



Lessons From High Performing Healthcare Systems

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Sustainability and Quality in Canada

- Canada has invested significant financial resources and energy (including numerous federal and provincial commissions) in efforts to improve quality, reduce inefficiencies and make the healthcare system more responsive to evolving population needs
- Despite this, there is general consensus that Canada's healthcare systems have been too slow to adapt.
 - While there is ample evidence of the capability to create changes in specific areas (e.g., ED wait times, primary care redesign) these changes tend to be localized, incremental and not integrated
 - More of the same is unlikely to produce better results
- What strategies will promote better outcomes with similar resources?

What Kinds of New Ideas Are Needed?

- Don Drummond's Prescription for Canada:
 - Better integration of the system around the patient
 - Shift care from hospitals to the community
 - Greater public sector involvement should be permitted under the public payer umbrella
 - Focus on managing the care and costs of the heaviest users
 - Emphasize prevention and lifestyles
 - Use evidence
 - Create and use electronic health records
 - Use incentives to reduce costs
 - Adjust fee-for-service payments to reflect productivity
 - Shift tasks among healthcare workers
 - Contain spending on pharmaceuticals
 - Increase focus on end of life care

Therapy or Surgery? A Prescription for Canada's Health System, 2



Knowing is not enough; we must
apply.

Willing is not enough; we must do.

Goethe

Our Studies of High Performance

High Performing Healthcare
Systems

DELIVERING QUALITY BY DESIGN



An examination of leadership strategies, organizational processes and investments made to create and sustain improvement in healthcare.

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A COMPARATIVE STUDY OF THREE
TRANSFORMATIVE HEALTHCARE
SYSTEMS: LESSONS FOR CANADA

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Quality By Design Study

- Goals:
 - Understand the strategies, tools, approaches to creating and sustaining high performing healthcare organizations
 - Inform discussions and investments in a newly regionalized environment in Ontario, and (perhaps) elsewhere
 - Create pressure to seek higher performance across the system

