

ADVANCING Collaborative Leadership in Integrated Health Systems

February 21, 2020
12:00 PM (EDT)



ADVANCE Program
Accountability, Shared Leadership and Governance

Webinar Overview

Overview of the ADVANCE Program – Ross Baker

Presentation - Dr. V. Stein

Questions and Answer Period

Closing Remarks and Webinar Schedule

ADVANCE: Accountability, shareD leadership and goVernANCE

A Program Designed to Support Leaders of Ontario Health Teams

	<h2>Webinars and Podcasts</h2>	<ul style="list-style-type: none">• Open access format – monthly content• Focused on evidence, thought leadership and lessons learned by guests in creating effective integrated care.• Hosted by Canadian Foundation for Healthcare Improvement
	<h2>Coaching Academy</h2>	<ul style="list-style-type: none">• Supporting local coaches to foster collaborative leadership and relationships within their OHTs• Developing local capacity through a learning collaborative and community of practice
	<h2>Targeted Workshops</h2>	<ul style="list-style-type: none">• Focused on OHT collaborative leadership groups (steering committees)

ADVANCE Program Faculty



G. Ross Baker is a professor in the Institute of Health Policy, Management and Evaluation at the University of Toronto and Program Lead in Quality Improvement and Patient Safety. Ross had led a number of projects in Quality Improvement and Patient safety and was Co-Lead for the IDEAS program (Improving and Driving Excellent Across Sectors).



Michelle Nelson is a Scientist with Sinai Health and an Assistant Professor, Institute of Health Policy Management and Evaluation. Her research focuses on integrated care for people with complex care needs, and has a particular interest in collaborations between health care and the NGO sector ([Voluncaring](#)).



Heather Graham is a consultant, facilitator and coach who works in the not-for-profit sector to build capacity in the areas of collaboration, governance and leadership, strategic planning and community engagement. She has been involved in several research and policy initiatives including Strengthening Collaboration in the Not-for-Profit Sector with development of an online tool ([collaborationcoach.ca](#)).



Paula Blackstien-Hirsch is a consulting facilitator and coach who focuses on Governance, Leadership and Quality Improvement across multiple sectors. She is also core faculty for the Masters in Quality and Safety, University of Toronto, and is a member of the Sinai Health Board where she also Chairs the Board Quality Committee.



Andrew Pinto is a physician and scientist at the University of Toronto, who directs the [Upstream Lab](#). His research is focused on integrating health and social care, and bringing a population health approach to health system evolution.



Lynne Sinclair is an Educational Consultant, Assistant Professor, Department of Physical Therapy & the External Development Lead at the Centre for Inter-professional Education, University of Toronto. She has expertise in integrated care, quality improvement/ safety, intersectoral communication & team-based practice and sits on the Board of the Canadian Interprofessional Health Collaborative (CIHC).

Dr. Viktoria Stein



Dr. Viktoria Stein is the Director of Education and Training of the International Foundation for Integrated Care (IFIC) and joint editor-in-chief of the International Journal of Integrated Care. Her experience in academia, international organizations, private and third sectors, has given Dr Stein a comprehensive understanding of the diversity of stakeholders, and the challenges of local, regional and national policy design and project implementation in such diverse settings as Austria, Australia, Brazil, and Malaysia.

Dr Stein's recognition as one of the leading experts in integrated care design and implementation has led to her extensive work as a consultant and expert for international agencies like the World Health Organization, World Bank, the European Commission, and Accreditation Canada, providing input on such diverse topics as workforce development for integrated care, integrated care design, evaluation and monitoring, or population health management and community involvement.

A special focus throughout her career has been the creation of learning opportunities and environments which foster knowledge generation and exchange. To this end, Dr Stein has promoted the involvement of patients, families and communities in every phase of design and implementation of integrated care, as well as on every level of decision making.



Leading and managing integrated care: what does it take to create sustainable change in organisations and systems?

Dr Viktoria Stein, Director of Education and Training
Webinar, 21 February 2020



www.integratedcarefoundation.org



@IFICinfo



What change?

Quotes from two centuries

“Apprehension, uncertainty, waiting, expectation, fear of surprise, do a patient more harm than any exertion.”

Notes on Nursing, Florence Nightingale, 1859

“Primary care requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate.”

Alma-Ata Declaration, WHO 1978

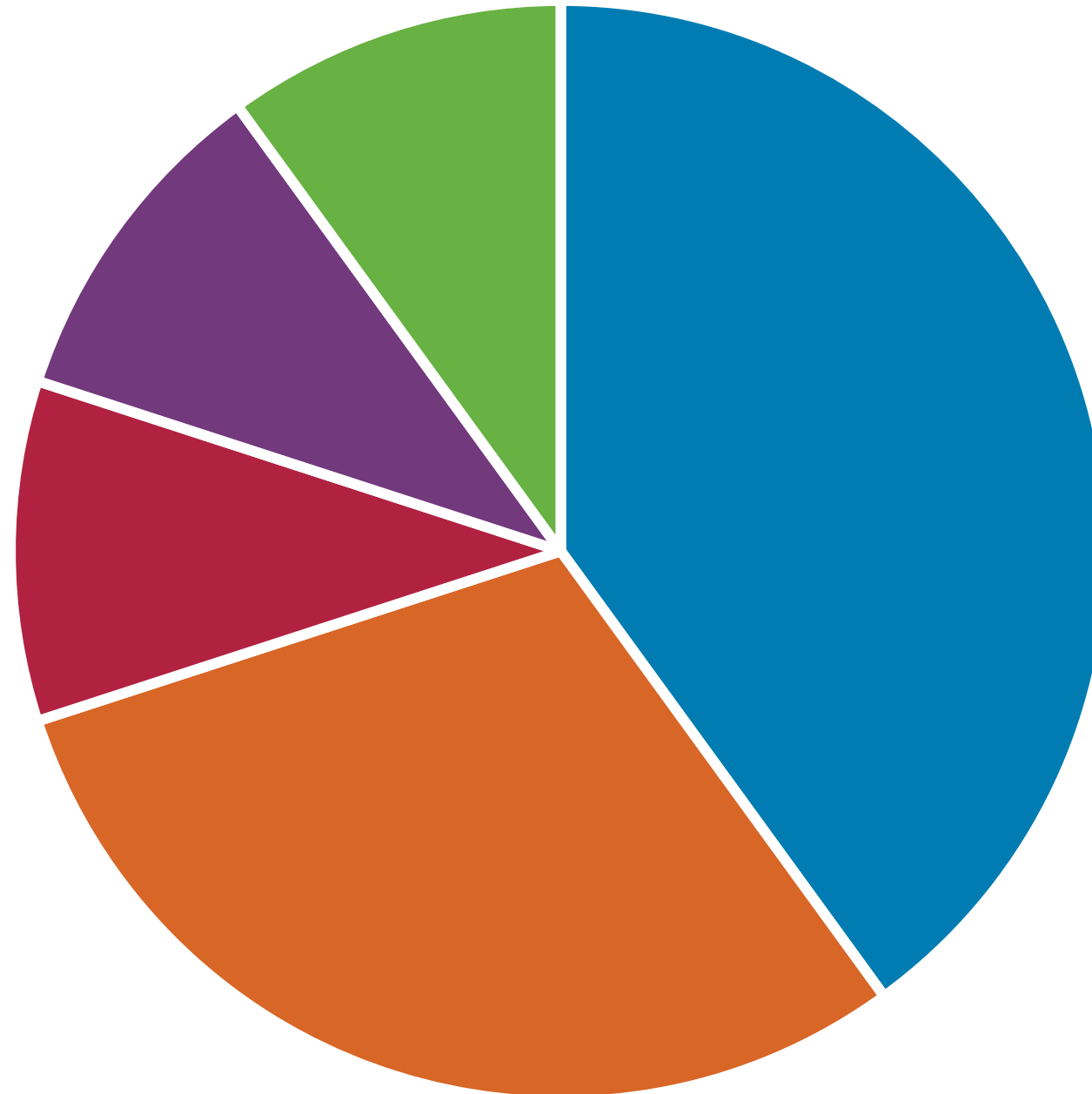
“...there is a need to re-shape healthcare systems to better address new public health challenges, particularly the needs of older people. To face these challenges changing our mind-set from the current health care conceptual framework, to a new one is mandatory. **It should be oriented to function instead of to disease, to prevent instead of to react, to care instead of to cure, and to provide continued and integrated care instead of episodic and fragmented care.**”

