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Walden University

College of Management & Human Potential

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Robert Worthington

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2023

Abstract

Healthcare Organizational Strategies for Designing and Implementing Economic Think Tanks

by

Robert Worthington

MBA, Lynn University, 2015

BS, Embry Riddle Aeronautical University, 2000

Consulting Capstone Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

October 2023

Abstract

A lack of focus on organizational strategy impedes the development of successful healthcare think tanks. Healthcare leaders are concerned about the lack of strategies and their importance in combating fraud, reducing errors, enforcing practice guidelines, and improving patient healthcare services. Grounded in the four trajectories of industry change theory, the purpose of this qualitative single case study was to explore strategies healthcare management leaders use to develop successful healthcare think tank organizations. The participants were three healthcare professionals in senior leadership positions for a healthcare think tank organization. Data were collected using semistructured interviews, a review of organizational documents, and a review of the organizational website. Through thematic analysis, five themes were identified: the importance of various stakeholders, understanding politics and current federal and state regulations, driving innovations in healthcare, focusing on low-and-moderate income families, and networking and connections. A key recommendation is for the organizational leaders to incorporate the voices of as many stakeholders as possible throughout each process, which is vital for establishing trust in the organization and its services or products. The implications for positive social change include the opportunity to address disparities in healthcare access, affordability, and the quality of care received by low-and moderate-income families.

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Dedication

I dedicate my capstone research work to my family and many friends who supported me during this process. A special feeling of gratitude to my loving mother, Dorothy Worthington, my step-father, Adolphus 'Buddy' Jones, and my father (late) William 'Pete' Worthington Sr., whose life lessons and words of encouragement and push for perseverance ring in my ears. To my wife, Noena, and daughters Kaesha and Debrah (Sky), who had the unfortunate timing of graduating from high school during my many hours of preoccupation with doctoral research and writing, and the added stress of working a full-time job. Nevertheless, they continued to express support and encouragement throughout this three-year journey. To my sons, Robert, William, and Marcus, who no longer live at home, but whom I will forever be grateful for the continuous encouragement from afar; I needed it! Thank you to my friends who continued to support me with encouraging words via phone calls, text messages, social media posts, and the occasional support emails.

Nothing is difficult. Everything's a challenge.

Through adversity. To the stars,

From the last plane! To last bullet! To the last minute! To the last man!

WE FIGHT! WE FIGHT! WE FIGHT!!! Tuskegee Airmen Red Tails

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I want to thank my chair, Dr. Peter Anthony, for the dedication, encouragement, and guidance he provided during my doctoral journey. I also extend my deepest gratitude on both a professional and personal level, especially for your timely responses to my many requests; you were always generous with your time. Thank you to Dr. Meridith Wentz, my second committee member, for providing a significant review of my research and your positive feedback and suggestions for improvement in my writing skills; you are an incredible problem-solver. I thank Dr. Janice Garfield, my university research reviewer, for her consistent and thoughtful input into my research study and its adherence to objectivity and candor. I thank my Walden University and residencies faculty and staff who assisted me throughout this incredible doctoral study journey and finally completing my Doctor of Business Administration degree. Lastly, I thank my client organization leadership for allowing me to consult and assist you in setting organizational goals and strategies for improving your organization. Thank you for all the years of guidance and advice you have bestowed upon me!

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Section 1: Foundation of the Study

Given the global pandemic, Coronavirus disease (COVID-19), an infectious respiratory disease caused by the SARS-CoV2 virus that emerged in December 2019, healthcare strategies have received unprecedented attention in the public eye (Ciotti et al., 2020). This not only highlighted patients' need for better healthcare but also how decisions about our health system are made by both government and private sector organizations (Scott & Forsyth, 2022). Think tanks have had an increasingly detectable presence in the global health care sector, analyzing daily activities, interactions, organizations, actors, and coalitions that help shape the landscape of health care policies and planning (Shaw et al., 2014). Most think tank organizations operate as independent, nonpartisan policy institutions seeking to analyze and make informed decisions on shaping national policy debates. Organizational leaders utilizing think tanks can significantly influence healthcare policies' effectiveness more than ever through innovative solutions. Healthcare think tank leaders can perform fact-finding investigations committed to understanding, informing, and changing public policy for increased success and long-term sustainability. I used the 2021-2022 Baldrige Excellence Framework (Health Care) and criteria as a tool for conducting a holistic review of the health care organization that is the focus of this study.

Background of the Problem

Think tanks seek to shape the business of governments through a commitment to understanding, informing, and changing policy. As think tanks become increasingly more involved in healthcare, much remains unknown about health policy and planning. Think

tanks can significantly examine and interpret existing literature to improve understanding (Shaw et al., 2014). Leaders of healthcare think tanks gain better insight to diagnose the right areas of focus for ambiguous problems. In addition, think tanks' concentration on health policy in America has focused on some of the long-standing issues within the country's healthcare system. The persistent problems included restrictive practices in managing healthcare costs, disparities in racial/ethnic and gender bias in healthcare, significant errors made by healthcare providers, and medical fraud (Shaw et al., 2014).

The COVID-19 pandemic exposed a significant challenge, a reduction in donor funding, for think tanks to overcome, and impacted low-income and minorities in the country disproportionately (Ciotti et al., 2020). The unprecedented global public health crisis presented an opportunity for healthcare leaders to examine relevant literature for implementing strategies to improve the durability of healthcare employees during a major health crisis (Heath et al., 2020). The current healthcare issues in America provide a platform for think tanks to introduce new ideas and innovations to provoke public debate on the country's critical issues. Healthcare leaders will need to develop strategies to manage a growing list of challenges facing healthcare organizations; think tanks focus on research and policy work is essential for resolving long-standing health care problems.

Problem Statement

Think tanks developed into a significant segment of the worldwide knowledge economy between 2000 and 2020 and became, increasingly crucial in sculpting governmental policymaking to address the disparity in healthcare, healthy lifestyle, working conditions, and universal health coverage (Alexander, 2020). Although there are

roughly 2,000 think tanks in various countries with similar goals of understanding a specific problem to shape and inform public opinion and policies, they have not been successful in solving healthcare problems (Alexander, 2020). The general business problem was that some leaders of healthcare organizations appeared to not have viable strategies for establishing successful healthcare think tank organizations. The specific business problem was that healthcare management leaders lacked successful strategies for developing a healthcare think tank organizations.

Purpose Statement

The purpose of this qualitative single case study was to explore strategies healthcare management leaders used to develop healthcare think tank organizations. The targeted population consisted of three leaders, including the president and chief executive officer; senior leadership staff members; finance and operations members; policy development members and consultants. This population was appropriate for this study because more than 50% of all think tank organizations were in North America and Europe. The small healthcare think tank organization was established in Nevada, in the western United States. The possibilities for the positive social change from my research study could empower healthcare leaders to expand health care centers and school-based facilities access in both rural and urban underserved communities.

Nature of the Study

For this study, I considered three research methods: qualitative, quantitative, and mixed method. The qualitative research approach was appropriate for this study because qualitative researchers focus on acquiring specific information through open-ended

questions and everyday conversations (Austin & Sutton, 2014). I did not use the quantitative method because I did not examine any variables characteristics or statistical relationships. The mixed method combines quantitative and qualitative methods through which data are collected and analyzed (Timans et al., 2019). I did not choose the mixed method because I did not use any of the elements of the quantitative method to examine and explore events. I chose the qualitative research method because it was most appropriate for data collection of document study, observations, and semistructured interviews (Busetto et al., 2020). Conducting in-depth interviews is a frequently used method to collect data in qualitative research. Because think tank organizations are committed to understanding, informing, and influencing public policy, having a technique concerned with what individuals thought and why they thought that way was critical for exploring their strategies for developing a successful think tank organization. Using the qualitative research methodology also allows researchers to exceed simple descriptions and gain a more comprehensive understanding of the occurrence, distinguishing it from quantitative research, which examines data applicable to relationships of variables (Anyan, 2013).

I selected a single case study design for this study on strategies to develop successful healthcare think tank organizations. Qualitative researchers have the option of choosing from various qualitative research designs: ethnographic, narrative, historical, and phenomenology. The ethnographic research design was inappropriate for this study because I did not explore culture's characteristics of a group of people. The principal means of data collection for ethnographic design is through participation in observations

of culture characteristics over an extended period of time (Simmons & Smith, 2019). The narrative and phenomenology designs were inappropriate for this study because I did not consider lived experiences of individuals or described life experiences through story telling. Narrative researchers center on participants recounting personal incidents, while phenomenological researchers focus on collecting data for determining outcomes with a multitude of opinions (Creswell & Creswell, 2017).

I chose a single case method for this study because it allowed me to investigate a healthcare think tank organization in-depth and provide substantial details and insight. The use of a multiple case study was inappropriate for this study because I did not focus on two or more phenomena or seek replications across multiple investigations. According to Yin (2018), utilizing a multiple-case study allows the researcher to explore the collected data within two or more circumstances. A significant advantage of the case study design is that it provides existing, correspondent, and comprehensive knowledge about the specific real-world subject, in this case, think tanks. The case study design approach allows for a holistic interpretation of an occurrence with the context of legitimate real-life events (Boblin et al., 2013). A single case study design was appropriate for this study because I identified and explored strategies healthcare management leaders used to develop healthcare think tank organizations.

Research Question

What strategies do healthcare management leaders use to develop successful healthcare think tank organizations?

Interview Questions

1. What strategies have your healthcare think tank organization used to maximize influence and impact effective healthcare policies?
2. What are the future trends in health policy think tanks?
3. How does your organization provide informed analysis task at shaping the national policy debate on reforming healthcare?
4. What are your organization's key processes for developing and implementing strategies for developing a healthcare think tank organization?
5. What is the mission of your think tank organization?
6. How is your think tank organization funded?
7. What additional information would you like to share about your organization's strategies to develop successful healthcare think tank organizations?

Conceptual Framework

The conceptual framework for this study was McGahan's four trajectories of industry change. Anita McGahan proposed the model in 2004, explaining how industries develop or transition over a period of time (McGahan, 2004). Industrial change is one of the twenty-first century's primary challenges. It will impact several industries' economic and social development, including addressing issues like health care facility geographic location changes to expand preventive care and improve health assessments for individuals with specific incurable health issues (Tsui et al., 2020). According to McGahan (2004), leaders cannot make intelligent investments within their organization unless they understand how their whole industry is changing. Understanding the industry

changes is vital to prevent leaders from arriving at false conclusions. McGahan (2004) proposed that industries change because of two types of threats of obsolescence: (a) a threat to the industry's core activities, and (b) a threat to the industry's core assets. The two clear-cut threats catalyze the change process; due to those threats, industries change along with one of four specific trajectories; this model is known as the four trajectories of industry change. The four distinct trajectories included: (a) radical, (b) progressive, (c) creative, and (d) intermediating; these approaches prescribed a set of boundaries for how businesses could generate profits (McGahan, 2004).

Radical change occurred when the organizational foundation functioned and assets were at risk due to obsoleteness (McGahan, 2004). Because radical change happened swiftly and drove large-scale change in addition to organizational social structures and norms, it was the trajectory more closely related to disruptive change. The subsequent trajectory, intermediating change, occurred more commonly than radical change. Although the foundational actives of the organization were at risk, its assets retained most of their value (McGahan, 2004). Intermediating change was also the most difficult of the four trajectories to accomplish due to maintaining personal and professional machinery, equipment, practice protocols, treatment, and reorganizing relationships with patients, providers, and policymakers. Healthcare executives tended to underestimate the threats and risks to their ability to promote health, prevent disease, and provide treatment and rehabilitation care (McGahan, 2004). The time during which intermediating change occurred was when the industry had reached a critical stage where relationships fractured, briefly re-formed, and repeated themselves (McGahan, 2004).

Healthcare organizations were undergoing intermediating change, like the ongoing concerns about the growing concentration of health professionals and insurers in the industry throughout the country. The introductory stage of this trajectory could be lofty but usually experienced a roller-coaster of ups and downs for a short period.

The third trajectory was creative change, where a health care organization's core assets were at risk. However, core activities like medication management, patient treatment, and relationships with customers and suppliers were steady (McGahan, 2004). An example of creative change in healthcare was the accelerated speed at which healthcare delivery organizations implemented strategies for patient care, supply chain management, and vaccination distribution in the fight against the Coronavirus Disease 2019 (COVID-19) pandemic. The crisis-driven innovation and readiness strategies to deliver health care were driven by the creative ideas of health care workers determined to respond to the COVID-19 pandemic (Lee & Nembhard, 2022). Because health care organizations were continually developing due in large parts to an aging patient population, variation in disease patterns, and technological advances, collaborations with a diverse group of stakeholders were another example of creative change. The response to the COVID-19 pandemic saw the use of creative change time and again. Public and private partnerships were formed between health workers, developers, and governments to respond strategically to the global pandemic (Lee & Nembhard, 2022). Many industries proceeding on the creative trajectories usually maintained their good standings for extended periods. However, the creative change trajectory had not been extensively researched and could be misinterpreted as radical change (McGahan, 2004).

The final trajectory of industry change was progressive change, the most common of the four, and shared similar qualities as creative change. Progressive change was different because neither an organization's core activities nor assets were at risk (McGahan, 2004). An example of progressive change being implemented within the healthcare industry as using electronic health (eHealth) systems to adopt and integrate evidence-based health innovation to ensure effective cost and communication strategies. In addition, the eHealth system allowed healthcare professionals to access patients' medical records expeditiously, print fewer paper documents, and minimize the risk of document duplication, thus curtailing the overall cost of the healthcare organization. The World Health Organization (WHO) characterized eHealth as a cost-efficient, user-friendly, and protected use of digital communication to support healthcare services, health monitoring, health literature, and health education.

The use of progressive, radical, creative, or intermediating change strategies to execute change in health care organizations is not usually developed overnight but over decades (McGahan, 2004). Most industries have struggled with the assignment to transform their business but realized the exorbitant cost associated with avoidance was too costly to justify. Leaders usually decided to reduce the size of revenue growth, move other resources out of business, develop better strategies, and see improved results for their businesses (McGahan, 2004).

Therefore, the logical connections between the framework presented and the nature of my study included the industry change framework. This not only allowed my research study to be aligned with evolving along the four distinct trajectories: radical,

progressive, creative, and intermediating, but also to identify strategies the participants used to address the two types of threats for industry change while generating profits for their think tank businesses.

Operational Definitions

Business interests: The ability for business key leaders to design their own 'organs of intellectual production', by attaining funding for think tanks from donors or sponsors, including corporate donations and legally allowed to be associated with political parties (Shaw et al., 2014).

COVID-19 pandemic: A global current public health crisis generated by coronavirus termed SARS-CoV-2, unseen in the world since the 1920s that rapidly spread worldwide disrupting normal life activities, inflecting millions, and killing millions more (Heath et al., 2020).

Digital health: A network of digital health associations that are interconnected, interrelated and independent healthcare stakeholders, institutions, and digital healthcare devices established within a digital health environment (Sharma et al., 2018).

Health policy: The laws, regulations, actions, and decisions implemented within the general public to advocate for wellness and establish that definitive health objective is achieved (Scott & Forsyth, 2022).

Healthcare delivery: Healthcare delivery had four primary models: (a) the Beveridge model, (b) the Bismarck model, (c) national health insurance, and (d) the out-of-pocket-model.

Research-policy interface: Allows for exchanges in the policy process between scientists and other participants in the policy development phase with the intent to improve and advance policies (Shaw et al., 2014).

Think tank meeting: Was an effective brainstorming gathering that required all participants to be fully prepared to highest capacity of their abilities (Valentini et al., 2020).

Think tanks: An organization that provides advice and ideas and performs research on particular political or economic problems to generate ideas, shape public policy and contribute intellectual resources to the public (Shaw et al., 2014).

Assumptions, Limitations, and Delimitations

All qualitative research studies assume that physical existence is created by the researcher based upon their broad experiences and worldview. The limitations, challenges, and delimitations began with access to participants due to time and schedule differences. In addition, exploring the collaborations and networking opportunities between the think tank and health care industries presented challenges as they did not have an established network of partners or customers necessary for implementing successful strategies.

Assumptions

Assumptions are defined as taking a position that something was true without actual proof that it was so (Schoenung & Dikova, 2016). This research study was based on several assumptions. First, I assumed that all think tanks intended to serve the public interest by focusing on solutions to particular problems, specifically within the business,

health care, and political environments. Second, I assumed that establishing a think tank could be completed efficiently without significant additional time, support, and faculty development. The third assumption was that think tanks would enable the development of successful strategies for healthcare leaders to improve health policy decisions and offer solutions to how health care is administered.

Limitations

Limitations represented weaknesses or insufficiency in a research study that was generally out of the researcher's control and were directly associated with constraints in the research availability of resources, sample bias, flawed methodology, or other factors (Theofanidis & Fountouki, 2018). In this study, there were limitations. The study's first limitation was the small sample size, which may make it difficult to establish if a particular result is accurate and valid. The second limitation was using a single case study design, which limits the researcher's ability to generalize the research study's conclusions. In addition, data gathered may have inaccurately proposed a strategy to be more helpful than harmful due to the biases of the participants creating unpredictable results. The third limitation was the potential biases of the researcher in conducting interviews with the participants and remaining objective, and attempting to get specific answers from the interviewees. Achieving trustworthy or reliable results depended upon having a vigorous examination without the researcher's bias subconsciously influencing the participants into providing skewed answers to interview questions.

Delimitations

Delimitation was an action of adapting a method of limiting something from crossing a specific boundary (Theofanidis & Fountouki, 2018). The boundary line or delimitation was primarily the limitations knowingly set by myself. The first delimitation in this study was the sample size of three healthcare think tank leaders in one organization. The second delimitation was my decision of what to include and what to exclude in the research study. The fact that delimitations confined my research study to make it more adaptable and relevant to the research could enhance the validity and reliability of the study. Thus, delimitations in my study were the study's conceptual framework, objective, research questions, and study sample.

Significance of the Study

This study was significant because some healthcare organizations may have been able to identify and implement successful strategies to improve their influence and impact effective healthcare policies by establishing think tanks. Think tank organizations have relied on external resources to remain tenable, and as such, understanding how improved effectiveness of governance processes contributed to increased levels of donations could facilitate how organizational leaders built an effective network for working with key stakeholders, evaluate and improve governance process, and develop secondary services for contributing to the continued support of the organization's mission. Throughout the study, I expanded on the four trajectories of industry change theory's overall approach to identify how the client organization allowed for a more effective system for resolving problems within the healthcare industry. This study's findings may provide information

for leaders to reduce the cost of health care coverage and increase the number of healthcare professionals serving in poverty-stricken and minority communities.

The disparity in the conditions in which people were born, lived, worked, and aged was driven by inequities in power, money, and resources, creating disparities in insurance coverage and access to lower-income people (Donkin et al., 2018). The implication for positive social change included the potential to enhance policy-making decisions to improve human conditions by promoting the worth, dignity, and development of quality and affordable healthcare in the United States. The social mission of this study was to present strategies for expanding healthcare delivery to the most significant population possible and at the lowest cost point to American society. There was compelling evidence around the globe that people who were poor and less knowledgeable experienced more health problems and had a shorter life expectancy than those who were wealthy and more knowledgeable (Andermann, 2016).

Health care leaders must develop strategies to overcome severe problem of unavailability and inaccessibility of health services for millions of people due to financial constraints, lack of transportation, or lack of knowledge of available health care in lower-income communities. It was increasingly recognized that health equity needed to become a priority in the health sector to improve population health, and measured to reduce disparities that were integrated into health programs and services (Andermann, 2016). Think tanks have significantly shaped healthcare policy in the United States, including the Affordable Health Care for America Act (or HR Bill 3962) passed under the Obama administration in October 2009. Although the Affordable Care Act helped millions of

Americans receive healthcare insurance, disparities still existed; we needed an improved understanding of the underlying causes of poor health in America to reduce the number of people who lost their lives because of a lack of adequate healthcare. The World Health Organization (WHO) Global Commission on the Social Determinants of Health (CSDH) surmised that the effects of social injustice had been lethal for some people on an extensive scale (Donkin et al., 2018).

A Review of the Professional and Academic Literature

The purpose of this qualitative single case study was to explore the strategies healthcare management leaders used to develop successful healthcare think tank organizations. First, I discuss the term think tanks and their role in informing and shaping public policy. Then I conducted a literature review to construct an analytical and exhaustive analysis and synthesis of my conceptual framework and research topic. The first theme was think tanks in health care policy and planning and how they provide informed assessments on large-scale concepts that help shape the national policy debate on health care. Think tanks behave as liaisons of knowledge and research centers and as an environment of new ideas to stimulate public debate and offer innovative solutions to healthcare issues.

The second theme is the four trajectories of industry change description of how industries evolve along four specific trajectories, radical, progressive, creative, and intermediating. Each of these four trajectories of change has liabilities and reliabilities and is construed by two types of obsolescence threats. The first is a threat to the core activities of the industry, and the second is to the industry's core assets. Each of these two

threats can potentially erode an industry's value. Third, I discuss supporting theories of industry change by examining the four models of industry evolution, receptive, blockbuster, radical organic, and intermediate.

Furthermore, Porter's five forces framework explains the competitive forces used within an industry and the division of commercial profit within the industry. The final two themes of the professional literature are the need for successful strategies by healthcare leaders and strategies for establishing a successful healthcare think tank. The term think tank was first introduced by the United States military during World War II, describing the secure location where plans and strategies are debated (Hauck, 2017). Think tank organizations perform fact-finding investigations with a commitment to understanding, informing, and changing public policy. The literature review was instrumental in answering the research question: *What strategies do healthcare management leaders use to develop a successful healthcare think tank organization?* The study was grounded in McGahan's Four Trajectories of Industry Change, where her research explains how and why industries change along four distinct trajectories: radical, progressive, creative, and intermediating.

My search strategy included reviewing scholarly and peer-reviewed journal articles, books, and academic journals from the Walden University Library, Google Scholar, PubMed, MEDLINE with Full Text, and EBSCOhost. The database search included the following keywords: health care, community health services, Affordable Care Act, legislative advocacy, holistic medicine, needs assessment, public policy, social determinants, systematic review, think tanks, primary health care, population health,

policy analysis, advocacy groups, foster practice, ambulatory health care services, administration of public health programs, innovation, ambulatory health care services, health care reform, policy analysis, social housing, social care, workforce planning, and delayed transfer of care. I searched for relevant literature on McGahan's four trajectories of industry change by looking for specific trends and patterns, in theory, methods, themes, and debates or gaps in the literature. My literature review comprised 124 resources, of which 90% were peer-reviewed and 72% were dated within 5 years of completion of my study, between 2019 and 2023.

Think Tanks in Health Care Policy and Planning

Many political scientists and sociologists were interested in working with think tanks, usually understood as the nerve center of academic inquiry that generated a considerable amount of policy research (Abelson, 2018; Ruser, 2018). The global rise of think tanks indicated their growing prominence in policymaking. In addition, think tank leaders widely attributed their institutions' impact to primary policy debates and government legislation (Abelson, 2018; Ruser, 2018). The term *think tank* itself was misleading since it suggested that all organizations falling under that category had the same structure and characteristics. That was rarely the case. Reaching agreement on what exactly constituted a *think tank* was, thus, a difficult task. A *think tank* described many public policy institutes and consultancies in the relevant literature. Think tanks are viewed as an overall concept with multiple interpretations (Pautz, 2020). One possible working definition was that they provide advice and ideas and perform research on

particular political or economic problems to generate ideas, shape public policy and contribute intellectual resources to the public. (Jezierska & Sörbom, 2021).

Similar to traditional special interest groups, think tanks have played roles in policymaking that were surprisingly similar (Kelstrup, 2021). Even though they may have found it beneficial to conceal details about their finances, spending, and personnel decisions, think tanks' influence on policymaking could be comparable to that of traditional special interest groups. Think tanks performed research on public policy through analysis, advocacy, education, and formulation, among other activities (Kelstrup, 2021). Abelson (2018) outlined the essential qualities shared by most think tanks, concluding that they were primarily nonprofit, nonpartisan entities involved in studying public policy.

However, it took more than defining a set of activities or a list of organizational elements to grasp what think tanks did correctly. It was complex to single think tanks' eccentricities and to decide if and how they might have influenced policymaking in their respective political settings. Nonetheless, Abelson (2018) observed in his 1993 book about the rise of think tanks that they have distinct characteristics that allow them to challenge industrial unions, environmentalists, and non-governmental organizations to influence public policy. Because of the explosion of the number of think tanks worldwide, many journalists and scholars believe this indicates their growing importance in public policy-making.

Abelson (2018) observed the characteristics of think tanks, expertise and familiarity with policymakers, which served as a good starting point for creating a more

extensive conceptual framework that integrated organizational variation (e.g., typologies), distinct points of intervention in public discourses (e.g., roles and types of ideas), and the peculiarities of various institutional settings (Abelson, 2018). Because typologies may only have partially reflected the unpredictability of public policy institutes, the produced model could only be utilized as a framework for conducting analyses. It could be challenging to distinguish between research organizations, advocacy organizations, and lobby groups due to the hazy nature of the boundaries. The term think tank itself may have strategic meaning that organizations could utilize to differentiate themselves from lobby or special interest groups (Planells-Artigot et al., 2021). Company leaders did not have to make a long-term commitment to a particular methodology, strategy, or another aspect of their organizational structure. Instead, they could adopt an attitude that was a think tank in design and shift responsibilities according to the requirements of the situation (Planells-Artigot et al., 2021).

There was a widespread idea that think tanks wielded significant influence despite their relative anonymity (Ruser, 2018). Think tanks, for example, had the potential to assume a more prominent position in political life in the United States. However, trying to evaluate their impact on specific public policy changes had perplexed scholars for years. Similarly, Ricci argued that power in Washington, DC could not be measured accurately, although think tanks had a fair amount of power (Ruser, 2018).

The neoliberal economic and political ideologies had been successfully defended mainly due to the work of think tanks, which were considered part of the neoliberal thought collective (Pineda et al., 2019; Ruser, 2018). Even more illuminating was the

issue of climate change caused by human activity and the politics of responding to climate change. The role conservative think tanks play in propagating climate denial in the United States had been documented (Almiron et al., 2022).

Oreskes and Conway investigated think tanks' roles in influencing public policy around issues such as air pollution, climate change, and cigarette usage. Many attempts to measure the impact of think tanks, such as McGann's *Global Go-To Think Tank Index Reports* (Oreskes et al., 2018), relied on either fundamental quantitative data (such as the number of think tanks in a country or the growth in numbers over time) or expert estimation (a ranking of a think tank's impact in a country or issue area based on the opinion of a group of experts).

Nevertheless, U.S. surveys indicate a fundamental paradigm shift in the topography of data collection and examination, which would be enhanced by combining data and existing survey information. Since the world wars in Western industrialized countries, the political systems of Anglo-Saxon countries and the United States political system were considered the only ones to have think tanks (Ruser, 2018). This viewpoint was made famous by Ricci's "habitat theory." What needed explaining was not how to construct and run a think tank; instead, what needed explaining was why so many of them became prominent in Washington, DC during the 1970s and 1980s, more so than what was the situation in Rome, Ankara, Riyadh, Bonn, or Djakarta (Ruser, 2018).

The existence of "established" participants in the sector may have made it more difficult for think tanks to exert their influence on political decision-makers (such as "venerable" universities). Research fields with less competition should also be targeted

by think tanks (Ruser, 2018). The dissemination of information to the general public by think tanks was another essential component. Even though it was true that every single think tank participated in some form of public outreach, this should not have been viewed as a defining characteristic of the industry as a whole. Because the actions of think tanks varied from nation to nation, it was necessary to investigate the various means of public engagement used by multiple organizations operating in different countries (Ruser, 2018). I conducted comparative studies and searched for specific patterns in the tradition of think tank activities to investigate the influence of institutional conditions on the strategies that think tanks pursued. The concept that the spread of think tanks around the world was just a "catchup development" had been called into question by researchers that compared different locations. It became increasingly apparent that parallel developments indicated various duties for think tanks in various socioeconomic and political circumstances.

In addition, the worldwide trend toward "knowledge societies" could not simply be used to account for the escalating number of think tanks being established all over the world. A convergence of how knowledge was supplied into public discourse and decision-making processes was also highly unlikely to occur (Ruser, 2018). Centers for institutions such as think tanks and public policy institutes were receiving more attention due to their growing impact and relevance, consistent with a hypothesis that ascribed the growth of "knowledge societies" to this phenomenon. This was a credible explanation for the phenomenon (Ruser, 2018). It was unrealistic to anticipate that firms whose primary

role was producing and disseminating information would thrive in a world that became increasingly made of knowledge (Ruser, 2018).

The phrase "the relevance of knowledge" expanded in all aspects of life and all social institutions in modern society" served as the starting point for these discussions and a definition that encompassed a comprehensive range of concepts related to knowledge societies (Ruser, 2018). Because of the high demand for knowledge, those considered to be experts in their subject anticipated receiving business from a diverse group of new "customers" in addition to the more conventional members of the policymaking community (Laux, 2019; Plehwe, 2019). It was sometimes claimed as proof of the increasing value of scientific advice that there had been a proliferation of think tanks worldwide (Laux, 2019; Plehwe, 2019). Think tanks could assist in bridging the gap between science and politics, which was a significant difficulty in today's knowledge-based society (Laux, 2019; Plehwe, 2019).

The objective of a think tank was to provide people responsible for policymaking advice and knowledge. These organizations frequently collaborated to accomplish their goals (Ruser, 2018). The research produced by its knowledgeable and scholarly members was of the highest quality. Consequently, research, consulting, and advocacy were all brought into concordance. The type of research upon which an organization's arguments and points of view were based served as a valuable indicator of the type of think tank the organization was (Goodolf & Godfrey, 2021).

Members of a think tank carried out research on pressing global challenges and developed imaginative solutions to such problems. Think tanks have consisted of a single

meeting or may have been spaced out across several different get-togethers, depending on the goals and purposes of the organization that created them. Since the beginning of the 20th century, when they were first established, think tanks had represented diverse groups and interests. In 2021, there were currently around 8,248 active think tanks (Goodolf & Godfrey, 2021). They wielded significant influence in molding political discourse and policy because the work of international think tanks was receiving a growing amount of coverage in academic, professional, and media reporting (Goodolf & Godfrey, 2021).

Some common indicators of think tank influence were as follows: (a) the number of scholars actively involved, (b) the think tank's track record of publications, (c) the think tank's scholarly accomplishments, (d) the think tank's ability to attract and retain visitors to its web portals, (e) the think tank's average annual revenue, (f) the breadth and depth of the topics it investigated, and (g) the number of categories it covered. Think tank influence could be challenging to pin down. It was possible to evaluate the value of a think tank based on the amount of research it conducted, the number of people it swayed, the success with which it marketed its ideas, as well as the amount of money it brought in (Goodolf & Godfrey, 2021). The fields of political science and public administration had frequently been used as analytical frameworks for studies of the findings produced by think tanks. Academic research on health policy and planning had infrequently considered the function of think tanks (Goodolf & Godfrey, 2021).

Think tanks do not tend to operate in a vacuum but as part of a greater social sphere, where they have collaborated with others to influence policy by exchanging and developing information, ideas, and connections. Think tanks have not functioned in

isolation but as part of a larger social sphere. One of the essential elements of a think tank was to act as a mediator between various spheres of influence, including the media, business, government, and academic institutions (Abelson, 2018; Barros & Taylor, 2020). In an ideal world, the think tank analysts identified problems, developed answers for those problems and put those solutions to use for a greater benefit (Abelson, 2018; Barros & Taylor, 2020). The ability to present themselves as a principal catalyst for innovation and performance is one of the primary objectives many businesses have in mind when choosing the think tank organizational style (Abelson, 2018; Barros & Taylor, 2020).

The most influential think tanks were dynamic and contained a diverse group of participants and points of view. The ability of members of a think tank to monitor and enforce the standards of the organization as a whole was essential to the think tank's overall performance (Abelson, 2018; Barros & Taylor, 2020). It was crucial to the effective operation of the think tank that clear rules and standards be established for the meeting of the think tank. In addition, it was helpful to have a predetermined agenda for the think tank that outlined the rules and timeline for the gathering. Think tank members have used facilitators to keep participants focused on the topic and keep the group moving toward achieving its goals (Abelson, 2018; Barros & Taylor, 2020).

Four Trajectories of Industrial Change

The conceptual framework for this study was McGahan's four trajectories of industry change. The framework is presented throughout the research to explain the ins and outs of the research concisely. McGahan, a professor at Boston University, contended that for a firm to predict what the future held for its sector accurately, the

organization in question must have had a comprehensive perspective on the environment in which it functioned (McGahan, 2004; McGahan et al., 2021; Saito, 2019). She examined a wide variety of companies spanning several different industries over 10 years to understand better the influence that industry structure had on the profits that companies made and the returns that investors received (McGahan, 2004; McGahan et al., 2021; Saito, 2019).

According to her research, there were four different ways that different industries achieved success: either radical, progressive, creative, or intermediate. These four avenues could be broken down into two types of difficult situations. The first scenario was one in which an invention from outside the sector threatened established sources of revenue and could eventually lead to their extinction (McGahan, 2004; McGahan et al., 2021; Saito, 2019). The second risk occurred when an industry's traditional value generators, such as its resources, knowledge, and brand capital, ceased to function as intended and no longer contributed to its overall value. If an industry's core processes and resources were both in danger of becoming extinct simultaneously, the industry would have undergone revolutionary transformation. In all other cases, change occurred gradually (McGahan, 2004; McGahan et al., 2021; Saito, 2019).

Creative change occurred when core activities were threatened, but core assets maintained their value-creation potential despite the threat. Change that was intermediating took place when core activities were threatened, but core assets retained their value-creation potential. According to McGahan, maximizing return on investment (ROI) was more straightforward if the organizational leader's innovation strategy

conflicted with the rate of change occurring in its industry. However, by being aware of its destination, the company leaders could determine which strategies were successful and which were counterproductive (McGahan, 2004; McGahan et al., 2021; Saito, 2019). The four trajectories of industry change are defined as radical, progressive, creative, and intermediating. I will discuss them next.

