

Feb 6<sup>th</sup>, 2013

## **TRUST, PARTNERSHIP, ACCOUNTABILITY & VISION: The Key Success Factors For Health Links**

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As part of the final “legacy actions” taken by former Premier Dalton McGuinty just before Christmas, the MOHLTC announced the first 19 *Health Links* – which are voluntary partnerships of healthcare providers who agree to accept *shared accountability* to achieve a number of measureable outcomes for patient/client satisfaction, and for making quality improvements in the delivery of services -- from a patient/family perspective.

Will *Health Links* continue under Premier Wynne, or under a Tory or NDP government? The answer is: why not?

These new voluntary structures will not only design a much better patient experience for the top 5% of healthcare service users, it could also end up saving taxpayers up to \$2 billion a year – maybe more.

Sounds good! How will it work? MOHLTC says that *Health Links* will be accountable to the LHINS – the same as for all health service providers. They say that while *Health Links* will initially be voluntary, overtime, the entire province would be in one of these “voluntary partnerships” that set targets and collaborates with partners across the continuum to achieve specific outcomes.

*Health Links* are integrated healthcare delivery systems where primary care and patients are at the centre. The current buzz says there maybe 70 *Health Links* in the future. However, there is no timetable for the next round. When they are ready to start, they can start. All they need is a ***Business Plan***.

Healthcare providers in the *Health Links* are to put agreed-upon collaborative initiatives in place that will allow for measureable, positive impacts on the quality and experience of patient care. Much to the cheers of organized patients’ groups, the government uses language like: “improvements in the patient experience”. Health Minister Matthews has truly branded her tenure as Minister of Health as “patient-centred” and “quality-focused”.

The government’s framework and principles for *Health Links* also indicates that there will be “joint” or “shared” accountability for achieving these bottom-line patient experience results. However, we know that 70% of all major change initiatives fail. So how could *Health Links* ensure that they will in fact succeed?

*Health Links* partners would be well advised to follow “best practices” for organizational and whole system transformation. In 18 months from now, we know that the most

successful of the initial 19 projects will be those who engaged their front-line healthcare service providers, middle managers (as well as patients & families) in the redesign of the patient journey – the clinical plan.

Evidence suggests that if they collaborate with one another utilizing the tools and practices of *Learning Organizations* (i.e. the practice of dialogue, systems thinking, collective intelligence, team learning, cross-functional integration and empowerment of middle managers, and front-line service providers, as well as the application of *Experience Design Methodologies*), they will indeed succeed in transforming themselves, their services and the patient/client experience.

So what does a diverse group of partners within each *Health Link* do to ensure that they do succeed?

First of all, *Health Links* won't be successful, unless they build **trust** among the partners and among health service providers. In his book, **Trustworthy Government**, David Carnevale describes trust as “an expression of faith and confidence that a person or an institution will be fair, ethical, competent and nonthreatening”. Unfortunately, surveys measuring employee trust in the healthcare sector have demonstrated increasing levels of disbelief and mistrust within and between organizations.

Carnevale writes that many people go to work “with guarded, suspicious, and cynical attitudes. They have lost faith in their organizations. Their hopes and expectations have been mismanaged. The costs of mistrust and cynicism are high. These emotions corrode organizations and destroy high-performance.” The loss of trust is a loss of system power in organizations. Trust is an integrative mechanism – the cohesion that makes it possible for organizations to accomplish extraordinary things.

*Health Link Partners* need to embrace this concept of “trust as social capital”. Carnevale said “trust reduces conflict, improves communication, eases cooperation, enhances problem-solving, reduces stress, enables people to realize more satisfactory relationships, amplifies organizational learning, and advances change.”

In the UK, where their healthcare delivery system has been undergoing transformational change over the past three years, organizational scientists have been learning about what happens in low trust healthcare environments that are undergoing a fundamental transformation.

