

USING THE DIGITAL GOVERNANCE TOOLKIT FOR YOUR HEALTH SYSTEM

This toolkit provides context for the specific elements of a virtual care governance structure to support digital and virtual health leaders in applying the Virtual Care governance toolkit in their own organization.

I. KEY PRINCIPLES

- **Governance follows maturity:** Early programs need simple, minimally disruptive structures aligned to existing leadership and organizational structures, whereas advanced programs can centralize more decision authority to drive agility and decrease time to execution.
- **Organizational context is key.**
 - **First, understand your organization's priorities and programmatic scope:** Health systems will have their own unique priorities for virtual and digital work. A clear understanding of an organization's priorities will ensure appropriate scope and guide the development of governance structures that effectively meet the needs of the organization. The priorities will also guide where digital programs live (for example, within Information Technology, Clinical Operations, or another functional area).
 - **Continue to Iterate:** An effective governance structure for an organization is likely to evolve over time as its organization's digital and virtual programs expand and mature.
 - i. **Stand up a Minimum Viable Governance (MVG)** to meet the immediate needs of the program.
 - ii. **Set milestones for routine review.** Review metrics of success, roles and responsibilities, a backward look to programmatic wins and opportunities for improvement, a forward look at priorities, and an assessment of stakeholders' and leaders' decision rights.
 - iii. **Be prepared to evolve governance over time** based on changing scope, experiences and maturity.

II. PROFILE YOUR HEALTH SYSTEM

Foundational characteristics of your current organization's structure to consider.

1. Strategic alignment

- Is digital transformation explicitly embedded within the enterprise's system strategy, or is it being managed as an independent initiative?
- Note specific points where it has been integrated into the enterprise strategy.

2. C-Suite engagement & conviction

- Are senior leaders (i.e., the CEO, COO, CMO, and/or CIO) fully committed to digital transformation as a critical component of the enterprise's long-term success?
- How are C-suite members connected with the work?
- Does the work fall directly under a C-suite member?

3. Funding flows and commitment

- Is funding through a central pool or is it a service line-based allocation?
- Is the allocation annual or multi-year?
- Does digital transformation have an independent budget line?
- Who is responsible for prioritizing initiatives within the budget?

4. Current enterprise operating model

- Is authority centralized, federated, decentralized, or a hybrid model?

5. Size/complexity

- How many hospital facilities are involved (fewer than 5 hospitals, 6-15, more than 15)?
- Are facilities spread across multiple states?
- Are there Academic Medical Centers?
- What is the ambulatory footprint?

6. Organizational culture

- Is there an established culture of continuous learning?
- How will the culture affect adaptation to and adoption of change?

III. CUSTOMIZE TO YOUR CIRCUMSTANCES

1. Define the scope

What is your organization's key driver for digital transformation (e.g., system transformation, process improvement, competitive advantage, innovation and/or commercialization)? Determining what is in scope and what is out of scope for digital transformation efforts will impact all other elements of the governance structure. Starting with a defined scope provides clarity for other key decisions.

Recommended Documentation to Develop

- One-page scope statement
- Value Logic (for example, Objectives and Key Results (OKRs) and Key Performance Indicators (KPIs))
- Governance map reflecting where decisions in the organization are made

2. Determine authority & decision-making power

Clear decision authority is foundational to avoiding projects getting stalled or being re-litigated. A best practice: limit multiple approval processes where possible to increase agility. Specifically consider IT governance, capital, and financial governance, and operational management to map out the specific points of connection between the digital transformation structures and existing governance structures.

Recommended Documentation to Develop

- Decision matrix (RAPID/RACI)
- Approval thresholds table
- Escalation service level agreements (e.g., resolve in ≤ 10 business days)

3. Roles & responsibilities

As the structures are defined, it is critical to outline the roles and responsibilities of each structure and how they interact. **A best practice:** ensure clear delineation between governance and management functions as well as accountability to reduce duplication and improve execution.

Recommended Documentation to Develop

- Committee charters
- Member roster with alternates
- Annual calendar
- Onboarding packet for new members

4. Determine the model

Determine the governance model to pursue, based on maturity and context (see examples below).

5. Measurement

How do you prove value and enforce accountability? Consider how to measure the efficacy of the governance structure as well as the performance of digital transformation initiatives.