Advantage JA, Managing Frailty, 2018



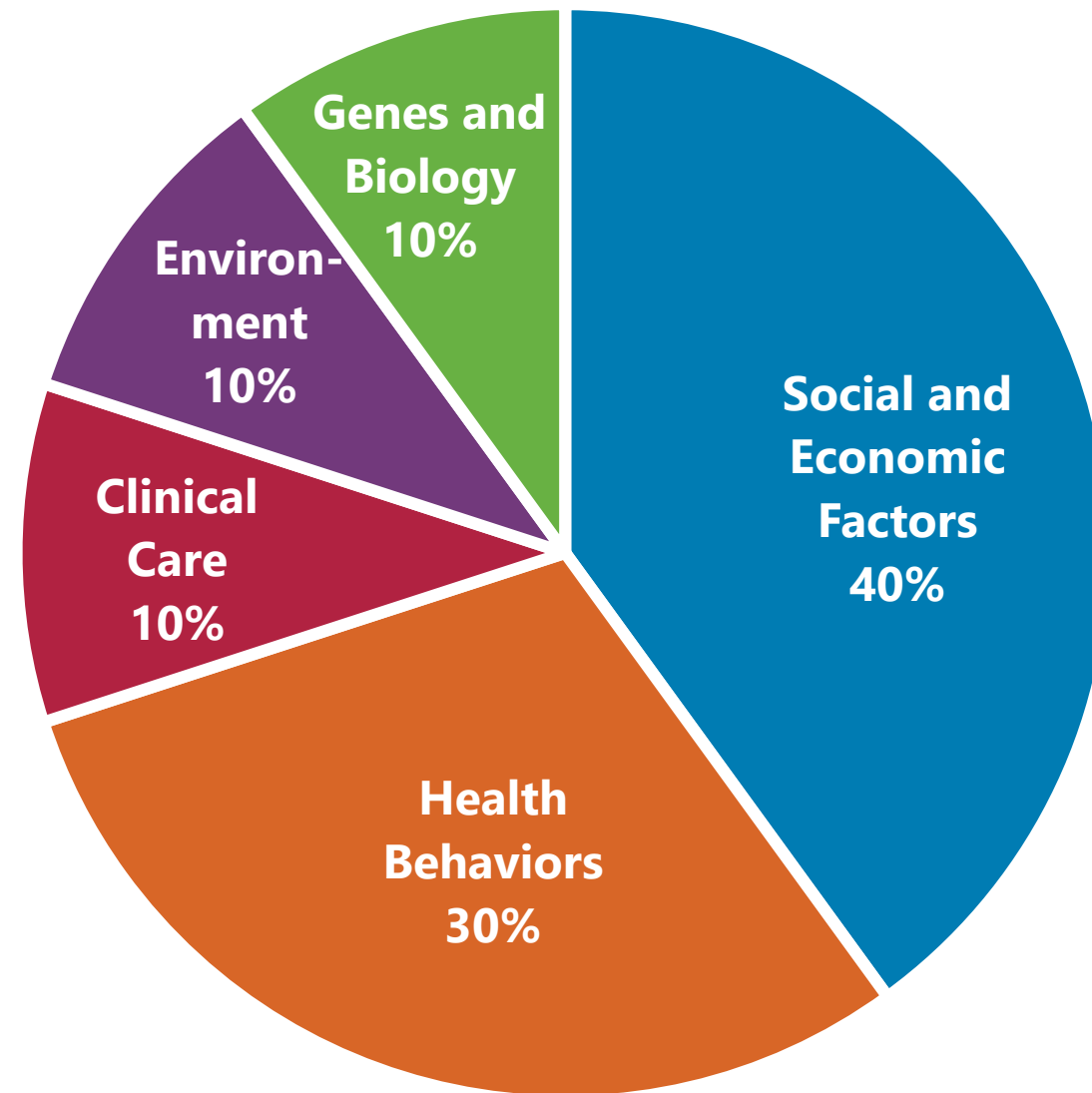
Determinants of health – what is most relevant?

