Systems not Structures: Changing HSC

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NIPEC Annual Conference
8 March 2017

Maximising Outcomes, Embracing Challenges

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"*IMPLEMENTATION OF LARGE SCALE REFORM*"

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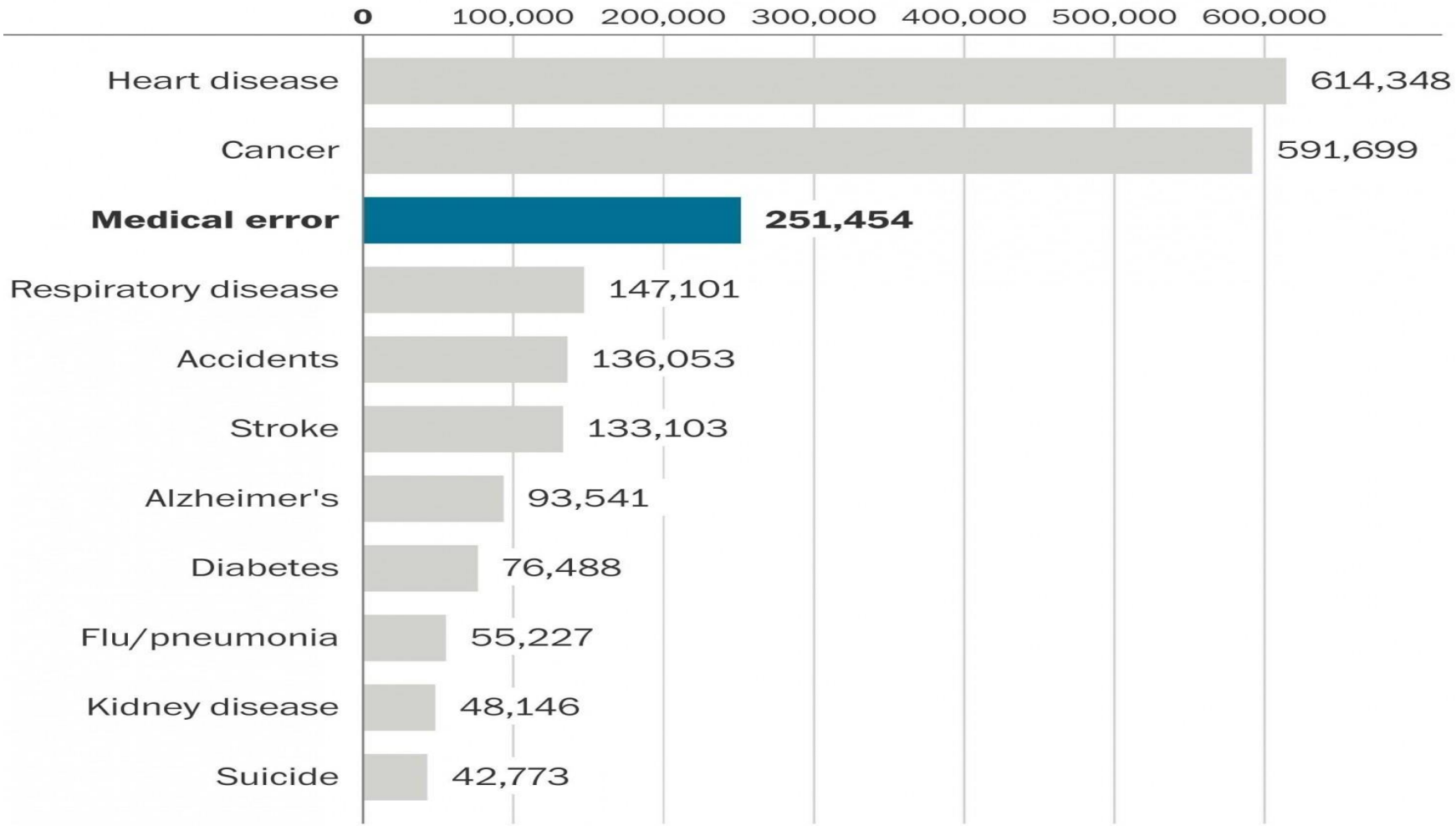
FRAGMENTATION…

Death in the United States

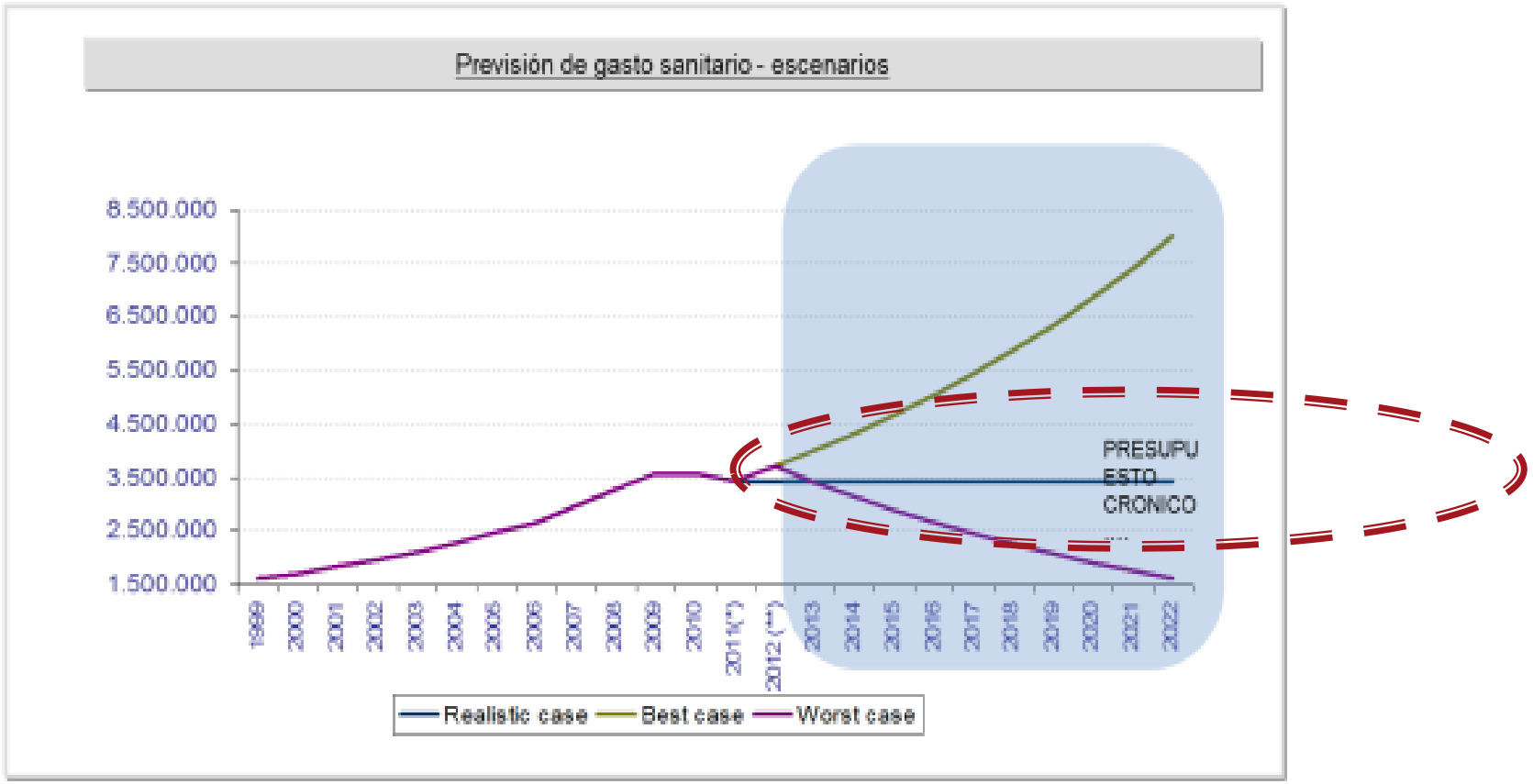
Johns Hopkins University researchers estimate that medical error is now the third leading cause of death. Here's a ranking by yearly deaths.



