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DESIGN AND ALIGN YOUR OWN INTEGRATED HEALTH CARE SERVICES DELIVERY SYSTEM

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The first 25 *Health Links* are just now getting up and organized.

The Ontario government's plan is to have 75-80 *Health Links* within 14 LHINs. How will these new collaborative partnerships be governed and managed as a "system of health services provider partners"– while benefiting from independent governance and management – within an interdependent system?

Participants in *TedBall.com's* recent ***Health Leaders' Survey*** indicate that there is too much bureaucratic control driving decisions in how to structure and operate our healthcare delivery system. They want a "low rules" environment. They want a supportive environment for innovation. And, they are feeling liberated and inspired by the **Hon. Deb Matthews'** commitment to "watch your back", as they implement innovative solutions.

So, how do we design local service delivery systems to achieve the outcomes promised in each approved ***Health Link Business Plan***?

Designing complex human systems is both an "art" and a "science" in complex adaptive systems, called "*Designing for Outcomes*". *Health Link* member governance boards and senior managers need to become conscious that they are now engaged in a larger enterprise called "*Health Links"*. Governance and management leaders need to be conscious that they will also be engaged in designing a new health and social support service delivery "system" that will produce the outcomes that each *Health Link* has set out in their approved ***Business Plan***.

Health Links will put the focus on service coordination -- from a patient's perspective.

The MOHLTC's briefing notes on this strategy says that "many patients are left to navigate the system alone, seeing a myriad of unconnected providers, who are unaware of the patient's past experiences, leading to duplication of diagnostics and care."

The first thing governance and managerial leaders need to do is ask themselves: is your *Health Link* actually a "system" of services -- or just a forced partnership of health service providers?

Board members of *Health Link* partners may ask: **What is a "system"?**

A *system* is a series of component parts that have been deliberately designed to fit together to create an intentional outcome. For example, the component parts of the cooling system of a car have been designed to fit together to produce an outcome: the cooling of the car.

When there is misalignment, the cooling system breaks down, and the car will stop functioning. It is an interconnected system. But it is organic living tissues, rather than a machine. That's why it is *complex*, rather than *complicated*.

Alignment is what will make or break the *Health Links* system of services. "*Alignment*" can be used as a noun or a verb – a state of being or a set of actions. As a noun, alignment refers to the degree of integration of the core systems, structures, processes, skills and people to the organization's strategy. As a verb, alignment is a force – like magnetism, and what happens to scattered iron filings when you pass a magnet over them.

While lean thinking and many academic approaches get us to think about alignment like the mechanistic approach to aligning the cooling system of a car, healthcare change practitioners know such approaches don't work in the real world occupied by humans with all their emotional and power dynamics going on.

Clearly, when you step back and observe the range of partners in each *Health Link*, this is much more complex than a machine. Our healthcare organizations are profoundly human – more organic, than mechanistic in nature.

Shifting from a "mechanistic view" of systems (which are complicated), to a more "organic view"(which is about complexity), is the key mindset shift that needs to be made by system designers from Queens Park, to local LHINs and HSP Governance Boards; and, from MOHLTC and LHINs staff, to local HSP management teams across the continuum.

The key leverage points for complex system design need to be explored among the *Health Link Partners* at senior management and governance levels across the continuum in each network of service providers. The question is: how can this "system" of services be better designed at the customer/patient/care/service delivery level?

"Design Thinking" is defined by **Tim Brown** as a discipline that uses the designer's sensibility and methods to match people's needs with what is technologically feasible and what is a viable business strategy that can convert into "customer value". In his article on ***Design Thinking***, he outlines the qualities that need to surface. These include: empathy, systems thinking, optimism, experimentalism and collaboration.

Health Link system designers need to explore two key questions: how do you consciously design a health service delivery system that will achieve the vision of a high-quality, customer-driven, seamless system of services? And, how do you achieve both the customer/patient/client and healthcare provider satisfaction – as well as the bottom-line financial results that is required by their ***Health Links' Business Plan****?*

Heather Fraser from the *Rotman School* was a keynote speaker at the ***Ways & Means Health Links Conference*** who provided several powerful examples from both business and healthcare on thinking through the "design of services". She says "design" is key.