- Clinical Care
- Health Behaviours
- Genes and biology
- Social and economic factors
- Environment



Our health is determined by much more than the health services we receive

Peace
Shelter
Education
Food
Income
Stable eco-system
Sustainable resources
Mobility
Social justice and equity

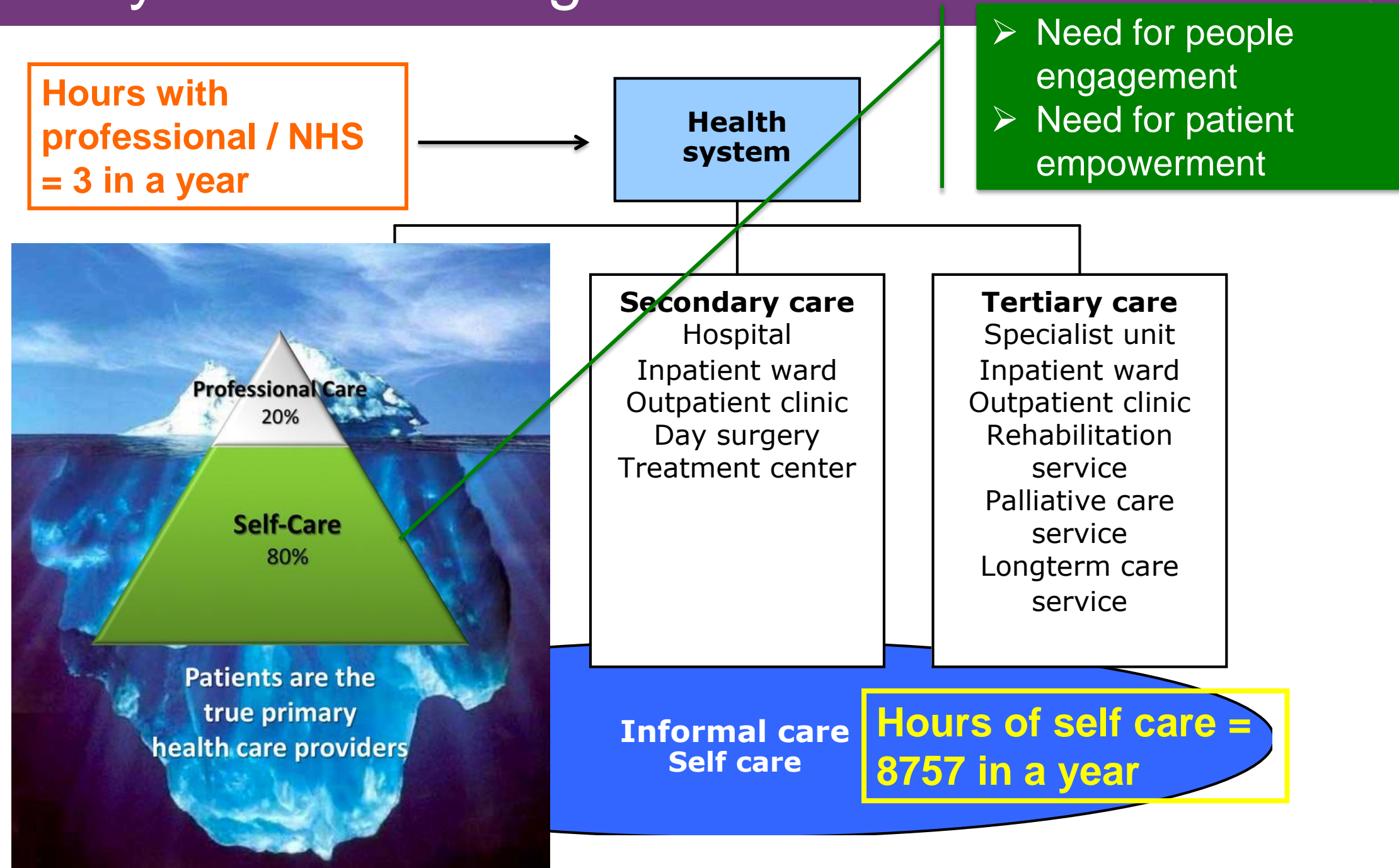


World Health Organization. Ottawa charter for health promotion. International Conference on Health Promotion: The Move Towards a New Public Health, November 17-21, 1986 Ottawa, Ontario, Canada, 1986. Accessed July 12, 2002 at <http://www.who.int/hpr/archive/docs/ottawa.html>.

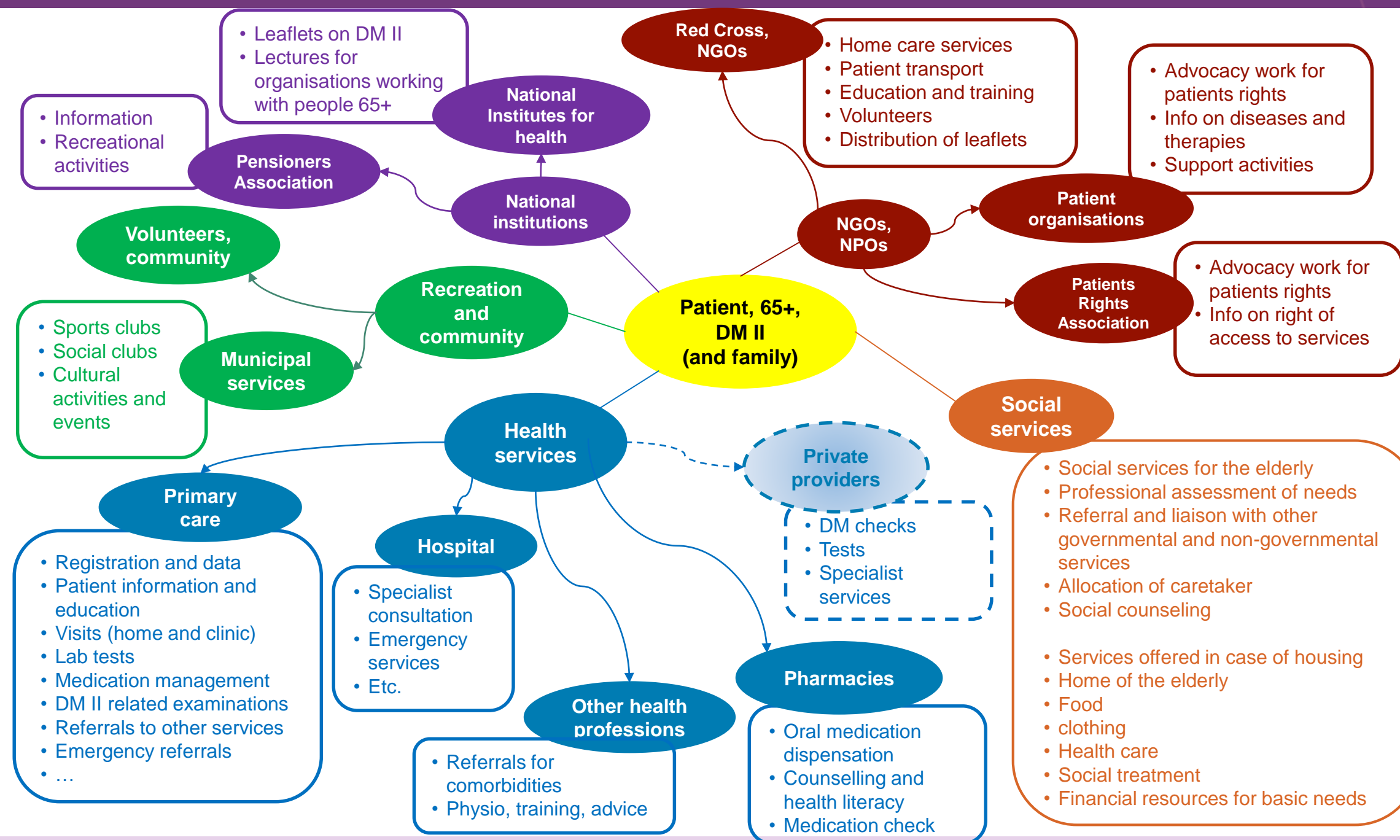
Determinants of Health Model based on frameworks developed by: Tarlov AR. *Ann N Y Acad Sci* 1999; 896: 281-93; and Kindig D, Asada Y, Booske B. *JAMA* 2008; 299(17): 2081-2083.



