ADVANCING HEALTH EQUITY:

LEADING CARE, PAYMENT, AND SYSTEMS TRANSFORMATION

Scenario Planning Facilitator Guide

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AHE Advancing Health Equity

Leading care, payment, and systems transformation

Introduction

Scenario planning helps multi-organization teams prepare for unexpected obstacles and opportunities as they implement their initiatives and to stay focused on the primary goals and objectives as they work within complex and ever-changing healthcare and community environments.

Objective

teams will anticipate and prepare for potential future obstacles and opportunities for their AHE initiative by utilizing the strategy of scenario planning or a similar approach.

Acknowledgments

Scenario Planning activities in this guide are adapted from:

Publically available materials and resources via Thomas Chermack, PhD and the Scenario Planning Institute at Colorado State University.

Cockell, J & McArthur-Blair, J. (2012). Appreciative inquiry in higher education: A transformative force. San Francisco, CA: Jossey-Bass.

Lyman, F. (1981). The responsive classroom discussion: The inclusion of all students. Mainstreaming Digest. University of Maryland, College Park, MD.

Mir, R. A., Mir, A., & Upadhyaya, P. (2003). Toward a postcolonial reading of organizational control. In Postcolonial theory and organizational analysis: A critical engagement (pp. 47-73). Palgrave Macmillan, New York.

Facilitators might find these Scenario Planning resources helpful.

Timeline

Suggested times to complete or update scenario planning

We recommend that teams conduct scenario planning after designing, and before implementing, the care delivery transformation and payment mechanism(s).

Designing care and payment models, by definition, requires forecasting upcoming organization-level operational environments. Scenario planning tools and resources help teams anticipate future implementation challenges and opportunities that they might otherwise overlook and create action plans to address them.

Format Options

Timing and Setting
The initial steps of Scenario Planning are comprised of multiple short activities that each last 5-15 minutes. Some of these shorter activities can be completed asynchronously individually or in sub-groups. Scenario Planning ends with a group activity that is approximately 45 minutes.

Total time without breaks to complete is 2 to 3 hours.

The activities can be conducted in-person or virtually:
- The entire team can complete all of the Scenario Planning activities together during a single, 3-4 hour session (with breaks).
- The entire team can complete the Scenario Planning activities together in multiple sessions.
- The team could conduct some of the Scenario Planning activities individually in an asynchronous manner and other activities together.

The detailed instructions that follow describe how to implement these options.

After a format has been agreed upon, schedule breaks as necessary for longer sessions.

Supplies
- In-person meeting room
- Large enough for each person to sit comfortably at a table and for the group to move around the sides of the room (e.g., between the tables/chairs and the walls of the room). Consider the needs of those with different physical abilities.
- Large sticky flip charts
- Large rectangular post-it notes
- Thin sharpies (able to write legibly on post-it notes).

A virtual whiteboard or meeting space with sticky notes (e.g., Google Jamboard) can be utilized to serve the functions of the physical supplies noted above for virtual gatherings.

Set Up Instructions
Distribute sticky flip charts, post-it notes, and sharpies around the room or set-up the virtual space(s).

Scenario Planning

The entire group identifies volunteers for the following roles prior to all group activities *(5 minutes)***:**

1 Discussion leader: ensures each person is heard and that the group stays on task
2 Recorder: writes on the flip chart(s) to take notes
3 Timekeeper: monitors time and provides time checks to ensure that the tasks are completed in the allotted time

All activities and steps (below) marked with a pink asterisk can be adapted for asynchronous completion by individuals or sub-groups.

Discussion Leader begins the session, reads the following and shows the video below* *(10 minutes)***:**

Today we will conduct an exercise called scenario planning. The SOAR assessment that we recently completed helped us identify the most important current factors for our group to consider as we conduct our work. It provides a great foundation from which to start. However, because SOAR planning focuses on current factors it can potentially leave organizations and teams unprepared for the future, by failing to anticipate and proactively plan for the inevitable shifts that occur in the complex and quickly changing healthcare system.

Environmental shifts that can impact a team's initiative can begin shortly after a SOAR analysis is conducted. An extreme example is the COVID-19 pandemic upending nearly every aspect of the healthcare system. The first cohort of the AHE Learning Collaborative began their projects approximately 5 months before the start of the COVID-19 pandemic with no idea about what would soon occur. The SOAR analyses conducted shortly before the pandemic, while helpful, did not prepare teams for some of its biggest impacts. Less extreme examples of unanticipated events that can impact equity intiatives include work stoppages, key staff or senior leadership turnover, and changing local, state, and federal electoral, policy, and regulatory environments. Not all of these changes are negative. Some can also be quite positive and provide unanticipated opportunities, if organizations are prepared to take advantage of them before they occur.

