Leadership and Integrated Care; the evidence and the lived experience

Áine Carroll
Áine's Adventures in Leadershipland

by LEWIS CARROLL

illustrated by JOHN TENNIEL
Leadership and Integrated Care

- Often quoted
- Seldom defined
- Weak evidence base
“Almost as many different definitions of leadership as there are people who have tried to define it”

Stogdill 1974
So what do I know anyway?

- Professionally: Many different leadership roles
- **UK:**
  - BMA LAN/POWAR
  - SpR Regional then National trainee representative NHS
  - NHS Consultant
- **Ireland:**
  - Consultant
  - Chair medical board
  - President IARM
  - NSD
  - RMP lead
  - National Director CSPD HSE
- **Now:** Professor of healthcare integration and improvement UCD/NRH; Co-Director IFIC Ireland currently researching leadership and team function
- I’m also an Improvement advisor, coach and mentor
Evolution
Evolution of Leadership theory

- **The Great Man Theory**
  - Homer
  - Asoka
  - Confucius
  - Plato
  - Aristotle
  - Machiavelli
  - Thomas Carlyle 1850s
  - Sir Francis Galton 1869

- **Motivational Theory**
  - Mayo's Hawthorn Studies 1933
  - George Homans 1950
  - Maslow's hierarchy of Needs 1954
  - McGregor's X&Y Theory 1960
  - Fredrick Herzberg 1959/66
  - Chris Argyris 1970

- **Trait Theory**
  - Jenkins 1947
  - Stogdill 1948
  - Goldbach 1985
  - Ohio State Research 1950's
  - Michigan State University-R. Likert 1961/62
  - Blake & Moulton 'Managerial Grid' 1964

- **Universal Theories**
  - Robert Greenleaf

- **The Contextual/Behavioural Factor**
  - Hersey & Blanchard 1985

- **The Functional Approach**
  - John Adair
  - Stogdill
  - R Tannenbaum & WH Schmidt 1958/73
  - VH Vroom & PW Yetton 1973
  - Hersey & Blanchard 80's - 90s

- **The Situational Approach**
  - JRP French & BH Raven 1959
  - BM Bass 1960
  - A Etzioni 1961
  - JP Kotter 1992

- **Participative Leadership & Decision Making Theory**
  - G Yukl 1970/80s
  - F Fiedler 1970s

- **Contingency Theory**
  - RJ House 1976/77

- **Charismatic Leadership Theory**
  - JM Burns 1978

- **Transformational Leadership Theory**
  - BM Bass 80s-90s

- **Contemporary Thinking**
  - G Yukl 1970/80s

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Centre for Defence Leadership & Management | College of Management & Technology | UK Defence Academy
But!
“theory is just theory”

Mary Casey Associate Professor UCD School of Nursing and Health Systems
Leadership Participatory Workshop output #NFIC19

Áine Carroll
Pim Valentijn
What’s your background?
N=9
What are the key characteristics of leadership to drive Integrated Care?

- Understanding core goals across all parties
- Open multiway communication
- Communication, vision, understand people
- Vision involving staff in the co-creation of services
- There has to be an auditing and an acknowledgment of the resources already on the ground.
- Vision, determination, patient at the centre, networking, building relationships
- Authentic; adaptive; flexible; collaborate; relationship builder; team player; exceptionally communication; co-design
- Openness, transparency, communication, vision, passion, knowledge, includes all stakeholders.
- Inclusiveness Ability to understand diverse interests & positions Creating shared learning spaces & activities Create compelling vision & clarity of goals
- Vision. Courage. Perseverance openness adaptability ability
- Involve frontline services to be involved from the beginning to plan the service
Leadership
Northouse P. Leadership: Theory and Practice - 8th edition Sage 2018

A process
Involves influence
Occurs in groups
Involves common goals
2 forms

Assigned

Emergent
Which type of leadership have you observed in your experience of Integrated Care?

