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ARTICLE

From Strategic Planning to Strategy Impact

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Without developing a culture that simultaneously embraces change and effects execution, health care organizations risk having their visions stunted while their strategic plans collect dust on a shelf. While strategic planning focuses on establishing vision and goals, strategy execution involves making decisions and taking action to achieve the vision and strategic goals. To most leaders, execution is the hardest part. The authors have found many tools and guides to assist health care leaders in creating strategic visions and plans. However, the goals for this article are to: (1) illustrate how the University of Arkansas for Medical Sciences is successfully executing a robust and ambitious strategic plan; (2) outline lessons learned and adaptations made while maintaining agility; and (3) provide guidance and practical advice to health care leaders on strategy execution and monitoring, including efforts to anticipate obstacles and respond to challenges.

Strategic planning in health care is challenging, especially for academic medical centers (AMCs) that encompass the tripartite mission of education, research, and clinical care. These organizations frequently include teaching hospitals, health systems, and research institutes with highly matrixed governance. The rapidly changing health care landscape imposes additional stress on AMC's revenue streams. All of this complexity makes strategic planning critical.[1] Health care organizations can develop robust and ambitious strategic plans that clearly demonstrate a path to some future state — but unless they dedicate time, effort, and resources to implement the plan and track progress, these organizations either fail to achieve their visions or fail to demonstrate achievements.

Sustaining the strategic planning effort and executing the strategy is where health care organizations often flounder. Our AMC established a vision in 2019 to lead our state to becoming the healthiest in the region by 2029, and we have learned many important lessons in the first

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3 years of this journey; these lessons may be helpful to other AMCs and health care organizations in facilitating strategic culture change and demonstrating population health impact through execution of their strategic plans.

Our Approach

The University of Arkansas for Medical Sciences (UAMS), the state's only academic health center, has about 10,000 employees and is part of a statewide network of postsecondary education institutions of the University of Arkansas System governed by a 10-member Board of Trustees. In 2018, our newly appointed chancellor (Cam Patterson) initiated a 10-year strategic planning process that engaged stakeholders from all levels of the organization, as well as external stakeholders and partnering organizations. The expectations for the plan were to position UAMS as a leader in dramatically transforming the health and health care in Arkansas — a mostly rural state plagued by high rates of chronic disease and documented health disparities.[2] The chancellor called for the plan to be fully executed and "not sit on a shelf." A steering committee branded the 10-year master plan UAMS Vision 2029, scheduling a time horizon so it will culminate on UAMS' 150-year anniversary in 2029.

Over a 1-year period, from July 2018 to July 2019, we solicited input and engagement from our entire organization and stakeholders through various methods: we conducted strategic planning committee meetings (with 60 leaders), focus groups (20 groups of employees at all levels), surveys (700 employee respondents), and town halls (six town halls with more than 200 participants each). A diverse group of 60 representatives from our three mission areas (education, clinical care, and research) and external stakeholders (payer partners, students, community clinical partners, and research partners) then gathered for a 2-day retreat to discuss priorities extracted from the qualitative and survey data, combined with a market analysis/ environmental scan. The retreat produced aspirational goals for the new strategic plan. By the end of 2018, the chancellor had appointed the institution's first chief strategy officer (Stephanie Gardner), who organized an Office of Strategy to oversee execution. That office includes a senior strategy associate, a senior project manager for strategic initiatives, a director of clinical strategy, and a director of rural health initiatives. Collectively, UAMS strategy stakeholders developed a new vision statement and a Strategy Map, guided by the Kaplan-Norton Balanced Score Card[3] (BSC) philosophy, as the heart of Vision 2029.

BSCs provide a snapshot of both high- and ground-level strategy on one page and can be effective in communicating strategy within and outside organizations. Additionally, BSCs can facilitate alignment of strategy with day-to-day operations, which fosters a culture of change and engagement in strategy at all levels of an organization. Using the BSC, individual employees can "find their work" in the scorecard and visualize the path toward our common vision. Furthermore, the BSC identifies reliable, accurate strategic performance measures that equate to success in those strategic objectives and then sets quantifiable targets for those measures. Key initiatives are then identified that represent the day-to-day work that will move performance toward those targets. The comprehensive planning process also includes

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developing a communication and cadence plan and then launching an ongoing evaluation of progress.

> *By the end of FY2021, June 30, 2021, our strategy dashboards revealed that our health care organization was tracking more than 800 strategic items (including cascaded items). Our annual strategy report demonstrated that 503 targets with time horizons of 2025 or sooner had already been achieved, as well as 12 additional targets with 2029 time horizons."*

UAMS released the complete Vision 2029 plan at the start of a fiscal year (FY) 2020 in July 2019. In addition to announcing our new vision statement, a 57-page narrative included an executive summary, an overview of the planning process, the BSC/strategy map (Figure 1), and detailed outcome measures and targets aligned to each objective in the map. Regarding the use of terms, any element in the strategic plan is called a "strategic item." The levels of items are, from highest altitude to lowest: "strategic objective," "outcome measure," "target," and "initiative."

Also in 2019, our strategy team evaluated cloud-based software solutions to track plan progress. The team selected a platform to monitor 611 different highly aligned and matrixed strategic items assigned to approximately 90 individuals, with varied time horizons from 2 to 10 years. In January 2020, we started using the platform to track strategy execution with online dashboards for reporting and accountability. An outcome measure would have one or more targets to meet over time, including incremental improvement, through 2029.

Prior to launching the tracking platform, our new Office of Strategy Management facilitated the "cascading" of the Vision 2029 BSC to 30 divisions across our organization, helping them to create their own BSCs. Each cascade BSC included objectives and outcome measures adopted from the master Vision 2029 BSC. The cascade BSC owners either adopted UAMS targets or created custom targets aligned with outcome measures and objectives in the master plan. Division-level cascade BSC owners shared their BSCs with their departments. Departments further cascaded the plans to the employee level as individuals adopted elements into their own annual performance evaluation goals. By the end of FY2021, June 30, 2021, our strategy dashboards revealed that our health care organization was tracking more than 800 strategic items (including cascaded items). Our annual strategy report demonstrated that 503 targets with time horizons of 2025 or sooner had already been achieved, as well as 12 additional targets with 2029 time horizons. In addition, the tracking platform allows users to monitor individual targets (Figure 2).

