



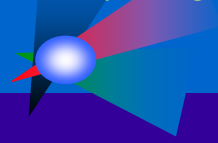
Health  
and  
Everything

# Systems Integration

**Canadian Home Care Association**

**March 3, 2005**

**Novotel, Mississauga**



## *Simple*

Following a Recipe

- The recipe is essential
- Recipes are tested to assure replicability of later efforts
- No particular expertise; knowing how to cook increases success
- Recipes produce standard products
- Certainty of same results every time
- Optimism re results

## *Complicated*

A Rocket to the Moon

- Formulae are critical and necessary
- Sending one rocket increases assurance that next will be ok
- High level of expertise in many specialized fields + coordination
- Rockets similar in critical ways
- High certainty of outcome
- Optimism re results

## *Complex*

Raising a Child

- Formulae have only a limited application
- Raising one child gives no assurance of success with the next
- Expertise can help but is not sufficient
- Every child is unique
- Uncertainty of outcome remains
- Optimism re results



## Complicated Acute Diseases



## Complex Chronic Diseases

- Abrupt onset
- Often all causes can be identified and measured
- Diagnosis and prognosis are often accurate
- Specific therapy or treatment is often available
- Technological intervention is usually effective: cure is likely with return to normal health
- Profession is knowledgeable while laity is inexperienced
- No Voluntary Sector Associations for these condition e.g. Small Pox, Knee Replacement,

- Gradual onset over time
- Multivariate cause, changing over time
- Diagnosis is uncertain and prognosis obscure
- Indecisive technologies & therapies with adversities
- No cure, pervasive uncertainty: management, coaching & self care over time is needed to improve health
- Profession & laity must be reciprocally knowledgeable to improve health
- Voluntary Sector Associations are widespread and help define the distinction: Heart and Stroke, Asthma, Diabetes etc.



# Misunderstanding Diseases

- Research as if all diseases were complicated
- Isolation of acute intervention with little recognition of chronic care follow ups
- Where is the best place to provide chronic care

