2014 | HEALTHCARE LEADERSHIP FORUM

LEADERSHIP TOWARD THE TRIPLE AIM

PRESENTED BY:
CAHSPR, CFHI, CHLNET

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Canadian Foundation for Healthcare Improvement

CHLNet
Canadian Health Leadership Network
Le Réseau canadien pour le leadership en santé

2014 Healthcare Leadership Forum
Final Report
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Hotel Omni Mont-Royal, Montreal.
This report describes the major details of the event

Report to Health Canada on the 2014 Healthcare Leadership Forum

The Healthcare Leadership Forum was held on February 14, 2014 at the Hotel Omni Mont-Royal, Montreal. This report describes the major details of the event and concludes with recommendations for strengthening healthcare leadership in Canada.

Objectives for the Conference

This conference was presented by three organizations who share a common interest in healthcare leadership in Canada. The three sponsoring organizations are CAHSPR, CFHI and CHLNet. The major funder for the conference was the Health Council of Canada, with several other organizations providing additional funding.

The premise of the conference was as follows. Canada's healthcare system, once touted to be the best in the world, is now recognized, in the light of international surveys, to be mediocre in overall performance, with some acknowledged strengths (e.g. universality of coverage), but many glaring weaknesses (e.g. accessibility, introduction of electronic health records). The Health Council of Canada, amongst others, has pointed out this situation, and suggested a strategy for improvement. That strategy places considerable emphasis on strengthened leadership capacity in pursuit of the goals of the Triple Aim as a requirement for progress.

The overall purpose of the conference was to understand what exemplary leadership looks like in the context of the Triple Aim and to make recommendations about how we can develop better leaders. In particular, the final session of the conference was intended to bring forward specific recommendations for strengthening healthcare leadership in Canada. This report concludes with a summary of those recommendations.

It is worth spending a moment to make clear the goals of the Triple Aim and to consider the argument that embracing and acting upon the Triple Aim, as enunciated by the Institute for Healthcare Improvement, will lead to marked improvement in Canada's performance. The elements of the Triple Aim are as follows:

- ***Improving the patient experience of care (including quality and satisfaction);***
- ***Improving the health of populations; and***
- ***Reducing the per capita cost of health care.***

Notably, in the Canadian context, the Health Council of Canada has suggested addition of a fourth aim

- ***Increasing health equity amongst Canadians***

One could devote an entire conference to debating whether these are the right goals for improving our healthcare system, but that was not the purpose of the Healthcare Leadership Forum. Rather, we presumed there exists a broad consensus that these are the proper goals and worked from there.
How then to achieve the goals of the Triple Aim within the Canadian context? A key step, cited by many including the Health Council of Canada, is to ***strengthen the leadership capacity of Canada's healthcare system, particularly in the context of achieving the goals of the Triple Aim.***
The purpose of the Healthcare Leadership Forum, in the first instance, was to test these ideas for improvement and see to what extent they had the strong support of the attendees. Finding this to be

the case, the deeper question is one of how we can best strengthen our leadership capability so that we can be assured that we will have the leaders we need to do this work.

The discussion of leadership was premised on the following framework, developed in preparation for the conference, which lays out levels and domains of leadership activity. The domains are as follows:

- Leadership to direct traditional healthcare organizations to implement the goals of the Triple Aim
- Development of programs or organizations that relate to a particular burden of illness or disease entity (e.g. Cancer Care Ontario) to address the goals of the Triple Aim in the context of that disease category. Related to those organizations, how can we best develop clinical leaders who will marry their clinical expertise with leadership skills to achieve results
- Leadership from organizations on issues that go past organizational boundaries. Leadership that brings separate organizations with distinct, but complementary objectives, to work successfully together to accomplish goals that no single organization could accomplish on its own.
- Leadership at the policy level, in particular, by governments to allow the healthcare system as a whole to achieve the goals of the Triple Aim. Our situation in Canada is that our healthcare system is sufficiently valued by the Canadian population that no politician argues for turning back universality. There is a strong consensus that the locus of authority is provincial and territorial. Fiscal pressures make difficult the maintenance of the status quo. The consensus is that innovation is required to achieve the goals of the Triple Aim, but how do policy decisions best motivate that innovation?

We argue that we need new leadership skills to achieve progress in these four domains, beyond the capacity we have today. How best can we, as a country, develop those leadership skills and those leaders? What level of investment is required, and how should that investment be organized? Answers to these last two questions represent the goal of the conference.

