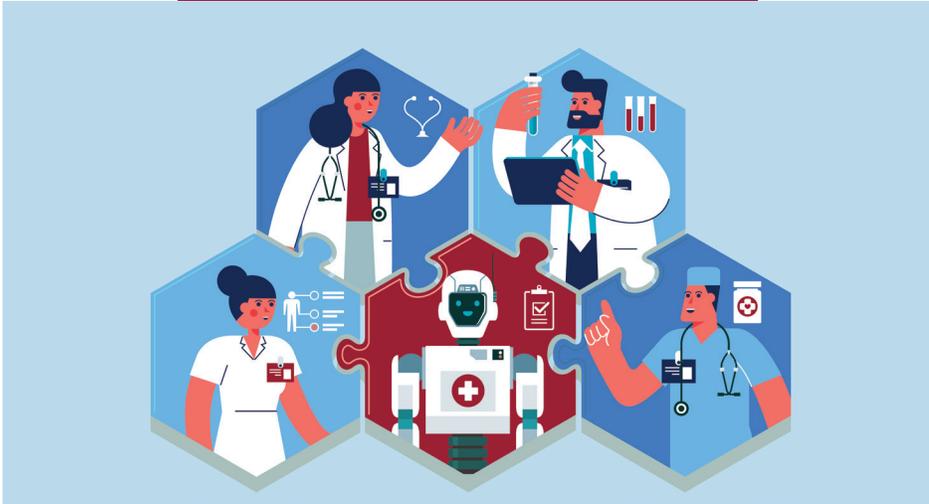


Trustee Insights

TRANSFORMING GOVERNANCE



Model of Care Redesign: What Every Trustee Should Know

Trustee oversight in a time of turbulence

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Health systems today face unprecedented turbulence, driven by financial pressures, workforce shortages, evolving patient expectations and rapidly advancing technology. As leaders with extensive health system executive experience, the authors emphasize the crucial role of boards of trustees in guiding a model of care redesign.

This article provides a framework for trustees to evaluate innovation across the continuum — from hospital to home and community-based care — based on elements drawn from the [Institute](#)

for Healthcare Improvement [Quintuple Aim](#). The five elements comprising the framework are cost reduction, improving population health, patient-centered care, support for the mental well-being of the health care workforce, and reducing disparities in health outcomes.

The article underscores how oversight responsibilities flow through various board committees while emphasizing the need for all trustees to see the complete picture. Finally, it offers critical questions boards should ask management to ensure new models of care deliver sustainable, patient-centered value.

Introduction

Health systems face myriad chal-

lenges ranging from changing market dynamics and pressures on financial stability to workforce shortages and the need to embrace and fund new technology. As executives strive to design innovative solutions to these issues, they frequently turn to the model of care redesign as a strategy to lower costs while maintaining or improving quality and maximizing the clinical workforce. Trustees' understanding of these issues and the implications for their oversight of strategy and the well-being of their communities is crucial. Critical attention to both the workforce and patient experience is needed. This article will provide board education on the concept and questions for thoughtful dialogue and collaboration with their executive team colleagues.

A Turbulent Environment

The [AHA 2026 Environmental Scan](#) and a [May 2025 article](#) for trustees in this journal both describe an environment characterized by turbulence, uncertainty and complexity. While written through slightly different lenses, the articles reach a consensus that new care delivery models are needed not only to address financial and workforce issues but also to address the concerns of patients and their families as they navigate increasingly complex systems ranging from challenges with insurance coverage to affordability, while also seeking

information to assist with health care decision-making.

Mission-Motivated, Incentive-Driven and Technology-Enhanced

Drivers of the model of care redesign include payors, health systems, and the needs of patient populations and communities. Teams and clinicians must thoughtfully consider and balance the need for financial stability and future growth in the context of the organization's mission, vision and values.

Incentives include those associated with payor-driven value-based care, publicly-reported quality and safety metrics, and potential financial penalties and reputational risk. At the same time, systems must fund innovative technologies while striving to protect market share and support future growth.