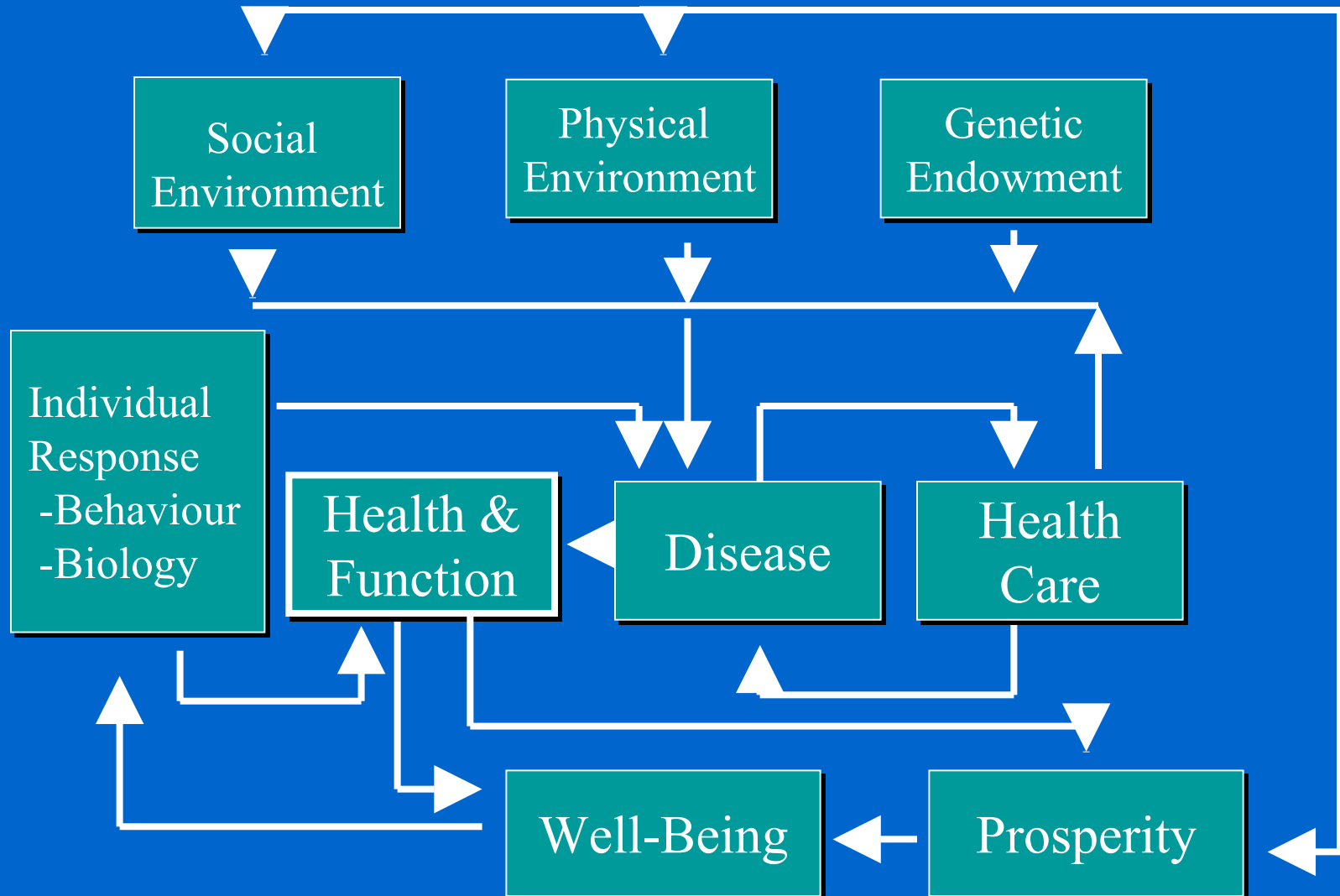


# Health is Complex

- **To 1960:** Health is a state of the individual body
- **To 1990:** Health is primarily a function of environments
- **2005:** Health is a dynamic interaction between an individual and many environments