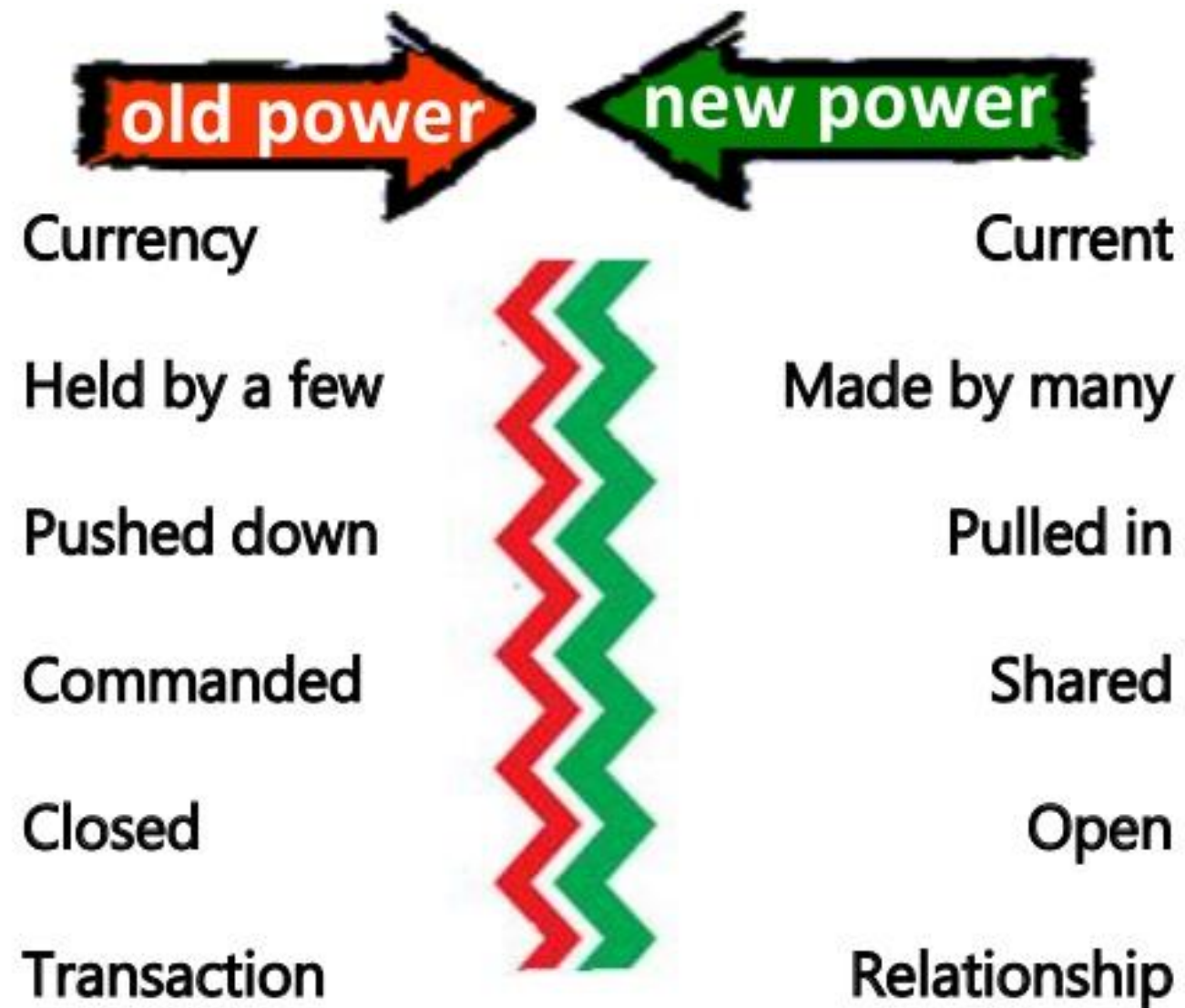
The reality of care settings



Map of care for older person with chronic disease



Changing power concepts



Jeremy Heimens TED talk "What new power looks like"

