March 18th, 2013

THREE LEVERAGED HEALTHCARE TRANSFORMATION STRATEGIES: "Bottoms Up", "Integrate The Middles" & "Empower The Owners"

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Nineteen *Health Links* – or "*Linkets*" – have now been officially born.

Wow! Remember the look on your baby's face when they finally discovered that the hand waving in front of their eyes was actually their hand – and they could control it!

That is a truly gleeful moment… "mine!", "mine!" say their beaming faces, twinkling eyes and giggling/snorting noises.

If we were to drop all the references to the official governmental language about the "mission of "*Health Links"*, rock bottom: what the heck are they? While they are a loose federated structure of local health service providers who have come together for a defined purpose, the actual answer is: relationships, relationships, relationships. *Health Links* are a set of relationships. If that sounds simple, it isn't. These are complex adaptive human systems – and humans are messy.

As the newly-born *Health Links* partners begin their collaborative learning journey together, they need to think about organizational, system and service delivery design from the perspective – the lens – of complex, adaptive human systems. They need to come together and undergo a developmental learning journey to reach full maturity as a system of independent organizations working interdependently together in a whole new voluntary structure that is designed to focus on the patients.

While the folks I was working with at *Quantum Solutions* in Austin in the 1990's were the leading-edge designers of systems thinking tools for complex integrated system design and leveraged thinking for whole system transformation, we were always trying to learn from others to discover what they were learning -- so we could incorporate the very best insights into the organizational and system transformation tools we were developing.

At the annual ***Systems Thinking In Action Conference*** with **Peter Senge** and 800 of his closest followers, I first encountered an amazing *organizational design* innovator called **Dee Hock**. I mention him because the moment I learned the "structure" of a *Health Link*, I thought of him -- and his creative thinking about organizational and whole system design.

Dee Hock wanted to create an organization that existed on the boundaries: between "control", and "chaos". He called it the "*chaordic organization"* and applied it to the

company of which he was CEO, a newly-formed corporation in the credit card business in the late '60's called VISA.

VISA is in fact simply a platform upon which willing participants like the CIBC, Air Canada and a consumer can align as a "partnership" to do business together. Today, over 23,000 financial institutions around the world engage in 7.2 billion transactions that exceed $650 billion annually using this partnering platform.

So the organizational design structure of VISA is an "enabling structure" for business transactions between willing partners who come together in a variety of relationships, and combinations of relationships.

Among the organizing principles of a *chaordic alliance* that he outlines in his book, ***"The Chaordic Organization: Out of Control and Into Order***" are:

- **It must be equitably owned by all participants.** No member should have intrinsic preferential position. All advantage must result from individual ability and initiative.

- **Power and function must be distributive to the maximum degree.** No function should be performed by any part of the whole that could reasonably be done by any more peripheral part, and no power vested in any part that might reasonably be exercised by any lesser part.

- **Governance must be distributive.** No individual, institution, and no combination of either or both should be able to dominate deliberations or control decisions.

- **It must be infinitely malleable yet extremely durable.** It should be capable of constant, self–generated, modification of form or function without sacrificing its essential nature or embodied principle.

- **It must embrace diversity and change.** It must attract people and institutions comfortable with such conditions and provide an environment in which they could flourish.

In speaking about the challenge he was given to solve the credit card industry crisis in the late '60's, Dee Hock said "It was beyond the power of reason to design an organization to deal with such complexity, and beyond the reach of imagination to perceive all the conditions it would encounter."

"Yet," observed Dee Hock, "evolution routinely tossed off much more complex chaords with seeming ease. It gradually became apparent that such an organization would have to be based on biological concepts and methods. It would have to evolve -- in effect -- to invent and organize itself." So, here we are again with this idea of "self-organizing systems" and how complex human systems are adaptive.

The great thing about chaordic organizational designs is that they simply facilitate whatever combination of relationships want or need to occur. When I, as a consumer, use my VISA card, I engage my bank, the CIBC, a merchant like the Bay who wants my business, and Air Canada -- who will give me loyalty points for their airline when I use my *Aerogold VISA* card.

The senior teams and massive administrative structures at Air Canada, CIBC and the Bay are not involved – except for the original decision to form a partnership. That's the stage most *Health Links* are at right now. If they have followed best practices, partners in the initial nineteen *Linkets* will be deeply committed to the outcomes and processes that they just submitted in their ***Health Links Business Plan*** that they developed collaboratively together.

Those *Health Links* that succeed over the next 12-18 months will be those that engage and empower their clinicians, and their clients, in the patient experience co-design process. The lesson here for senior managers is: set the stage, and liberate the people. Hold an "assumption of competence", and supply the "supports required" for them to be successful. Seems simple enough, but, with the humans involved, it is complex.

The bottom-line measurements of success and failure for *Health Links* are largely about: *the patient/client experience*. While the senior executives who run the delivery system will need to know about the progress being made, this work is actually about what transpires between patients/clients & their families and their direct health service providers.

So this core process isn't about the "big bosses". Once a *Health Link* is up and running, it is really about how front-line care service providers along the continuum impact on patients; and, it's also about the middle managers who can remove barriers and provide a variety of "just-in-time" supports to ensure success.

So it isn't just the top bosses of the Link Partners who have to change how they think and behave. The whole combined organization of partners (including front-line workers and middle managers) across a continuum-of-care needs to shift how they think about who they are; who they serve; who they are related to; and, how they could shift their thinking and behavior to improve the patient experience – and, therefore overall organizational performance.

