

# **Adaptive Leadership in Integrated Care: Strategies for Ontario Health Teams**

HSPN Monthly Webinar

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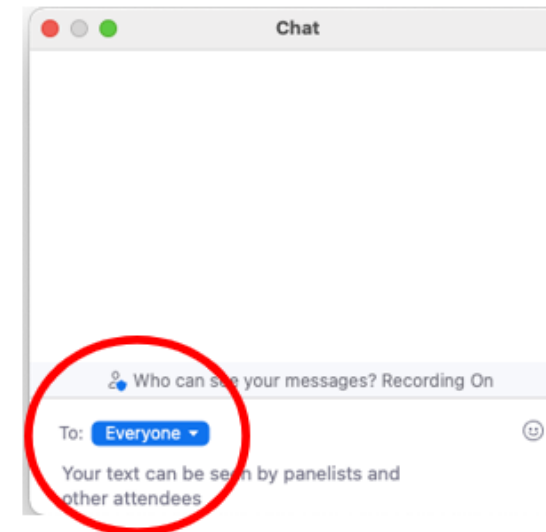
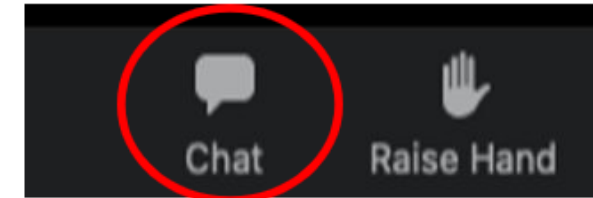
June 24, 2025

# Welcome & thank you for joining us!

Please let us know who you are by introducing yourself (name & OHT or other org)

➤ Open Chat

➤ Set response to **everyone** in the chat box



# Land Acknowledgement

We wish to acknowledge this land on which the University of Toronto operates. For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

# Poll 1

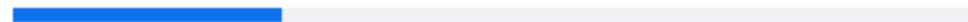
1. Have you joined us for an HSPN webinar previously? (Single choice)

72/72 (100%) answered

Yes. I have participated previously. (52/72) 72%



No. This is my first event. (20/72) 28%



# HSPN Webinar Series Upcoming Topics

- **July 22:** *Locally Driven Population Health Models*
- **August:** Summer Break
- **September 23:** *Leadership and Governance: Results from the Organizing for Ontario Health Teams Survey*

# Community of Practice

## Evaluation and Performance Improvement for OHTs

- OHT Shared Space
  - <https://quorum.hqontario.ca/oht-collaboratives/en-us/Home/Groups/Activity/groupid/167>
- Monthly meetings on the second Tuesday of the month, 12:00-1:00 pm. Up next:
- July 8<sup>th</sup>: ***Evaluating Integrated Care Pathways***

# Today's event:

## Adaptive Leadership in Integrated Care: Strategies for Ontario Health Teams

Host



Dr. Kaileah McKellar  
Co-Lead  
Leading Project Evaluation HSPN

Panelists



Dr. Ross Baker  
Professor Emeritus,  
University of Toronto



Dr. Michelle Nelson  
Scientist, Sinai Health  
Associate Professor,  
University of Toronto, Senior  
Associate, International Foundation  
of Integrated Care and  
Co-Editor in Chief - IJIC



Dr. Patrick Feng  
Research Manager,  
University of Toronto  
Adjunct Professor,  
OCAD University



Angela Freeman  
RM, MSc  
ALIGN Associate,  
University of Toronto  
and Sinai  
Health System

-  Lindsay Johnston  
Grey-Bruce OHT
-  Heather Shaw  
Greater Hamilton Health Network
-  Jenn Lawrence  
Noojmawing Sookatagaing OHT

**HSPN Monthly Webinar**

**June 24, 2025**

# **Adaptive Leadership in Integrated Care: Strategies for Ontario Health Teams**



# Adaptive Leadership for Integrated Care

HSPN Webinar

June 24, 2025

G. Ross Baker, Patrick Feng, Michelle Nelson and Angela Freeman

# Session Objectives

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In completing this workshop participants will be able to:

1. Identify why and how leadership is critical to the formation of effective integrated care
2. Distinguish between adaptive challenges and technical problems
3. Discuss some key principles of adaptive leadership
4. Develop insights into how adaptive leadership could contribute to your efforts to achieve collective impact for integrated care

