LEADERSHIP IN HIGH-PERFORMING HEALTH CARE SYSTEMS
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**INTRODUCTION**

- Increasing costs and inconsistent quality have focused attention in many countries on improving the value and outcomes of health services.
- Most studies of excellent care emphasise clinical teams or hospitals rather than larger systems of care.
- Yet these local successes may be only ‘islands of excellence’.
- On the other hand, comparisons of national health systems provide insights in the value of different policies but cannot explain differences within national systems.
- Comparison of regional systems within and across nations are needed to examine what leadership and organisational strategies yield superior results.
National healthcare systems

Regional systems

Micro-systems

- Germany, England, France, US
- Virginia Mason, VHA, Jonkoping, Intermountain, Birmingham
- Dartmouth Hitchcock NICU Overlook Hospital ED
THE ‘QUALITY BY DESIGN’ CHALLENGE

- Identify a small number of high-performing health care organisations and regional systems.
- Examine their leadership strategies, organisational processes and the investments that helped to create and sustain high performance.
WHAT DO PAST STUDIES SAY ABOUT NEEDED SKILLS AND RESOURCES?

- Ferlie and Shortell (2001)
  - leadership at all levels
  - a culture that supports learning
  - development of effective teams
  - greater use of information technologies for both continuous improvement work and accountability

- Øvretveit and Gustafson (2002) add several more
  - physician engagement
  - sufficient resources
  - program management and training
  - strategic focus on patients and customers
CHECK LISTS OF SUCCESS FACTORS ARE INSUFFICIENT

- Many analysts identify similar factors, but few organisations and systems are successful
  - Most of these attributes are difficult to implement across large complex systems.
  - Their impact is often interdependent.
  - Success rests on dynamic leadership over time, not isolated efforts to address ‘gaps’.

- Understanding how some systems achieved and sustained high performance requires a longitudinal view of leadership, and their strategies, investments and learning over time.
WHAT IS LEADERSHIP?

Leadership is ‘accepting responsibility to create conditions that enable others to achieve shared purpose in the face of uncertainty.’

Ron Heifetz, 1994

‘Leadership is the task of architecting organisational systems, teams and cultures, establishing the conditions... for others to succeed’

Pfeffer and Sutton, 2006
5 HIGH-PERFORMING HEALTHCARE SYSTEMS SELECTED THROUGH A STRUCTURED NOMINATION PROCESS

GOAL

- Identify health systems that have:
  - Invested in quality improvement
  - Demonstrated measurable improvements in quality following the investment
  - Qualities relevant to regional health system system (applicable to potentially to LHINs)

METHOD

- 21 experts approached to nominate
  - 15 experts provided 40 nominations across 21 systems
  - 7 health systems with > 1 nomination
  - 5 systems selected for site visits/interviews

RESULTS

- Included: Steven Shortell, Don Berwick, Charles Shaw, Helen Bevan, Michael Bergstrom...
  - 13 US
  - 5 EUR/UK
  - 1 AFR
  - 2 AUS
  - VHA, NHS, Virginia Mason, Intermountain Healthcare, Jonkoping County Council, Henry Ford Health System, Mayo Clinic
  - Henry Ford Health System, Detroit
  - Jönköping County Council, Sweden
  - NHS (Heart of England Foundation Trust in Birmingham and East Birmingham PCT)
  - Veterans Health Administration, New England
  - Intermountain Healthcare, Salt Lake City
FIVE INTERNATIONAL HIGH-PERFORMING HEALTHCARE SYSTEMS

- Jönköping County Council, Sweden
- Henry Ford Health System, USA
- Intermountain Healthcare, USA
- VISN 1, Veterans Health Administration, USA
- Birmingham East and North PCT and Heart of England Foundation Trust, England

- Plus two Canadian systems
  - Trillium Healthcare, Mississauga Ontario
  - Calgary Health Region, Alberta
THESE SYSTEMS VARY IN SEVERAL WAYS

- 3 different countries
- range of regulation intensity
- geography and covered population
  - a rural county in Sweden
  - a western state in the US
  - an urban population in large English and US cities
  - veterans across 5 New England states
- no one model for improvement, but a common DNA
But they faced similar challenges

