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THE GALILEAN SHIFT IN HEALTH SYSTEM DESIGN AND STRATEGIC ALIGNMENT

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Will Ontario really shake-off the entrenched bureaucratic control of our health system?

In a bureaucracy, hierarchy is the central devising principle. Work roles are narrowly defined and a premium is placed on impersonality in relationships, control is maximized, efficiency is prized, secrecy is a virtue, and means -- rather than ends -- receive the attention and glory.

While *Health Links* are regulated by a traditional *control-oriented* government bureaucracy, the countervailing force here is Health Minister **Deb Matthew's** commitment at the *May 15th Ways & Means Conference*: "**I have your back. Go ahead, dream, innovate and make it happen! We trust you**."

Normally, bureaucracy does not operate on trust. Traditional bureaucracy attempts to make trust irrelevant by external standards that deny the internal norms upon which trusting social relations must rely.

Think about it. Every aspect of bureaucracy denies the significance of creating social capital like trust. It is the rules that must be trusted, the procedures and templates that confidence is placed in, it is process, not results, that count; and, it is the legal authority of the "superior institution" that one's faith is placed in. There are hierarchies everywhere. To prevent anyone from being innovative, the government even has a list of *Vendors of Record* to help safely guide our actions and thinking.

David Carnevale says, "bureaucracy is a monument to institutionalized mistrust and emotional control." While the **Hon. Deb Matthews'** liberating speech at the ***Ways & Means Conference*** suggests we could be in a new era of "de-bureaucratization", these are ingrained habits and ways of being. The *Transformation Secretariat* certainly has an enlightened approach, but the truth is: change is hard.

However, our healthcare delivery system can't transform without the MOHLTC and LHINs also transforming. Everyone needs to transform -- or nothing is changing.

Health Links are Ontario's attempt at a "**Galilean Shift**". Science students will remember that Galileo's heliocentric revolution moved us from looking at the earth as the centre around which all else revolved – to seeing our place in a broader pattern in which Earth, and all of the other planets, actually revolve around the Sun.

The Sun in our healthcare delivery system are: the patients/clients, and, the "owners". That is, the people of Ontario, and the citizens of each local community.

In the systems world-view of *complex adaptive systems*, we shift from seeing the component parts of systems, to seeing the "whole" picture. This is called "*systems thinking"* and "*whole brain thinking*".

The more left-brain analytic approaches address complex situations by breaking everything down into its components parts – and then studying each component in isolation, and then synthesizing the components back into a whole again.

Peter Senge, author of the ***Fifth Discipline***, says that "for a wide-range of issues, there is little loss in assuming a mechanical structure and ignoring systemic interactions. But for the most important problems, linear thinking is ineffective."

Problems like healthcare costs -- or how to improve quality and patient satisfaction -- resist piecemeal, analytic approaches that are theory-based, rather than experience-based, evidence-based, and, pragmatically-based. We live in a world that is more like humpty dumpty, than a jigsaw puzzle: "All the King's horses, and all the King's men, can't put the system together again."

Senge says "our enchantment with fragmentation starts in early childhood. Since our first school days, we learn to break the world apart and disconnect ourselves from it. We memorize isolated facts, read static accounts of history, study abstract theories, and acquire ideas unrelated to our life experience and personal aspirations."

He points out that, "economics is separate from psychology, which is separate from biology, which has little connection with art. We eventually become convinced that knowledge is accumulated bits of information and that learning has little to do with our capacity for effective action, our sense of self, and how we exist in our world."

Rather than practicing integrative medicine – which assumes our body parts are actually interconnected with cause & effect relationships – we have a focus on "specialists", and we tell primary care doctors that they can only change a fee for one body part per visit.

Today, fragmentation is the cornerstone of our healthcare delivery system – with acute care, primary care, long-term care, community care, home care, mental health, health promotion and illness prevention all operating under separate assumptions and rules.

Driving the fragmentation in the delivery system is the equally fragmented *Ministry of Health & Long Term Care*. Ironically, the word *health* has the same roots as the "whole" (the old English *hal*, as in "hale and hearty"). Like people, organizations and systems of organizations can get sick and die if they are not flexible enough to withstand change.

Health Links need to design themselves for <u>flexibility</u>, rather than what traditional command and control bureaucracies want - -which is the "*illusion of control*", provided by the many rules, templates and common curriculums in the rigid belief that "one-size-does-fit-all."

Given the complexity, ambiguity and unpredictability in our rapidly changing environment, if they are to succeed, *Health Links* need to be designed for adaptability -- rather than stability.

Adaptation occurs by changing the "rules" of interaction among the system's component parts. New rules of interaction emerge through the accumulation of new experiences and dialogues among the partners. People are smart. They will find their way, if they connect, and if they collaborate and focus on the design of the system, and the design of the organization in the system.

Using the **Strategic Alignment Model** as a framework, how would you realign the components of **Structure** (design, decision-making & accountability, information systems, rewards/incentives and strategic budgeting); with the components of **Culture** (norms, values, language, behavior, leadership, stewardship); and with the components of **Skills** (technical, analytical, people organizational, communication) to achieve the *Health Links* outcomes?

If this new collaborative partnership is to be transformational, it must also alter how each of the *Health Link* partners are "*being*". When they change how they are "*being*", it reverberates at many levels and spheres within each of the organizations, and across the partners. This produces changes at the very core of our health and social support services system.