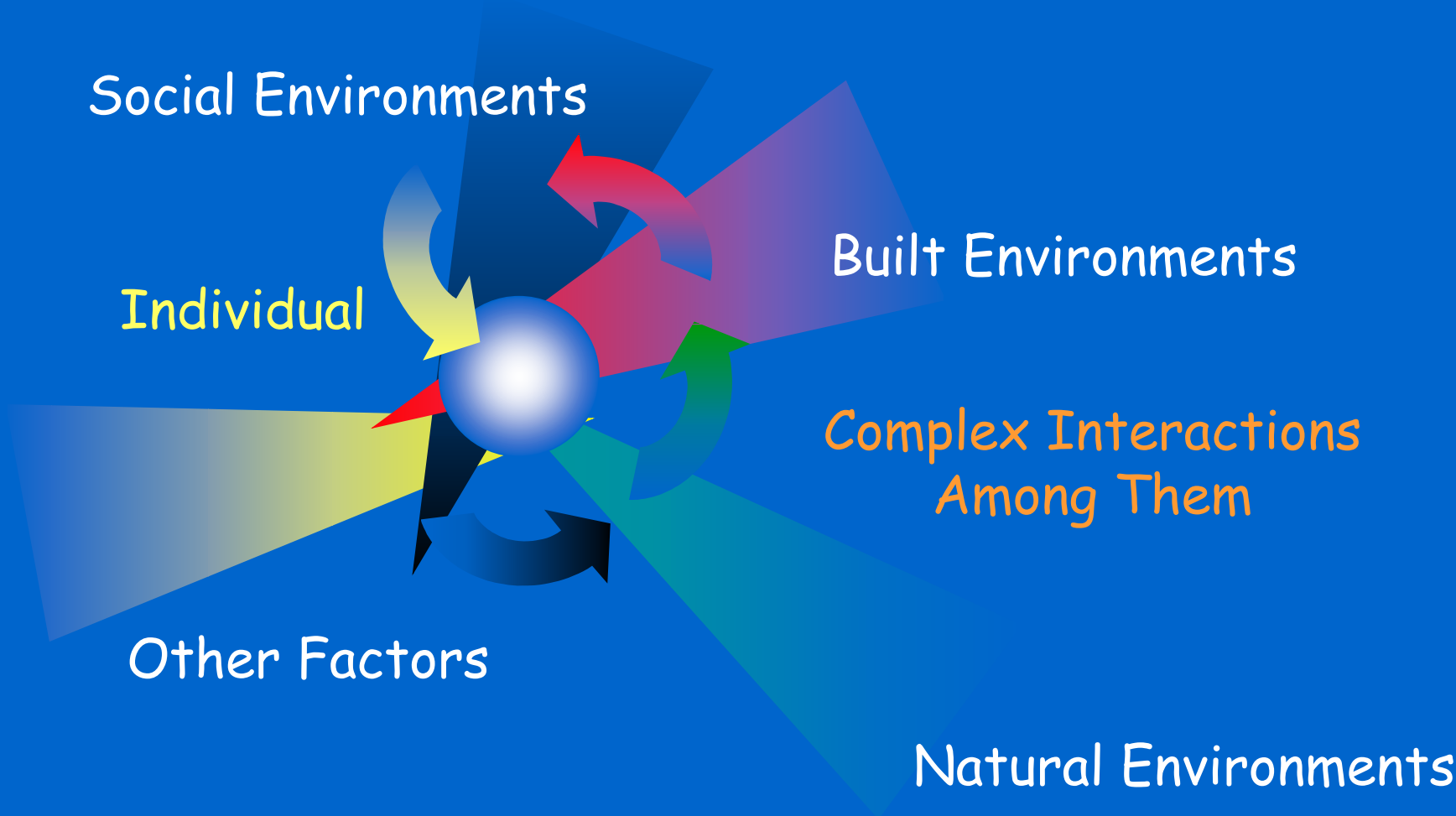


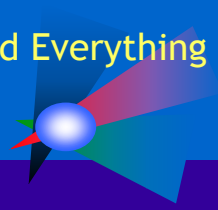
# Typical Health Determinants Model





# Complex view of Health





# Complex view of Health

Externalities







# Health Care Organizations are Complex

Inside/Outside Divide



*Hospital: Trustees*

*Hospital: Managers*

Community

UP

Control

Clinical Divide



OUT

IN

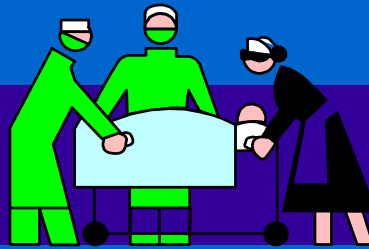
Cure

DOWN

Care

*Hospital: Doctors*

*Hospital: Nurses  
and other health  
workers*



	Nurses	Doctors	Managers	Boards
Career path	Up or Out	Steady State	Spiral	Transitory
Jobs in Career	Two	One	Five – Seven	Many
Organisational Type	Military	Practice in Chimney	Corporate Hierarchy	Committee
Value Base	Professional	Proficiency	Efficiency	Access to the Best, Fiscal Responsibility
Status	Staff Size	Specialty, Rank, Empire	Title, Budget, Span of Control	Role in the <i>Real</i> World
Currency	Hours of Nursing	Time	Money	Quality and Money
Job Security	Job Market	Virtual Tenure	Contractual	Time Limited
Metaphor	Scissors Cotton wool Hands	Scalpel	Axe	Gavel
Work Activity	Process	Intervention	Allocation	Meeting