- Assigned: 6
- Emergent: 2
- Combination: 6
Mapping desirable behaviours

• Based on Yukles taxonomy of leadership behaviour (15 separate behaviours) what behaviours do you think would be particularly relevant at macro meso and micro level in to achieve the triple aim?
Yukl’s taxonomy of leadership behaviours

<table>
<thead>
<tr>
<th>Task-oriented</th>
<th>Clarifying</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Planning</td>
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<td>Relations-oriented</td>
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<td>Networking</td>
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<td>External monitoring</td>
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<td>Representing</td>
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</table>
Which category do you think is most important? N=13
Mapping Exercise
### Results of Mapping

<table>
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<tr>
<th>Category</th>
<th>Micro</th>
<th>Meso</th>
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# Leadership behaviour ranking

<table>
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<tr>
<th>Micro</th>
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<th>Macro</th>
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<tbody>
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</table>
How would you describe leadership in Integrated Care? N=12
How might these behaviours be developed? N=14
How do you feel we should use this information to increase successful delivery of integrated care?

- Ensure communication of this info to all parties
- Share it across all areas, disciplines and service users
- Make the people at the top aware of this information and advocate for delivery at all levels.
- Work with the HSE to identify emerging young leaders and invest in them. Build a vision with them.
- Explore leadership characteristics in existing examples
- Practice
  - Collect and theme - present findings to key stakeholders: decision makers at National and Government level in support of integrated leadership model
  - Scope what is happening in the real world based on this information. From the info found devise plan to support leadership. In an integrated manner


Use to influence strategic vision

Increase involvement of service users in these discussions

Need to connect the Macro level through to the micro.

Leadership in the context of micro meso and macro model. I would see it as operational only. Leadership in context of strategic together, strategic only respectively.
What would you like to say? N=8

Would like to know more about moving theory to practice

Theory and practice and integrated working evidence a key research priority. Service users/patient needs to be put at heart of what healthcare does.

The ingredients are available. The recipe is the problem.

Good to start the discussion - how can the bureaucratic HSE be changed to this model?

Maybe engage again with Chris Ham Kings Fund - His global work on integrated care might be useful? Lessons learned (pros and cons). Explore yellow "activities" Jackets!

Email

Email me

Receive communication via email
Rainbow model

<table>
<thead>
<tr>
<th>Domains</th>
<th>Description</th>
<th>Example</th>
<th>Challenges</th>
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<tbody>
<tr>
<td>System</td>
<td>Influence of laws and regulations on care coordination activities</td>
<td>Policy and financing</td>
<td>Legislation and regulations concerning data usage across care providers</td>
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<tr>
<td>Organisations</td>
<td>Coordination of care among different organisational units</td>
<td>Disease management</td>
<td>Lack of integrated revenue and business models across organisations</td>
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<tr>
<td>Professionals</td>
<td>Coordination of care among different care providers</td>
<td>Multidisciplinary care</td>
<td>Ambiguity about professional roles and responsibilities</td>
</tr>
<tr>
<td>Services</td>
<td>Coordination of care at the individual patient level</td>
<td>Self-management</td>
<td>Lack of patient portals and integrated eHealth applications</td>
</tr>
<tr>
<td>Normative enablers</td>
<td>Supporting culture for care coordination activities</td>
<td>Change management</td>
<td>Lack of inter-sectoral training and education for care providers</td>
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<tr>
<td>Functional enablers</td>
<td>Supporting infrastructure for care coordination activities</td>
<td>Interoperable electronic medical records</td>
<td>Use of different registration methods across care providers</td>
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<tr>
<td>Population-based care</td>
<td>Community oriented care coordination activities</td>
<td>Preventive screening and education</td>
<td>Lack of community oriented financing and contracting models</td>
</tr>
<tr>
<td>Person-focused care</td>
<td>Care tailored to people’s needs and values</td>
<td>Case management</td>
<td>Knowledge about (non-medical) patient needs</td>
</tr>
</tbody>
</table>
Change vs. Improvement

Of all changes I’ve observed, about 5% were improvements, the rest, at best, were illusions of progress.”

W. Edwards Deming
A Collection of Quotes from
W. Edwards Deming

Reference: The W. Edwards Deming Institute Blog
Amoeba & change (with thanks to Keith Willett)

• Positive chemotaxis

• “escape” response
Symbiosis: 3 Types

- Mutualism
  - both species benefit

- Commensalism
  - one species benefits, the other is unaffected

- Parasitism
  - one species benefits, the other is harmed
Epomis beetle
Change and Me and You

Who wants change?