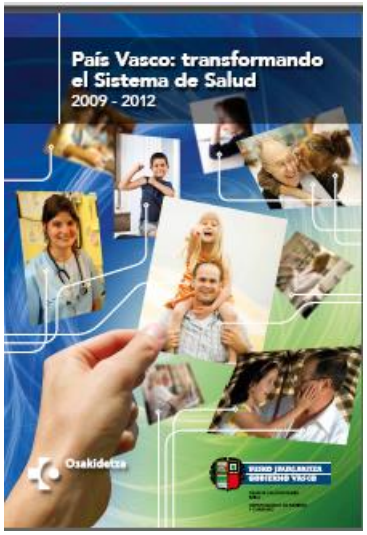
Source: National Center for Health Statistics, BMJ

THE WASHINGTON POST

Chronic Budget !!



DIFFERENT SYSTEMS : SAME POLICY INTENT



- *GET BEYOND FRAGMENTATION OF CARE.*
- *MOVE TO SYSTEM MANAGEMENT*
- *TARGET BETTER CHRONIC CONDITIONS MANAGEMENT*
- *IMPROVE PATIENT-CENTEREDNESS & EMPOWERMENT*
- *MOVE TOWARDS POPULATION HEALTH MANAGEMENT.*
- *EXPAND USE OF INFORMATION AND COMMUNICATION TECHNOLOGY .*
- *EXPLORE AND ADAPT OUTCOME BASED PAYMENT MODELS TO ENCOURAGE VALUE VERSUS ACTIVITY*