Radical

Radical change is the first trajectory in the conceptual framework that was unavoidable when the industry's core operation and resources were both in danger of going extinct simultaneously. This trajectory resembled the disruptive concept, a business theory centered on displacing traditional structures through technology, developed at Harvard Business School by Clayton M. Christensen (Saito, 2019). During the 1980s and 1990s, approximately one-fifth of the economic sectors in the United States went through a period of profound disruption, a type of radical trajectory. One excellent illustration of this disruption can be found in the tourism sector (Saito, 2019). The airlines implemented new systems that increased direct price competition, such as SABRE and other reservation systems. The agencies' customers turned to web-enabled systems, such as Expedia, Orbitz, and Travelocity, that offered new value. This combination of factors placed pressure on the agencies' core activities, and core assets and businesses dealing with radical transformation must accept the uncertainty of the change and make adjustments to maximize profit and minimize business losses. (Saito, 2019).

Progressive

Progressive change is the second trajectory in the conceptual framework and is the most typical. Its core activities and assets are constant, and businesses within the industry develop on their well-established capabilities. Growth on the progressive change trajectory generally contains environmental and product extensions. Today's long-haul transportation and commercial airline industries are just two examples in the United States that are evolving along a progressive trajectory, slow and consistent change (Saito, 2019). The essential resources, practices, and enabling technologies remained the same in these domains. Not because the incumbents' capabilities were irrelevant but because the upstart businesses had great insights about optimizing efficiency. Profitable businesses on a progressive change trajectory are usually recognized as negligibly exposed, capable of generating a modest return on investments within the financial communities. Money magazine reported that over its 25-year history, commercial airliner company Southwest Airlines was one of two companies that generated the most significant return on investment to its shareholders.

Creative and Intermediating

The other two change trajectories, creative and intermediating, had been largely ignored in the management literature in contrast to the dominant evolutionary trajectory. These trajectories occurred whenever essential resources were jeopardized while fundamental activities continued similarly (Saito, 2019). A movie studio cranking out new films or an oil company constantly mining for new wells were examples of organizations trying to constantly discover ways to restore their assets while protecting

existing customer and supplier relationships. At most, 6% of all industries in the United States were undergoing significant change due to rapid innovation (Saito, 2019). When customer and supplier relationships became overburdened and brittle, core activities became obsolete, but core assets maintained their ability to create value. For instance, Sotheby's was just as capable as it had ever been of appraising priceless works of art; however, the technology that made it possible for eBay to exist had resulted in a reduction in the value created by the auction house's matchmaking activities (Saito, 2019).

Keeping customer and supplier relationships intact could be challenging while guarding intangible assets such as knowledge and brand value during an intermediate transformation. During the 1980s and 1990s, an estimated 32% of all U.S. industries underwent intermediating transformation (Saito, 2019). Fundamental systemic changes were required when fundamental processes and resources were in danger of being lost forever. Corporations were placed in a precarious position whenever an external agent diminished the value of an industry's long-established capacities and resources. Changes of this magnitude in the structures of businesses were unusual. It often came after introducing a novel technology that gained widespread use. Alterations in regulatory framework (such as those that took place in the long-haul, trunk-route airline industry in the 1970s), as well as alterations in customer preferences, were other possible causes of this phenomenon (like the 20-year decline in cigarette sales in the United States). The transformation of an entire field took some time but ultimately proved beneficial. It could take decades for a change to become visible and manifest itself (Saito, 2019). When

everything was said and done, the result was an entirely reworked and frequently reduced economic sector. This was the consequence. Ten years ago, the industry of overnight letter delivery was going through a period of profound change. Email, specifically securely encrypted email, had become a significant obstacle for this industry as internet use had become more widespread. However, the number of overnight letters being sent was growing, and despite the threat, business was doing well because it was still in its infancy (Saito, 2019).

Four Trajectories at Work. There were several reassuring facts regarding the implementation of significant changes. First, industries on a radical change trajectory often remained profitable for a significant time, particularly if the companies within these industries scaled back their commitments under the industry's trajectory. If a company recognized the path, it was on at an early enough stage, they could create strategic options that could be implemented later and still had time to do so (Koponen & Arbelius, 2009; McGahan, 2004; Webber, 2005). For example, by purchasing Kinko's, Federal Express was able to serve better small and medium-sized businesses (SMEs) that required document storage, management, and distribution. This was accomplished through the company's acquisition of Kinko's (Heath & Wang, 2019; Subramanian, 2017). The only approach that made sense when dealing with radical change was concentrating on the endgame and its implications for the company's current strategy. Leaving the industry was one of many choices available; in some cases, many survivors maintained profitable positions even after most competitors had left the market. Even though there was more competition from companies that made workstations and personal computers, the

mainframe computer industry was still very profitable. When deciding on a strategy to implement in the face of radical change, it was necessary to consider productivity, the rate and timing of the industry's transformation, and the costs of switching for consumers.

Companies that were first to market may have chosen to implement a staggered strategy, which entailed pursuing incremental improvements to the activities of established businesses and conducting selective experiments in developing new assets. That was how encyclopedia companies responded to the profound challenge of online search engines; they updated their inventory management systems while experimenting with new electronic products and services, creating new distribution channels, and aggressively marketing their existing products.

Throughout business history, many companies had abandoned their long-held positions and moved into emerging lines of business, exposing themselves to an enormous amount of risk when confronted with a radical change in their industries. For instance, several companies that manufactured typewriters tried to break into the computer manufacturing business. However, they were forced to abandon their plans when it became clear that the new industry had specific requirements (Saito, 2019). Reinvesting in the established industry was another risky option because it required the company to commit to a strategy that had the potential to become unprofitable in the future (Saito, 2019). Companies dealing with radical transformation needed to accept the inevitability of the change and plot a course that maximized returns without accelerating commitment to the troubled business. However, this was much easier to say than it was to do.

It was more common for industries to undergo intermediate changes than radical ones. It happened most frequently when buyers and suppliers had new options available due to gaining access to previously unavailable information. The fundamental activities of industries currently undergoing transformative intermediation were in jeopardy. However, the core assets of these industries, such as knowledge, brand capital, patents, or even specialized factory equipment, could maintain most of their value if they were used in novel ways (Gambardella & McGahan, 2010; Tranæs, 2009). When a company's commercial activities for dealing in both downstream and upstream markets were simultaneously threatened, the company was on a path toward intermediating change. In effect, this meant the company was changing its business model. For various reasons, for instance, auto dealerships were going through a period of transitioning change (Gambardella & McGahan, 2010; Tranæs, 2009). Conventional methods of selling automobiles were losing their significance due to the rise of the internet and the increased longevity of modern vehicles, which meant that people bought cars less frequently. Second, automakers actively pursued more intimate connections with motorists (Gambardella & McGahan, 2010; Tranæs, 2009). Consequently, they began dividing up the responsibility of managing relationships with customers between themselves and their dealers; in some instances, they attempted to take complete control of customer relations. Lastly, independent dealers were losing inventory management control because advances in information technology and sophisticated financing created economies of scope that could only be tapped into by larger, more integrated businesses (Gambardella & McGahan, 2010; Tranæs, 2009).

The concept of progressive evolution was similar to creative evolution in that there were financial incentives for buyers, suppliers, and industry incumbents to maintain the status quo. Industries moving along a trajectory of progressive change were more stable than those moving along a trajectory of creative change because, under progressive change, fundamental assets were not in danger of becoming obsolete. The industries of discount retailing, long-haul trucking, and commercial airline travel were undergoing this type of development. The kind of change that Christensen calls "sustaining" was the one to which Christensen's concept of progressive evolution was most comparable (Acevedo-Berry, 2020; Smith & Rupnik, 2019; Vialle et al., 2018). Even though technological advancement could significantly influence, progress was still made within the organization's preexisting structures. The value of essential resources usually went up rather than down over time. To speak of change as gradual or even progressive was to mischaracterize the nature of that change. Changes that were only slight but were repeatedly made could, over time, result in significant improvements and changes (Acevedo-Berry, 2020; Smith & Rupnik, 2019; Vialle et al., 2018).

It was a challenging endeavor to run a business in a sector undergoing transformative change. This change trajectory was likely the most difficult of all the change trajectories described in this research study. One of the critical issues businesses experience when attempting to implement transformative change is the disruption to current systems and the initial negative impact on performance (De Haan & Rotmans, 2018). Businesses must simultaneously protect their valuable assets and restructure their key relationships. Executives tended to underestimate the threat to their core activities

because they assumed that their long-term customers were still happy with their service and that their previous relationships with their suppliers were still productive. Although the relationships with customers and suppliers are not transformative, their support is essential to transformative change development (De Haan & Rotmans, 2018). These relationships had likely become fragile. The fact that the value of core assets frequently increased added to the confusion felt by managers.

For instance, because eBay had generated so much excitement about auctioning, auction houses initially experienced increased interest in their accumulated appraisal experience. This led to increased competition among auction houses. The challenge is organizing the process of including collaborators and recognizing when such an undertaking can be labeled as transformative (Van Bruggen et al., 2019). After that, relationships have tended to disintegrate dramatically before being momentarily reconstituted until the cycle was repeated. During times of intermediating change, this tended to happen. For instance, large brokerage firms had been criticized for a considerable time regarding potential conflicts of interest within their analyst organizations.

However, the decline in the stock market and the accounting scandals during the COVID-19 pandemic were the provocations of economic downturn and fears of a recession. The economic consequences of COVID-19, in terms of the looming global recession, appeared to outweigh the pandemic's epidemiological instigation and health implications (Lidskog et al., 2020). Although the core assets of investment brokerage kept their value, such as the systems for evaluating securities and processing trades, old

relationships offered different opportunities to generate profits than they once did. To derive value from their fundamental assets, companies undergoing transformational change devised novel approaches. The spread of COVID-19 globally provided a real-time observation of the global risk society we live in today and the need for an international collaborative and coordinated process to combat this threat (Lidskog et al., 2020).

They could broaden their horizons by starting a new company or moving into an entirely different market. Another option was for them to dispose of assets or services by selling them to former competitors. In the music industry, for example, recording companies were starting to offer an a la carte pricing for their services to aspiring musicians. This was done so that the companies did not have to make significant upfront investments in the artists and covered all the costs associated with artist development (radio promotions, choreography, and image management, among other expenses).

Although consumers and activities had evolved, the fundamental resource, which was the recording companies' capacity to discover and nurture new talent, had maintained its value. As another illustration, traditional auctioneers who felt threatened by eBay had begun to capitalize on their expertise in the appraisal field by offering their services online. For a fee, these auctioneers attested to the value of goods being traded via the Internet (Samal & Chatterjee, 2020). These businesses successfully navigated intermediation thanks to their ability to repurpose old assets in novel ways. Under this change trajectory, initial returns could be relatively high, but then they could drop dramatically before beginning to recover, albeit temporarily.

For example, the profits of the recording companies had been erratic because the companies attempted to adapt to intermediation, which was met with varying degrees of success. A performance plateau could give the illusion that continuing with business as usual was a good idea when this was not the case. However, businesses aware of their sector's path could turn relatively calm periods into opportunities for strategic transformation (Samal & Chatterjee, 2020).

Relationships with customers and suppliers have tended to be stable in industries undergoing a creative change trajectory; however, assets were constantly being turned over. The film production industry was a strong example of this (Samal & Chatterjee, 2020). Larger production companies could maintain relationships with a wider variety of industry professionals, including actors, agents, theater owners, and executives from cable television companies. Within the confines of this network, the production conglomerate consistently created and disseminated brand-new films. It was possible to deliver superior performance over the long term due to this combination of volatile assets (new films) and stable relationships (with buyers and suppliers). Leading creative change companies to keep their positions for extended periods (Samal & Chatterjee, 2020).

Pharmaceuticals, oil and gas exploration, and prepackaged software were other industries undergoing creative evolutions (Kourtis et al., 2022; Struckell et al., 2022). Companies in the pharmaceutical industry conducted research, developed and tested new medications, and then commercialized those medications by utilizing their administrative and marketing expertise. Managing their exploration venture portfolios and maintaining relationships with refineries and distributors were two essential aspects of oil and gas

exploration that companies focused on. In the prepackaged software industry, developers created and tested various applications with the expectation that one or more of these applications would become an alpha version. The most successful companies in a sector ensured their continued dominance by employing tried-and-true marketing and user-testing strategies. Like the mediating change trajectory, the creative change trajectory had not been subjected to extensive research (Kourtis et al., 2022; Struckell et al., 2022).

Despite the stability of relationships within the network, it was easy to misunderstand it as a significant shift in the status quo. Companies tended to overreact and neglect meaningful relationships when they made this mistake, which could be detrimental to their profitability (Samal & Chatterjee, 2020). For instance, some pharmaceutical companies became so preoccupied with developing new approaches to drug discovery that they exclusively invested capital in forming new research relationships rather than establishing appropriate sales forces in emerging markets. This led to a loss of revenue for the companies (Kourtis et al., 2022; Struckell et al., 2022).

The process of innovation driven by creative change happens sporadically. Even though there were several tried-and-true methods for producing successful movies, for instance, there was still room for innovation in the form of new film subgenres and technical approaches every so often. In a similar vein, businesses within the pharmaceutical industry had spent the past 15 years investigating and implementing novel approaches to the process of drug discovery. Despite these shifts, the companies that dominated these industries were there long before the newcomers (Samal &

Chatterjee, 2020). They had successfully maintained their power by making the most of the relationships in their networks.

There were many different avenues that businesses operating in a sector that was undergoing revolutionary change could pursue to generate substantial returns on their capital investments. For example, the most successful businesses in these sectors had a custom of distributing the dangers associated with the creation of new projects across a variety of different endeavors. As a direct consequence, the volatility of their returns was lower than that of their more modest rivals. Another strategy was outsourcing the management of the project and the development tasks (Samal & Chatterjee, 2020).

The Four Models of Industry Evolution

The four models of industry evolution provide organizations with a better perspective of how industries evolve and require a comprehensive understanding of the particular risks, implications, and priorities related to the structural changes sculpting the industry. Author McGahan (2000) relied on a wide-ranging information-gathering and analytical examination of statistical research to identify four critical models of how the industry evolves: receptive, blockbuster, radical organic, and intermediating (McGahan, 2000). Each of the four models has liabilities and reliabilities, and I will discuss each in the sections that follow.

Receptive

The first model is receptive evolution, where organizations with exceptional performance thrive steadily. An example is how Uber Technologies, Inc. used the emergence of the data superhighway to adopt new ways of structuring its industry

boundaries as it shifted its actions towards economic collaboration between connected groups, for instance, Uber users groups of riders and drivers (Zhao et al., 2020).

In contrast, an organization with unexceptional performance commonly experiences difficulties surviving unless it can rapidly transform into a more structured application. The characteristics of receptive industry evolution include organizations achieving incremental returns and fewer risks with investments, and data viability is rapidly known (McGahan, 2000). The consistently performing organization in this model produces a balanced, long-term, lower-risk return on investments.

Blockbuster

The second model is blockbuster evolution, where organizations resort to high-risk speculation over extended periods in anticipation of achieving sustainable profits. One such example is the collapse of former industry giant Blockbuster Video after they failed to recognize shifting client confidence and resentment toward its rental late fees, presenting an opening in the market for Netflix Inc. to introduce its innovative business ideas of online streaming and movies-by-mail, a competitive advantage Blockbuster Video never recovered from (Brynjolfsson et al., 2010). A blockbuster evolution commonly has a transformational effect on an organization and industry and is generally launched in emerging economies or countries. The characteristics of blockbuster evolution consist of risky investment over long durations, with nearly all expenses related to the development of new commodities and automation occurring prior to favorable business markets reaction, and the business exploiting prospective activities along with complementing resources previously owned by the organization (McGahan, 2000).

Radical Organic

The third industry evolution is radical organic; radical innovation drives the evolution of the organization's accomplishments while aiding consumer and retailer relationships. A good example of radical innovation is Tesla, Inc., producing an entirely new category of vehicles with their electric cars that are elegant, affluent, and performance-driven (Czakon et al., 2020). An organization undertaking a radical organic evolution deconstructs the former organizational structure and reconstructs a different system. Although some of the capabilities of the previous structure can be retained, a significant evolution of how the organization relates to clients and supplier occurs (McGahan, 2000). One of the significant consequences of radical evolution is the loss of recognizable boundaries of the previous industry position and the potential loss of key leaders.

Intermediating

The fourth model of industry evolution is intermediating, which alters the way transactions occur between organizations with an established relationship. Intermediating evolution scrutinizes the size, depth of interactions, and similarities in the products and services between trading partners, influencing the decision about forming new associations (De Silva et al., 2022). Intermediating evolution uses supporting infrastructures' ability to deliver information using voice, data, and video to minimize the fees of transactions in some industries generating possibilities for either removing or reintroducing the go-betweens in negotiations. The most distinguishing characteristics of intermediating evaluation are the radical shifts in the available industry transactions

between established organizations or between the company's customers or suppliers (McGahan, 2000). Several industries are currently coping with the effects of intermediating evolution, including the retail banking and agricultural banking industries.

Each of the four models of industry evolution, receptive, blockbuster, radical organic, and intermediating, possesses distinguishing characteristics. Although every industry evolves along the path of one of the models, industries can maneuver between the models gradually over time (McGahan, 2000). In contrast, Porter's five forces model aims to identify an industry's weaknesses and strengths within a competitive environment along five competitive forces: competition in the industry, potential of new entrants, power of suppliers, power of customers, and the threat of substitute products. Porter's five forces model is another supporting theory of industry change that presents an exhaustive interpretation of capabilities that influence profits in the industry in which it contends.

The Five-Forces Framework

Researchers use five-forces framework to explain the competitive forces employed in an industry and guides how economic value is divided among industry personnel. The five-forces framework was first introduced by Porter (1980) in a Harvard Business Review article, in which he shared his views on how the approach can help businesses evaluate industry appeal, effects of competition, which industry to compete with, and whom to position your organization for success (Stonehouse & Snowdon, 2007). Porter's five forces are competition in the industry, potential of new entrants, power of suppliers, power of customers, and threat of substitute products. Porter's five

forces identify and analyze five competitive forces that shape every industry and help determine an industry's weaknesses and strengths.

Competition in the Industry. The first of the five forces pertains to the primary factor, competition in the industry, which can undermine an organizational standing in the industry. The rivalry between competitors is powerful, often negatively impacting the profitability and production of an organization within the industry (Bruijl & Gerard, 2018). Many suppliers and buyers in the industry will pursue the competition of a rival with much effort to receive a better deal or discount prices. The intensity of the rivalry will usually be a driver in the regularity of this type of activity. However, the more the number of competitors, accompanied by a substantial number of products and services offered, the organization's power within the industry will be margined.

Potential of New Entrants. The threat of new entrants is the second of Porter's five forces, which refers to the threat an organization encounters to its market position from the entrant into the industry from a new competitor. New entrants into an industry bring new competitors with new capacities and aspirations to achieve sizable success, increasing the concern about expenses, market price, and return on investment to remain competitive (Bruijl & Gerard, 2018). Accordingly, the more successful the industry is, the more enticing it will be for new entrants, and therefore more competition, all seeking to establish their position within the industry and weakening the current organizations. The threat of new entrants refers to the threat new competitors pose to existing competitors in an industry.

Power of Suppliers. The power of suppliers is the third of Porter's five forces. The third force operates the extent to which suppliers of goods or services use their ability to increase prices, decrease quality, and limit product production to maintain power over buyers. Suppliers can use their impact on profitableness to have detrimental outcomes for organizations in the industry by increasing the prices of goods and services, resulting in some organizations suffering irreparable consequences (Bruijl & Gerard, 2018). The number of suppliers strengthens the financial pressure suppliers can bring to the industry. The fewer the number of suppliers, the more reliance an organization becomes on a supplier, increasing the power of the supplier. Inversely, if the industry has abundant suppliers or services that are elementary to replicate, organizations can keep input costs low and increase their revenue.

Power of Customers. The fourth of Porter's five forces is the power of the customers or buyers and their effect on pricing and quality. If the number of buyers in an industry is low compared to the number of suppliers, then the customers have what is known as buyer power. Buyer power enables the customers to apply pressure on the supplier resulting in lower prices of goods, higher quality of products, and improved customer service (Stonehouse & Snowdon, 2007). In contrast, buyers with less power enhance the power of the supplier and have to endure less price sensitivity, less educated consumers, and depend on purchases of specialized products. Buyers with less power have limited options, details about pricing are strenuous, and the likelihood of price inequity and product-bundle pricing are high.

Threat of Substitute Products. The last of Porter's five forces centers on the threat of substitutes for goods or services. The threat of substitutes increases with competitors or organizations in different industries offering similar stand-in products at a lower price to the consumer. Several characteristics can alter the damage of substitute goods and services (a) switching barriers, customers switching from one supplier to another, or (b) compulsive buying disorder to substitutes, a shopping addiction specifically for lower price products in the marketplace (Bruijl & Gerard, 2018). Industries that manufacture or offer goods or services without closely related substitutes gain power in their sector, raise costs, and take advantage of good conditions.

Although Porter's five forces model was created more than 40 years ago, the framework remains helpful to managers in their efforts to understand better their industry's competitive landscape and how to position their organization within the industry for success. But there are limitations of Porter's five forces, including it is mainly external, no action outside of the framework, its short-term analysis, and it takes a high-level view of the marketplace (Stonehouse & Snowdon, 2007). Another central area for improvement of the model is that the five forces framework looks at a single organization instead of a comprehensive industry analysis.

Healthcare Management Leaders and Lack of Successful Strategies

Leaders must be familiar with the processes involved in incorporating data into healthcare (condition setting phase). At each of the organization's many levels, managers were responsible for making decisions regarding how best to meet the requirements of their staff members (planning phase). In this always-developing process, data were input

into a feedback loop, where it was assessed to identify the approach that was most successful in satisfying the consumer's requirements (execution phase). Junior leaders examined the outcomes to determine whether the process should be altered going ahead (the evaluation stage), while senior leaders provided advice on how to proceed. This occurred during the evaluation stage (Chatterjee et al., 2018). This idea may be broken down into parts, the most important of which was the feedback loop.

How the information was transmitted had a significant impact on the outcome of the procedure. By increasing the amount of open communication among the many stakeholders in the health care system, the administration of the health care system could be improved. When people from various experiences and backgrounds collaborated on a project, they engaged in a continuous conversation and feedback loop that ensured their alliance remained well-aligned (Chatterjee et al., 2018). It was common practice for leaders in the healthcare business to embrace a team approach to problem solutions and minimize interactions with subordinates and external stakeholders to increase speed and efficiency (Chatterjee et al., 2018). When it came to the cooperative management of firms, one of the most critical aspects was teaching employees the rules of a hierarchical culture in which information was quickly transmitted among many leaders and staff. While many people argued that it was the manager's job to act as the information monitor, disseminator, and speaker, it was ideal for this obligation to be shared equally among the various jobs within a firm (Chatterjee et al., 2018).

According to Figueroa et al. (2019), effective healthcare leadership required identifying priorities, providing strategic guidance to various actors within the health

system, and generating commitment within the health sector to meet these objectives to improve health services. Even though there was no commonly acknowledged definition of health leadership, it was founded on these competencies. Effective management was vital for facilitating change and achieving objectives. This could be attained by ensuring the efficient mobilization and use of health professionals and other resources (Figueroa et al., 2019). To be able to provide high-quality care that was effective, efficient, accessible, patient-centered, equitable, and safe, modern healthcare systems were organized into networks, and varied levels of responsibility could be found within these networks.

These modern healthcare systems necessitated cooperation and coordination, which could be achieved through competent health leadership and workforce administration. The concepts of health leadership and workforce management were linked within this framework, and both contributed considerably to managing health services (Figueroa et al., 2019). Along with the growth of health systems, the role of leaders and managers in the health industry is changing. For advancing healthcare systems, strategic management that could adapt to evolving political, technological, social, and economic situations was an absolute necessity (Figueroa et al., 2019).

Transformation to Value-Based Health Care

In medicine, the term value referred to the proportion of favorable health outcomes attained compared to the amount of money spent on achieving those outcomes (Teisberg et al., 2020). One of its key goals was to alter the focus of health care such that it was more centered on the value provided to patients. Because the value in health care could only be proven when there was an improvement in a person's health outcomes,

descriptions of value-based health care that focused solely on cost reduction were deceptive. If reducing the cost of health care were the underlying objective of value-based treatment, then all that would be required would be morphine and compassion (Malmivaara, 2020; Obucina et al., 2018).

However, this was not the case. Saving money was essential, but it was not sufficient. It was common practice to confuse value-based healthcare, which tended to emphasize inputs and process adherence, with quality, which was a more general concept that could have a variety of connotations depending on the setting (Malmivaara, 2020; Obucina et al., 2018). However, there needed to be more assurance that putting more emphasis on quality would improve the health results for patients; even when utilizing identical processes, different teams could arrive at different conclusions. In addition, the necessity of monitoring and reporting on process compliance may have distracted caregivers from the fundamental purpose of improving health outcomes. This may have caused the attention of carers to be diverted away from the primary objective (Malmivaara, 2020; Obucina et al., 2018).

The treatment of diabetes in Italy was an example of how strictly adhering to processes did not always produce the desired outcomes. According to the analysis of regional differences in both sets of variables, the south had better patient outcomes than the north, even though the north had a more significant rate of process compliance. Medical professionals ought to provide treatment under evidence-based care guidelines and maintain the consistency demanded by scientific protocols (Teisberg et al., 2020). Teisberg et al. found that what matters was the product created in the end. Medical care

based on values has aimed to improve a patient's overall quality of life. It has also been quite simple to mistake value for the patient's contentment. The patient happiness movement had been instrumental in bringing much-needed attention to the importance of treating people with respect and dignity, yet the improvement of patient health has continued to be the primary focus of health care (Teisberg et al., 2020).

Value-based health care was first introduced in 2006. Shortly after that, health economist Uwe Reinhardt referred to it as "a utopian vision" due to the efficient way it satisfied the requirements of each of these distinct groups. Reinhardt expressed some worry about the challenges in transitioning to a society based on values, but he supported the overall goals of such a society (Manner, 2019; Teisberg et al., 2020). When care was centered on the most critical outcomes for patients, it was more in line with the patient's perceptions of their health. When discussing the results of medical treatment, it was helpful to include words like capability, comfort, and calmness (Manner, 2019; Teisberg et al., 2020).

Patients can only be genuinely themselves once they regain the ability to participate in the activities that form the basis of who they are. The involvement of patients in their healthcare treatment has increased significantly over the years, providing personalized, correlative health care that enables individuals to return to their normal activities of everyday life (Sepp et al., 2022). Operational status indicators have been used to perform regular checks, easing an individual's suffering through comfort. Patients could feel more comfortable by addressing both the physical pain they were experiencing and the emotional anguish that was frequently accompanied by medical disorders or was

made worse by them (Teisberg et al., 2020). Having this independence from the confusion that patients with long-term diseases so frequently experienced due to the healthcare delivery system was necessary for these patients.

Patients had the best potential outcome if they received care that improved results in these three areas. Terms such as "capacity," "comfort," and "quiet" were better at reflecting the efficiency and compassion of health care than hospitality was. Value-based health care approach is transforming the medical care system as the challenges of an aging population, a growing disease burden, and escalating healthcare costs continue to be a global conundrum (Hoban et al., 2021). Because it helped physicians deepen their connections to their professional identities and the well-being of their patients, value-based health care could be an effective tool in the fight against clinician burnout (Teisberg et al., 2020).

When critics reported that value-based health care was based on a model of "industrial health care," they were misrepresenting the meaning of the term "value" by assuming that it was solely concerned with price (Teisberg et al., 2020). This was because they assumed that value was primarily concerned with the quality of the product rather than cost. On the other hand, the value-based healthcare system brought patients and physicians together to pursue the same objective—improved health. A fundamental principle in health care delivery must be that improvements in health and wellness results do not derive from analysis which causes poorer health outcomes (Hoban et al., 2021). Through the utilization of outcome measurements, clinicians' capacity to collaborate with patients and the families of their patients to achieve goals and enhance outcomes that

were most important to both patients and doctors could be demonstrated (Teisberg et al., 2020).

This intrinsic motivation was frequently absent in the healthcare system since professionals were frequently pushed to spend numerous hours on responsibilities that did not directly affect patients' health. Better results reduced the need for follow-up treatment and the associated expenditures, which also increased operational efficiency (Teisberg et al., 2020). By improving patients' health outcomes, value-based health care reduced the mounting complexity and disease progression that required additional treatment. This was accomplished by improving the health of people. Care for a diabetic patient who did not have consequences such as kidney failure, blindness, or neuropathy was substantially less expensive throughout treatment than care for a diabetic patient whose condition continued to deteriorate over time (Teisberg et al., 2020).

The "triple aim" of the Institute for Healthcare Improvement was to improve the patient experience of care, the health of populations, and the cost of health care per capita. Value-based health care had the potential to achieve all four of these lofty goals, and it could do so in a cost-effective manner (Bachynsky, 2019; Featherall et al., 2019). The details, as mentioned earlier, highlighted several ways in which the experience of patients and physicians had been enhanced. Value-based health care placed emphasis on enhancing the health outcomes of many individuals to improve the overall health of a population. In addition, the provision of care resulted in additional costs. Instead of relying on rationing to keep expenses in check, a value-based strategy enabled teams to provide medical attention to groups of patients with similar needs, allowing for increased

expertise and productivity (Bachynsky, 2019; Featherall et al., 2019). Placing the decision-making authority for care delivery in the hands of the clinical team rather than an insurance administrator bolstered the expertise of doctors and the strength of the clinician-patient relationship in providing effective and appropriate treatment.

Specifically, this helped ensure that patients received adequate and appropriate treatment. There was no compelling reason to acknowledge that value enhancement in health care was an unreachable objective (Teisberg et al., 2020). Healthcare delivery companies worldwide had shown that they could provide patients with significantly better health outcomes while adhering to various financial systems, regulatory structures, and care traditions. These improvements were typically accomplished at lower overall costs (Teisberg et al., 2020).

Some researchers provided a solid foundation for the transition to value-based care (Kokshagina, 2021; Kokshagina & Keränen, 2021; Mjåset et al., 2020; Walsh et al., 2019). The first thing that needed to happen for this change to occur was for the organization to identify and get an understanding of a subset of patients whose health and the accompanying circumstances gave a consistent set of requirements. A complete plan of care was developed and carried out by a specialized team of caregivers who were co-located and comprised of members from multiple disciplines (Kokshagina, 2021; Kokshagina & Keränen, 2021; Mjåset et al., 2020; Walsh et al., 2019). This was done to meet the requirements outlined above. An integrated team kept track of and analyzed each patient's essential health outcomes and the associated care costs; the team then used this data to influence further care and efficiency improvements.

As a result of the evidence that improved treatment had been provided, the group treated a more significant number of patients thanks to the increased number of collaborations established. In most cases, businesses that provided services focused on a specific market segment of clients with very particular requirements (Kokshagina, 2021; Kokshagina & Keränen, 2021; Mjåset et al., 2020; Walsh et al., 2019). For instance, the transportation sector encompassed a wide range of specializations. There were many modes of transportation available, ranging from buses to hired electric scooters, as well as aircraft that could deliver large quantities of time-sensitive items and drones that could deliver small bags of blood (Walsh et al., 2019). The transportation provider modified its services to suit each market's particular needs. The healthcare industry was a peculiar one. Most services provided by the healthcare system were organized in a manner predicated on the physicians who provided them. Much like cardiologists, ophthalmologists, and podiatrists, endocrinologists collaborated with other endocrinologists on patient care through multi-person teams (Walsh et al., 2019). In the end, the diabetic patient was the one who was responsible for taking control in organizing or, even better, combining the services of these multiple professionals, as they were the ones who stood to benefit the most from the patient's efforts. The failure of the healthcare business to organize itself around the requirements of patients was the root cause of the uncomfortable nature of healthcare and the lack of unified services and products (Walsh et al., 2019).

When caregivers were forced to wing it instead of having a strategy for typical difficulties, they experienced a significant increase in stress levels. This mismatch in the

system was directly responsible for the high costs of healthcare and its unsatisfactory results (Walsh et al., 2019). Care should be coordinated for patient groups with similar health issues, such as those who suffered from knee pain or patients over 65 who were dealing with multiple chronic conditions. Because of how the treatment was organized in this manner, clinical teams were better equipped to anticipate the everyday needs of their patients and met those needs in a timely and efficient manner (Walsh et al., 2019).

By organizing care around patient segments, medical professionals waste less time attempting to discover methods to coordinate services that patients regularly utilized, allowing them to spend more time providing quality care to patients. Because of the increased capacity for data sharing, they could now provide care specific to each patient (Van der Nat, 2022). If care teams began with a shared understanding of the criteria, they would be in a better position to satisfy the needs of patients and the relatives of those patients. When the focus shifted from treatment to problem resolution, care teams could have better met the clinical needs of patients and get a head start on meeting the nonclinical needs that, if left unaddressed, might have hurt the patient's health. This was because the focus shifted from treatment to problem resolution. For instance, a medical facility specializing in migraine headaches could provide more than just medication; in addition to medication, they may also have offered counseling, exercise, and classes on how to handle stress better (Van der Nat, 2022).

Similarly, a cancer center might have provided rides to patients who struggled to get to their weekly chemo appointments to help those patients receive the treatment they need (Friese et al., 2021). When services were expanded and integrated, they could better

identify and eliminate the gaps and barriers that reduced the quality of care that patients received, ultimately leading to improved health outcomes. This was because of the improved ability to identify and eliminate gaps and barriers (Friese et al., 2021). A devoted group of experts with knowledge in a wide range of professions, including those not traditionally associated with medicine, was required to implement complex solutions successfully. When services were well coordinated, there was a need for fewer or no coordinators. To deliver therapy that was both efficient and successful, members of the team were regularly co-located with one another (Friese et al., 2021).

This made it possible for regular informal dialogue to supplement the formal communication channels. For better and more personalized care, as well as for shared learning and better health outcomes over time, collaboration in ideas was crucial (Kadakia et al., 2020; Moore & Bozic, 2022). As a result of the adaptability of the team, medical professionals in remote areas had access to the most recent and relevant information, and patients did not have to go outside of their communities to receive first-rate care. In business, it was common knowledge that quantitative measures were essential to managerial decision-making. Because patients' health was the primary emphasis of health care, it stood to reason that healthcare practitioners should have recorded the financial and clinical outcomes of their interactions with each patient (Kadakia et al., 2020; Moore & Bozic, 2022).