The format of the conference was to begin, in the first session, “Setting the Stage” with a discussion of the commitment to the Triple Aim within Canada and agreement that better leadership is a key enabler to that achievement. The following sessions then isolated discussion to each of the four domains noted above, with speakers chosen who can exemplify exceptional leadership in each situation.

Audience participation came in three forms, table discussion, plenary discussion and individual voting on key questions, using voting devices.

Setting the Stage: Why Leadership Matters

This session was facilitated by Terry Sullivan. Each speaker was asked to make brief opening remarks with the remaining time used for discussion amongst the panelists facilitated by Terry. A similar format was used in other sessions.

Of the three panelists, two have roles related to reports produced by their organizations. John Abbott, as Chief Executive Officer of the Health Council of Canada spoke to its September, 2013 report entitled “ Better health, better care, better value for all: Refocusing health care reform in Canada.” Abbott made clear the position of the report adding equity to the goals of the Triple Aim in the Canadian context and explained why stronger leadership is seen by the Council as a key enabler of these goals.

Graham Dickson spoke on behalf of CHLNet as a major figure in the development of its report "Shared Action Towards A Canadian Health Leadership Strategy Framework: A Working Paper." (note that both the Health Council of Canada and the CHLNet reports were pre-circulated to attendees). While the arguments of the CHLNet paper were not referenced in the previous description of the goals of the conference, it speaks to the same issues. The paper argues that we are suffering a crisis in leadership within the healthcare system in Canada and asks for greater investment in leadership training within the context of the following framework. To quote from the report:

Research and expert opinion shows growing high impact leadership requires a multi-pronged, sustained and collaborative strategy to achieve transformational change. Key elements should be:

1. ***Creating a collective vision and approach***
2. ***Establishing a common leadership platform***
3. ***Gathering more evidence on innovation and leading practices***
4. ***Enhancing leadership capacity and capabilities***
5. ***Measuring and evaluating success***

The CHLNet report acknowledges the reality of the "decentralized system of health financing and delivery in Canada" and for that reason refers to its recommendations as a "strategic framework rather than a strategy" but intends the working paper to" pave the way forward… for concerted action." Third speaker in the first session was Jean Louis Denis. In the planning session for the conference, Jean Louis spoke to the importance of what he called "leadership in complex situations" by which he meant the framework of domains of leadership listed above. One role for Jean Louis was to explain what he meant by this idea and what leadership looks like in that context, using examples from his research.

Terry concluded by taking questions from the audience. He asked audience members to comment on their answer to the following questions posed to them prior to the session:

- Come to the Feb. 14 session prepared to speak to a recent work situation where exceptional leadership played a key role in your organization or the health care system reaching an important achievement (large or small). What were the attributes of leadership that influenced the situation?

- Can you identify a recent situation where a lack of leadership led to the failure to accomplish something important? What obstacles stood in the way of effective leadership?

At this point, Frank moderated a polling session of the audience using polling devices which were available to all participants. Questions polled are as follows:

- The Health Council of Canada in a recent report identified the following enablers to improvement of Canada's healthcare system:

    a. Leadership
    b. Policies and legislation
    c. Capacity building
    d. Innovation and spread
    e. Measurement and reporting

From this list of 5, rank the importance of leadership on a scale from 1 to 5, with 1 ranking lowest and 5 highest.

- In the same report, the HCC suggested that the IHI's Triple Aim constituted a suitable starting point for goals for Canada's healthcare system, but added the fourth goal of achieving equity in healthcare status. The four goals, then, are:

    a. Improving the patient experience of care (including quality and satisfaction);
    b. Improving the health of populations; and
    c. Reducing the per capita cost of health care.
    d. Equity-better health, better care for *all*

    Rank these four objectives in terms of requiring exceptional leadership for accomplishment, with 1 being least and 4 being highest.

- The CHLNet report lays out a Strategic Framework for high impact leadership. The Framework has five elements:

    1. Creating a collective vision and approach
    2. 2 Establishing a common leadership platform
    3. 3 Gathering more evidence on innovation and leading practices
    4. 4 Enhancing leadership capacity and capabilities
    5. Measuring and evaluating success

In your opinion, how long can the Canadian Healthcare System wait for implementation of this framework:

a. Less than a year
b. One to two years
c. Three to five years
d. More than five years

What I Have Learned About Leadership

In this session, Terry interviewed Mary Jo Haddad, who has recently stepped down as President and CEO of the Hospital for Sick Children, Toronto. Mary Jo offered insights about leadership based upon her career at Sick Kids. Mary Jo addressed the following topic:

Leadership to direct traditional healthcare organizations to implement the goals of the Triple Aim.