# Health Care Systems are Complex

Inside/Outside Divide ↓

*System:* Politicians and Advocacy groups  
*Hospital:* Trustees

Community

*System:* Regulatory Agencies

*Hospital:* Managers

Control

UP

Clinical Divide →

OUT

IN

Cure

*Hospital:* Doctors

*System:* Acute Hospitals

Care

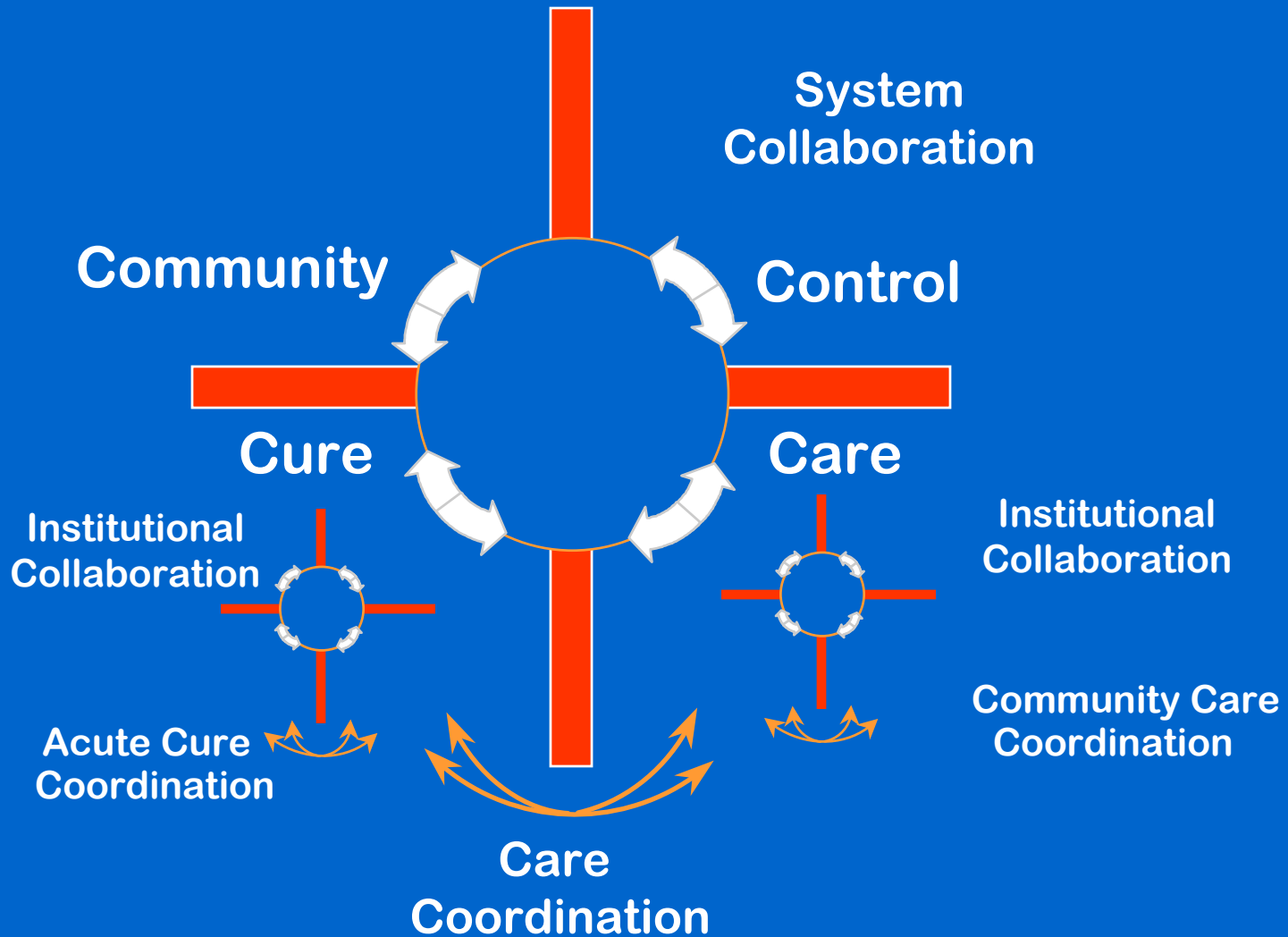
*Hospital:* Nurses and other health workers

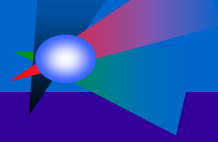
*System:* Primary, Community and Home Care

DOWN



# The Four Major Issues





# Differentiation: Integration or Fragmentation

<b>Fragmentation</b>	<b>Differentiation</b>	<b>Integration</b>
Separate schooling	Specific training	Combined basic education
Mutual Ignorance	Distinct knowledge	Common understanding
Professional rivalry	Professional concern	Professional Respect
Hidden conflicts	Different interests	Conflicts surfaced
Secret agendas	Separate goals	Shared agendas
Isolated acts	Special skills	General competence
Turf Battles	Individual roles	Big picture
Work to rule	Differentiated tasks	Mutual adjustment
Duplications & gaps	Unique Services	Collaborative processes



# 6 Ways to Coordinate Work

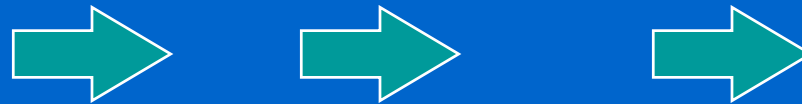
- Direct Supervision
- Standardization of Process
- Standardization of Output
- Standardization of Skills
- **Mutual Adjustment**
- **Standardization of Norms**



# The Old Vector of Care

1850-1990

Home



**Hospital**

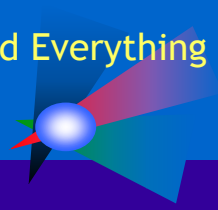
Centralize Expertise and Resource



# The Vector of Care Changes







# Myths about Structure

- If we get it right everything will be OK
- Managing structural change as a defense against the primary task
- All conflicts are caused by structural dysfunction
- We must keep adjusting it until we get it right



# Stability and Kaiser

- In 2002 BMJ published an article comparing NHS to Kaiser
- Everyone looked at structures
- But Kaiser had been stable for 30 years
- NHS had suffered constant reorganization