Executives in the healthcare industry could only get everyone on the same page if they tracked the results of health initiatives. In addition, the absence of reliable data on the outcomes and expenses of health care was now a barrier to innovation (Kadakia et al.,

2020; Moore & Bozic, 2022). Monitoring progress allowed groups to determine whether their efforts were producing the desired results. Measurements of health outcomes could have provided the insight needed to improve the quality of care and the efficiency with which it was delivered. Even though clinicians were accountable for reporting large volumes of data, they rarely kept track of the health outcomes that were most essential to their patients and, consequently, to themselves (Kadakia et al., 2020; Moore & Bozic, 2022).

The availability of data on healthcare costs and outcomes made it possible to implement condition-based bundled payment models (Kadakia et al., 2020; Moore & Bozic, 2022). This made it possible for healthcare teams to reassume responsibility for patient care and exercise clinical judgment, two essential components of job satisfaction and effective antidotes to burnout. Measuring health care results was more straightforward than it first appeared; it was basic. On the other hand, the enormous health outcome that measured sets necessary for clinical research were neither necessary for ordinary clinical practice nor was it practical to use them there.

Instead, physicians should have focused their attention on determining how patients reacted to the outcomes that were most important to them. The outcomes most important to patients diagnosed with congestive heart failure tended to cluster together, whereas the outcomes most important to pregnant women tended to be more spread out (Alokozai et al., 2019). Nevertheless, patients within a particular subset described health in capability, comfort, and calm, as was said earlier. These dimensions were frequently covered by a set of three to five metrics. Concerns about incontinence, impotence, and

depression were common among men having treatment for prostate cancer, for example (Alokozai et al., 2019). These men may have also been concerned about the amount of time off work that was required. It was necessary to keep track, for each patient, of both the costs connected with delivering care as well as the health results. By utilizing cost-grouping methodologies like the one developed at the University of Utah or by adopting time-driven activity-based costing, teams could acquire the information they required to demonstrate the value of their treatment and discovered ways to be more efficient (Dera, 2021; Teisberg et al., 2020).

In addition, when partnerships were established around patients with comparable requirements, there was a greater possibility to improve the health outcomes for many persons. At the same time, better value was exhibited in care. Because there was evidence that some types of care resulted in fewer difficulties and enabled employees to return to work more quickly, employers were becoming more prepared to enter direct contracts with healthcare providers and even pay more for each episode of care than they did in the past (Dera, 2021; Teisberg et al., 2020). This was because a quicker and fuller recovery minimized additional costs related to absenteeism, which were associated with the employer.

The number of collaborations between different healthcare organizations increased as teams improved their knowledge and ability to work together across a broader spectrum of the care cycle or geographical regions (Docherty et al., 2020; Pandya et al., 2021). Integrated teams collaborated with others for a variety of reasons, some of which included, but were not limited to, the following:

- Using new technology to share information with patients
- Assisting rural clinicians in providing care to patients in their communities
- Providing services to assist in the implementation of healthy lifestyle changes.

Integrated teams also used new technology to share information with patients.

Patients, family members, employers, health plans, physicians, and medical technology vendors whose services supported such connections were vested in working together to provide high value and improve patients' health outcomes, making such collaborations a natural fit. Patients, family members, and employers were vested in working together to provide high value and improve patients' health outcomes (Docherty et al., 2020; Pandya et al., 2021).

Strategies for Establishing a Successful Healthcare Think Tank Organization

The circumstances surrounding the word "think tank" significantly impacted how many individuals comprehended its meaning. It was usual practice to use this term to refer to organizations that generated policy-oriented research, analysis, and recommendations on domestic and international concerns, helping policymakers and the public make informed judgments on public policy issues (McGann, 2018). Most of these definitions, which grouped think tanks into broad categories such as "advocacy think tanks" or "universities without students," failed to differentiate between a think tank's primary mission and its organizational structure (e.g., McGann, 2018). They represented a body of disinterested analysts who offered up-to-date information and impartial analysis to direct public policy and discourse. We considered that a limited understanding of think tanks could constrain scholars if they attempted to define and categorize them in

this manner, presenting them as bounded organizations. This was our feeling. Researchers would, consequently, pay less attention to the people, activities, and values linked with think tanks (McGann, 2018).

To improve healthcare think tanks, they should be better understood as tools for collecting and assembling forms of authority (Pautz, 2020). Rather than concentrating on the "what" of a particular organization or policy, several authors, including Edelman (1988), have made significant contributions to this branch of research by shifting their attention to the "how." According to this point of view, understanding "what a think tank means" necessitated having a working knowledge of the organization's terminology, its projects, and the locations where those initiatives were carried out. This tactic aligned with the rapidly developing subject of sociology of expertise (Boussaguet & Faucher, 2020), which encouraged researchers to investigate the many people, groups, and assertions that obtained credibility. Consequently, analysts investigated the actions, values, and interests behind these groups' work to influence health policy. Researchers also questioned the use of "independent" and "independence" by think tanks and people who referred to them.

Methodological Review

The healthcare industry's transformation or change had been studied through different methods. The randomized controlled trial had lost some of its status as the highest guarantor of change based on the most robust evidence due to the growing realization that process, and system change, did not occur based on rationality or technical process alone. This was the main reason the randomized control trial had lost

some of its status as the highest guarantor of change based on the most substantial evidence (Greenhalgh & Manzano, 2022). It was commonly known that technological advances were among the most important contributors to the formation of the world in which we lived (Greenhalgh & Manzano, 2022). The planning of the health workforce needed to be reconsidered considering recent technological breakthroughs. This could clarify the shift from extreme surgical care to therapeutic options that included less intrusive procedures. For instance, eHealth and other enablers of dispersed care and collaborative leadership (Greenhalgh & Manzano, 2022) were applicable in this context.

The same could have been said for international trends toward integrated and community-based patterns of healthcare delivery, ambulatory and population-based services. The utilization of technology could eliminate the long-standing resistance to modifying professional connections and modes of operation. This was the case because, as one illustration, clinicians had a cultural tendency to embrace technology due to the good connotations that it had grown linked within the field. The findings of the investigation could be summarized into three primary points. Health and social care were often considered complex adaptive systems. Second, the literature on health and social care change management placed a greater emphasis on actual instances and situations that were drawn from the real world. This was done instead of concentrating on more general ideas (Usak et al., 2020). The primary interest of the research community in understanding how change might be implemented in practice was demonstrated by the fact that the research literature emphasized context-specific variables as critical change determinants (Usak et al., 2020). Several factors, including social interaction,

organizational culture, values, attitudes, and behaviors, healthcare settings, good governance, hierarchical structures and relating patterns, professional boundaries and networks, power dynamics, and the distribution of core functions such as leadership, management, and decision-making, were all critical (Usak et al., 2020).

The identified implementation strategy intended to promote communication, learning, and change by increasing the distribution of skills and feedback loops at all levels. This was in light of the sophisticated and context-specific dynamics at play here. This also suggested that there was a need to leverage high levels of complexity and technical innovation, in addition to having a systemic capacity for (new) ways of working that were inclusive and excellent with diversity (Usak et al., 2020). One encountered significant obstacles when trying to implement the promise and relevance of experience-, participation-, and engagement-based change as organizing principles rather than the more traditional organizational patterns of centralized command and control (Mandel & Cady, 2022).

Literature Gap and Conclusion

The ongoing pandemic caused by COVID-19 had brought much attention to the many available healthcare strategies. The importance of improved patient treatment was highlighted, as was the part played in the formation of our healthcare system by both the public and commercial sectors of our economy (Scott & Forsyth, 2022). Think tanks played an increasingly important part in analyzing the day-to-day activities, interactions, organizations, actors, and coalitions that contributed to the formation of the landscape of healthcare policy and planning all over the world (Shaw et al., 2014). Most organizations

that called themselves "think tanks" were non-governmental organizations (NGOs) to research and decide on national policy based on research and objective data. Think tank executives in companies had a more considerable potential than ever to influence healthcare policy's success by developing innovative new ideas.

This possibility may have been seen in the fact that think tanks were more prevalent than ever. The heads of healthcare think tanks could lead fact-finding studies to gain a deeper understanding of the topic, inform public policy, and make changes. Details regarding the context think tanks are organizations whose primary purpose was to influence public policy through research and analysis. Despite the expanding role that think tanks were playing in the business, there was still a significant amount that we still needed to learn about health policy and planning. Think tanks could analyze and evaluate the pertinent literature in greater detail to gain a deeper comprehension of a subject (Shaw et al., 2014). The leaders of healthcare think tanks had a better ability to determine the factors that led to previously unidentified issues.

Think tanks in the United States that focused on health policy have also tackled some of the healthcare system's most persistent issues. There was still an ongoing problem with the healthcare system that involved limiting cost-control measures, bias based on race, ethnicity, or gender, large-scale provider error, and fraudulent behaviors. The COVID-19 epidemic brought to significant light challenges that needed to be overcome by think tanks, and it had an impact that was disproportionately detrimental to the country's minority and low-income people. The unprecedented scale of the global public health crisis presented healthcare leaders with a once-in-a-lifetime opportunity to

study the literature and develop strategies to increase the resilience of their staff in the face of a significant health crisis. This was made possible because the global public health crisis had reached an unprecedented scale (Heath et al., 2020).

The current state of healthcare in the United States presented an opportunity for think tanks to offer innovative ideas and innovations and stimulate public debate on some of that country's most critical challenges. Considerable growth in the number of think tanks had been observed over the past two decades, with the US being home to the vast majority of the world's think tanks. The United States was a leader in terms of both the number of economies and the size of science and technology think tanks, yet the country's industrial and professional classes were becoming increasingly in conflict with one another (Wang & Li, 2018). Because the primary grounds of dispute revolved around the correct interaction between the public and private sectors of government and markets, think tanks could potentially have a more significant impact than ever on healthcare policy in the US. In the absence of funding from either the public or private sectors, the burgeoning development of modern think tanks that experts from a variety of disciplines staff could produce results that were relatively better on issues that were confronting the healthcare industry in the country or the global society as a whole (Wang & Li, 2018).

Think tanks' concentration on research and policy work was vital to addressing intractable healthcare challenges. Leaders in the healthcare sector needed to continue to create answers to increasing difficulties impacting the industry as a whole. The predicament in its current state, think tanks have become a sizable part of the global knowledge economy over the past two decades, playing an essential role in the

policymaking process to address inequities in healthcare, healthy lifestyles, working conditions, and universal health coverage. This growth had primarily been driven by the proliferation of the internet and the rise of social media platforms (Shaw et al., 2014).

There were around 2,000 think tanks worldwide, all of which had the same underlying objective: to get a deeper understanding of a particular issue to influence public opinion and policy. In contrast to the widespread belief that think tanks were politically neutral, the Center for Responsive Politics discovered in 2012 that most organizations supported Democratic candidates by 61.0% and supported Republican candidates by 54.1%. (Alexander, 2020). Some business leaders in the healthcare industry needed clear strategies for establishing influential healthcare think tanks, which was a significant problem for the industry. A deficiency of efficient methods for constructing healthcare think tank groups presented healthcare management leaders with a complex problem in the business world.

Transition

The general business problem in this study was that some leaders of healthcare organizations appeared to not have viable strategies for establishing successful healthcare think tank organizations. The specific business problem was that healthcare management leaders lacked successful strategies for developing healthcare think tank organizations. The purpose of this qualitative single-case study was to explore strategies healthcare leaders used to develop a healthcare think tank organization. The goal was to identify organizational structure, policies, and implementation strategy that the leaders used to establish as a new type of think tank. In the next section, I will discuss the project's

methodology, the participants, population and sampling, data collection methods, study procedures, and data analysis plan. Section 3 concludes the project by reporting the results from the data analysis and providing a discussion of the results in relation to previous literature. I also highlight this study's limitations, implications, and recommendations for future research.

Section 2: The Project

The general business problem was that some leaders of healthcare organizations appeared not to have viable strategies for establishing successful healthcare think tank organizations. The specific business problem highlighted through the literature was that healthcare management leaders lacked successful strategies for developing healthcare think tank organizations. Therefore, through this qualitative study I explored strategies healthcare leaders used to develop a healthcare think tank organization. The goal was to identify organizational structure, policies, and implementation strategy that the leaders used to establish a new type of think tank.

In this section, I address the project and its associated methodology. I begin this section by discussing the project's purpose statement and the role that I took throughout the study. The project's population and sample is also discussed, as well as specific ethical considerations that were consistently followed. I concluded this section with a discussion of the data collection methods, the study's procedures, how data were organized and analyzed, and how trustworthiness was maintained.

Purpose Statement

The purpose of this qualitative single case study was to explore strategies healthcare management leaders used to develop healthcare think tank organizations. The targeted population consisted of three leaders, including the president and chief executive officer; senior leadership staff members; finance and operations members; policy development members and consultants. This population was appropriate for this study because more than 50% of all think tank organizations were in North America and

Europe. The small healthcare think tank organization was established in Nevada, in the western United States, with a goal of becoming a community-based organization fostering healthcare innovation to revolutionize health care services for disadvantaged communities. The possibilities for the positive social change from my research study could empower healthcare leaders to expand health care centers and school-based facilities access in both rural and urban underserved communities.

Role of the Researcher

My role as the researcher included three prominent roles: (a) I ensured that the participants were protected at all times, (b) I acted as an instrument throughout the data collection process, and (c) I acknowledged and understood any biases that I may have had when it came to researching the stated topic. First, I ensured that the participants were always protected. One of the primary roles of the researcher in any academic study is to provide information to the participants that highlights the topic being studied, how the participants were protected, and their rights (Abma et al., 2019). Participants in this study were provided with information on the purpose of the study, what they were required to do if they chose to participate, how confidentiality was maintained, how they could have removed themselves from the study at any time and without any repercussions, and the level of risk associated in participating. I provided this information to all participants via informed consent, which individuals replied back via email by writing the words *I consent*. Individuals were required to reply to the informed consent email in this fashion to join the study.

Second, I acted as an instrument throughout the data collection process. Especially within a qualitative study, the researcher acts as an instrument when collecting data because they perform semistructured interviews (Melissa & Lisa, 2019). During each semistructured interview, I worked to ensure that my participants were comfortable. To increase the comfortability of my participants, I ensured that the environment was comfortable. For example, if completing their semistructured interviews in person, I ensured that we were in a private space where no one could overhear our conversation. If the semistructured interview was being conducted via Zoom, I ensured that the participant was in a room by themselves with the door closed and were wearing headphones to increase privacy. To ensure that the participants were comfortable in providing me with information or responses to any questions I asked, I worked to build rapport with them. For example, I matched verbal and nonverbal communication patterns to demonstrate genuine interest in the participant (Low, 2019).

Third, I acknowledged that I may have had specific biases regarding this topic, and I needed to be aware of these biases throughout the study. Researchers can mitigate their biases through multiple methods, including memorializing their experiences and thoughts to bring a reflective experience to exploration (Bergen & Labonté, 2020). In my study, I completed memorializing experiences by writing down my thoughts, beliefs, and experiences on the topic being studied, which helped me identify any biases as I worked through collecting the data and completing the analysis. This helped ensure that the information collected was free from bias and focused on the participants' information.

It is important to note that I had preestablished relationships with the think tank organization and its founder; however, I needed to learn about the individuals participating in this study. I have had professional experiences working with this topic I am studying; therefore, I ensured I did not inject my values, opinions, and other biases when communicating with the participants. I accomplished this by completing memorializing my research processes by writing my thoughts, beliefs, and experiences within the topic being studied to help me identify any biases.

When interested individuals contacted me to demonstrate an interest in my study, I established a working relationship with them. Because I did not personally or professionally know any of the participants in this study other than the founder, I introduced myself before conducting the interviews and answered any questions they had. When communicating with the individuals, I ensured that I followed active listening, where I demonstrated a genuine interest in what they were saying. I matched their body language and verbal patterns to demonstrate genuine interest while making eye contact (Low, 2019).

Another vital discussion area regarding this study's participants was my role related to research ethics. When completing this study, I followed the principles of the *Belmont Report*, which included: (a) respect for persons, (b) beneficence, and (c) justice (Brothers et al., 2019). I made sure that each participant was treated as an autonomous agent and that each individual was protected (Brothers et al., 2019). I ensured that each participant knew their rights in conjunction with information about this study through informed consent (Brothers et al., 2019). I ensured that the process of this study did not

harm the participants, and they were informed that they could remove themselves from the study at any time and without any repercussions (Sivasubramaniam et al., 2021). Finally, to demonstrate justice, I treated each participant equally. I followed specific recruitment procedures and an interview protocol to treat each participant equally. I followed specific recruitment procedures and an interview protocol to treat each participant equally. Interview protocols guide semistructured interviews to ensure that each participant is asked the same question in the same manner (Roberts, 2020). Therefore, in my study, I followed an interview protocol, asking each participant the same question in the same manner.

Participants

This study's participants included three individuals working for a think tank organization. Campbell et al. (2020) reported that it is important for individuals to meet the same specific criteria to participate in research to increase trustworthiness. Therefore, in my study, participants had to meet specific criteria that included: (a) having currently worked for a think tank organization, (b) having been employed in a senior leadership position (e.g., CEO, Vice President, or Board Member), (c) having worked in the healthcare industry, and (d) having worked in their position for at least 1 year.

To gain access to the participants, I used my professional contacts and received permission from one think tank organization with whom I had a preexisting relationship. To ensure the protection of human participants, Savarit (2020) stated that researchers need to be transparent with the purpose of study, what is required of the participants, how confidentiality would be maintained, and how participation should remain voluntary.

Therefore, in my study, I contacted the founder of the think tank organization, the client organization for this study, and provided them with information about the specifics of my study, what was required of the participants, how their company remained confidential, and how their participation was voluntary (Savarit & Savarit, 2020). The founder of the think tank organization responded and provided me with names and contact information of individuals who he thought would meet the study's criteria. I then contacted the recommended individuals via email, providing them with information about my study, the requirements needed to participate, what would be expected of them, and my contact information. Interested individuals contacted me if they were interested in participating.

Research Method and Design

In this section, I will discuss the research method and design. In this section, I will explain why a qualitative method was selected and the justification for following a single case study.

Research Method

In this study, I used a qualitative method. This method was appropriate for this study because qualitative researchers focus on acquiring specific information through open-ended questions and everyday conversations. Conducting in-depth interviews has frequently been used to collect data in qualitative research (Creswell & Poth, 2016). Because think tank organizations were committed to understanding, informing, and influencing public policy, having a technique concerned with what individuals thought and why they thought that way was critical for exploring their strategies for developing a successful think tank organization. Using the qualitative research methodology also

allowed me to exceed simple descriptions and gain a comprehensive understanding of the occurrence, distinguishing it from quantitative research, which examined data applicable to relationships of variables (Creswell & Creswell, 2017).

According to Fryer et al. (2018), the fundamental ideas of quantitative research are establishing dependent and independent variables, measuring quantity, and collecting sufficient data to conduct a statistical analysis. The idea of employing a quantitative method for this research was considered initially, but rejected due to the fact that quantitative research is aimed at identifying relationships between variables and making predictions about the phenomenon. Through quantitative research, relationships and predictions could have been made through various mathematical and statistical computations. In quantitative research, participants typically respond to pre-designed answers the researcher sets. Predesigned answers would not allow participants to openly discuss their perceptions and experiences, limiting the collected data (Creswell & Poth, 2016; Fryer et al., 2018). Leavy (2022) reported that mixed-method studies require a collection of additional amounts of complex data that includes both qualitative and quantitative data collection. Collecting quantitative data is not among the data-collection protocols preapproved for the DBA Consulting Capstone by Walden's IRB, so I did not choose a mixed-method data collection process. Therefore, I selected a qualitative single case study design.

Research Design

For this study, I selected a single case study design. Case studies are one of the most widely used designs to conduct a qualitative research study. A significant advantage

of the case study design is that it provides existing, correspondent, and comprehensive knowledge about the specific real-world subject, in this case, think tanks. The case study design approach allows for a holistic interpretation of an occurrence within the context of legitimate real-life events (Boblin et al., 2013). A single case study design was appropriate for this study because I identified and explored strategies that the participating think tank's healthcare organization's leaders used for developing a successful think tank to address the business problem and for the focus of my consulting capstone client leader.

Other research designs, such as grounded theory and ethnography, were considered but ultimately rejected. Researchers use grounded theory as a qualitative design to generate a theory through data collection and analysis (Chun Tie et al., 2019). Therefore, this design was rejected because, in this current study, I did not need to generate a theory. Alternatively, researchers can use ethnography to gain a strong understanding of a social and cultural group (Wutich & Brewis, 2019). I did not select ethnography because this study focused on the complex phenomenon of think tanks in healthcare; studying a group's social or cultural foundations would not have been helpful. Therefore, by selecting a single case study design, I focused on specific individuals' perceptions and lived experiences in one moment that addressed the complex phenomenon of think tanks within the healthcare industry. Furthermore, a single case study was selected over a multiple case study design because it can provide substantial theoretical insights and allow me to provide reflective insights into the research procedures, as well as being attentive to the participants (Creswell & Creswell, 2017). If I

were to complete a multiple case study, I would not be able to provide as strong attention to one case, as it would have to be spread over multiple sites (Creswell & Creswell, 2017).

Population and Sampling

The population in this study included individuals who currently worked in senior leadership positions in a healthcare think tank organization. This population aligned with the problem being studied, the purpose of the research, and the research questions. In this study, I followed a convenience sampling method. A convenience sampling method is a non-probability form of sampling of selected participants close to hand (Etikan et al., 2016). In this instance, I did not have a preexisting professional relationship with the healthcare think tank organization I used in collecting data for this study. Because this project followed a single-case study design, I interviewed three participants of the healthcare think tank organization: (a) the chief executive officer, (b) the vice-president of operations, and (c) an advisory council board member. These three individuals participated in semistructured interviews and provided rich information based on their position in the company and their expertise.

Previous researchers depicted that one to five participants were adequate for a qualitative single-case study design (Creswell & Creswell, 2017; Creswell & Poth, 2016). I interviewed three individuals and employed methodological triangulation and member checking to achieve data saturation. Braun and Clarke (2019) reported that data saturation occurs in qualitative studies when researchers begin to experience similar responses from the participants, not allowing for the gleaning of any new information. In this study, I

experienced data saturation during the second interview but completed one more interview to confirm the experience. I also confirmed data saturation with correlation of documents that I reviewed and analyzed along with the results of the interview. One of the qualitative research objectives is to explore an occurrence pertinent enough that robust data collected complete the research study (Memon et al., 2018). However, when collecting robust and complex data, it is essential to ensure that the participants are protected. Therefore, specific ethical practices were applied in this study.

Ethical Research

Specific ethical considerations were followed throughout this study. First, I did not begin this study or contact participants until I received approval from Walden University's Institutional Review Board (IRB). Furthermore, I ensured that I had received permission from the healthcare think tank's organization before the appointed time to interview participants (see Appendix A). Second, I ensured each participant received an informed consent form (see Appendix B). The informed consent form highlighted the study's purpose, what was required of the participants, how confidentiality was maintained, how the participants could have withdrawn from the study at any time and without any repercussions, and the risk associated with participating.

Klykken (2022) reported that although research and their associated protocols can present to participants with limited risk, it is still essential to ensure that they are provided information about the research and any incentives or compensation so they can make informed decisions. Therefore, participants were informed of limited risk when participating in this study, as well as being informed that there would be no incentives or

compensation for their participation. Participants could only complete their semistructured interviews once they had reviewed and replied to the informed consent email with the words, *I consent*. To accomplish the informed consent process, I emailed the consent form to the participants. They reviewed the informed consent and replied that they consented to the study. Then, when conducting their semistructured interviews, I reviewed the consent form with them in detail, asking if they had any questions. Klykken (2022) stated that it is important for the participants to discuss any questions or concerns about the study and its associated procedures. Therefore, in my study, if the participants had any questions, I answered them personally and explained the informed consent in greater detail.

The third ethical consideration I followed included the confidentiality of participants. I ensured confidentiality by not collecting any identifying information. For example, Pietilä et al. (2020) reported that to protect participants, researchers can do so by referring to them in numerical and alphabetical orders. Therefore, in my study, I did not refer to the participants by name; instead, I referred to them by numerical order (e.g., Participant 1, Participant 2, and Participant 3); I also referred to the healthcare think tank organization for which they worked as Think Tank Company.

Fourth, I stored all data and information appropriately. Hesse et al. (2019) discussed the importance of securing both paper documents and electronic files to maintain the confidentiality of participants. Therefore, in my study, all paper forms (e.g., consent forms) were stored in a locked filing cabinet inside my home office. I also stored all electronic files on a password-protected removable flash drive that was also stored

inside the locked filing cabinet. I will destroy all data after 5 years, which aligns with Walden University's IRB policies and procedures.

Data Collection Instruments

This study's data collection instrument included semistructured interviews, document review, and memorializing, where I wrote reflections on my thoughts, experiences, and biases during the research study procedure. Concerning the semistructured interviews, I designed a list of eight questions each participant would be asked (see Appendix B). After developing the semistructured interview questions, I forwarded the questions to the each of the three participants/interviewees 48 hours before their scheduled interview.

Each semistructured interview was conducted via Microsoft Teams video conferencing. After reviewing the informed consent, the participants agreed to join the study. They participated in a private interview where I asked them the same eight open-ended questions. I asked the participants follow-up questions to encourage them to expand on their answers or provide additional meaning if I did not feel it was clear. However, participants answered the questions in any manner that they saw fit. Husband (2020) stated that to successfully complete qualitative data analysis, each semistructured interview must be transcribed in preparation for data analysis. Therefore, in my study, I electronically recorded and transcribed each interview so that I could prepare for the thematic analysis. I also conducted member checking to enhance the reliability and validity of my summary analysis of semistructured interviews. The participants were emailed a summary analysis of their responses so that they could respond to me to clarify

if the information was accurate. If any participants reported any inaccuracies within their interview transcripts, I would have made amendments to reflect more accurately what the participant said.

Semistructured interviews were an appropriate data collection instrument for this study, as previous researchers focused on exploring think tanks had used this data collection method to explore a phenomenon. For example, Kelstrup (2021) reported that using qualitative methods allowed researchers to explore and increase their understanding of think tanks. The author argued that semistructured interviews could be effective in having participants provide rich and contextual information on how think tanks could be influential.

This study's second data collection method was my memorializing or reflections on the study processes. Because memorializing allowed me to reflect on my research experiences, I used this information to analyze data. For example, during the semistructured interviews, I reflected on my experiences with the participants, including their body language and other areas that were brought up outside of the questions asked them (McGrath, 2021). McGrath (2021) reported that memorializing allows researchers to ensure that they are not injecting any biases into their study, while also highlighting any non-verbal data and other concerns that were raised by the participants.

Another data collection method I used in this study was a document review of the think tank's concept paper, bylaws, mission, vision, values statement, operating agreement, and organizational chart map.. By collecting these documents, I reviewed the information to provide any data that aligns with the information from the semistructured

interviews. For example, the mission statement provided me with information regarding organizational structure, culture, and future goals, which could be analyzed in conjunction with information about future trends and goals identified within the semistructured interviews. Natow (2020) reported that when collecting data from documents to be used in research, it is imperative that the documents and their wording are not altered in any way.

In order to ensure the reliability and validity of the data collection process, I used memorializing, an interview protocol, secondary data collection instruments, and methodological triangulation. Memorializing was a crucial method in helping to strengthen the analysis and present my findings. The interview protocol was a guide for introducing the researcher, the interview topic, and the interview questions and securing participants' consent. Furthermore, memorializing provides an apparatus by which the researcher's viewpoint can be recorded for later crucial review or corroboration (Birks et al., 2008). Methodological triangulation by the researcher provides confirmation of findings, increased validity, and enhanced understanding of a phenomenon in case study research (Farquhar et al., 2020). In addition, methodological triangulation has been found to provide more comprehensive data. Yin (2018) noticed that researchers should include at least two data sources; methodological triangulation and memorializing ensured the reliability and validity of this study's collected data.

Data Collection Technique

The following research question guided this study: What strategies do healthcare management leaders use to develop successful healthcare think tank organizations?

When collecting data for this study, I completed semistructured interviews with three individuals who worked within senior leadership positions in a healthcare think tank organization, as well as research memorializing and document review. After recruiting the participants, I ensured that the three participants reviewed and replied to an informed consent email with the words*, I consent*. I then scheduled them for their private semistructured interview. Participants completed their semistructured interview via Microsoft Teams video conferencing. I scheduled a convenient time and location for the participant to complete their interview via Microsoft Teams video conferencing and sent them a confidential personal meeting room link to join the scheduled meeting.

During each semistructured interview, I asked each participant eight open-ended questions. I also asked follow-up questions to encourage the participants to expand their answers or clarify any information they had provided (Adeoye-Olatunde & Olenik, 2021). Each semistructured interview lasted approximately 45 minutes to 1 hour and was electronically recorded and transcribed in preparation for data analysis. After completing all the semistructured interviews and transcribing them, I sent the participants my summary analysis so that they could complete member checking. Candela (2019) reported member checking as a process in which participants review a summary analysis of the data for accuracy. No participants reported any inaccuracies with the summary data. If any participants had reported inaccuracies, I would have made any necessary changes to ensure the data accurately reflected what the participants said. The interview protocol for this study can be found in Appendix A.

In addition, during the semistructured interviews, I could report my experiences. For example, during the semistructured interviews, I wrote notes highlighting the participants' non-verbal responses and any other subject matters they brought into the session. In addition, after the semistructured interviews were completed, I reported to the founder of the company, who provided me with a copy of the think tank organization's mission statement.

Semistructured interviews were an appropriate data collection technique for this study as they aligned with the purpose. The intent of this study was to explore healthcare management leaders' perceptions and experiences on strategies to develop think tank organizations. Creswell and Poth (2016) reported that semistructured interviews allow the participants to effectively provide their perceptions and experiences in their own words, allowing them to convey this information in any way they see fit. Therefore, semistructured interviews were a strong fit to use as a data collection method in this study. In addition, researcher memorializing, reflections, and a document review of the organization's mission statement were also appropriate, as they provided further insight into aligning the strategies concerning organizational goals and objectives. The researcher's memorializing experiences help decrease any instances of researcher bias (McGrath, 2021) and understand any nonverbal attributes that the participants bring to the study (McGrath, 2021). Because the data collected in this study came from various sources, specific organization techniques needed to be discussed to safeguard and protect the participants.

Data Organization Techniques

The data were initially stored on the Microsoft Teams video conferencing system, as each semistructured interview conducted on Microsoft Teams was transcribed using Microsoft Teams' transcribe function. During the semistructured interviews, names and identifying information of the participants were not used; instead, they were referred to alphabetically (e.g., Participant 1, Participant 2, and Participant 3). Ethical values are essential for successfully implementing morally responsible data sharing (Riso et al., 2017). Once the semistructured interviews were recorded, they were saved on Microsoft Team's secure online platform protected by organization-wide two-factor authentication and data encryption or on a password-protected removable flash drive. Only I had access to this password-protected Microsoft Teams account and the flash drive. The password-protected flash drive and any physical paper data will also be stored in a locked filing cabinet for 5 years after completion of my study.

My research notes through memorializing and reflective experiences were completed on my computer, which was password-protected. Once I had completed my research notes and memorializing experiences, I transferred them to the password-protected removable flash drive and locked them in my filing cabinet. The mission statement collected from the think tank organization was on the Internet and, therefore, not confidential, and available to the public. Nevertheless, I also stored this information in the locked filing cabinet. Protracted and considerable data production and storage are attributes of present-day Western culture (Riso et al., 2017).

All data stored in a locked filing cabinet will be inside my residence or on a password-protected removable flash drive. The data will be stored for 5 years and then deleted in alignment with Walden University's IRB policies and procedures. When destroying the data after 5 years, I will personally shred all paper documents and delete all data from the password-protected removable flash drive and the computer's hard drive.

Data Analysis

I conducted a qualitative thematic analysis following Braun and Clarke's (2019) six steps in this study. A qualitative thematic analysis allowed me to identify patterns of meaning within written data (Lochmiller, 2021). I only began the data analysis after transcribing the semistructured interviews. During the data analysis, I followed inductive coding. Inductive coding was a process in which I identified commonly used words, phrases, and ideas embedded in participant responses (Chandra & Shang, 2019). Inductive coding meant I derived codes based on reviewing the data (Chandra & Shang, 2019).

When completing the data analysis, I followed Braun and Clarke's (2019) six steps of data analysis: (a) familiarization with the data, (b) generating codes, (c) constructing themes, (d) reviewing themes, (e) defining and naming themes, and (f) reporting the results. I used NVivo Pro and a qualitative codebook during the analysis. NVivo Pro was a qualitative software program that managed large amounts of data while also assisting with coding (Dhakal, 2022). A qualitative codebook allowed me to highlight the codes and themes while depicting which participants contributed to each

theme and examples of their direct quotations that supported each theme (Reyes et al., 2021).

Braun and Clarke (2019) defined coding as a repetitive review of each participant's transcripts to identify patterns of meaning. Therefore, in my study, I reviewed each participant's transcripts repeatedly, highlighting commonly used words, phrases, and ideas displayed in the interview responses. After reviewing each transcript multiple times, I placed the codes into different groups or categories, continuously grouping similar codes to create categories. Braun and Clarke reported that after identifying categories, researchers need to continue narrowing them down until the process was exhausted. In this instance, I continued narrowing the identified categories until I had final thematic categories. After completing this process, I reported the themes in the study's results and compared them to previous literature and the conceptual framework. Braun and Clarke discussed the importance of a robust discussion based upon the reported final themes of qualitative research. Therefore, I was able to discuss the results by aligning the information with previous research. This process was similarly used when analyzing my memorialized notes and the organization's mission statement.

Reliability and Validity

Reliability

I maintained reliability, in this study, by using a panel of experts to review the semistructured interview questions, participant member checking, and researcher memorializing. To show the dependability of the results, the panel of experts ensured that the semistructured interview questions aligned with the study's problem, purpose,

research questions, and methodology (Gunawan, 2015). Candela (2019) reported that member checking ensures that the collected data are based upon the participants and not biases of the researcher. Therefore, in my study, I provided each participant with my summary analysis of the semistructured interview. If any participants would have reported any inaccuracies within the information, I would have made changes to reflect exactly what was said.