Clinical Leadership – The Challenge and Promise of the Next Generation

Following Terry's framework of leadership at different level s of the healthcare system, this session focused on leadership by clinicians. For emphasis, that domain is described as follows:

- Development of programs that relate to a particular burden of illness or disease entity (e.g. Cancer Care Ontario) to address the goals of the Triple Aim in the context of that disease category

The question for exploration in this session was the following:

- Related to those organizations, how can we best develop clinical leaders who will marry their clinical expertise with leadership skills to achieve results?

The session was facilitated by Bill Tholl, with featured speaker Dr. Samir Sinha, developer of a Seniors Strategy for Ontario. Dr Sinha provided details of his leadership work related to seniors. Some of the topics explored by Dr. Sinha were as follows:

- ***Can we expect the next generation of clinical leaders to bring fresh ideas? What are some of those ideas?***
- ***How can we best prepare the next generation of clinical leaders?***

Reacting to Dr. Sinha's presentation were be two members of the group Emerging Health Leaders Canada. The discussion focussed on the role of clinical leaders in Canada's healthcare system, and the leadership training they require.

Rob Fraser and Bobbie Jo Hawkes responded to Dr. Samhir's presentation. Rob Fraser is a Registered Nurse by training. He is working for the company Patient Order Sets at the present time. Rob's summary of interests in Linkedin is as follows:

> ***Simply put my personal life philosophy is this: learn more, and help others. I am passionately pursuing my interest in making contributions to health care and nursing through practice, research and innovation. After finishing my Masters of Nursing at the Lawrence S. Bloomberg Faculty of Nursing with a focus on health administration at the University of Toronto I was hired by York University to run their nursing simulation lab. During the summer of 2012 I traveled with my wife to Cambodia to volunteer locally and work remotely on health related projects. We returned to Toronto in Fall 2012 when I returned to clinical work at Toronto General Hospital. In March 2013 I took a second job with Patient Order Sets working on healthcare research. I continue to enjoy working in a research role while maintaining a clinical job, as well as various volunteer positions for organization I care deeply about. In the future I plan to continue to work where I can make significant impact on practice, research and education in healthcare.***

Bobbie Jo Hawkes is presently studying for a Master's Degree in Health Administration at the University of Alberta. She is chair of special projects for the Emerging Health Leaders Canada group. Her background is in business, not clinical.

Rob and Bobbie Jo responded to Samir's presentation. They gave a perspective of young people at the beginning of their careers. The audience was interested in their enthusiasm and their level of sophistication. Their presence gave some measure of what the future stock of leaders will look like.

They spoke to their interest in leadership and their efforts to strengthen opportunities for emerging leaders.

Bill drew on the following question to the audience, which were pre-circulated:

- In your recent work experience can you identify a situation where a clinician played a leadership role that could not have been played by anyone without that clinical background?
- Can you identify a situation where a clinician did not exercise the necessary leadership to achieve an important objective?

In the moderated discussion, Frank carried out polling on the following questions:

- Rank the following settings from 1 to 6 in terms of which setting is most important for clinician leadership, with 1 being least important and 6 the most important:

    a) Politician
    b) Senior Civil Servant
    c) Regional Body
    d) Institution
    e) Program
    f) Disease Related Network

Leaders Without Borders

This session moderated by Hugh MacLeod, co-chair of CHLNet and CEO of the Canadian Patient Safety Institute, dealt with leadership beyond the context of a single institution. The session explored the importance of cooperative, cross-institutional initiatives, and the special attributes of leadership within these situations. For completeness, the domain has been defined as follows:

- Leadership from organizations on issues that go past organizational boundaries. Leadership that brings separate organizations with distinct, but complementary objectives, to work successfully together to accomplish goals that no single organization could accomplish on its own

Joe Gallagher, CEO of the First Nations Authority in British Columbia, spoke from his experience leading the improvement of health services for the aboriginal population. An excerpt from the letter of invitation to Joe follows:

> ***Mr. Gallagher will be asked to speak and participate in a panel discussion entitled "Leaders without Borders." By that title, we mean healthcare leaders acting beyond the strict confines of their own organization to achieve improvements in healthcare services for their community. In particular, we are interested in hearing about examples of organizations working together to coordinate or integrate services. Mr. Gallagher should feel free to offer examples of such situations from his own experience, both those that were successful and those that were not. He should comment on characteristics of leadership that pertain specifically to these cooperative situations. To the extent that aboriginal populations face special challenges in receiving services from an array of different organizations, Mr. Gallagher may wish to comment on special challenges in coordinating such services, perhaps arising from issues of jurisdiction or remoteness.***