Recommended Documentation to Develop

- KPI dashboard
- Metric owner list
- Quarterly value review template

EXAMPLES OF GOVERNANCE STRUCTURE SELECTION

Tip: If alignment, C-suite conviction, and funding are initially low, you may wish to start with a more simple model. If alignment, C-suite conviction and funding are fairly robust, you may wish to centralize more decision authority earlier.

1. Digital health maturity:

- **Immature** — Early stages, mainly synchronous telehealth. Efforts are fragmented, digital skills minimal, and leadership commitment is low.
- **Emerging** — Some experimentation with digital tools. Early champions and teams drive small-scale initiatives. There may be a named leader and a dedicated budget, but it is not yet embedded in enterprise strategy.
- **Mature** — Digital capabilities are embedded in organizational strategy, culture, and operations. Leadership treats digital as core to strategy competitiveness. Presence of enterprise-wide digital programs.

2. Current governance orientation:

- **Centralized** — decisions made centrally, strong corporate functions.
- **Federated** — semi-autonomous regions/service lines.

3. Mixed model:

- Immature × Centralized
- Emerging × Centralized
- Emerging × Federated



IV. CONSIDER THE MODEL WHEN DEVELOPING/EVOLVING GOVERNANCE:

1. Immature × Centralized — “light-touch starter”

- **Objective:** Enable safe, visible early wins without rewiring the organization.
- **Structure:** Executive Sponsor (COO/CIO) with veto power; Digital Health Working Group (director-level representation in: IT, Nursing, Ops, Compliance, Finance); bi-weekly intake huddle.
- **Decision rights:** Working Group approves ≤ \$250k pilots and non-clinical workflow changes; larger asks escalate to existing capital/clinical gov.
- **Measures:** Pilot throughput; decision cycle time; basic quality/safety checks.
- **90-day wins:** Publish intake form, RACI, and single KPI view; launch/close one pilot.

2. Emerging × Centralized — “enterprise council + PMO core”

- **Objective:** Unify roadmaps, budgets, and standards across digital modalities.
- **Structure:** Executive Steering Committee (ESC, C-suite); Digital Health Council (VPs); Clinical Advisory Group (CMIO/CNIO/service lines); Digital PMO.
- **Decision rights:** ESC owns funding & enterprise priorities; Council owns standards; Clinical Advisory Group has clinical final say.
- **Measures:** Benefits realization; adoption; safety; equity; cyber exceptions.
- **90-day wins:** Publish decision matrix, capital gating rubric, & **shared roadmap**.

3. Emerging × Federated — “thin center, strong guardrails”

- **Objective:** Preserve local agility with system-level guardrails.
- **Structure:** System Digital Standards Board (lightweight); Regional Digital Committees; Integration Review Board for interoperability/security.
- **Decision rights:** Regions approve within thresholds; Standards Board can block on security, data, or patient safety.
- **Measures:** Percent solutions within standards; duplicate spend avoided; integration lead time.
- **90-day wins:** Publish non-negotiables (identity, data, safety, privacy), plug-and-play intake kit, and shared vendor catalog.

GLOSSARY

Artificial Intelligence	The capability of machines and software, especially computer systems, to perform tasks that typically require human intelligence.
Digital Transformation	The process of integrating digital technologies into all aspects of a business or organization, fundamentally changing how it operates, delivers value to customers, and adapts to market dynamics.
Virtual Care	The delivery of healthcare services through digital technologies. <i>A general term that encompasses all the way healthcare providers remotely interact with their patients using digital communication technologies. Key components include telemedicine/telehealth, remote patient monitoring (RPM), mobile health (mHealth), asynchronous communication, mental health services.</i>
Telehealth	The use of electronic information and telecommunication technologies to support long-distance clinical healthcare, patient and professional health-related education, health administration, and public health. Examples of telehealth include live video, store-and-forward, remote patient monitoring, and mobile health. A collection of means or methods for enhancing healthcare, public health, and health education delivery and support using telecommunications technologies.
Digital Innovation	Using digital technologies to create new business models, products, or services, and innovate within the organization.
Digital Health	The use of digital technologies to improve and manage health and healthcare.
Technology Integration	The process of integrating new or existing technologies into an organization's systems, processes or operations.
Digitalization	The process of digitally automating and simplifying processes to streamline individual health programs and reduce manual efforts for greater efficiency.
Digitization	The process of converting and organizing data from paper records into a digital format for easier entry, storage, and retrieval.