Validity

I followed specific actions throughout the study to ensure the results were valid. First, although I had generated an interview protocol that I followed when interviewing the participants, I also asked follow-up questions to probe participant responses so that rich data could be provided. Eppich et al. (2019) reported that follow-up questions could assist in ensuring that the data collected is robust, understandable, and aligned with the study's research questions. Probing participants and completing member checking helped ensure that the collected data was valid to the participants' experiences. Second, it was essential to note that the results of this study may not have been transferable to other populations and geographical regions. Because this study focused on one healthcare think tank located in a specific region of the United States, future research may need to be conducted to understand this phenomenon in other think tank organizations or geographical regions.

Confirmability and Data Saturation

Confirmability was upheld in this study through the participants completing member checking and my notes as a researcher. McGrath (2021) argued that

memorializing can help identify any biases of the researcher, so that collected data are based upon participant perceptions and experiences. Therefore, by memorializing during the study, I was able to highlight my perceptions, experiences, thoughts, and biases, to ensure that I was collecting data based on the participant's perceptions and experiences that were free of bias. During the semistructured interviews, I also accounted for confirmability by collecting adequate data. Braun and Clarke (2019) stated that data saturation occurs when researchers experience a redundancy in the participants' responses, which signals the need to cease data collection. In my study, after experiencing data saturation, I conducted one more interview to confirm such phenomenon occurred.

Transition and Summary

The general business problem that this study addressed was that some leaders of healthcare organizations appeared not to have viable strategies for establishing successful healthcare think tank organizations. The specific business problem was that healthcare management leaders lacked successful strategies for developing healthcare think tank organizations. Therefore, in this qualitative single case study, I explored strategies healthcare leaders used to develop a healthcare think tank organization. The goal was to identify organizational structure, policies, and implementation strategy that the leaders used to establish a new type of think tank.

In this section, I addressed the project and its associated methodology; this project followed a qualitative method that utilized a single case study design. I began this section by restating the project's purpose statement and the role that I played throughout the

study. Then I discussed the participants and highlighted each individual's criteria when joining the study. The project's population and sample were also discussed, as the participants of this study all worked from one healthcare think tank organization. In this section, I also discussed specific ethical considerations that were followed, including IRB approval, informed consent, confidentiality, and data storage. I then concluded this section with a discussion of the data collection methods, the study's procedures, how data were organized and analyzed, and how trustworthiness was maintained through a panel of experts, member checking, probing participant responses, and following an interview protocol. The following section is Section 3, where I will report the findings of this study and provide a discussion of the results concerning previous literature. In Section 3, I will also identify implications, experienced limitations, and recommendations for future research.

Section 3: Organizational Profile

In this qualitative single case study, I explored strategies healthcare leaders used to develop healthcare think tank organizations. The client organization analysis in the study is a *startup organization* in the first stage of three startup stages: early-stage, venture-funded (growth) stage, and late-stage. The organization is in the early-stage or pre-seed stage of operations and has few processes. However, the CEO and senior leaders have defined the mission and vision of the organization, established vital milestones, and developed a schedule for those goals. The current processes are operations management to oversee the organization's day-to-day practices, including administrative, financial, and legal structures. In the future additional processes planned include patient care process, collecting information about patients, assessing collected data to identify healthcare problems, and improving efficiency and reducing the risk of costly mistakes.

The targeted population consisted of four groups of professionals: (a) the president and chief executive officer; (b) senior leadership staff members; (c) finance and operations members; (d) policy development members; and (e) consultants. A qualitative content analysis identified five themes: the importance of various stakeholders, understanding politics and current federal and state regulations, driving innovations in healthcare, focusing on low-and-moderate-income families, and networking and connections. I used the Baldrige excellence framework health care as a reference to develop successful strategies for my client to improve organizational performance, competitiveness, and outcomes. The Baldrige excellence framework health care criteria include the organizational profile and seven related categories designed to evaluate

organizational performance, exploring strengths and opportunities for improvement through seven types (Baldrige Performance Excellence Program, 2021). The Baldrige Program offers a comprehensive and proven leadership and management system to assure excellence in healthcare; healthcare organizations must repeatedly appraise their performance and results and take necessary actions to improve outcomes (Kamal, 2023).

As a DBA scholar-consultant, I analyzed and evaluated organizational performance using the Baldrige Performance Excellence Framework, providing client leaders with actionable feedback that promoted business problem resolution. HTTO, a pseudonym, was a for-profit healthcare think tank organization that began operations in the winter of 2023 to provide a facilitative and supportive community-based organization to foster healthcare innovation. I conducted in-depth interviews, a frequently used method to collect data in qualitative research. Think tank organizations are committed to understanding, informing, and influencing public policy, having a technique concerned with what individuals thought and why they thought that way was critical for exploring their strategies for developing a successful think tank organization. When completing the data analysis, I followed Braun and Clarke's (2019) six steps of data analysis: (a) familiarization with the data, (b) generating codes, (c) constructing themes, (d) reviewing themes, (e) defining and naming themes, and (f) reporting the results.

Key Factors Worksheet

Organizational Description

Healthcare Think Tank Organization (HTTO) is the pseudonym I used to protect my client organization's identity and privacy. HTTO was a prerevenue startup healthcare

think tank company in the initial stages of development, founded and incorporated in the Southwest United States city of Las Vegas, Nevada. The Las Vegas area has a durable health and drug industry, with the University of Nevada Las Vegas School of Community Health Sciences offering opportunities to attend training programs in public health and access to numerous research labs. HTTO provided a vehicle for innovations constructed at the grassroots level and will be able to percolate an interest at the national and domestic levels.

HTTO's strategic focus was on the healthcare innovation and startup community by providing the following services: development of innovations in healthcare delivery, healthcare biotechnology, and healthcare biopharmaceuticals (biopharma), and a social mission to provide expansion to healthcare delivery to the most significant population possible and the lowest cost point to American citizens through the introduction of innovation. The company's vision was to build a virtual incubator that could provide startup services and business development coaching for new ventures, which included the development and capital acquisition for new undertakings**.** The company also produced a consulting package whereby smaller and rural providers might have become part of a collaboration that stimulated these innovations that all in the partnership could benefit from fiscally. The company functioned as a Healthcare management services organization (MSO) and plans to add 5-6 owners in a shared ownership structure, instrumental in the intent to capitalize on the company and share the profits. In addition to full-time consultants, TTO employed independent contractors as part-time consultants.

The company's leadership team comprised of the following: CEO/Founder; Board of Directors: CEO/Founder, Vice President of Operations/Fiscal, Vice President of Business Development, Senior Directors; Advisory Council (Board): health industry experts and healthcare innovators, 4-10 members; and a cadre of consultants functioning as independent contractors. HTTO was directed by its founder and CEO, an accomplished healthcare professional with over 30 years of experience developing healthcare businesses and coaching entrepreneurs. The founder/CEO had served in a senior leadership capacity where he had stimulated healthcare innovation in nursing homes, rehabilitation facilities, in-home care, psychiatric hospitals, and academic health facilities or community-based entities. He has been recognized for developing innovations by the U.S. Surgeon General, Health and Human Services Region III, Behavioral Health Tomorrow-Innovation Award, Mental Health Association of America, Chronic Care Models, and Home Health Delivery Models. In addition, he was recently honored by being named one of the Top 100 Healthcare Leaders in the United States by the Top 100 International Leaders Magazine, which honored individuals in healthcare whom their peers deemed to be the most influential individuals in the industry regarding leadership and impact.

Organizational Environment

I assessed and summarized HTTO's organizational environment. I considered all the components outside the organization's boundaries that could affect a segment or entire organization. The components included: (a) product or services offered, (b)

mission, (c) vision and values, (d) workforce profile, (e) assets, and (f) regulatory requirements.

Product Offerings. HTTO offered the following services development of innovations in healthcare delivery, healthcare biotechnology, and healthcare biopharmaceuticals (bio-pharma); development of healthcare technology related to patient-centered care; and a social mission to provide expansion to healthcare delivery to the most significant population possible and the lowest cost point to American society through the introduction of innovation. HTTO's body of experts also performed research and provided advice and ideas in specific areas of health care. In addition, HTTO published newsletters and whitepapers that kept readers informed of the latest analysis and commentary and highlighted innovative ideas concerning healthcare. HTTO's white papers were research-based reports which offered a focused description of complex healthcare topics and presented the point of view of HTTO's founder/CEO, leading industry experts, or a body represented by those industry experts. Finally, HTTO hosted diverse events with progressive leaders and policy experts highlighting bold, innovative ideas that addressed our nation's most pressing problems. Table 1 shows HTTO's evidence-based healthcare services and products, patient care improvement, and organizational social mission activities.

Table 1

Services and Associated Activities

Services	Associated Activities
Innovations in healthcare delivery	Exclusive Provider Organization (EPO) EPOs have a network of providers who have agreed to provide care for the members at a discounted rate; Health Maintenance Organization (HMO); Integrated delivery system (IDS); Preferred Provider Organization (PPO); Point-of-Service (POS) Plan.
Healthcare biotechnology	Genetic testing, drug treatments, and artificial tissue growth
Healthcare bio-pharmaceuticals (bio-pharma)	Known colloquially as biopharma, it is the application of living organisms or extractions, by-products, or components of living organisms to prevent, relieve, or treat diseases; the point at which biotechnology and pharmaceutical manufacturing meet, includes recombinant protein therapy, antibody therapy, cell therapy, and gene therapy.
Healthcare technology related to patient-centered care.	Designing medical education and care delivery with this principle in mind will contribute to stronger bonds between patients and their care teams: Artificial Intelligence (AI) AI is at the forefront of innovation in healthcare and is growing immensely to save human lives; Telehealth & Telemedicine; Digital Therapeutics; Femtech (women's health); Augmented Reality (AR); Digital Mental Health.

Services	Associated Activities
Social mission to provide expansion to healthcare delivery	Collect data and analyze patient outcomes. If you cannot measure it, then you cannot manage it; Set goals and commit to ongoing evaluation; Improve access to care; Focus on patient engagement; Connect and collaborate with other organizations.
TTO publication of newsletters and white papers	White papers will be in-depth articles to educate and inform site visitors interested in medical research. The *newsletter* will be a bimonthly news, resources, and *events* journal. Each issue includes articles on need-to-know *healthcare* topics and governance issues, and best practices.
Host Events with Progressive leaders & policy experts	To provide informed analysis and technical assistance to state *and* local policymakers as they put *health care policies and* programs into practice.

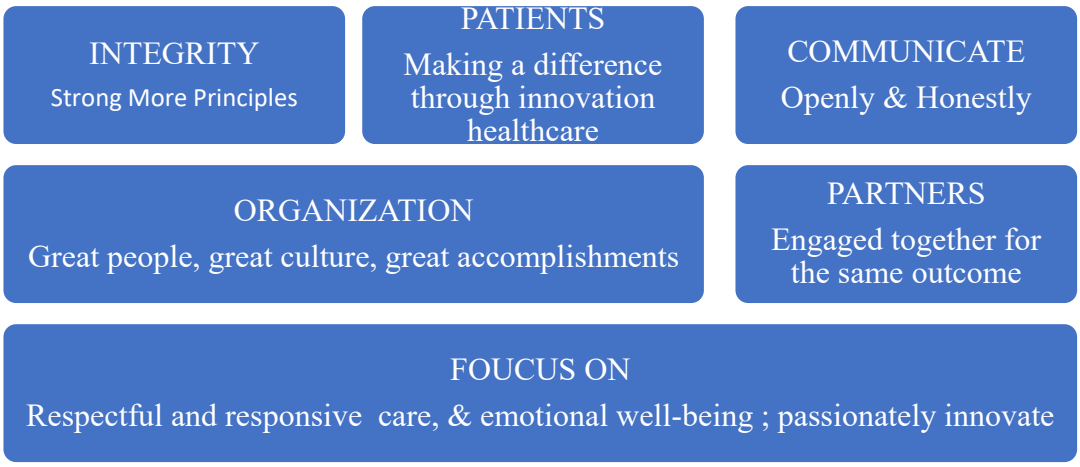
Mission, Vision, and Values. HTTO had the following mission, vision, values, and culture. The mission of HTTO was to create a profitable company to help startup healthcare companies launch and engage in innovative advancements in healthcare and move their services and products to the marketplace. The vision of HTTO was to become a critical organization involved in healthcare innovation and policy debate that was engaged in facilitating transformation in healthcare. The value of HTTO's vision was to build a virtual incubator that provided accessible startup services and business development coaching for new ventures, which included the development and capital acquisition for new undertakings. The organization's core competencies include patient care, evidence-informed decision-making, operations, interpersonal and communication

skills, administration and resource management, knowledge of the healthcare environment and the organization, and systems-based practice.

Additionally, HTTO leadership believed that by providing a facilitative and supportive community-based organization to nurture healthcare innovations that were either biotech, clinical, programmatic, or system-based innovations so that by bringing them to the market, they could help create business ventures and also allow the healthcare delivery ecosystem a vehicle to provide innovative services to communities of African Americans, Latinos, and American Indians and Alaska Natives (AI/ANs) — three of the most historically underserved populations in health care. These populations included rural, elderly, low-literacy, blue-collar, and poor populations' areas. HTTO's core values are authentic to the organization and are often common values for healthcare organizations, including Integrity, Communication, Collaboration, Patient-Centered, Reliability, Respect, and Trust (see Figure 1).

Figure 1

HTTO's Core Values



Workforce Profile. HTTO's workforce included the executive team, a board of directors, advisory board members, consultants, independent consultants, and temporary employees. All employees and contractors (independent contractors) were working remotely in virtual/quarterly annual meetings and underwent ongoing education and training as industry trends were recognized. The executive team included the chief executive officer (CEO), the vice president of company operations/fiscal, the board of directors, and investors, who were accountable for delivering results. The board of directors comprised the HTTO founder/CEO, company operations/fiscal vice president, and senior directors. It acted as the organization's governing body, influencing long-term goals and policies and assisting its strategic planning and decision-making process. The board of advisors comprised 4-10 industry experts and healthcare innovators who represented potential investors (received stock ownership and advisors' shares).
The advisory board included healthcare entrepreneurs from established companies, healthcare industry experts, healthcare-related professors, and other interested parties in developing the venture. This advisory panel advised the venture on healthcare trends and the needed and predicted needs of the healthcare delivery space. The full-time and freelance consultants (independent contractors) were required to have exceptional management skills, flexibility, and the ability to set priorities. All HTTO's consultants were frequently involved with various projects with multiple clients, requiring the ability to handle high-stress situations, maintain sensitive data, and follow data security protocols. All employees of HTTO were required to receive annual training on security and confidentiality protocols, comply with standards, rules, and regulations issued under

the OSH Act, and agree to follow the implementation of the company-wide policy on documents and information security. Because of employees working from home, there were no unique health and safety requirements. HTTO's well-defined job descriptions (see Table 2) provide a foundation for the startup and describe the healthcare organization employees' responsibilities, duties, and qualifications.

Table 2

HTTO's Employee Job Duties

Positions	Responsibilities
Executive team **Drivers**: set strategy, analyze workforce, develop action plan, monitor, evaluate, and revise.	Overall business oversight of operations, creating & review goals for the company, making both long & short-range plans to achieve goals, and ensuring the company vision is followed.
Board of directors **Drivers**: methodologies, strategically aligns resources, organization objectives, establish a policy-based governance system.	Govern the organization's relationship with CEO, establish a policy-based governance system, provide direction for the organization, strategic planning & acquisitions, and nominate future board members.
Advisory board members **Drivers**: provide support and advice, assist in new program development, and identify best-practice standards.	Develop an understanding of the market and healthcare industry trends, provide expert knowledge and guidance, be available to serve as consultants, educated board members in their areas of expertise, and attend advisory board meetings.
Consultants **Drivers**: evaluate current tools, systems, and workflow, promote efficient and productivity.	Work closely with clients to understand their needs, agree to the scope of each consulting project, conduct research, interview, and analysis data to gain insight into healthcare needs, analyze statistics, determine/detect issues and examine ways to resolve them.

Positions	Responsibilities
Independent consultants **Drivers**: provide specific work products, collect data about work arrangements.	Identifying the weaknesses & strengths of the organization, comparing to competitors, and assigned consulting projects, including analyzing organization operations, interviewing managers, professionals, and employees, and preparing presentations for various stakeholders.
Hourly/Temporary employees **Drivers**: immediate motivators, bonuses and rewards, flexibility, finding innovative solutions, continuous improvement	Perform core duties as assigned, various professional, administrative, and executive positions, data analysis, shipping, and receiving, and comply with company rules, policies, and security obligations.

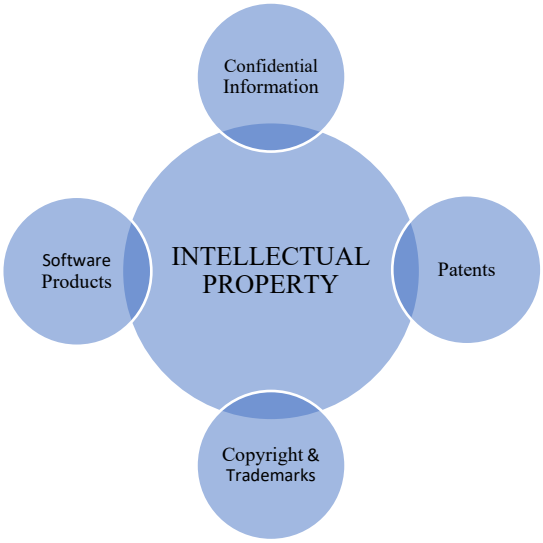
Assets. HTTO's most valuable asset as a startup company was its intellectual property and intellectual property basics. All employees must keep all intellectual property secure and not access, copy, or disclose to anyone without HTTO's authorization. Employees were also required not to misuse confidential information or intellectual property while maintaining the integrity and security of any HTTO Company documents or information they protected. HTTO's employees were intangible assets due to the importance of their contribution to the company's advancement, knowledge, abilities, and experience. Intangible assets, such as intellectual properties, trademarks, patents, and copyrights, are created by people and do not have a physical manifestation, including HTTO's employees. Additional assets included software products for customer relationship management, time tracking tools, project management, online consulting platforms, employee assessment tools, and small business solution software. HTTO had no physical facility; all employees worked from virtual offices. Employees working from

virtual offices were required to adhere to all departmental and institutional policies, including confidentiality of information, work schedules, work hours, use of equipment, ethical behavior, performance, leave usage, and tracking of hours worked.

Healthcare services organizations rely on various intangible assets to create business value, including software and equipment, intellectual property, confidential information, and customer and patient relationships (see Figure 2).

Figure 2

Asset List



Regulatory Requirements. HTTO was a healthcare think tank organization operating in the Las Vegas Valley metropolitan area of the United States. State law requires that every entity in the State of Nevada obtain a State Business License or Certificate of Exemption. Regulatory health compliance guidelines and laws specific to healthcare organizations must be followed, or violations will be fined or penalized. The following regulations and laws (all may not apply) were required to be strictly followed:

The Food & Drug Administration (FDA); Centers for Medicare & Medicaid Services (CMS); The Health Care Financing Administration (HFCA); Healthcare Quality Improvement Act of 1986 (HCQIA); Children's Health Insurance Program (CHIP); Hospital Readmissions Reduction Program (HRRP); Health Insurance Portability and Accountability Act of 1986 (HIPAA); Patient Safety and Quality Improvement Act of 2005 (PSQIA); Affordable Care Act of 2010 (ACA); and applicable local and state regulations.

Organizational Relationships

I assessed and summarized HTTO's organizational relationships and reviewed its organizational and governance structure. I continued examining its customers, stakeholders, suppliers, partners, and collaborators in the healthcare industry.

Organizational Structure. The organizational and governance structure of HTTO functions as the framework that describes how the organizational rules, roles, relationships, and responsibilities were divided to achieve the organization's objectives. HTTO operated as a Healthcare Management Services Organization (MSO) with 5-6 owners (members) who helped capitalize on the company and share the profits. The purpose of an MSO is to manage the organization's administrative infrastructure, scale, and technology for risk-bearing management to function successfully in their relationships with contracted clients and regulators. The 5-6 owners, CEO, and executive team members were on the board of directors. The HTTO board of directors was not involved in the CEO's decision-making process or the day-to-day operations of the company's business. However, the CEO met quarterly with the board, using these

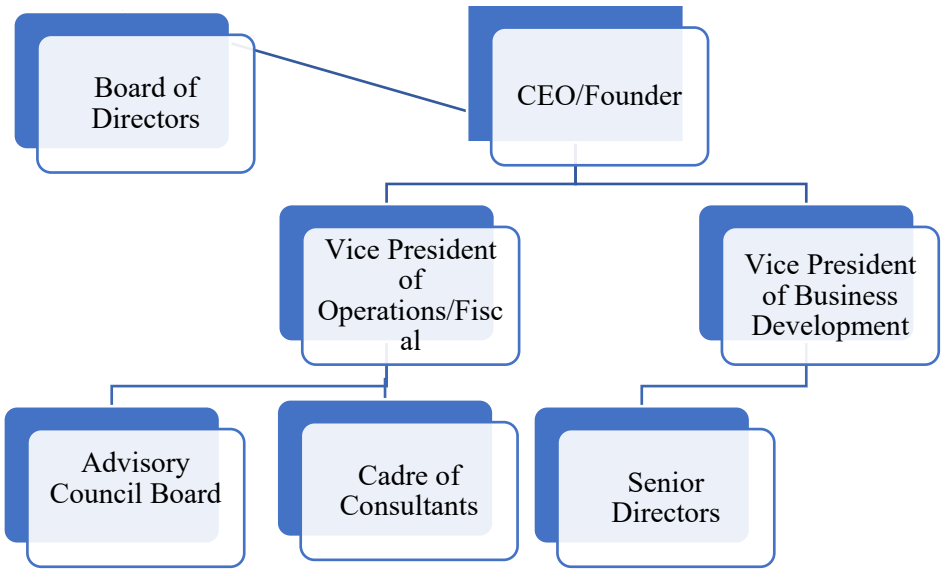
meetings to allow the board to assess the company's activities, strategies, and financial outlook.

In addition, the board was responsible for some critical decisions on investment and strategies for the company's long-term benefit. A board of directors meeting may have also been called when consequential decisions were to be made. The CEO was primarily responsible for leading HTTO and providing governance and oversight for the business and senior leadership team. At the same time, the board set company goals and gave counsel to the CEO. The senior leadership team included the vice president of operations, vice president of business development, advisory council board, and senior directors.

The senior leadership team served a pivotal role in the foundations of the organization, functioning as an advisory body to the chief executive officer. Additionally, covering all members of specific teams, the senior leadership team oversaw managing risks, hiring, and reviewing the performance of employees within each department. The senior leadership team was also responsible for promoting teamwork, managing complex challenges, and setting clear goals. The advisor discussion panels met once or twice quarterly to provide the company with the most updated and relevant advice; these panels comprised industry experts, potential funders, and association leaders. Figure 3 illustrates HTTO's organizational structure.

Figure 3

HTTO's Organizational Structure



Customers and Stakeholders. HTTO's key customers and customer stakeholders include federal, state, and local governmental agencies, patients, doctors, medical groups, clinical practice setting bodies, insurance companies, and regulatory bodies. The customer stakeholder (advisor board panel) is often used in B2B relationships, where the customer is a business, and the customer stakeholder is an essential decision-maker within that business. The advisory board had a subcommittee representing the patients of the health care system so that they could advise the company of needed innovations. The advisory board served as information and trend advisors representing the healthcare system's key stakeholders and segments. Other customers and stakeholders would be consulted as the need arises. The company determined what its customers needed based on advice from the advisory board members.

HTTO's primary stakeholders are policymakers and include patients, communities, social groups, pharmaceutical companies, charities, local government agencies, unions, and corporations. Healthcare policymakers form the rules and regulations that influence fitness and well-being. Some of the leading healthcare policy influencers include the Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS), National Institutes of Health (NIH) – including the National Library of Medicine (NLM); Food and Drug Administration (FDA); Health Resources and Services Administration (HRSA); and Agency for Healthcare Research and Quality (AHRQ). Although the federal government subsidizes many allocations of the country's health care system, much of health care is coordinated at the state level, generally at the state level of health departments. To facilitate customer and stakeholder relationships, HTTO marketed itself as a healthcare organization willing to partner with customers, stakeholders, and other industry experts to increase business with consumers and patients and provide them with the best services possible. Table 3 reflects the list of HTTO’s stakeholders and their expectations.

Table 3

Critical Stakeholders and Expectations

	Stakeholders				
Expectations	Employees	Patents	Communities	Clinicians	Advisory Board
Varying communication and access preferences		*		*	*
Importance of maintaining healthy workplace culture and fostering professional development	*				*
High workloads and administrative burdens	*			*	*
Importance of understanding unique needs within the community			*	*	*
Growing competition from other industries for non-clinical talent	*				*
Expectations for virtual care		*	*		
Effective outreach and coordination with partners in the community			*	*	*

Competition with RN agencies for talent	*	*

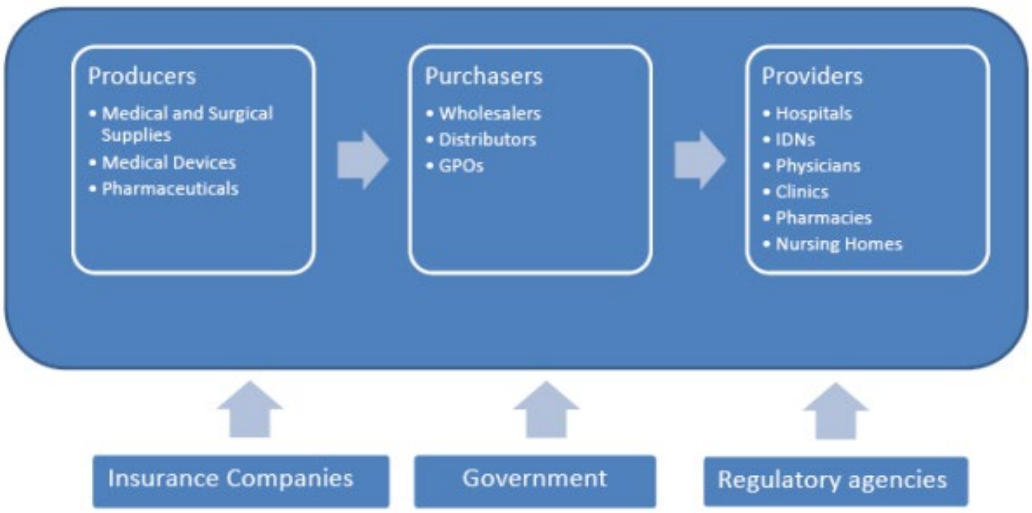
Suppliers and Partners. HTTO's suppliers and partners, including physicians, practitioners, and providers, collaborated on policy development to resolve some of the country's significant healthcare issues. Healthcare suppliers are generally diagnosis and therapy agencies, such as laboratories, clinics, and physical therapist's offices, and are responsible for obtaining physician authorization when necessary. Numerous suppliers generally submit claims and accept payment directly from Medicare; in addition, Medicare allows suppliers to bill for the services rendered up to 30 days in advance. HTTO's relationship with its partners was a mutually beneficial partnership between the parties focused on a collaboration that resulted in each organization achieving goals they could not accomplish independently. HTTO intended to capitalize on the opportunities presented by its relationship with its partners to help improve care coordination, care transitions, and patient outcomes.

Healthcare organizations' partnerships have multiple benefits for all partners involved, including sharing resources and data, making referrals for their patients, enhancing communication between partners, and exchanging ideas on best practices. The most common practice is sharing an extensive network of systems, components, and processes, collectively known as a supply chain, to ensure the most efficient delivery of healthcare supplies and services to patients. A supply chain is mechanism partners use to generate ideas, engage stakeholders, and develop a pipeline of opportunities for

healthcare partners to advance toward their goal of serving their communities. The partnership use of the supply chain adds the cohesiveness' of the group as a whole; building consensus, developing a trusting relationship, and sharing ideas all contribute to successful actions. Figure 4 depicts a healthcare supply chain configuration.

Figure 4

Healthcare Supply Chain Configuration (Adapted from Burns 2002)



Organizational Situation

A review of the organizational situation of HTTO included the assessment of the startup organization's competitive environment, strategic context, and performance improvement system. I will discuss these subsequently. To ensure that HTTO was on track to a prosperous future, the organization followed a detailed growth strategy that combines the organization's target market, value proposition, and goals. Knowing the market, potential customers and their needs were critical to HTTO accomplishing its goals and creating a successful think tank organization.

Competitive Environment

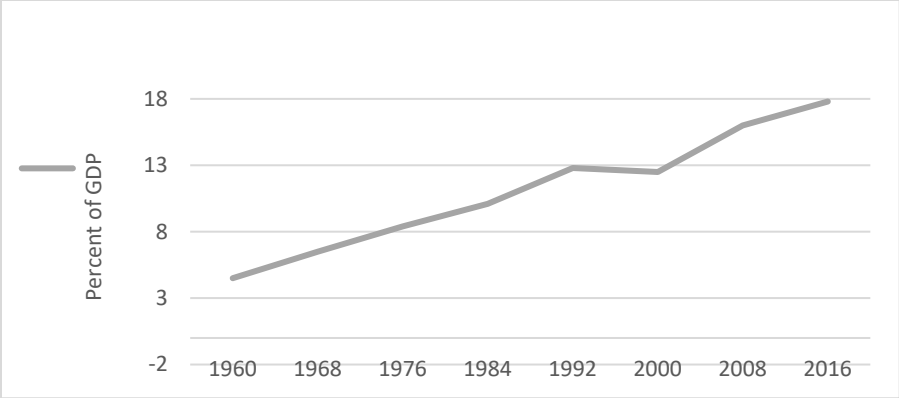
Competitive Position. HTTO was a for-profit healthcare think tank organization that continued a focus on providing innovative solutions to achieve high-quality healthcare delivery, biotechnology, and biopharmaceutical (biopharma) services, with a social mission to provide affordable healthcare by conducting research, engaging in policy debate, and developing health care policy. Affordable health care is becoming a more substantial problem each year in the US, with the cost of health increasing more than just 60 years ago. HTTO's decision to operate as a profit-making think tank was driven by the fact that the organization would also provide consultancy work for both public and private clients. HTTO had segmented the population of potential customers, and its focus was to work with non-affiliated innovators and inventors, small to medium size provider groups, and hospitals, employing a strategy for a population that was not currently being serviced. The healthcare industry is highly competitive; it is the third-largest industry in the United States and the country's largest employee, ranking ahead of the manufacturing and retail sectors.

The healthcare industry employs 11% of the laborers in the United States (Bureau of Labor Statistics [BLS] 1980-2019b and authors' calculations) and is responsible for 24% of all government spending (Centers for Medicare & Medicaid Services [CMS] 1987-2018; Bureau of Economic Analysis 1987-2018; authors' calculation). The most significant portion of this spending is for health insurance (26%) and non-salary compensation (BLS, 2019b), while healthcare spending is the largest category of

customer spending, 8.1%, of expenditures (BLS, 2019a). Figure 5 depicts US Healthcare expenditures as a share of GDP from 1960-2018.

Figure 5

US Healthcare Expenditures as a Share of GDP, 1960-2018



Source: CMS 1987–2018; authors' calculations.
Note: Public spending includes federal, state, and local spending. It includes employer contributions to employer-sponsored health insurance premiums (when the government is the employer) and state, regional, and federal Medicaid payments.

Competitiveness Changes. The healthcare industry presents significant challenges for startup organizations attempting to enter the industry, including compliance with numerous regulations and laws, a highly competitive market, and a reluctance to technology changes. Although challenging for startup entrance into the industry, competition in the health economy mainly benefits healthcare consumers by lowering medical costs, improving healthcare quality, and boosting healthcare innovation. HTTO's entrance into the healthcare industry required the startup organization to navigate applicable state and national regulations, a complication the organization will address by using innovative technology solutions to ensure compliance. Additionally, the organization comprehensively understands its competitors and secondary competitors. It will integrate vigorous safety protocols like encryption of

medical records and patients' data to maintain Health Insurance Portability and Accountability Act (HIPAA) compliance. HTTO's founder's experience and all-inclusive approach to healthcare problems allow the organization to make informed decisions that provide greater control over its outcomes and could lead to significantly improved results.

According to Rivers and Glover (2008), the increased competition within the health economy results in the decreased cost of healthcare systems. The lower cost of health care systems thus leads to increased patient satisfaction. Competition in the health economy not only lowers the cost of health care but improves the quality of care patients receive and stimulates innovation boosting the efficiency and effectiveness of the services provided. The competitiveness of the healthcare economy, like other industries, required an enforcement body, the Federal Trade Commission (FTC), to act in a manner to enforce the antitrust laws in healthcare in order to prevent anticompetitive behavior that would deny consumers from benefiting from the competition in the health care market.

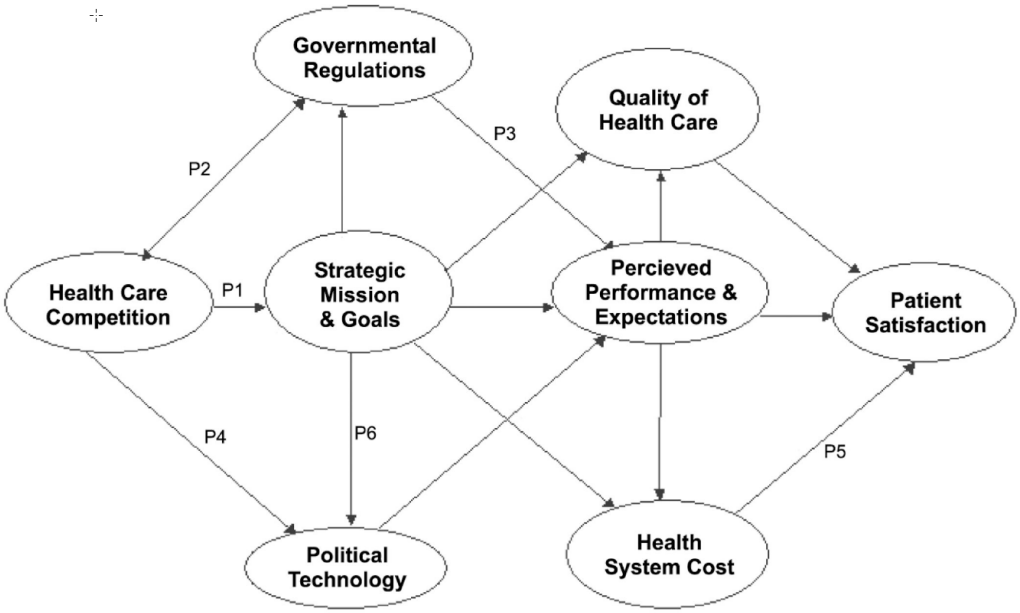
HTTO’s leaders will utilize the organization’s strategic mission and goals of providing innovations in healthcare delivery, healthcare biotechnology, and healthcare bio-pharmaceuticals (bio-pharma), development of healthcare technology related to patient-centered care; and a collaboration mission to deliver expansion to healthcare delivery to the most significant population possible and the lowest cost point to American Society. The organization’s strategic mission and goals put the startup organization on a path to achieving a competitive advantage and differentiate the organization from other

startup healthcare companies. Porter, the renowned Harvard University business school academic, noted the importance of cost focus and differentiation in his three strategies for creating a competitive advantage. A new competitive healthcare economy has emerged today, and all organizations, including new entrants into the industry, must determine whether to seek to avert competition or become more aggressive in their competitiveness.