While many of those lean thinking projects are actually showing important numerical improvements, the truth is, while health care service delivery and manufacturing have some common elements and some valuable techniques like "Kaizen", healthcare really is profoundly human, and manufacturing is considerably less so. Human dynamics are in fact the life-blood of complex, adaptive human systems. We need to move beyond lean, to achieve true transformation.

A fellow by the name of **Barry Oshry** is another organizational scientist who has addressed the complex human dynamics of organizational life from whom our *Health Links* can learn some important insights about the challenge before them. Oshry says that

within and across each of the organizations in a *Health Link*, there are fundamentally four separate "spaces": the top space, the middle space, the bottom space, and, the customer space.

People in the "top space" function as shapers of the organizations; people in the "middle space" function as integrators; people in the "bottom space" function as producers. The "customer space" includes the internal customers within each HSP – as well as the primary customers: patients/clients/families/residents.

Oshry says the conditions of "the space" we're in can be so powerful, and so constant that we tend to respond to them without awareness or choice. It's like being fish in a fish tank. They are blissfully unaware they are surrounded by water -- their movements are all just mindless reflexes adapted for their environment.

This is what Oshry calls the "**Dance of The Blind Reflex**" where people respond blindly and reflexively to the conditions of the space they are in. So, it is important to understand the conditions of the spaces across each *Health Link* partner organization.

The conditions of the Top Space are *responsibility* and *complexity*.

Top healthcare executives deal with many difficult issues simultaneously that have tremendous impact on the overall success of each individual organization. The "blind reflex" to this condition is to suck up responsibility, and feel burdened and overwhelmed.

To cope with these feelings of being overwhelmed in a dangerous, risk-adverse, blaming environment, tops differentiate – they develop areas of specialty and responsibility.

Guided by a mental blinder **Peter Senge** calls "*the illusion of control*", top, seek to grab hold of their chunk of responsibility. Ultimately, they get stuck in their private turfs: "this is my territory, and that is yours". To a great extent, all of this is understandable. If you are a highly paid VP or Director of specific organizational turf, you "guard-your-turf"—and, as a result, sub-optimize the system.

If our top people allow *Health Links* to become about "turf", they will absolutely fail.

Below the top space is the place where the middle managers hang out. Oshry says the condition of the Middle Space is *diffusion*.

Middle managers are constantly being pulled in numerous directions by the many needs of their subordinates and their bosses – as well as by the needs of the patients/clients and families. Oshry calls them the "torn middles".

The "blind reflex" to their condition is to disperse – middles move away from each other and out toward the individuals who are pulling them. They ultimately feel very alienated from one another, very isolated, very stuck.

System designers need to be aware that's what it is like -- within each organizational silo -- so imagine how unaligned the middles are across the boundaries of all the various *Health Link* partners.

But if they fail to integrate cross-functionally -- at the hand-off points -- they will certainly not succeed in improving the patient experience. What middle managers along the continuum do can make or break a *Health Link*. If they are trapped in traditional command and control cultures, they will not succeed.

The condition of the Bottom Space, according to Oshry, is *vulnerability*.

People in the bottom space always feel threatened by the various dynamics that drive the behaviors of the organization's leaders – the "bosses". There is also lots of media attention to how we can no longer afford our healthcare system.

Fear and anxiety are often the dominant emotions in healthcare workplaces. The "blind reflex" to this condition is to coalesce. That's why bottoms draw together to form a "we" – the oppressed we. Oshry says that people in the bottom space feel "oppressed, ignored, unrecognized and mistreated. They experience negative conditions that are created by bosses, and then hold the tops and middles responsible for the ills for the system."

They experience "blaming down", and participate in "blaming up".

But *Health Links* are all about front-line care providers across the silos working collaboratively together to design better patient/client experiences for the top 5% of system users. That means mobilizing the "bottoms".

While the LHINs had the ***Integrated Health Service Plan*** process to mobilize the "tops", *Health Links* is a process that has been designed to mobilized the "bottoms" -- and achieve significant system improvements by integrating the "middles" cross-functionally within their own organizations and across the system's hand-off points.

System design teams and work teams in the *Health Links* will gain critical insights from Barry Oshry's book, "***Seeing Systems: Unlocking The Mysteries Of Organizational Life***" -- which after understanding all the internal dynamics, points out quite bluntly how the people in the "customer space" live in a world of neglect.

The success of *Health Links* will only occur when the delivery system partners shift how they think and behave. So, how can the tops, middles, bottoms and, customers deal with the condition of their space?

The challenge of the top space to overcome, or master, is differentiation and fragmentation, Oshry urges that tops lead *shared visioning* processes that engage the whole system -- and that they step up to be in "stewardship", rather than being in "control". While life would become easier and work more enjoyable, the ingrained dynamic in the tops is to seek either actual control, or the "illusion of control".

To overcome dispersion, Oshry says that the middles need to integrate cross-functionally and operate as "system integrators" who will provide others with informational support and the resources to achieve the results required.

Over the past twenty years I have come to understand that the most leveraged combination of actions we can take to integrate organizations – like the *Health Links* – is to **1.** Integrate the middle managers cross-functionally; **2.** Liberate the front-line ("bottoms up!"); and, most importantly, **3.** Empower the people who actually "own" the system: the patients/clients/residents.

Next week's blog: ***"Nuka: The Customer-Owner Model"***.

FORWARD THIS BLOG TO COLLEAGUES WHO ARE INTERESTED IN HEALTH SYSTEM DESIGN & DYNAMICS.