# Agenda

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1. An Introduction to Adaptive Leadership - Ross
2. **Exercise 1**- Identify the leadership challenges you're facing -- Patrick
3. Tools and change strategies for Adaptive Leadership –Ross
4. **Exercise 2**- How adaptive is your organization?-Michelle
5. Running Experiments: Can you turn strategy into achievement? -Ross
6. **Exercise 3** – What are the challenges you face in exercising adaptive strategies to advance integrated care?
7. Reflections on becoming an adaptive leader – OHT leaders

# Leadership is the key to resolving the integrated care paradox

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Governments recognize the potential benefits of integration, but their investments are often diverted to deal with increasing demands that integration could address (Erens, et al., 2019)

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Integrated care in many settings is also beset with competing commitments as leaders must balance the needs of their own organizations while guiding the development of newly formed collaborations

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As a result, there is a considerable chasm between the aspiration for integrated care approaches and the concrete development of new teams, and new management structures in many settings

# Adaptive Leadership – Heifetz and colleagues

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- With his 1994 book, *Leadership without Easy Answers*, Ron Heifetz proposed an approach to change leadership that went beyond structural changes to address the socio-psychological issues in transformative change
- His second book, *Leadership on the Line* (2002), written with Marty Linsky, addresses the dangers for leaders who “put themselves on the line” and the strategies to survive and thrive while guiding change.
- The third book, *The Practice of Adaptive Leadership* (2009), is the most practical, providing detailed descriptions of adaptive challenges, tools and methods



# Why Adaptive Leadership?

- Describes what people do
- Describes what people exercising leadership can do if they see differently
- A way of developing a shared language to describe group dynamics
- Describes a way to be an active engaged organizational citizen
- Really resonates with professionals in capacity building work



# Technical Problems versus Adaptive Challenges

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- Technical problems are well defined, and their solutions are known, so those with adequate expertise and organizational capacity can solve them
- Adaptive challenges pose greater challenges
  - They are complex problems, often not well defined
  - Their solutions are not known in advance and often require innovative ideas and new learning for interested parties
  - Even when solutions are identified, often no individual or single entity has the authority to impose them on others
  - Stakeholders must agree on the solutions and guide implementation, often having to change their attitudes, priorities and behaviors.

# Technical Problems or Adaptive Challenges?

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The Regional Health Authority wants to increase the use of home hemodialysis to serve patients in rural areas

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Improved transitions are needed for teen age rehabilitation clients moving from pediatric care settings to adult care

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Poor implementation of a new EMR leads to staff frustration

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There is a growing wait list of clients who require cognitive behavior therapy to address their mental health issues



# Diagnosing Technical and Adaptive Elements

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- The first step for leaders is identifying and separating the adaptive challenges from the technical problems
- Adaptive challenges are usually linked to values, beliefs and loyalties, not technical complexity, and thus stir up strong emotions
- **The most frequent leadership failure is applying technical solutions to adaptive challenges.** Technical solutions are easier and may appear to solve some aspects of the problem, but adaptive challenges require deeper changes that shift established practices and relationships, efforts that leaders and staff prefer to avoid
- Often leaders gravitate their focus on the technical problems which seem more straight forward – but the adaptive challenges often limit progress on the broader objectives

# Examples of Adaptive Problems for OHTs

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What are the adaptive problems facing Ontario Health Teams?  
To what extent are these leadership challenges adaptive? Or technical? If both, then to what extent are they adaptive versus technical?

- A leadership story. Lindsay Johnson, Gray Bruce Ontario Health Team
- Enter other challenges in the chat

# Adaptive Leadership is Leadership with Influence

- Adaptive leadership is activity that mobilizes others to do adaptive work; it helps others to see what they need to do and supplies the tools and feedback to make progress
- Having formal authority can be necessary, but insufficient to the effective exercise of leadership – and informal leaders can be helpful in addressing issues



