

**April 6, 2015**

## **Wicked & Provocative Questions Designed To Keep Our Leaders Accountable -- And On Their Toes!!**

**By Ted Ball**

Quantum provides our clients with a helpful toolkit for the practice of **Generative Governance** called, "**Wicked & Provocative Questions**". When you click on the concept of "**Wicked Questions**" on our *Quantum Learning System*, it says that "they are questions that help us identify and surface the assumptions which we hold about an issue or situation -- and how these shape our actions and choices."

"**Wicked Questions**" are designed to be open-ended and provocative. They are not "trick questions". With trick questions, somebody knows the answer, and challenges others to discover it. *Wicked questions* do not have a single obvious answer. Their value lies in their capacity to be provocative, to open up alternatives, to invite inquiry, and to surface the fundamental issues that need to be addressed.

Often we find paradoxes or tensions in the implicit assumptions we hold about an issue, context or organization. "**Wicked & Provocative Questions**" articulate these embedded and often contradictory assumptions. This is what makes the question "wicked." Exposing these assumptions in a question can be both uncomfortable, and a relief. It is uncomfortable because the conclusions we draw, and the beliefs we adopt (based on our assumptions) often seem to be "the truth" -- obvious, acceptable and defensible. They guide us to do, and say: "the right things."

While "*wicked questions*" can have an edge to them, they are not asked to catch people off-guard. They are intended to surface the "*whole truth*" about the issue -- with no illusions.

Some high-level macro-design questions for Queen's Park, and LHINs, are:

- If we are shifting the way we will fund the *Patients First Health System* in three years from now --from volumes of provider activities, to "bundled payments" that follow the patient -- how large will the economic incentives be for patient satisfaction/quality/ and health outcomes? Will "what matters to patients" actually get measured -- and rewarded? Will Ontario adopt *Patients Canada's Key Performance Indicators*?
- If the *Canadian Patient Safety Institute's* research found that properly trained Boards can add real value to improving the patient experience and dramatically improve quality and safety, then why would there be a **Lobby For Fewer Boards** -- and why doesn't the lobby come out of hiding and speak-up in a more transparent way about their beliefs

about health system design. They should explain the evidence that compels them to advocate for "less citizen oversight" in our public healthcare delivery system.

- Do we really want to test options for "bundled payments" for three years -- or, do we want to create *Patients First Integrated Delivery Systems* over the next three years?
- If we truly had a "**patient-centred system**", why are there waiting lists for pain clinics? Why don't we have a *Universal Palliative Care Program*? Why don't the resources flow to those HSPs that are measurably "patient-centred"? Why don't we have an effective *Case Management System* that is truly patient-centred? Why is *Case Management* seen more as an efficiency tool for our hospitals (and sometimes CEO bonuses), than a way to provide support to patients and their families to get them the "right service, by the right provider, in the right place, in a timely manner"?
- Why is our bureaucratic system more focused on process (measuring *patient engagement*), than on outcomes (improving the *patient experience*)?
- While a small portion of the estimated 30% waste in our \$52 billion health system can be eliminated at the operational level with *lean thinking processes* and "Back-Office Consolidation" on IT, Finance and HR, the more significant savings can only be achieved by reallocating resources from existing budgets -- to activities reflecting the government's *Patient First Transformation Strategy*. So, why does Queen's Park talk about "transforming healthcare" -- while essentially maintaining the "status quo" on the existing silo-budget allocations? When will Queen's Park match funding for community services, with their very inspirational rhetoric? By what date?
- If the MOHLTC thinks that integration is such a good idea, why do they themselves continue to operate in silos that actually cause much of the silo-thinking/behavior throughout the system?
- Are the complex challenges of integrating care across the continuum really a "**management challenge**" -- or are they actually a "**system design challenge**"? Or, both? If system integration is truly just a more complex "*management challenge*", are the hospital CEOs necessarily the best managers to be put in charge of "making a vertically-integrated service delivery system happen"; or, should that be determined locally?
- *St. Joseph's Health System* in Hamilton has evolved over time into what health reformers in the 90's were advocating for: a "**vertically-integrated health services delivery system**" that provides a high-quality, seamless system of services that is the product of a learning journey of transformation driven by values. Beyond the "bundled payments"

structural change, how will the ten selected *Pilot Sites For Integrated Funding* also focus on changing thinking and behavior (**culture**), and developing the **skills** required (i.e. systems thinking, integrative thinking, leveraged thinking) to succeed.

- While LHINs are now about to launch into their 4th *Integrated Health Service Plan*, the very practical question is: what percentage of the *strategic outcomes* (for patients/taxpayers) contained in their previous three plans, were ever actually implemented? LHIN Boards should seek to understand why so much of their approved IHSP's plans have not been implemented -- before they launch into yet another exercise that may harm their credibility with their *Health Service Providers/Partners* -- who could become increasingly cynical about "engagement exercises" that always seem to fail to produce any tangible results?
- While LHINs are here to stay, if the system around them is transforming, how will they -- as organizations -- also be expected to transform? The big transformational shift could be to shift from the LHIN as the "System Manager", to the LHIN as "resource allocator", "system facilitator"/"capacity-builder". Also, what if LHINs simply gave up the "illusion of control" on the various types of HSP *Performance Agreements* -- with as many as 150 individual *Health Service Providers*? Instead, what if LHINs only had *Accountability Agreements* with each of their five or six individual *Health Links* -- for the high-level quality and integration outcomes that government policy is seeking to achieve -- and devolved the *Performance Agreement* to local boards?
- Do we want *improved community governance* -- and *more accountability* in Ontario's health system? Or, do we want to have *fewer boards* -- so we can have less oversight of our professional administrators, and over our provincial and local public officials? Is less "community oversight" -- and less local governance -- really the best strategy? Or, is better, more competent local community oversight our real goal?
- Finally, on my favorite topic: when is the government ever going to significantly expand mental health funding? Talk. Talk. Talk. Toronto Mayor **John Tory** said **mental health spending** is "a scandal in terms of the degree to which we don't provide the care of the kind people need that have mental health issues". Given that provincial mental health spending has declined from 11.3% of total health spending, to just 5%, will the province now make mental health the strategic priority it really needs to be? Will our government accept the recommendation of the *National Mental Health Commission*: that **mental health expenditures ought to be 9% of total health spending**? Will Ontario increase to 9%?

The above are examples of "*Wicked Questions*" intended to provoke thinking about the status quo -- and about the assumptions we are holding about our healthcare services delivery system.

What are your "*Wicked Questions*" for the Minister, the Deputy, the LHINs, the Boards of governance and the CEOs of Health Service Provider Organizations?

**FORWARD THIS SET OF *WICKED QUESTIONS* TO PEOPLE WHO WOULD BE INTERESTED TO LEARN ABOUT THE ANSWERS TO THESE QUESTIONS.**