Who wants to change?

Who wants to lead the change?
Who wants change?

My vision is blah blah

You lazy workshy laggards
Recent Personal experience

• Collapse
• End of life
• Infected lines
• Vertebral collapse
• Childhood epilepsy
• Acute exacerbation of COPD
• Acute gout etc etc
Áine’s leadership Journey

SpR
UK Consultant
IRL Consultant
QI diploma
CSPD
Disillusioned
Why??
Today
The Process of Transition

Can I cope?

At Last something’s going to change!

What impact will this have? How will it affect me?

Denial

Change? What Change?

This is bigger than I thought!

Disillusionment

I’m off!!… this isn’t for me!

Who am I?

Gradual Acceptance

I can see myself in the future

Moving Forward

This can work and be good

Threat

Guilt

Depression

Hostility

I’ll make this work if it kills me!!

Anxiety

Happiness

Fear

Did I really do that

Anxiety

Happiness

Fear

Did I really do that
This is the best idea ever!

This will be fun.

This is harder than I thought.

This is going to be a lot of work.

This sucks. I have no idea what I am doing.

Belief - persistence - failure - humor

Dark swamp of despair.

Quick! Let's call it a day and say we learnt something.

OK but it still sucks.

This is one of the things I am most proud of.

Wow!

Hey!

HMM...

OK.
“Why don’t people just do what we say?”
Obstacles

- Time
- Priority
- Communication
- Complexity
- Inconsistency of data collection and completion
- Clarification
- Unforeseen changes
- Attitudes
- Training
- Methods
"A committee is a cul-de-sac down which ideas are lured and then quietly strangled."

John A. Lincoln
Reflections

- **Positive**
  - Principles apply at all levels
  - Top Down/Bottom up
  - Where there is a will there is a way
  - We all want to improve patient care
  - With the right tools you can
  - The simpler the better

- **Negative**
  - Lack of appreciation of the extent of the problem
  - Lack of personal responsibility
  - Seen as a chore rather than part and parcel of care provision
  - The very best people cannot be successful in a bad process
STICK ONE IN YOUR EAR, YOU CAN INSTANTLY UNDERSTAND ANYTHING SAID TO YOU IN ANY FORM
‘Would you tell me, please, which way I should go from here?’ Alice asked the Cheshire Cat.
‘That depends a good deal on where you want to get to,’ said the Cat.

Lewis Carroll, *Alice in Wonderland*
The change plan
Before you judge me, walk a mile in my shoes...
3 magic words (paraphrasing from Dr John D Carroll)

Engage! Engage! Engage!
Integrated Health and Social Care - Ireland
<table>
<thead>
<tr>
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<th>Five simple rules for Large System Transformation</th>
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<tbody>
<tr>
<td>1.</td>
<td>Engage individuals at all levels in leading change efforts</td>
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<td>2.</td>
<td>Establish feedback loops</td>
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<td>3.</td>
<td>Attend to history</td>
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<td>4.</td>
<td>Engage clinicians</td>
</tr>
<tr>
<td>5.</td>
<td>Involve patients and families</td>
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</table>

Large-System Transformation in Health Care: A Realist Review
Author(s): ALLAN BEST, TRISHA GREENHALGH, STEVEN LEWIS, JESSIE E. SAUL, SIMON CARROLL and JENNIFER BITZ
Source: The Milbank Quarterly, Vol. 90, No. 3 (September 2012), pp. 421-456
How can I encourage integration through my leadership?
I have learned these important lessons:

- Supporting integrated services does not mean that one size fits all. There are many possible solutions.
- Integrated care isn’t a cure for inadequate resources.
- There are more examples of policies in favour of integrated services than examples of actual implementation.
- Managing change may require action at several levels.
- It requires engagement of healthcare professionals, managers, patients and families plus a sustained commitment from senior management and policy-makers.
SKEPTICAL BABY IS SKEPTICAL
NO SILVER
THINGS THAT MATTER

THINGS YOU CAN CONTROL

WHAT YOU SHOULD FOCUS ON
Unless someone like you cares a whole awful lot, nothing is going to get better. It's not.

- dr. seuss
Go forth and lead (or follow) Thank You