

Navigating the Uncertainty Related to the Potential Realignment of Healthcare Systems

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Abstract: Due to the continuously evolving nature of healthcare delivery, the healthcare industry is facing the possibility of a national realignment of health systems. This article includes a collaboration between we the authors, two nurses and a healthcare administrator, regarding how health systems can thoughtfully approach the potential for realignment. At our best, healthcare professionals strive to share experiences that may be of value to others in the profession. Therefore, we believe we have a responsibility to inform others who may be navigating a situation similar to ours of what we have learned through this collaborative effort.

Keywords: healthcare landscape, organizational change, support strategies

Introduction

The landscape of healthcare across the US is rapidly changing, causing many organizations to encounter ambiguity and pressure as they realign care delivery. In this article, a healthcare administrator (AI) and two nurses (Ashley and John) are faced with the potential for realignment of healthcare systems within the Department of Veterans Affairs (VA). AI is the Medical Center Director at VA Connecticut Healthcare System, currently detailed to Washington, DC, to work with the Secretary of the VA. AI has worked with the VA for over 13 years and served on active duty in the US Air Force (USAF) for over 10 years prior to that. Ashley is a registered nurse who works for the VA Chillicothe Healthcare System in Chillicothe, OH. Ashley has worked for the VA for four years. Prior to that she worked as a nurse for 12 years in various positions in non-governmental organizations. John is an executive leader coach with Cognosante LLC in Falls Church, VA, currently supporting the VA with their enterprise-wide journey to high reliability and commitment to zero harm. John served on active duty in the USAF for almost 28 years working in various pediatric clinical, education, research, consulting, and leadership positions.

It was in early March of 2022 that we learned that three major VA medical centers and over 170 outpatient healthcare facilities were recommended for potential realignment as a result of the congressionally approved Asset and Infrastructure Review (AIR) Commission recommendations (Rein, 2022; Shane, 2022). The AIR Commission, a provision of the MISSION Act, was established in 2018 for the purpose of the modernization or realignment of VHA healthcare facilities (House Veterans' Affairs Committee, 2022). The goal of the AIR Commission recommendations is to help VHA healthcare systems to continue to deliver timely access to world-class care for every Veteran—in the community, in rural areas, and in every corner of the country.

AI is currently detailed as the VA Senior Advisor/Senior Liaison to the AIR Commission and shares how the Secretary of Veterans Affairs, Denis McDonough, is focused on creating a network of healthcare systems with the right facilities, in proper locations, to provide care to all

Veterans including those who are underserved and at risk. Efforts will also be focused on ensuring that infrastructure is reflective of what meets the needs of Veterans in the 21st Century. Where needed, realignment will include moving toward new or different infrastructures to address changes in healthcare delivery. During the coming months, a lot will take place that we as healthcare professionals need to be mindful of. The VA will work closely with the AIR Commission, as well as key stakeholders (e.g., Veterans, Veterans service organizations, etc.), to assess the recommendations before a definitive proposal is transmitted to President Biden for further review in 2023. Following President Biden's review, a decision will be made regarding whether or not to send the recommendations to Congress. Congress will then have the option to accept or reject the recommendations. If accepted, the recommendations must be implemented within three years—yes, it's a very arduous process, but a necessary one. John can attest to this, as his last assignment on active duty in the USAF was helping with the realignment of military healthcare systems under the Base Realignment and Closure (BRAC) process. BRAC, like the AIR Commission, was the congressionally authorized process used by the Department of Defense to realign its organizations and infrastructure to work more efficiently and effectively. From this experience, John is very aware of how the potential realignment of healthcare systems can be especially disruptive to staff, organizational programs, and processes, as well as local communities. John shares that the “BRAC process was very challenging on so many levels. There were so many times when my staff and I were not sure what to share with others regarding what the future of military healthcare would look like.” John published an article about the experience, noting, “Transforming the military health system is not easy. However, it is critically important to change the system in ways that will make it more effective and efficient” (Murray, 2009, p. 453).

John wanted the process to be different for the VA. So, our team quickly began searching the literature to see how other organizations navigated the uncertainty related to a potential realignment of a healthcare system. We did this hoping to collect as much information as possible to help us put together a plan to respond. And plan we did—in short order. From the AIR Commission recommendations becoming public in early March, fast forward to around the same time in May, we read everything we could about how to help staff navigate this process during a time of uncertainty. John even attended a presentation by retired senior military leaders (Lieutenant General Eric Schoomaker and Colonel Chuck Callahan), whom he served with during the duration of the BRAC process, to hear their retrospective perspective on how things could have been done differently. John found this incredibly invaluable since he had not heard this perspective before now and immediately recognized how it would benefit the VA. Okay, so what did we learn?

