

# Moving into an Uncertain Future: The Role of Deliberate Incrementalism

It is clear that reform mandated at the federal level has accelerated the pace of change and increased uncertainty throughout the health care industry. This has been exacerbated by other dynamics including economic recession as well as continuing shifts in technology. Taken together, growing levels of change and uncertainty generate increased volatility. When confronted by volatility, organizations are often advised to move quickly and boldly. Rarely are they encouraged to slow down and avoid high-risk moves.

Faced with the prospect of growing volatility, the leadership of the Medical University of South Carolina (MUSC), an academic medical center in Charleston, South Carolina, determined that its future

success would require both resolve and flexibility. It adopted a philosophy that favored being deliberate and incremental. The authors share the strategic rationale for such an approach when faced with significant volatility. They describe a framework for assessing the volatility of a health care market and share how leaders developed and implemented a strategic plan for MUSC's clinical enterprise that was consistent with their view of the future.

## **Deliberate Incrementalism as a Philosophy of the Future**

Deliberate incrementalism describes a leadership philosophy that shaped thinking about the future of MUSC's clinical enterprise. This philosophy reflects a shared perspective about the nature of change and

uncertainty.

“Deliberate” suggests that when an organization is confronted with forks in the road, its leaders don't flip a coin; they are intentional in choosing one path over the other because there is clarity related to their desired destination. Decisions consequential to an organization's mission, aspirations and sustainability are strategic decisions. Strategic decisions are an organization's most important decisions. Lack of deliberateness in strategic decision making holds the potential for a reduction in the quality of the resulting decision because any decision degrades when there is insufficient clarity regarding its intentions. Being deliberate puts high stakes strategic decisions to the test by always asking the question: “Towards what end?” An absence of deliberateness increases the likelihood that an organization will sacrifice its intent through erosion of its resolve.

Boldness is the oft cited remedy for increased change and uncertainty. Boldness has come to suggest a significant, potentially revolutionary, leap from a current state to a place of discontinuity – presumably to a fundamentally different and better place. That, of course, implies that the better place

is knowable and attainable. Knowability and attainability require predictability.

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Doyne Farmer is a professor at Oxford University and the Santa Fe Institute. He is also a pioneer of chaos theory and complexity science. In a rapidly changing and uncertain environment filled with complexity, Farmer has suggested that while you may be able to predict short, you can't predict far (Kelly, 1994). Bold leaps are, by definition, long leaps. Predicting long in the face of change and uncertainty has a name. It's called “gambling” (Taleb, 2012).

For MUSC, “incrementalism” has come to describe many iterative moves as distinguished from a big bold move. The rationale for incrementalism involves volatility. Taken together, change and uncertainty combine to generate varying degrees of volatility. Volatility describes

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the frequency, significance and predictability of swings in a situation. Highly volatile situations are ripe with the potential for unintended consequences as well as unexpected cascades of reaction disproportionate to any stimulus. (Axelrod & Cohen, 2000)

When thinking about incremental moves versus big bold moves, consider the challenge of balancing a broomstick on your fingertip. The broomstick can only be kept balanced by making many small incremental moves of the fingertip. On the other hand, bold swings in the position of your fingertip will quickly make the broomstick uncontrollable and send it toppling.

Organizations can find themselves out of control in similar fashion. Because the direction and magnitude of reaction is always uncertain in situations with high levels of volatility, a big bold move is more likely to push an organization irretrievably out of synch with its environment. It can put the organization too far out on a limb to

crawl safely back. Smaller, incremental moves reduce the risk of being significantly out of synch and can help preserve organizational relevance when conditions shift. **(Diagram A)**

Volatile environments can be dangerous environments, particularly for those who presume to boldly shove a straight path through them. Volatile environments demand flexibility — a willingness to go right, then left; to stop, retreat and start over again. In volatile environments, what worked yesterday may not work today, but might work again tomorrow.

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Instead of making a bold "big bet" commitment, an incremental approach involves launching many smaller, time constrained bets. These moves are analogous to experiments. If the results are not favorable, then other small moves (experiments) can be attempted (Rumelt, 2011). This translates into a more flexible

and responsive path forward. The path through a volatile environment is made of the zigs and zags of branching experimentation.

### **Sustaining Organizational Purpose and Legacies**

Academic medical centers are unique players in American health care. Their distinctive purpose is to bring teaching, research and patient care together productively. This confluence has generated a rich legacy of innovative breakthroughs and leading edge capabilities.

Today, while organizations, including academic medical centers, are constantly encouraged to boldly transform themselves, they are seldom encouraged to identify and reinforce those characteristics that served them well in the past and may be well suited to their future (Taleb, 2012). The future of every organization is woven into its past. It's not possible to pull out a blank sheet and just start over (Diamond, 1997). No path can be retaken once it's traversed.

