December 2014

LEADerShip at a Glance

CHLNet's "Top Ten" Suggested Readings[1]

Angood, P. (2014). *The Value of Physician Leadership.* ACPE White Paper. Tampa FL: American College of Physician Executives.

Focus: An argument for the importance of physicians moving into leadership roles.

This is a white paper from the American College of Physician Executives (ACPE). It outlines, from ACPE's perspective, the value of developing physicians as leaders for organizational performance. Arguments include presenting recent data that shows that physician-led Accountable Care Organizations (ACOs) tend to be more nimble in execution of their programs than hospitals—in particular, with respect to improvements in care coordination, chronic disease management and prevention. NOTE: An ACO emphasizes the intent to hold hospitals and engaged partners (e.g. providers in a geographic area) accountable for financial risk for the measured health of a population, and to align financial and professional incentives to encourage the product of high quality outcomes for that population. See article below by Muhlestein, D., Croshaw, A., Merrill, T., Pena, C., and James, B. (2014).

Peter Angood is the CEO of the American College of Physician Executives, and interestingly enough, is a Canadian who graduated from McGill University before moving to the United States.

Implications:

- A small percentage of CEOs in Canada are physicians, and given the recent Partnerships for Health System Improvement (PHSI) research that suggests that greater physician leadership is needed, these arguments need strong consideration.
- This paper supports the work being done by the Canadian Society of Physician Executives to gather data to understand the scope and breadth of involvement of physicians in leadership roles.

Link to LEADS and CHLNet's Mission:

- The Canadian Medical Association and the Canadian Society of Physician Executives are important members of CHLNet, and key partners in its efforts to provide leadership for health reform.
- LEADS has been adopted by both organizations as the foundation for leadership development, and physicians who take those programs will be prepared to take on leadership roles.

Bevan, Helen, and Fairman, Steve. (2014). *The new era of thinking and practice in change and transformation: A call to action for leaders of health and care.* Horizon Group of NHS Improving Quality Group; NHS: London UK.

Focus: Five enablers to inform the design and delivery of improvement and transformational change techniques in health and care services.

This paper looks at new directions in improvement and change thinking from around the world, and from industries other than health. It distils this information to inform the design and delivery of improvement and transformational change techniques in health and care services. It sets out five

[1] As recommended by Dr. Graham Dickson (CHLNet Senior Policy Advisor).

enablers for the "emerging direction" in change and references research evidence as well as ideas from opinion leaders:

1. *Activate disrupters, heretics, radicals and mavericks:* Leaders should seek to identify them and engage them in the organisation's most significant challenges.
2. *Lead transformation from "the edge"*: Purposefully moving change processes to the edge of organisations can result in more radical thinking, faster change and better outcomes.
3. *Change your story:* It's about bringing new, different and diverse voices into the change conversation… Change your story and you can change your organisation.
4. *Curate rather than create knowledge:* A key role for future improvement leaders in health and care is to curate knowledge, i.e. filter, evaluate, contextualise and share knowledge from multiple sources.
5. *Build bridges to connect the disconnected:* If we are seeking large scale transformational change, we should be bridging networks that connect disparate individuals and groups that were previously disconnected.

Implications:

- Canada is struggling with transformation and change in its health system. This paper outlines—albeit in a unitary health system context somewhat different to Canada's decentralized system—some of the current thinking about how to facilitate such change.
- The paper includes a fundamental rethink about what organizational and system change means in terms of: who does it (many change agents, not just a few); where it happens (increasingly "at the edge" of organisations and systems); and the skills and mindsets that change agents need.

Link to LEADS and CHLNet's Mission:

- The last three of the five suggestions are consistent with a number of the capabilities of the **Develop Coalitions** and **Systems Transformation** domains of the LEADS framework.
- This paper links directly to the CHLNet-sponsored national Health Leadership Action Plan.

Comack, M.T., (2012). "A Journey of Leadership: From Bedside Nurse to Chief Executive Officer." *Nursing Administrative Quarterly,* 36(1), 29-34.