Our Response to the Potential Realignment of Healthcare Systems

We recognized that a change management strategy would be needed to facilitate a potentially large-scale transition. Prosci's ADKAR model was chosen to provide us with the necessary framework for potential changes. The ADKAR model is evidence-based and provides five components for a change to be successful:

- Awareness of why change is needed;
 - Desire to actively participate in change;
 - Knowledge of how to make change a reality;
 - Ability to demonstrate new skills, behaviors, and confidence needed for change;
 - Reinforcement to sustain the change long after implementation.
- (Harrison et al., 2021; Prosci, 2022; Wong et al., 2019)

We also discussed compiling all of the strategies other healthcare organizations employed during this unique and challenging time. Five themes continually came to our attention: Be empathetic, communicate openly and frequently, provide accountable transparency, recognize that coping styles will vary, and foster career resilience.

Be Empathetic

With our combined eight decades of service, we were quite aware of the strong emotional ties that staff members have to the healthcare organization where they work as well as with the patients, families, and communities they serve. As Al and Ashley can attest, the VHA workforce in particular is made up of outstanding public servants. For many employees, this may be the only healthcare organization where they have worked. We have already begun to see how the potential realignment has resulted in the expression of many emotions, including a sense of loss. For example, one long-time staff member noted, “I don’t know what I will do if the hospital closes. This is the only job I know.”

Leaders should recognize that these are natural feelings when transitioning through potential change (Parsells, 2017). We recommend to the leadership of organizations potentially affected that staff be granted opportunities to express their questions and concerns. As such, it is important that leadership be visible and approachable. We recognize that not all questions can be answered, as John alluded to earlier. However, we believe that even if a leader cannot answer the questions asked, providing opportunities anyway imparts that someone is listening and cares about the concerns being brought forward. As John learned from his experience with BRAC, employees may even provide helpful insight that had not been considered. Being empathetic will be instrumental in facilitating a smoother realignment, should it take place (Lucey, 2015). We also recognize that it is also important to acknowledge that leaders will have many of the same concerns as staff members and should have similar resources available.

Communicate Openly and Frequently

Continuing with the theme of asking questions and sharing concerns is the need for open and frequent communication. We share from our own experiences of talking with staff that open and frequent communication is vital for addressing uncertainty during a potential realignment. Diversified strategies for communicating should be considered. We frequently hear staff members say they do not check their emails because they “receive too many.” Many also believe that this is not the best (or most personal) mechanism for sharing important information. We recognize that there will likely be some information that will need to be shared in a top-down approach. In fact, sometimes it is best that news is shared by senior leadership. However, we

also believe that a participatory approach should be used. We have found this to be especially helpful with empowering staff to be active in having a voice in the communication process. This approach helps to ensure message clarity and comprehensibility. We have also found that it is vital that leadership communicate early and proactively as part of the change process of potential realignment.

Closed loop communication is also essential for ensuring message accuracy (Lee & Li, 2020; Men & Yue, 2019). All three of us authors continually hear staff say how critical closed loop communication is. Oftentimes, they feel it's superior to other methods of message sharing.

As such, we are continually exploring different ways of closing the loop when it comes to communicating—especially with frontline staff members. Ashley has found it beneficial to establish a central repository for known facts as well as staff questions and answers from leadership. She has found that utilizing a digital format or question-and-answer board, depending on what staff prefer, can help to engage off-shift employees as well as create a consistent message to all staff. These platforms can assist leadership in discerning what areas are of most concern to staff and how to best communicate responses. There are also well-established methods of organization communication that we all use regularly anyway (e.g., town hall meetings, staff meetings, internal newsletters, and/or employee communication hotlines to call with questions, suggestions, or concerns, etc.). We have found town hall meetings in particular to be especially valuable as staff feel comfortable speaking up in this venue. A staff member recently shared, “The variety of ways information is being shared is helpful. Sometimes it helps to get the information more than once and at different times.”