Scenario planning methods help organizations and teams anticipate future possibilities. They do not require anticipating every possible future opportunity or challenge. Rather, they identify and anticipate a discreet number of future scenarios that represent the most likely potential factors that might influence the ability of an organization, team, or initiative to succeed.

*To get started, **let's view this 4-minute video** that explains scenario planning at a high level.
- After viewing the video, the facilitator will note:
  - That the operational environments of healthcare are so complex, and change at such a fast pace, that scenario planning can be applied utilizing shorter timeframes than those depicted in the video (e.g., 6 months to a year).
  - The importance of remembering that scenario planning is not about trying to predict particular events that will take place. The main goal is to identify the most common and relevant effects of potential events.

The Discussion Leader will lead the group through the following steps (to create a Scenario Planning Matrix).

STEP 1A: **Individuals identify the most common driving forces (i.e., key future issues or factors) that may impact their initiative.*** *(15 minutes)*

Everyone will work individually to identify the most common key issues and factors, also known as "driving forces" that they feel may impact the future of their initiative over a time frame of 2-5 years. Each person will write down on sticky notes what they estimate are the most likely key issues and factors that might impact the initiative. Write one issue or factor per sticky note. See Figure A: Step 1.

Attempt to identify what you believe are the five most likely driving forces. The following list contains some potential driving forces to consider. There may be others and people are encouraged to identify forces that are not on the example list.

It helps to consider "how" the force might impact the initiative. For example, consider how state regulatory factors might impact the initiative, if you anticipate that they will be a likely force to impact the work of the team. Perhaps a small group of state legislators are proposing new regulations that will constrain or expand the ability to change how care is delivered for the health/healthcare inequity that your team is addressing. However, the legislative process may take over a year to reach a conclusion in which the proposed legislation does not pass, or a stronger or watered-down version of the legislation is passed. Another example is turnover in high-level leadership. Perhaps the CEO/President of a key partner organization has announced a departure effective in 6 months. Their successor might de-emphasize the importance of the initiative and remove resources over time or be more supportive of the initiative and add new resources and support.

EXAMPLE FORCES

Social / Key Stakeholders
Factors affecting short- to long-term ability to earn and maintain buy-in of all people or groups who will be impacted by, or will impact, initiative implementation; including:

- Patients/members
- Care team members
- mid- and senior-level leadership
- intra- and inter-organization team functioning
- Public health emergencies
- Environmental/climate emergencies

Technological / Data
Availability of technical processes and data needed for initiative implementation and evaluation such as data collection methods, sharing data, analysis, making changes to electronic health record systems, coding and billing processes and systems, etc.

Political
Politics such as new laws, regulations, executive orders at all levels of the healthcare system (CMS, state Medicaid Agency, Departments of Public Health, regulatory agencies, community based organizations, changes in federal, state, and municipal administrations.

Municipal/community

- Regulatory
  - Federal
  - State
  - Municipal
- Legislative
  - Federal
  - State
  - Municipal
- Electoral
  - Federal
  - State
  - Municipal

Economical

Factors driving implementation and sustainability such as implementation timelines, costs, financial and quality of life return on investment.

- Contractual changes, disruptions, opportunities between partner organizations
- Workforce disruptions, changes, opportunities
  - Strikes, layoffs, lack of skilled personnel
  - High level leadership turnover

Infrastructure emergencies

Market/financial

- Competition
- Recession (e.g., increasing levels of unemployment)
- Rising interest rates (e.g., impacting the ability to obtain property for a housing initiative).

Other forces that have impacted similar initiatives or projects.

STEP 1B: **The group consolidates key issues and factors.** *(15 minutes)*

The facilitator asks the individual team members to put their sticky notes onto one large space (e.g., wall, white board, flip chart) and then to spend 10-15 minutes as a group to:

- identify and remove duplicates. This may require combining or consolidating similar factors or issues onto one sticky note.
- Add any new factors or issues that may have been identified during the consolidation process.

FIG. A
Workshop Example

Step 1
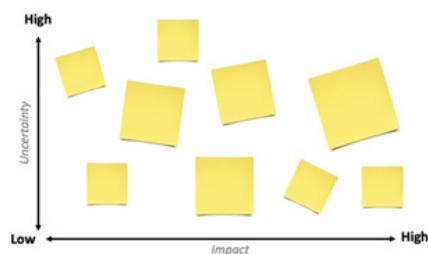Brainstorm key forces in the environment.