National
Healthcare
Systems

Germany, England, France, US

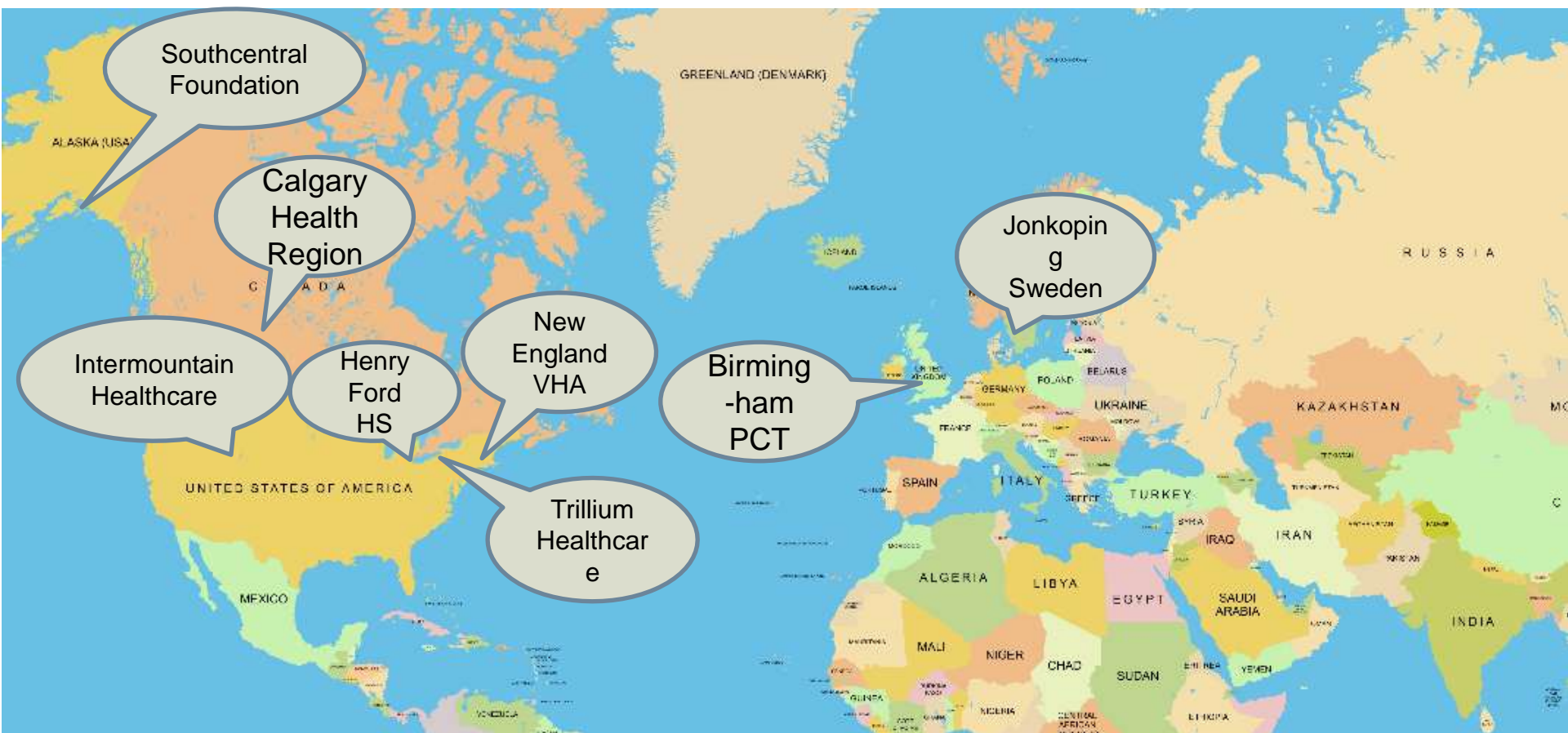
Regional
Systems

Virginia Mason, VHA, Jonkoping,
Intermountain, Birmingham

Micro-Systems

Dartmouth Hitchcock NICU
Overlook Hospital ED

Quality by Design: High Performing Health Care Systems



Systems vary in several ways

- 3 different countries
- Range of regulation intensity
- Geography and covered populations
 - A rural county in Sweden
 - A western state in the US
 - Urban populations in large English and US cities
 - Veterans across 5 New England states
 - A large urban region in western Canada
 - A two hospital system near Toronto

But these Regional Systems Have 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