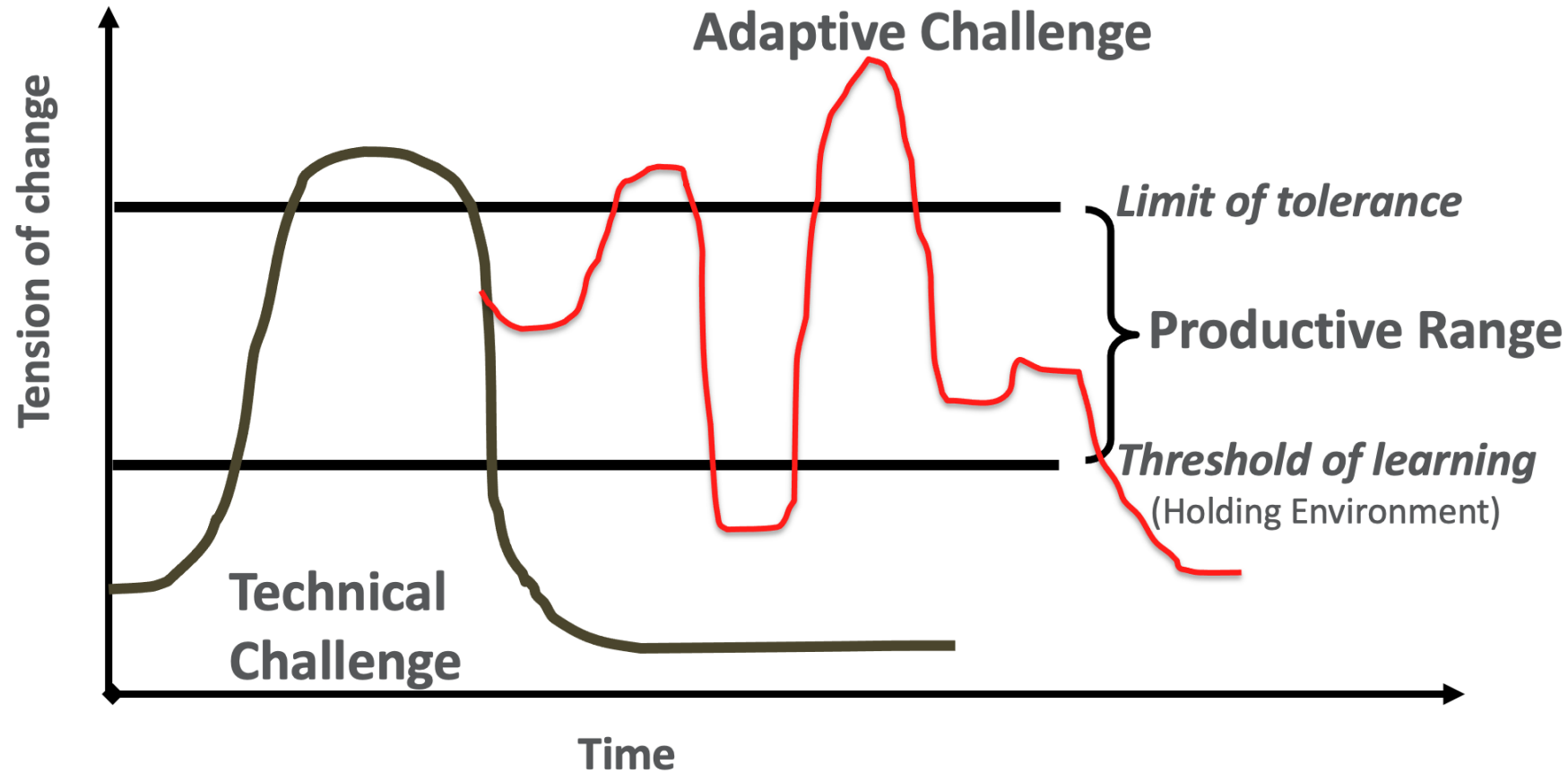
# Adaptive Leadership Requires Balance

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Exercising leadership to do adaptive work means disappointing people's expectations that things will remain the same at a rate they can tolerate, without them ignoring you, trying to silence you, or resisting you in infinitely creative ways



# Regulating the Heat





# Leaders' Roles

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- Leaders need to identify adaptive challenges, frame key issues, and continue to ask questions and gauge responses
- Leaders must look beyond the initial responses and what are people saying about adaptive challenges
- Listen to “the song beneath the words”: body language, eye contact and emotions
- Pay attention to what is *not said*, how people react to proposed solutions and unusual behaviors that indicate something besides “rational” assessments of possible solutions



# Four Adaptive Challenge Archetypes

**I: Gap between Espoused Values and Behavior.** Individuals and organization can have a gap between what they say they value, and how they behave

**II: Competing Commitments.** Organizations, and individual leaders face challenges when they try to balance priorities and affiliations.