Early Impact

In the Vision 2029 master plan, four clinical targets were achieved in FY21; one was due this year and the other three were not due until 2024. At the division level, 67 clinical targets were achieved in FY21; all were due by the end of the fiscal year. The Covid-19 pandemic had both a

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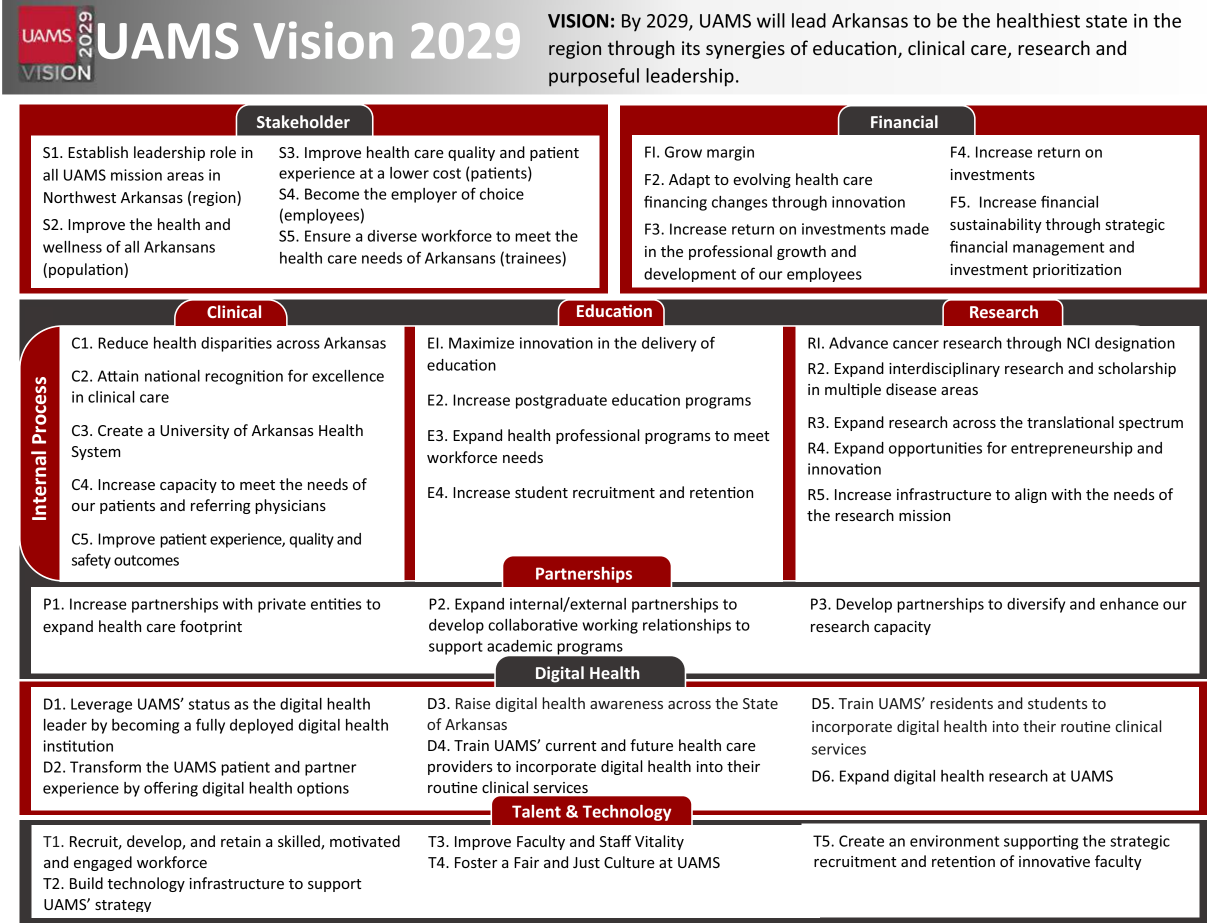
FIGURE 1

Original Vision 2029 Strategy Map

The original version of the Vision 2029 Strategy Map was released in July 2019. It states the strategic vision at the top and presents the supporting organizational objectives. This strategy map would be updated in 2021. NCI = National Cancer Institute, UAMS = University of Arkansas for Medical Sciences.



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positive and a negative impact on clinical targets, affecting most of the eight FY21 division targets reported to be "Off Track" (likely to be achieved but may take longer than expected) or "At Risk" (not likely to be achieved and requiring intervention, such as resource allocation, restructuring, or process improvement). Progress on targets related to expansion of digital health accelerated, while Covid-19 disrupted targets related to elective/nonemergency surgeries and routine care because of staffing, resource, and access limitations.

The most notable and unexpected target achievement is a 36-fold increase in telemedicine usage, meeting the plan's 2029 goal 8 years early — and in a single year (FY21) — all spurred by the pandemic impact on clinical access. Other clinical achievements included organization of

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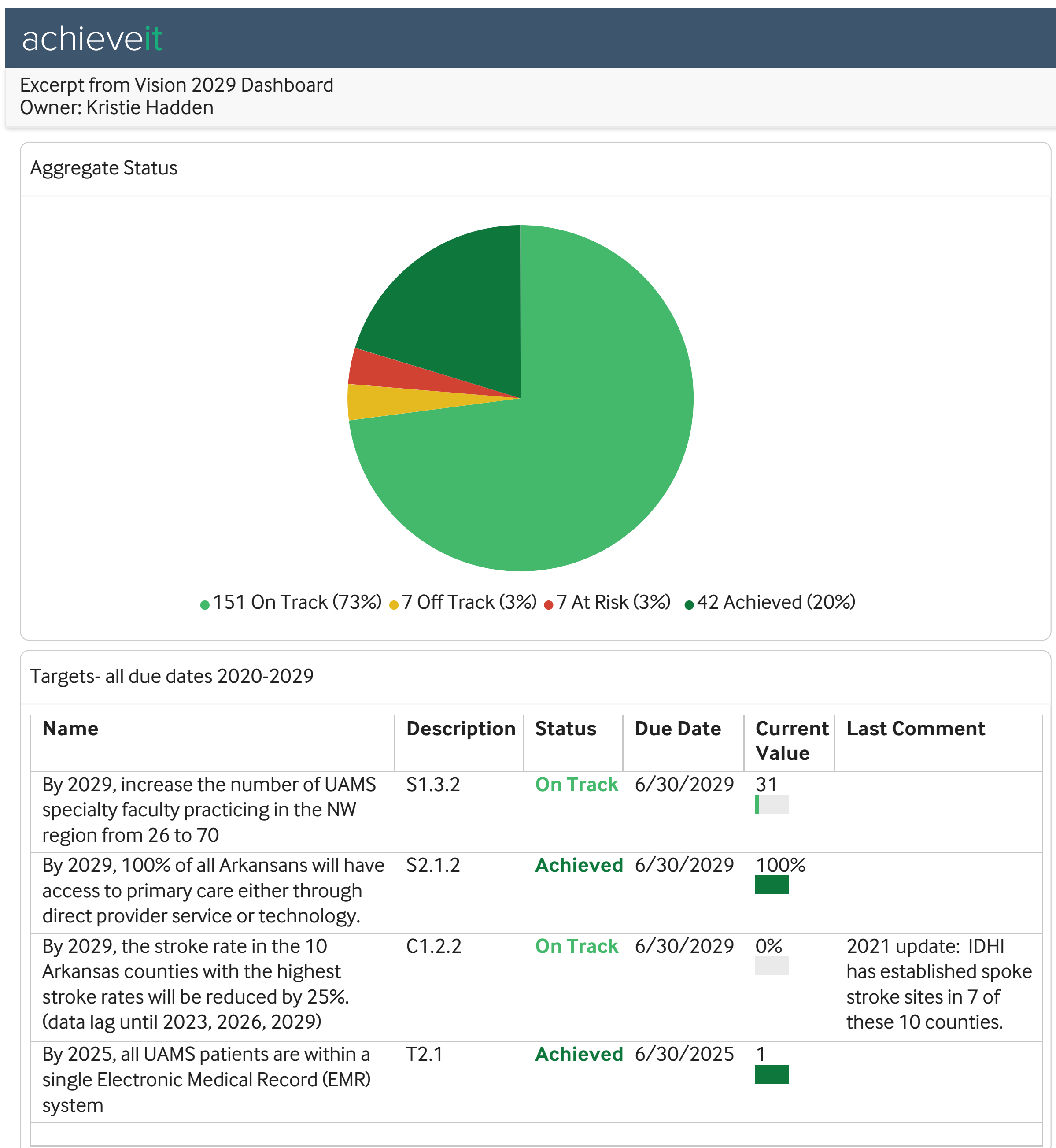
FIGURE 2

Excerpt of Vision 2029 Plan Target Status Dashboard

The dashboard includes an aggregate snapshot of the status of some of the original Vision 2029 targets. It also offers detailed status of individual targets by description, status, due date, current value, and last comment. Targets designated as "At Risk" are not likely to be achieved and require intervention, through resource allocation, restructuring, or process improvement. Targets designated as "Off Track" are likely to be achieved but may take longer than expected; they have comments explaining that status with recommendations for how to get them back on track. IDHI = Institute for Digital Health and Innovation, UAMS = University of Arkansas for Medical Sciences.



