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Successful Transformation Means: Changing How We Think & Behave

Ted Ball

Change management scholars warn us against making structural change without addressing the skills of the organization, the culture of the organization, or the strategy that drives it. They say that until and unless *strategy, structure, culture* and *skills* are aligned, there will be no transformation. Just grinding noises and angry, frustrated people.

Health Links are a voluntary structure in which health service providers -- from across the continuum – agree to collaborate to improve healthcare services for the top 5% of health system users. But is a *Health Link* a transformation mechanism, or an interim step in a larger process to put primary care and patients at the centre of the healthcare services delivery system? That would be a genuine transformation of the existing system: from caterpillar to butterfly.

While "transformation" might sound romantic and exciting, what I have learned over the past fifteen years is that it is not for the "faint-of-heart".

Herbert Wong and **Ken Moore** of Quantum Solutions of Austin Texas were my teachers and mentors when I was learning about "organizational" and "whole system transformation" in the early 1990s. They understood that the soft stuff was the hard stuff.

Their premise – rooted in Quantum physics – is that organizations, sub-systems and whole systems have the very same qualities as the natural world. What they, and writers like Margaret Wheatley, in her book **Management And The New Science**, call "*complex adaptive systems*" – a very different way of understanding reality.

However, at its core, our very traditional health care system hangs onto a paradigm that there is "one right answer", and we can find it by copying the same methodologies and structures that have had some traction in the manufacturing sector. Our assumption has been: healthcare services are a lot like the manufacturing business.

So, we've had methodologies like TQM/CQI, restructuring, right-sizing, re-engineering, program management, and lean-thinking – all borrowed from the manufacturing sector. At the same time, we've also had several decentralized structures: DHCs, local Ministry Offices, LHINs, and now *Health Links*.

We've had lots of experience testing out different manufacturing methodologies and structures. So, what we have learned over the past 30 years is that large scale transformation projects fail 70% of the time. There is also lots of literature around that demonstrates the type of holistic approach that works 30% of the time. But changing thinking & behaviour isn't something the health system wants to do. We like to do things like we have always done them.

Change is hard. Very hard.

While the health sector has traditionally embraced the Newtonian belief in "one right answer", "order through hierarchy", and that "one-size does fits all", there has always been a countervailing force that contains true insights like: two opposite things can in fact be true at the same time. It's called a "paradox". And in the real world, there are paradoxes everywhere.

So, how could healthcare executives learn to "think differently"? That's a challenge in an industry where the system designers, funders and managers who are in control mostly believe that there is "one right answer" which can be found with linear problem-solving methods. They hold assumptions about human organizations that are simply not true.

This mindset says that we can either have a system with "controls", or one where "innovation" leads to messy inconsistencies. We can have a system designed for "stability", or one that is designed to "adapt to constant change". We can have a system that has "top-down controls", or one in which there is "bottom-up empowerment". A system that has "consistency", or one with great "variability".

These are thought of as choices. The question is: why do we think we need to choose one of these options? Why "either/or"? Why not both?

Successful transformation leaders are those who comfortably embrace paradoxes like these. They design and lead organizations and systems that have prudent and sufficient "controls", as well as significant support for "innovation". These organizations and systems have "stability", as well as constant "continuous change". They have "consistency", as well as "variability".

The realization that no solution is found either in taking a stand on these opposites, or in balancing them, opens up the possibility of a higher level of perception -- which integrates or synthesizes both, and renders a fatuous choice between them unnecessary.

When I speak with **Art Frohwerk**, the guy who invented the *Experience Design Storyboard Methodology* at Disney Corporation's Imagineering Division – the method that has been now adopted world-wide for patient experience design – we compare notes, findings, experiences, and insights. Art combines his training in engineering and psychology to achieve breakthrough thinking about the design of human systems.

While we both know examples of good outcomes from applied lean thinking in the healthcare sector, in most, or at least many cases, this manufacturing sector methodology -- while providing some initial gains and benefits -- too often ends-up in the long-run being ineffective in solving the real complexities of healthcare service delivery.

Asking front-line staff to focus on "waste" produces a different culture than one that asks staff to focus on the "patient experience".

Frohwerk says: "too often lean manufacturing approaches fool us with measures of efficiency by streamlining out 'waste' in what we physically do. However, too often it just speeds up a mess of misalignments and missed connections".

"With complex, adaptive systems like healthcare, lean thinking does not ask us what really needs to be done, or how to better connect all parts of the system", says Art. "It is great as a left-brained analytical tool. However, we are in a world of front-line care providers where there is as many 'left-brainers' as 'right-brainers'. So we can end up doing harm if we always push left-brain solutions".

Rising above all the fragmentation of reform efforts, Art sees the "big picture" of system design from the perspective of the patient experience, and all the factors that go into that experience. "Lean, TQM, Kaizen, Electronic Medical Records, Generative Governance, Digital Healthcare Technology, Patient-Centeredness and all the other great silo advancements need to be integrated together", says Art Frohwerk.

"A true systems approach is needed first", he says. "First, figure out the system – driven by the desired patient experience – then, orchestrate the mechanisms to pull it together. That's how you successfully apply the concepts of patient-centre care design."

Art Frohwerks's *Patient Experience Design Methodologies* enable people to easily see that healthcare is in fact an eco-system of people, places, science, and tools, rather than fragmented components of a machine. He says "we need to see the 'whole picture' before we dive-in and fix any part—because every part is, in some way, interdependent with one another".

"Optimizing one area will undoubtedly sub-optimize other areas", says Art. "We need to understand and embrace the science of 'systems thinking', and the art of 'systems sensing', and imbed these in our personal and management belief systems – our culture."