What we know about complex human system design is that, until and unless there is alignment of the component parts of *Structure*, *Culture* and *Skills* -- with the *Strategy* -- the *Health Link* will never be able to achieve the results promised in their ***Business Plan***.

At the bottom of this blog is the leading systems thinking tool for designing complex adaptive systems called the **Strategic Alignment Model** – in the shape of a tetrahedron – clearly showing that **Strategy** drives the components of **Structure**, **Culture** and **Skills**.

This best practice systems thinking tool enables people to see and explore complex interrelationships that will enable them to learn how they relate to, and impact on one another. This best practice system design model provides a thinking and dialogue structure for cross-functional, multidisciplinary teams to explore the most leveraged actions that could be taken on each of the key leverage points on the tetrahedron, in order to achieve the organization's strategic outcomes and vision.

The model enables groups to think through both the "art" and "science" of complex system alignment. Organizations and local health and social support service delivery networks that align these key system components always achieve a dramatic surge in system performance. So, achieving system alignment will be key for the success of *Health Links*.

While there are a dozen similar alignment tools, the **Strategic Alignment Model**, has been utilized in the redesign of over 300 hospitals, and a dozen integrated delivery systems in the US – as well as in Canada. So, this isn't about "design theory", this is about the successful application of this best practice design tool for complex human systems.

Having worked for ten years on *Quantum's Systems Thinking Product Development Team* based in Austin Texas, I had the opportunity to look very carefully at each of the other, quite similar system design models. Most of them have captured the same "science" of alignment, but few really get the "art" of system alignment.

The "art" is in defining how that can be achieved in each individual *Health Link,* and in each organization in the *Health Link* partnership. Because no two organizations or systems are alike, there are no cookie-cutter approaches that will work. The art is about on-the-ground, real-world, pragmatic judgment.

If we are to achieve any meaningful breakthroughs over the next two or three years, we need to think differently about the old command-and-control structures of a bygone era. But the truth is, Queen's Park and some LHINs have many fears and anxieties over "letting go of control"– or, more accurately, the "illusion of control".

If MOHLTC and LHINs were "*Helpers*" supporting the "*Doers*", real change would happen.

However, in our recent survey *@ TEDBALL.COM*, we had a 50:50 split between those survey participants who said LHINs were "in service to", rather than "in control of" the *Health Links*. That's not a very good score for "Helper" organizations on the eve of *Health Link* system transformation.

Under the patient-centric leadership of the **Hon. Deb Matthews**, she is telling the "*Doers*" to: "**Dream. Imagine. And make it happen**". In addition to the liberating leadership that our Minister is providing, the encouraging messages from the *Transformation Secretariat* have also very much indicated that the MOHLTC is a "Helper", not a "Doer", in the *Health Link* rollout.

They have created the "low rules" environment, and the Minister has said: "**We trust you. We have your back**." But will we really actually change this time? We've been here many times before. This is where MOHLTC resists a "low rules" environment -- and all forms of devolution. But we can't have the status quo, and innovation at the same time.

The fact is that there is genuine wisdom and pragmatic know-how in the service delivery system that each *Health Link,* and each LHIN, can tap into -- by facilitating the collective intelligence out of the hearts and minds of the managerial and governance system leaders in their local partnership networks -- at both the *Health Link,* and LHIN levels.