Name	Description	Status	Due Date	Current Value	Last Comment
By 2029, increase the number of UAMS specialty faculty practicing in the NW region from 26 to 70	S1.3.2	On Track	6/30/2029	31	
By 2029, 100% of all Arkansans will have access to primary care either through direct provider service or technology.	S2.1.2	Achieved	6/30/2029	100%	
By 2029, the stroke rate in the 10 Arkansas counties with the highest stroke rates will be reduced by 25%. (data lag until 2023, 2026, 2029)	C1.2.2	On Track	6/30/2029	0%	2021 update: IDHI has established spoke stroke sites in 7 of these 10 counties.
By 2025, all UAMS patients are within a single Electronic Medical Record (EMR) system	T2.1	Achieved	6/30/2025	1	

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UAMS clinical resources under a statewide health system (UAMS Health); the integration of all regional campus sites into the UAMS's electronic medical record system; statewide expansion of the telemedicine-based UAMS Stroke Program; and a new surgical hospital and radiation oncology center now under construction. In education, the pandemic facilitated expansion of distance learning and digital delivery models, which led to early achievement of targets, even in the context of significant challenges to the UAMS academic enterprise. The end of FY21 marked a record-breaking period for research funding to UAMS.

Lessons Learned

We have learned important lessons about prioritizing, streamlining, focusing, communicating, and measuring strategic items in the past 3 years. For example, after deploying the plan in 2019, we encountered execution challenges related to data collection and updating. Because of that, and the additional demands related to Covid-19, a strategy refresh was conducted, and it has significantly reduced both the number of items we are tracking (Table 1) as well as the demands on the updaters throughout our organization.

The most important change, though, is how we adjusted our measures to track the impact of our efforts on the health of populations in our state. The following practical lessons learned include information from tracking, evaluations, and stakeholder consultations. While these lessons are concrete and extracted from our real-world experience, they are generalizable to any health care organization or leader who aims to demonstrate strategy achievement and impact.

> *"By remapping strategic objectives and forcing the original Vision 2029 elements into a standard BSC format with only four perspectives (Organizational Capacity, Internal Processes, Financial, and External Stakeholder), we eliminated duplication across the perspectives and significantly simplified our strategy map."*

Lesson 1: Make It Manageable

As mentioned, in 2020, the Covid-19 pandemic imposed significant changes on our organization's operations and priorities in all three mission areas — with many changes expected to be sustained

Table 1. Strategy Refresh Comparison

	Vision 2029 1.0 (launched July 2019)	Vision 2029 2.0 (launched July 2021)
No. of all plan items	1,398	80
No. of different plans	30	1
No. of target updaters	60	30
API direct data integration	0	10

API = application programming interface. Source: The authors

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after the pandemic and/or permanently. Organizations must be able to remain agile and make strategy adjustments as needed, whatever the disruption may be. We conducted a comprehensive strategy refresh in 2021 and determined this would become a regular feature. We recognized the need to: (1) test and challenge assumptions and strategic relationships among priorities in the original strategic plan to discover changes since the launch 2 years earlier; and (2) identify strengths and opportunities for improvement in our execution processes. The strategy team used feedback from stakeholders' emails, metric tracking, and strategy awareness survey data to summarize the strengths and the opportunities for improvement in the strategy refresh. We found strengths and improvement opportunities in how we used our tracking platform, how we cascaded strategy, how we communicated about strategy, and how we prioritized BSC elements.

To make our strategic plan manageable and to simultaneously address the greatest number of process needs, our Office of Strategy Management recruited eight rising division-level leaders to complete a 3-day Strategy Academy. The Strategy Academy trained the cohort first on BSC basics, then focused on streamlining/reprioritizing the original Vision 2029 BSC (Figure 1), and finally addressed restructuring how the refreshed BSC should be cascaded and executed. Strategy Academy outputs were: (1) a version 2.0 of the Vision 2029 streamlined strategy map (Figure 3) and a new BSC (Figure 4) that reduced duplicate targets while aligning measures without substantively changing content, and (2) a revised cascading plan that drastically reduced the number of cascade plans to be tracked. (Incidentally, the Strategy Academy was a pilot program that has since spun off into an online module and part of a business acumen training program offered through our Organizational Development office. The module is also used in our Leadership Institute training program and has been put online on our employee training platform.)

To address the challenge of ensuring adequate resources for effective collection and monitoring of data, we recognized the need to streamline the process; we knew that we must reduce the number of items tracked. We eliminated many items after discovering that we were tracking the same constructs in multiple ways and/or in multiple parts of our original plan. For example, the original BSC included employees at the bottom level in organizational capacity and at the top as stakeholders, resulting in duplicate measures. Similarly, we were tracking faculty publications under education and research in multiple targets. By remapping strategic objectives and forcing the original Vision 2029 elements into a standard BSC format with only four perspectives (Organizational Capacity, Internal Processes, Financial, and External Stakeholder), we eliminated duplication across the perspectives and significantly simplified our strategy map.

We further prioritized and reduced BSC items (targets, outcome measures, and initiatives) by testing the strategic relationships among the highest-level strategic objectives. The Strategy Academy cohort discussed at length the differences between “important” and “strategic” to assist in selecting priorities. We defined important items as being priorities for stakeholders, while strategic items were defined as priorities for stakeholders that will also influence other strategic items. For example, increasing employee engagement is important for management and our division of HR, but it also is strategic because we cannot increase our clinical footprint and serve more communities — both of which are also strategic items — without a retained and engaged workforce. By contrast, an example that was only important, but not strategic was a