Graeme Rocker spoke to his efforts to develop a network in Nova Scotia to strengthen care for those with respiratory illness. He has worked on late stage protocols for COPD and emergency room avoidance. Questions Graeme was asked to speak to were as follows:

- ***Drawing from your experience with care of respiratory patients, what administrative structures do you think enable providing excellent care to patients? In particular, how can we make care programs more patient-centred?***
- ***How can we best prepare the next generation of clinicians to lead such organizations?***

Leslee Thompson spoke about Ontario's Health Links initiative. Leslee's letter offered the following suggestions:

> ***Your role will be to speak on a panel entitled "Leaders Without Borders," moderated by Hugh MacLeod. The purpose of this panel will be to explore leadership that goes beyond the boundaries of a particular organization or discipline. We would ask you to speak, not only to the Health Links project in Ontario as an example, but to your experience more broadly with leadership in these complex situations.***

Questions that Hugh used to open discussion include:

- Can you identify a recent work situation where organizations in your community worked cooperatively to achieve a goal none of them could have achieved on its own?
- Can you describe a situation where organizations failed to work successfully together to achieve a common aim? Can you identify reasons why the project did not succeed?

Questions for polling were as follows:

- Some obstacles to achieving progress on issues requiring inter-institutional cooperation include the following:

    a. Lack of appreciation of shared goals
    b. Institutional rivalry
    c. Lack of trust
    d. Lack of clear lines of authority
    e. Lack of accountability

    Can you rank these obstacles on a scale from 1 to 5, with 1 being the least influential and 5 the most?

- Some approaches to overcoming institutional barriers include the following:

    a. Merger of institutions
    b. Creation of regional health authorities
    c. Creation of disease specific networks
    d. Joint quality improvement projects
    e. Incentive money tied to outcomes

    Can you rank the above approaches in terms of effectiveness, with 1 being the least effective and 5 the most effective?

What Policy Leadership is required to Achieve the Triple Aim?

This session spoke to leadership within the final domain of our framework, namely:

- Leadership at the policy level, in particular, by governments to allow the healthcare system as a whole to achieve the goals of the Triple Aim.
  Our situation in Canada is that our healthcare system is sufficiently valued by the Canadian population that no politician argues for turning back universality. There is a strong consensus that the locus of authority is provincial and territorial. Fiscal pressures make difficult the maintenance of the status quo. The consensus is that innovation is required to achieve the goals of the Triple Aim, but how do policy decisions best motivate that innovation?

- What are realistic expectations for political leadership in health care?

- What are examples he can relate of effective political leadership?

What Do We Need to DO to Build Stronger Leadership for System Transformation in Canada? Bringing it All Together

The final session of the conference was moderated by Terry Sullivan. The goal of this session was to gather reaction from the audience to the program in the hope of reaching consensus on a plan for action coming out of the forum.

The following questions were raised for discussion:

- Does the audience agree that increased emphasis on the goals of the Triple Aim and the need for leadership in complex environments does pose a new challenge to the healthcare system?
- To what extent are existing vehicles for leadership development sufficient to meet that challenge?
- What are the most promising examples of new approaches to developing leadership training (e.g. EXTRA, Ideas)
- To what extent do we need national coherence on our approach? To what extent is this issue best left to the provinces?
- The CHLNet paper offers examples from Australia and the United Kingdom of national initiatives. To what extent can they be replicated in Canada?

Discussion in the final session of the conference made reference to the CHLNet report on leadership, which had been pre-circulated to the attendees, “Shared Action Towards a Canadian Health Leadership Strategy Framework: A Working Paper.” Reference was made to the recommendations included in that report, as follows:

> Research and expert opinion shows growing high impact leadership requires a multi-pronged, sustained and collaborative strategy to achieve transformational change. Key elements should be:
>
> 1. Creating a collective vision and approach.
> 2. Establishing a common leadership platform.
> 3. Gathering more evidence on innovation and leading practices.

4. Enhancing leadership capacity and capabilities.
5. Measuring and evaluating success.

Following the conference, leaders from all three organizations met by conference call to decide further steps. That discussion generated the following recommendations:

Coming from this discussion, we three organizations urge the following:

- ***Development of a coordinated national plan for leadership***
- ***Greater investment of funds, both provincially and nationally for healthcare leadership***
- ***Greater investment into research on what constitutes effective leadership***

The complete letter, to be sent to the co-chairs of the Conference of Deputy Ministers, with copy to the Committee on Healthcare Workforce, is attached to this report.