations. The first strategy includes right-sizing CSS to meet market-based need. The second step requires the organization to integrate a transformational culture to make their entity an attractive place to work to a diverse network of highly qualified talent. And the third step requires the healthcare organization implement evidence-based management in all strategic offerings the clinical support system can provide.

## **Senior Leadership Support**

Senior HCO leaders in transformational environments have several duties including: responsive listening, communicating, supporting performance improvement teams (PITs), negotiating annual operational goals, supporting, and coordinating capital and new program requests, maintain the succession plan, arranging resolution to professional work requirements, and maintaining the agenda for contract renewal or restructuring (White & Griffith, 2019). Continuous quality-monitoring and improvement practices should be employed. The HCO leadership team must provide resources to support regulatory compliance and report findings to governing board and appropriate organizations.

## Conclusion

Sustainable HCOs are continuously challenged to utilize the best evidence-based findings to support and direct organizational outcomes. A natural ecosystem is formed by the overlapping of many smaller ecosystems. The same structure holds true for HCOs and CSSs working in congruence to meet the needs of the greater good. Utilizing strategic management practices and models will assist HCOs and senior leadership teams in determining what the best method for providing all necessary services to their customers. These needs may be met through unified, or joint operations, joint venture corporations, or long-term contracts with separately owned corporations. Unified operations offer the HCO the highest level of control and operational oversite.

## References

- Khosravizadeh, O., Maleki, A., Ahadinezhad, B., Shahsavari, S., Amerzadeh, M., & Tazekand, N. M. (2022). Developing decision model for the outsourcing of medical service delivery in the public hospitals. *BMC Health Services Research*, 22(1), 135.
  <a href="https://doi.org/10.1186/s12913-022-07509-1">https://doi.org/10.1186/s12913-022-07509-1</a>
- Macfarlane M. A. (2014). Sustainable competitive advantage for accountable care organizations. *Journal of Healthcare Management*, *59*(4), 263–271. https://doi.org/10.1097/00115514-201407000-00006
- Redford, L. (2019). Building the rural healthcare workforce: Challenges and strategies in the current economy. *Generations Journal*, (42)2, 71-75.
- White, K. R., & Griffith, J. R. (2019). *The well-managed healthcare organization* (9<sup>th</sup> ed.). Health Administration Press/Association of University Programs in Health Administration.