Rivers and Glover's (2008) model of competition and customer satisfaction in health care depicts a results measure on competition, quality of care, and health care systems costs, as seen in Figure 6. The model shows six stages of impact the increased competition has on the quality of health care and customer satisfaction: (P1) the level of competition in the health care economy increases, increasing patient satisfaction; (P2) the level of competition in the health care economy increases, resulting in the increase in the quality of health care provided; (P3) the quality of health care provided to patients increases, increasing patient satisfaction; (P4) the level of competition in the health care economy increases, resulting in the decrease in the level of health care system costs; (P5) the level of health care system costs decreases, increasing the level of patient satisfaction; (P6) the level of health care systems costs increases, increasing the quality of health care provided to patients (Rivers & Glover, 2008). A notable component of the model includes the organization's strategic mission and goals. HTTO's mission not only describes the organization's purpose but also communicates the organization's direction to employees, customers, collaborators, and other stakeholders.

Figure 6

Competition and Patient Satisfaction: Research model



Comparative Data. HTTO's leaders do not act per analogous organizations' benchmarks. However, comparative analysis in healthcare is routinely used to analyze sizable volumes of medical records, images, and other protected health information (PHI) necessary to determine the validity of medical diagnoses. HTTO's leaders consider their distinctive combination of provoking public debate on critical healthcare issues, analysis of new ideas, and custom-made consultant services for its clients and their needs a unique position within the industry. HTTO Leadership concludes that the unique qualities and attributes of the organization's services will allow the company to outperform its competitors, exceed the expectations of customers, and significantly increase its standing within the industry. However, HTTO will use one of the most commonly used databases in healthcare, electronic health records (EHRs), in which healthcare providers frequently

enter clinical and laboratory information. HTTO leadership's primary goal is to use routine comparative data to assess healthcare quality and improve patient outcomes by ensuring they make better-informed healthcare decisions.

Strategic Context

The strategic challenges that HTTO faces in the healthcare industry include regulatory compliance, emerging technologies, cybersecurity, rising healthcare costs, payment processing and pharmaceutical prices, external market disruption, and telehealth implementation. HTTO's CEO will develop strategies in collaboration with senior leadership, the Board of Directors, and the Advisory Board members' counsel to complete HTTO's tasks and goals most effectively and efficiently. This collaborative effort is an essential step towards calculating the organization's objectives and revising as necessary to achieve the organization's objectives.

One of the significant challenges facing healthcare organizations is the industry's increasing dependence on advanced health technology, namely, Electronic Health Records (EHRs) and artificial intelligence AI-integrated information. The use of EHRs is beneficial; many healthcare providers have had to deal with significant challenges adapting and implementing the system, including increased administrative burdens, reduced face-to-face time with patients, limited interoperability between systems, and extensive training requirements for staff to use EHR systems effectively. Although interconnected medical apparatus with artificial intelligence software applications provide enormous amounts of data to healthcare organizations, many smaller healthcare organizations, particularly startup healthcare organizations, need more advanced data

management systems to properly collect and manage the collected data. A solution to the problem would require healthcare organizations to make a momentous change from a relational to a non-relational database allowing for the handling of more unstructured data. The biggest challenges facing HTTO include developing a clear strategy and plan for achieving the organization of the vision, customer acquisition, establishing a team and organizational culture, and securing adequate funding.

HTTO will also have to deal with the challenges posed by a shift in healthcare regulatory priorities to Health Insurance Portability and Accountability Act (HIPAA), the Federal Food, Drug, and Cosmetic Act (FFDCA), and the Payment Card Industry Data Security Standard (PCI DSS) that all healthcare organizations and providers must adhere to. All healthcare organizations must learn to maneuver through this myriad of federal and municipal laws; the principal regulations for healthcare in the United States (US) include: (1) HIPPA, the Health Insurance Portability and Accountability Act regulates the protection of patients' personal health information which can be used to identify a person. Persons or organizations who violate HIPAA can face a penalty of up to $50,000 per incident with a maximum amount not to exceed $1.5 million per year; (2) FFDCA, the Federal Food, Drug, and Cosmetic Act administers the use of medical equipment and devices in the United States. All healthcare organizations must apply for certification for your services and products to manage health, wellness, or remote diagnoses; (3) PCI DSS, the Payment Card Industry Data Security Standard, protects financial data.

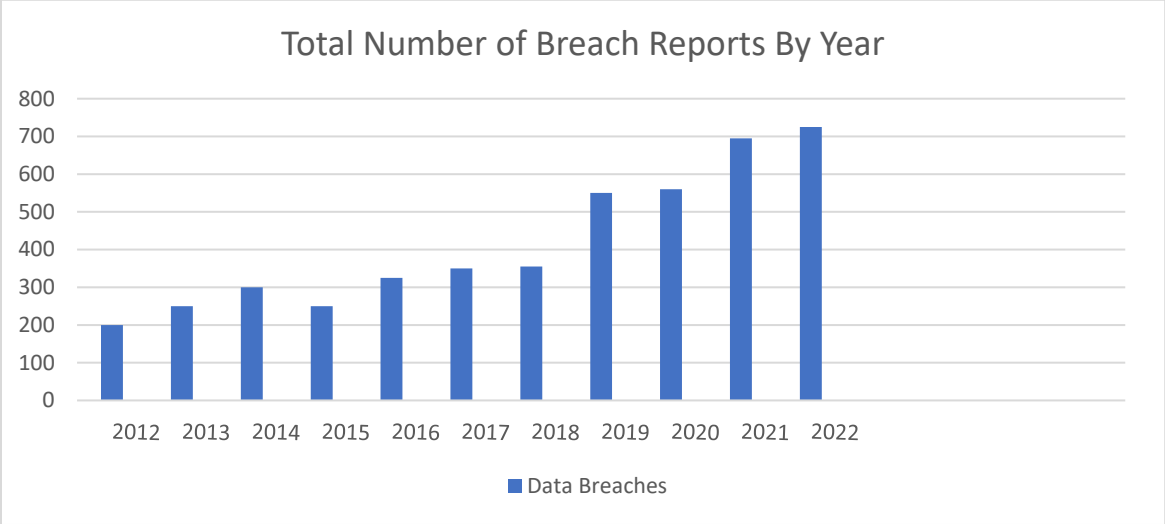
HTTO and other healthcare organizations must adhere to its policies to store, process, or exchange your patient's bank and credit card data. These regulatory changes

create two specific challenges for organizations; one is an increased cost of healthcare services, and two, its generates uncertainty among the public, which can lead to a lack of readiness among healthcare organizations and the uninformed general public. HTTO leadership will implement a strategy to raise awareness and increase the readiness of organizations to withstand the challenges presented by regulatory modifications.

Another significant challenge facing HTTO and healthcare organizations is the threats posed by cybersecurity issues, like email phishing, when someone receives a seemly harmless email pretending to be from a legitimate business or reputable person who has been infected with a malicious link. HTTO leadership is committed to following the proper standards and procedures developed and implemented by passing the Cyber Incident Reporting for Critical Infrastructure Act of 2022 (CIRCIA), a robust system for protecting healthcare information by preventing data theft and loss of information. Industry-wide healthcare organizations are cautiously moving ahead with enhanced cybersecurity digitization plans to respond to the challenges of digital transformation in healthcare and manage critical data. According to the Health Sector Cybersecurity Coordination Center, healthcare data and medical care data breaches persistently trended upward from 2012-2021 (see Figure 7). As a startups organization, HTTO's competitive advantages arise from several sources, including expertise in the healthcare industry, a more aggressive investment strategy towards research and development, due to having a Founder-CEO at the helm of the organization, a unique product or service, and the strategic location of the organization in Nevada, due no corporate income tax, annual franchise tax, or inventory tax.

Figure 7

Healthcare Data Breaches are Trending Upward.



Note. *Source: BankinforSecurty 2022.*

Performance Improvement System

HTTO's leaders currently do not have a designated or assigned performance improvement system. However, they will implement a performance improvement initiative around critical areas in healthcare, including clinical outcomes, patient experiences, improved care coordination among departments, and improved electronic medical record documentation. HTTO leaders will use a systematic, data-based approach to improve healthcare quality and safety and ensure high-quality patient outcomes. HTTO's approach to healthcare improvement will be guided by the Institute of Medicine's (IOM) 6 primary goals for patient care framework: (1) *Safe*, avoid causing harm to patients during medical treatment, (2) *Effective*, providing healthcare services to patients that aid them, and avoid providing services that are less likely to provide a benefit the patient, (3) *Timely*, decreasing the wait times and delays for patients during

medical visits and treatment, (4) *Efficient*, avert any waste of use of medical equipment, supplies, time and energy, (5) *Equitable*, establishing the standard that quality of health care does not vary because of patient characteristics like gender, ethnicity, geography, and socioeconomics, (6) *Patient-centered*, honoring individual patient preferences and ensuring that patients are valued and involved in decisions related to their care. HTTO's leadership feels that the IOM framework will play a critical role in the organization's goals of improving patient healthcare outcomes.

Leadership Triad: Leadership, Strategy, and Customers

The Baldrige Excellence Framework's (Health Care) Leadership Triad considers the relationship between the organization's leadership, strategy, and customers. It also inquires about senior leaders' actions, the organization's governance system, and how it accomplishes its legal and ethical responsibilities and makes societal contributions. A successful organization is adept at contending with ongoing organizational needs, including managing risks, implementing innovations, and taking the necessary action to implement strategies for production and performance improvement*s* (Baldrige Performance Excellence Program (Health Care), 2022). HTTO Leaders will use innovation to increase competitiveness, improve processes and organizational structure, and adapt to and overcome challenges in an ever-changing healthcare industry. Thus, leaders influence strategic objective achievement and the development of sustainable strategies that positively affect customers.

Leadership

Senior Leadership

The CEO/Founder of the Organization leads the senior leadership of HTTO. The organization's senior leadership team includes the CEO/Founder, Board of Directors, VP of Operations, VP of Business Development, and Advisory Council members. The CEO and VP of operations will be responsible for conducting all of the board's responsibilities until all members of the Board of Directors have been seated. HTTO's Board Advisors consists of 4-10 members from the healthcare industry; each member will represent a potential investor and be eligible to receive stock ownership and advisor shares. Senior directors will be required to attend regular meetings of the board, investors, and advisory board. The organization will have a cadre of consultants without ownership and will function as independent contractors (1099 employees).

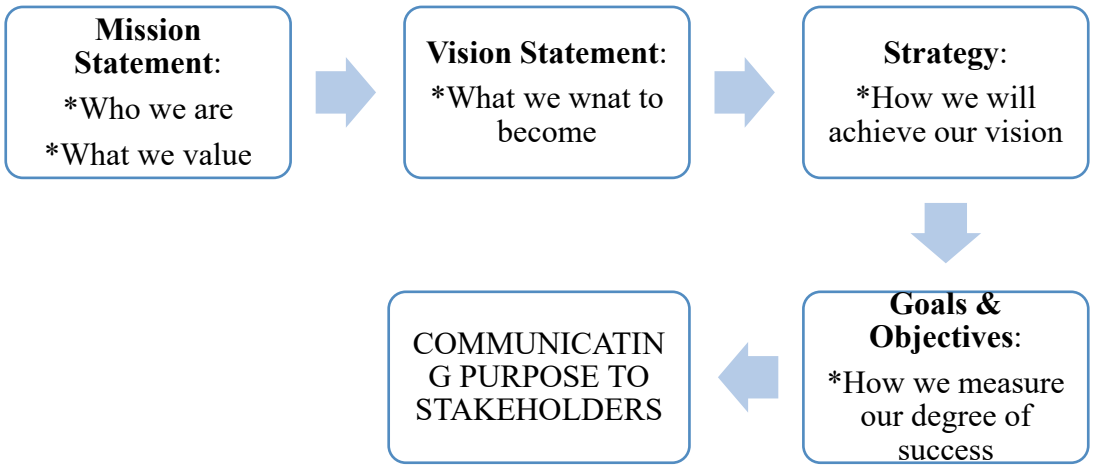
Vision and Values. HTTO's CEO/Founder's vision for the organization was to build a virtual incubator that can provide startup services and business development coaching for new ventures, which includes the development and capital acquisition for new undertakings**.** The organization will network with professional organizations that this innovator might compete with and undertake. The company will also produce a consulting package whereby smaller and rural providers become part of a collaboration that would stimulate these innovations that all in the partnership could benefit fiscally. HTTO's CEO/Founder will clarify the organization's purpose by defining its mission and painting the vision telling the story of its desired future. Figure 8 shows the critical roles of mission and vision statements.

In addition, the CEO will compose the organization's mission and vision statements, guided by input from the board of directors. The mission and vision statements will present three consequential roles: (1) communicate the purpose of the organization to stakeholders, (2) illuminate strategy development, and (3) develop measurable goals and objectives by which to measure the success of the organization's strategy. The vision of HTTO was to become a critical organization involved in healthcare innovation and policy debate that was engaged in facilitating transformation in healthcare. The value of HTTO's vision was to build a virtual incubator that provided accessible startup services and business development coaching for new ventures, which included the development and capital acquisition for new undertakings.

The organization will function as a Healthcare Management Services Organization (MSO) with 5-6 owners who help capitalize the company and share the profits. The owners will also be consultants paid to deliver services at an agreed-upon rate. The company will also have 1099 consultants that will function as consultants. The company will also have one or two quarterly advisor panels to help advise the company. HTTO's mission statement provides the guidance the organization will follow, while the organization's vision statement is to be followed. In contrast, the vision statement gives the organization's goal (see Figure 8). Ultimately, the mission and vision statements help appropriately align the organization's resources for attaining future success.

Figure 8

Key Roles of Mission and Vision Statements



Legal and Ethical Behavior. HTTO's senior leadership prioritizes ethical behavior and is committed to leading by example with ethical business practices and behavior within the organization. HTTO's senior leadership hold themselves accountable for influencing ethical behavior throughout the organization and are determined to shape the organization's present and future through their words and actions. As such, the senior leaders understand that ethical leadership is essential for the credibility and reputation of the leadership and the organization. HTTO will ensure consistency of organizational ethical behavior by creating an ethical code to identify values to guide how employees work together and engage with customers or society.

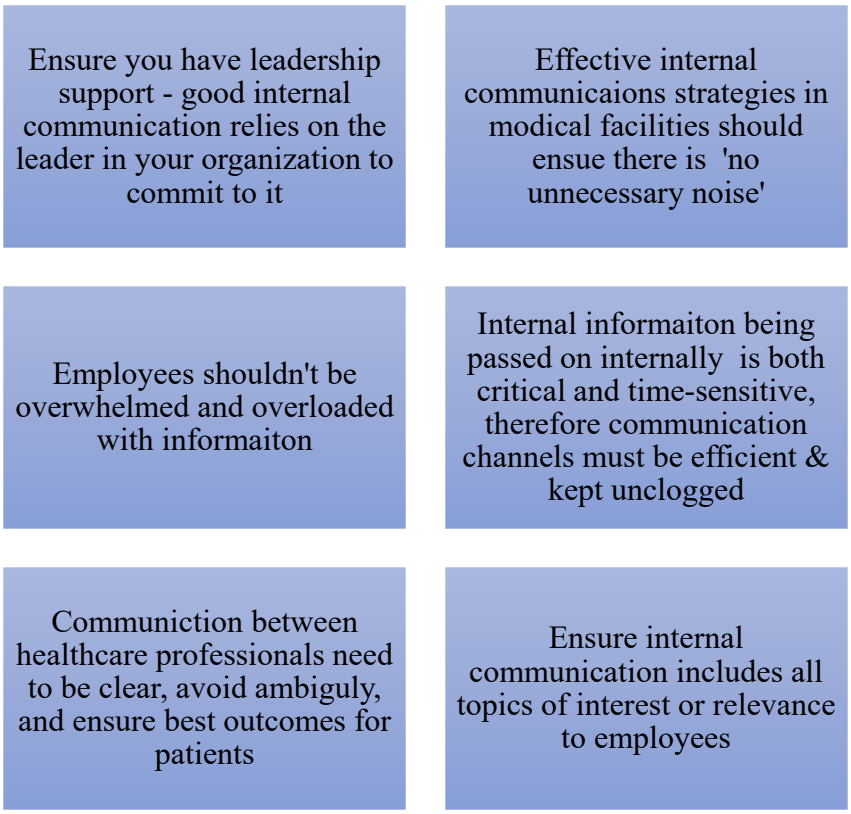
Having a solid, consistent ethical code that is achievable, desirable, and complements the reputation of HTTO's business practices will reinforce the benefits of ethical behavior of senior leaders as an example of behavior that should be modeled. HTTO's leadership will foster a sense of belonging for each member of the organization

through aligned and ethical principles embraced by senior leadership and individuals alike to reinforce ethical behaviors and create an environment where everyone feels a level of comfort to give their best.

Communication. Many healthcare organizations use various methods to communicate with their workforce. These communications can be done verbally or electronically on various platforms, including email, mobile applications, intranets, and collaboration tools. HTTO's leadership believes employee communication is vital to its organizational culture and its ability to communicate the company's strategy to its workforce. HTTO's primary communication methods include a monthly newsletter, electronic and printed versions, with important company news, project updates, customer stories, upcoming events, job postings, updates about team members, and company milestones. HTTO's leadership believes that when employees receive the essential information they need to skillfully perform their jobs, with the additional benefit of offering feedback, they feel more connected to the organization and co-workers. The results are a more productive and engaged workforce. HTTO's inclusive communication goals allow employees of diverse backgrounds, ideologies, and perspectives to unite as a cohesive unit, share their personal opinions, and value their co-workers' opinions. Ultimately, HTTO's comprehensible and lucid policy on effective communication when being critical to preventing problems and resolving problems quickly in the workplace. Figure 9 displays tips senior leaders use at HTTO for effective professional communication throughout the organization.

Figure 9

Tips for Communicating Effectively in Healthcare Organizations



Creating an Environment for Success. HTTO's leadership recognizes the importance of creating a positive and productive organizational climate and understands that healthcare organizations operate in a dynamic and volatile industry that depends on the environment and culture to ensure success. HTTO creates an environment for success from the top down where the senior leadership interacts with one another and other organizational team members in cultivating a compassionate, thoughtful atmosphere where respect and skillful communication are encouraged and organizationally modeled. HTTO's CEO has the most significant and most direct effect on the organization's culture with the tone he sets with his open-door policy, positive atmosphere, strong

communication, encouragement, and compassion for employees. The CEO's ability to inspire and motivate senior leaders and employees is invaluable for establishing and maintaining a positive work environment. Because HTTO is in the beginning stages of operations, the organization will rely on ambitious and enthusiastic employees to rise to the challenges of teamwork in driving the organization to success through the early growth stages.

HTTO leadership will focus on using five specific characteristics to establish and maintain a positive and productive work environment: (a) actively engaged employees for feedback, (b) enact policies for communicating openly and transparently (including the CEO open-door policy), (c) offer flexible work arrangements to support work/life balance, (d) provide skilled opportunities, that will support the organization's long-term success by building a skilled and engaged workforce, (e) encourage employee creativity with mentorships and career development programs, to motivate employees to contribute innovative ideas to the organization. HTTO is committed to establishing and implementing this criterion as the foundation of its efforts to create a thriving work environment and inspire innovation and creativity in the workplace.

Creating a Focus on Action to Achieve the Organization's Mission. HTTO's senior leadership implements objectives to devise actions to achieve the organization's mission of developing healthcare innovation to deliver biotechnology and biopharmaceuticals (biopharma) and a social mission to provide healthcare access to the most significant population possible at the lowest cost point. The senior leadership team actively ensure the organizational mission is at the core of everything the organization

does, from marketing to customer service to employee staff meetings. HTTO's leadership will prioritize establishing an egalitarian culture where every organization member is expected to display the same conduct the leaders advise others to do, regardless of employment title. Another essential trait for achieving the organization's mission is implementing team-building initiatives to foster employee collaboration to develop affinity and mission advocates. HTTO's leadership and team members will also actively support and partner with local community organizations like the Red Cross and other community non-profit healthcare organizations. In addition, the CEO and leadership also encourage all employees to consider HTTO's mission and know how they can contribute to its success. HTTO's leadership will regularly communicate with its workforce through the organization's newsletter, confidential surveys, and open forums, all to get to know every employee and develop a relationship that will strengthen the organization overall.

Governance and Societal Responsibilities

Organizational Governance. The board of directors and the chief executive officer (CEO) align with HTTO's organizational governance. The CEO is the organization's principal governing force and the final decision-maker for all company decisions—the organization's governance with a holistic approach. The CEO directs the day-to-day governance of the organization, with input from the board of directors when needed. The board of directors discusses the potential risks and rewards associated with a decision, standards, rules, and benchmarks of the organization. The organization's ideal board members will consist of industry experts and healthcare innovators who represent

the skills, talents, and connections to meet the board's needs. An established committee of board members (nominating committee) will recruit and vet all new members.

HTTO's board of directors will not be involved in executing the organization's activities; instead, they will oversee them. The board's oversight duties will entail composing the job description for the CEO and is responsible for hiring, firing, and monitoring the CEO, administering the employee credentialing process, and ensuring healthcare professionals have the proper training, licensing, and accreditation. In addition, the board will set clear goals and expectations for the CEO in alignment with the organization's strategic planning. Ultimately, the board of directors will be of service to and advise the CEO with input about management policies, procedures, and decisions.

The CEO will distribute job descriptions to all potential board members during the recruitment process (before creating an advisor board). HTTO's board members' job description will include the organization's expectations, scheduled meeting attendance, committee participation, attendance at organizational events, and donation and fundraising responsibilities. The CEO will also establish a comprehensive orientation process for new board members and provide each with facts and figures about the organization, an overview of products and services, introductions to sitting board and staff members, and a board member expectation outline. Ultimately, as the highest-ranking member of HTTO's hierarchy, the CEO will create the mission and purpose statements for the organization and set the standards for the organization's successful operations.

Evaluation of Governance Performance. HTTO appraisal of the organization's governance implementation will consist of reviews of the organization's articles of incorporation, bylaws, board and committee members, and senior leaders. The all-important justification for governance performance assessments is to determine whether: (1) the organization's governance documents produce the most relevant data about structure and processes to facilitate desired results, (2) the meeting agenda from the board of directors meetings set aside sufficient time for dialogue and deliberation of organizational strategies and data issues conforming the organization, (3) the roles of board and advisor members are adequate in recognizing and administering a mitigation plan for cyber-security and other risks, (4) management of organizational proprietary information (trade secrets) assigned to members of the executive leadership team, and (5) board members, advisor members, and senior leadership evaluation results are deployed to improve overall board of directors performance.

This evaluation will determine which governance practices are required and identify any possible deficiencies that must be addressed. In addition, the organization's governance structure with an assessment of the board of directors composition and structure and the system used to compensate members. Lastly, a review of governance practices and procedures related to possible conflicts of interest with any members of the senior leadership team and the approach in which board of directors and advisor meetings are organized and conducted. HTTO's legal entity structure will also be included in the evaluation.

Legal and Regulatory Compliance. HTTO senior leadership understands the importance of establishing a robust regulatory compliance foundation to conform with the guidelines and laws that healthcare organizations and providers must adhere to in one of the most regulated industries. As a startup organization in the pre-launch stage, HTTO leadership will address anticipated future legal and regulatory concerns by initially establishing a reporting system for submitting compliance complaints and encouraging a culture of feedback, without fear of retaliation and recognition. In addition, leadership will regularly schedule and conduct audits of the organization's performance to ensure it meets its requirements for federal and state healthcare laws and regulations. HTTO's leadership will develop effective processes, policies, and procedures to define appropriate conduct for all employees, train the organization's staff, including part-time consultants, and monitor adherence to the processes, policies, and procedures. Furthermore, senior leadership members will be tasked with identifying applicable regulations and laws the organization must comply with to conduct its operations. Moreover, senior leadership will be required to document the compliance processes, monitor changes, and determine whether current or future laws and regulations apply to the organization.

Healthcare organizations must strictly follow constantly changing regulations, as violations can result in fines and penalties. These regulatory compliance laws for healthcare organizations and professionals safeguard patients' privacy regarding personal medical history and payment information. Regulatory compliance laws also outline the requirements to ensure quality patient care and to combat fraud within healthcare organizations. The Health Insurance Portability and Accountability Act (HIPAA law),

passed in 1996, was implemented in 2003; it is a federal law that sets the national standards for all healthcare organizations and providers to protect sensitive patient health information from being disclosed without the patient's consent. HIPAA became the standard for all organizations in the healthcare industry; it also defined the steps that every healthcare organization and provider must follow when collecting, storing, handling, and sharing patient information. HIPAA violations will result in severe penalties for those who breach these regulations to ensure strict compliance.

HTTO leadership must also follow the Bureau of Health Care Quality and Compliance (HCQC), the agency responsible for conducting compliant investigations and licenses for medical and health care facilities in the state of Nevada, per Nevada Revised Statutes Chapter 449 (NRS 449) and with the Nevada Administrative Code Chapter 449 (NAC 449). Nevada also requires compliance with the federal Centers for Medicare and Medicaid Services (CMS) per the Code of Federal Regulations (Title 42) to allow medical facilities and healthcare organizations to accept federal funds like Medicare and Medicaid. Improving Nevada's healthcare services available to the population is a crucial goal of HTTO's leadership. It requires the organization to collaborate with multiple stakeholders (see Table 4) representative of employers and industries in the state.

Table 4

Key Nevada Payers in Healthcare

Payer	Type
• DHCFP • Contracted MCOs: o Amerigroup o United HealthCare/Health Plan of Nevada	• Medicaid and CHIP
• PEBP • Contracted Health Plans: o Hometown Health o United HealthCare/Health Plan of Nevada	• Nevada's State Public Employees
United Health Care/Health Plan of Nevada	• Commercial (also see Medicaid/CHIP and PEBP) • Medicare Advantage Plans
Hometown Health (Renown Health)	• Commercial (also see PEBP) • Medicare Advantage Plans
Anthem, Inc.	• Commercial • Medicare Advantage Plans
Culinary Health Fund	• Culinary Worker's Union
Indian Health Services	• Services for American Indians and/or Alaskan Natives who are enrolled members or descendants of a federally recognized tribe

HTTO's leaders are determined to work within the recently launched Nevada's health care delivery and payment transformation system, initiated through the development and implementation of three essential program initiatives: (1) Patient-Centered Medical Homes (PCMHs), Medicaid Health Homes (MHHs), and the super-utilizer program. These programs will be designed to improve the coordination of care, patient-provider relationships, and the unmet needs of individuals with high utilization and poorly managed health patterns.

Ethical Behavior. HTTO's leadership recognizes the potential adverse effects of a lack of institutional ethics on a healthcare organization. HTTO leaders govern the organization with integrity and consistent adherence to organizational values, professional and ethical standards. HTTO leaders must always exhibit ethical behavior, which means honesty, trustworthiness, fair-minded, responsible, accountability, and integrity. Integrity is the foundation of an ethical person, and a leader should be held to the same standard. In addition, senior leaders must ensure their ethical values are aligned across the organization; they promote open communication according to the organization's principles and values, avoid bias, lead by example, and be willing to accept responsibility and admit mistakes.

HTTO's CEO, senior leaders, and employees will govern their actions according to ethical healthcare practices, as these guides ensure that the organization treats all its customers and patients with dignity and respect and that the decisions made at every leadership level are fair and just. HTTO leadership will ensure that the various guidelines and principles that govern how the organization and individuals behave in the workplace will be emphasized and omnipresent throughout the organization. Furthermore, leadership is encouraged to incorporate these values into their decision-making and build trust with employees, which is the key to having an ethical organization (see Figure 10).

Figure 10

The Role of Ethical Leadership in Organizational Culture – Workplace Ethics Advice

Societal Well-Being. HTTO promotes societal well-being by focusing on providing access to healthcare services to those communities with the highest rates of poverty, less access to healthcare, and less likely to have health insurance at the lowest cost rate possible. The organizational goals are to collaborate with minor to medium size organizations to provide health care to the largest population possible as the goal of our collaboration with a social mission. The populations of rural areas have different demographics, health needs, and insurance coverage profiles than their urban counterparts, which means that Medicaid and Marketplace coverage reforms in the Affordable Care Act (ACA) may affect the two populations differently. HTTO leaders

recognize that although rural/urban communities have different healthcare issues across the United States, both populations share similar barriers to hospitals and physicians. Because of transportation limitations, these issues may be even greater magnified in rural areas. Urban communities face growing resistance against diversity, equity, and inclusion (DEI) initiatives from politicians and policymakers around the country that could threaten health equity by reducing diversity initiatives in higher education. These signification challenges facing these two populations who have historically received less than adequate healthcare in their communities will be prioritized in HTTO's social mission goals, including improving telehealth access, expanding healthcare teams, partnerships within underserved communities, improving coordination between housing and healthcare officials, and increase access to mental health services.

Community Support. HTTO will work with healthcare providers, hospitals, policymakers, and social services organizations to strengthen Nevada's healthcare delivery system and make the communities of Nevada healthier. HTTO will also partner with the Division of Health Care Financing and Policy (DHCFP) to provide quality and affordable healthcare services to eligible individuals and families with low incomes and insufficient resources. The organization will work with Nevada community health centers in assisting residents in applying for health insurance plans, including the Affordable Care Act (ACA), during the annual open enrolment period. In addition, HTTO will work with the Center for Medicare & Medicaid Services and the medical programs known as Nevada Check Up. HTTO will seek to work in collaboration with all health care services organizations to resolve some of the primary healthcare issues in Nevada; one of the most

significant obstacles is the state's lack of doctors, a problem which results in many patients leaving the hospital without receiving follow-up care; according to the federal Centers for Medicare and Medicaid, the state has the highest percentage of one-star acute-care for hospitals in the country. The mission of HTTO is to increase delivery to communities, develop innovative, evidence-based programs and advocate for policies that support the best healthcare system possible for the state of Nevada.

Strategy

Strategy Development

HTTO development of strategy involves outlining health care organization actionable steps needed to reach the organization's specific goals. HTTO's strategies align the organization's actions with its mission, vision, and values. The strategic planning process entails laying out the procedures that must be taken to achieve the organization's definitive objectives.

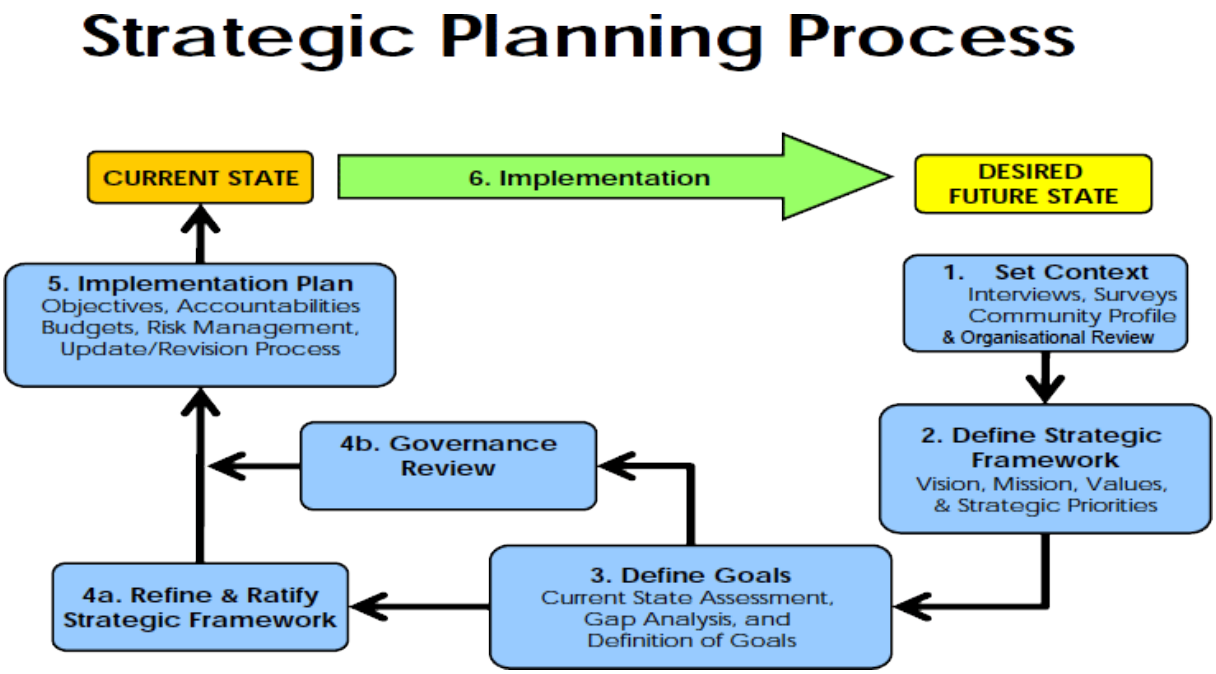
Strategic Planning Process. HTTO's strategic planning process initiates with the senior leadership team deliberating the organization's current and feasible strategies. According to the Association of American Medical Colleges (AAMC), strategic planning in health care defines an organization's direction and makes decisions that align with its long-term goals. The senior leadership group will undertake the essential steps to enable the organization to forecast and acknowledge transformation in the healthcare environment while verifying that HTTO's services are effective, operative, and continuous. HTTO's strategic planning process involves an extensive analysis of the organization's strengths, weaknesses, opportunities, and threats (see Figure 11). The

senior leadership team uses the analysis to identify areas of improvement and develop strategies to aid the organization in achieving its goals. The strategies developed by the senior leadership team during this process generally are structured into an official plan to guide the organization's actions over the coming years.