The Response: 5 P

PROACTIVITY

PATIENT EMPOWERMENT

PERSONALIZATION

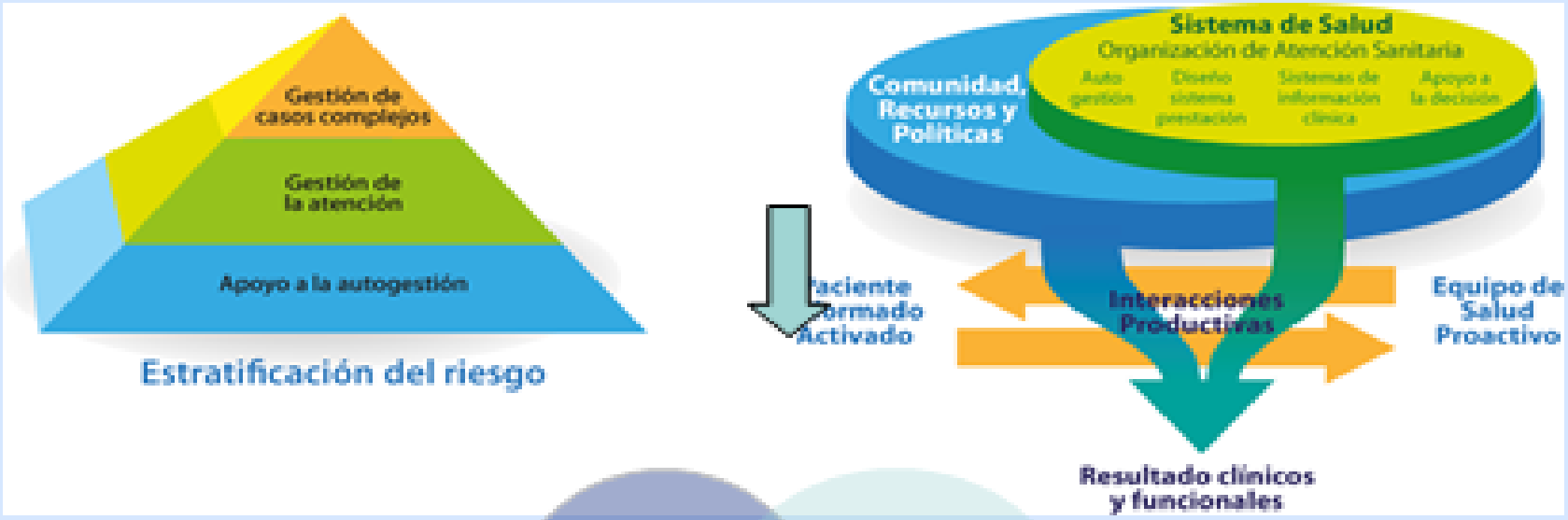
PREVENTION

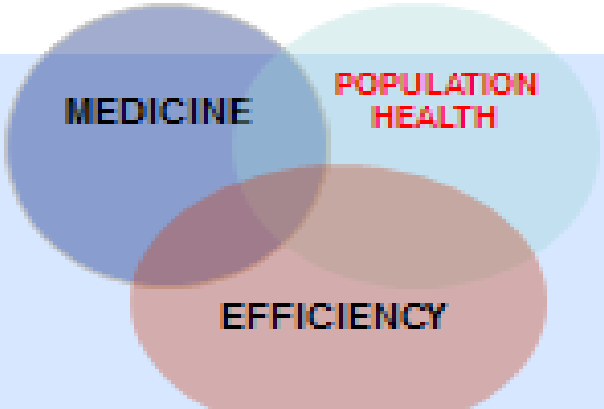
POPULATION

WE HAVE "SYSTEM" FRAMEWORKS

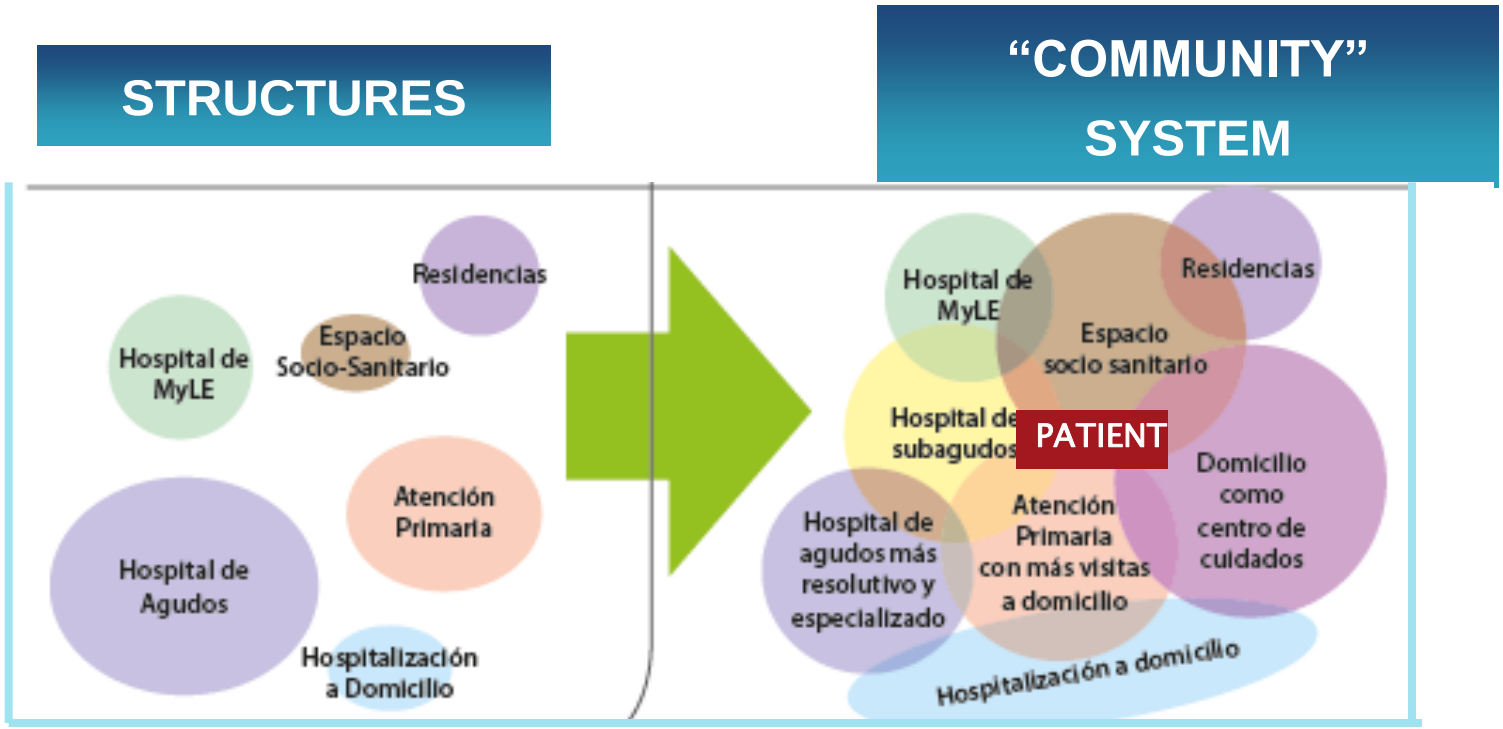
MODELS/FRAMEWORKS WHICH HELP TO WRAP AROUND ALL KEY ELEMENTS..

- FRAMEWORKS WHICH PROVIDE A "SYSTEM" PERSPECTIVE
- BEING USED BY BOTH GOVERNMENTAL & CORPORATE SECTOR





MANAGE "SYSTEMS" RATHER THAN MANAGING STRUCTURES



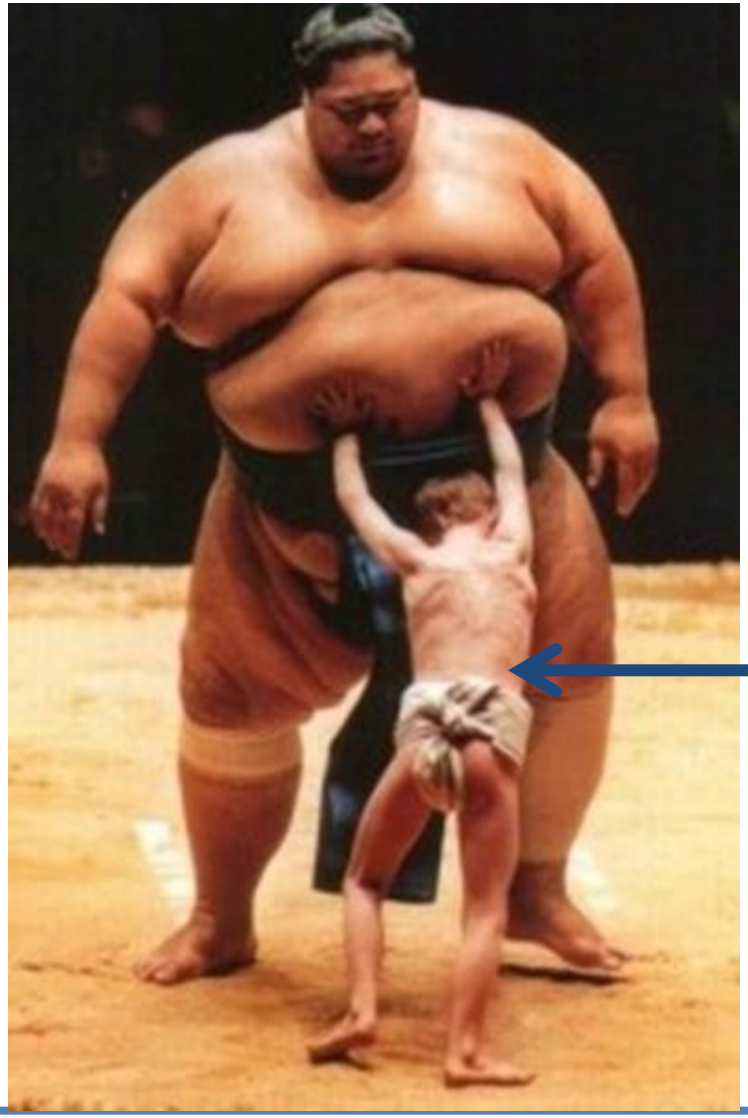
- Mental map Structures
- Fragmentation
- Reactive episodic care
- Paternalistis
- Vertical leadership
- Financing structures and activity

- Mental map : SYSTEM
- Continuity of care across a SYSTEM
- Proactive SYSTEM
- Patient empowerment
- Decentralized SYSTEM leadership
- Paying for value
- Health & social care "SYSTEM"

Management "Arsenal" for Transformation

- Electronic Medical Record
- Electronic prescription
- Telemedicine, telecare, telemonitoring
- Risk Stratification Population
- New financing models
- Integrated care
- Coordination Health & Social Care
- New professional roles (nursing)
- Patient Empowerment (self-management)
- Third sector Strengthening
- Transformation of subacute facilities
- Methods for a greater engagement of health professionals
- New forms of distributive/facilitator leadership.