Focus: Understanding EI in the context of the workplace.

Margaret Comack articulates her own personal journey of leadership through the lens of the Canadian LEADS framework. The author utilizes the framework to explore leadership skill development from a personal perspective to a broader system transformation level. Challenges and successes along this journey are included to highlight the manner in which leadership evolves with experience, time, and determination. A retrospective view of a successful career in health care provides the model for others to consider a similar career path using a theoretical base and a thoughtful process of personal development. Much of what she talks about emphasizes an organic systems approach to leadership; i.e. whereby leadership is always about creating generative change either in self, work units, organizations, or health systems.

Implications:

- The author shows how the LEADS framework can be used to explore leadership skill development from a personal perspective to a broader system transformation level.
- It shows the applicability of LEADS at all levels of one's career progression.

Link to LEADS and CHLNet's Mission:

- CHLNet's mission is *Better Leadership, Better Health—Together*. It has endorsed LEADS or LEADS-like frameworks to describe the leadership needed to accomplish that; and this article shows its applicability in that regard.

Grimes, K., and Kernaghan, G. (2014). "Closing the Gap: A Canadian health leadership action plan." *The Canadian Journal of Physician Leadership*, Canadian Society of Physician Executives, Ottawa.

Focus: Marshalling commitment to a national action plan to grow leadership across jurisdictions, disciplines, and over the life cycle of leadership.

This article outlines the efforts of the Canadian Health Leadership Network (CHLNet) to generate energy and commitment to a national health leadership action plan in Canada. Numerous policy reports identify leadership as a major enabler of health system performance and reform. The article outlines the consultations that have taken place amongst a variety of jurisdictional and professional organizations, to create a five pillar action plan. It suggests that the *LEADS in a Caring Environment* framework be the common language for those actions; and that organizations across the country need to pool resources and work together to "raise the bar" in leadership development and succession planning. It also makes the point that leadership development is not an end in of itself; it is to ensure that Canada can achieve high performance in its health system, and can make the changes necessary to accomplish that.

Implications:

- The implications of a call to action are significant: it requires all organizations to work together in the field of leadership development in ways they have not done so before.
- The action plan that is profiled is an advocacy tool to be used to engage non-CHLNet members and government in jointing in to the national action plan.

Link to LEADS and CHLNet's Mission:

- CHLNet's mission is *Better Leadership, Better Health—Together*. The article articulates a major focus of the network and its goal of contributing to health reform.
- It relates directly to the **Develop Coalitions** and **Systems Transformation** domains of the LEADS framework, in the context of national system reform, and demonstrates the connectivity between the two; developing collaborative action to create system change.

Health Research and Educational Trust. (2014, April). *Building a Leadership Team for the Health Care Organization of the Future*. Chicago, IL: Health Research & Educational Trust. www.hpoe.org

Focus: Techniques to improve executive functioning for health care organizations of the future.

Inspired by the American Hospital Association (AHA) reports, Spencer Stuart, a leading senior executive search and leadership advisory firm, explored the talent, leadership and organizational implications of health care reform in the United States. In this white paper they describe how health care reform (they call it the "second curve") is impacting the leadership, talent and organizational models of hospitals and care systems in the United States. They interviewed more than 1,100 executives, primarily from large health care systems across the United States. In addition, follow-up, one-on-one conversations were conducted with a group of more than 25 senior health care leaders, including chief executive officers,

chief medical officers, chief nursing officers and chief human resources leaders. Findings were in three groupings:

- Identifying capability gaps and evolving the executive team to address them;
- Experimenting with different organizational approaches; and
- Building teams through selective hiring and training.

A sample of the findings are:

- Nearly 70 percent of hospital and care system leaders surveyed expressed confidence that their current senior management team has the experience and skill sets to help the organization achieve its strategic priorities.
- Executives with experience in community and population health management and experts in change management will be hardest to find within the health care sector, according to survey respondents.
- Seventy-nine percent of survey respondents said their organization has established in-house customized training programs for senior management during the past three years, and nearly 80 percent said training programs are focused on developing leadership skills.