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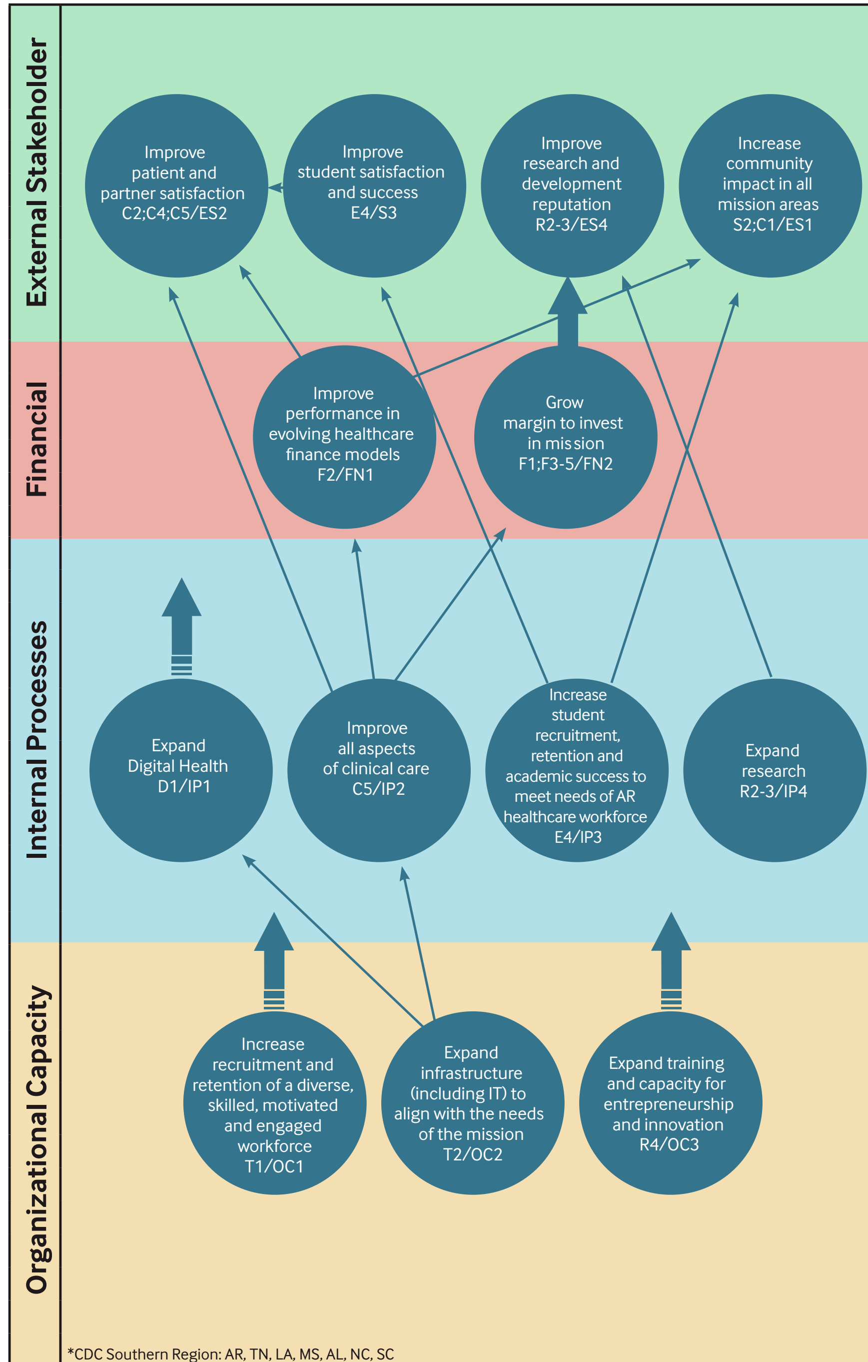
FIGURE 3

Streamlined Strategy Map Produced Through the Strategy Refresh Process

The streamlined strategy map shows direct strategic relationships among objectives and is in standard Balanced Score Card format. Note: Bold arrows indicate that the objective directly impacts all of the objectives in the level above it; narrow arrows indicate direct strategic relationships between two objectives.



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target in the original BSC to increase market share in one region of the state. Achieving that target would contribute to positive funds flow, which is important, but is not strategic because we can serve those communities better through partnerships than market share. Important items remained in the original plan, to ensure consideration in every refresh, while items deemed the most strategic moved to the much more manageable BSC 2.0. Moving forward, the top-level outcome measures in the original plan will continue to be updated according to their time horizons (between 2022 and 2029), and all original items that were deprioritized in the strategy refresh will be explained in comments on the platform.

> *"The Strategy Academy cohort discussed at length the differences between important versus strategic to assist in selecting priorities. We defined important items as being priorities for stakeholders, while strategic items were defined as priorities for stakeholders that will also influence other strategic items."*

In addition to reducing strategic items through prioritization, the Strategy Academy addressed a challenge related to burdens in managing and executing the strategic plan by establishing a new cascading schema to reduce the number of separate cascade plans being managed. The original plan comprised 30 cascade groups, including separate BSCs for each clinical service line, while the streamlined 2.0 plan consolidated the service line plans into a single health system BSC, which our Chief Clinical Officer/Health System CEO now owns and oversees. This consolidation reduced the number of separate cascade BSCs from 30 to 19 and proved to be more efficient, as many of the quality metrics that appeared on the different service line BSCs were easily imported at the health system level using an application programming interface (API) and existing business intelligence dashboards. Specifically, our health system monitors multiple quality indicator dashboards of metrics that are strategic priorities, such as patient satisfaction scores, infection rates, and safety reporting. There is one dashboard for each BSC, and each dashboard tracks about 10 items (down from 30-plus items before the refresh). Instead of manually updating those metrics quarterly, we import the data directly into our strategy platform for tracking, eliminating the need for someone from each service line to manually update the data every quarter.

The master (UAMS organizational-level) 2.0 BSC and each cascade BSC are shared with the departments housed under each cascade BSC plan. For example, the College of Medicine BSC is shared with each department chair so they can facilitate cascading to the department level by adopting/adapting targets they can directly support, influence, track, and provide updates for in their departmental meetings. Individual employees in these departments can adopt/adapt targets for their own annual performance evaluations, which will be integrated into our new financial/human capital management platform being adopted in FY2022.

Lesson 2: Designate Authority to Those with the Resources to Execute

Lack of accountability is among the top reasons that strategy fails.[4] Identifying the "right people" should be considered carefully, but not overthought. Levels of authority in most health

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care organizations match governance and management. Using organizational charts may help determine assignment of strategic objectives and targets — the higher the strategic altitude of the element, the higher in the organizational structure the accountable person should be. Accountability for high-level strategy is an expectation for leadership at our AMC, and annual reporting is presented to the Board of Trustees of the University of Arkansas. We assigned our highest-level executive leadership (Vice Chancellors) accountability for the strategic objectives and targets on our strategy map by making them the "owner" for the objective on the refreshed BSC (Figure 4). The next level in our strategic plan includes strategic subtargets for achieving those targets, with accountability assigned to individuals at the next level of our organization, in this case our division-level leaders (deans, associate vice chancellors, etc.). Initiatives are the most ground-level elements in our plan and reflect the day-to-day work that is required to close the gap from where we are on a target to where we aim to be. Initiatives are assigned to the specific directors, managers, and/or project staff who oversee them. All targets are measurable and time bound, while all initiatives describe the projects, programs, and/or effort of our workforce engaged in advancing toward the target.

We encourage health care organizations to consider assigning accountability on the basis of both level of authority/influence and access to the resources necessary to achieve the objective or target. For example, do not assign a target to a high-level leader who lacks authority over the people or the funds necessary to move that target forward. Accountability is best assigned to someone with both the authority over those who will do the work and the financial resources to conduct the work. Following budget lines helps determine accountability. In the first year of strategy execution and tracking, our strategy team heard a common complaint, even at the top level of our organization: "I want my division to own this strategy, but it's not my decision whether we get the resources for it or not." One leader overseeing the people doing the work and another controlling the required resources for the work makes shared accountability unavoidable. For example, because all large facilities' targets depend on finance approval, some targets for new facilities are assigned both to the Vice Chancellor of Finance (to allocate the funds necessary) and to the Vice Chancellor of Operations (to execute the construction plan).