Step 2
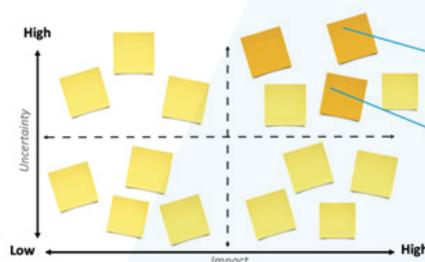Rank order the key forces from low to high impact.

Step 3
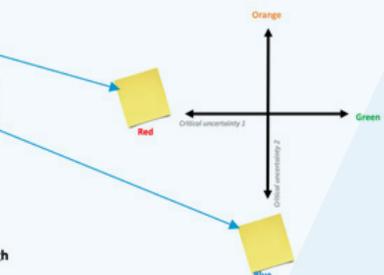Plot each key force by impact and uncertainty.

Step 4
Identify critical key forces (top right quadrant).

Step 5
Select two key forces with high uncertainty and high impact to create a scenario matrix.

Chermack Scenarios, utilized with permission. Personal correspondence (May 2023). *www.chhs.colostate.edu/spi/*

STEP 2: **The group ranks the issues** and forces from low to high relative impact (on the AHE initiative). See Figure A: Step 2. *(10 minutes)*

STEP 3: **The group then places the key issues and forces on the Impact X Uncertainty Matrix** by simultaneously considering how uncertain they are in their ability to predict the future status of the key issue or factor. See Figure A: Step 3. *(15 minutes)*

STEP 4: **The group then identifies the critical uncertainties.** Critical uncertainties generally fall into the top right corner of the matrix that are both high impact and high uncertainty. See Figure A: Step 4. *(10 minutes)*
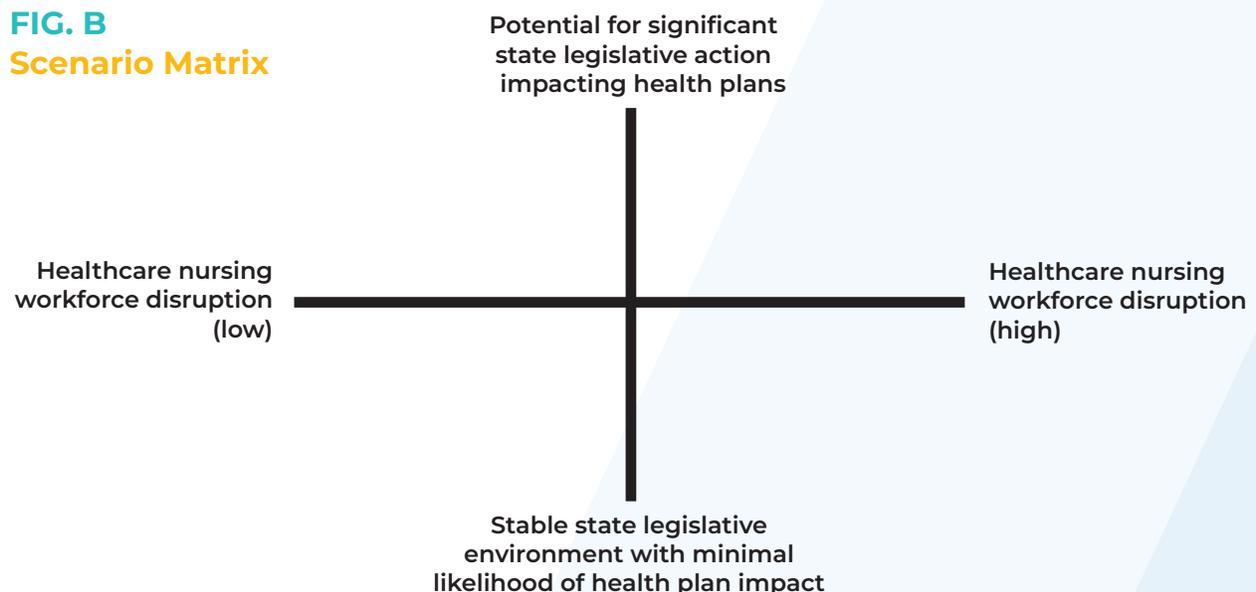
A critical uncertainty is an uncertainty that is key to the team's focal issue. An example of a key uncertainty for an non-AHE initiative focused on workforce planning and education might be the percentage of women in the workforce; will the percentage continue to increase or will it decrease? The goal is to better understand the uncertain forces and their relation-ships with each other. Select the few that you believe are both most important to the focal issue and most impossible to predict.