WHAT ARE WE LEARNING ABOUT IMPLEMENTATION?



Minister of Health

NEED TO MANAGE TWO AGENDAS SIMULTANEOUSLY

- REINFORCES A "RESIST" CULTURE
- DOES NOT CHANGE MODEL OF CARE
- SOME LOW HANGING FRUIT STILL AVAILABLE (WASTE)

&

- LAUNCHES A TRANSFORMATIVE CULTURE
- REACH UP FOR THE HIGH HANGING FRUIT
- TOUGH BUT DOES CHANGE THE MODEL OF CARE
- ENGAGE ALL RELEVANT ACTORS

NEW POLICY/STRATEGY
(WHAT)

IMPLEMENTATION
PROCESS
(HOW)

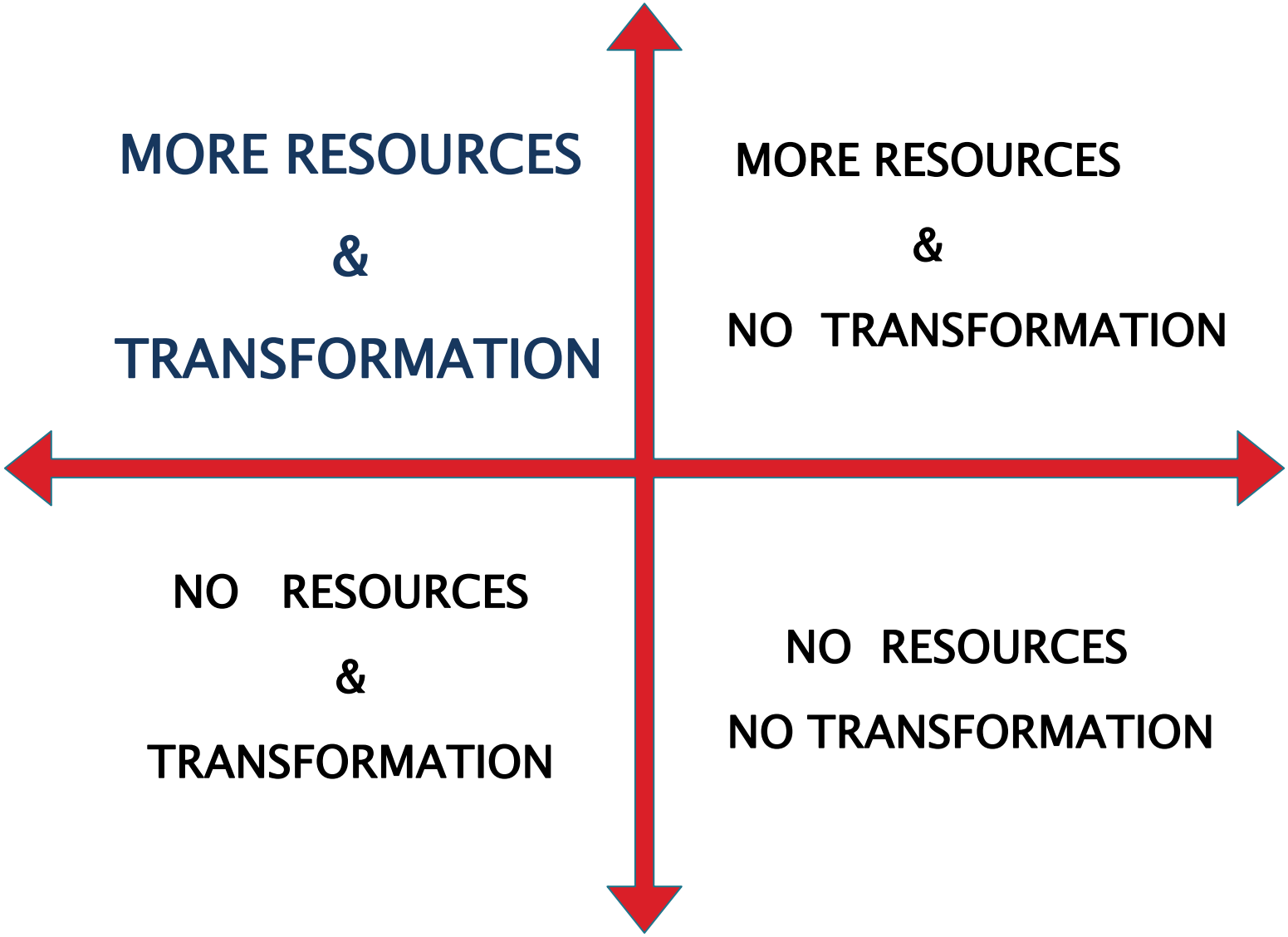
Recipients of
Change

TOUGHEST PART

The Implementation Gap

- Absence of buy-in from clinicians and other staff
- 'Big bang' momentum that is not sustained over time
- Cost-cutting so that investment in change is lacking or insufficient
- The existence of weak capacity to make change work
- Burn out and 'reform fatigue' with constant churn and change of focus
- Loss of interest
- Too much change, too fast
- Promotion or departure of person in charge
- The role of politics which can divert energy and derail change

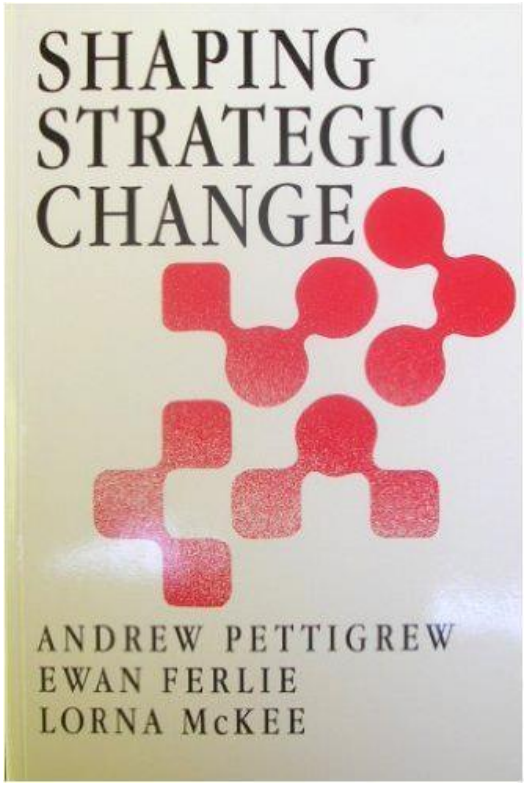
! THE RESPONSE !