Cascading strategic BSC elements to different parts of the organization distributes accountability in strategy execution. Health care organizations can cascade elements of their master strategic plans by mission area or by operational divisions (i.e., service lines, business units, etc.). Our strategy refresh resulted in 19 cascade groups. Each group's leader created a cascaded BSC with elements from the master BSC and assigned quarterly updates to appropriate individuals using the strategy management platform. We encouraged division cascade groups to add custom targets and initiatives to their division BSC that they will implement. This gave the cascade groups their own custom strategic plans, highly aligned with the master Vision 2029. Figure 5 illustrates the hierarchy for our organization's plan as it cascades from the master plan to individual performance goals.

Lesson 3: Choose the Right Tool for the Right Job

Facilitating successful strategy execution means anticipating and addressing well-known barriers related to standardized reporting, transparency, siloed effort, and accountability. Fortunately, the

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FIGURE 4

Complete Balanced Score Card Produced Through the Strategy Refresh Process

This revised document, developed through the strategy refresh process, incorporates the streamlined Strategy Map graphic (Figure 3), as well as the list of measures, 2029 targets, owners, and top strategic initiatives, all by stakeholder group. In line with the standard Balanced Score Card (BSC) format, we also converted the stakeholder groups to represent four perspectives (Organizational Capacity, Internal Processes, Financial, and External Stakeholder).

UAMS VISION 2029

VISION 2029 2.0 BALANCED SCORECARD

VISION: By 2029, the University of Arkansas for Medical Sciences (UAMS) will lead Arkansas to be healthiest state in the region* through its synergies of education, clinical care, research and purposeful leadership.

MISSION: The mission of UAMS is to improve the health, health care and well-being of Arkansans and of others in the region, nation and the world by: Educating current and future health professionals and the public; Providing high-quality, innovative, patient- and family-centered health care and also providing specialty expertise not routinely available in community settings; and Advancing knowledge in areas of human health and disease and translating and accelerating discoveries into health improvements.

STRATEGIC THEMES:	DIGITAL HEALTH	FAIR AND JUST CULTURE	PARTNERSHIPS
STRATEGIC RESULTS:	Become a fully deployed digital health institution	Attain national recognition as a fair and just culture institution	Become Arkansas' destination for healthcare

Measures	2029 Targets	Owner	Top Strategic Initiatives
America's Health Rankings (AHR), Arkansas Central Cancer Registry	Arkansas will be at national average* for infant/maternal mortality, diabetes, stroke, breast/colorectal cancer	Health System CEO/ Chief Strategy Officer	IMSL diabetes focused programs and primary care; Culinary Medicine; Partnership Heathy AR; Healthy Active AR; COPH Priorities; Healthy Active AR; Natural Wonders; Medicaid coverage expansion to 1 year; LARC pilot with Regional Programs; Maternal Mortality Board; State dashboards/support for regionalized OB care through Medicaid contract; COPH Center for Tobacco; Breast center initiatives, IMSL screening programs, IMSL colorectal screening; Physician Compensation; Patient survey transparency (internal/external); PFCC/Advisory Council; Readmission reduction; Infection reduction; Mortality reduction; PX Management guidance committee initiatives; Network infrastructure expansion; MyChart Bedside; Rover; Barcode medication administration; PSI reduction; Reputation, Mortality; Nursing magnet; College rankings initiatives; P-grants; state of the art infrastructure for animal and human studies; Washington Regional reclassification; Rural training track development; COM Parallel track
Clinical: CMS Star/Hospital Compare Rating	Achieve 5 star CMS rating/Leapfrog Grade A.	Health System CEO	
Epic National Metrics	Summa cum laude Epic honor roll, Epic 8 star	Health System CEO	
USNWR	USNWR Best Hospital Ortho, ENT, Cancer, GYN, Neuro, Ophth	Health System CEO	
	USNWR Top 3 schools in region*: COM (primary care); CHP, CON; HC Mgmt; COP	Provost	
	USNWR Top 3 schools in region* for research	VC Research	
AR GME slots	100 new first-year GME slots (at least 50% in primary care)	Provost/COM Dean	
NCI Designation	Become Arkansas' firs t NCI designated clinical cancer center	Cancer Inst Director	
Value Based Payments	↑ value-based payments to 50% of revenue	CFO	El Dorado regional program; Value based contracts/ACO; CMS direct; Manage Medicaid; Value based CMS bundles; Length of Stay ReOp; Workforce mgmt ReOp; Supply Chain ReOp; Supply chain lease vs. buy process evaluation; Margin investment strategies; Cash forecasting & budgeting; Surgical Annex; ENT Clinic Conway; PRI Investment Request; Radiation Oncology; NW Ortho
	50% of UAMS patient lives in Value-Based Programs	Health System CEO	
% Margin	Achieve/maintain margin of 2%	CFO	
Days Cash on Hand	Keep/maintain at least 90 days cash on-hand no 2029 targets?	CFO	
Foundation Funds	[Internal Information]	VC Inst Advancement	
Gross Revenue	>$2 Billion gross annual revenue to support UAMS Mission	CFO	
HIMSS	Achieve HIMSS stage 7	Health System CEO	Clinical decision support; Paperless charting; Vascular attending consult; Nights/weekend coverage for family medicine; Digital hernia center; Opioid stewardship measures; Improve diabetic care; Fall prevention; Patient advanced care planning; Pathways programs; DDEI Pipeline programs; Post-Bacc program; Student Success Center; Student Wellness; Scholarships; DDEI Enrichment; College level student retention initiatives; NBME self-assessment; Step 1 study course; Senior longitudinal course that houses the Rx Prep NAPLEX and MPJE Review program; Biannual licensure pass action plans; ATI/DRT evaluations; Graduate surveys on readiness, Employer surveying regarding graduates' readiness for practice; CHP program-specific prep courses/initiatives; P-grants; State of the art infrastructure for animal and human studies; Top 2 percentile worldwide authors; Citation awards; Annual high impact publications showcase; CCTRA; New WPRCI New Phase 1 pgm
Digital Health Services	Expand HealthNow services to 12	Health System CEO	
CMS/Vizient safety measures	Exceed external benchmarks for priority quality measures	Health System CEO	
AR Census/GUSData	All colleges' enrollment will reflect racial diversity proportions of state: COM, CON, COP, COPH, CHP; GRS	VC Diversity, Equity & Inclusion	
GUS data	UAMS will achieve overall institutional completion rate (150% on time) of 75% and at least 75% for URM	Provost	
	100% of graduates will demonstrate competence for Institutional Learning Outcomes	Provost	
College level data	>94% pass rate for all board certification/professional licensure exams, by college: COM, CON, COP, CHP	Provost	
NIH Reporter	Top 3 in NIH funding of IDEA states	VC Research	
Faculty Publications in PubMed	Top 5 AMC in region in publications	VC Research	
Clinical Trial Patient Accrual	Increase therapeutic cancer trial accrual to 300 per year	Cancer Inst Director	
Fair & Just Culture/Equity measures on employee engagement survey	50% increase in F&JC item scores	VC HR	FJ&C Committee; Employee Engagement Initiatives; URM faculty hiring guide; URM Staff hiring guide; Talent Acquisition; Employee Engagement Initiatives; Comp Study; Finance/Budget approval; Energy project; Barton energy deficiencies; Expanded deferred maintenance plans; Vendor consolidation; Expanded MRI services; Surgical hospital; Expanded oncology clinics; Energy Pine/Cedar plans; Provost innovator awards; Small business venture capital outreach and engagement; Economic development alliance; OD programs
Forbes Best Employer by state	#1 Forbes Employer in AR	VC HR	
Forbes Best (healthcare) Employer for diversity by state	#1 Forbes Employer in AR for diversity	VC Diversity, Equity & Inclusion	
Monthly employee turnover rate	Annual turnover rates at or better than benchmarks for nursing, pharm, cancer, MDs, faculty & staff	VC HR	
Employee engagement survey	Exceed engagement benchmark for AMC/employers	VC HR	
Market value compensation comparisons	Average comp will be at least 50% tile of market for all positions	VC HR	
Annual facilities assessment/measures	$98 million in deferred maintenance completed	VC Inst Support Services	
Annual maintenance measures	100% IT infrastructure completed for master facilities plan	VC Inst Support Services	
Equipment measures (includes IT)	100% executed master facilities plan to 2029	VC Inst Support Services	
Innovation Disclosures/Licenses	at least 4 new licensing agreements/small business startup per year	VC Research	
My Compass	75% of Team UAMS will complete leadership development training	VC HR	