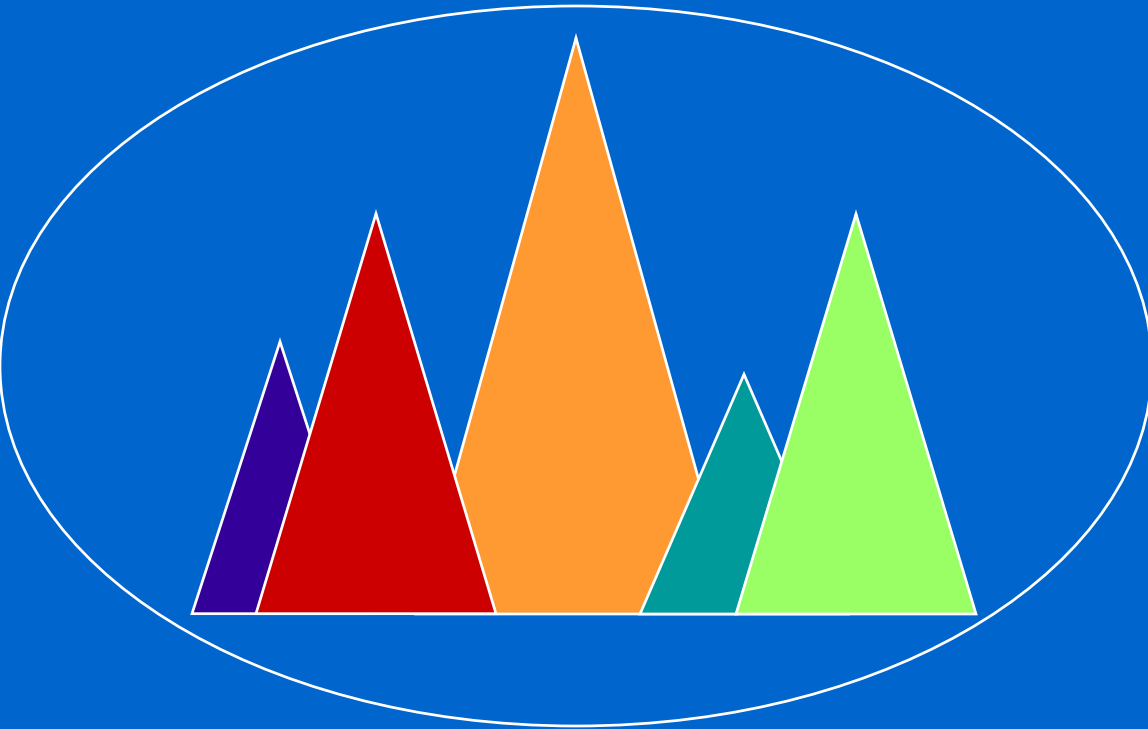


# La Maternelle

- 1987 Canada #1 2000 France #1
- 1987 Canada -social generosity
- 2000 France - social generosity
- France No structural change
- La Maternelle
  - Slowly introduced suite of policies to improve children's readiness for school



# How Systems are Seen



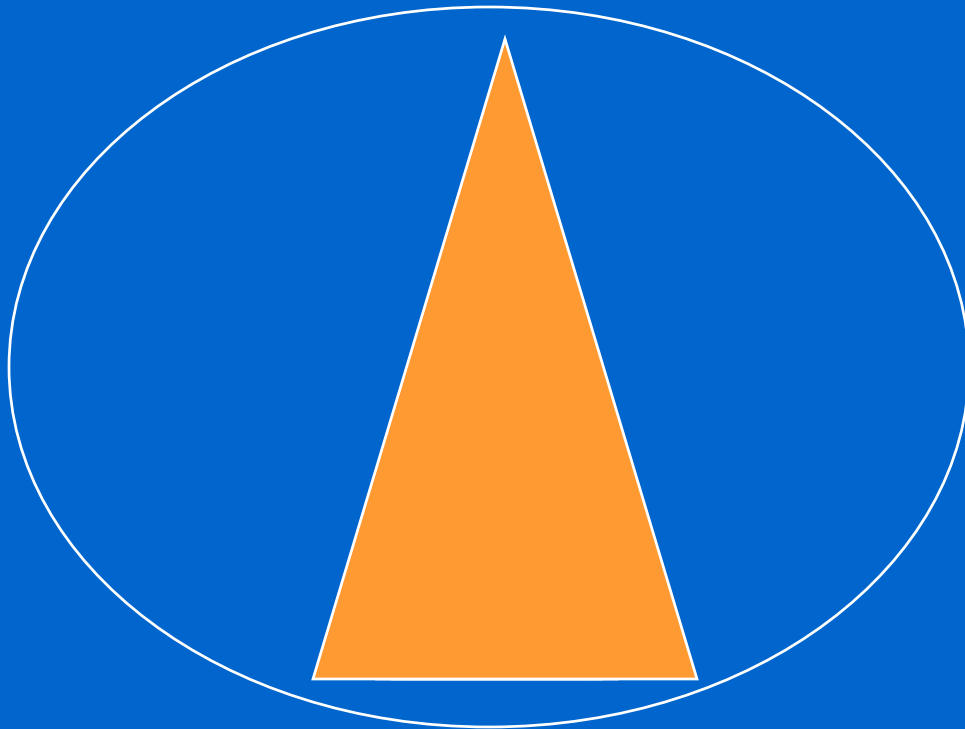
Acute Care  
Community Care  
Long Term Care