- large and diverse geographic areas (including rural areas) with several types of facilities attempting to provide integrated care
- aging populations with complex needs
- some centres with high levels of unmet healthcare and social needs
- increasing rates and burden of chronic disease
- gaps between hospital-community & primary-secondary care
- financial and human resource issues
- accountability and regulatory requirements.
HOW WE STUDIED HIGH PERFORMANCE

- detailed review of publications and grey literature on these systems
- site visits to each organisation between May 2006 and September 2007
  - extensive interviews with leaders at staff
  - system leadership, local leaders, performance improvement leaders and front line staff
  - detailed case studies developed for each system
- cross case analysis to identify themes and issues.
RESULTS: KEY THEMES UNDERLYING HIGH PERFORMANCE

- Consistent leadership that embraces common goals and aligns activities throughout the organisation.
- Quality and system improvement as a core strategy.
- Organisational capabilities and skills to support performance improvement.
- Robust primary care teams at the centre of the delivery system.
- Engaging patients in their care and in the design of care.
KEY THEMES, CONTINUED

- Promoting professional cultures that support teamwork, continuous improvement and patient engagement.
- More effective integration of care that promotes seamless care transitions.
- Information as a platform for guiding improvement.
- Effective learning strategies and methods to test improvements and scale up.
- Providing an enabling environment buffering short-term factors that undermine success.
CONSISTENT LEADERSHIP

- High-performing health care systems have long serving leaders who hold key roles for sustained periods
- Distributed leadership
  - leadership teams
  - strong clinical leadership
  - understanding of the larger system
- Common goals and aligned activities
QUALITY AND SYSTEM IMPROVEMENT AS A CORE STRATEGY

- **Jönköping**
  - Over 15 years Jönköping’s senior team paired their longstanding commitment to strong financial performance with a strategic focus on quality improvement, honing in on value for patients instead of costs alone.
  - Improvement efforts focused not just on organisational projects but system-wide improvement for patients focused on improving care for ‘Esther’.

- **Intermountain Healthcare**
  - Patient information from its advanced clinical information system is used to define clinical process models with feedback from clinicians on refining these care protocols.

- **Henry Ford Health System**
  - Strong efforts to integrate improvement knowledge with clinical skills at the frontline.
LEADERSHIP ALIGNMENT AROUND STRATEGY

‘Quality is nothing special; it should be integrated in everything that we are doing. I think it is very dangerous to have an agenda where you talk Monday about finances, Tuesday about quality and Wednesday about another thing. You must work with all these at the same time’

Sven-Olof Karlsson, former CEO
Jonkoping County Council
ORGANIZATIONAL CAPABILITIES TO SUPPORT IMPROVEMENT

- Effective service improvement requires linking expertise in clinical care with knowledge of improvement.
- Few leaders and clinicians have deep skills in these areas; they must be developed and supported.
- Focusing on key clinical improvement targets builds energy and commitment among staff.
In the initial wave of county council-wide education, senior leaders, managers and front-line teams learned that they had two jobs: ‘to do what they do and to improve what they do’.

Qulturum ‘a meeting place for quality and culture’ provides support for system-wide and unit-based projects to ensure ongoing learning and support to staff and leaders as they make changes to processes of care.

Have made over 800 measurable improvements spanning all of the county council’s seven strategic aims.

4000 of the 9000 staff members and leaders across the system have received action-based quality improvement training at Qulturum.

Despite the participation of physicians in education at Qulturum, Jönköping’s leaders realised that they needed a parallel approach of introducing improvement to the next generation of clinicians. Jönköping initiated a partnership with a medical school and other health professions programs in Sweden.
Leadership Development

- Leadership in high-performing system develops expertise in improvement, not just as individuals, but as leadership teams
  - Jönköping leadership troika and Big Group Healthcare
  - Intermountain’s Advanced Training Program is a prerequisite for advancement to senior leadership posts
While several of these systems grew from a focus on hospital-based care, all have recognised that effective performance must be build on a platform of strong primary care:

- Veteran’s Health Administration transformed their system in the mid-1990s from a set of hospitals to networks of hospitals and clinics.
- Henry Ford Health Systems emphasis on chronic disease management and behavior change in primary care.
DESIGNING CARE AROUND PATIENTS

- Esther is 88 and lives alone in a small apartment with severe edema in her legs and respiratory problems....she has home care and a primary care physician. When Esther needs to see a specialist she is admitted to hospital through the ED because waiting times are too long in the community. Esther often finds herself repeating the same information about her medication and her living situation to multiple individuals...