Organizations of all sizes face decisions about replacing legacy systems and selecting new technology. In the clinical arena, AI-driven initiatives are promising to enhance both patient and clinician experience and outcomes. Innovation that comes from all levels of the organization is needed, and technological advances can support reimagined models and processes. It is a time for bold thinking, clinician-driven solutions, inclusion of employees in design, selection and evaluation, and clear communication of the "why" and its link to the system's core mission.

Models of Care Across the Continuum

A model of care defines how

Key questions for trustees include:

- Are we receiving a comprehensive view of performance and outcomes across the continuum?
- Are clinicians involved and leading decision-making about care models and enabling technology?
- How are workforce engagement and work environment being measured and addressed?
- What risks — financial, clinical and reputational — are associated with this model?
- How is the organization fostering innovation while staying aligned with mission and values?
- How is the patient voice included in both design and evaluation?
- How is technology being used to support care delivery safely and effectively?

services are delivered, how clinicians and caregivers are organized, and how their roles and practices are defined. As a result of existing and projected turbulence, workforce challenges, evolving patient needs and financial pressures, new models of patient care across the continuum are advancing quickly.

Care delivery models differ based on factors including payor structures (such as value-based or managed care), population needs across primary, acute and community care, and workforce availability. Successful examples include the rapid expansion of telehealth, virtual

nursing models that increase patient access and flexibility, and hospital-at-home programs that extend care delivery beyond the hospital walls. These approaches depend on digital literacy, innovative business models and robust change management.

Technology is further transforming models of care. Generative AI offers real-time documentation support, symptom triage and patient education, while electronic health record vendors are integrating AI to improve efficiency and patient engagement.

Another evolving dimension is clinician "skill mix" — how licensed professionals and ancillary care team members are combined in a particular setting. Examples include deploying nurse practitioners or physician assistants to extend services or incorporating licensed practical nurses into acute care teams. Redesign must focus not only on adding roles but also harmonizing workflows, aligning expectations and advancing value-based care.

Integration across the continuum — primary care, specialty care, acute settings, ambulatory services and community-based supports — remains essential to improving outcomes and delivering sustainable value.

Evaluation Framework

Boards play a critical role in ensuring new care models are evaluated holistically against patient-centered care, support for the mental well-being of the health care workforce and reducing disparities in health outcomes. With context-appropriate, data-driven oversight, trustees can help their organizations meet today's challenges while

advancing quality, access, workforce sustainability and financial resilience.

Outcomes for Consideration

To ensure that new care models represent true improvement, boards must require a robust measurement strategy. Outcome metrics must be meaningful, reliable and tailored to the care setting.

Different segments of the continuum may prioritize different indicators:

- **Population health:** engagement, chronic disease outcomes and attention to social determinants such as food insecurity, housing and access.
- **Inpatient care:** clinical safety and quality indicators (e.g., falls, infections, pressure injuries), efficiency (e.g., length of stay, readmission rates, mortality), cost of care and patient experience.
- **Ambulatory care:** appointment wait times, patient experience, no-show rates, admission rates, complication rates and clinician engagement.

- **Community-based care:** care coordination, access for all, health outcomes, admissions avoidance and medication adherence.

Trustees should also ask whether outcomes align with the selected

While committees dive into their respective areas, the full board must see the complete picture, since care model redesign impacts clinical, financial and community outcomes simultaneously.

TRUSTEE TAKEAWAYS



- Health systems face mounting turbulence that makes model of care redesign a strategic imperative.
- Boards must evaluate new models across the continuum of care against the five framework elements.
- Different settings require tailored outcome measures, but trustees must see the full picture.
- Committee reports are important, but whole-board understanding is essential.
- Trustees should ask probing questions that ensure patient-centered, sustainable outcomes.

model of care framework.

What Questions Should Trustees Be Asking?

Information about care models may be presented in different board committees, such as the finance, quality or health plan committees.

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Please note that the views of the authors do not always reflect the views of their organizations or of the AHA.