A large orange circle on the left side of the slide, partially cut off by the edge.

## Four Adaptive Challenge Archetypes

**III: Speaking the Unspeakable.** Most public discourse in organizations avoids controversial and sensitive topics, and those who address them are often seen as renegades. But developing adaptive solutions benefits from a full range of perspectives and tough conversations

**IV: Work Avoidance.** Staff develop a myriad of ways to avoid changes they don't want to make.

A series of four blue curved line segments in the bottom right corner, arranged in a diagonal pattern from bottom-left to top-right.



# Adaptive Challenge Archetypes for OHTs

- Leadership story: Jennifer Lawrence, Noojmawing Sookatagaing OHT



# Designing Effective Interventions

1. Get on the Balcony
2. Determine the ripeness of the issue
3. Ask: Who am I in this picture?
4. Think hard about your framing
5. Hold steady as others grab hold
6. Analyze the factions that begin to emerge
7. Keep the work at the center of people's attention



# Getting on the Balcony

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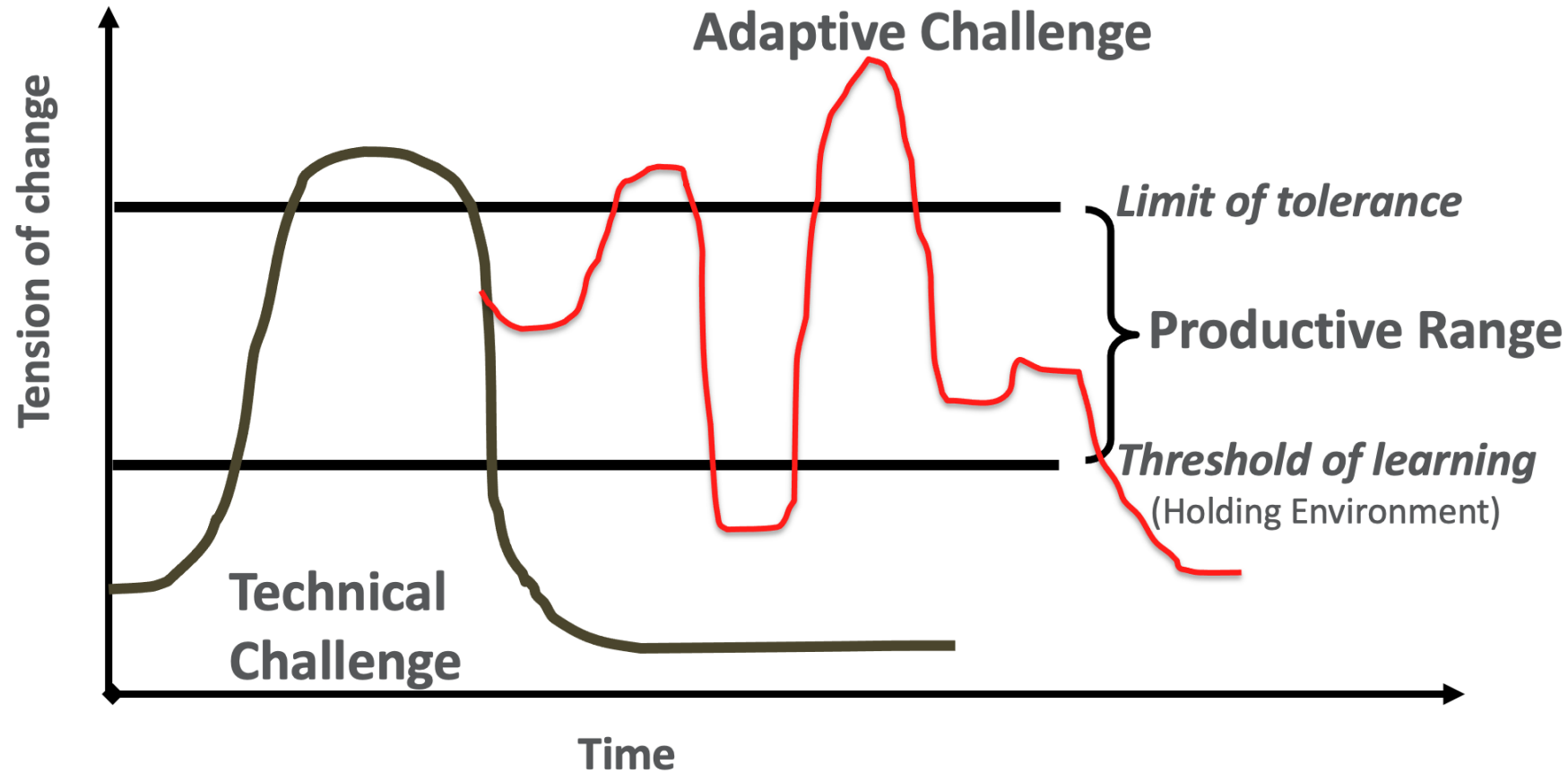
- To fully understand adaptive challenges and how change is progressing, leaders need to step back and “get on the balcony” and observe what’s going on
- Getting the larger picture will inform the design of interventions and necessary corrections, but getting a full view takes time to identify patterns and underlying issues
- Debriefing with others, leaders and staff, enables clarity, and comparing notes will identify when preconceptions are shaping your views