- How can the health system best serve her?

Begin by identifying the needs of patients in order to resolve conflicts between providers
Clinicians, leaders and patients were interviewed collaboratively mapped Esther’s movement through care settings
Intermountain Health Care: Professional Accountability

Clinical Integration Executive Team
- Sr VP – hospitals, clinics, MDs
- Clinical Program Leaders
- Senior administrative execs
- Finance
- Support Staff

Clinical Program Guidance Council
- Clinical Program MD leader (+1/4 FTE)
- Nurse administrator
- Regional clinical program MD, nurse admin leaders
- Regional administrators
- Information systems
- Finance
- Support Staff

Urban North Region
- Medical Director (1/4 FTE)
- Nurse Administrator (full time)

Urban Central Region
- Medical Director (1/4 FTE)
- Nurse Administrator (full time)

Urban South Region
- Medical Director (1/4 FTE)
- Nurse Administrator (full time)

MDs

Urban North Region
- Cardiovascular
- Neuromusculoskeletal
- Women & Newborn
- Primary Care
PROFESSIONAL CULTURES SUPPORTING TEAMWORK, CONTINUOUS IMPROVEMENT AND PATIENT ENGAGEMENT

- Strengthen the functioning of microsystems (front-line teams) as the core unit in highly productive systems.
- Emphasis the need for continual improvement.
- Help to secure engagement of clinicians by emphasising the need to design care around patients.
- Integrate evidence-based knowledge with assessments of patients and local systems.
In 2000...

- The annual rate of suicide for Henry Ford Health System patients was at the lower end of the expected range for patients with mental health disorders (89 per 100,000 patients).
- Leaders at the health system’s Division of Behavioural Health Sciences were still NOT satisfied and set a goal for zero suicides.
- Motivated by the ideas in the IOM Quality Chasm Report leaders and clinicians started to work together to achieve breakthrough improvement to eliminate suicide among its patients.
- Due to busy schedules clinicians and leaders started this journey by meeting together at the chief’s house on Saturday mornings and evenings...
Improving the *system* of behavioural health v. improving care for a specific *mental disorder*.

Strive for and make peace with stretch goals (ie, zero) but celebrate improvement:
- ‘If 99.9 percent accuracy is good enough, each year 12 babies in the state of Michigan will be given to the wrong parents’ – critical to getting leaders and clinicians on board.

Think creatively about local partnerships and be strategic about getting external help.

Focusing on improving skills in general practice.

Align high-performance goals in behavioral health with accountability mechanisms and measures and strategy at a system level.

Develop an implementation team (Blues’ Busters) with credible clinical leadership that drives change.
By 2005 HFHS achieved a dramatic and sustained reduction in suicide rate at unprecedented levels... and continued to aim for 0

Figure 3. Suicides per 100,000 Patients

- The Joint Commission on Accreditation of Healthcare Organizations' Ernest Amory Codman Award to recognize excellence in the use of outcomes measurement to achieve improvements in the quality and safety of health care
- American Psychiatric Association's 2006 Gold Achievement Award
EFFECTIVE INTEGRATION OF CARE

- One of the greatest challenges in 21st century care is creating value-based strategies for long-term conditions and care pathways across boundaries.
- But most providers see only the care they provide.
- Referral processes often limit rather than inform greater knowledge about patients across the continuum.
- High-performing systems need to integrate care and improve knowledge flow across providers.
WORKING ACROSS LEVELS

Macrosystem

Mesosystem

Microsystem

The Whole

Clinics

Work Units
INFORMATION GUIDING IMPROVEMENT

- Effective clinical information systems help to guide improvement both strategically and at the frontline.
- But even at Intermountain and VHA these systems yield value only when they are linked to robust local quality improvement skills and supported by leaders.
- Systems like Jönköping, that have not had electronic health records, invest in local information and small samples of data to inform their improvement goals.
AN INTEGRATED CLINICAL INFORMATION SYSTEM LINKS PROVIDERS INTO A SYSTEM OF CARE

- Brent James noted that ‘an early start created the strongest medical informatics system globally…and much of Intermountain’s success in integrating patient care is attributed to this strong clinical informatics system.’