In an August 2012 article in the *Ashridge Business School Journal*, the authors found that in low trust environments in the NHS, managers reported the following range of responses:

- Criticism and suspicion of other organizations and professional groups. For instance, senior clinicians would continuously question and challenge managers' intentions behind decisions and oppose their proposals for change.
- Opposing changes based on a cynical interpretation of the motives of those proposing them or because they perceived the changes to be imposed upon them.

For instance, one clinician stated: “We must accept it even though we do not believe in it.”

- Passive opposition to changes, such as failing to complete tasks on time, not responding to requests for information or general apathy and low commitment to changes.

The *Ashridge Business School Journal*'s article also suggests that in the UK health system “heightened anxiety and distrust also amplified covert political dynamics as individuals seek to protect their interests by forming coalitions and hiding feelings or opinions that are not considered expressible in public, spreading gossip and misinformation and manipulating data to present information in a favorable manner.”

Is it possible that covert political dynamics are will be at play in some of the *Health Links* projects? Do you think maybe in some? If they are, what we know from experience is that when political dynamics increase, trust levels go down. As trust goes down, failures increase.

Since we don't want many failures among the *Health Links*, how do we build **trust**?

Trust starts with how the top leadership are behaving. Is Queen's Park creating *Health Links* as a political strategy, an optical illusion -- or are they really actually sincere about the better/cheaper care outcomes for patients and taxpayers that they are promising?

While there may be some good reasons to be cynical about *Health Links*, there are much better reasons to believe that these initiatives can and will act as a catalyst for organizations to collaborate on achieving the type of patient-centred outcomes that are listed in each community's *Integrated Health Service Plan*, and now in each *Health Link's Business Plan*.

There is no question that each *Health Link* can succeed, but will they? What does the *Readiness Assessment* conducted on each *Health Link* tell us? Are these organizations really ready for transformation? What can they learn from their own “best mistakes” of the past? How could LHINs and Queen's Park support these efforts?

Successful transformations have top-down and bottom-up components. We need Health Minister Matthews providing high-level top-down visionary leadership that encourages the bottom-up revolution. We need CEOs, governance boards and senior managers liberating our front-line service providers to transform the delivery system.

The *Balanced Scorecard Collaborative*'s research on the healthcare sector indicates that only 10% of organizations ever actually execute their strategy successfully. Among the list of barriers to strategy execution in the health sector is: **only 5% of the workforce understands the strategy**. Hello? Will each of the *Health Links* fully engage their front-line care providers – as well as patients and families -- in this service redesign project?

To succeed, we need to pull people together across the *Health Link Partners* to plan the clinical & non-clinical delivery of patient-centred care across the continuum. The

“patient/client experience” can be mapped by front-line workers and patients using *Storyboarding Methodologies* -- which are much better aligned with the culture and mindset of the health services sector, than the lean thinking/six sigma methodologies of the manufacturing sector.

While both of these approaches can save up to 30% in costs, “*Looking For Waste*” is simply not as an inspiring mission for front-line healthcare workers as “*Improving The Patient Experience*”. While the “hard approach” may work best in the manufacturing sector, the “soft approach” really does work best in healthcare.

*Health Link Partners* also need to have a common understanding of this term “*partnership*”. **Best Practice Guiding Principles For Partnership**, include:

1. **Shared Vision & Agreed Process**: The partners need to evolve a *shared vision* (picture) of what the end-product will look like, and how the process should be designed to achieve high-quality, patient-centred care.
2. **Partnership Equality**: Health Service Providers (HSPs) must strive to create an authentic partnership and promote partnership behaviour and practices. Partnership means to be connected to one another in a way that the power between the participants is roughly balanced. Partnership acknowledges our absolute interdependence. Partners ought to select a lead partner to serve as the “managing partner” in service to the others to support collaboration, and to be accountable to the LHIN for achieving the outcomes.
3. **Independent & Interdependent** – self-governing independent health service provider organizations are also interdependent as they serve the same client as they travel across the continuum-of-care.
4. **Learning Organization**: The partners must strive to think, behave and act as a *Learning Organization* -- what Peter Senge calls “a group of people who are continually enhancing their capacity to create the results they want.”
5. **Dialogue**: Partners practice the skill of dialogue. In *dialogue* everyone truly listens to each other, treats each other with respect and works together to build on each other’s thoughts and ideas -- rather than being focused on scoring points and winning arguments. In dialogue, complex issues are explored and different views are presented as a means of discovering “new ways of seeing old problems.”
6. **Team Learning & Systems Thinking**: Successful partnerships utilize *team learning* skills to develop ideas in which the whole is greater than