Implications:

- When the statistics from this study in the US are compared to similar statistics from the CHLNet benchmarking study, it is clear that respondents have (1) greater faith in their collective ability to face change; and (2) they invest significantly in leadership development for their own senior management.
- Skills related to engaging the public and community, as well as leading through change, are in high demand in the US as well as Canada (i.e. as per the Leadership and Health System Redesign project findings).

Link to LEADS and CHLNet's Mission:

- CHLNet's mission is *Better Leadership, Better Health—Together*. This article suggests that the specific leadership skills re change, re organizational design, and re developing high performing executive teams are key to that better leadership.
- It relates directly to the **Develop Coalitions** and **Systems Transformation** domains of the LEADS framework, in the context of national system reform; and the challenges that puts upon senior leadership teams.

Lazar, H., Lavis, J., Forest, P-G., and Church, J. (2014). *Paradigm freeze: Why it is so hard to reform health-care policy in Canada*. Montreal and Kingston: McGill-Queen's University Press.

Focus: Reasons why health care reform has not progressed significantly in Canada.

Harvey Lazar and his team (2014) in their book *Paradigm freeze: Why it is so hard to reform health-care policy in Canada*, provide evidence through five provincial case studies of the challenges that impede or forestall effective health reform. They outline how political factors that are a product of Canada's constitutional decentralization of health care delivery as well as the democratic process itself make it difficult to pursue long-term change. They also emphasized the inability of professional provider groups and different health organizations to "partner and collaborate across boundaries" claiming that politics and self-interest are confounding efforts to make the Canadian system a true "system" in that generative sense.

Implications:

- The book outlines the structural, cultural and political factors that impede meaningful health reform in Canada. However, it implies that those factors are "givens". Those who believe that the role of leadership is to overcome dividing forces will see this book as a "call to action" for unifying leadership.
- The book puts a major emphasis on the role of politicians, the public service, and professionals in health reform. It does not appear to discuss at any length with the 100,000 people in leadership and management roles whose job it is to provide guidance for reform, and their contribution to change.

Link to LEADS and CHLNet's Mission:

- CHLNet's mission is *Better Leadership, Better Health—Together*. The book makes a major contribution by outlining the barriers and impediments to effective health reform.
- It relates directly to the **Systems Transformation** domains of the LEADS framework, in the context of national system reform.

Lundy, T. (2014). *Generative Change: A Practical Primer.* Albany, CA: Communities that Can! Institute.

Focus: Clarity of systems thinking dynamics that influence efforts at creating health reform.

Tam Lundy, in her monograph entitled *Generative Change: A Practical Primer*, provides a clearly written, well-articulated overview of generative change, starting with self (neuroplasticity of our brains and or ability to change ourselves. She states that "*Generative change* is the best fit when....Our aim is to foster health, well-being and healthy development, now and for future generations." This is the goal of health and wellness, whether we pursue it at the individual level (i.e. for patients) or at a system level (for nations).

This monograph is a well-written, very clear description of the dynamics of systems thinking and how a systems thinking approach can lead to productive change.

Implications:

- The paper has implications for leaders in CHLNet's member organizations as systems thinking and complexity are difficult concepts to grasp as it relates to leadership action. However, this monograph clearly shows the practicality of such an approach.
- Change is best pursued in a generative manner: people working together to create their preferred future.

Link to LEADS and CHLNet's Mission:

- CHLNet's mission is *Better Leadership, Better Health—Together*. The generative approach to change outlined in this monograph is a practical expression of that vision.
- The article provides advice about methods to operationalize systems thinking which is a capability of the **Systems Transformation** domain of the *LEADS in a Caring Environment* framework.

Lavine, Mark (2014). "Paradoxical Leadership and the Competing Values Framework." *The Journal of Applied Behavioral Science*, 50(2), 189-205.

Focus: Overcoming contradictions that paralyze leaders.