- Their ability to build on, and link key clinical process, outcome, and finance measures enables the system to develop and track a balanced and relevant set of measures for accountability and system performance, as well as day-to-day clinical process improvement. This ensures they don’t maintain a disproportionate focus on accountability for finances and facilities management.

- When comparing the availability of data in IHC’s system in the mid 1990s to the requirements generated throughout the development of their clinical integration strategy, IHC’s information system had only 50-70% of the data needed. The clinical integration strategy was a key driver for the development of the clinical repository.
**FIGURE 1** Intermountain Health Care asthma summary report

**Asthma Summary Report**
**Provider:** Dr. Jones  
**Period:** Oct 2001 - Sep 2002

**All Higher Risk Patients**

<table>
<thead>
<tr>
<th></th>
<th>Provider</th>
<th>Your Clinic</th>
<th>Your Region</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controller</td>
<td>14(83.3%)</td>
<td>80(82%)</td>
<td>1032(89.3%)</td>
<td>5035(84.6%)</td>
</tr>
<tr>
<td>ER</td>
<td>20(13.3%)</td>
<td>59(5.7%)</td>
<td>95(7.6%)</td>
<td>954(9.2%)</td>
</tr>
<tr>
<td>Inpatient</td>
<td>0(0%)</td>
<td>0(0%)</td>
<td>14(1.1%)</td>
<td>115(1.9%)</td>
</tr>
<tr>
<td>High Beta Agonist</td>
<td>1(5.7%)</td>
<td>4(4.8%)</td>
<td>63(5.2%)</td>
<td>412(6.8%)</td>
</tr>
</tbody>
</table>

* Percent of patients with at least one prescription filled for inhaled corticosteroids, leukotriene modifiers, or inhaled long-acting beta agonists during the reporting period. 
* Percent of patients with one or more ER visits with a primary diagnosis of asthma in the reporting period. 
* Percent of patients with one or more inpatient admissions with a primary diagnosis of asthma in the reporting period. 
* Percent of patients with three or more short-acting beta agonist prescriptions filled in the last quarter of the reporting period.
**Effective Learning Strategies**

- Most clinical improvement methods focus on local issues, but high-performing systems need to spread best practices:
  - leadership is key in supporting local learning and scaling up results to broader systems

- Effective change ideas come from many sources
  - leadership is needed in creating opportunities for learning, adaptation and implementation.
Learning From Other Systems

- Birmingham PCT was a ‘beacon site’ for a national chronic disease prevention and management innovation.
- In 2003, 6 physicians and nurses visited Kaiser Permanente.
- Boards across the system agreed on a set of principles to develop and redesign care and services (Working Together for Health)
  - strong emphasis on integration
  - priority given to keeping patients out of hospital
  - active management of patients to prevent illness
  - strong emphasis on self care and shared care
  - clinical leadership
  - the use of information technology to underpin change management and patient care.
LINKING TO BROADER SYSTEM RESOURCES

- Institute for Healthcare Improvement
  - training programmes
  - Pursing Perfection Project
- NHS Institute for Innovation and Improvement
  - The NHS Institute for Innovation and Improvement supports the NHS to transform healthcare for patients and the public by rapidly developing and spreading new ways of working, new technology and world-class leadership.
Buffering Short Term Pressures

- Regulation and oversight provide important quality assurance safeguards.
- But high-performing systems are frequently focused beyond current targets.
- These systems manage regulators in a risk management focus rather than as a means to guide their improvement work.
HEALTH CARE LEADERS NEED TO BALANCE ACCOUNTABILITY AND LOCAL IMPROVEMENT

VISN 1 Xmas Tree holds each facility accountable for more than 100 metrics
KEY CHALLENGES TO LEADERSHIP

- Using performance information wisely, balancing system imperatives with local needs.
- Recruiting and developing local leaders, particularly doctors to lead improvement.
- Create a view of the whole ‘system’ with clear strategic aims so that local teams and leaders can relate their work to system goals.
- Focus on leadership development and succession as a core element for ensuring continued high performance.
CONCLUSIONS

- High-performing healthcare organisations set long-term strategies and invest in leadership and staff to achieve these goals.
- Creating more effective learning and improvement systems requires knowledgeable leadership across the organisation.
- Effective microsystems are building blocks to effective systems, these require clear goals and distributed leadership.
- High performance can ‘pay its own way’ but initial returns can be slow.
- Strong governance is critical to developing consistent leadership and strategic direction.
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