- A focus on the **how** not **what** of change

- Identifying ways to create and sustain a receptive context for successful change

- There can be no guarantees – there is 'no simple recipe or quick fix in managing complex change' (Pettigrew et al 1992)



Factor 1: Quality and Coherence of Policy

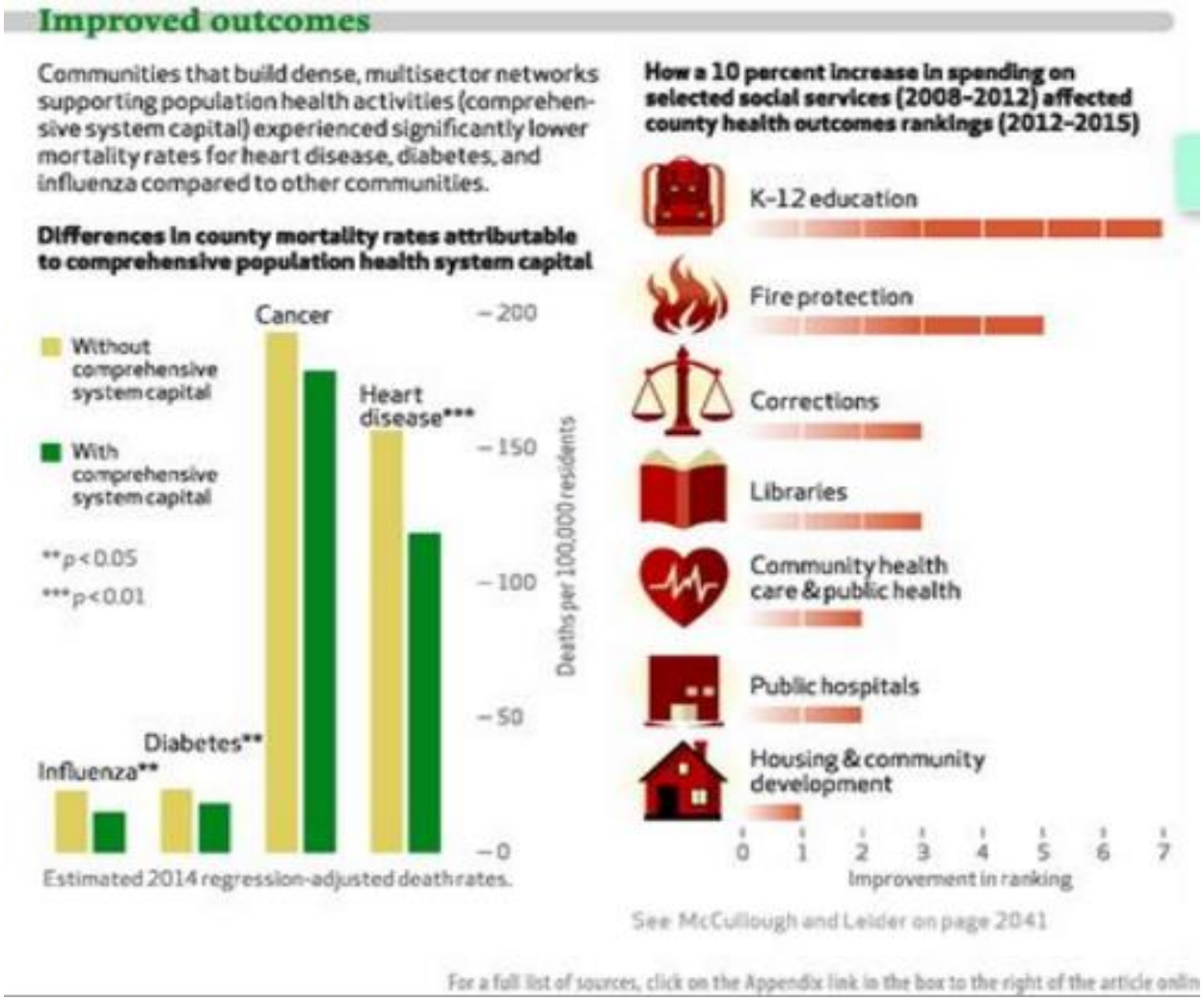
- Quality of policy developed nationally and locally is important in terms of both its analytical and process elements. Policy informed by evidence and data is important in presenting a sound case for change and persuading sceptical practitioners. Successful polices demonstrate coherence and alignment between goals, feasibility and implementation.

POSITIVE RESULTS FROM REFORMS…

Evidence : Benefits in :

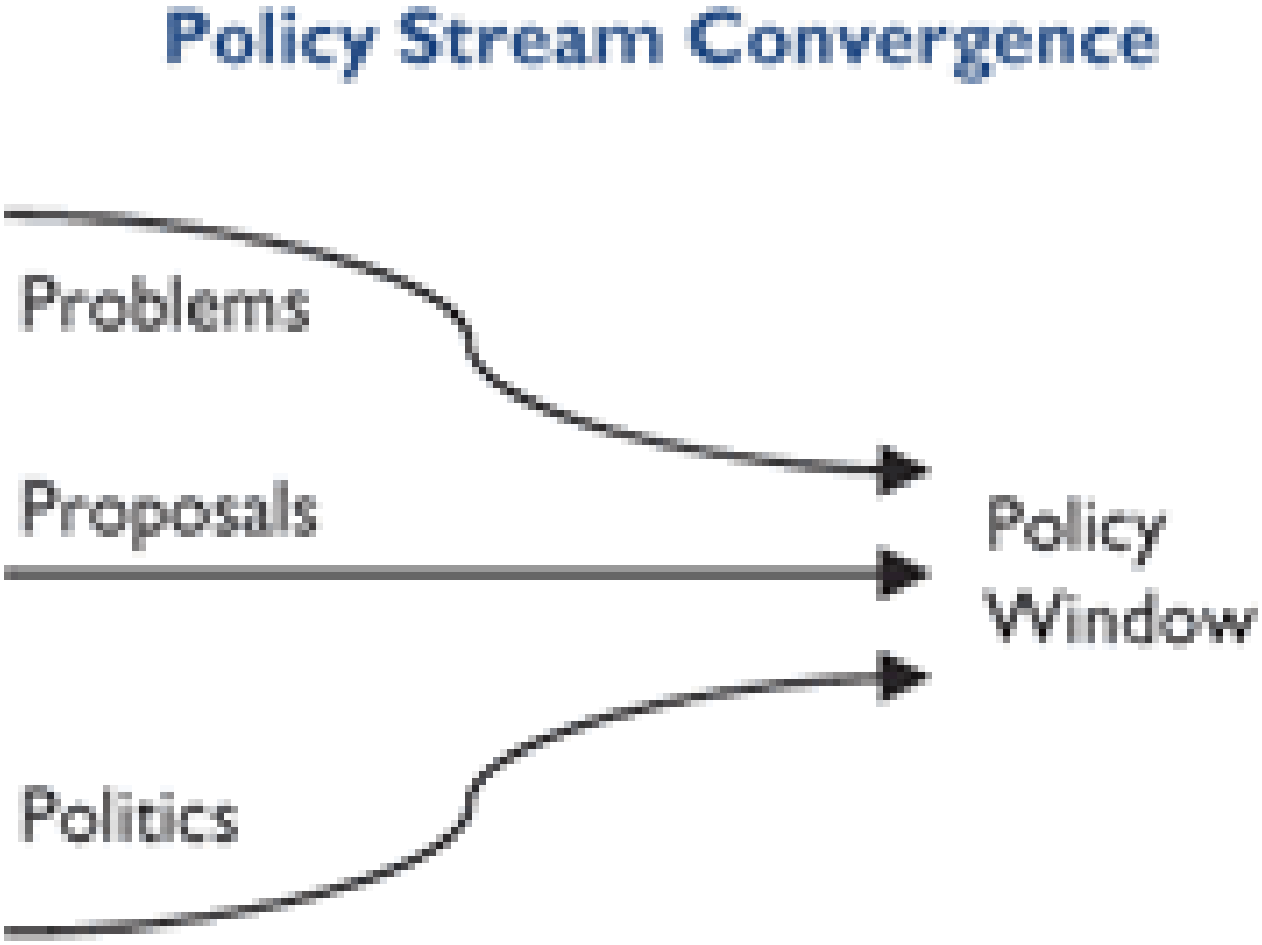
- Improved outcomes
- Patient satisfaction
- Patient safety
- Increased use of care plans
- New roles for staff
- Ambiguous results at reducing costs