# Getting on the balcony

- Leadership story: Heather Shaw,  
Greater Hamilton Health Team
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# Regulating the Heat



# Qualities of an Adaptive Organization

1. The elephants in the room are named
2. Responsibility for the organization's future is shared
3. Independent judgment is valued and respected
4. Leadership capacity is developed
5. Reflection and continuous learning are institutionalized



# Name the Elephants in the Room

- Every meeting has four aspects:
- The public, explicit conversation on the ostensible agenda
- The informed chat and hallway meetings prior to the meeting
- The internal conversations that unfold in participants' heads
- Meetings after the meetings about what really happened, and what should transpire next





# Share Responsibility for the Organization's Future

In highly adaptive organizations people share responsibility for planning the organization's future, in addition to their specific roles and responsibilities

Complex issues and future plans are seen as joint responsibilities, not individual portfolios

Cross-functional problem solving is routine and expected





## Independent judgment is valued and respected

- Speaking up on issues that are not direct responsibilities contributes to better decisions
- Unpacking the rationale and implications of courses of action helps identify weak reasoning and broader impacts
- Leaders need to value and encourage dissent and alternative courses
- Adding patients and family members, as well as community representatives can broaden perspectives and strengthen outcomes





# Build Leadership Capacity

- Effective leadership development enables more effective teams
- Leadership skills are honed in action
- Mentorship and developmental assignments contribute to stronger organizations



# Institutionalize Reflection and Continuous Learning

- Adaptation requires learning new ways to interpret current performance and new directions for improvement
- Leaders need to encourage and role model active learning
- Debriefing on challenging developments uncover false assumptions and spark new ways of proceeding



# What Distinguishes Shared Decision- Making?

- Partners bring unique and diverse perspectives and experience
- Participants stay focused on the common purpose at the 'table' (*collective 'good' versus individual organizational imperatives*)
- Partner organizations must give up control to negotiate consensus
- Requires a high degree of trust

# Exercise 2: How Adaptive is Your Organization?

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Rate your organization or collaborative on these dimensions:

1. Elephants in the room
2. Shared responsibility
3. Independent Judgment
4. Developing leadership capacity
5. Institutionalized reflection and continuous learning

# Share your reasoning: technical or adaptive? (transitions)

Already in care

The services exist so it's about making the connections

Not clearly defined

This is a complex problem and there aren't obvious solutions, requires innovation and problem solving across sectors working together

Roles needs to be delineated and change in practice likely

Requires new ways of thinking and doing

Need all partners engaged and involved

Not sure96

Adaptive as processes and also need for providers to take ownership is critical

# Discussion

What insights do you have on the capabilities of your organization/collaboration?