Group Practice  
Informal Community  
Union Shop

Public Sector  
Private Sector  
Voluntary Sector



# The Old Solution



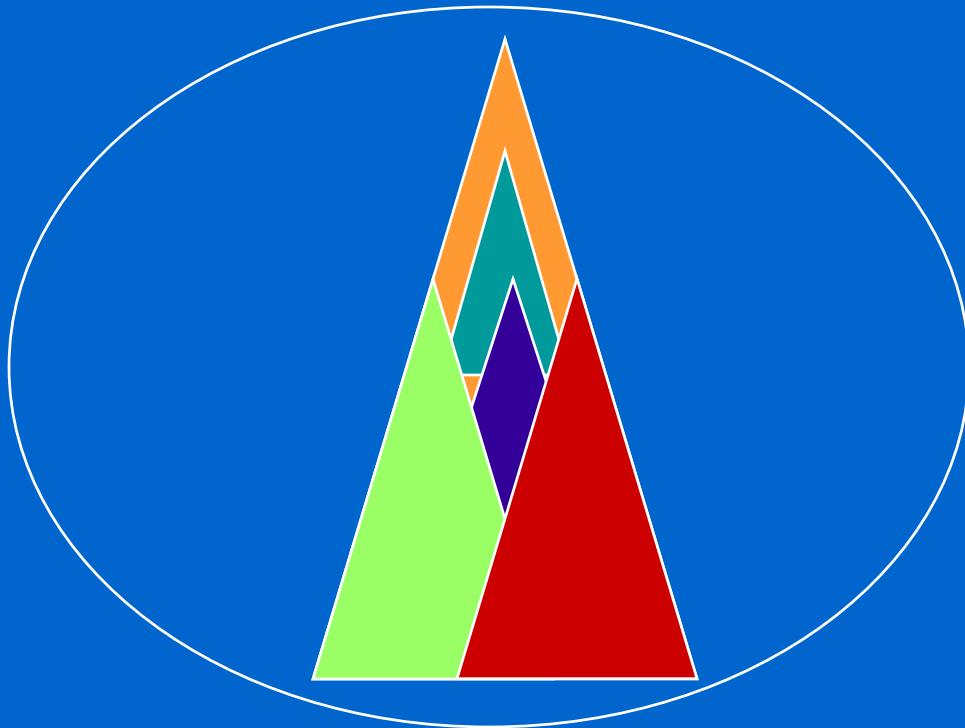
Acute Care  
Community Care  
Long Term Care