CORE VALUES: Integrity, respect, diversity and health equity, teamwork, creativity, excellence, and safety

AMC = academic medical center, CFO = Chief Financial Officer, CHP = College of Health Professions, CMS = U.S. Centers for Medicare & Medicaid Services, COM = College of Medicine, CON = College of Nursing, COP = College of Pharmacy, COPH = College of Public Health, DDEI = Division for Diversity, Equity and Inclusion, ENT = ear, nose, and throat, F&JC = Fair & Just Culture, GME = graduate medical education, GYN =gynecology, HC Mgmt = Healthcare Management, HIMSS = Healthcare Information and Management Systems Society, MD = medical doctor, MJPE = Multistate Pharmacy Jurisprudence Examination, NBME = National Board of Medical Examiners, NCI = National Cancer Institute, NIH = National Institutes of Health, OB = obstetrics, PFCC = patient and family-centered care, PRI = program-related investment, UAMS = University of Arkansas for Medical Sciences, URM = underrepresented minority, USNWR = U.S. News & World Report, VC = Vice Chancellor.

Source: The authors

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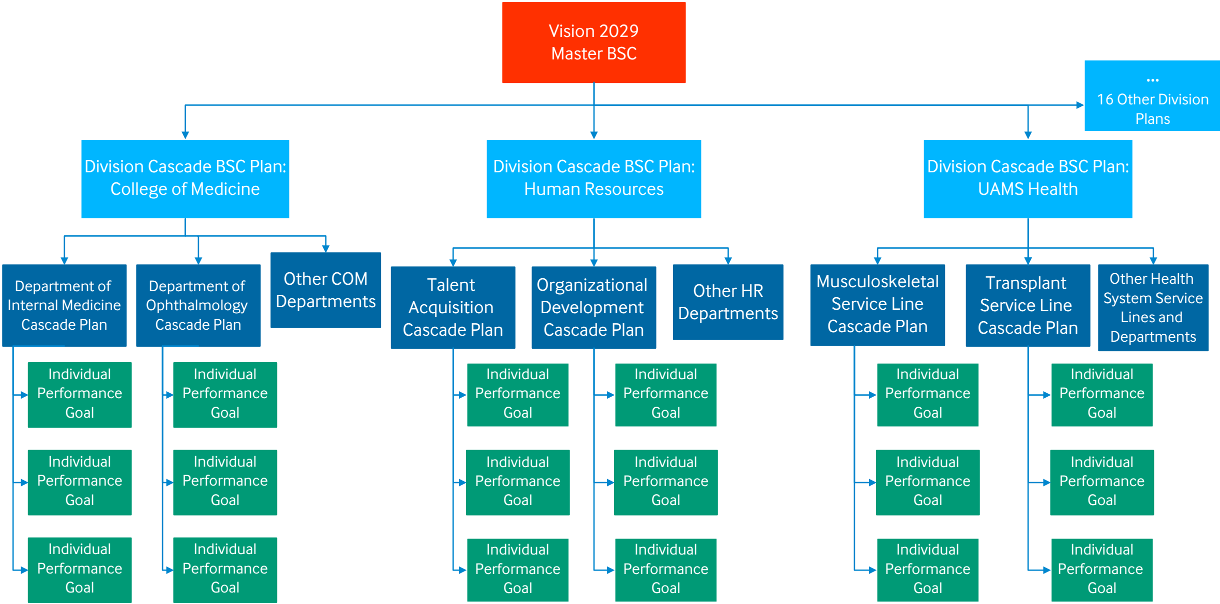
FIGURE 5

Balanced Score Card (BSC) Cascade Hierarchy

This plan is designed to promote accountability at each level of the organization. Department-level leaders are responsible for their own department-specific BSCs that are aligned with the Vision 2029 Master BSC. COM = College of Medicine, UAMS = University of Arkansas for Medical Sciences.



Source: The authors

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marketplace offers many technology options to mitigate these barriers. While these products can be costly, investing in a cloud-based solution to track strategy may provide a return on strategic investments, if adequately leveraged. Our organization evaluated more than a dozen products, and selected a platform, AchieveIt, that has an existing health care organization customer base and high usability ratings; the user's experience with the tool was important to us because we aimed to assign accountability for strategic metrics throughout our organization. Our priority selection criteria for strategy execution software included: usability ratings, health care organization/AMC customer base, data integration (API) capacity, dashboards, and cost per user.

> *"Improvements in population-level metrics should never be at the expense of exacerbating disparities, which is why our targets include specific subtargets focused on health disparities for vulnerable populations."*

The initial lift to load the original master 10-year strategic plan and 30 cascade plans onto the platform was significant. Two full-time strategy associates and two part-time vendor consultants worked tirelessly over a 6-month period to facilitate creation of the cascade plans with division

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leadership, then load the plans and train the updaters on the platform. In our first two quarters of tracking, we learned that we were aiming to track too many items and asking too many people to update metrics. With our 2021 strategy refresh, we now load only one updated plan (as needed) into the platform every 2 years, and updaters no longer require specialized training. This simplicity is created by the platform, which includes automated emails with simple fill-in-the-blank options for updates, so employees (as updaters) do not even have to access the platform directly to provide quarterly status updates on their targets. Furthermore, and mentioned in Lesson 1, using an API to integrate existing data added efficiency to our strategy reporting on the platform.

Lesson 4: Set the Pace, Keep the Pace

Strategic cadence refers to a rhythmic sequence of strategic activities.[5] When creating strategy cadence plans, health care organizations must balance capacity with tolerance. Updating hundreds of targets monthly outstrips the capacity of most health care organizations. While annual updates of fewer targets may be better tolerated, they may not be done often enough to recognize if/when action is needed. When the number and frequency of target updates exceed capacity and tolerance, those with accountability may feel overwhelmed and/or that they are "just checking boxes." Our organization's strategy refresh reduced the number of quarterly updates to no more than five for any given updater and ensured that updaters have access to the data needed in their usual scope of work so that updating is not additional work. As detailed in Lesson 3, our strategy management platform solicits updates via automated emails. All updaters receive the email schedule (cadence plan), along with calendar invites so that they anticipate quarterly requests. Setting, adjusting, and keeping the cadence for updating maintains essential accountability all the way up to top leadership.

