



Stakeholder Dialogue About Fostering Leadership for Health-System Redesign in Canada

Canadian Health Leadership Network (CHLNet)

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Overview

- Summary of the planning process – Context, logic model and steering committee
- Issue brief – Features, findings and evaluation
- Stakeholder dialogue – Features, participants, findings and evaluation
- Next steps

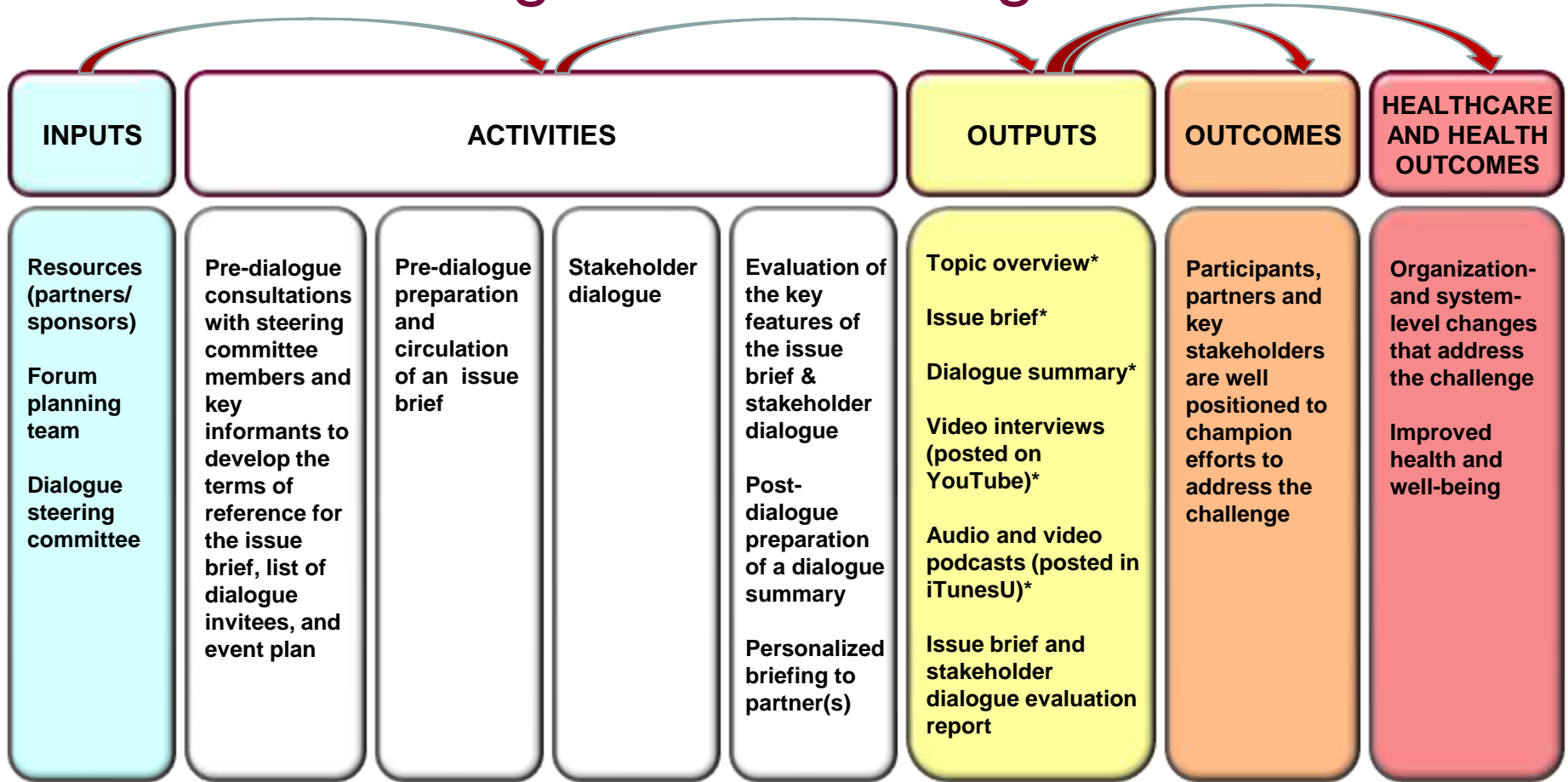


Planning Process - Context

- Funding was received from the Canadian Institutes for Health Research and the Michael Smith Foundation for Health Research through a Partnerships for Health System Improvement (PHSI) award entitled “Leadership and Health-System Redesign”