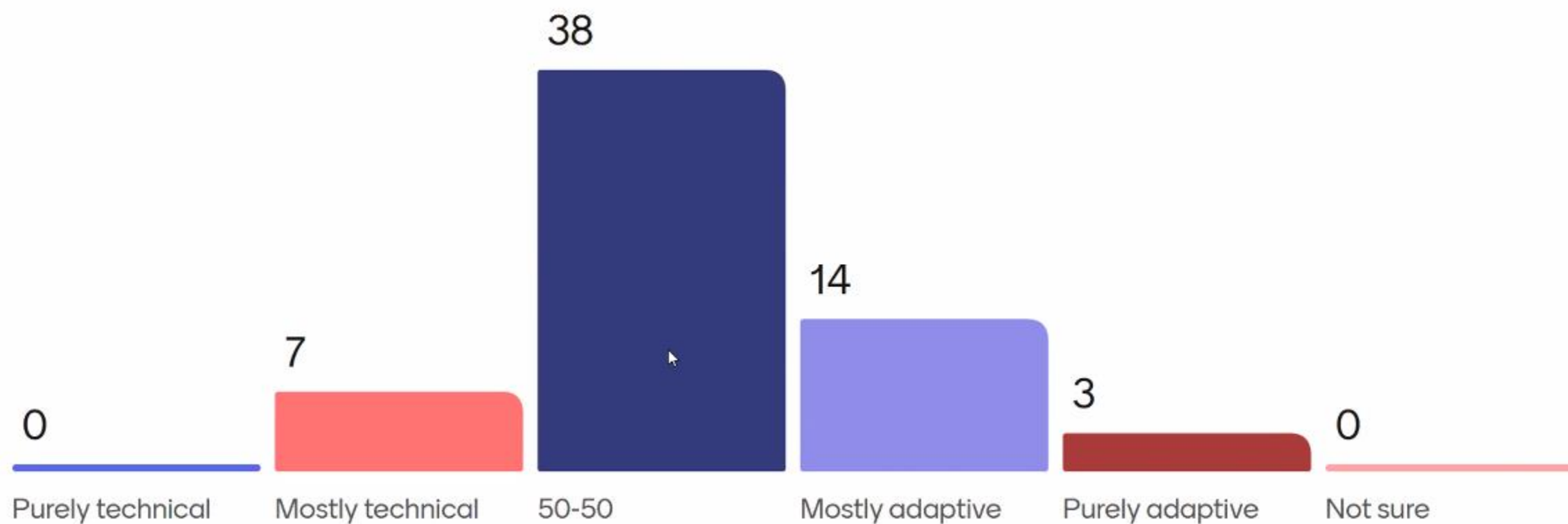


# Making Improvement By Running Experiments

- Designing and implementing integrated care is challenging: what staff should be connected in which programs? How will teams communicate with patients and families?
- Heifetz asserts that “leadership is an improvisational art. There is no recipe...Everything in leading adaptive change is an experiment”
- However, if your organization is in a state of emergency, frame your efforts as a “solution”...but with midcourse corrections likely