A good cadence plan lessens demands on strategy updaters and those assigned accountability for strategy by managing expectations and allowing updaters to plan for their updates in advance, on a regular schedule. Our health care organization's cadence plan also aligns with our strategic communication plan for sharing quarterly progress reports with all employees at town hall gatherings, to the chancellor's cabinet, and at external stakeholder meetings.

Lesson 5: Alignment Matters

Our strategic vision statement is to lead our state to becoming the healthiest in the region in a 10-year period. (The region comprises seven states: Arkansas, Tennessee, Louisiana, Mississippi, Alabama, North Carolina, and South Carolina.) In our strategy refresh, we realized that the way we measured our strategic targets did not necessarily roll up to population health measures, which made it challenging to connect and align our efforts and demonstrate impact. To ensure your organization's highest-level strategy impacts populations, it is important to identify those measures first, then decide the organizational-level measures that most accurately contribute to them. For example, we are now using national health rankings on priority indicators as our top-level impact measure. If we want to be the healthiest in the region, then we need to improve our rankings in areas in which we are among the lowest in the region. We track our rankings in infant mortality, maternal mortality, breast cancer screenings, and other indicators related to

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chronic diseases. For each of those measures, we established 2- to 5-year targets and multiple initiatives to move the needle on them.

Whenever possible, the data sources are the same from the target level to the strategic objective (population) level, so that quarterly and annual updates can be rolled up. As we show progress on our targets, we anticipate improvements in the top-level rankings. The more that evidence-based approaches are employed at the initiative level, the more likely measurable progress will be made at the target and objective levels.

> *“Our Office of Communications and Marketing annually updates and refreshes the Vision 2029 communication plan with new strategies and consistent messaging to sustain awareness in spite of turnover and fatigue.”*

The midlevel targets and subtargets that impact the population-level measures usually have shorter time horizons (1 to 2 years); they are considered leading measures and are more directly influenced by organizational capacity. In contrast, the population-level strategic targets usually involve lagging indicators and have time horizons of 5 to 10 years, for a number of reasons. First, interventions and initiatives that target populations often include policy and legislation, which are driven by state board meeting schedules and/or State General Assembly sessions. Preparation, lobbying, and testimonies are often necessary and take months to years to conclude. Second, lagging population-level statistics and data are rarely collected and reported monthly, and sometimes not even annually, so tracking those statistics as target metrics must be timed accordingly. Last, it should be noted that improvements in population-level metrics should never be at the expense of exacerbating disparities, which is why our targets include specific subtargets focused on health disparities for vulnerable populations. For example, an organization or state may feasibly improve breast cancer screening rates overall, but if minority populations are excluded in their efforts, that improvement could actually contribute to a racial disparity in breast cancer screening.

Lesson 6: Culture Change Requires Change Management and Effective Communication

Culture change can be either spontaneous or intentional.[6] The Covid-19 pandemic propagated spontaneous culture change that actually supported strategy at our organization. Throughout 2020, a sense of pride and solidarity arose from being part of Team UAMS as the pandemic raged in our state. Statewide, our AMC was perceived to be heroic as we led efforts to expand Covid-19 testing, treatments, and eventually vaccine distribution to all communities in our state, with a focus on reaching underserved areas. As our AMC employees banded together during the pandemic, a sense of closeness and harmony spontaneously spread to our collective strategy efforts. Just as Team UAMS strived to conquer Covid-19, we also worked together at becoming the healthiest state in the region by 2029, and many team members wore those responsibilities as badges of honor.

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To initiate and sustain the intentional culture change needed to keep our entire organization engaged in strategy, we used elements of Change Management[7] to address the "people side of change" and the Diffusion of Innovation[8] model to frame strategic communications. All levels of our organization were targeted with intentional culture change efforts.

The first stage of strategic plan execution should focus communications on knowledge and awareness. Expose individuals to the plan without too many details at first. Concentrate this phase on inspiring individuals to learn more. Focused messaging and leveraging diverse communication channels and messengers help ensure that communications saturate all levels of the organization. For example, our chancellor mentions Vision 2029 at least once in every town hall, even when there is not a full update on the agenda. Campus leaders use Vision 2029–branded presentation templates when talking about priorities with their teams. We recorded conversational videos about Vision 2029 to promote awareness. We created inclusive messaging focused on shared creation (i.e., "YOUR voice was heard"), ownership (i.e., "this is OUR plan"), transparency, and value (i.e., "Your work that is aligned with Vision 2029 priorities will be supported"). The ongoing challenge of awareness in large organizations requires ongoing attention. Our Office of Communications and Marketing annually updates and refreshes the Vision 2029 communication plan with new strategies and consistent messaging to sustain awareness in spite of turnover and fatigue. In a recent awareness survey, more than 80% of employees who completed the survey (442 employees) demonstrated awareness about Vision 2029, its name, purpose, and how it is being executed at all levels of our organization. We intend to enhance the research features of future surveys to gain greater insights into employee engagement and awareness.

We recommend health care organizations focus the next stage of execution on communications showcasing early adopters who articulate their inspiration and how they connect with the plan. For example, we recently featured our chief nursing officer explaining how nursing directors use Vision 2029 to frame their unit priorities as a strategy exemplar for our service lines.

Our organization continues to observe varying degrees of implementation in cascade plan updates. Most cascade plan updaters consistently update their targets on time. A small subset, less than 5%, are routinely late or provide no updates. Individual communications to this subset often prove effective in reducing the burden when we make it easier for them to provide their updates. While late updaters do not receive recognition for being on time, they are not penalized or reprimanded either; however, cascade BSC owners are responsible for resolving any reporting delays. Those who do not make the on-time list often reach out to apologize and/or ask for help. Our Office of Communications and Marketing collects examples to showcase ongoing efforts to track Vision 2029 implementation. We celebrate and reward individuals and teams that effectively adopted and achieved strategic targets with recognition through various communication channels and chances to win Team UAMS prizes.

> *"Clinging to objectives and targets simply because they were documented will endanger an organization's progress toward its vision."*

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Anticipating resistance is also a key factor in change management and effective communication. The strategy team worked with leadership to identify specific individuals at multiple levels of our organization (leadership, division level, department level, clinical enterprise, academic enterprise, and research enterprise) who were likely to either accelerate or decelerate strategy. Resistance to change is common, and knowing those influencers who were potential champions versus those who likely needed intentional intervention was critical. Leaders at the top level of our organization (vice chancellors) often provided direct outreach to those at the division level to mitigate resistance to strategy change. For example, our provost facilitated open discussions about Vision 2029 goals and measures in the monthly Council of Deans meetings to address perceived barriers to implementing strategy with the deans; compromises in measures, targets, and priorities were made as a result. She also highlighted selected Vision 2029 successes of specific deans and their colleges in newsletter communications. We used a similar approach in our clinical enterprise as our chief clinical officer met with service line directors in anticipation of change resistance. For example, the deans were hesitant to accept ownership for measuring and reporting enrollment in each academic program because this was inefficient. That measurement was reassigned to the division in Academic Affairs that houses all student data.

