Making large-scale system transformation happen and leapfrogging the elephants

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18th April 2018
Three Eras of Global Health Systems

• Complex political, social, economic environmental challenges

• Three eras of health and health care:
  
  ➢ 1850s – 1960s: focus on diagnosis and management of acute diseases
  ➢ 1950s – present day: reduction of chronic disease, modifiable behavioural determinants, coordinated care around individuals
  ➢ 2000 – going forward: creating capacities to achieve goals for equitable health improvement, life-course health development, rebalancing acute care and prevention, individuals and communities as co-designers of their health
The Challenges in Healthcare have Changed Dramatically

- Policy environment has changed – more complex and challenging
- New environment described as one of ‘perpetual white water’
- Environment characterised by:
  - information overload
  - dissolving of traditional organisational and professional boundaries
  - interconnectedness of systems
  - increase in multi-morbidities
  - new technologies that disrupt old working practices
  - the different values and expectation of a new generation entering the workplace
- Majority of those leading healthcare organisations today not equipped to cope with this complexity
- All these reasons increase the possibilities for implementation failures
Successful Leapfrogging

• New disruptive technologies
• New operating models
• New behaviour change initiatives
WHO Health System Transformation Initiative

• Focus is on the how not the what of change
• Adoption of a receptive context for change framework
Receptive Contexts for Change: 5 Key Factors

- Environmental pressure
- Quality and coherence of policy
- Key people leading change
- Supportive organisational culture
- Managerial-clinical relations
Factor 1: Environmental Pressure

• Critical in creating the conditions for transformational change and in ensuring they remain in place long enough for change 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.
Factor 2: 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, notably clinicians. Successful polices demonstrate coherence and alignment between goals, feasibility and implementation.
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.
System Leadership Challenge

Acknowledges

- Existence of ‘wicked problems’
- Value of a whole systems approach
- Political nature of complex systems
Meeting the System Leadership Challenge

- Acknowledge limits of top-down, command and control leadership
- Leadership is shared, distributed, adaptive
- Core characteristics: building alliances, persuasion, influence, political astuteness
- Different set of skills and behaviours required
- Combines constancy of purpose with flexibility
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. Flexible working across boundaries is called for.
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.
Health System Transformation: Ingredients for Success

- Creating strategic alignment: No vision = no alignment = no change
- Acknowledging interconnections between the WHYs, WHATs and HOWs of change
- Working with professional cultures, particularly the clinical culture
- Creating enabling environments
- Nurturing new leadership approaches
- Increasing patient and public engagement
- Supporting evidence-informed policy
Boundary spanning

Strong value base

Governing successful culture change

Encourage risk-taking

Openness to research and evaluation