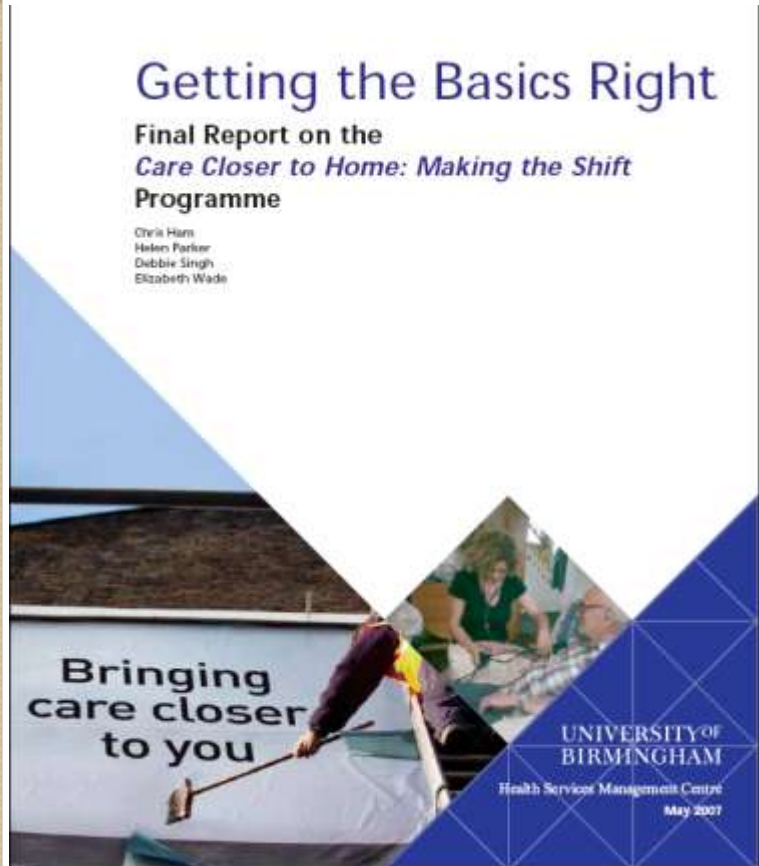
Ten Critical Themes in Transformation

Leadership and Strategy	Organizational Design	Improvement Capabilities
Quality and system improvement as a core strategy	Robust primary care teams at the centre of the delivery system	Organizational capacities and skills to support performance improvement
Leadership activities that embrace common goals and align activities throughout the organization	More effective integration of care that promotes seamless care transitions	Information as a platform for guiding improvement
	Promoting professional cultures that support teamwork, continuous improvement and patient engagement	Effective learning strategies and methods to test and scale up
	Providing an enabling environment buffering short-term factors that undermine success	Engaging patients in their care and in the design of care.