Deliberate incrementalism recognizes this "path dependence" by not venturing far beyond the organization's realm of demonstrated competence and value. It keeps a tight tether to past successes as the

organization moves into what might become a stormy future. Boldness that encourages a break with the organization's prevailing path threatens its ability to retain the legacy of past successes and leverage current strengths into the future. And for academic medical centers, such a break puts much at risk.

Over more than a century, academic medical centers have proven themselves remarkably durable. As a group, they outperform other nonprofit hospitals in terms of their margins and their bond ratings. In addition, they are generally the most preferred providers in their markets and continue to dominate U.S. News & World Report's list of America's best hospitals.

The greatest threat to academic medical centers today is fragmentation.

Fragmentation undercuts the delivery of affordable quality care. But it also disrupts the ability of organizations to design and pursue a compelling future. This second form of fragmentation can best be described as strategic fragmentation because it endangers the long term sustainability of the organization. Integration is the antidote to the disease of fragmentation in all its forms (Feldman, 2010). Combating strategic fragmentation requires much more than new legal arrangements and investments in

infrastructure like information technology. It requires integration of purpose, aspirations and actions across the organization. Such integration, in turn, requires leaders who are deliberate in their intentions and incremental in their commitments.

Academic medical centers hold the potential to remake themselves, not by trying to boldly become something distant from their distinctive tripartite mission and their long legacy of pioneering accomplishment, but by becoming faster, more maneuverable and cheaper.

### **Moving Fast**

In volatile situations, organizational sustainability depends on being able to adjust at the rate of change. When speed is a necessity, the best response is often accelerated incrementalism. It is a lesson borrowed from evolution. Life evolves in incremental fashion. Life is deliberate. Living things are resolved to carry their DNA into the future. But life is also flexible about how it persists. Incrementalism is the pattern of evolution. Life proceeds in iterative fashion through interaction with shifting conditions. Mutations are life's experiments. Useful mutations are retained while the less useful wither away. Although

the evolution of life has generally occurred across large spans of time, significant evolutionary change can occur over relatively short periods. When confronted with threatening situations, life accelerates its rate of mutation. And while it evolves faster, it still evolves incrementally (Weiner, 1994).

Going faster requires "doing" faster. Speed can enrich an organization when lots of small moves are accompanied by feedback loops that capture the learning associated with the moves and convert that learning into improvement (Stalk, 1988, 1990). A deliberate and incremental approach can provide the feedback necessary to validate and embrace those initiatives that clearly generate advantage as well as to jettison those that don't (Kaplan & Norton, 2000). Such learning doesn't need to be an overwhelming or tedious commitment. The U.S. military has long made use of an efficient learning tool it calls the After-Action Review (AAR). An AAR is a retrospective discussion that enables soldiers and their leaders to leverage strengths, shore up weaknesses and avoid future mistakes by openly and honestly discussing what transpired in sufficient detail for everyone to understand what did and did not actually

occur and why (Department of the Army, 1993). When applied consistently, the AAR methodology generates continuous learning. In rapidly changing environments it can

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In some instances, haste does make waste and this is particularly true when decisions are both consequential and complex, which describes the domain of strategic decision making. Absent sufficient time given to understanding their context and

implications, such decisions can devolve into crashshots. Indeed, the very arguments often made for responding boldly and quickly are the ones that should encourage moves that are deliberate and incremental. It is when competition has intensified, risks have increased significantly and opportunities have become more transient, that the situation has grown more volatile. In the face of volatility, the question becomes not whether to be deliberate and incremental but what is the proper pace at which to make the incremental moves necessary to sustain deliberate intentions.

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Assessing the situation is essential. Just how volatile is it? And importantly, what is the degree and rate of change that is truly necessary to remain relevant? An organization that outruns its situation is in as much danger of becoming irrelevant as an organization that is lagging. Being perfectly synchronized is, of course, impossible. The key is not to get too far ahead or too far behind. The pace of incremental moves initiated by an academic medical center should reflect the volatility of its specific market rather than the dynamics of the national health care market more generally (Karpf et al., 2009).

In markets with less volatility, time can be an ally by increasing the opportunities to be more inclusive, make more incremental moves and learn more. Such markets may offer academic medical centers greater flexibility related to options that, by their nature, require time to undertake, such as alignment with other hospitals and physician groups. Additional time also provides a greater opportunity to build credibility, mutual respect and trust with potential strategic partners.