<https://www.youtube.com/watch?v=j-S03JfgHEA>



@HelenBevan #NHSTform

Barriers to workforce changes in integrated care

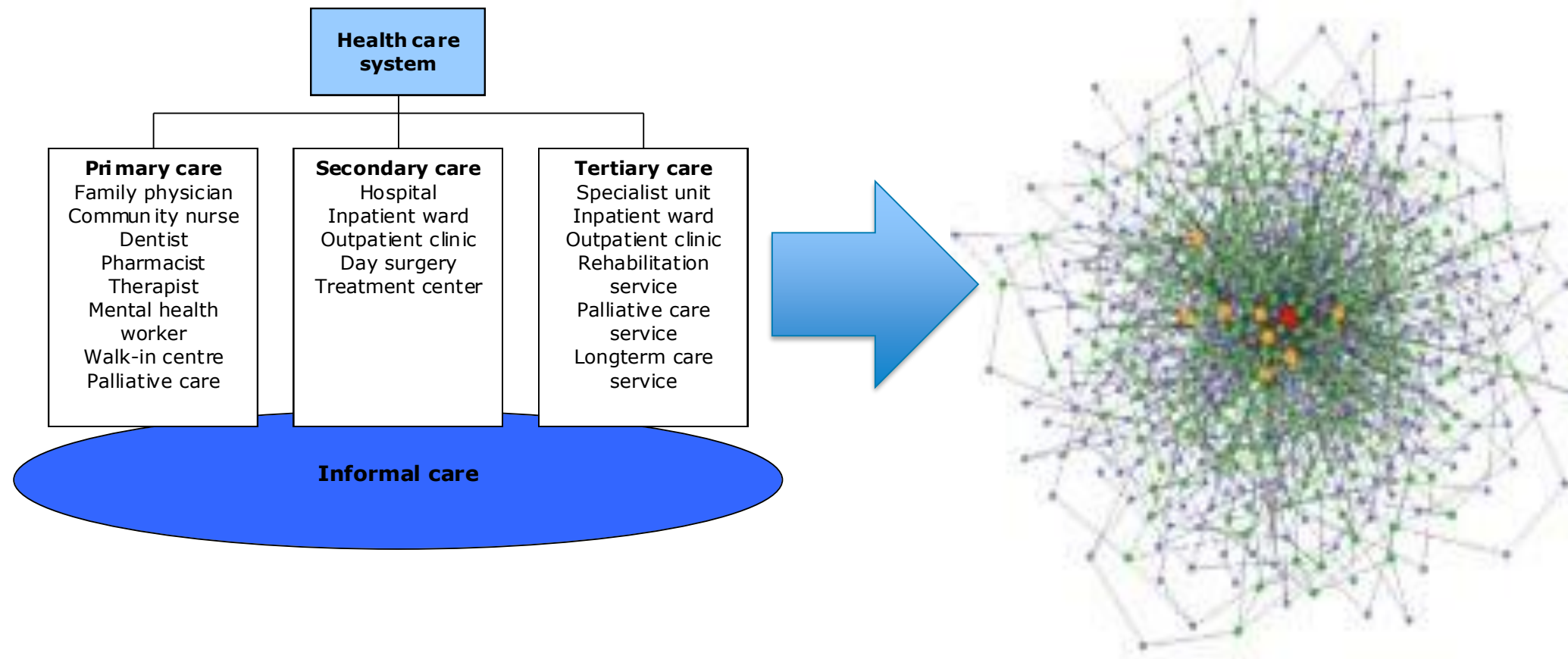
Table 1: Overview of the barriers mentioned by most experts, studies or cases.

Barriers	Expert Questionnaire (N = 25)	Literature Review (N = 21)	Case Reports (N = 2)
Delivery structures	44%	34%	100%
Health professionals	44%	29%	100%
IT	16%	24%	100%
Funding	32%	14%	50%
Culture	40%	10%	0%
Communication and cooperation	4%	24%	0%

Note: Percentages in bold print indicate that the respective barrier was among the three highest percentages in the expert questionnaire or literature review, or mentioned in both case reports. Percentages in normal print indicate that the respective barrier was not among the three highest percentages in the expert questionnaire or literature review, or mentioned in both case reports.

Busetto, L, et al. Barriers and Facilitators to Workforce Changes in Integrated Care. International Journal of Integrated Care, 2018; 18(2): 17, 1–13.

If care is moving from silos to networks...



...education and training must move along!



Leading and managing integrated care

Leaders versus managers?

“...leaders do the big things, managers do the rest ... leaders do the right things, while managers do things right.

This may sound right until you try to do the right things, without doing them right. In practice, leadership cannot be separated from management; managers who don't lead discourage the people around them, and leaders who don't manage are disconnected from what is going on...True leadership is management practiced well.”

(Mintzberg, Managing the myths of health care, 2017, p. 24)

The role of management

Strategic: “You see her [vice-president] everywhere. If you saw her in the waiting room, she might be sitting with someone, you might think she’s a care giver or she’s a patient herself, but she wants to get to know her clients and there’s a genuineness about her that people really relate to and she’s very, very caring. I see her with her subordinates who are not maybe pulling their weight and she really encourages them to do that more with a carrot rather than with a stick.”

Operational: “They follow up and monitor or they push, they fight, they push again, they require from their staff or the supervisors, so that the overall management role is very important because there is always a need for somebody to actually push forward for the change“

Miller and Stein, The Odyssey of Integration: Is Management The Achilles' Heel? IJIC 2020, in publication

What's so special about managing integrated care?

- The need for a holistic and systemic understanding of social determinants of health and the wider context
- Managing across, instead of only up and down
- Culture highlighted as key context and enabler
- Doctors had mixed press as leaders and managers!
- Resilience, conviction and “an inner fire” are key

Miller and Stein, The Odyssey of Integration: Is Management
The Achilles' Heel? IJIC 2020, in publication

Competences for managers of integrated care

Knowledge	<ul style="list-style-type: none">• Professional knowledge• Management theory and theories of innovation• Understanding of the overall system• Social determinants of health• Applying knowledge in the context of integrated care
Skills	<ul style="list-style-type: none">• Taking a people-centred approach• Communication• Building and maintaining relationships• Distributive leadership and collaborative approach to management• Being a coach and a mentor• Managing culture change
Attitudes	<ul style="list-style-type: none">• Resilience• Courage• Humility

Miller and Stein, The Odyssey of Integration: Is Management
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The Iceberg Model of Competencies

Technical
competencies

Behavioural
competencies



Can be influenced
directly through
education and training

What we know and
can do

What we perceive and
what motivates us

May be influenced
indirectly through
education and training
and role models

Leaders for quality cultures: Collective leadership

- An inspiring vision and compelling strategic narrative
- Clear priorities and objectives at every level from Board to front line
- Have supportive people in leadership and management roles
- Have high levels of staff engagement
- Learning and innovation is seen as everyone's responsibility
- Have high levels of **genuine team working** and co-operation across boundaries

How to be a successful team leader

67 per cent of the variance in team members' trust towards leaders depended on 3 factors, namely:

- consulting team members when making decisions,
- communicating a collective vision, and
- sharing common values with the leader.

Trust in the leader was also strongly associated with the leader's effectiveness.

([Nicole A. Gillespie](#), [Leon Mann](#), (2004) "Transformational leadership and shared values: the building blocks of trust", Journal of Managerial Psychology, Vol. 19 Issue: 6, pp.588-607)

Managing based on outcomes and values

The hypothesis for integrated care is that it can contribute to meeting the “**Quadruple Aim**” goal in health systems

- **Improving the user’s care experience** (e.g. satisfaction, confidence, trust)
- **Improving the health of people and populations** (e.g. morbidity, mortality, quality of life, reduced hospitalisations)
- **Improving the cost-effectiveness** of care systems (e.g. functional and technical efficiency)
- **Improving work-life balance of (health) care providers**



Lessons from the Experience of Senior Leaders (who all got sacked)

Communication

Be Disruptive

Take the Agenda to a
Policy Level

Promote Distributed
Leadership

Be Brave



“Strong and respected clinical leadership is essential for achieving clinical integration.”