So where do you start to make fundamental change -- now that the Minister/Ministry have provided us with the "low rules" innovative construct of the *Health Links*?

Our recent ***Health Leaders' Vital Issues Survey*** indicated at least 60% of participants are "on board" with *Health Links* already. That's a critical mass!

So, what should happen next?

The highest authority in every Health Service Provider is the **Board of Governance**. The Minister of Health – through the MOHLTC, and their crown agencies, the LHINs – provide the provincial standards and regulations, local planning at the LHIN level and the appropriate aligned incentives to achieve the policy goals of the government. But it is the governance board that approves the strategic directions.

A key question I am asked is: **what is the role of *Health Links Partner Boards* in the governance of the partnership of HSPs in each of the 75-80 communities and 14 LHINs across Ontario?**

The Ministry and the Minister have been silent on this point so far. If our government wants fewer organizations to emerge from the *Health Link* process, they are not saying so -- at least not while there is a minority government still in place.

Governance Boards need to be alert to the debate about whether or not our healthcare delivery system would benefit from "fewer boards" doing same/old governance; or,

whether now is the time to transform governance -- so that it actually does "adds value" to our healthcare delivery system.

The choice is between "*Hack & Slash*", or "*Transformation*".

The *Canadian Patient Safety Institute* says that when properly structured and led, governance boards can significantly influence improved performance on: safety, quality and patient/staff/physician satisfaction. If boards can indeed be organized to achieve these important and valuable goals, why would we want to get rid of them?

The "Hack & Slashers" have a perspective that I call the "**Fewer Is Better Tribe**". These are the people who always focus on issues of structure and power and tend to provide their deep policy analysis on Twitter. They think the *Munchkin Agencies* should all merge, and that hospitals ought to run the whole service delivery system.

I'm a member of the "**Bio-Diversity Tribe**". We believe that transformed generative governance boards could actually "add value", and lead to more patient-centred innovations in our complex, adaptive healthcare delivery system. We have a great deal of evidence to prove that it is not true that "fewer is better". Indeed, there is lots of evidence that proves diversity enriches us. That does not mean "no mergers". There should be mergers wherever it benefits the patient or taxpayer.

On the management side, the lead partners need to create **Health Link-Level Scorecards** -- that are ultimately the product of the collective intelligence of service providers within each partnership. *Scorecards* and *Strategy Maps* would enable organizations within each local *Health Link* to collaborate and implement the co-ordinated changes required to achieve better outcomes/results for the patients.

At the HSP's level, in redesigning themselves to improve in each of these priority areas, healthcare organizations in each *Health Link* need to look at their *functional design* (what it does); their *structural design* (who does what); and *work process designs* (how work is done). But the real disruptive innovation that successful *Health Links* will introduce is *Patient Experience Design Methodologies* that liberate and engage front-line service providers -- and patients/families -- in redesigning these processes to be patient-centred.

To achieve dramatic gains, old ways of thinking about "managing" and "organizing" healthcare organizations need to be abandoned. The successful ones "change the way they think" about their challenges, and develop a shared vision for what the solutions could be.

Dufferin-Area Health Link lead**, Liz Ruegg**, CEO of *Headwaters Health Care*, set out the focus of their Link at a one-day *Health Link* partners' visioning workshop: "***It's all about building a health care system that ensures patients get the care they need, closer to home, when they need it most***", she told the group.

But what did that mean? What was the group's "vision" of the future? What did they want to create? About 50 local leaders composed of Board Chairs, CEOs, senior staff, and physicians, from healthcare service agencies across the Orangeville-Dufferin region met

for a full day -- along with LHIN Board and staff -- to engage in collaborate dialogues to create their emerging vision -- using a technique called *Mindmapping*.

Mindmapping was developed by Tony Buzan in the '70's to capture a groups' ideas through dialogue in order to create a "picture of the future that we seek to create". At the **Dufferin-Area Health Link** visioning conference 94% of participants rated their experience of mindmapping as "good" to "excellent". One participant wrote on their evaluation, "*Mindmapping meets everyone's way of thinking -- not intimidating. It was fun.*"

Peter Harris, Board Chair at *Headwaters Health Care Centre* says that the governance boards of *Health Link* partners ought to "step out of their everyday independent way of thinking and approach this from a different perspective." He says *Health Links* truly presents an opportunity to come together and innovate to put patients first".

Dufferin-Area Health Link Partner, William Osler Health System CEO, **Matt Anderson**, said, "It was great seeing governance leaders spending a whole day where they did not focus exclusively on their hospital, CCAC, home support agency, or their CHC. They had to hold a 'whole system' perspective, rather than just their silo. That was helpful."

Health Links Partner Boards and *Health Links* CEOs need to remember that the defining characteristics of a system is that it cannot be understood as a function of its isolated component parts. System leaders also need to understand that the behavior of the system doesn't depend on what each part is doing – but on how each part of the service delivery system is interacting with the rest.

See the *Evaluation & Reflections Survey* results @ **Dufferin-Area Health Link Visioning Day Evaluation**.

Next week's blog: *"Health Links Will Need The Right Mix of Stewardship Servant-Leadership and Adaptive Leadership If They Are To Succeed"*.

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