COMMUNITIES THAT BUILD DENSE MULTISECTOR NETWORKS = LESS MORTALITY !



Factor 2: Environmental Pressure

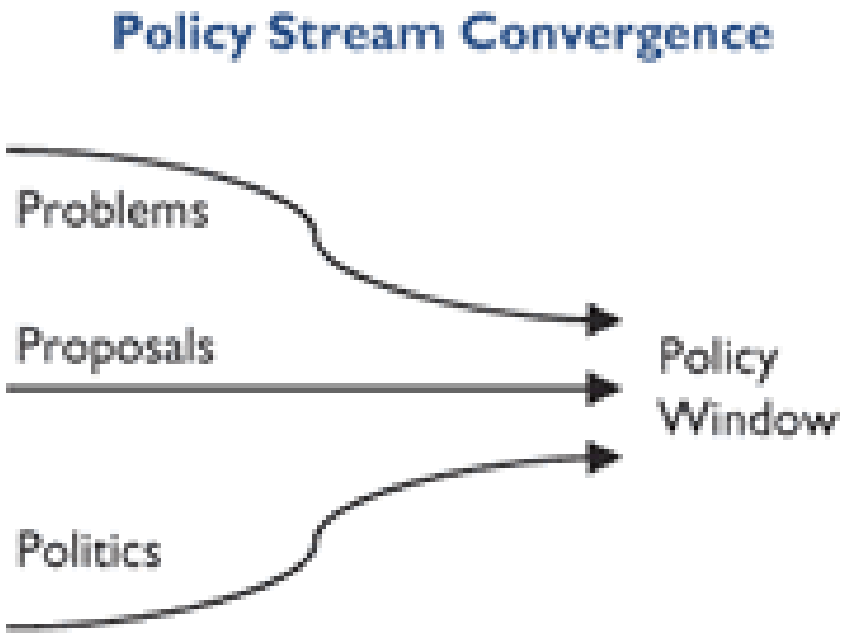
- Critical in creating the conditions for transformational change and in ensuring they remain in place long enough to become embedded. Importance of political context and impact of politics in shaping the environment governing large-scale change. Structural change or change involving regulation and/or inspection can occur rapidly. Cultural change takes longer.



Kingdon Policy Streams

Coupling the Streams

- The three streams have lives of their own
- The probability of rising on the agenda is increased if all 3 streams are joined
- Partial couplings between 2 streams are less likely to result in policy changes



Northern Ireland

- POLITICAL SUMMIT
- PARLAMENTIARY HEALTH COMMITTEE
- GOVERNMENT ……

Factor 3: Key People Leading Change

- People in key posts leading change is critical. Not heroic leaders of a traditional command and control type but those who exercise leadership in a more adaptive, distributed style. Quiet or servant leaders are often more effective than those who lead from the front. Building teams across whole systems is essential in health system transformation.

Key People Leading Change

- ***Nursing expertise is critical to health systems reform.***

- ***NURSES SHOULD BE FULL PARTNERS WITH OTHER HEALTHCARE PROFESSIONALS IN REDESIGNING HEALTH CARE***

- As the Institute of Medicine's (IOM) *Future of Nursing: Leading Change, Advancing Health* report states:
    - ***Recommendation 7: Prepare and enable nurses to lead change to advance health.*** Nurses, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental health care decision makers should ensure that leadership positions are available to and filled by nurses.

      (IOM, Future of Nursing, Leading Change, Advancing Health: Report Recommendations, National Academies of Science, Washington, DC, p. 5).

Factor 4: Supportive Organisational Culture

- Culture involving deep-seated assumptions and values leading to particular patterns of behaviour can serve as a barrier to change and create inertia. Health systems comprise a complex set of multiple cultures. A supportive culture can challenge and change beliefs. Leaders can be agents for cultural change.

Supportive Organisational Culture

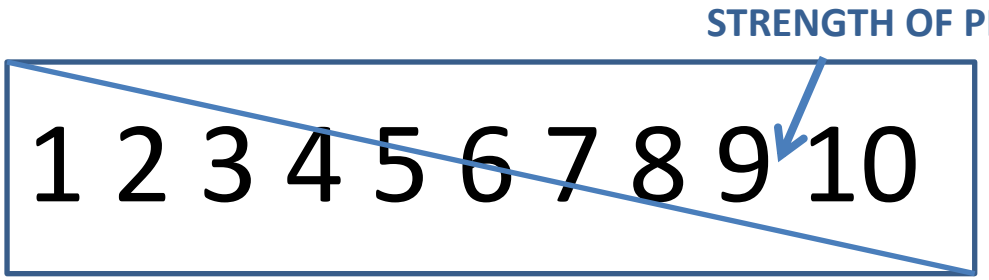
Supportive Organizational culture

BALANCE *PUSH & PULL STRATEGIES…..*

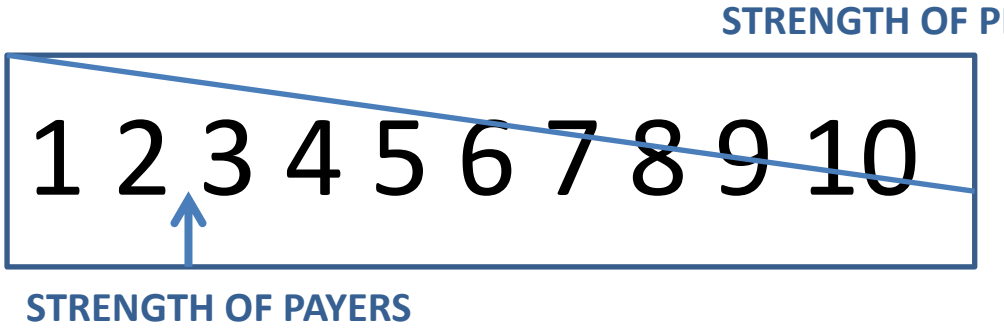
- Some level of “orquestration” from above but seeking to identify commitment rather than compliance

- Key element of the “orquestration” is from the payment reforms (value) rather than from micromanagement of providers.