### **Strategic Planning as a Tool for Deliberate Incrementalism**

MUSC is located on the Charleston

peninsula and included a hospital with 710 licensed beds, a college of medicine with 1,230 faculty and 650 students, and a faculty practice plan employing more than 750 physicians at the end of 2014. The situational context for MUSC is a metropolitan service area with a relatively low population of approximately 700,000. There is no dominant health system in the metropolitan area. The market is relatively consolidated with three health systems accounting for about 90% of market share. Approximately 60% of physicians are employed by two of three health systems. There are significant numbers of independent urgent care centers and surgicenters. In addition, there is one dominant health plan. MUSC is the only comprehensive academic medical center in South Carolina. Because of this, it draws referrals from throughout the state. Its prime competitors are large tertiary community hospitals.

MUSC, like all academic medical centers, has three missions: teaching, research and patient care. And like most academic medical centers, supporting this tripartite commitment are three entities; a hospital, a college of medicine and a faculty practice plan. For many academic medical centers,

there has been considerable conflict and dysfunction related to this mix of missions and entities. Historically, that has not been the case at MUSC. Indeed, MUSC had cultivated a legacy of productive collegiality. Still, the potential for fragmentation and cross purposes existed.

From the onset, it was apparent to MUSC's

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leadership that its success in the future would require clear and transparent processes linking planning, decision making, resource allocation and high-level goal setting (Karpf, et al., 2007).

The primary tool used by organizations for making and implementing important decisions about the future is a strategic plan. Although MUSC had developed strategic plans in the past, it didn't have a single fully integrated strategic plan for its clinical enterprise. The clinical enterprise

represented those entities directly involved in delivering care including the hospital and the faculty practice plan. For some organizations, strategic planning has become a bureaucratic obligation; something done because it is expected. For MUSC, a new strategic plan for its clinical enterprise came to be seen as a leadership tool that could, if developed and implemented in ways consistent with its philosophy of the future, provide a deliberate and incremental path forward in the face of volatility.

To assess its market volatility, leaders at MUSC created a framework they called a "volatility circle." It incorporates five characteristics that contribute significantly to market volatility for an academic medical center. Each of the five characteristics can be qualitatively assessed and scored on a 10-point scale for volatility; the higher the score, the higher the volatility. Some characteristics are likely to be more important than others so weighting of a score may be appropriate. **(Diagram B)**

Applying the "volatility circle" to MUSC's situation in the spring of 2011, when the strategic planning process commenced, suggested a situation characterized by moderate volatility. Despite this, MUSC



anticipated greater change and uncertainty ahead.

There was a recognition that MUSC had an opportunity to use the breathing room afforded by its moderate level of market volatility to generate higher quality strategic dialogue and decision making. Productive deliberation is one key to the quality of strategic decisions. Good strategy is often emergent (Mintzberg, 1978). It requires time and dialogue to clarify and become robust. Most organizations spend far too little time considering the future. Gary Hamel and C.K. Prahalad have suggested that senior management on average devotes less than 3% of its time developing a shared perspective on the future (Hamel & Prahalad, 1994).

### **A Crosscutting Leadership Council to Build Enterprise Integration**

Critical to a deliberative approach at MUSC was the creation of a Clinical Leadership Council (CLC) which consolidated strategic decision making by bringing the clinical enterprise's key leaders from the hospital, the college of medicine and the faculty practice plan together on a weekly basis. In complex organizations like academic medical centers, crosscutting leadership

councils like the CLC that meet frequently have demonstrated success in enhancing organizational unity and coordination.

Floyd Loop, M.D., used one during his tenure as CEO of the Cleveland Clinic (Loop, 2008). Steve Jobs convened such a leadership council soon after returning as CEO of Apple (Isaacson, 2011).

The CLC included nine members. The Dean of the College of Medicine (Vice President for Medical Affairs) and the CEO for the Medical Center (Vice President for Clinical Operations) served as co-leaders. The council was not a strictly hierarchical model, nor was it structurally integrated – rather it was a functional matrix that provided integration by crosscutting MUSC's three key organizational entities; the hospital, the college of medicine and the faculty practice plan. In such a model, leader interdependence, mutual trust, transparency, continuous communication, and a focus on achievement while sublimating control concerns were desired attributes. By creating a virtually integrated matrix organization, MUSC avoided cumbersome legal and financial issues while using its strategic plan to create the common purpose, focus and continuous dialogue needed to achieve and sustain alignment across the

entire clinical enterprise. MUSC's experience suggests that so long as information is communicated openly and resource allocation is seen as fair and justified, a crosscutting council like the CLC can be remarkably effective.

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Energizing the development of the new strategic plan for MUSC's clinical enterprise was the recognized necessity of establishing a compelling and aspirational goal, a unifying vision. Shared purpose, engaged leadership, accountability, focused results as well as productive collaboration were recognized as essential to the deliberate incrementalism MUSC desired (Keroack, 2007).