HTTO's goals of its strategic planning process are to help the organization adapt to changes in the healthcare industry, anticipate and respond to changes, and ensure the organization remains relevant and practical. In addition, strategic planning helps the organization align its resources with its goals and allows it to use its resources effectively to achieve its objectives. HTTO will take the following steps in its strategic planning process: (a) define the overarching vision of the organization, (b) identify areas of excellence in which the organization can invest, (c) amass essential resources for potential new initiatives, (d) prioritizing critical issues impacting the organization, and (e) ensure alignment of organizational goals.

Figure 11

Strategic Planning Process



Strategic Innovation. HTTO leadership will use strategic planning innovation to adapt to the organization's changing priorities with limited disruptions in its operations. The organization's strategic planning will accelerate the widespread of high-value healthcare practices, including patient and family members in the healthcare delivery, reduce costs, and improve care quality and service. The strategic innovation initiatives will be led by the CEO and senior leaders as they set the tone and fomenting a culture of innovation that encourages HTTO's employees at every level to embrace a collaborative effect. HTTO's CEO has championed the goals of evaluating and implementing innovative digital technology in an innovation strategy plan of organized steps the organization must satisfy to achieve the organization's current and future growth.

Strategy Considerations. HTTO's senior leaders' strategic consideration consists of a thoughtfully reviewed, prudently implemented plan to successfully market the organization's operations, services, and financing sources to help grow the organization. The healthcare organization aims to analyze its current system to provide predictive, personalized, and equitable services to help people live health-conscious lifestyles. HTTO strategy consideration includes health care regulations, budget constraints, staffing challenges, and the correct collaborators and partners. HTTO's senior leaders analyze all healthcare data to help them determine the best strategy for helping drive a better-working healthcare ecosystem.

However, HTTO's leaders remain aware of the external environment changes and weak points that affect organizations and look to implement care management strategies, including defining care management goals, identifying the target population, putting the right people in the right place, incorporating proper technology, such as customer relationship management (CRM) software, aligning results. Once the senior leadership sets program goals and a target population has been identified, the next step is to determine which roles are appropriate, as ensuring the right personnel is in place is a crucial consideration for achieving success. HTTO and similar healthcare organizations' healthcare management plans can help improve calculations impacting their Healthcare Effectiveness Data and Information Set (HEDIS) scores or Medicare Advantage (MA) Star Ratings. State governments, including Nevada, may look to care management to improve the health of their Medicaid beneficiaries' programs.

Work Systems and Core Competencies. HTTO's employees will work in interdisciplinary teams to ensure continuous and reliable care. Employees perform day-to-day duties supporting programs led by senior leaders or leading individual projects; each requires employees to display essential skills of time management, attention to detail, problem-solving, leadership, and teamwork. All employees and contractors (all independent contractors) will be working remotely and must attend virtual/in-person quarterly and annual organization meetings. Employees also must attend professional development training and continuous certification and recertification training per the requirements of the duties the employee is performing. The organization's work systems of healthcare management are guided by the National Bureau of Economic Research (NBER) Center of Excellence. They will work with healthcare organizations (providers, hospitals, nursing facilities, and community health facilities).

In addition, HTTO will ensure its health system follows regulations by including at least one general acute care hospital, 10 primary care physicians, and a minimum of 50 physicians, all located within a single hospital referral region in Nevada and other states the organization will operate in coming years. Because HTTO intends to expand beyond Nevada, organizations can simultaneously be members of multiple health systems. HTTO core competencies are guided by the 10 Essential Public Health Services, an agreement of expertise and skills for the comprehensive practice of public health. These consensus practices are a basis for public health professionals and organizations operating to understand better and improve healthcare development.

Strategic Objectives and Considerations. HTTO's primary objectives are to prepare the organization for the future, prioritize the use of resources, make challenging decisions, align available resources with organizational goals, engage stakeholders, increase efficiency and effectiveness of operation, meet regulatory requirements, promote innovation, and encourage accountability throughout the organization. In addition to the objectives, the organization wants to achieve goals over the next 3-5 years. HTTO's senior leadership wants to increase the organization's internal revenue over the next 3 years. Next, the organization would like to decrease overhead spending after the initial launching of the startup organization and additional funds to market organizational growth. Another goal is to increase stockholder shares yearly for the next 5 years. The goal is equally important to create more diverse revenue streams, increase the organization's market position, and reduce waste by the end of 2024.

HTTO's senior leadership understands that for strategic planning to be effective, it must be based on actual numbers and evaluations of the organization's performance. Considerations are a critical part of an effective strategic plan and should include ethical points of the organization's values for incorporation into the organization's plans. Senior leaders must also consider the mission and values of the organization as they consider legal and environmental ramifications for any plans. Although the considerations and planning process can be time-consuming and quite detailed, it brings all senior leadership team members together for an extensive discussion about financial projections, productivity, marketing, costs to capital improvements, and other organizational data (see

Figure 12). The strategic plan's success relies on critical consideration analysis and includes plans for implementation and accountability procedures.

Figure 12

Developing an Effective Healthcare Marketing Strategy.

Note. Source: McKinley Marketing Partners.

Strategy Implementation

Key Action Plans and Deployment. HTTO's strategic plan is designed to identify the essential actions needed for the organization to reach its objectives. As a startup organization, HTTO's action plan includes a list of tasks and objectives that outlines the steps necessary to launch and grow the new organization. The organization's senior leadership team will consult the action plan as a guide for an organized approach to the successful launch of the new venture, goal setting, prioritizing tasks, allocating resources, monitoring organizational progress, and analyzing success. HTTO's action plan is an organized list of steps that the organization's senior leaders will take to help

healthcare startups achieve the organization's goals, abide by strict legal regulations, protect personal information, and navigate the healthcare system. The action plan includes the following steps: (a) creating a business plan and reasonable budget, including the use of startup capital, (b) selecting of the organizational advisory board with knowledge and extensive experience in the healthcare industry, (c) creating a consultant with a legal team who specializes in HIPAA compliance to establish organizational compliance with all HIPAA Privacy Rule, Security Rule, Breach Notification Rule, and Omnibus Rule, for maintaining patient information databases, (d) developing an organization application (app) or website in order to market products or services, including hiring a developer who is familiar with HIPAA principles and enabling eCommerce, (e) establishing a payroll system, devise a compatible pay schedule for future employees; begin recruiting and hiring staff, and establish a payroll system, and (f) continuously improving organization service by setting milestones, monitoring progress, and adjusting strategies. HTTO's leadership will also conduct surveys to collect and analyze client feedback or instruct providers and other client-facing team members to ask about their experiences directly so that you can implement their recommendations for improvement.

Additionally, the action plan with aid in quick decision-making as the systematic plan can easily be referred to when needed. The action plan will also serve as a communication tool among senior leadership members. Furthermore, by providing a collaborative vision and outlining definitive objectives, the action plan helps keeps everyone in the organization in agreement and pushing towards the same goals. A

unifying plan is specifically effective with an organization like HTTO, with employees working across multiple locations through virtual work. Finally, an ethical action plan will help the senior leadership team use resources judiciously and efficiently. The plan includes detailed adjustment of the organizational tasks into mini goals by defining the end goal, prioritizing tasks with a deadline, and identifying resources needed, allowing HTTO leadership members to track what needs to be done and when it needs to be completed. This process results in one of the primary benefits of the action plan, reducing costs associated with mishandling or wasted resources. The deployment of the organization's action plan ensures it is tailored to the specific goals of HTTO, including its size, healthcare industry, and available resources..

The following five steps will be used for implementing the action plan: (a) review the action plan regularly; this step will allow the organization to identify any potential problems before they become too sizeable, allowing for the necessary adjustments to meet and achieve goals; (b) delegate tasks, this is an essential step among team members and will help ensure all required steps are taken promptly; (c) set organizational milestones, this step helps keep everyone in the organization motivated and on task; (d) monitor progress, it is essential to monitor the organization progress against the action plan to ensure the organization remains on track to achieve goals, this will allow adjustment to be made if necessary to stay on track for reaching goals; and (e) adjust strategies, as the organizational progress is being monitored against the action plan, it may be necessary to adjust specific strategies or tactics in order to reach the organization goals. The senior leadership team will remain flexible in implementing the action plan

and are prepared to shift direction if necessary to increase the chances that the organization will achieve its goals.

Resource Allocation. HTTO's CEO and senior leadership members are responsible for funding and resource allocation for the organization's short-term startup and long-term ongoing funding. The mission of HTTO is to provide comprehensive quality healthcare services to as large a population as possible, and the leadership knows how vital the allocation of resources is in achieving health equity for Americans. The CEO will meet with the senior leadership to identify funding sources at the earliest stages of operations and align the organization's goals and objectives to match funding sources with the organization's funding needs. The following are potential funding sources for HTTO's startup operations, partner contributions, in-kind donations, government grants, foundations, community service organizations, universities and higher-education institutions, and community benefits funds from non-profit hospitals. HTTO's CEO estimated the resources needed to begin the operations period would be $200,000 - $250,000 over the initial 12 months of operations. Owners will be contributing a fee to have ownership to the company secured notes to be paid over 10 years; Venture/Private Equity to own 30 percent of the company with their investment. The process for identifying and managing resources will be as follows:

Preseed. This is the earliest stage of funding for a new company when they are getting their operations up and off the ground. The pre-seed funders are the founders themselves, owners, and other close supporters. In this stage, investors are not typically partaking of any equity in the company since it is so early on.

Seed: This is the first official equity funding stage and the first official money a business raises. This funding will help finance the business's first steps, including hiring a team, market research, and product development.

Series A: This round of funding is used to optimize its user base and product offerings further. A business uses its seed funding to develop a product and build a customer base; it may be time for a Series A funding round. This capital is often used to expand a company's product offerings, bring in more customers, and develop a long-term growth plan. These resources are distributed among populations, programs, and individuals. This process happens at macro- and micro-levels in society.

Performance Measures. HTTO senior leaders will track healthcare performance using aggregated, quantified, and analyzed data on a particular healthcare-related action. These performance measures will address noteworthy healthcare patterns and outcomes, comparing the varied scope of quality and cost transversely through the organization. In addition, senior leadership will focus on the following key performance indicators: revenue, costs of goods, gross margins, marketing, and EBITDA. EBITDA stands for earnings before interest, taxes, depreciation, and amortization and is one of the most widely used measures of an organization’s overall financial health and ability to generate cash. HTTO’s senior leadership team will use the results of the key performance measurements to determine a standard for how the organization’s goals have been achieved.

Performance Projections. HTTO’s performance projections analyze short-term, medium-term, and long-term projections. The senior leadership team will apply the short-

term projections to the first year of operations, while the long-term projection covers the three to five years operation period. The healthcare industry faced challenging circumstances in 2023, mainly because of the persistently high inflation rates and labor shortages in the United States. However, the federal government has forecasted improvement in the healthcare industry in 2024 and beyond, with expected high growth in Medicare Advantage, care settings, software and platforms, and patient engagement and clinical decision support. HTTO will monitor and follow the trends embraced by the Nevada Department of Health and Human Services, which has established its benchmark healthcare cost growth at 2.98% for 2023, with a goal of 2.37% by the end of 2026. The state-established benchmark will lead to activities that enlist cross-sectional collaborators, including health providers, insurers, and employers, in adopting and implementing strategies to slow healthcare costs.

Customers

Customer Expectations

HTTO's external customers include patients, families, referring physicians, doctors' offices, blood donors, and third-party payers. Internal customers include staff physicians, other professionals, students, trainees, departments, and committees. HTTO will strive to understand its external and internal customers' needs, goals, and challenges. Furthermore, the senior leadership will obtain actionable information from potential customers, determine the organization's customers groups and market segment, and to what services will be offered. Finally, HTTO's customers can expect the organization to

carefully listen to customers' feedback and commit to being responsive, transparent, and reliable in meeting those expectations and building trust with its customers.

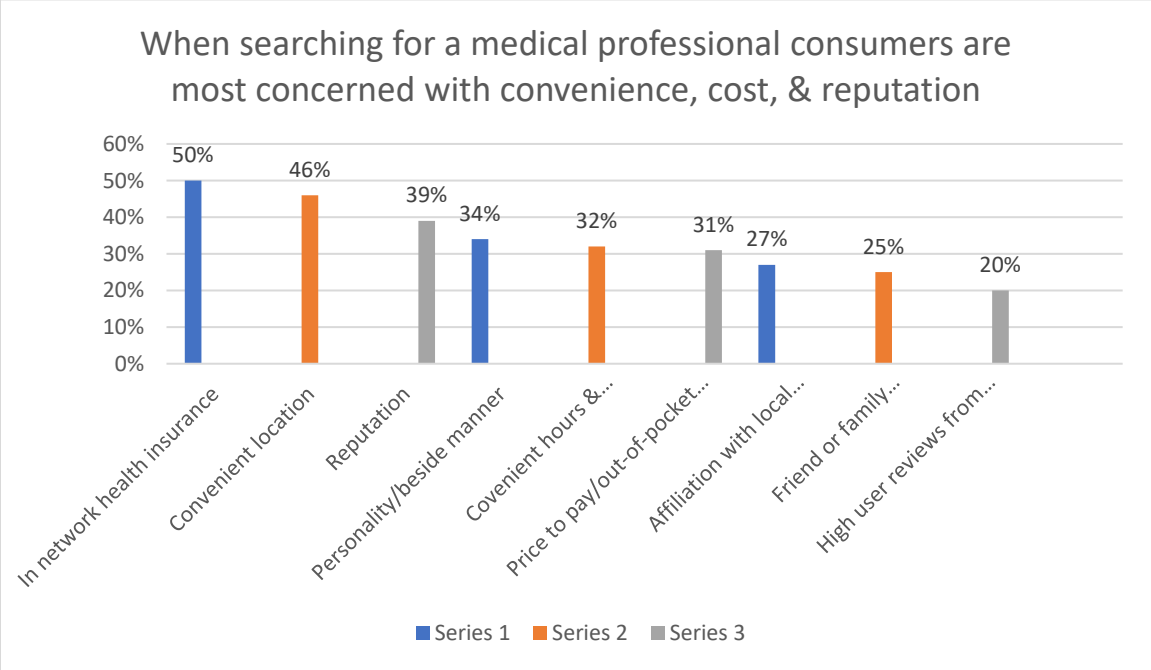
Actionable Information from Customers. HTTO's senior leadership has begun securing actionable information to make informed decisions about their care. This includes information from numerous sources including customer feedback, medical records, certificates of vital and other health-related affairs, survey responses, and evidence obtained while conducting fact-finding research. Actionable information is data directly available for coping with the situation at hand. This data-driven decision-making process will allow the organization to determine how to allocate resources effectively and improve services offered for better patient healthcare results.

HTTO's leadership will use the gathered actionable information to devise a hypothesis to comprehend the problem, break it into subproblems, prioritize the issues, and present practicable healthcare and services solutions to their customer's problems. As a healthcare organization, HTTO's actionable results will prompt medical action by the customer's medical provider, including possible therapeutic intervention, preventative approach, or a change in medication or other services provided. In addition, to gathering actionable information about their customers, the organization will also provide individual customers, upon request, with copies of their medical information and health records maintained by HTTO as prescribed by the HIPAA Privacy Rule, one of the three primary rules of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The Privacy Rule requires organizations to safeguard protected health information appropriately and provides individuals with a legal, enforceable right to see and receive

copies of their medical information and records. Figure 13 shows the level of concern health care patients or consumers as they search for a new medical practitioner or healthcare provider.

Figure 13

Consumers are Most Concerned with Convenience, Cost, and Reputation



Potential Customers. HTTO's senior leadership will identify potential customers by observing the organization's competition in the healthcare industry. By examining whom their competition is targeting, the leadership team will advertise to and contact those same potential customers. In addition, the leadership will correspond with all interested healthcare organizations to announce the launching of this new venture, advertise the lunching to potential innovators and inventors, and outreach to medical colleges and universities. The type of potential customers HTTO will target consist of

people who will purchase the organization's services, require them and are willing and able to pay for them. The target group for potential customers are patients, physicians, doctors' offices, and third-party payers. Other target groups include public officials, educators, and professionals who may benefit from healthcare services and resources.

Determining Customer Groups and Market Segments. HTTO determines its customer groups and market by customer demographic dimensions such as gender, age, race, health plans, care providers, needs, and risks. Additionally, the organization collects data to segment customers into specific groups. The primary data collection is by conducting surveys to get data related to demographics, purchasing patterns, preferences, and other distinct categories. Consequently, the organization will also use interviews, existing customer data, focus groups, and other data collection methods. Although there are seven identified segments healthcare customers, healthy persons, persons with incidental needs, persons with chronic conditions, persons with multiple health problems and illnesses, persons needing specific elective interventions, persons needing qualified accident and emergency services, and tertiary care patients; the health care industry is commonly divided into four market segments. The four market segments for the healthcare industry are generally: (1) healthcare facilities and services, (2) pharmaceutical and laboratory services, (3) medical equipment and devices, and (4) medical insurance and care. HTTO's leadership will focus on getting new customers more than customer segmentation at this stage of the organization's operations. However, understanding effective customer segmentation is critical for scaling the organization.

Determining Product/Service Offerings. HTTO's CEO and senior leadership are gathering information about customers and the healthcare market to determine the organization's viability of products and services. The senior leadership's acute steps of assessing the product/market fit of the organization's proposed products and services are crucial to determining the right plan and services to introduce. HTTO's proposed services and products include the development of innovations in healthcare delivery, healthcare biotechnology and biopharmaceuticals (biopharma), and healthcare technology related to patient-centered care. Because HTTO is in the pre-launch stage of its operations, the organization is currently developing or testing these products and services and still needs to get a working prototype.

Customer Engagement

Customer engagement is essential for building relationships with people who need the organization's product or services. Engaging customers or patients in the healthcare decisions making process is broadly recognized in the industry as consequential to an organization's policy, research, and services. In addition, customer engagement is an excellent way to build trust and make the customer or patient feel like a part of the organization's community.

Customer Relationships and Support. HTTO's leadership have open lines of communication with customers or patients, allowing each to offer suggestions for improvements or changes to improve their health care. The initial step to achieving this goal is establishing a provider-patient relationship that is more engaged and trusting; this type of relationship will help the patients feel more confident about openly

communicating their medical needs. HTTO's workforce, from top to bottom, is investing in building trusting relationships with its customers by being more attentive, asking questions, listening to them, and showing empathy. Another effective form of showing patients you care about the quality of the treatment is by seeking feedback through a survey or other forms of outreach.

HTTO's senior leadership team will strive to establish clear goals for improving customer or patient relationships, develop an action plan for patient support, and seek and promote customer feedback on the organization's products and services. In addition, HTTO uses customer relationship management (CRM) technology, data-driven software that helps to manage, track, and store information for the organization's present and future customers. Using CRM will provide HTTO with improved efficiency, data, and intelligence and better service automation. Furthermore, the organization will take additional measures to safeguard customers' or patients' data by following HIPAA's recommendation of implementing an appropriate level of access, by security pin control access, to patients' data. CRM will help the organization provide better services to its customers.

HTTO's leadership understands the importance of complaint management and that customers who file complaints and give feedback about their product or service provide a valuable service. The organization's complaint management process will be to resolve customers' grievances, identify areas for improvement, and develop better products or services for its customers. HTTO's handling of complaints is vital to the organization's commitment to quality customer support and customer service. Not only is customer

complaint management essential to the organization's customer service goals, but it also allows the organization to gather valuable customer insight that helps it make improvements, including reducing costs, increasing profitability, and increasing customer satisfaction.

Customer Satisfaction and Engagement and Use of Voice-of-the-Customer Data. HTTO's leadership recognize the importance of meeting the needs of its customer or patients on the organization's ability to retain and expand its customers. Customer satisfaction directly reflects how the organization's products or services complement the expectations of its customers and is a crucial indicator of its brand health. HTTO senior leaders will conduct internal surveying to measure customer or patient satisfaction and experience. The primary tool the organization will use to measure patient satisfaction and experience is the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), one of the gold standards in patient engagement and satisfaction measurement in the healthcare industry in the United States.

According to the Centers for Medicare and Medicaid Services (CMS), HCAHPS results are the first national patient satisfaction measurement standard. The HCAPHS is comprised of the following: four questions about care and communication from nurses, three questions about care and communication from doctors, two questions about the hospital environment, five questions about experiences when admitted into the hospital, three questions about post-discharge care, two questions about the overall experience and likelihood to recommend the hospital, and three questions about patient education and communication. HCAPHS does not address every issue facing healthcare organizations,

but as healthcare quality is continued to be emphasized, the survey can help the organization make critical adjustments and achieve its goals of providing quality care, services, and experiences. HTTO will also develop a quality assessment and performance improvement (QAPI) plan to monitor the quality of care per the State of Nevada Division of Health Care Financing and Policy (DHCFP) guidelines.

Results Triad: Workforce, Operations, and Results

In the following section, I assess the workforce, operations, and results (pre-startup stage) of HTTO by encapsulating the CEO and senior leadership perspective on utilizing limited resources to create *products and services* for a *healthcare organization*. The Baldrige Excellence Framework's (Health Care) Results Triad includes information on an organization's workforce, operational processes, and performance data results. The elements of the Results Triad encompass all results essential to supporting an organization, including crucial process and health care results and patient and customer-focused outcomes (Baldrige Performance Excellence Program; Health Care, 2022).

Workforce

HTTO's leadership is committed to building an exceptional organization that delivers healthcare to the largest community, provides healthcare services, and operates quality healthcare facilities. HTTO's workforce is the organization's backbone and will be at the forefront of the organization's efforts to resolve problems. Therefore, the recruitment and retention of an exceptional workforce are critical to the organization's mission. The organization aims to cultivate and develop a diverse healthcare staff that is responsive and supportive of patients and customers and eventually becomes Nevada's

most trusted healthcare workforce. HTTO's leadership recognizes its workforce's vital role in fostering community resilience when dealing with disasters, environmental, technological, and biological hazards. In addition, the organization leaders realize that having a diverse workforce will bring diverse backgrounds and a variety of viewpoints and experiences to organizational discussions, decreasing the chances of unseen areas and diminishing the time it takes to decide an outcome. HTTO's leadership will realize two forms of workforce diversity, ethnicity, and individual differences, to comprise a cheerful, hardworking, committed, loyal, and diverse workforce. Furthermore, the organization's ability to maintain a diverse healthcare staff will ultimately provide significant benefits to the overall success of the organization.

Workforce Plans

HTTO’s workforce planning involves forecasting the required staff the organization will need to provide the highest quality services to ensure the most effective health care possible for patients. The organization’s strategic planning process will aid in identifying not only organizational needs but also essential strategies, goals, and policies for accomplishing beneficial adaptation if needed. The senior leadership members are acutely conscious of the critical need of the organization to plan due to the dramatic shift in the dynamics of the United States (US) healthcare system due to the COVID-19 pandemic. HTTO’s comprehensive strategic workforce planning will address the following current challenges facing the healthcare industry: (1) healthcare reform to address the rapid growth in the over-65 population and the millions of new patients coming into the system, (2) replacing the loss of services due to a significant number of

retiring healthcare professionals, (3) rapid technological advances, innovation and growth continues, changing role functions, (4) increasing regulatory constraints in healthcare. Workforce development will be a top priority for HTTO, and the comprehensive leadership approach will help the organization define its staffing needs and improve recruiting, sourcing, retention, retirement, and onboarding strategies.

HTTO's leadership will execute the workforce plan by completing an organizational assessment of data on past hiring, retention, termination, and resignation rates for similar size healthcare organizations. Next, the team will collect feedback from subsections of the organization and subject matter experts on industry standards on staffing levels and needs. In addition, the team will examine how innovation and technology have unsettled workforce roles and functions. Furthermore, the final step of the assessment will be to research benchmarking data to compare and predict the organization's needs against similar size healthcare organizations.

After the completion of the assessment, HTTO's senior leadership members will select a team leader planner to administer the steps of the workforce plan. The team leader's ability to guide, monitor and lead the workforce plan sub-group is critical in achieving the utmost efficiency for the organization. The team will determine the vital hiring needs of the organization, the skills those employees require for each position, and the number of people needed to fulfill the organization's staffing requirements. Subsequently, regarding the prioritized needs and scope, the team leader will present the findings, including communicating, implementing, executing, or continuing the

workforce planning process to the CEO and senior leadership members, who must determine how to acquire and retain qualified employees.

Workforce Environment

HTTO's leadership is committed to cultivating a workforce environment that values open communication and creativity, enabling employees to build strong relationships and freely exchange thoughts and ideas. A healthy work environment is essential for making HTTO's patients or customers feel safe, opening the way direct communication and genuine collaboration on patients' diagnoses and potential treatment plans. A cheerful workforce environment for healthcare organizations is essential to ensure favorable patient care.

Building Workforce Capability and Capacity. HTTO's senior leadership members are dedicated to performance accountability within the organization and understand that when employees know that failing to meet personal goals will be unacceptable, the organization's capabilities are enhanced. A well-designed capability program encourages productive behavior and skills development that invigorate an organization's workforce but also becomes an essential part of any startup organization's ability to achieve success and sustainability. Because HTTO is in the pre-startup stage, its senior leadership will, from the initial operations, move to cultivate its employee's capabilities by designing a work environment that is not hostile to human capabilities, focusing on the broad-ranging practices for training in workgroups, coaching and practicing a set of behaviors that focus on capabilities, and ensure supervisors and team leaders are coaching behaviors and creating an environment where employees can

exercise capabilities. The organization realizes that a commitment to capacity building represents a long-term effort to promote and support healthy, sustainable behaviors and environments is a win for all involved; the organization, workers, and patients.

Recruiting, Hiring, and Onboarding Workforce. HTTO is an equal opportunity employer and does not discriminate in hiring or recruiting practices. The organization's senior leadership will manage all aspects of the hiring process, from vetting candidates and verifying credentials to hiring, onboarding, and scheduling. The onboarding process influences how new employees are integrated into the current workforce and culture seamlessly to give the new hires the comfort level to begin working as soon as possible. HTTO's human resources (HR) department will implement the processes and procedures to make recruiting, hiring, and onboarding more effective. The HR department will be tasked with effectively administering software applications that initiate requests for applicants, post position openings to job boards and health care websites, extract resumes to databases, monitor applicants through prescreening and reference checking, schedule interviews, continuously contact applicants via email or telephone, and ultimately make an offer of employment to selected candidates.

In addition, the organization's human resources department will also design and implement standardized job descriptions, interview guides, reference checking procedures, outsourced recruiting assistance, and other processes to help senior leaders reach the job offer and acceptance stage. Furthermore, HR will be responsible for overhauling employee orientation, training, and mentoring programs to help get new employees up to speed. HR employees know the job that needs to be done at the

organization; they know the culture and the type of people the organization needs to accomplish its mission. Because HTTO is a startup organization and all employees will be new, onboarding will be vital to the organization's success.

As a healthcare organization, the highest priority of HTTO's onboarding program is to ensure the organization stays in legal compliance. Therefore, collecting, retaining, and filing documentation is critically important in the healthcare industry due to HIPPA and the heavy fees and potential work stoppage due to an unfavorable audit or health inspection. HTTO's senior leadership will ensure the organization's onboarding process is vigorous and that legally required documentation is stored and filed as required. In addition, all new hires during the onboarding process will be trained and fully aware of the HIPAA Privacy and Security Rules and how these rules affect their work at the organization. The final step of the onboarding process is ensuring all employees thoroughly understand their responsibilities regarding protecting sensitive information, allowing employees to perform their duties to the best of their abilities, and reducing the risk of violations for the organization.

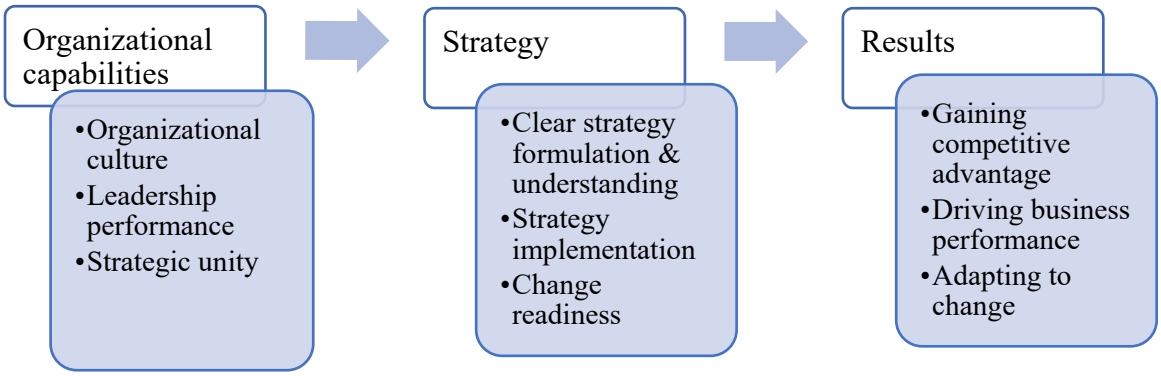
Preparing Workforce for Changing Capability and Capacity. HTTO's senior leadership members know that the changing healthcare landscape requires creative workforce planning and development approaches. The organization's leadership acknowledges the importance of workforce planning to healthcare organizations. Without a definite plan, it could result in employee gaps that unfavorably affect the organization's ability to provide exceptional care or services to its patients and achieve its long-term goals. While most organizations miss the opportunity to enhance capabilities during their

initial stages of employment, HTTO's leadership is determined to prioritize the importance of a skilled and motivated workforce and appropriate enough time and resources to develop the organization's capabilities. Organizational capabilities (OC) are the intangible, strategic assets the organization pulls from to accomplish activities, execute its business strategy, and meet customer expectations.

HTTO's leadership will implement the following steps to assess and cultivate the organizational capabilities: (1) commitment to senior leadership involvement, (2) define and list the organizational capabilities, (3) conduct an organizational capabilities assessment, (4) acknowledge any capability gaps, (5) prioritize and create an action plan, and (6) track organization progress and follow up. The right combination of organizational capabilities helps organizations to operate effectively and deliver exceptional service or products and customer satisfaction. These capabilities do not originate from just an instance of training or following a broad external template but require a committed internal effort with multiple and consistent interactions to be organization-specific. HTTO will eventually develop and integrate these attributes into its culture, making it challenging for other organizations to duplicate or replicate. Figure 14 shows the importance of organizational capabilities as it applies to HTTO.

Figure 14

Impact of Organizational Capabilities



Organizing and Managing Workforce. The COVID-19 pandemic has profoundly affected the healthcare industry, putting intense stress on the healthcare workforce in the United States and compelling a shift to technology innovators in workforce management. Healthcare organizations' workforce management involves system coordination that ensures workers and scheduling of an organization's workforce effectively and efficiently. HTTO's leadership is well-informed that creative organizational structures are necessary to coordinate a workforce that includes external workers and innovative technologies. One of the significant shifts in health care is the shift to health care without an in-person visit. HTTO's operation will realize deliberately on telehealth or telemedicine and other technologically enabled healthcare models. In addition, the organization will focus on more community-based care allowing it to analyze new opportunities to achieve more with a diverse healthcare workforce. The organization's senior leadership will also analyze where current values are derived and where those values are likely to come from.

Ensuring Workforce Health, Security, and Accessibility. HTTO's leadership recognizes that ensuring the organization has a comprehensive, trained, protected, well-resourced, and supported workforce is essential for the startup healthcare organization to provide fair-minded and quality healthcare services and products to its customers. Also, laws and regulations require employees to provide their employees with a safe and healthy workplace. The Occupational Safety and Health Administration (OSHA), created by the OSH Act, requires all healthcare organizations and other businesses to provide employees with working conditions free from any known dangers. HTTO is dedicated to ensuring all its employees with health and safety education and training, assuring that employees have access to the knowledge to perform their jobs while avoiding or creating hazardous conditions for themselves or others. In addition, the organization's health and safety training will help make employees aware of different situations and help them to identify, report, and control workplace risks. The organization's leadership will examine the workplace conditions to ensure they conform to applicable OSHA standards, ensure all equipment and tools are correctly maintained, and use color codes, posters, labels, or signs to warn employees of potential workplace hazards.

Supporting the Workforce with Services, Benefits, and Policies. HTTO's leadership will use a coordinated approach to workplace health promotion that is planned, organized, and comprehensive set of programs, policies, and benefits. The foundation of the organization's benefits program will be offering employee health insurance policies that include coverage for spouses and dependent children and the added coverage of death and disability, medical emergencies, and hospitalization costs. HTTO will be

incorporated and operate out of the state of Nevada and will need to evaluate upcoming laws in legislation taking effect in the state in 2024. All employers in the state of Nevada will need to review the health coverage provided to employees being paid a lower minimum wage; the new Senate Bill 192 (SB 192, 2019) clarifies the type of health benefits an employer must offer to lower minimum wage employees under Nevada's Minimum Wage Amendment (MWA) to the state constitution. HTTO's senior leadership will diligently comply with all federal and state regulations and laws.