Quality As A Core Strategy

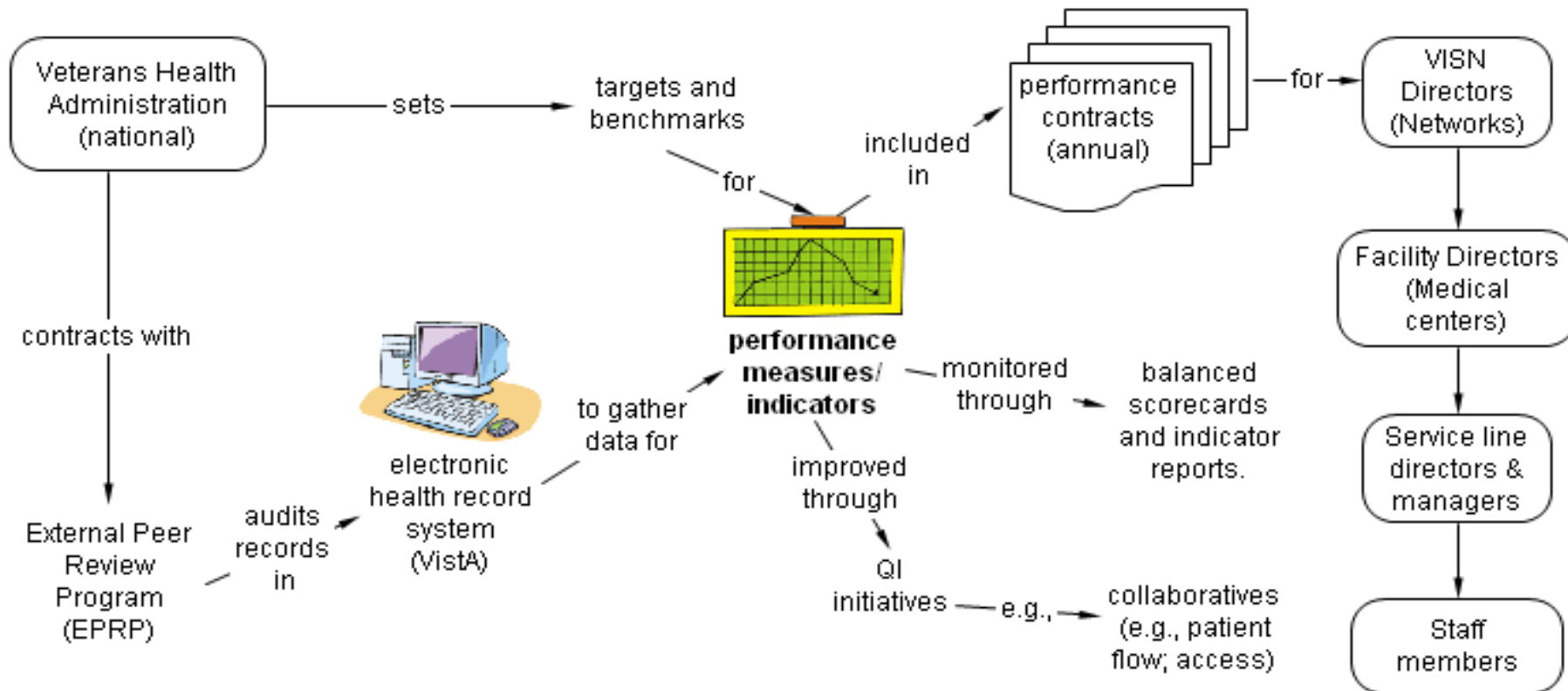
- For more than a decade, Jönköping's senior team paired their longstanding commitment to strong financial performance with a strategic focus on quality improvement.
- Established a closer link between finance and quality, honing in on value for patients instead of just costs.
- Through self-assessment using the Swedish Baldrige/QUL criteria, and an introduction to the principles of total quality management, began to use these as a framework for developing a more central and strategic focus on quality.
- Maintained an ongoing strategy of modest capital expenditures, removing waste and improving quality as a means of cost reduction.
- Several years ago the County Council estimated that its work on efficiencies has led to 80 million crowns (SEK) savings, or 2% their net costs.