PAYMENT REFORMS
COMMISSIONING VALUE ; NOT ONLY ACTIVITY



20th CENTURY

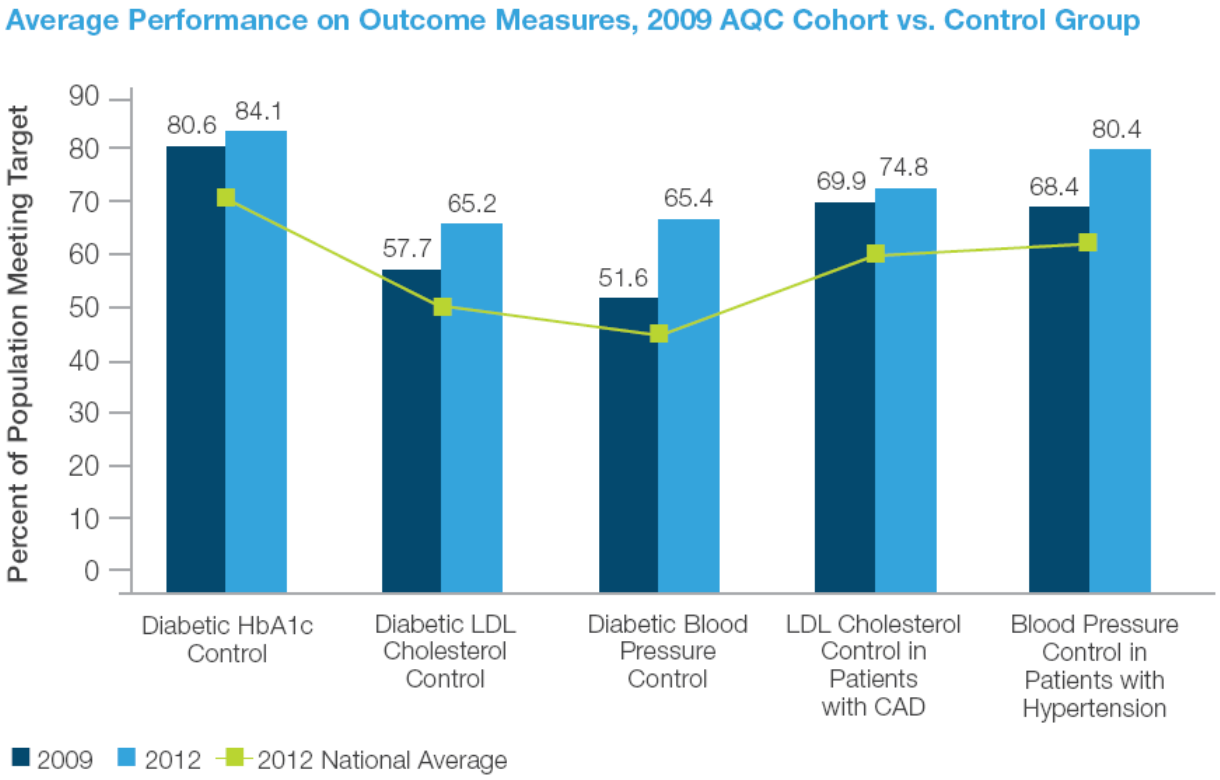


21 st CENTURY

SOURCE: Muir Gray

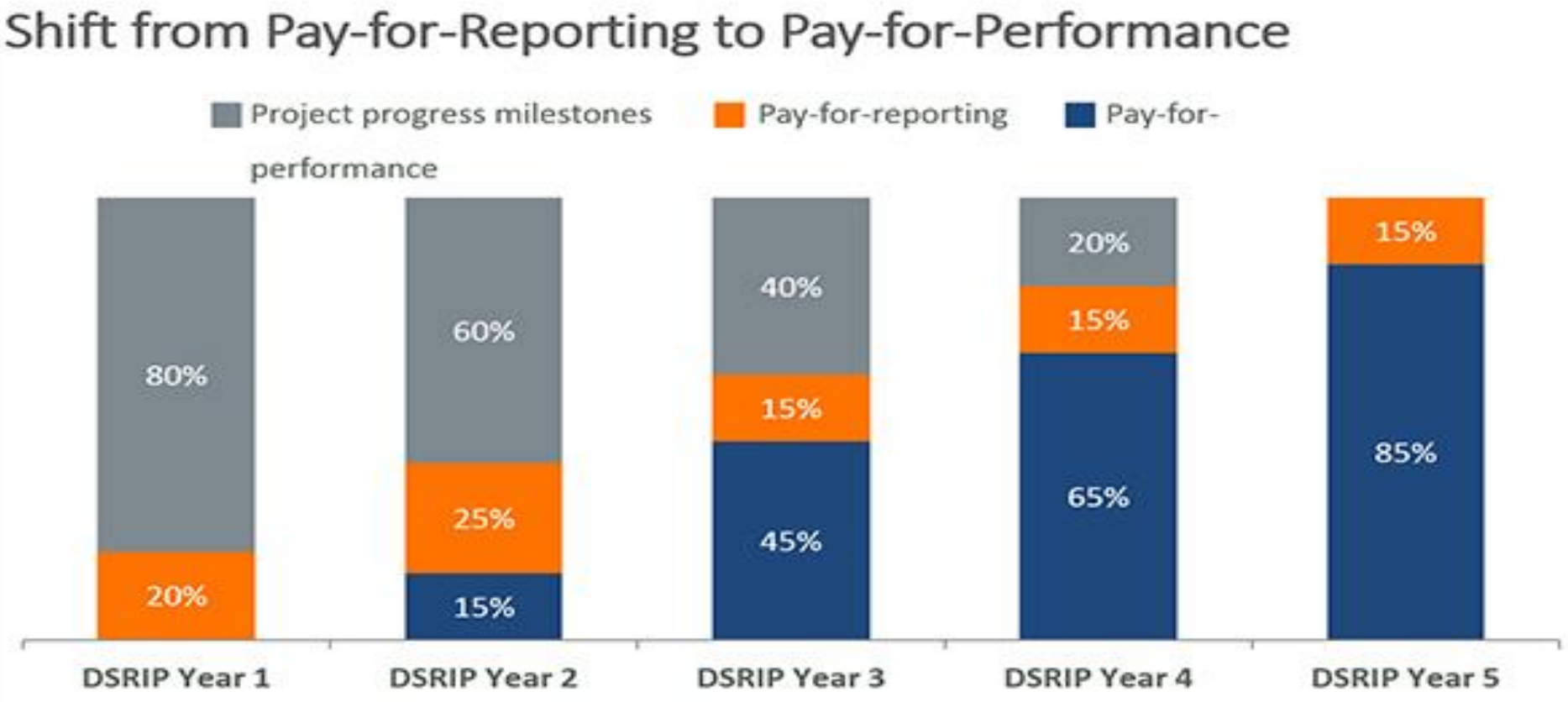
The Alternative Quality Contract (AQC)