Group Practice  
Informal Community  
Union Shop

Public Sector  
Private Sector  
Voluntary Sector



# The Old Regional Solution



Acute Care  
Community Care  
Long Term Care

Group Practice  
Informal Community  
Union Shop

Public Sector  
Private Sector  
Voluntary Sector

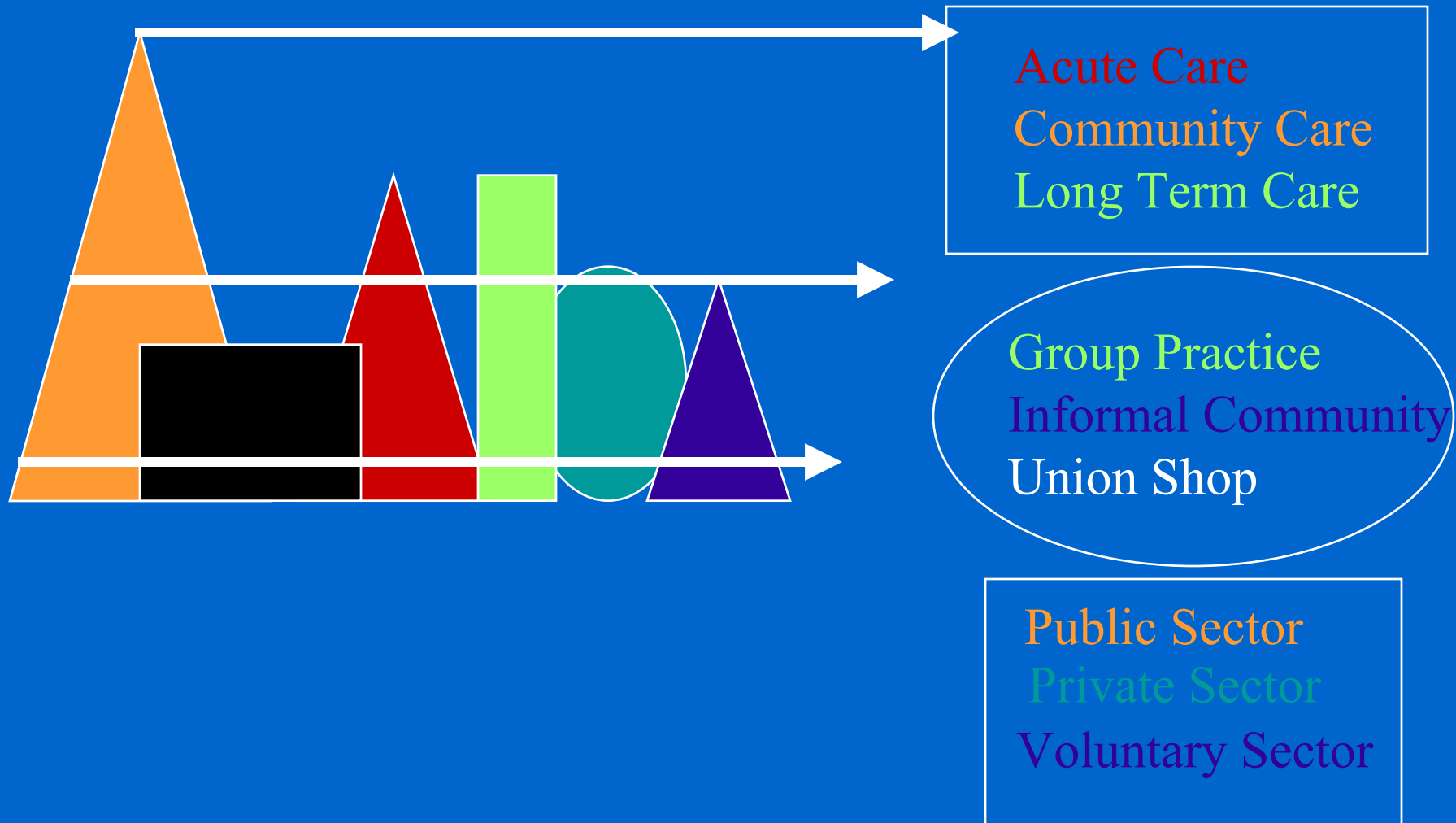


# Integration vs Coordination

- Structural integration and service coordination are not identical
- Integrating structures do not necessarily result in coordinated service
- Large hospitals have one structure but their services can still be poorly coordinated and fragmented.



# The Typical System







# Boundroids

- Mind the Gaps
- Respect differences
- Seek horizontal & vertical knowledge
- Appreciate others' contributions
- Develop existing relationships
- Identify new partners