Making the Shift: Four Themes



- Integration
 - Creating effective, trusting relationships between the contributions to the health and social care system which result in seamless, integrated care
- Substitution
 - Providing care in places and with staff who can make it more convenient and accessible
- Segmentation
 - Grouping patients and designing services around them in ways that enable everyone to get the service they need and choose and everyone to flow through the system at the rate they need to go
- Simplification
 - keeping the number of patient "handoffs" to a minimum and ensuring that every step in the care process adds value for patients.

VHA's performance measurement, accountability and improvement relationships



Moving Beyond Pilot Projects

“When it comes to moving health care practices forward efficiently, Canada is a country of perpetual pilot projects. We seldom move proven projects into stable, funded programs, and we rarely transfer the outcomes of pilot projects across jurisdictions”

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

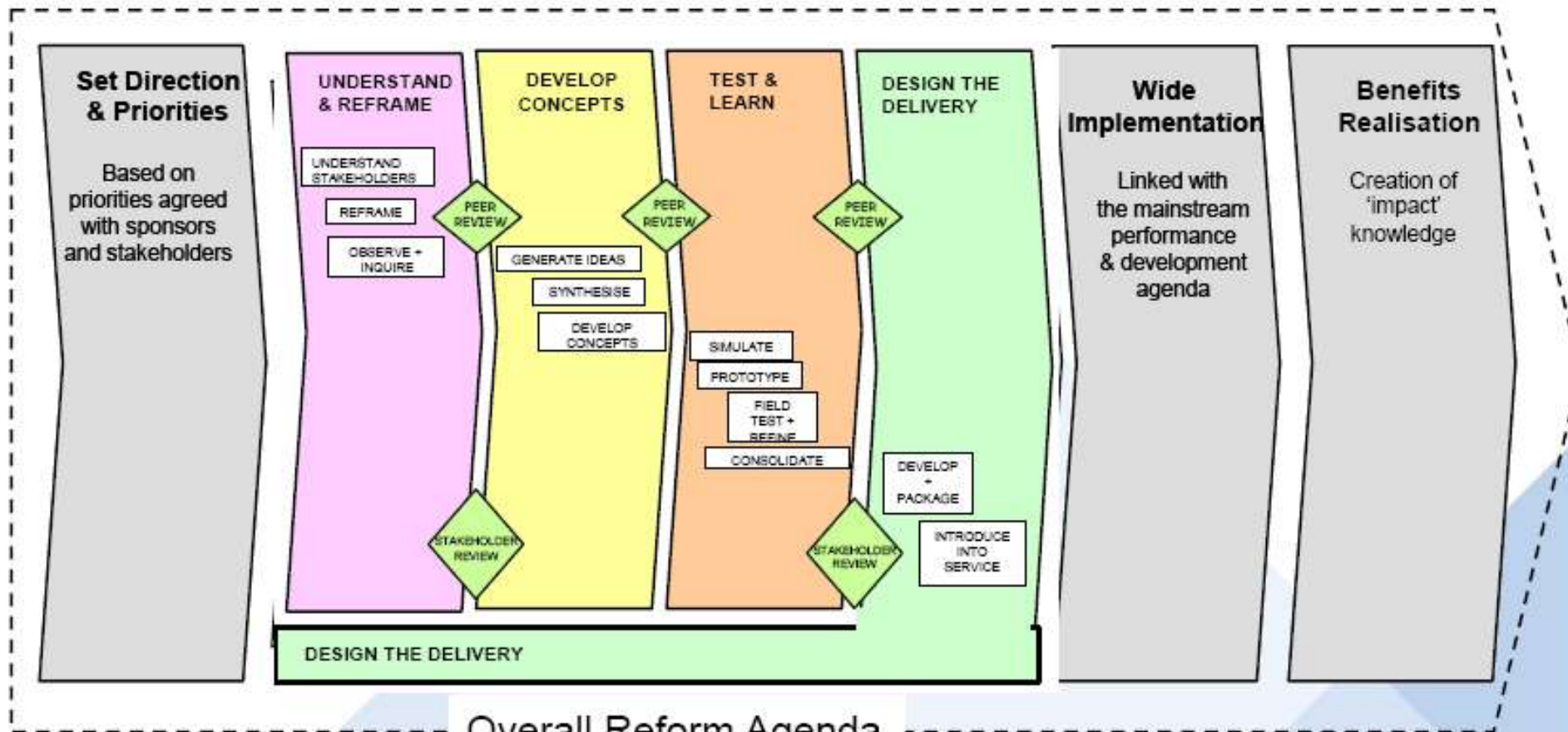
Learning From Other Systems

- 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

NHS Institute &
Wider System

NHS Institute Work Process
Within the Wider System

NHS Institute &
Wider System



Overall Reform Agenda

- STAKEHOLDER ENGAGEMENT / MARKETING
- KNOWLEDGE MOBILISATION
- EVALUATION AND MEASUREMENT
- PROGRAMME / PROJECT MANAGEMENT
- RESOURCE PLANNING AND MANAGEMENT
- LOGISTICS

Improving Care Means Redesigning Work, Roles and Relationships

"efficient handovers that protect patient safety & provide continuity of care"



"time saved looking for patient information"




"a place for everything & everything in its place"



NHS Institute for Innovation and Improvement.
**The Productive Ward:
Releasing Time to Care**