Another strategy we strongly encourage is for leaders to speak with staff during leader rounding to see what concerns they may have regarding the potential for realignment. Simply asking, “What concerns do you have regarding the potential realignment?” and “How can I help?” demonstrates to staff that they are appreciated and valued.

Al also notes that for the VHA workforce in particular, it is important to frequently recognize and communicate the critical role they play in the VA's future. As such, he consistently reinforces that information shared should communicate that there will be ongoing investment in the VA workforce as part of the potential realignment process. Al also notes the importance of taking an inventory of stakeholder groups in addition to employees (volunteers, patients, Veteran service organizations, elected officials, etc.) and ensuring communications address all interested parties frequently.

Provide Accountable Transparency

Accountable transparency is the process by which organizations provide a wide-ranging amount and type of information to staff regardless of whether the news is good or bad. The goal is to provide information that has the potential to reduce staff anxiety, feelings of uncertainty, misinterpretations, and conflicting messages, as well as control circulating rumors regarding potential changes within an organization (Oreg et al., 2018).

While we believe that it's important to provide complete information, organizations may choose to identify which is most useful and relevant to staff in order to not overwhelm and further confuse employees. We have found that transparency of information highlights an organization's concerted efforts to offer staff truthful and valuable information and should not be confused with simply disclosing news to employees, which—without curation and without discussion—has the potential to overload staff with excessive, irrelevant, and redundant news. This in turn amplifies the uncertainty and confusion already being felt by staff.

Recognize That Coping Styles Will Vary

We spent quite a bit of time discussing how important it is to recognize that coping styles will vary among staff during a potential realignment of a healthcare system. When reviewing the literature, we found evidence that shows that with uncertainty, there are typically two specific types of coping strategies utilized and important to understand.

Coping can be control- or escape-oriented. With control-oriented coping, individuals become proactive seeking ways to address the situation such as by assessing the circumstances, offering solutions, and then implementing a plan of action (Oreg et al., 2018). On the other hand, with escape-oriented coping, staff use avoidance behaviors (e.g., circumventing the situation, remaining silent, distancing themselves from the circumstances, etc.). With this method of coping, individuals feel that they can minimize the emotional impact created by the uncertainty (Parsells, 2017). Strategies we have found to be effective in facilitating control—and minimizing escape-seeking—include helping staff to recognize why the potential realignment may be needed and providing resources (e.g., social work, chaplain, behavioral health, mindfulness activities, wellness coordinators/officers, employee wellness programs, peer support groups, etc.; Oreg et al., 2018; Parsells, 2017). We have found that when resources are made available, they help to shape staff perceptions of certainty and controllability regarding the possibility of organizational change. These reflections are based on our own experiences and information gleaned from the literature. Help should also be provided with finding qualified and credentialed healthcare professionals with experiential experience.

Foster Career Resilience

During periods of potential realignment of healthcare systems, staff may need assistance with considering employment and career options available to them if it becomes necessary. In fact, Al notes that the VA continues to invest heavily in its number one asset—its employees. Both he and Ashley share that leadership and human resources personnel can help with this by identifying ways staff might potentially transfer to other facilities within the healthcare system, consider furthering education for those who have expressed interest, contemplate early retirement if eligible, or accept a severance package if offered. These are actions currently being explored by the VA. We recognize that the importance of an individual's professional identity will help staff be resilient during the potential realignment process. After receiving some career guidance, one nurse shared, "I never thought about returning to school as a next step if the medical center is realigned. This may be an opportunity for me to fulfill the dream I have of completing my degree."

Conclusion

We recognize that there is still a lot of work to be done over the next several months to years. As of this writing, it has only been a little over three months since hearing the news about the potential realignment of VA healthcare systems. We are happy that we took the time early on in the process to explore strategies that might help staff during these challenging and unpredictable times. During this period of uncertainty and stress, we emphasize to organizational leaders that it remains critical for staff to continue to provide high quality and safe patient care. In order to do so, we promote the importance of ensuring that staff concerns are addressed and that they are adequately informed about the ongoing changes. We believe that the aforementioned strategies will help in this endeavor. Additionally, this experience has made us recognize the importance of sharing what we learned with other healthcare organizations navigating the same journey.

Closing Note

Since the time of writing this article, Congress rejected the AIR Commission recommendation and defunded efforts. The VA Undersecretary for Health at that time, Dr. Shereef Elnahal, directed efforts toward examining infrastructure at all VA healthcare facilities (Katz, 2023).

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