Through the CLC, MUSC leadership confirmed its commitment to existing statements of mission and values. It explored the dynamics of its current and anticipated future to identify critical strategic challenges. Then through an iterative process, it built a new vision that it tested enterprise-wide, recrafted and validated based on feedback. This vision embodied its aspirations over a three to five-year time horizon. It was through a resolved and shared commitment to mission, values and vision that MUSC would become deliberate. To support the realization of organizational aspirations, MUSC identified seven focused high-level strategies – its driving strategies. It defined a driving strategy as a high-level plan for getting from a place in the present (its situation) to a better place in the future (its vision) in the face of uncertainty and resistance (Beckham, 2014).

In the strategic planning framework applied for the clinical enterprise, deliberateness was embodied in mission, values, vision and driving strategies while incrementalism was designed into tactics that could be continuously adjusted as MUSC's situation shifted. **(Diagram C)**

Because the CLC met weekly, the strategic plan became an ongoing conversation rather than a completed task. The CLC's primary responsibility was to keep the strategic plan on track enterprise-wide by maintaining deliberateness and supporting continuous

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incremental moves and adjustments. The CLC allowed MUSC to continuously reinforce and move incrementally towards the vision that was the overarching goal for the clinical enterprise over the coming three to five years.

There is a flip side of Doyne Farmer's prediction coin. While you can't predict far,

you can predict short and even short predictions can offer significant strategic advantages. But predicting short requires being continuously engaged with the dynamics of an emerging future. The CLC provided a mechanism for such engagement. At MUSC, ongoing strategic dialogue allowed leaders from across the clinical enterprise, in a timely and continuous fashion, to share observations, make sense of those observations, reach important decisions, ensure that those decisions were effectively implemented and make adjustments as needed. It also provided the clinical enterprise with the forum in which to emulate weekly "After-Action Reviews." This kept tactics synchronized and aligned with driving strategies, facilitated adjustments when the unexpected occurred and made it possible to learn from successes, failures and mistakes.

The understanding and commitment necessary to support strategic planning that is deliberate and incremental requires the participation of those who are close to the shifting internal and external realities that determine the value creating capacity of the organization – in other words, close to patients, close to colleagues and close to

technology as well as close to competitor activity and political influences. It also requires the involvement of those who will be asked to help implement the plan. At MUSC, this involved institution-wide engagement of nearly 100 physicians and non-physician leaders with guidance from the CLC. These stakeholders participated in facilitated dialogue that helped identify the major challenges facing the clinical enterprise. Given those challenges, as well as MUSC's shared aspirations, stakeholders helped craft the clinical enterprise's compelling vision – "to rise in the ranks of America's academic medical centers" – and they participated in prioritizing what it was most important to do – the seven driving strategies with three to five year implementation horizons. They also supported each driving strategy by helping define the more specific tactics to which people, resources and timing were assigned. MUSC's strategic plan, and the process that defined it, reinforced its statewide reputation for advanced clinical capabilities and its unique legacy of productive collegiality as well as its strong consumer preference and superior patient satisfaction. In so doing, it preserved and leveraged past success into the future.

### **Implementing Deliberately and Incrementally**

Once the strategic plan was endorsed by the CLC and the MUSC board, faculty physicians and senior administrative executives were appointed by the CLC as Strategy Leaders in dyads charged with overall responsibility for overseeing the effective implementation of each of the seven driving strategies including defining its supporting tactics, timing and resources as well as individual accountabilities. Strategy Leaders then, in turn, formed strategy teams and tactical work groups to define and support implementation of their assigned driving strategy. Strategy Leaders reported tactical decisions and results on a regular basis to the CLC along with the recommended changes and adjustments that an incremental approach required.

**(Diagram D)** The CLC and its continuous attention to vision and driving strategies created the ongoing deliberateness that was then translated into incremental action and results by a matrixed structure of leaders, teams and groups, all of whom were close to the realities of patient care, new technologies and an increasingly volatile market. Tactical recommendations were considered and decisions made in continuous fashion allowing for timely

ongoing adjustments in response to changing conditions. To facilitate agile implementation, reallocation of resources was made simultaneously when tactical adjustments were adopted.

Given the need to sustain deliberate and incremental progress across the five-year planning horizon, three standing implementation groups were created. The first was a Coordinating Group focused on coordinating the implementation process over time. This group is similar in structure to a coordinating committee for a large scale clinical trial and reports directly to the CLC. The Coordinating Group monitored and directed overall implementation of the strategic plan. It identified faculty and staff to lead specific implementation initiatives; assured availability of needed resources; and coordinated collaboration among tactical work groups while providing timely feedback as the driving strategies were implemented and the environment shifted.