the parts that each contributes -- and by using systems thinking to discover solutions to the complex problems. Teams of front-line workers and middle managers tap into their collective intelligence as they redesign the delivery system in partnership with their customers.

7. **Joint & Mutual Accountability.** Each partner is responsible for achieving the overall outcomes of their *Health Link's* Vision -- as well as their individual agreed-upon outcomes. Accountabilities for each partner need to be listed, measured and documented – including each of the “supports required” to successfully achieve the outcomes expected of each partner.
8. **Avoid Dominance.** Participants in the partnership will not attempt to “control” the relationship. While there may be a “*Partner In Charge*” (51% vs. 49%), the partners strive to behave as though there is a 50/50 responsibility for achieving the agreed-upon outcomes.
9. **Diversity:** Partners will achieve high levels of creativity by including people who have a diversity of perspectives, opinions, experiences and beliefs. Best practice partnerships celebrate diversity and seek to utilize it for innovation. Partners are both independent and interdependent – at the same time.
10. **Right to Say “No”.** Partners each have the right to say no. Partnership does not mean that you always get what you want. It means you may lose your argument, but you never lose your voice.

Best practices also would suggest that to succeed, the health service provider partners need to select the right “lead partner”, or “managing partner”, who would be well-advised to operate as though they have 51% -- while all the other partners hold a 49% share of the responsibility & obligations for the *Health Links*.

“Politics” ought never play a role in the selection of the managing partner. It is a simple exercise: What are the functions that need to be done? Who has the capacity to perform these functions? Is the “lead partner” prepared to be held accountable to the LHIN for the ***Business Plan*** outcomes promised? Are all the partners agreed on the selection of the “lead” partner?

If the “lead partner” is the “managing partner”, does everyone understand what that means? Everyone needs to have a common understanding of: how the *Lead/Managing Partner* will be “in service” to the other partners? It is essential to get these understandings nailed down and agreed to among the partners and with the LHIN. The MOHLTC is flowing “up to \$1 million” to each *Health Link Lead Partner* to support the implementation of the plan that the partners have each signed-up-for.

Ultimately, to succeed, the *Health Links* partners also need to know how to design systems, structures and processes for “*Joint Accountability*” and “*Shared Accountability*”.

They need to develop accountability processes and practices that are rooted in best practice *mutual accountability* structures and processes.

However, *Health Links* won't get anywhere -- until and unless the health service provider partners have a *shared vision* across the continuum-of-care at the governance, management and staff levels. At its simplest level, a **Shared Vision** is the answer to the question: "*What do we want to create?*"

Peter Senge describes the concept of a *Shared Vision* in his book *The Fifth Discipline*. He writes, "A shared vision is not an idea. It is, rather, a force in people's hearts, a force of impressive power. It may be inspired by an idea but once it goes further - if it is compelling enough to acquire the support of more than one person - then it is no longer an abstraction. It is palpable. People begin to see it as if it exists. Few, if any, forces in human affairs are as powerful as a shared vision."

While there is much to learn from our past failures of health reform, for the next few blogs, I'm going to focus on some really amazing "innovators" who have indeed found ways to successfully serve chronic high-users of the health system -- with better, more effective care, at less cost.

Next week's blog: "*Learning From Our Past Successes*".

**FORWARD THIS BLOG TO COLLEAGUES WHO YOU THINK MIGHT BE INTERESTED IN THE FUTURE OF HEALTHCARE IN ONTARIO.**