In the PHSI Leadership and Health System Redesign project, funded by CIHR and MSHRF, a key insight was identified: the challenge leaders face in dealing with contradictions that arise re their role in leading reform. Mark Lavine explores this notion through the lens of paradox, claiming that leadership is understood as having paradoxical aspects; paradoxes being contradictory and interrelated elements that persist over time. He uses a competing values framework to propose a paradoxical view of leadership that encourages leaders to deal with complexity in a more effective manner.

Implications:

- The Leadership and Health System Redesign research study showed that leaders sometimes get paralyzed by the contradictory demands made upon them. This article explores methods to deal with those contradictory notions in a more constructive manner.
- It reinforces the notion that leading change in health services is a more complex and demanding leadership role than running, or operating health services.

Link to LEADS and CHLNet's Mission:

- It highlights the cognitive complexity and flexibility demanded of leaders to create reform, consistent with the **Lead Self** (Develop Themselves) and **Engage Others** (Foster Development of Others) domains of the LEADS framework.
- CHLNet's national Health Leadership Action Plan is devoted to enhanced leadership development. This article helps delineate some of the developmental approaches that should be employed in such programming.

Lee, N., Senior, C. and Butler, M. (2012). "Leadership research and cognitive neuroscience: The state of this union." *The Leadership Quarterly*, 23, 213-218.

Focus: Profiling the advances in neuroscience and its validation of leadership behaviour.

The authors profile the advances in neuro-scientific research, "providing concrete examples of the various processes that may impact on our leadership-relevant actions" (p. 216). The focus is on how leadership and cognitive neuroscience interact, validating specific behaviours consistent with effective self-leadership and employee engagement in an organizational context.

Implications:

- Neuroscience is beginning to validate many of the capabilities that have been articulated (in LEADS and other studies) that show that empathy, emotional intelligence, and concern for the welfare of others (e.g. a caring ethos) empowers followers.

Link to LEADS and CHLNet's Mission:

- Profiles the importance of the **Lead Self** domain of LEADS—showing the power of empathy.
- CHLNet members seek ongoing "validation" of LEADS constructs. This article suggests that further application of cognitive neuro-scientific techniques to leadership research will pay great dividends in our understanding of effective leadership behaviors.

Muhlestein, D., Croshaw, A., Merrill, T., Pena, C., and James, B. (2014). *The Accountable Care Paradigm: More than Just Managed Care 2.0.* Centre for Accountable Care Intelligence: Leavitt Partners.

Focus: In the USA—The Accountable Care Organization (ACO) approach to deliver services to a defined population.

A key element of health reform in the USA, an ACO emphasizes the intent to hold hospitals and engaged partners (e.g. providers in a geographic area) accountable for financial risk for the measured health of a population, and to align financial and professional incentives to encourage the product of high quality outcomes for that population. Accountable care represents a fundamental rethinking of how care is delivered rather than a narrow focus on costs. The accountable care movement represents more than just structural changes to the existing system; rather, it is a complete reinvention of health care payment and delivery in the USA. By studying the efforts of over 400 organizations experimenting with accountable care, the authors developed a paradigm that defines the movement in terms of structural requirements, core processes and expected outcomes in ACOs. Organizations that adopt accountable care must bear financial risk for a defined population, oversee the clinical component of care and provide measured outcomes of cost and quality.

Implications:

- Canadian regions (e.g. Island Health in BC) are also exploring how to reorganize health service delivery from a program perspective to a geographical perspective, which requires integrating care across traditional boundaries (e.g. hospital care, home and community care and primary care). ACOs provide some guidance as to the strengths and pitfalls of those efforts.
- Geographic population service delivery requires sophisticated population information and different funding mechanisms to be successful.

Link to LEADS and CHLNet's Mission:

- This article profiles the importance of the **Achieve Results** domain of LEADS—showing the power of measurement and good data to effective accountability and seamless service delivery.
- All CHLNet members are seeking approaches to delivering high quality care at sustainable prices—the ACO approach might stimulate innovation in Canadian approaches to funding health service delivery in regions.