A second implementation group was a problem-solving Operations Group focused on identifying and resolving operational issues in real time. This group facilitated greater collaboration and coordination across activities related to implementing the

strategic plan. This was essential to supporting the incremental moves demanded by MUSC's constantly shifting internal and external environment. Included among its activities was systematic dissemination of best practices across the strategy teams and tactical work groups. The Operations Group also facilitated reengineering of work processes to improve efficiency, standardization of clinical procedures, and disciplined implementation of the various operational initiatives supportive of driving strategies such as deployment of an enterprise-wide EMR.

A third implementation team, the Communications Group, helped leaders of the clinical enterprise communicate MUSC's mission, values, vision and driving strategies throughout the organization. This provided a consistent and continuous message to all faculty and staff. These communication efforts included multiple formal and informal presentations, town hall meetings, and an array of information made readily available on an intranet web site established expressly to support communications related to the strategic plan. The Communications Group also conveyed updates regarding external changes including shifts in MUSC's market and the implications of health reform

as well as resulting adjustments in its tactics.

### **Deliberate Incrementalism in Action**

Deliberate incrementalism required that MUSC be resolved in pursuit of vision and driving strategies. Absent fundamental changes in its situation, it would adhere with dogged tenacity to these strategic commitments. On the other hand, it would adjust its tactics incrementally to meet unanticipated shifts and disruptions as they occurred. Early into implementation of its driving strategies, MUSC encountered a disruptive shift it hadn't expected.

One of MUSC's seven driving strategies focused on securing its referral base. This required solidifying the relationships its faculty had with community physicians throughout South Carolina. In the past, these relationships were physician-to-physician. Leaders had assumed the rate of physician employment by hospitals in MUSC's market would continue to lag that of other markets nationally. That assumption proved wrong. In Charleston, and throughout the state, the number of once independent community physicians employed by community hospitals grew at an accelerated rate. This was particularly prevalent among the

primary care physicians who constituted the major source of referrals to MUSC and its competitors. Administrative leaders at community hospitals, who previously had not been in a position to influence referrals, suddenly had growing numbers of physicians under their employment. It became obvious that MUSC not only needed to fortify relationships with referring community physicians but would also need to secure partnerships with the community hospitals that increasingly employed those physicians. MUSC's tactics did not include employing community physicians; so while

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maintaining the deliberate commitments embodied in its vision and driving strategies, it redefined its tactics to include an

incremental response to the growth in physician employment by community hospitals. For example, within a span of 18 months, it conducted joint strategic planning efforts with three of the community hospitals whose physicians constituted some of its most significant sources of referrals. In addition, it designed and began to implement a clinically integrated physician network that would allow community physicians, employed and independent, to enjoy "dual citizenship" – as valued members of the MUSC physician network while remaining productive members of their community hospital medical staffs. It also intensified investment in telemedicine linkages in alliance with community physicians and hospitals throughout the state. All of these initiatives emerged as new tactics out of MUSC's shifting strategic situation.

## **Results**

Developed in the fall of 2011, the strategic plan for MUSC's clinical enterprise served as a recipe for significant improvements in its strategic position. In 2013, market research indicated MUSC was the most preferred health system by a wide margin across its nine-county regional service area. Preference had increased by 10% since

2012, and MUSC was rated as having the best image and reputation by a margin twice that of its nearest competitor. Furthermore, it grew its overall market share by 7.5% over the same time period.

Importantly, improvements in its financial performance tracked improvements in its market performance with the hospital achieving a turnaround improvement of 5% in operating margin. From fiscal year 2011 to 2014, hospital admissions increased 6.1%. Hospital revenues increased over \$41 million, an increase of 5.9%. This growth occurred despite a high baseline inpatient occupancy rate near 90%.

Ambulatory visits increased nearly 20% in FY 2014. This growth was accompanied by a 14.1% increase in ambulatory revenues. New primary care visits more than doubled and revenues nearly tripled. New specialty visits increased by 16%, and revenue growth increased nearly 11%.

By 2014, MUSC's primary care network had expanded to 30 sites and 89 physicians and physician extenders, an average annual growth rate of over 20% per year. A statewide telehealth alliance comprised of community hospitals, physicians and a

variety of agencies was established and promoted with an aggressive advertising campaign. That telehealth network now encompasses more than 60 unique sites, hospitals, physician offices, and schools.