## Poor implementation of a new EMR leads to staff frustration



Every system is perfectly  
designed to get the results it  
gets

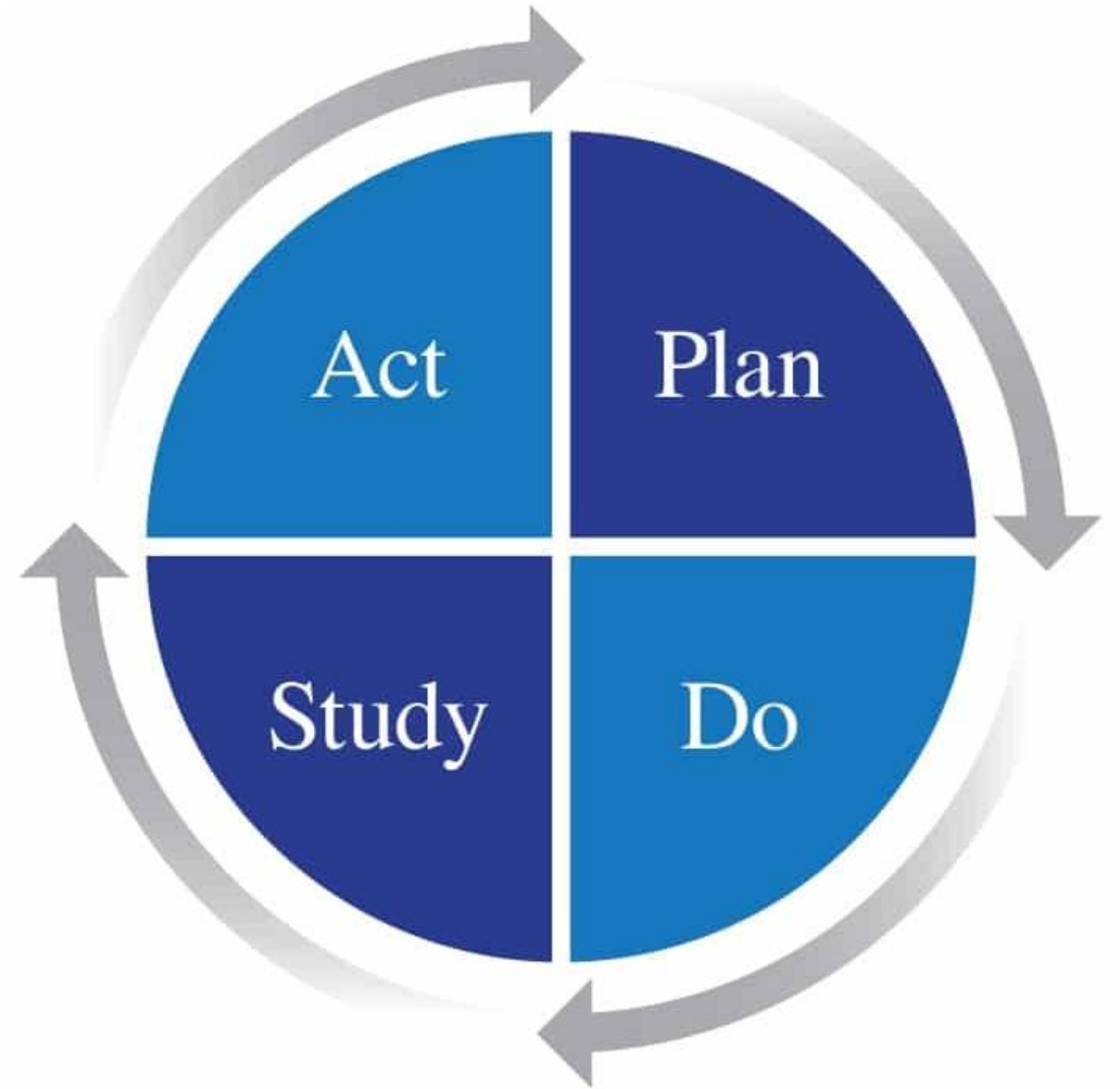
Paul Batalden



# Running Experiments Influences Strategy and Practice

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- Leadership Council Decisions on "the path forward" need to be time limited and reviewed
- Designing and implementing new programs needs to be informed by implementation science and quality improvement methods



# Implementation Science Guidance

Have you identified an integrated care process that fits your needs and resources?

Try Map2Adapt which offers a structured process for adapting programs to new settings

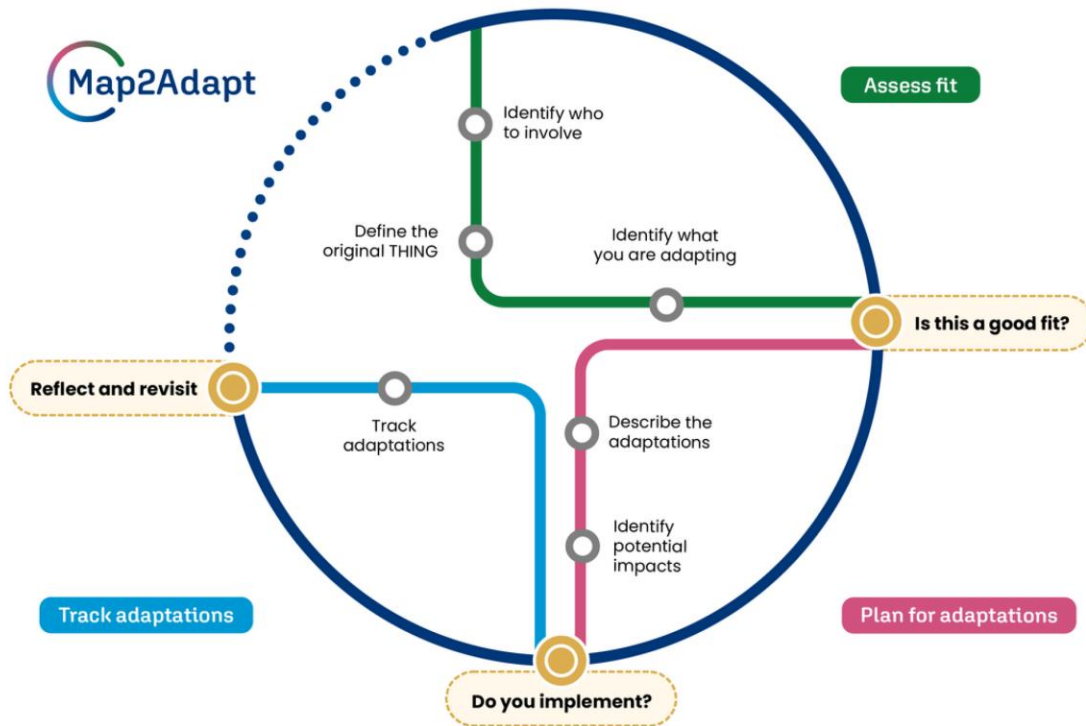


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## Exercise 3: Adaptive Strategies for Change

- What are the challenges you face in exercising adaptive strategies to advance integrated care?



