Chapter 3
Organizational Leadership and Health Care Reform

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ABSTRACT

Policies, health, and government regulations affect various Health Care organizations and their members. One such policy, the Health Information Technology for Economic and Clinical Health (HITECH) Act, attempts to improve the performance of health care systems through the use of technology, such as Electronic Health Records (Bluementhal, 2010). The most critical task of leadership is to establish a mindset at the top of the organization and function to infuse a culture of excellence throughout the organization (Bentkover, 2012). Health organizations can only progress if their members share a set of values and are single-mindedly committed to achieving openly defined objectives (Bentkover, 2012). This chapter investigates organizational leadership in relation to health care reforms to include trends in health care leadership, Stratified Systems Theory (SST), Systems Thinking, and regulators perspectives. The chapter will consist of the following sections: background; issues controversies, and problems; solutions and recommendation; future research directions; and conclusion.

INTRODUCTION

Researchers emphasize the significance of organizational leadership. Others talk about being central to the fulfillment of firms especially for industries such as health care that are international and vibrant worldwide (Chathoth & Olsen, 2002). Policies, health, and government regulations affect various Health Care organizations and their members. The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, attempts to improve the performance of

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health care systems through the use of technology, such as Electronic Health Records (EHRs) (Bluementhal, 2010). Technology is an important tool for health plans to provide better care and quality assurance. Regulators closely monitor health plans, such as the Department of Managed Health Care (DMHC), the Centers for Medicare & Medicaid Services (CMS), Independent Medical Reviewers (IMR), and the National Committee of Quality Assurance (NCQA), and other independent entities (IMRhelp & DMCH, 2015). These regulators are constantly looking at electronic data and regulating health plans' performance. Based in health care reports and audits results, the outcomes reflect quality assurance for members to assure overall compliance. The HITECH Act is focused on health organizations using certified EHRs. The HITECH Act was enacted to expand the federal government's ability to establish a national electronic patient records system by 2014 (APA Practice Organization, 2014). According to the requirements of the Patient Protection and Affordable Care Act (PPACA), this deadline not been met. Therefore, organizations are to comply with the Act and are in a situation of influx that has to be addressed (ACA, 2015).

The HITECH Act of 2009 has the ability to involve health consumers, hospitals in their own care, and connect entire communities into more patient self-awareness. Leadership is critical for transforming these challenges into opportunities. Some of the opportunities would promote preventive care at an affordable price, rather than paying higher premiums, depending in an individual's health care needs. The most critical task of leadership is establishing a mindset at the top of the organization and functioning to infuse a culture of excellence throughout the organization (Bentkover, 2012). Health care organizations progress if they treat their members with integrity, value, and are single-mindedly committed to achieve openly a defined objective for better health (Bentkover, 2012). This chapter investigates organizational leadership in relation to health care reforms to include trends in health care leadership, Stratified Systems Theory (SST), Systems Thinking, and regulators perspectives. The chapter will consist of the following sections: background; issues controversies, and problems; solutions and recommendation; future research directions; and conclusion. This will enhance the field of research on effective communication, leadership and conflict resolution and society in general.

BACKGROUND

Prior to 1994, the standards were comprised of chapters on management, governance, regulators, medical staff, and nursing services. Basically, each division in the health organization essentially had their own standards. These standards were based on individual divisions; and all related policies and procedures complied with that division (Schyve, 2009). Essentially each division was operating as an organizational silo for the good of that individual division's, governance, accountability, ethical conduct. These regulators have their own threshold languages (SB853) that cover about 20 different languages. However, the languages covered are primarily Spanish and Chinese in health care (Wu, 2015). These threshold languages are anticipated to guarantee the success of the division and better patient understanding (Schyve, 2009).

The Joint Commission pursued the guidance from the country's foremost healthcare management experts and clinical leaders to redesign this division-by-division. One of the main themes discovered was that healthcare organization should not be viewed as a corporation of divisions and should be considered a system that provide quality of care among patient care (Schyve, 2009). A system is a mixture of internal policies, national policies, federal policies, procedures, individuals,