- **Results seem to support new payment models**:
  - Improvements in quality



Source: Song, Z., Rose, S., Safran, D. G., et al. "Changes in Health Care Spending and Quality 4 Years into Global Payment," The New England Journal of Medicine, 371(18)2014; 1704-14. CAD = coronary artery disease

PAYING FOR VALUE: THE PLAN



Note: As part of a December 2015 waiver amendment request to the federal Centers for Medicare and Medicaid Services, New York is seeking to slightly modify these percentages.

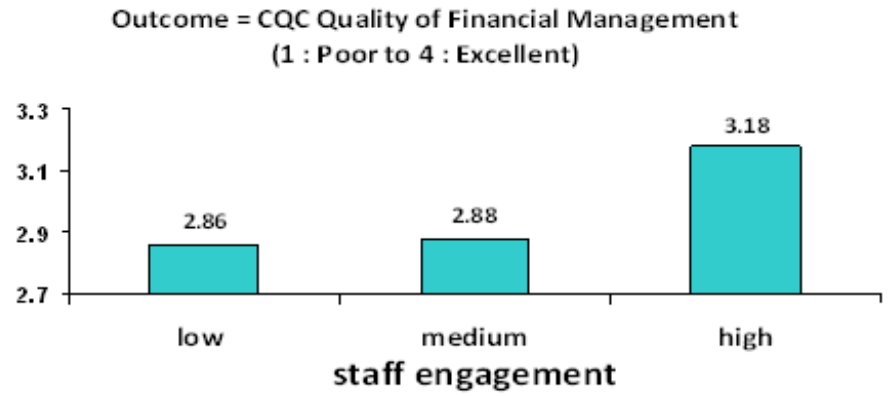
Source: New York State Department of Health, Attachment I—NY DSRIP Program Funding and Mechanics Protocol, April 2014.

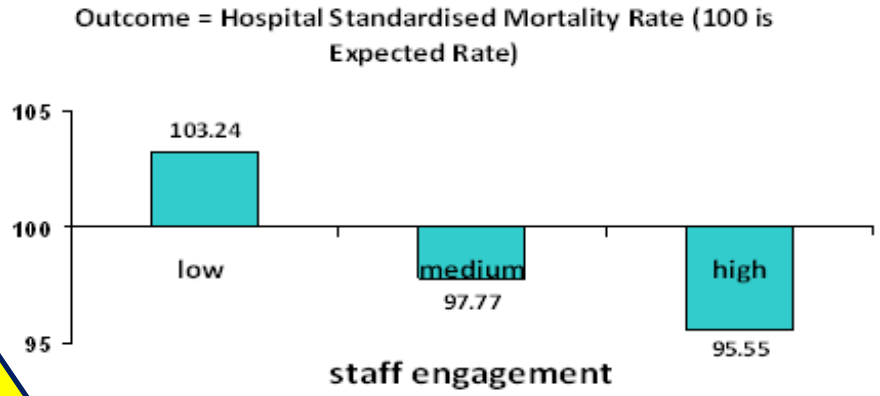
The COMMONWEALTH FUND

Factor 5: Managerial-clinical Relations

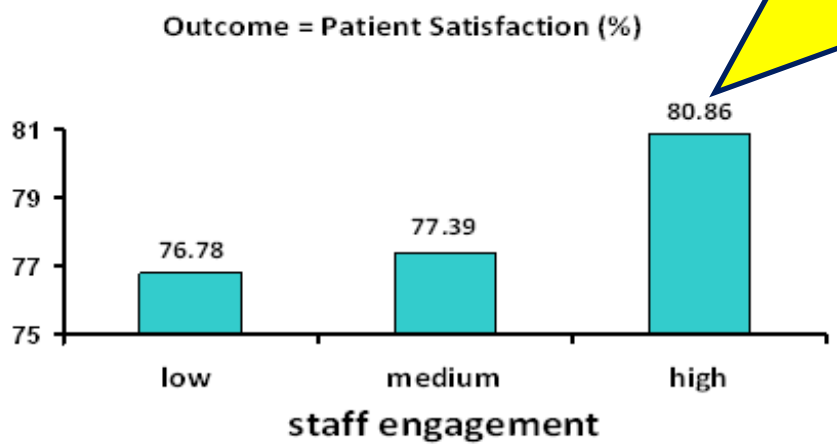
- The managerial-clinical interface is critically important in health systems especially at a time of rapid change which can seem threatening to notions of clinical autonomy. The disconnect between managers and clinicians is a feature of all health systems. Those opposed to change can block or sabotage it. Managers and clinicians need to understand each other's worlds.

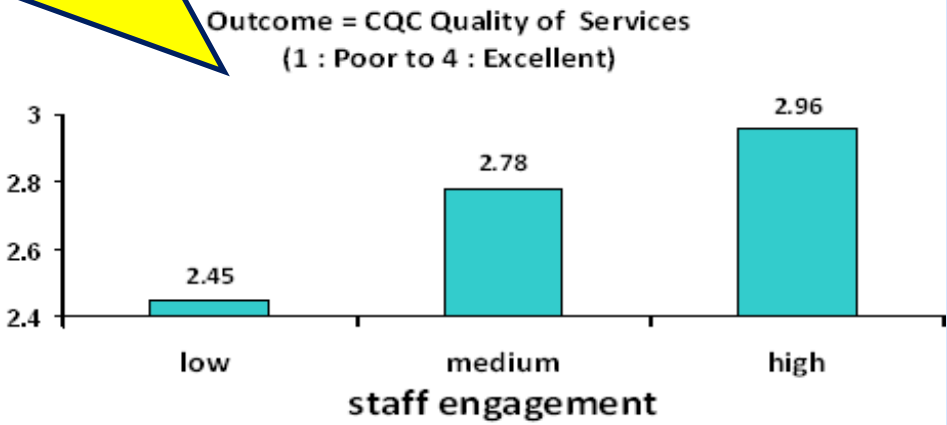
High levels of staff engagement have a positive impact on a range of outcomes in the NHS:





Staff Engagement





Change From the Inside Out: Health Care Leaders Taking the Helm

Donald M. Berwick, MD, MPP[1]; Derek Feeley, DBA[1]; Saranya Loehrer, MD, MPH[1]

JAMA. 2015;313(17):1707-1708.
doi:10.1001/jama.2015.2830

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