Workforce Engagement

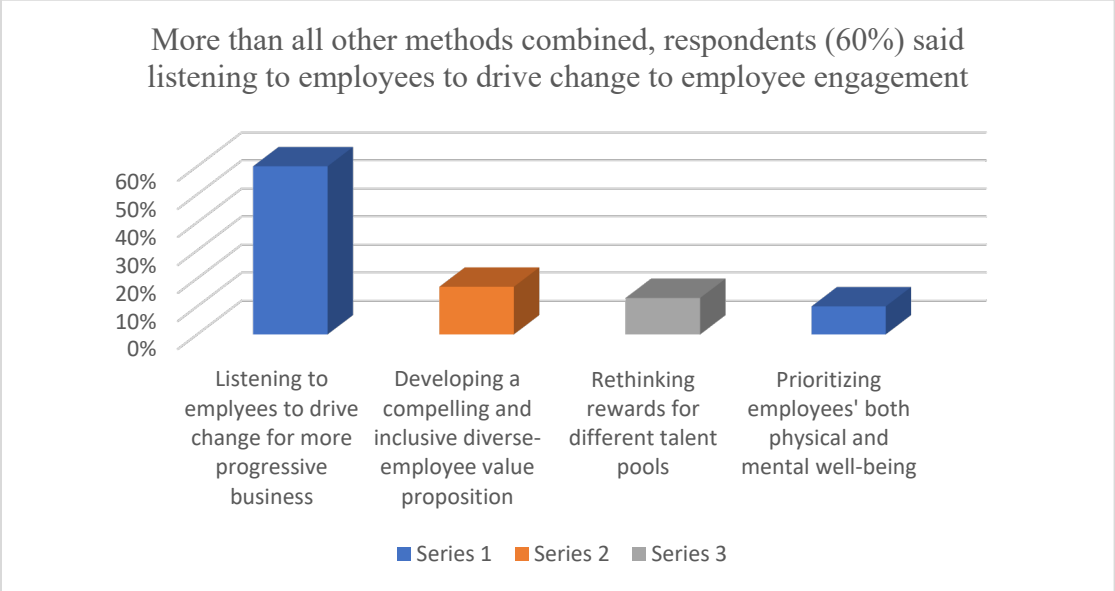
HTTO's leadership is committed to prioritizing employee experience as the organization launches operations throughout its existence and pledges to cultivate an organizational culture that fosters high engagement of its workforce. HTTO leaders will emphasize the organization's core values and mission to increase employee engagement. In addition, leadership will illuminate the organization's vision to change how individual healthcare is delivered to rural and urban communities to reinforce the connection between its employees and the organization's purpose. In general, legitimate employee engagement is employees' emotional responsibility toward the organization and its goals. Healthcare employees are legitimately engaged and feel a genuine sense of pride and ownership in their job performance, the outcome of their patient care, and the overall performance of the organization that employs them.

Determining Workforce Engagement Key Drivers. HTTO's leaders understand how important it is for employees to feel their contributions and ideas are valued within the organization; according to research, employee recognition is a crucial driver for

healthcare worker engagement. Therefore, in order to increase employee engagement in the organization, leadership will set a benchmark of five key drivers: (a) recognition, (b) trust, (c) well-being, (d) communication, and (e) belonging. In addition, the organization implements a well-thought-out employee rewards and recognition program intended to affect workforce engagement development impressively and transform organizational performance. Figure 15 shows the seven key employee engagement trends in healthcare. Due to the unparalleled conditions caused by the COVID-19 pandemic, the healthcare industry is experiencing a crisis in employee engagement. In order to combat this crisis, the US Department of Health and Human Services is increasing funding by millions of dollars to lessen the workload of healthcare workers, promote resilience, and reduce burnout. HTTO senior leaders' goals are to have an effective listening strategy to create two-way communication with employees and leaders, encourage employee feedback, and highlight the organization's proactive opportunities for improvement.

Figure 15

The 7 Key Employee Engagement Trends in Healthcare



Assessing Workforce Engagement. HTTO's senior leaders understand the meaningful role leadership plays in motivating performance and inspiring growth in the organization, starting with highly engaged employees. In general, employees are more engaged when the organizational leadership encourages observation and feedback from employees. HTTO's leaders know that providing support, offering feedback, and recognizing employees' hard work are effective techniques for inspiring employee engagement. In addition, leadership also needs to measure employee engagement to determine what their employees need and helps the organization achieve accurate results by assessing its cultural health overall. The organization's primary means of assessing employee engagement will be surveys. Surveys help measure employee engagement and aid in employee motivation and obtaining ideas from employees. In addition to conducting surveys, team leaders will engage in one-to-one meetings with employees on

a weekly or bi-weekly schedule and organize focus groups to discuss improvement to employee engagement, conduct exit interviews to allow the organization to learn the reason for exit, and stay interviews, that inform the organization what they are excelling at and not, Another way to measure employee engagement is to track the employee turnover rates and absenteeism.

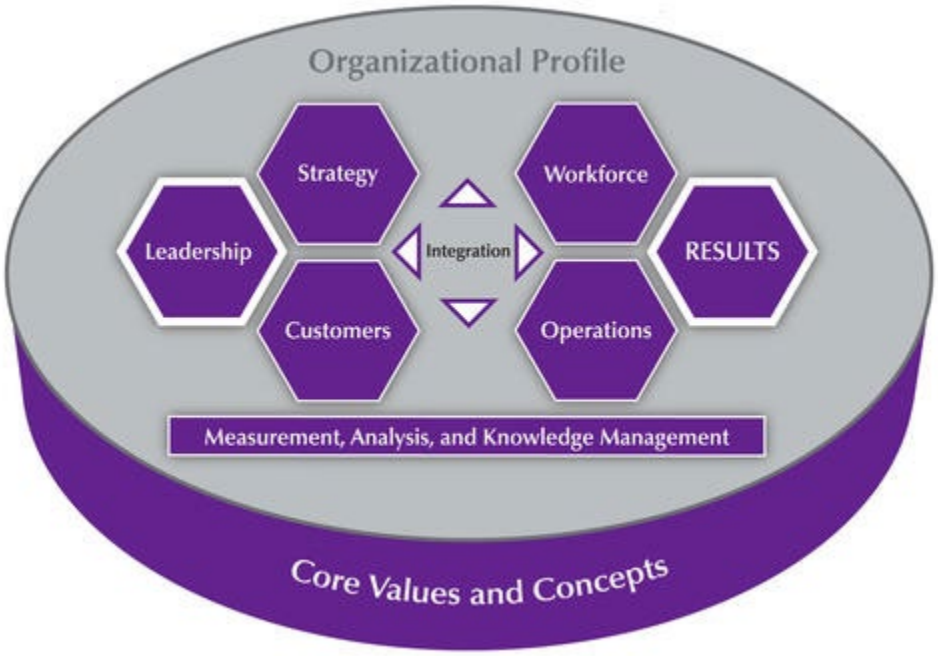
Fostering an Organizational Culture. HTTO, in the early stage of operations, will foster a culture that values creative problem-solving, open communication, and a flat hierarchy. The formation of the organization's early culture will appeal to its new employees and customers alike. HTTO's primary focus of its organizational culture is its people, ensuring everyone has a clear expectation of mutual respect, kindness, empathy, honesty, and trust for all employees and interaction with coworkers, patients, and customers. The leadership of HTTO is committed to developing its culture by structuring connections between leaders and employees, getting out into the community, being purpose-driven, incorporating continuing education, and fostering accountability and responsibilities among its leaders. HTTO's organizational culture will set the organization's expectations for how employees behave and work together and how skillfully they perform their jobs.

Performance Management. HTTO's leadership is committed to ensuring the organization's performance management during the startup phase and beyond, improving team performance, setting goals, and measuring progress for success. The leadership will use performance management tools to help the healthcare organization consistently and effectively meet its goals in the most efficient manner possible. Because HTTO is in the

initial stage of its operations, working with a small team and limited resources, the organization must maximize its time and resources efficiently. HTTO's leaders will use the following components to build its employee performance management program: (a) set of clear goals and expectations, including specific goals for each team member; (b) systems or services for measuring and tracking progress on tasks or projects; (c) provide constructive feedback and support; (d) be flexible and adaptable, and open to adjusting organizational goals and strategies; (e) use performance management tools to the organization's advantage. By routinely evaluating and tracking its workforce performance, senior leadership is strengthening the probability that the organization will accomplish its objectives and ensuring employees perform to the best of their abilities. The Baldrige Excellence Framework (Health Care) is a leading performance management framework that empowers an organization to reach its goals, improve results, and become more competitive in the healthcare industry (see Figure 16).

Figure 16

Baldrige Excellence Framework (Health Care) Framework Overview



Performance Development. HTTO's leadership will make every effort to ensure the organization's workforce continues to increase their healthcare knowledge to improve the overall effectiveness of employees through individual skills development. HTTO will implement a well-designed performance management framework, incorporating alignment with the organizational vision, mission, and values, involve goal setting for employees, and identify competencies required to perform the job at different levels. In a healthcare organization, performance improvement is specific to identifying, analyzing, and strengthening diverse aspects of healthcare delivery to improve patient outcomes, safety, and achievement.

Learning and Development System for Workforce. HTTO leadership is committed to an efficient and robust workforce development system. A learning and development system that encompasses the organizations and activities that ready people for adept employment, enhance workers' opportunities to advance in their careers, and ensure the organization employs a skilled workforce. However, at the startup stage, HTTO does not have abounding possibilities for personal development outside of professional training. However, the organization's current leadership is advancing plans to develop a learning and development strategy. The plan will align with HTTO's strategy, determine employees' capabilities and identify skills gaps, implement learning and development initiatives, analyze effectiveness, and modify goals if necessary.

Managing Workforce Career Development. HTTO leadership understands that having a clear career development plan is vitally important to a healthcare organization; establishing plans to implement career development will incorporate the organization's overarching strategy, aligning staff requirements and organizational goals. HTTO presently does not have a career development program, but the organization's senior leadership is diligently discussing the available resources in the budget for training and developing employees. However, the organization is engaging in preliminary discussion with the Bureau of Health Care Quality and Compliance (HCQC) to embrace an alliance with HTTO to provide training courses online through the State of Nevada Online Professional Development Center.

Operations

The operations section comprises the organization's planning, essential products and services, and implementation of strategies for achieving success. Also included are administrative, financial, legal, and quality improvement activities that are required to effectively manage the organization and support the primary responsibilities of the healthcare organization. HTTO's senior leadership goals for the organization's operations are to consolidate operations costs and obtain suitable funding to maintain adequate levels and quality health care services.

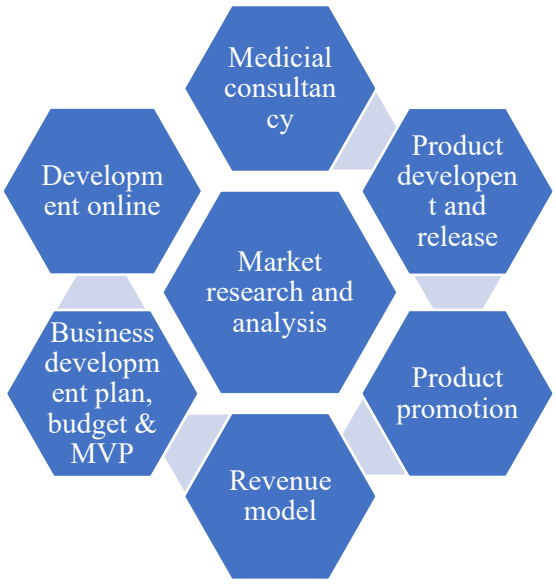
Work Processes

Key Products, Services, and Work Processes. HTTO's leadership understands the importance of remaining focused during the startup stages of operations and the mundane tasks of the organization and processes that will help the organization succeed. An organized set of procedures will keep the organization operating efficiently and avoid potential pitfalls (see Figure 17). As a healthcare organization, HTTO's processes comprise research and advocacy on specific healthcare and social policy, hospital admissions and discharge, emergency department operations, patient transfers to different facilities and medication administration. Furthermore, the organization's startup operations are beginning in the post-COVID-19 era of uncertainty, where the importance of exceptional processes is more significant to the quality of healthcare delivery and organizational success. HTTO's leaders prioritize the organization's work processes to ensure a positive impact on operations, patient experience, and employee job satisfaction.

HTTO's products and services that serve as outputs of the healthcare organization include patient care outcomes, patient satisfaction, and community and population health. In addition, the organization plans the development of innovations in healthcare delivery, healthcare biotechnology, and healthcare biopharmaceuticals (biopharma); the development of healthcare technology related to patient-centered care; and a social mission to provide expansion to healthcare delivery to the most significant population possible and the lowest cost point to the public. Also, the organization will collaborate with professional organizations like the Nevada Department of Health and Human Services (DHHS) to make consequential and sustainable changes to the state's healthcare delivery and payment systems. HTTO will also produce a consulting package whereby smaller and rural providers become part of a collaboration that would stimulate these innovations that all in the partnership could benefit fiscally.

Figure 17

7 Steps to Build a Successful Medical Startup



Process Management and Improvement. HTTO's senior leadership acknowledge that expectation in health care continues to shift, and it is essential to improve business process management within the organization routinely. The function of business process management is to ensnare, direct, and analyze the organization's work processes to facilitate an institutionalized method of operation that can be coordinated and shared throughout the organization. Business process management is critical for startup organizations to be efficient, robust, and consistent. Moreover, as a healthcare organization, these processes refer to proactively improving patient care, with the overarching goals of higher quality patient outcomes and operational excellence.

Healthcare comprises many processes, and HTTO's leadership will focus on the one most critical to the organization's improvement. As an alternative to making improvements everywhere, senior leaders will take a view of the Pareto principle, known as the 80/20 rule; practically 80% of outcomes come from 20% of work. The organization will concentrate on the critical points and barriers in the critical processes that will have the most impact, optimize them, and target quality improvement at the source of the issues. Even cooperative healthcare systems must deal with barriers between departments and divisions resulting from personal, cultural, technological, and geographic differences. HTTO's leadership will include guidance in its processes of breaking down barriers between departments.

Supply Network Management. HTTO’s supply chain management involves obtaining resources, managing supplies, and delivering goods and services. As a startup organization, the role of supply chain management is to streamline the organization’s

processes, reduce wastage, negotiate improved pricing with suppliers, and enhance overall operational efficiency, leading to cost-effective operations. HTTO leaders will rely on innovative solutions to enhance healthcare supply chain management, including artificial intelligence (AI), machine learning (ML), and blockchain. Healthcare supply chain processes have used artificial intelligence to enhance inventory control and end-to-end supply chain management software and services. In addition, the organization will use these technologies to identify errors, opportunities for improved efficiency, and to determine potential risks to patient safety. HTTO's leadership will work in partnership with the state of Nevada, as they use a state-run health insurance exchange, Nevada Health Link and the supply chain engine supporting HCA Healthcare's warehouse network in the state.

Pursuing Innovation Opportunities. HTTO's leadership will focus on fostering innovation, such as investing in research and development, healthcare delivery, biotechnology, and biopharmaceuticals (biopharma) to overcome regular obstacles facing startup organizations. In healthcare organizations, successful innovation frequently possesses two primary qualities: operable and beneficial. HTTO's mission is to provide the most affordable healthcare services to the largest population achievable; utilizing innovation in healthcare delivery is necessary to attain this goal. The organization will rely on healthcare delivery innovation to drive improvements in quality, enhance patient experience, expand safety initiatives, increase efficiency, and reduce expenditures. Some of the innovative healthcare delivery tools the organization will use are artificial intelligence, virtual reality, 3D printing technology, and innovation software. Healthcare

innovation software will benefit a startup organization's effort to develop and manage new projects, products, and services. In addition, innovation software will also aid the organization in assessing the usefulness of new ideas and tracking the progress of new actions.

HTTO's other focus areas for innovative use are biotechnology and biopharmaceuticals (biopharma). Biotechnological innovations have shown steady growth since 2013 and involve genetic engineering, diagnostics, or assays and provide insight and information on how modern biotechnology can be applied to produce useful therapeutic products. Lastly, the organization will seek to capitalize on technological innovations in the pharmaceutical industry, including blockchain and cloud technologies, artificial intelligence, and machine learning. The COVID-19 pandemic forced the healthcare industry to be more adaptable to instability through anticipatory planning, increased emphasis on supporting its workforce, and achieving the required standards for sustainability**.**

Operational Effectiveness

Process Efficiency and Effectiveness. HTTO's leaders recognize that an effective operations plan is critical for any startup organization to succeed. The operation plan will provide a roadmap detailing the steps to get the organization functioning and ensure its long-term success. Senior leadership will identify products and services to be delivered and conduct a cost-benefit analysis to help ensure the organization evaluates the economic value of pursuing any new business. In addition, leaders will review the organization's production processes internally and externally to minimize overhead

expenses and increase efficiency. Also, leadership will be tasked with determining product and service fees and, if necessary, redesign and adjust fees. All clients will pay a down payment; based on the review, these fees may also need to be adjusted.

The organization is a for-profit healthcare business, and the Board of Directors will review all profit margins. In addition, all original works of authorship, including blog posts, books, graphic designs, presentations, and other creative work, will be copyrighted. Furthermore, all critical members of the organization's board will have secured email accounts, emails sent and received on the work email accounts are the property of HTTO. The organization can generally monitor work emails. Equally important is the organization's commitment to supporting employees from day one, ensuring they are all educated on data literacy in the workplace. The organization will set key performance indicators (KPIs), a quantifiable measure of performance over time for a specific objective, for all employees. Individual KPIs will help HTTO maximize operational efficiency and will also have a positive impact on the long-term production of individual employees. Ultimately, KPIs are the principal tool to convey the business objectives across the organization, ensuring the organizational objectives are paramount on everyone's list. Eventually, KPIs will make the organization a great place to work.

Security and Cybersecurity. Cybersecurity is essential for startup organizations to protect their data, maintain trust, and avoid disruptions in the organization’s business. Startup organizations like HTTO are artlessly vulnerable to cyber threats because they frequently operate with limited resources and expertise in cybersecurity. Cybersecurity for startup healthcare organizations is even more significant because of the need to

protect sensitive electronic information and assets from unauthorized access, use, and disclosure. HTTO's cyber security process involves a variety of measures to protect the organization from external and internal cyber attacks and ensure the availability of health care services, appropriate operations of health care systems and equipment, safeguarding of confidentiality and integrity of patient data, and compliance of health care industry rules and regulations. Because most of HTTO's workforce will work from a virtual location, the organization will implement remote work security assurance to combat the known security vulnerabilities with remote desktop protocols and virtual private networks. According to He et al. (2021), cyberattacks are increasing the vulnerable situation of remote work or telework and have launched numerous cyberattacks against healthcare organizations. HTTO's leadership will seek to establish a security culture, use a firewall, install and maintain anti-virus software, use strong passwords that change routinely, and control access to protected health information vigorously to prevent a cyberattack against the organization and its employees.

Safety and Emergency Preparedness. HTTO's CEO and senior leaders are critical in creating and developing the organization's safety culture. A culture of safety in the workplace refers to positive attitudes toward keeping employees safe while they do their jobs. The most important of the organization's emergency and safety action plan is the implementation of the plan, and it should be instructed in the document on how and when employees will be trained on organizational safety procedures. HTTO's safety plan will include policy or goals, a list of responsible persons, hazard identification, hazard controls and safe practices, emergency and accident response, employee training and

communication, and recordkeeping. In addition, because the organizations will consist mainly of remote and virtual workers, a clear principle on ergonomics and health, rules on flexible working hours, returning to the office when possible, mental health support services, and an apparatus to ensure collaboration will also be in the emergency action plan.

The emergency action plan must be location-specific concerning emergency conditions evaluated, evacuation policies and procedures, emergency reporting mechanisms, and alarm systems. The leadership will create a checklist to help identify issues that must be considered when drafting a comprehensive emergency action plan. An explanation and examples of how each issue might be addressed in typical workplaces will be provided. The organization will include employees in the planning process of the emergency action plan, identify what employees should do during an emergency, and ensure that employees receive proper training for emergencies. After leaders develop the emergency action plan, it will be reviewed with the organization's employees to ensure everyone knows what to do before, during, and after an emergency. HTTO leadership will keep a copy of the emergency action plan in a convenient location where employees can get to it or provide a copy to all employees. All employees working remotely or virtually must keep a copy of the emergency action plan on their computer desktop.

The Occupational Safety & Health Administration (OSHA) was created by the US Congress in 1970 to ensure safe and healthful working conditions for all workers by setting and enforcing standards and providing opportunities for training, education, and assistance. OSHA requires written emergency action for all kinds of businesses, and

specific businesses like healthcare organizations have additional regulations. The General Duty Clause of the OSH Act, the law that created OSHA, requires employers to provide employees with a safe workplace free from any known hazards that may cause death or severe injury. All HTTO employees must comply with all applicable OSHA standards and all lawful employer safety and health rules and regulations. Moreover, report any job-related injury or illness to the organization and seek treatment promptly.

Measurement, Analysis, and Knowledge Management

In the following section, I assess HTTO leaders 'measurement, analysis, and knowledge management application of the data collected to enhance organizational knowledge, develop strategic objectives, and manage organizational performance and improvement. The foundation of the 2021-2022 Baldrige Excellence Framework's (Health care) systems perspective is measurement, analysis, and knowledge management. Information in this section is critical to effective management and leadership and to a fact-based, knowledge-driven, agile system for improving performance and competitiveness. HTTO's leadership can support its Leadership and Results Triad by describing measurement, analysis, and knowledge management processes.

Measurement, Analysis, and Improvement of Organizational Performance

Performance Measurement. HTTO's leadership comprehends the need for performance measurement to gauge the development the startup organization is making toward achieving its objectives; key performance indicators (KPI) must be tracked regularly. The organization will use KPIs to supply targets for workforce teams to shoot for, milestones to gauge progress, and provide insight to help employees exercise good

judgment. There are many methods for measuring the organization's performance, but the most critical KPIs for startups are the ones that help the organizational leaders manage the organization into the future. As a startup organization, HTTO leadership will encounter different stages of evaluations and will be challenged to evolve from ideation to early-stage to growth to maturity. The organization's leaders will use several different methods to help measure the performance of its organization and specific healthcare organizations' KPIs needed to monitor to measure quality, performance, and growth (see Figure 18).

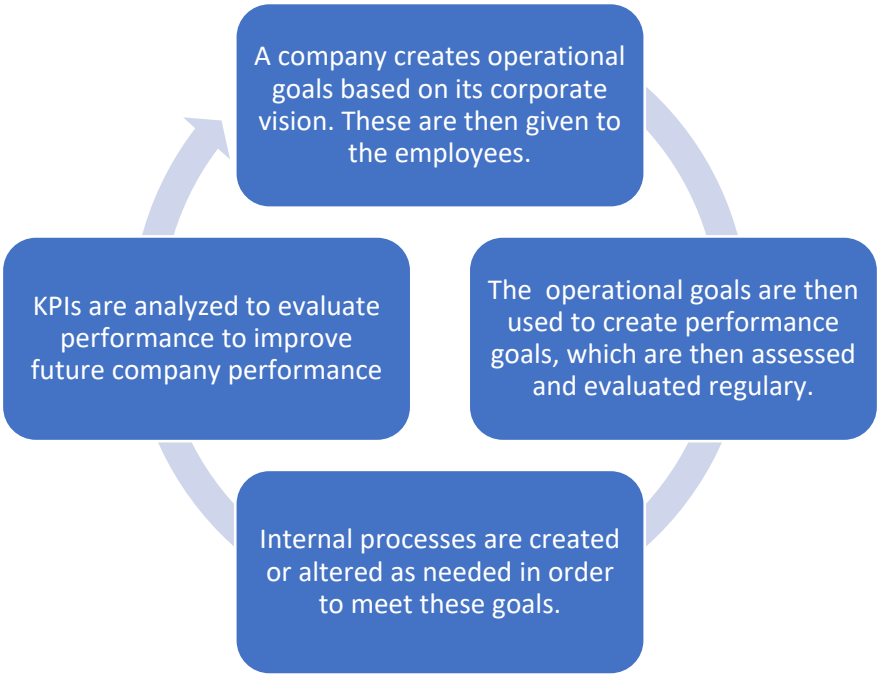
HTTO's key performance indicators are critical as a healthcare organization's task to keep up with ever-evolving policies, processes, and regulations in the industry. The organization will rely on the Healthcare Effectiveness Data and Information Set (HEDIS), a measurement tool used by the nation's health plans to evaluate their performance on the critical care size and service provided. HEDIS assesses a wide selection of health issues facing the country, including patients who have asthma, high blood pressure, diabetes care, breast cancer screening, the persistence of beta-blocker treatment post-heart attack, and medication management. The data used by HEDIS is collected through a mixture of claims information, surveys, and medical record audits. The collected details will provide background information on the level of satisfaction customers experience, specific healthcare estimates, and the organizational ingredient that ensure the quality of care.

In this early stage of operation, it is essential for the organization to create awareness to the public that it exists, to create a buzz about the organization, and attract

potential investors. HTTO's leadership uses inbound marketing methodology to attract patients or customers by building valuable topics and exposure adapted for the customer. Inbound marketing is one of the fundamental platforms used by launching startup organizations because of the minimal cost of entry, and organic growth takes time. The inbound marketing methodology builds connections patients, or customers are looking for and solves health care problems they already have. HTTO's leadership will begin branding the organization's content as early as possible to establish the organization's customer or patient pipeline. Some of the key performance indicators to watch for early-stage startups include the growth of the beta users of your product or services, visitors to the organization's website, clickthrough rates for inbound marketing efforts, and engagement for the organization's channels (Ripsas et al., 2018). These methodologies of measuring organizational performance will help the organization's leaders decide where to focus their marketing efforts on the future.

Figure 18

What is a KPI?



Performance Analysis, Review, and Improvement. HTTO's leadership performance analysis and reviews of the organization's workflow, projects, and other pertinent day-to-day activities to identify strengths and weaknesses. The organization's leaders will construct the review criteria for the performance review by including output, behavioral competencies, and how influential team leaders and managers oversee employees. There are numerous performance appraisal methods available to startup organizations; it is critically important that the organization choose the right kind of appraisal method according to the needs of their healthcare organization. As a healthcare organization, HTTO's leaders use healthcare benchmarking to aid in comparing the organization's performance to similar organizations. The organization's benchmarks aim

to improve quality, efficiency, and patient experience. HTTO's benchmark analysis will be conducted in the following four categories: (a) internal benchmarking between departments, divisions, or offices within the organization, (b) competitive benchmarking, comparing the organization's metrics directly to its competitors or peer's, (c) functional benchmarking, comparing the organization to similar metric or process from different industries, and (d) generic benchmarking, used to look beyond a data set and focus on the general processes. In addition, leaders will align individual goals with organizational objectives to further enhance the performance improvement of employees.

Information and Knowledge Management

HTTO's leadership will use knowledge management to assemble an organization's information into one primary resource, generally an automation solution. The organization's knowledge management platform will give its workforce one principal place to access the information they need to perform their jobs and assist patients or customers. The platform will allow the organization's employees to decrease the time they spend searching for resources or trying to track down the right subject matter experts, which translates to more time for practical activities for the organization. HTTO's leaders will implement the knowledge management platform in developing, auditing and maintaining high-quality content for employees.

Another benefit of the knowledge management platform is that it allows the organization's leadership to establish an effective knowledge transfer system, which discerningly captures and shares critical healthcare information. The basic knowledge transfer process has four phases: (a) identify, which determines knowledge that needs to

be transferred, (b) prioritize, (c) capture and transfer; and (d) share and store. The organization's use of a knowledge transfer system will help streamline its knowledge, ensuring that the entire workforce has access to the information needed to keep the organization operating smoothly.

As a result of operating in the state of Nevada, HTTO will seek to collaborate with the Nevada Health Information Management Association (NVHIMA), which strives to educate, train, and retrain health information management professionals in Nevada. NVHIMA is an element of the state association of national organization (AHIMA). The American Health Information Management Association has a mission to improve healthcare by furthering best practices and standards for healthcare information management. It is one of the most trusted education, research, and professional accreditation sources.

Collection, Analysis, and Preparation of Results

Thematic Findings

This study's general business problem was that some leaders of healthcare organizations appeared to not have viable strategies for establishing successful healthcare think tank organizations. In addition, the specific business problem was that healthcare management leaders lacked successful strategies for developing a healthcare think tank organization. Therefore, the purpose of this qualitative single case study was to explore strategies healthcare management leaders used to develop healthcare think tank organizations. This study was guided by the following research question:

What strategies do healthcare management leaders use to develop successful healthcare think tank organizations?

I conducted semistructured interviews with the CEO, a board member, and the chief operations officer. Each of the participants were asked the same seven open-ended questions. When completing the thematic analysis, I followed Braun and Clarke's (2019) six steps: (a) familiarization with the data, (b) generating codes, (c) constructing themes, (d) reviewing themes, (e) defining and naming themes, and (f) reporting the results. I used NVivo Pro and a qualitative codebook during the analysis. NVivo Pro was a qualitative software program that managed large amounts of data while also assisting with coding (Dhakal, 2022). A qualitative codebook allowed me to highlight the codes and themes while depicting which participants contributed to each theme and examples of their direct quotations that supported each theme (Reyes et al., 2021).

After becoming familiar with the dataset by reviewing each of the semistructured interviews multiple times, I began inductive coding. Inductive coding occurred when I highlighted commonly used words, phrases, and ideas of the participants without any preconceived notions or ideas (Chandra & Shang, 2019). After reviewing and coding the transcripts multiple times, I developed a list of initial codes, as highlighted in Table 5.

Table 5

Initial Codes of Semistructured Interviews

Stakeholders	Innovations
Agencies	AI
Broad group of stakeholders	Artificial intelligence
Invite people	Commercializing new products
Different roles	Commercialization strategy
Medical community	Good product market fit
People involved	Virtual
Legislative	Networking
Political	Connections
Politics	Committee
Federal regulations	Government organizations
Lack of equity	Congressmen
Lack of inclusion	Senators
Rural health care	Government
No income	Low-and-moderate income families
Underinsured	Uninsured

After identifying the initial codes, I then continued to review the transcripts and codes and broke them down further into different thematic categories. This can be seen in Table 6.

Table 6

Initial Thematic Categories of Codes

Codes	Initial Thematic Category
Stakeholders	***Various Stakeholders***
Agencies	
Broad group of stakeholders	
Invite people	
Different roles	
Medical community	
People involved	
Legislative	***Politics and Federal Regulations***
Political	
Politics	
Federal regulations	
Government organizations	
Innovations	***AI and Innovations***
AI	
Artificial intelligence	
Commercializing new products	
Commercialization strategy	
Good product market fit	
Virtual	
Lack of equity	***Lack of Equity in Healthcare***
Lack of inclusion	
Rural health care	
No income	
Underinsured	
Uninsured	
Networking	***Networking***
Connections	
Committee	
Government organizations	
Congressmen	
Senators	
Government	

After reviewing the initial thematic categories, I then continued to review each transcript so that I could define the categories and continue breaking them down. Table 7 highlights the initial thematic category, its definition in relation to direct participant quotations, and an updated and more comprehensive thematic category.

Table 7

Final Themes

Initial Thematic Category	Participant Quotation	Final Theme
Various Stakeholders	*"We have to make sure that we are coordinated with the various stakeholders and agencies that are involved in to either similar work or change general work." (P1)*	*The importance of various stakeholders*
Politics and Federal Regulations	*"I think the best approach is to read understand and know about the current federal regulations, the current administration is doing, what future plans are for funding and utilization of like the Centers for Disease Control, and NIH and to be connected with government organizations" (P2)*	*Understanding politics and current federal and state regulations*
AI and Innovations	*"I think that I've spent my entire career really commercializing new products in healthcare, and that's really my core competency. So, again, I think that's where my core competency is, is basically to help founders and startups to think their*	*Driving innovations in healthcare*

Initial Thematic Category	Participant Quotation	Final Theme
	innovations through in such a way that there is a good product market fit, and then think about the commercialization strategy." (P2)	
Lack of Equity in Healthcare	*"Infinite reforms are necessary, because people are scraping from the scraping from the top and not letting it filter down to the bottom. And the person who has no education and has no connection with medicine or medical professionals doesn't have an advisor or someone that they can call there need to be trusted advisors. Because if you have no income, and you have no insurance, you don't know where to go, you don't know who to ask." (P3)*	*Focusing on low-and-moderate income families*
Networking	*"I think having a network and connections always helps. And connections in the right places always helps." (P2)*	*Building networking opportunities and connections*

Therefore, following Braun and Clarke's (2019) six steps for a thematic analysis, five themes emerged from the dataset and acted as this study's finding: (a) the importance of various stakeholders, (b) understanding politics and current federal and state regulations, (c) driving innovations in healthcare, (d) focusing on low-and-moderate income families, and (e) building networking opportunities and connections. The next

section will discuss the thematic findings and provide direct participant quotations that support each theme.

Thematic Finding 1: The Importance of Various Stakeholders

The first theme that emerged from the semistructured interviews was that the participants perceived the importance of utilizing various stakeholders. HTTO's stakeholders are identified in the organization's business plan under the subtopic: stakeholder management plan, which outlines how the organization plans to manage the goals and expectations of key stakeholders. For example, Participant 1 (P1) who worked as the CEO of the think tank organization stated:

> We have to make sure that we are coordinated with the various stakeholders and agencies that are involved in to either similar work or change general work. (P1)

Furthermore, Participant 2 (P2) who worked as a board member, discussed the importance of various stakeholders that are focused through various areas of healthcare. The participant reported that it is essential to include all people as stakeholders when operating as a think tank. P2 reported:

> We really reach and work with a very broad group of stakeholders representing different areas of healthcare. And this basically, is successful think tanks, invite people from many walks of life, people who have different roles in the healthcare system in the past. And that's why how they get a broad point of view, and not narrow.