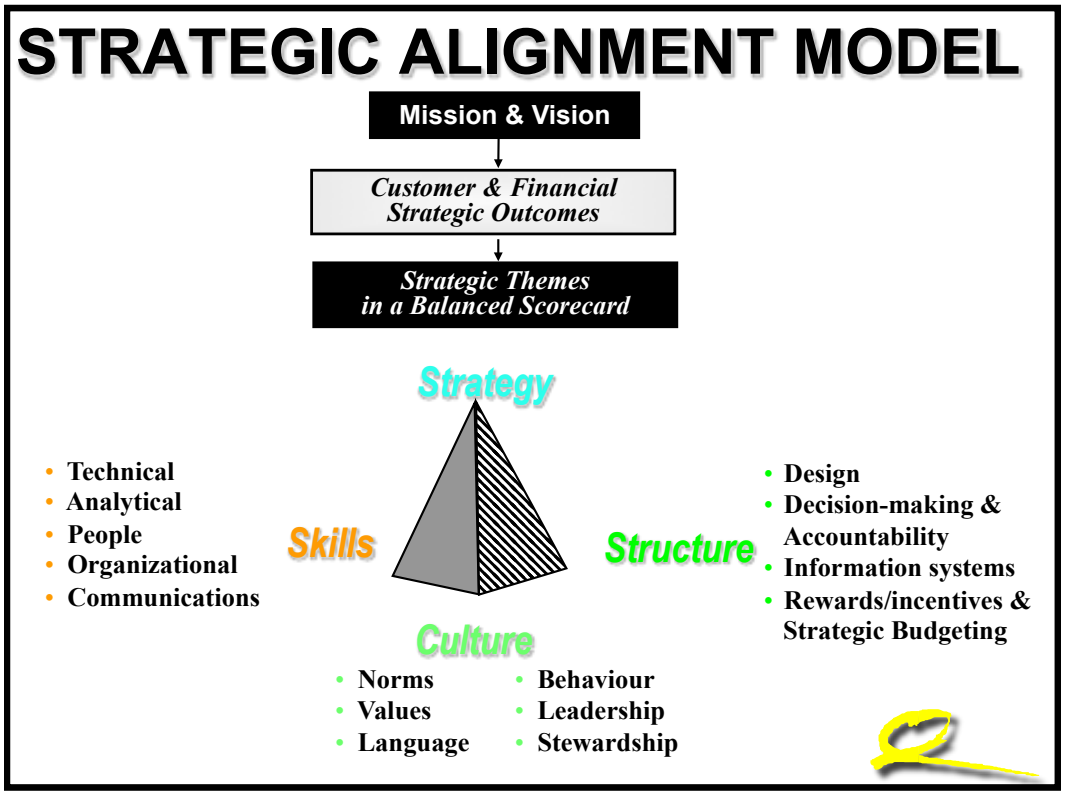
Queen's Park needs to learn to trust the wisdom and pragmatic know-how that exists in the hearts and minds of the managerial and governance system leaders locally. The operational system needs Queen's Park to support their transformation efforts and stay out of the way -- by suspending many of the existing bureaucratic rules, processes, controls and templates that have been imposed over the past several years, stifling innovation and creativity within the system. Alignment is about system design.

System alignment starts with clarity on what it is that each *Health Link* is seeking to create. What is the **mission** of the partnership? What is its emerging **shared vision**? What are the **strategic outcomes** that you will achieve for patients across your partnering organizations? What are your bottom-line **financial outcomes** that you will attain? What outcomes will **patient/client/families experience**?

How would each *Health Link* organize these into a *Balanced Scorecard* -- in terms of the *strategic themes* common to all partnering *Health Service Providers* within each Link. Then, how do you align the components of structure, culture and skills to the strategy -- as the *Health Link* is designed and aligned on an on-going basis?

The key message of the *Tetrahedron* or the *Strategic Alignment Model* is: "**Until and unless there is alignment of the organization's structure, culture and skills to the strategy, there will be no transformation.**"

Below is what has been called "the best systems thinking design framework for complex adaptive systems"– the ***Strategic Alignment Model***. How would you align the components of structure, culture and skills to your *Health Link's* strategic objectives?



Next week's blog: *"BOSSES" VS. "COACHES": A Transformational Shift In Thinking & Behavior*.

FORWARD THIS BLOG TO COLLEAGUES WHO MAY BE INTERESTED IN ADDRESSING THE LINK CHALLENGES FACING HEALTH LINKS.