Planning Process – Logic Model



* Publicly available



Planning Process – Steering Committee

- Steering Committee comprised of representatives of Canadian Health Leadership Network, Royal Roads University and the McMaster Health Forum
- Periodic pre-dialogue teleconferences focused on
 - Event plan, including list of dialogue invitees
 - Terms of reference for the issue brief
 - List of (select) key informants
- Post-dialogue email communication focused on
 - Evaluation results
 - Dialogue summary



Issue Brief - Features

- Mobilizes research evidence about
 - Context
 - Problem
 - Three elements of a potential approach for addressing the problem
 - Key implementation considerations
 - (No recommendations)
- Distinguishing features
 - Draws on systematic reviews (and 'local' data and studies)
 - Input to discussion, not an end in itself



Issue Brief - Findings

Nature of the underlying problem

- Redesigning health systems has been a significant focus for some time
- Many factors can affect whether and with what success health-system redesign is undertaken, but leadership has garnered increasing attention in recent years as one potentially critical factor



Issue Brief – Findings (2)

Nature of the underlying problem (2)

- A cross-national study has identified that leadership capacity in Canada is insufficient to support large-scale health-system redesign, which is a problem that can be understood in relation to four contributors to the problem:
 - Links between leadership, its antecedents (i.e., the factors associated with successful leadership) and its consequences (i.e., the impact of leadership on achieving aims and objectives) have not been well established
 - Leadership programs and initiatives aren't getting us where we need to be
 - Existing health system arrangements complicate the situation significantly
 - Progress is being made, but slowly



Issue Brief – Findings (3)

Three elements of a potential approach to address the problem

- None of the elements has been the principal focus of a systematic review of the research literature, and those systematic reviews that relate in some way to each element are often of indirect interest and of low or medium quality
- That said, decisions can and often need to be made without supportive research evidence, and in this case these decisions can be informed by the tacit knowledge, views and experiences of dialogue participants



Issue Brief – Findings (4)

Three elements of a potential approach to address the problem (2)

- Element 1 – Create and implement a pan-Canadian initiative that will support a dramatic enrichment of leadership capacity
 - One medium-quality systematic review was identified on the topic of undertaking a consultative process, and it identified some potential benefits as well as the factors that need to be considered to build successful collaboration (however, this review was not focused specifically on leadership)
 - One low-quality review identified a number of important components of succession planning, which is one potential focus for a national dialogue
 - No systematic reviews were identified about other potential areas of focus for a national dialogue to inform a leadership initiative



Issue Brief – Findings (5)

Three elements of a potential approach to address the problem (3)

- Element 2 – Create and implement a pan-Canadian succession-planning project
 - Systematic reviews were identified for four of the sub-elements, however, the links to leadership were often tenuous and seven of eight were of low or medium quality



Issue Brief – Findings (6)

Three elements of a potential approach to address the problem (4)

- Element 3 – Coordinate research and knowledge-mobilization efforts about health leadership in Canada
 - Three medium-quality reviews and one low-quality review addressed the critical success factors for clinical leadership that could be incorporated into any guidance that is produced about such factors
 - No systematic reviews were identified about other potential components of a coordinated effort



Issue Brief – Findings (7)

- Key implementation considerations
 - While potential barriers exist at the levels of providers, organizations and systems (if not patients/citizens, who are unlikely to be aware of or particularly interested in these approach elements), perhaps the biggest barrier lies in making the case for a ‘burning platform,’ given how challenging it is to confirm (or refute) the assertion that investing in leadership will support health-system redesign and ultimately have an impact on the ‘Triple Aim’ dimensions



Issue Brief – Findings (8)

- Key implementation considerations cont'd
 - Potential windows of opportunity include forums where next steps have been or can be advocated for, and other windows that can be created through the momentum already established by the Canadian Health Leadership Network, the Partnerships for Health System Improvement project of which this evidence brief is an output, and related initiatives



Stakeholder Dialogue – Features

- Stakeholder dialogues allow research evidence to be brought together with the views, experiences and tacit knowledge of those who will be involved in, or affected by, future decisions about a high-priority issue
- Examples of key features
 - Chatham House Rule: “Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed”
 - Not aiming for consensus