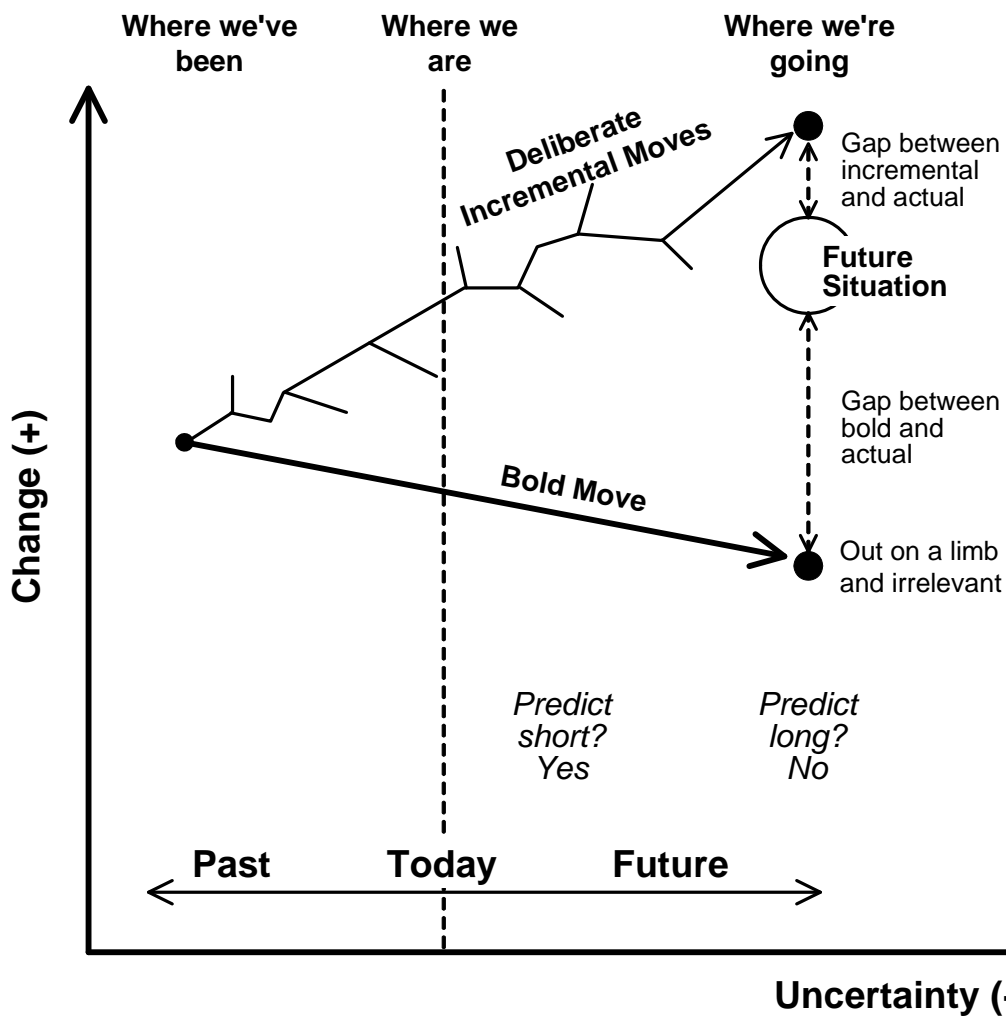
In 2013, MUSC's focus on improving the quality of patient care resulted in improved rankings in the University Healthcare Consortium (UHC) Quality and Accountability Study conducted annually on over 100 of its academic medical center members. MUSC was ranked 6<sup>th</sup> nationally among academic medical centers in "patient centeredness" based on HCAHPS metrics. Its scores on HCAHPS put it among the highest performers nationally including not only academic medical centers but other hospitals generally.

In retrospect, its philosophy of the future positioned MUSC favorably as the implications of health reform began to transition from uncertain to more knowable. Its deliberate and incremental strategic planning process built on its reputation for advanced capabilities while leveraging its legacy of collegiality at the interface of teaching, research and patient care. Its driving strategies increased its market advantage. And just as importantly, that philosophy and the strategies it generated carried the institution deliberately and incrementally towards the aspirations embodied in its vision – to move up in the ranks of America's academic medical centers.