Finally, P3, who worked as a chief operations officer stated that a variety of stakeholder should include all members of the medical community:

> They've also gone through the boards of directors of hospitals, and people who are involved in the medical community. (P3)

Thematic Finding 2: Understanding Politics and Current Federal and State Regulations

The second thematic finding highlighted how the participants reported that it is essential for think tanks to understand not only politics, but also current federal and state regulations. HTTO's business plan, articles of incorporation, and bylaws are organizational documents that identify and discuss federal and state laws and regulations and public policy research and analysis. For example, P1 reported that this theme is the first layer when operating as a think tank. He stated:

> The first layer of structure of being influential is you have to look at, you have to get to the legislative levels, where people with governments make decisions, either at the federal level, the state level or the county level. (P1)

Similarly, P2 discussed that although it is important to understand political viewpoints and current legislation, it should not influence any biases in thinking; it is imperative that think tanks remain independent in their thinking:

> I think the think tanks that are more successful, they strive for independent points of view and truly trying to research and describe the issues and potential solutions, and not try to be too one sided and biased based on based on the politics or maybe some other points of view that maybe their leadership has. (P2)

Finally, P3 also agreed with the other two participants, as he stated:

> I think the best approach is to read understand and know about the current federal regulations, the current administration is doing, what future plans are for funding and utilization of like the Centers for Disease Control, and NIH and to be connected with all these government organizations primarily, and then also to examine and reinforce a relationship with attorneys and legal counsel and with the especially with copyright attorneys, and to have one of those people represented on our board of directors, because almost all of these innovations will go right back to copyright and government regulations. (P3)

P3 continued to report:

> I think we need to reach out to the different congressmen and senators and other highly ranked government officials who are involved in the health care management of our country that you don't want to just randomly call a senator from California who says, Oh, I'm willing to help. And then I'm on the Education Committee, not the health committee. So, you need to identify who your leaders are in the area, both in government and in the privates. factor, you also need to be able to reach out to the universities to provide us with leads to students or professors or doctors who might have an innovation, that they never had the money to put to market. So, we need to connect the money providers with the creators of these innovations. (P3)

Thematic Finding 3: Driving Innovations in Healthcare

The third theme that emerged from the semistructured interview dataset highlighted how the participants perceived the importance of helping drive innovations in

healthcare. HTTO's business plan, non-disclosure agreement, and partnership agreement documents include sections on the organization's use of products and services and technology to find new ways to provide solutions to existing healthcare problems. For example, P1 provided an example of how artificial intelligence (AI) is already being utilized within the healthcare field; therefore, it is important to understand that this is the way of the future:

> I think that healthcare AI will be able to influence our quality of healthcare, by helping these AI doujins come to an end idea come to the surface. (P1)

Similarly, P2 discussed the importance of supporting innovations because it can help think tanks adopt a strong commercialization strategy:

> I think that I've spent my entire career really commercializing new products in healthcare, and that's really my core competency. So, again, I think that's where my core competency is, is basically to help founders and startups to think their innovations through in such a way that there is a good product market fit, and then think about the commercialization strategy. (P2)

Finally, P3 was able to agree with the other participants as they reported how innovation will continue to be driven in the forms of updated and new technology:

> I see the future trends will be more towards the virtual and doctors are now doing surgery through using 3d modeling and computer programs to practice surgery before they do it. And I think it will really head in that direction of developing more computer generated and in what artificial intelligence AI utilization, as well

> as depending upon medical professionals at all levels from the practical nurse all the way up to the PhD in health care management. (P3)

Thematic Finding 4: Focusing on Low-and-Moderate Income Families

Two of the participants agreed that it is essential for think tanks to focus on individuals who tend to be ignored within the realm of healthcare, such as those hailing from low-and-moderate income families. HTTO's business plan is the document that clarifies the organization's products and services and other details about the services provided. For example, P2 stated how the COVID-19 pandemic has highlighted and exacerbated health inequities, allowing people to miss out on essential services. P2 stated:

> I think, the pandemic, not only help us to see, I mean, we saw it before, but somehow helped to uncover even more and expose the lack of equity and inclusion in our healthcare system. So, I think that this is the third topic that that is being discussed. And then more future oriented is the pandemic preparedness in the future. (P2)

P2 continued to report:

> I think that the probable probably the best way is to start in Nevada, where we actually have a lot of rural health care, which is in desperate need of help. So, we may get more traction, just by being local in Nevada, but they think that going, going national, after some first successes in Nevada will be it will be in my opinion, the way to go. (P2)

In addition, P3 was able to discuss the importance of focusing on such groups of individuals:

> Infinite reforms are necessary, because people are scraping from the scraping from the top and not letting it filter down to the bottom. And the person who has no education and has no connection with medicine or medical professionals doesn't have an advisor or someone that they can call there need to be trusted advisors. Because if you have no income, and you have no insurance, you don't know where to go, you don't know who to ask. And furthermore, they don't know what questions to ask. So, we need to provide seminars and webinars open to people who are underinsured or not insured, to tell them what their options are. (P3)

Thematic Finding 5: Networking and Connections

The fifth and final theme that emerged from the semistructured interviews included two of the participants perceiving the importance of networking and continuously making connections. HTTO's business plan, non-disclosure agreement, and partnership agreement detail the intentions, parameters, and actions for how the organization plans to network, collaborate, and generate income. For example, P2 stated:

> I think having a network and connections always helps. And connections in the right places always helps. So, I think it will help them. (P2)

In addition, P3 was able to discuss different types of people and groups that think tanks should be reaching out to build such networks and connections:

> I think we need to reach out to the different congressmen and senators and other highly ranked government officials who are involved in the health care management of our country that you don't want to just randomly call a senator

> from California who says, Oh, I'm willing to help. And then I'm on the Education Committee, not the health committee. So, you need to identify who your leaders are in the area, both in government and in the privates. factor, you also need to be able to reach out to the universities to provide us with leads to students or professors or doctors who might have an innovation, that they never had the money to put to market. So, we need to connect the money providers with the creators of these innovations. (P3)

Product and Process Results

The product results of this study on developing successful healthcare think tank organizations encompass the evaluation of outcomes achieved by this organization, focusing on the strategies employed by their healthcare management leaders. A crucial aspect of product results is assessing the impact on stakeholders, including healthcare providers, policymakers, patients, and the community (Cadogan & Hughes, 2021). Product results also consider factors such as the growth and sustainability of the think tank organization. Measures such as research publications, policy briefs, financial stability, and long-term viability offer insights into the overall success and influence of the organization. Collectively, these product results provide a comprehensive understanding of the impact and effectiveness of strategies employed by healthcare management leaders in developing healthcare think tank organizations (Urinov, 2020).

Conversely, process results entailed evaluating the methods and approaches used in establishing the think tank organization. To gather relevant information prior to launching the organization, HTTO’s Founder/CEO conducted informal 10-minute

surveys for 30 days with more than a dozen experienced healthcare industry professionals and stakeholders by asking quality questions, engaging in conversations, relying on lessons learned from years of experience, presumptions, inferences, hunches, predictions, and suppositions to determine the scope and need for new policy research in multiple areas in the US healthcare systems need for innovations. The CEO identified the following systems: hospital and health systems, physician and licensed healthcare practitioners' systems of care, outpatient services, ensuring the chronically ill receive appropriate medical care, pharmaceutical and biotechnical developers of care, and future development of the US healthcare industry.

Customer Results

Customer results refer to the outcomes and benefits experienced by the customers or recipients of the services provided by the healthcare think tank organizations (Haider, 2022). In the context of this study on developing successful healthcare think tank organizations, customer results would involve evaluating the impact on various stakeholders, including healthcare providers, policymakers, patients, and the community. HTTO is in the pre-launch stage of operation; in this stage, the organization's development of its business model is ongoing, products and services are being developed, and the organization's leadership is creating its market strategy. The organization's current pre-launch customer process includes conducting surveys, researching competitors, identifying customers' healthcare problems that can be solved, and analyzing competing products and services. The informal surveys conducted by HTTO's CEO included discussions about whether the US Healthcare System is prepared for an

innovative approach to change in healthcare financing and delivery. The discussion constituted the impact on accessibility and affordability of healthcare since the 2010 Affordable Care Act (ACA), enabling a reported 20 million more Americans to obtain health health insurance coverage since the ACA was implemented, with an estimated 40 million Americans having coverage, the most significant number ever reported (Duggan et al., 2019). In addition, the survey encompasses ideas about disruptive innovation, a management theory that argues innovation can more affordably and efficiently transform expensive products or services for a larger consumer population. The results of the informal survey were a general acknowledgment that healthcare is a costly service that needs to have its cost lowered through innovations. Because the ACA required marketplace insurance provided to reduce the out-of-pocket cost of individuals with incomes below 250% of the federal poverty level, numerous insurance providers responded hastily by increasing the cost of their mid-level (silver health plans) insurance premium by 29.7%, but by 2020 premiums nationwide decrease by an average of 3.5% for states (Frean et al., 2017).

Workforce Results

Workforce results encompass the outcomes and impacts related to the workforce employed within this think tank organization. Workforce results can be assessed through various indicators. Skills development and expertise are key to evaluating workforce results (Goodolf & Godfrey, 2021). Healthcare management leaders should implement strategies to enhance the workforce's capabilities and competencies within their think tank organization (Ronquillo et al., 2021). This includes providing training programs,

professional development opportunities, and knowledge-sharing initiatives. The success of these strategies can be measured by assessing the workforce's increased expertise in areas relevant to the think tank's mission, such as health policy analysis, research methodologies, data analytics, and stakeholder engagement.

Preparing HTTO's workforce for change included preparing for alternate workplaces or telework or changes in patient, other customer, or service requirements that lead to new technology or redesigned healthcare work systems (Baldrige Performance Excellence Program, health care, 2021). HTTO's leaders will strive to create a diverse, inclusive workforce representing various perspectives and experiences. The results of HTTO's leadership initiatives will attract, retain, and promote individuals from diverse backgrounds and create an inclusive work culture where all employees feel valued and respected (Roberson & Perry, 2022). Successful results reflect a diverse and inclusive workforce that enhances creativity, innovation, and decision-making within think tank organizations. By assessing and evaluating workforce results, this study provided insights into the effectiveness of strategies employed by healthcare management leaders in a think tank. Positive workforce results contribute to a think tank's overall success and impact by fostering a highly skilled, engaged, and diverse workforce.

Leadership and Governance Results

The results of leadership and governance within the study on developing successful healthcare think tank organizations involve evaluating the effectiveness of leadership strategies and governance structures implemented by healthcare management leaders. These results provide insights into how leadership practices and governance

mechanisms contribute to the success and impact of think tank organizations. Leadership results encompass assessing the leadership strategies employed by the leaders in guiding and inspiring the think tank organization (Kozioł-Nadolna, 2020). In addition, HTTO senior leaders demonstrate transparent and ethical decision-making, strong oversight and accountability measures, and the ability to adapt and respond to changing needs and priorities. Furthermore, HTTO's leadership examined various stakeholders' roles in their leadership and governance processes, including assessing the engagement and involvement of healthcare providers, policymakers, patients, and community representatives in shaping the direction and decision-making of the organization (Ahmadzadeh et al., 2022). Successful leadership and governance results demonstrate the ability to effectively engage stakeholders, build partnerships, and incorporate diverse perspectives into decision-making. Finally, HTTO's contribution to societal well-being includes reducing energy consumption by reducing the organization's carbon footprint, reducing waste, and using virtual meetings and teleworking to conserve resources (Baldrige Performance Excellence Program, health care, 2021).

Financial and Market Results

Financial and market results involve evaluating the outcomes and impacts related to the think tank organization's financial sustainability and market positioning. These results provide insights into the think tank's financial health, viability, and market influence. Financial results encompass assessing the financial sustainability and performance of the think tank organization. This could include evaluating their ability to secure funding from various sources, manage financial resources efficiently, and achieve

financial stability (Aftab et al., 2020). Successful financial results would demonstrate a diverse and sustainable funding base, effective budget management, and the ability to generate revenue through various mechanisms, such as research grants, consulting services, or partnerships with industry stakeholders.

HTTO's CEO estimated the initial pre-seed investment from business loans, personal savings, investor groups, venture capital, and startup grants to be $250,000 over the first 12 months of operations. The organization's CEO sought advice from private equity investors, venture capital, and angel investors to network, gauge investment interest, and disseminate information about the healthcare organization. Measures of financial viability might include those for liquidity, debt-to-equity ratio, days cash on hand, asset utilization, cash flow, bond ratings, accountable care organization or shared savings programs, and value-based purchasing financial results, as appropriate (Baldrige Performance Excellence Program, health care, 2021).

Key Themes

This section explores the findings related to process and results in the context of developing a successful healthcare think tank organization. This section highlights the strengths and opportunities identified in both process and results domains, providing valuable insights into the strategies employed by the think tank’s leaders and their desired outcomes. Assessing process strengths and opportunities focuses on the methods and approaches used to develop a think tank organization successfully. In contrast, examining results, strengths, and opportunities delves into the desired outcomes and impacts.

Process Strengths

In exploring how a think tank organization could be successful, several key themes emerged that represented process strengths. First and foremost, the importance of various stakeholders stands out as a significant process strength. Previous research has highlighted that healthcare management leaders have recognized the value of engaging stakeholders such as healthcare providers, policymakers, patients, and the community (Bruno et al., 2021). This active involvement and collaboration can ensure that the think tank organization would benefit from diverse perspectives, expert insights, and broader support. As a startup organization, effective stakeholder management will significantly benefit the organization by enhancing decision-making and gaining access to the insight, expertise, and perspective of the organization's stakeholders. In addition, organizing, monitoring, and improving the organization's relationships with its stakeholders can help identify risks, opportunities, and innovative solutions that the organization may otherwise have neglected to recognize.

In addition, because HTTO's activities include identifying healthcare issues and recommending policies, understanding politics and current federal and state regulations is another process strength observed in this study. Furthermore, the extensive experience of HTTO's CEO and senior leaders is an advantage in using analytical thinking to assess complex situations and develop effective strategies for resolving them. Similarly, previous research has highlighted how healthcare management leaders find it essential to understand the political landscape in which think tank organizations operate (Shaw et al., 2015). Healthcare management leaders must successfully navigate the complexities of

federal and state regulations, using their knowledge to shape policies and advocate for changes that align with the goals and objectives of the organizations (Goodolf & Godfrey, 2021). This competency in understanding and leveraging political dynamics contributes to the success of think tanks in influencing healthcare reforms and initiatives.

Another key theme related to process strengths for HTTO was driving innovations in healthcare. Healthcare management leaders must recognize the need for continuous innovation and have implemented strategies to foster a culture of innovation within think tank organizations (Nonaka & Takeuchi, 2019). This includes supporting research and development efforts, encouraging collaboration between researchers and practitioners, and promoting translation of innovative ideas into practical solutions. By driving innovation, think tank organizations contribute to advancements in healthcare practices, technologies, and policies, ultimately improving patient outcomes and the overall quality of care. This is a strength for HTTO because its leadership is highly focused on innovative change in healthcare. HTTO's use of innovation enables problem-solving that focuses on patient needs and provides creative insight, empowering the organization to present ideas for improving health care and services from a transformative point of view.

Furthermore, focusing on low-and-moderate income families was another important process strength observed in this study. Magnan (2021) reported that healthcare management leaders must prioritize the needs of underserved populations and incorporate strategies to address healthcare challenges faced by low-and-moderate income families. This includes developing initiatives to improve access to affordable healthcare services, advocating for policies prioritizing equity and inclusivity, and implementing

interventions to reduce health disparities. By prioritizing these populations, think tank organizations are vital in ensuring equitable healthcare outcomes for all (Frank et al., 2020).

Finally, building networking opportunities and connections is a key process strength identified in this study for HTTO. Previous research has indicated that healthcare leaders must actively pursue networking opportunities and build connections with other organizations, industry experts, and stakeholders (Campos & Reich, 2019). These networking efforts can facilitate knowledge exchange, collaboration, and the sharing of resources, ultimately enhancing the capabilities and influence of think tank organizations. Through these networks, think tanks can leverage external expertise and forge partnerships that drive their success. This is a strength for HTTO because its CEO has extensive experience working with collaborative systems, for example, integrated health systems like Management Services Organizations (MSO). This legal entity provides legal protection for the consolidation efforts of healthcare organizations that allow healthcare executives to offer an array of care delivery. In addition, HTTO's CEO established an extensive network of healthcare stakeholders and executives as a consultant for over a decade, assisting smaller urban and rural hospitals to progress toward an integrated health system.

Process Opportunities

While this study identified several process strengths in developing a healthcare think tank organization, it also revealed several process opportunities for improvement. These opportunities represent areas where healthcare management leaders can focus their

efforts to enhance the effectiveness and impact of the think tanks. One key process opportunity lies in strengthening stakeholder engagement. While stakeholder engagement is recognized as a process strength, there is room for improvement to maximize its potential. Because HTTO is in the pre-launch stage of operation as a startup healthcare organization, the goal of continuous improvement is critical and involves analyzing existing organizations' healthcare processes and using data to identify inefficiencies and improvement*s.* Think tank leaders must explore strategies to deepen and broaden the involvement of stakeholders within their organization. This may involve expanding outreach efforts, incorporating a more comprehensive range of perspectives, and ensuring active and meaningful stakeholder participation throughout the decision-making and implementation processes (Richards & Dalbey, 2006). By actively addressing the needs and expectations of diverse stakeholders, think tanks can gain valuable insights, build stronger partnerships, and generate a more significant impact.

Another process opportunity lies in enhancing political and regulatory understandings. Although this study acknowledged the importance of understanding politics and regulations, there is a scope for further improvement. The think tank leaders must invest in continuous learning and staying abreast of evolving political and regulatory landscapes. By proactively monitoring changes, the think tank’s leaders can better navigate complex policy environments and leverage opportunities for influencing healthcare policies (Alcaraz et al., 2020). This could involve establishing mechanisms for ongoing political analysis, building relationships with key policymakers, and actively participating in relevant policy discussions and forums.

Finally, leveraging technology and digital advancements represents an additional process opportunity. As technology transforms the healthcare industry, think tanks can capitalize on digital tools and platforms to enhance their research, analysis, and communication capabilities (Adewumi, 2022). Investing in robust data analytics, utilizing virtual collaboration platforms, and leveraging digital communication channels can enhance the efficiency and effectiveness of think tank operations. Embracing innovative technological solutions can facilitate faster knowledge dissemination, broader reach, and increased engagement with stakeholders, amplifying the impact of think tank organizations (Ramaswamy & Gouillart, 2010).

Results Strengths

The organization's senior leadership demonstrated exceptional performance in governance results primarily due to decades of experience in the healthcare industry of its leadership. The organization provides timely, valuable policy insights, best practices, and industry developments. Furthermore, HTTO has taken the necessary steps to gain and maintain regulatory compliance by incorporating as a Limited Liability Companies (LLC), filing Articles of Incorporation and Articles of Organization with the Nevada Secretary of State, and maintaining all records, minutes, and licenses, as required by law. In addition, because HTTO operations are in the State of Nevada, the organization was required to obtain a business license within the county/city in which they will operate and has begun obtaining several jurisdictions licenses with multiple jurisdictions. The organization must navigate various health data standards and has engaged various standard development organizations to ensure its workforce understands the standards for

managing healthcare data. Finally, the organization is committed to protecting and safely storing patients' data by maintaining compliance with the Health Insurance Portability and Accountability Act (HIPAA), which governs all aspects of the privacy and security of electronic patent data in the United States.

Results Opportunities

This study has also identified several opportunities for improvement based on the identified needs for further development and the organization being in the pre-launch stage of operation. These opportunities represent areas where think tank leaders can focus their efforts further to enhance the outcomes and impacts of their organization.

Another opportunity lies in enhancing the measurement and evaluation of impact as the organization has limited evaluation data. While this study identified positive outcomes and impacts of the think tank organization, further strengthening the measurement and evaluation processes is possible. The think tank's leaders must develop robust evaluation frameworks and metrics to assess their organization's tangible and intangible impacts (Dervitsiotis, 2010). This would include tracking changes in policies and regulations influenced by the organization, monitoring the adoption and implementation of recommendations, and capturing the broader societal and healthcare system-level impacts of their work. By refining impact measurement strategies, the think tank organization can enhance its accountability and demonstrate its value to stakeholders (Zhang et al., 2020).

A final opportunity for the think tank is to foster greater collaboration and knowledge sharing within the think tank community. The think tank's leader must

facilitate opportunities for collaboration among different think tank organizations, promoting the exchange of ideas, best practices, and lessons learned (Lindsell et al., 2021). This can be accomplished through organized forums, conferences, and collaborative research projects. By fostering a culture of collaboration and knowledge sharing, the think tank organization can collectively strengthen its impact and leverage its collective expertise for the betterment of the healthcare industry.

Project Summary

This project aimed to explore strategies employed by healthcare management leaders in developing a successful healthcare think tank organization. Through a qualitative single case study research, I found key themes that included stakeholder importance, politics and regulations, driving innovation in healthcare, focusing on low-and-moderate income families, and building networking opportunities and connections. The theoretical framework adopted in the study was McGahan's four trajectories of industry change and the Baldrige Excellence Framework Health Care criteria. The findings highlighted several strengths in the process and results of developing a healthcare think tank organization. Process strengths included effective stakeholder engagement, understanding political dynamics and regulations, driving innovation, addressing the needs of underserved populations, and building robust networking opportunities. These strengths contributed to positive outcomes, such as significant impacts on stakeholders, advancements in healthcare innovation, and focused attention on equity and low-and-moderate income families.

However, I also identified opportunities for improvement. Process opportunities included strengthening stakeholder engagement, enhancing political and regulatory understanding, and leveraging technology and digital advancements. Results opportunities involved expanding the reach and dissemination of research outputs, improving impact measurement and evaluation, and fostering greater collaboration and knowledge sharing within the think tank community. Overall, I provided valuable insights for healthcare management leaders seeking to develop successful healthcare think tank organizations. By capitalizing on the identified strengths and addressing the opportunities for improvement, think tank leaders of a developing organization must enhance stakeholder engagement, drive innovation, and advance healthcare practices to impact the industry and the communities they serve positively.

Contributions and Recommendations

This project can make significant contributions to the field. Firstly, it can highlight the strategies that healthcare management leaders of developing think tanks should employ in establishing and managing their organizations, providing valuable insights into the process and results associated with their development. I identified key themes such as stakeholder importance, political understanding, driving innovation, focusing on underserved populations, and building networking opportunities, highlighting their significance in achieving successful outcomes. Moreover, this project has contributed to understanding the impact of think tank organizations on stakeholders, including healthcare providers, policymakers, patients, and the community. It has helped highlight the importance of positive outcomes that results from effective stakeholder

engagement, policy influence, innovation promotion, and equity-focused initiatives. I have also emphasized the importance of collaboration, knowledge sharing, and the utilization of digital advancements to maximize the reach and impact of think tank research and recommendations.

Based on the findings of this project, several recommendations can be made to enhance further the development and effectiveness of a developing healthcare think tank organization. First, it is recommended that healthcare management leaders continue prioritizing stakeholder engagement and expand efforts to include diverse perspectives (Moullin et al., 2020). This can be achieved through targeted outreach, active participation, and collaboration with stakeholders at all levels. Strengthening the relationships with policymakers and leveraging political understanding will also be crucial in ensuring the influence and impact of a developing think tank in shaping their healthcare policies. Furthermore, it is recommended that developing think tanks enhance their measurement and evaluation practices to demonstrate their impact effectively. Developing robust frameworks for assessing outcomes, tracking policy changes, and monitoring the implementation of recommendations will provide valuable evidence of their contributions (Hale et al., 2021). Developing think tanks should also aim to leverage digital platforms and technologies to disseminate research outputs widely, engage with broader audiences, and facilitate knowledge sharing within the healthcare community. By implementing the recommendations to prioritize stakeholder engagement, foster innovation, address healthcare disparities, and enhance measurement practices, healthcare

management leaders can further enhance the effectiveness and influence of think tanks in shaping the future of healthcare.

Application to Professional Practice

The findings of this project have significant implications for professional practice in the healthcare management field. The identified strategies, strengths, and opportunities can inform healthcare management leaders in their efforts to establish and manage effective think tank organizations. First, this study highlighted the importance of stakeholder engagement in developing and operating think tank organizations. Healthcare management leaders can apply this finding by actively involving key stakeholders, including healthcare providers, policymakers, patients, and the community, in the decision-making processes. This collaboration can enhance the relevance and effectiveness of think tank initiatives, ensuring that they address the real needs and priorities of the stakeholders they serve.

Second, this project highlighted the significance of understanding politics and regulations in shaping the healthcare landscape. Healthcare management leaders can apply this understanding to professional practice by staying informed about evolving political dynamics and regulatory frameworks. By proactively engaging with policymakers and aligning their think tank's efforts with current regulations, leaders can enhance their influence and navigate the complex policy environment more effectively. Moreover, this project underscored the role of innovation in driving the success of think tank organizations. Healthcare management leaders can apply this insight by fostering a culture of innovation within their organizations. Developing think tank leaders must

continuously promote research and development, encourage interdisciplinary collaborations, and allocate resources to support innovative projects. Embracing technology and digital advancements can also enable leaders to leverage new tools and platforms for research, communication, and knowledge sharing, thereby enhancing the impact of their work.

Finally, I highlighted the value of networking and collaboration. Healthcare management leaders of developing think tank organizations can apply this insight by actively seeking networking opportunities and building connections with other organizations, industry experts, and stakeholders. Collaboration can facilitate knowledge sharing, resource pooling, and joint initiatives that enhance the collective impact of think tanks and drive positive change in the healthcare industry. These applications to professional practice have the potential to significantly and positively impact the healthcare industry and the communities it serves.

Implications for Social Change

The findings of this study carry profound implications for driving social change within the healthcare sector. Through the implementation of identified strategies and recommendations, developing think tanks have the potential to catalyze transformative social change. A significant implication is the opportunity to address health disparities and advance healthcare equity. Developing think tank organizations can reduce disparities in access, affordability, and quality of care by deploying targeted initiatives and advocating for policies prioritizing low-and-moderate-income families (McGann, 2020). This can foster improved health outcomes and promote a more just healthcare

system. In addition, by actively involving patients, community members, and policymakers, think tanks can foster a participatory approach to healthcare, resulting in policies and practices that better reflect the needs and values of the communities they serve.

Finally, the focus on driving innovation has the potential to propel advancements in healthcare technologies, care delivery models, and evidence-based practices. These innovations promise to transform healthcare, enhance patient outcomes, and address pressing societal health challenges. Ultimately, by applying the insights from this study, healthcare management leaders can contribute to a more equitable, inclusive, and innovative healthcare system, thereby effectuating positive social change at both individual and community levels.

Recommendations for Action

Several recommendations for action must be discussed. First, it is recommended to prioritize stakeholder engagement and collaboration. Healthcare management leaders should actively involve diverse stakeholders, including healthcare providers, policymakers, patients, and the community, in the decision-making processes of think tanks. This can be achieved through regular communication, soliciting input, and involving stakeholders at various stages of the think tank's activities. By fostering strong partnerships and incorporating diverse perspectives, think tanks can develop solutions that better address the needs and priorities of the healthcare ecosystem (Stone, 2000). Second, leaders should prioritize continuous learning and understanding political dynamics and regulations. Staying informed about evolving political landscapes and

regulatory frameworks enables think tanks to navigate the policy environment and advocate for change effectively (Stone, 2000). Developing think tank leaders should invest in ongoing education, attend relevant policy discussions, and establish relationships with policymakers to leverage opportunities for policy influence.

Another recommendation is to prioritize addressing healthcare disparities and promoting equity. Ronquillo et al. (2021) reported that think tank leaders must develop targeted initiatives that improve access, affordability, and quality of care for underserved populations. This can involve advocating for policies that prioritize equity, partnering with community organizations, and conducting research to identify and address the specific needs of marginalized communities. By prioritizing equity, think tanks can reduce healthcare disparities and promote a more inclusive healthcare system. Finally, leaders must foster collaboration and knowledge sharing among think tanks. Establishing networks, organizing conferences, and facilitating collaborative research projects enable think tanks to share best practices, exchange ideas, and collectively advance the field of healthcare (Richmond et al., 2019). Collaborative efforts can lead to the development of comprehensive solutions, stronger advocacy, and increased impact.

In addition, reports, journal articles, and social media websites can all be used to disseminate the result of this study. Symposiums, conference presentations, and websites are different ways to promote the research study and its outcomes. Furthermore, other strategies for disseminating include connecting with influencers in healthcare and health policies which care champion the results of the study can be helpful.

Recommendations for Further Research

Based on the limitations of this study, some recommendations for future research must be discussed. One key recommendation is to conduct longitudinal studies to assess the long-term impact of think tank organizations. This would involve tracking and evaluating the outcomes and influences of these organizations over an extended period. Longitudinal research can provide a deeper understanding of the sustained effects of think tank initiatives, including their contributions to policy changes, healthcare innovations, and patient outcomes. By examining the long-term impact, researchers can uncover valuable insights into the sustainability and effectiveness of think tanks in driving positive change within the healthcare sector.

Another area for further research is the exploration of effective mechanisms for stakeholder engagement in think tank organizations. While stakeholder engagement has been recognized as important, there is a need to investigate specific strategies and approaches that yield the most meaningful and inclusive participation. Future research can delve into best practices for engaging diverse stakeholders, soliciting and incorporating their input, and ways to establish sustainable partnerships. Understanding the most effective approaches to stakeholder engagement can enhance the decision-making processes of think tank organizations and amplify their impact on policy development and healthcare practices.

Additionally, future researchers can investigate the potential impact of think tank collaborations and networks on healthcare innovation and knowledge sharing. This could involve studying the dynamics, benefits, and challenges of collaborative efforts between

think tanks and the outcomes and impacts of these collaborations. Exploring successful collaboration and knowledge-sharing models can facilitate the dissemination and adoption of best practices, foster collaborative research initiatives, and amplify the influence of think tanks on healthcare policy and practice.

Also, future researchers must focus on comparative studies to examine contextual factors and strategies contributing to think tank organizations' success in different healthcare systems and regions. Comparative research can shed light on the challenges and opportunities faced by think tanks operating in diverse contexts and provide insights into the transferability and adaptation of strategies across different settings. Understanding the contextual nuances can inform the development of tailored approaches and strategies that maximize the effectiveness of think tank organizations in specific healthcare contexts.

Furthermore, the three main limitations of this study are sample size, use of a single case study design, and potential biases of the researcher. The first limitation is a small number of participants; it has previously been recommended that a qualitative study requires a minimum sample size of at least 12 to reach data saturation; further researchers should aim to expand the study to find more participants so that all themes can be explored (Vasileiou et al., 2018). Second, using a single case study design has received numerous criticisms about the inter-related issues of methodological rigor, the subjectivity of the researcher, and external validity (Aberdeen, 2013; Yin, 2009). Although a single case study possesses clear limitations, it can be offset by additional researchers using broader, pluralistic mixed-method research strategies. The study's third

limitation, the researcher's potential biases, was offset by the fact that I only provided the participants with needed information for the task at hand. Further, researchers could use a double-blind design to avoid researcher bias.

Reflections

As the researcher of this study, this research journey has been enlightening and rewarding. This study has provided valuable insights into the complex world of healthcare think tanks by exploring various strategies, strengths, opportunities, and implications. The research findings highlighted a striking realization regarding the multifaceted nature of think tanks and their immense potential to drive transformative change within the healthcare industry. It became clear that successful developing think tanks are not limited to being mere repositories of knowledge; they embody dynamic entities that rely on effective leadership, active stakeholder engagement, astute political understanding, a culture of innovation, and a dedicated focus on addressing healthcare disparities. This understanding deepened my appreciation for the intricate complexities of establishing and managing successful think tank organizations.

Throughout this research process, it became apparent that stakeholders play a crucial role in the success of developing think tanks. Their engagement, collaboration, and diverse perspectives shape the outcomes and impacts of these organizations. This realization has reinforced the importance of fostering meaningful connections and partnerships with various stakeholders to enhance the relevance and effectiveness of think tank initiatives. Moreover, understanding the political and regulatory landscapes has emphasized the need for healthcare management leaders to be proactive and

adaptable in navigating the ever-changing policy environment, advocating for change, and driving evidence-based decision-making. Another enlightening aspect of this study was the recognition of the potential of think tanks to drive innovation in healthcare.

Witnessing the advancements made through the integration of research, collaboration, and technology highlighted the transformative power of innovation. It became clear that embracing innovation within think tanks can lead to the development of novel healthcare technologies, improvements in care delivery models, and the implementation of evidence-based practices that positively impact patient outcomes and shape the future of healthcare. The findings of this study can serve as a foundation for future research and guide healthcare management leaders in their efforts to establish and manage successful think tank organizations, ultimately contributing to positive change in the healthcare industry and the communities they serve.

Conclusion

This study has provided valuable insights into the strategies, strengths, opportunities, and implications of developing think tanks. This research highlighted think tanks' multifaceted nature and potential to drive significant change throughout the healthcare industry. The study's findings underscore the importance of effective leadership, stakeholder engagement, political understanding, innovation, and a commitment to addressing healthcare disparities. In addition, the findings have emphasized the need for developing think tank leaders to foster a collaborative and inclusive approach, leveraging the diverse perspectives of stakeholders to shape policies and practices that better reflect the needs of communities. It calls for proactive

engagement with policymakers and a thorough understanding of the regulatory landscape to drive evidence-based decision-making. Successful healthcare think tank organizations are catalysts for positive change in the healthcare industry. By embracing effective strategies, engaging stakeholders, driving innovation, and addressing healthcare disparities, think tanks can influence policies, advance healthcare practices, and improve patient outcomes. Healthcare management leaders and policymakers should recognize the critical role of think tanks and collaborate to harness their potential for creating a more equitable, innovative, and patient-centered healthcare system.

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Appendix A: Interview Protocol

I completed semistructured interviews with three individuals who worked within senior leadership positions in a healthcare think tank organization. After recruiting the participants, I ensured that the three participants reviewed and sign an informed consent form, and I then scheduled them for their private semistructured interview. Participants completed their semistructured interview via Microsoft Teams video conferencing. I scheduled a convenient time and location for the participants to complete their interviews via Microsoft Teams video conferencing and sent them a confidential personal meeting room link to join the scheduled meeting.

During each semistructured interview, I asked each participant the same eight open-ended questions. I also asked follow-up questions to encourage the participants to expand upon their answers or to clarify any information they had provided (Adeoye-Olatunde & Olenik, 2021). Each semistructured interview lasted approximately 45 minutes to one hour and was electronically recorded and transcribed in preparation for data analysis. After completing all the semistructured interviews and transcribing them, I sent the participants a copy of the transcript to complete member checking. Member checking, or respondent validation, was a process where the participants reviewed their transcripts for accuracy (Candela, 2019). If any participants would have reported any inaccuracies within their transcripts, I would have made any necessary changes to ensure that they reflected exactly what the participants said.

Appendix B: Interview Questions

1. What strategies have your healthcare think tank organization used to maximize influence and impact effective healthcare policies?
2. What are the future trends in Health Policy Think Tanks?
3. How does your organization provide informed analysis task at shaping the national policy debate on reforming healthcare?
4. What are your organization's key processes for developing and implementing strategies for developing a healthcare think tank organization?
5. What is the mission of your think tank organization?
6. How is your think tank organization funded?
7. What additional information would you like to share about your organization's strategies to develop successful healthcare think tank organizations?