To ensure that our vision stays aligned with new initiatives and projects, individuals are required to cite Vision 2029 in financial requests, all project investment request forms, and annual budgets. Abbreviated codes for items in Vision 2029 made this process easy. For example, if a project supported Vision 2029 Clinical Strategic Objective 1, specifically the second outcome measure under it, individuals cited "C1.2" under Vision 2029 priorities in their request. Since July 2020, our executive major projects governance committee reviews all project requests and ensures strategic alignment and value prior to approval for the development of pro formas.

Lesson 7: Be Prepared to Reinvent the Vision, Rechart the Journey

Strategic plans are rarely set in stone, nor should they be. Because the landscape in which health care organizations exist continually changes, strategy also must change. Clinging to objectives and targets simply because they were documented will endanger an organization's progress toward its vision. Creating a strategic plan with "intentional agility" positions health care organizations on the most effective path toward their vision, regardless of the changes around it. Agility provides new opportunities for success and progress. Using change management in concert with the BSC approach bakes agility into a strategic plan. Having a single-page strategy map that clearly explains strategy and priorities — then acknowledging that it is our people who will make it happen — has proved to be effective in executing our ambitious plan.

Committing to periodic strategy refreshes also ensures strategic agility. Our organization will conduct robust strategy refreshes every 2 years, in which we deconstruct and remap the BSC elements on the basis of the landscape, assumptions, and changes since the last refresh. We carry over targets and initiatives, adjusting as needed, and add new items where gaps are either revealed or created. We assign new ownership to ensure relevant accountability and load the refreshed plan into our strategy management platform. We recommend positive and transparent communication about strategy refreshes, anticipating resistance since refreshes result in more changes. Our health care organization used tailored positive framing for our strategy refresh messaging (Table 2) and branded the updated plan "Vision 2029 2.0."

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Table 2. Guidance for Vision 2.0 Messaging

The following guidance is provided to communicate about Vision 2029 2.0 (“Refresh”).
Key words:
• Updated
• Focused
• Streamlined
• Agile
• Execution phase
• Transparent
Questions and answers:
• Who?
Team UAMS; Leadership; Cascade Plan owners; Departments; Employees
• What?
Vision 2029 Update/“Refresh” (“Vision 2029 2.0”)
• When?
Every 2 years, starting in 2021
• Why?
To make sure priorities are focused, processes are streamlined, and tracking is efficient and transparent
Message framing:
Things that are the same from Vision 2029 1.0 to Vision 2029 2.0:
• UAMS Mission
• UAMS Vision
• UAMS Core Values
• Strategic Objectives
• Strategy execution timeline and cadence
• Cascade plan supporting master plan, all the way down to individual employees
• Progress tracked on AchieveIt platform
• Accountability assigned at multiple levels
• Transparency in reporting progress
Things that are different from Vision 2029 1.0 to Vision 2029 2.0:
• Objectives prioritized and mapped to show strategic relationships among them
• Duplication reduced in objectives and targets
• Measures updated
• Targets adjusted to new priorities and measures
• Fewer Cascade groups (from 30 to approximately 19)
• Fewer targets/items to be tracked (from 1,200 to approximately 200)
• Vision 2029 and cascade plans to be updated every 2 years

(continued)

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Table 2. Guidance for Vision 2.0 Messaging (cont.)

The following guidance is provided to communicate about Vision 2029 2.0 ("Refresh").
• Data sources and business intelligence used to import data into AchieveIt when possible, reducing the need to update some targets manually
• Initiatives to be tracked in AchieveIt and linked to the 2.0 plan

UAMS = University of Arkansas for Medical Sciences. Source: The authors

Table 3. Best Practices for Strategy Management

Strategy best practice*	Positive example	Negative example	Strategy lesson learned
Create and manage the BSC	Create a manageable BSC with only four perspectives (Organizational Capacity, Internal Processes, Financial, and External Stakeholder).	BSCs with too many perspectives propagate too many objectives, too many outcome measures, and too many targets to feasibly track without outstripping the capacity of updaters.	1, 3
Align the organization	Use organizational charts to assign top-level strategy to those with the most influence, and assign accountability to those who have adequate access to the resources needed to achieve the target; cascade BSC throughout the organization to promote synergy.	Avoid assigning strategic elements to owners who are overly resistant to change; likewise, avoid creating more cascade BSCs than strategists can manage.	1, 2, 5
Review strategy	Integrate quarterly strategy updates into standing meetings with leadership and stakeholders; commit to periodic strategy refreshes.	Committing to strategy with rigid expectations can cause organizations to have to abandon priorities over time; remaining agile can maintain the strategy course better.	7
Communicate strategy	Start with promoting awareness about the strategic plan and work toward engagement at all levels of the organization through targeted messaging/channels, positive framing, anticipating resistance, and meaningful cadence.	Organizations can lose important momentum if strategy communication is considered a "campaign" that wanes over time; likewise, strategy communication that is difficult for all employees to understand can be demotivating.	6
Manage strategic initiatives	Initiatives should be implemented with adequate resources to close performance gaps of aligned targets.	Strategic objectives cannot be achieved just by documenting and tracking them; a target without appropriate initiatives will likely not be achieved.	4, 5
Integrate strategic priorities with other support functions	Organizational buy-in for strategy is facilitated when strategic elements are aligned with budget/financial and human resources requests and operations; robust integration results in strategy becoming "everyone's job."	Compartmentalizing strategy as a separate area of focus from finances and human capital can result in nonstrategic investments in people, facilities, equipment, and other forms of organizational capacity.	6

*Source: The strategy best practices were informed by Kaplan RS, Norton DP. The Office of Strategy Management. Harvard Business Review. October 2005. Accessed November 15, 2021. https://hbr.org/2005/10/the-office-of-strategy-management. BSC = balanced score card. Source: The authors

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Finally, transparency and celebrating success promote strategy agility. They also involve effective communication. Our organization shares easy-to-understand strategy progress dashboards with all employees quarterly. The chancellor shares specific updates in quarterly town halls. We post these updates on the internal Vision 2029 website for full transparency.

Notably, in 2021, as we were to begin our strategy refresh, we assumed our health care organization's appetite for change was low, especially after enduring the myriad changes imposed by the Covid-19 pandemic. However, positive framing and celebrating strategy successes helped cast a positive light on Team UAMS's efforts at a time when we all needed praise.

Finally, on the basis of the specific experiences shared here, we have developed some general dos and don'ts as applied to strategic best practices (Table 3).

Looking Ahead

AMCs and health care organizations face unique challenges when executing strategy. Balancing multiple mission areas, funding streams, and governance matrices may easily overwhelm strategists. Often, strategic plans crafted with the best intentions for implementation sit on shelves, especially when the ground beneath them shifts. Our organization executed on strategy and continues tracking and demonstrating progress quarterly. Our commitment to developing and deepening our bench of strategists and to refreshing our strategic plan contributed to a culture that remains agile, even during the pandemic-related challenges. Prioritizing effective and transparent communication, diligent tracking, and remaining open to adjustments as needed led to marked progress toward our organization's ambitious vision. Streamlining and reducing duplication, anticipating resistance, and employing organizational change theory all contributed to successes that can be generalized to other organizations, especially health care organizations.

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