Unfortunately, too often government tends to point in opposite directions at the same time saying things like – "be innovative", but "don't take chances doing new things" -- and "be sure to follow the prescribed templates, and ensure compliance with the project management plans". Talk about being trapped between a rock and hard places. How can innovation emerge in the process-obsessed world of the scandal-plagued, blame-oriented healthcare sector? It can't.

Linear, bureaucratic, rules-based thinking will simply not work when innovation is required.

In the quantum physics world, just as it is possible that sound can be both a wave and a particle at the same time, it is possible that our healthcare system can have prudent controls, and be innovative; customized, as well as standardized and systematized. It can be independent and interdependent – all at the same time.

In the top-down, fear-driven, command & control culture that starts at the Ministry of Health and invades the whole hierarchy in the healthcare sector, the normal response is: "*Pick a side. It must be one, or the other*." Or, "*What do the rules say?*"

Systems Thinking is a way of thinking about, and a language for describing and understanding the forces and interrelationships that shape the behaviour of systems and the people in them. Senge said that "the act of systems thinking lies in seeing through complexity to the underlying structure generating change". He points out that "systems thinking does not mean ignoring complexity. Rather, it means organizing complexity into a coherent story that illuminates the causes of problems and how they can be remedied in enduring ways by designing effective changes in the right places of a system to bring about the outcomes, or results, you need and want."

Health Links need to ensure that the partners develop and apply systems thinking skills, and are operating from a common set of assumptions when they explore how the 5% of healthcare service "high users" can have a dramatically different *patient experience*.

What the *Transformation Secretariat* at Queen's Park knows is that when the *Health Links* focus on the patient experience across the continuum, they will not only improve the patient experience, they will save money – experience tells us that as much as 30% can be saved using patient-centred care design methodologies.

When the Wynne Government is compelled to deal with our provincial financial realities in their Spring budget, I believe that healthcare leaders across Ontario may be forced to shift from dealing with the existing complicated nature of the challenges facing healthcare, to dealing with the full complexity of whole system transformation. So we really do need to shift our current thinking and behaviour -- from fear and anxiety, to seeing new possibilities.

We need to "let go" of our need to survive and instead focus our energy and talents on our need to transform – "from caterpillar to butterfly".

In ***Finding Our Way: Leadership For Uncertain Times***, Margaret Wheatley explores the nature of complexity. She says "social insects, bird flocks, schools of fish, human traffic jams, all exhibit well-synchronized, highly-ordered behaviors. Yet these sophisticated movements are not directed by any leader. Instead a few rules focused at the local level lead to a coordinated response."

Wheatley, Wong and Moore were each learning about successful transformations that focused on building the internal capacity for transformation by liberating people within an organization, and within a system of organizations that tap into their collective intelligence to design the required changes. Each of them talked about how human systems are "self-organizing".

In Wheatley's book, she says, "self-organizing systems have the capacity to create for themselves the aspects of organization that we thought we, as leaders, had to provide. Self-organizing systems create structures and pathways, networks of communication, values and meaning, behaviors and norms."

She says, "in essence, they do for themselves most of what we believed we had to do for them. Rather than thinking of organization as an imposed structure, plan, design, or role, it is clear that in life, organization arises from the interactions and needs of individuals

who have decided to come together." Wheatley points to the recurring mistake – which is imposing plans and designs on the system. Today, Health Minister Matthews and her *Transformation Secretariat* seem to be avoiding that mistake – so far.

Health Links are designed to be <u>self-organizing</u> -- with Queen's Park and the LHINs promising that their only role is to remove barriers, supply modest resources (up to $1 million based on the **Business Plan**), and hold people accountable -- through the LHINs -- for their agreed-upon patient-centred and quality results.

It's hard to believe that Queen's Park does not have yet another "one-size-fits-all" solution that controls the micro-direction of each *Health Link --* under the false assumption that all they are each at the same stage of development. However, it looks like MOHLTC may have finally kicked their control/micro-management addiction. Three cheers!

But this has not been how Queen's Park has historically thought and behaved.

Over the past three years, the McGuinty Government's unrelenting barrage of rules, regulations, protocols, and RFP processes were a wild pendulum swing that occurred as a result of their need to deflect blame for the e-health and Ornge scandals. Today, small armies of bureaucrats now guard our virtue on RFP processes – while causing significant overall increases in administrative costs, for very questionable benefits, and, as a result, the painful death of innovation in the health sector.

However, the fact is the only way we are going to get out of the bind we are in is with innovation. But, innovation means taking risks – and you can't take risks in a *risk-adverse environment --* where rules and regulations replace judgment.

My sense from Hon. **Deb Matthews,** and from the *Transformation Secretariat,* is that there is an increasing shift away from centralized micromanagement and demands for conformity to rules. Indeed, they are saying "tell us what 'useless rules' are getting in your way."

This is a major shift in thinking on the part of Queen's Park and some LHINs – where the ingrained culture of command and control normally produces a dynamic of micro-management. The pressures at Queen's Park -- and on the LHINs -- are all about "<u>risk-avoidance</u>" and "<u>blame-avoidance</u>". That is the message that they hear loud and clear.

With Health Minister Matthews taking an active leadership role in health system reform, and the launch of the *Health Links* as "self-organizing", it now looks like there just might be a health system transformation of some kind. Stay tuned...

Next week's blog: ***Redesigning The Patient Experience Requires Empathy -- As Well As The Science For Complex System Design**".

FORWARD THIS BLOG TO COLLEAGUES WHO ARE INTERESTED IN HEALTH SYSTEM REFORM.