Ken Kizer, former CEO, VHA



“One can have a compelling narrative ... yet have an inadequate leadership culture. Locally ‘owned’ [innovation] will tend to grow more quickly and better survive any political turnovers.”

Rafael Bengoa, former MoH, Basque



“You also need thick skin-ness, bloody mindedness and tenacity because every man and their dog who describes themselves as an ‘expert’ would probably have told you never to have started the journey”

David Meates, CEO, Canterbury DHB

Network theory - management tasks

... many of the dynamics of the collaborative processes are recursive. They do not get established at one time to be forgotten. Instead purpose, membership, trust, power, leadership, and identity all must be negotiated and managed continuously throughout the collaborative process.

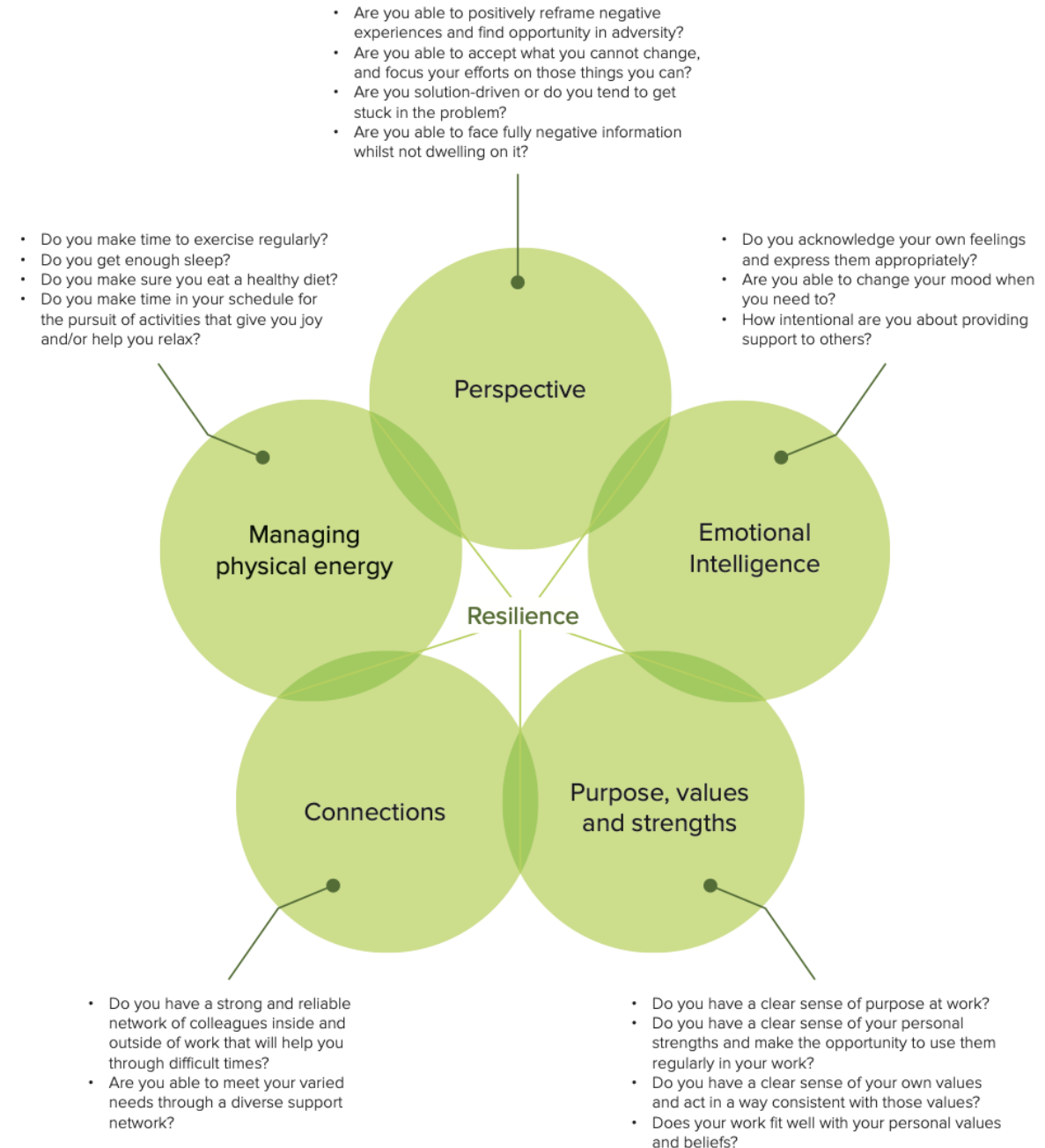
Sandfort & Milward 2008 p. 154-5.

Resilience Capabilities Model

“...you really have to have the skills of a change manager and you need I think a lot of resilience and endurance to knock on every door again and again and again and a tenth time it will maybe open a little bit.” (Interviewee 16)

Online self-assessment tool:

<https://www.roffeypark.com/resilience-capability-index/>



Development of the competences

- Integrated care principles should be part of every course, not specialist training
- They also need to be part of CPD programmes
- Dedicated training for managing integrated care needs to be put in place – traditional MBAs are not enough
- There is a need to actively identify, support and train future managers
- Managing integrated care needs to be a job, not an afterthought
- Need for peer support and peer learning, mentoring, and regular feedback
- Case-based learning combined with learning on the job

Miller and Stein, The Odyssey of Integration: Is Management
The Achilles' Heel? IJIC 2020, in publication



Creating a learning environment for sustainable change – understanding improvement as a continuous effort

Why people-centred is crucial for sustainability

“The people-centred approach meets these broader challenges by recognizing that **before people become patients, they need to be informed and empowered** in promoting and protecting their own health. There is a need to reach out to all people, to families and communities beyond the clinical setting. In addition, **health practitioners are people, and health care organizations and systems are made up of people**. Their needs should also be considered, and they must be empowered to change the system for the better. That is, a people-centred approach involves a balanced consideration of the rights and needs as well as the responsibilities and capacities of all the constituents and stakeholders of the health care system [and beyond].”