# Share your reasoning: technical or adaptive? (EMR)

change management was not done properly.

Need good training coupled with an investment in change management.

50-50 as technology is only as good as how clearly communicated, the rationale, how, what etc. is

A poor implementation can refer to either: not considering all technical requirements or can refer to insufficient engagement of staff

Change management is very important for EMR success

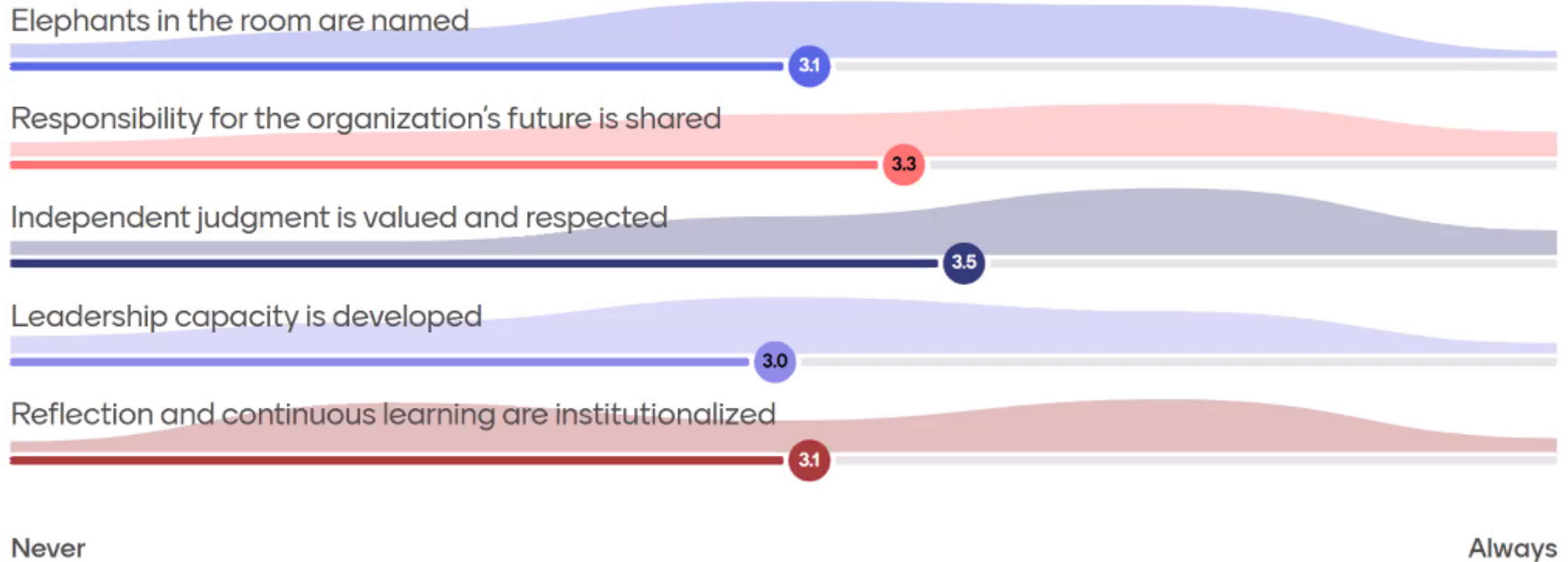
Poor implementation sounds like a process issue, not as much technical

The human component is front and centre with the tech in the background once there is frustration

Technical: fix the issues in the EMR to ease staff frustrations

It is about the human-technology interface, which is complex and requires attention

# How adaptive is your organization?



## Adaptive leadership: What are your organization's strengths?





# Reflections on Becoming Adaptive Leaders

OHT Leaders

# THANK YOU!



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The Health System Performance Network



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