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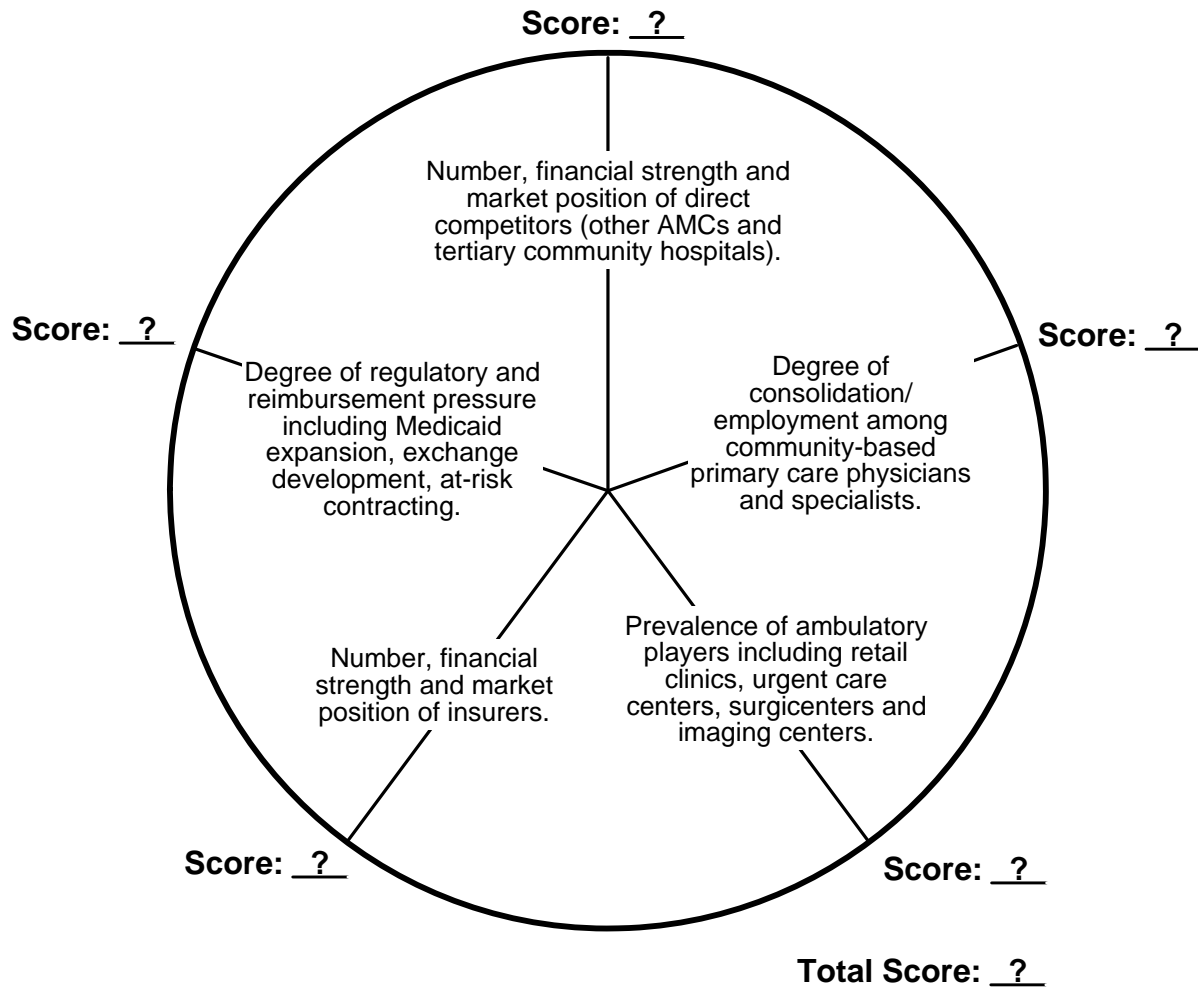