*People-centred health care: a policy framework
WHO Western Pacific Region 2007*



A Question of Trusted Relationships



- **Trust**

- **Contracts** can't anticipate and resolve every type of problem; each party needs a genuine belief in integrity of the other side

- **The 'right' personalities**

- Avoid competitive relationships where people are **possessive and defensive** about their areas of responsibility
- Need to share and openly address problems **without fear of reprisal**

- **Openness in communication**

- High levels of **communication** between organisation, partnering team and individual

- **Organisational culture and organisational learning**

- A **shared culture** enhances commitment and consistency of individual behaviours, aligns goals and promotes trust

- **Teambuilding**

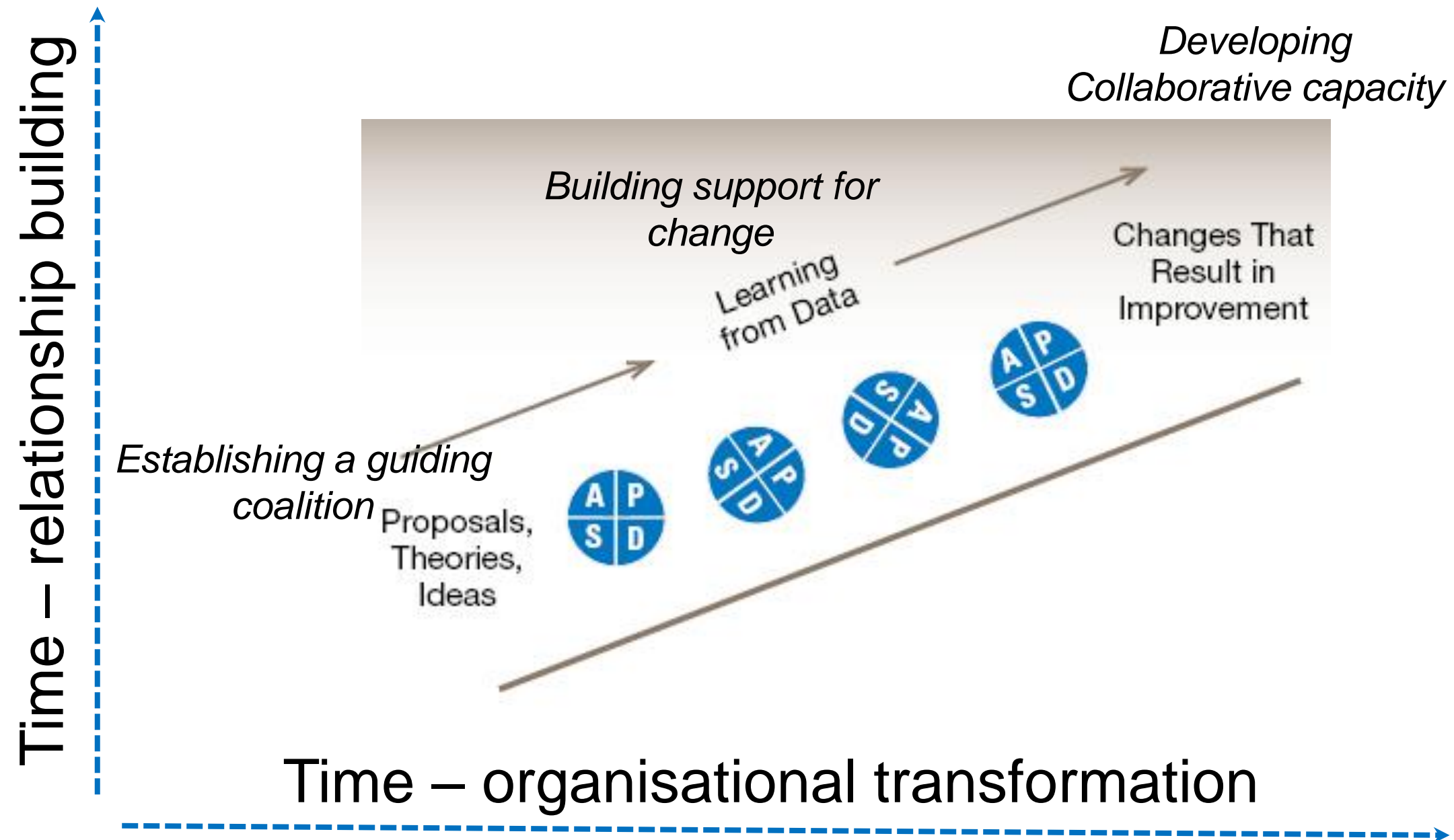
- Important for **aligning the differing perspectives** of participants and for building trust

- **Leadership and senior management**

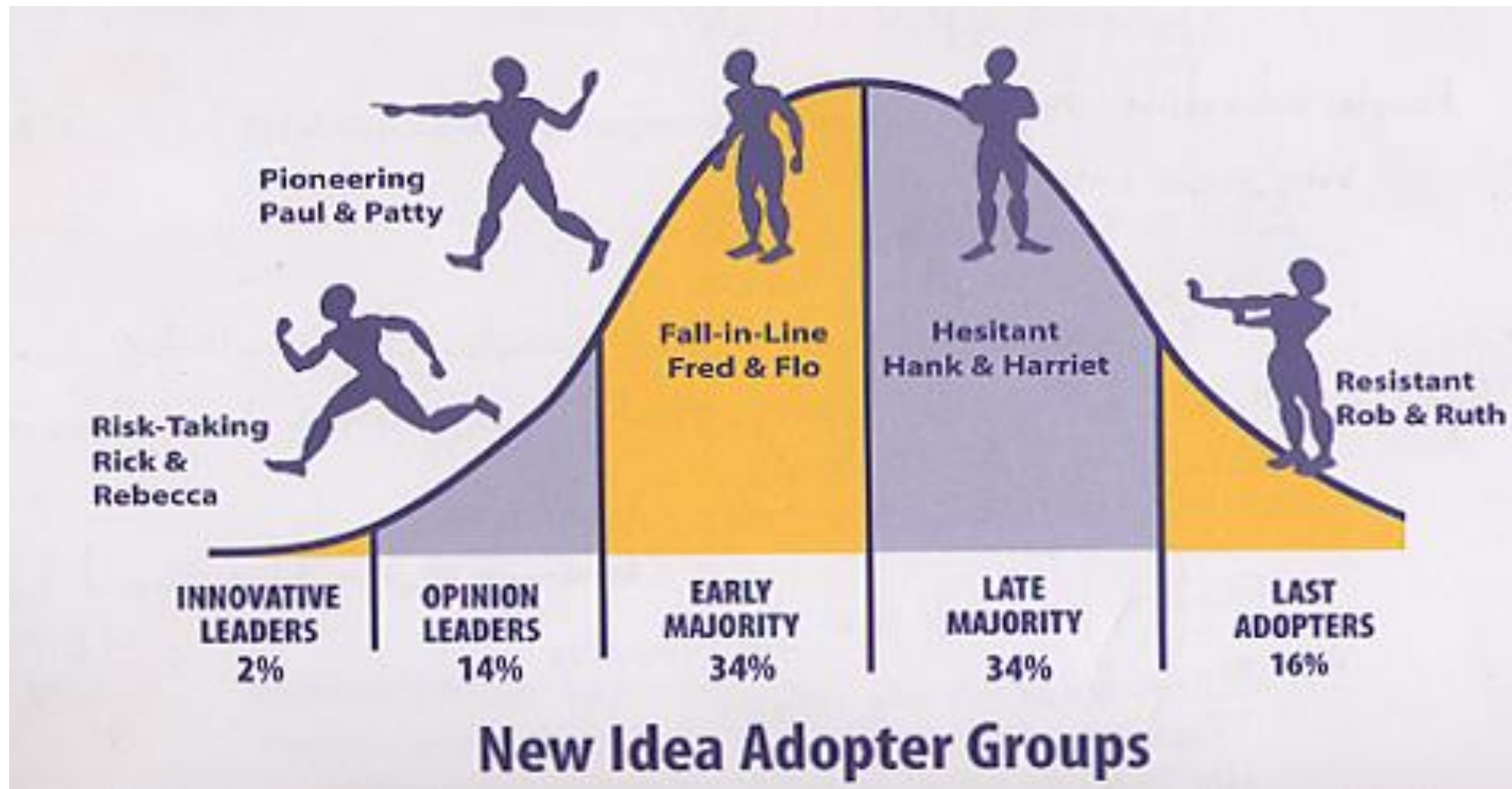
- Crucial for **reinforcing** partnering concept, **countering** arguments of detractors and **nurturing** partnering process