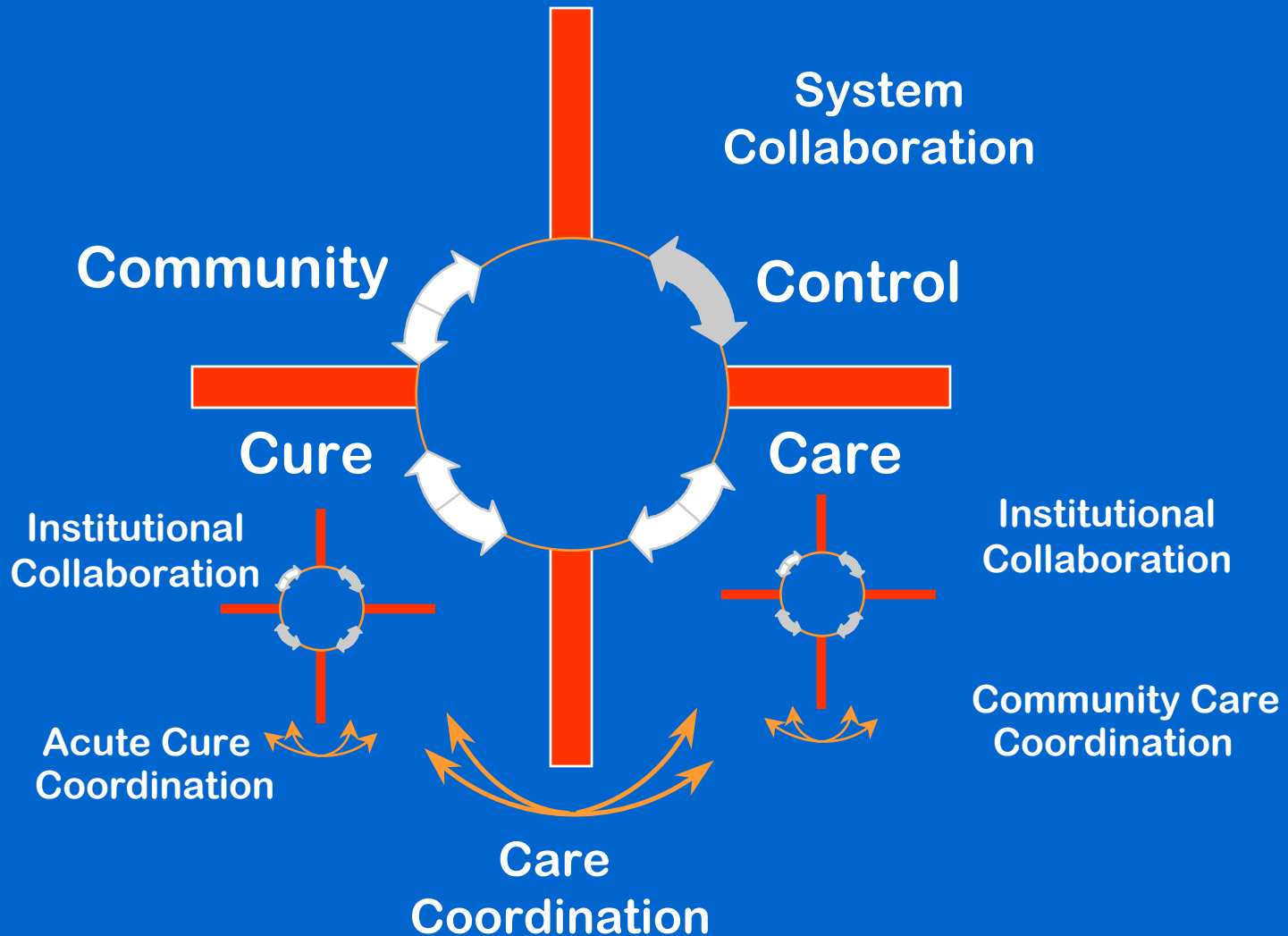


# Bridge Building in Health Care

- “A good seam is a joy to behold” Itzchak Gordon
- Some boundaries are useful
- Not all boundaries are structural.
- Boundary conditions are highly differentiated.
- Boundaries can only be dealt with individually.
- Some must be eliminated others crossed



# The Four Major Issues





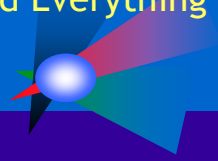
# 5 Dimensions of Relationships

- Amount of Direct Contact
- Continuity
- Well Rounded Acquaintance
- Together as Equals
- Common Purpose



# Amount of Direct Contact

- Method of communication
- Amount of face to face contact
- Contact without intermediaries
- Contact through personal rather than impersonal media



# Continuity

- Frequency of contact
- Regularity of contact
- Period of time over which contact is maintained
- Reliability and predictability of relationship
- Capacity to build mutual trust and respect



# Well Rounded Acquaintance

- Roles and contexts in which experience is shared
- Extent to which there is a rounded picture of each other
- Develop appreciation of other dimensions of a persons life, experience and feelings



# Together as Equals

- Extent to which people meet as equals
- Not in terms of role or status but of respect
- Degree of power relationship
- Capacity to share equally in decision making





# Common Purpose

- Extent of sharing a common purpose or agenda
- Degree of agreement and clarity about what they are doing together
- Conditions which facilitate mutual understanding and trust



# Pointers for Intervening in Complex Systems

- **Gather Positive & Negative Information:**
  - (Appreciative inquiry)
- **Respect History**
- **Consider Interactions**
- **Encourage Self-Organized Networks**
- **Seek minimal interventions**
- **Large variation of interventions**
- **Select and Seed**
- **Fine-Tune Processes & Interventions**



# For New Learning Experiences

- This and other presentations
- Some articles and books on health
- A McGill Masters with Sholom and Henry Mintzberg
- An Exchange Visit to the NHS in the UK
- Go to our web site
- [www.healthandeverything.org](http://www.healthandeverything.org)