STEP 5: **The group creates a Scenario Matrix.** See Figure B. *(15 minutes)*

The next goal is to identify the two key uncertain factors or scenarios that would have the most impact on the team's initiative. Before making a final selection, attempt to combine similar key issues or factors. At first, all uncertainties might seem unique. But by stepping back and considering them in more detail, groups can sometimes reduce two or more uncertainties that have some commonality to a single factor or issue.

Once the group has identified the two key issues or factors carrying significant uncertainty they can place them into a new matrix with one of the factors/issues on one axis and the second on the other axis. Each axis will vary from "low" on one end to "high" on the other. Then the group can define a matrix (two axes crossing) that allows them to identify four very different, but plausible, quadrants of uncertainty. Each of these far corners is, in essence, a logical future that the group can explore. For example:

FIG. B
Scenario Matrix

Potential for significant
state legislative action
impacting health plans

Healthcare nursing
workforce disruption
(low)

Healthcare nursing
workforce disruption
(high)

Stable state legislative
environment with minimal
likelihood of health plan impact

STEP 6: **Anticipate how each component of the Roadmap work might be impacted by each of the four potential future scenarios** (e.g., significant healthcare workforce disruption in the midst of significant legislative action with specific new requirements for health plans). *(45 minutes)*

Ask the following questions for each scenario and then give it a name for easy reference.
1 What does this scenario look like?
2 How did the scenario come about? How did it happen? What are the underlying causes?
3 Is it possible that this scenario would cause challenges for the initiative, or even critical failures?
4 Is it possible that this scenario might provide support, incentives, or additional momentum for the initiative? How?

After you have answered the questions for each scenario, determine, as a group, if action should be taken now or in the future to prepare for likely impacts of one or more of the scenarios. Are there actions that could help the group be prepared for more than one scenario?

Finally, review the driving forces not chosen for the final matrix and ask if any of them should also still be considered and planned for in a similar manner.

Facilitator will walk the group through the process of scenario planning for their proposed care and payment model transformation implementation utilizing these resources.

Background Information for SOAR Analysis and Scenario Planning Facilitators

An ongoing critique in the gray and academic literature stipulates that teams can be left feeling unmotivated and de-engergized after focusing on the weaknesses and threats of traditional strengths, weaknesses, opportunities, and threats (SWOT) analyses. It is also hypothesized that teams could achieve more positive benefits and outcomes by focusing on how to capitalize on their strengths and opportunities compared to trying to improve and eliminate weaknesses. Thus, many propose utilizing an alternative situational analysis method; Strengths, Opportunities, Aspirations, and Results (SOAR) to maximize team energy and motivation and utilize resources more efficiently. However, there are also critiques in the gray and academic literature that a SOAR analysis, while valuable for the reasons described above, leaves teams and organizations vulnerable because they do not identify and address key internal weaknesses or external threats that may be essential to their long-term success. Most agree that there are pros and cons for SWOT and SOAR analyses.

There are also critiques of SWOT and SOAR based upon their static time frame (i.e., current factors). Critics argue that both approaches leave organizations and teams unprepared by failing to anticipate and proactively plan for inevitable shifts in the complex, adaptive, and changing operational environments of healthcare that will often occur shortly after the SWOT or SOAR analysis was conducted. An extreme example is the COVID-19 pandemic upending nearly every aspect of the healthcare system. Less extreme examples include work stoppages, staffing turnover, senior leadership turnover, and changing local, state, and federal political, policy, and regulatory environments. Scenario planning methods have been proposed to address this weakness because they are a) not a point-in-time static analysis (e.g., they attempt to predict future possibilities) and b) do not require predicting every possible future opportunity or challenge/threat (and how to respond). Rather scenario planning methods identify and anticipate a discreet number of future scenarios that represent the most likely potential factors that might influence a team or initiative. See the draft scenario planning activities below for more information.

Finally, SOAR components will likely change over the lifecycle of the team, especially aspirations and desired results. For example, aspirations and desired results may change between the time that teams form and when they negotiate and agree upon their health equity focus. Ideally, teams will revisit and update analyses as needed. Thus, AHE will provide participants opportunities and tools to conduct SOAR analysis and scenario planning throughout the life of their initiatives and directly integrate these activities into technical assistance programming.

//AHE

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