James Barcow 2017

Integrating care is a continuous improvement and learning process – You're never done!



Adoption of Innovation



<https://brkyzz.wordpress.com/diffusion-of-innovations-rogers-e-1995/>

Diffusion of Innovations / E. Rogers (1995)

What are community health assets?

All communities have health assets that can contribute to positive health and wellbeing

The skills,
knowledge and
commitment
of individual
community
members

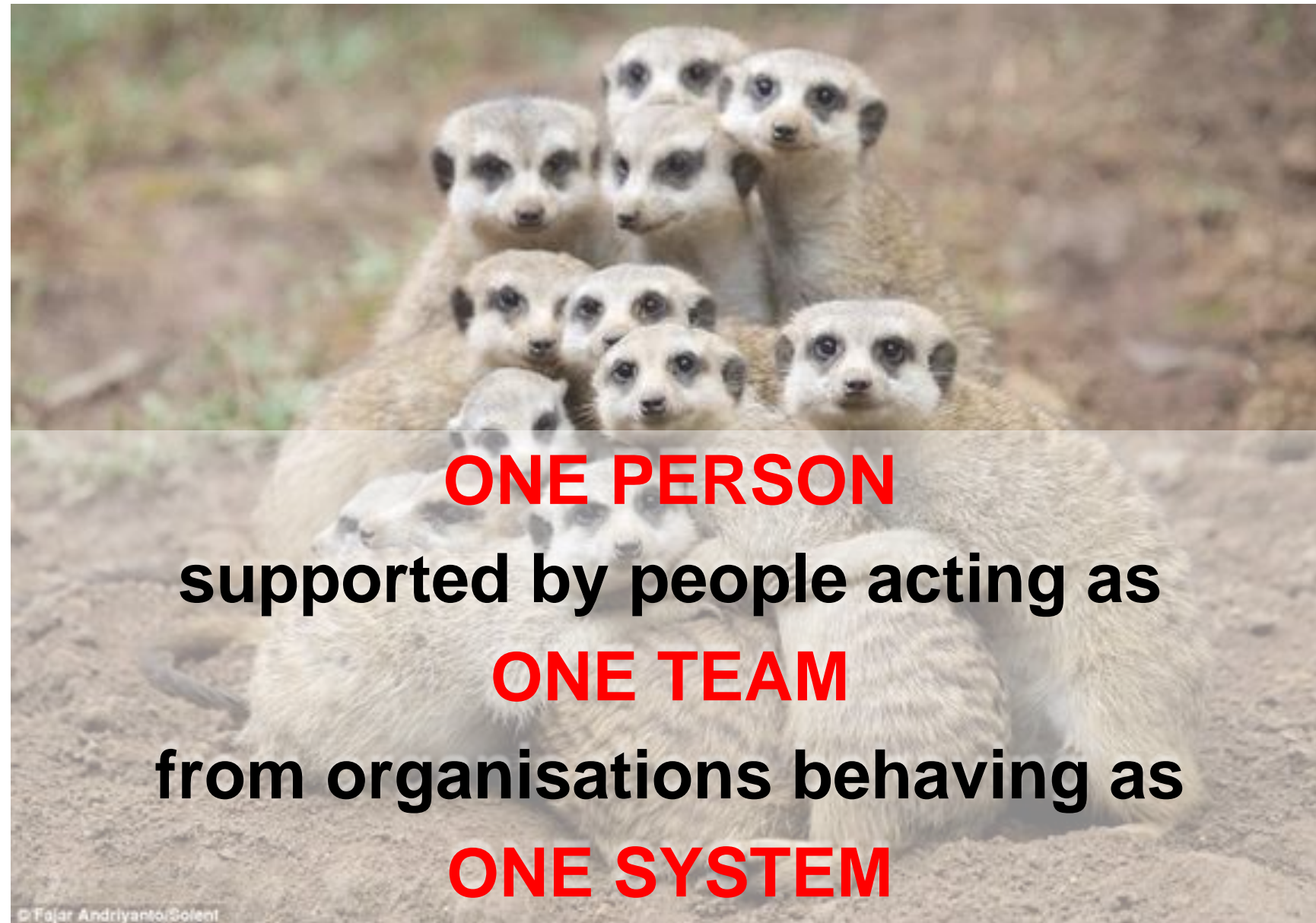
The resources
and facilities
within the
public, private
and third sector



Friendships,
good neighbours,
local groups and community
and voluntary associations

Physical, environmental
and economic
resources that
enhance wellbeing

Ultimately, what do we want?



Commission for the Provision of Quality Care in Scotland, 2015

To conclude

“I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.”

National Voices 2013



K. Viktoria Stein, PhD

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Questions?

- Please enter your questions in the chat box. A moderator will compile and pose them to the speakers.
- Please note that the moderator may thematically group questions if question volume is high or to facilitate responses by speakers.

ADVANCE Program

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Dalla Lana

School of Public Health



Institute of Health Policy, Management and Evaluation
UNIVERSITY OF TORONTO

Thank you



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<https://hspon.ca/advanceoht>