Stakeholder Dialogue – Participants

- Participants chosen on the basis of their ability to
 - Bring unique views and experiences to bear on a challenge and learn from the research evidence and from others' views and experiences
 - Champion within their respective constituencies the actions that will address the challenge creatively
- Participants (20)
 - Policymakers (2)
 - Managers (7)
 - Stakeholders (6)
 - Researchers (5)



Stakeholder Dialogue – Findings

- Dialogue participants focused on six main issues when deliberating about the problem
 - 1) Lack of a shared understanding of core concepts related to leadership and its goals in Canada
 - 2) Unfairness and downside of using language that implies that the problem is in some way a failure of existing leadership
 - 3) Missed opportunities to learn from the pockets of innovation and examples of leadership excellence that exist across the country and internationally
 - 4) Hierarchical management and accountability structures that conflict with the realities of healthcare as a complex-adaptive system
 - 5) Degree of health-system fragmentation across the country and the challenges that arise with any efforts to enhance coordination
 - 6) Over-politicization of healthcare and the resulting disincentives for innovation and risk-taking



Stakeholder Dialogue – Findings (2)

- Participants generally agreed that there is a need to move forward in three domains even though some tensions remain, particularly between accountability-driven health-system leadership and complex-adaptive systems thinking
 - 1) Support and iteratively bring coherence over time to local, provincial, regional and national calls to action for preparing leaders to achieve health-system transformation that puts our health systems back at the top of world rankings (e.g., Triple Aim)...
 - and incorporate in such efforts the notion of acting locally [and provincially], connecting regionally, and learning nationally and globally



Stakeholder Dialogue – Findings (3)

- 2) Promote a Canadian dialogue about the language and logic of complex systems, of leadership to support transformation in complex-adaptive systems (including the LEADS in a Caring Environment Capabilities Framework), and of talent management that identifies promising leaders, supports their ‘learning by doing,’ and holds them accountable while not blaming them for taking measured risks...

and allow others to work on – but don’t emphasize – context-appropriate forms of credentialing, curricular coherence, database development, human resource planning and explicit expectations for leadership and leadership programs



Stakeholder Dialogue – Findings (4)

- 3) Strengthen the network(s) that can identify and evaluate innovative practices in leadership for health-system transformation and in leadership enhancement and disseminate and scale up ‘what works’



Stakeholder Dialogue – Findings (5)

- Participants committed to take personal actions to foster leadership for health-system redesign, including:
 - 1) Keeping the conversation going
 - 2) Adopting more compelling language in all aspects of their work to promote leadership
 - 3) Raising the profile and highlighting the importance of leadership development in meetings
 - 4) Setting the 'leadership bar' higher for those working within their organizations
 - 5) Developing tools that make use of frameworks such as LEADS to promote leadership development
 - 6) Helping people use existing databases and resources to take stock of innovative practices in leadership development, identifying critical gaps & developing tools that can be used to improve access to this knowledge



Stakeholder Dialogue – Findings (6)

- Participants also committed to collaboratively identify opportunities to engage with and improve existing (and to create new) networks and collaborations that can be used to foster leadership



Next Steps (for Us)

- Posted the topic overview, issue brief, dialogue summary, video links and podcast links on the McMaster Health Forum website
 - Go to www.mcmasterhealthforum.org
 - Click on products on the left task bar
 - Click on 'Leadership' (under 'Advanced search')
- Sent electronic copies of these documents to dialogue participants and to key stakeholders



Next Steps (for You)?



Resources

- McMaster Health Forum
 - www.mcmasterhealthforum.org
- McMaster Health Forum Evidence Service
 - <http://www.mcmasterhealthforum.org/about-us/newsletters/subscribe-to-mcmaster-health-forum-evidence-service>
- Health Systems Evidence
 - www.healthsystemsevidence.org
- Evidence-Informed Healthcare Renewal (EIHR) Portal
 - www.healthsystemsevidence.org or www.eihrportal.org



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- Canadian Institutes for Health Research
 - <http://www.cihr-irsc.gc.ca>
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 - <http://www.msfhr.org/>
- McMaster Health Forum
 - www.mcmasterhealthforum.org

Note that the views expressed in these slides are the views of the presenter and should not be taken to represent the views of the funders