**DELIBERATE INCREMENTALISM CAN ENSURE RELEVANCE**  
 Through Branching Adjustments  
 and Experimentation



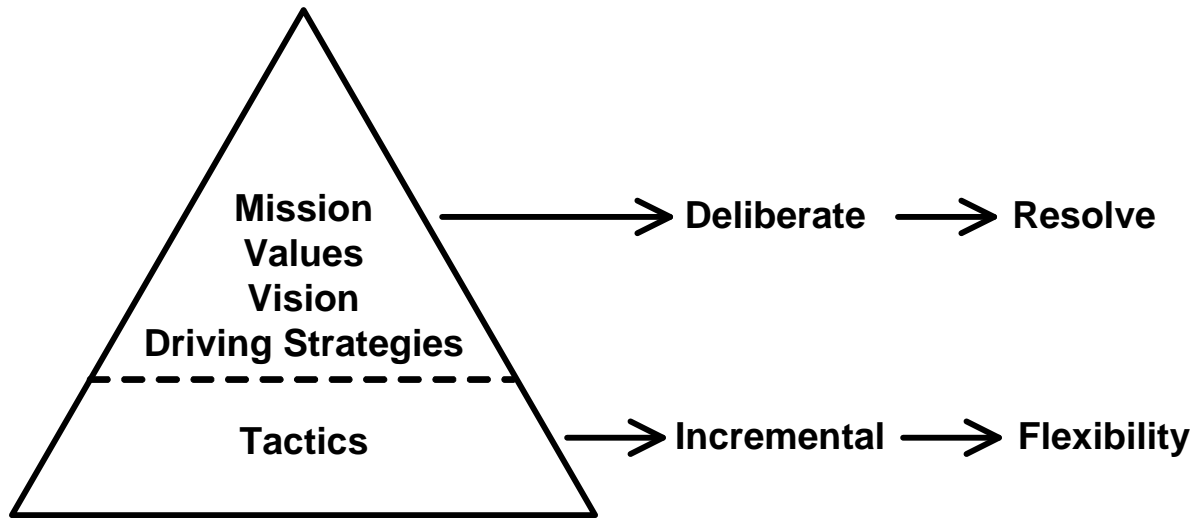
## VOLATILITY CIRCLE

**Market Characteristics Likely to Impact  
Uncertainty and Resistance  
for an Academic Medical Center**

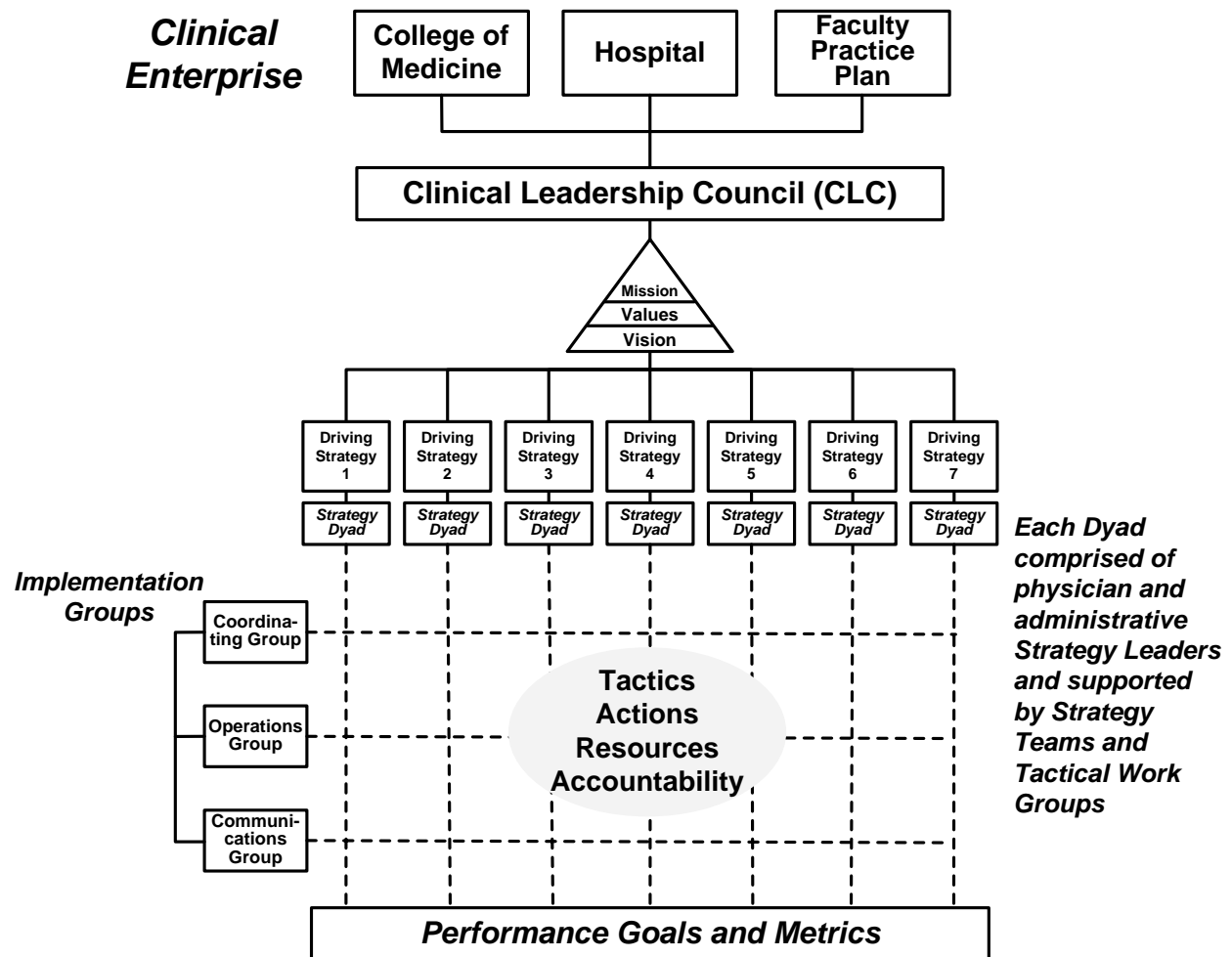


A qualitative score of 1 to 10 (1 low and 10 high) can be assigned to each of the 5 vectors. Some vectors are likely to be more impactful than others so weighting of each score may be appropriate. Totaling the five scores can provide a qualitative basis for comparing relative volatility of markets.

**STRATEGIC PLAN FRAMEWORK**



## DELIBERATE AND INCREMENTAL: MUSC's Strategic Matrix Organization for its Clinical Enterprise



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