Linking to Broader System Resources

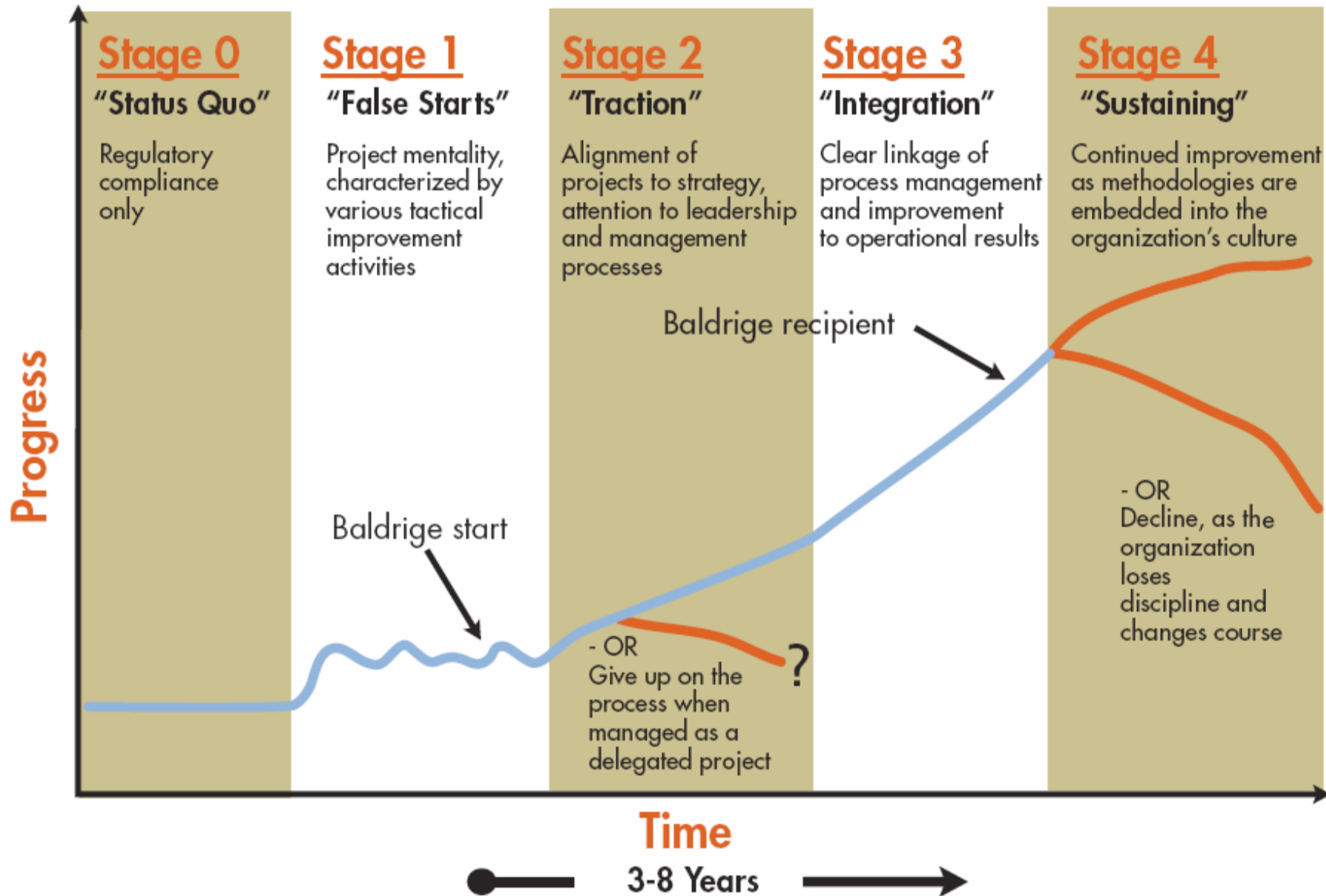
- Institute for Healthcare Improvement
 - Training programs
 - Pursuing Perfection Project
- NHS Institute for Innovation and Improvement
 - The NHS Institute for Innovation and Improvement supports the NHS to transform healthcare for patients and the public by rapidly developing and spreading new ways of working, new technology and world-class leadership.



“Problems occur...when learning is transformed into a recipe and attached to a centrally set target.... Good practice will spread more quickly within the health care system if leaders acknowledge and respect the patterns reflected in the past efforts of others to innovate. The leader's role is to create systems that disseminate rich information about better practices, allowing others to adapt those practices in ways that are most meaningful to them.”

Plsek and Wilson “Complexity, leadership, and management in healthcare organisations” *BMJ* 2001, 323(7315): 746–749

The Roadmap



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

Some Steps Forward for Canada

- Expand and enhance the roles of quality councils and similar bodies to support the development of improvement skills and to facilitate system-wide efforts to improve the quality and efficiency of care
- Create greater local capacity for improvement through training and leadership development
- Place greater emphasis on physician leadership training to enhance organizational capability, not just individual capability

Steps Forward, 2

- Identify priority areas for improvement with specific targets and timelines to help align system-wide efforts
- Continue to focus on the development of electronic clinical information systems; but enhance supports for collecting and using data on current performance even if such data require manual collection
- Expand current projects to improve patient engagement in the design and improvement of care delivery in order to promote patient-centred care and to engage and align clinicians
- Reject the idea that certain structural changes are preconditions to transformation – like salaried physicians

Conclusions

- High performing healthcare organizations 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 organization
- 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 and leadership is critical to developing consistent leadership and strategic direction