

Large system transformation to facilitate people-centered health care systems

26TH International Conference on
Health Promoting Hospitals and
Health Services

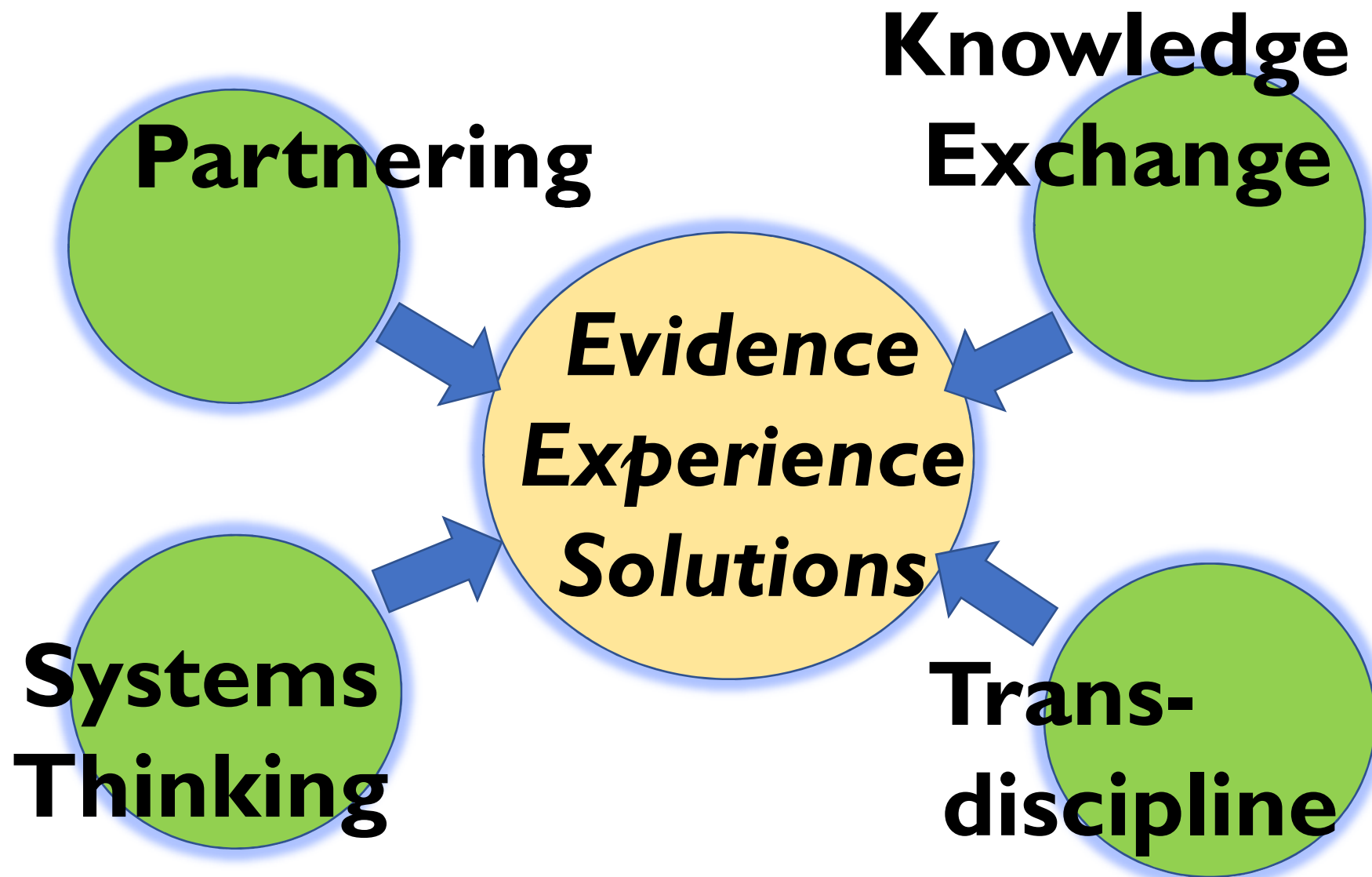
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In-Source Research Group

Research Expertise for Health System Solutions

INSource

Who is InSource?



People-centered health care - the consumer has arrived!

- Reframe the conversation from “What is the matter?” to “What matters to you?”
- Redefine success as health and wellness outcomes that are valued by a population.
- Put people in charge - shift decision-making process from “Provider as Expert” to “Person as Expert.”

Snowdon, Schnarr and Alessi

Why is large system transformation important?

1. We focus on sickness and service needs, not wellness or people-centred care
2. Over time, health care needs and tools change, but services are slow to adapt.
3. We “silo” services but solutions may be vertical, horizontal or diagonal.
4. Incentives, management training, and people-centred care are not aligned.

What is “systems thinking”?

- Emerged in multiple disciplines simultaneously
- We need to look at the bigger picture.
- We can't solve complex problems by breaking things down into smaller and smaller parts

Different kinds of systems

Simple system (e.g. recipes)

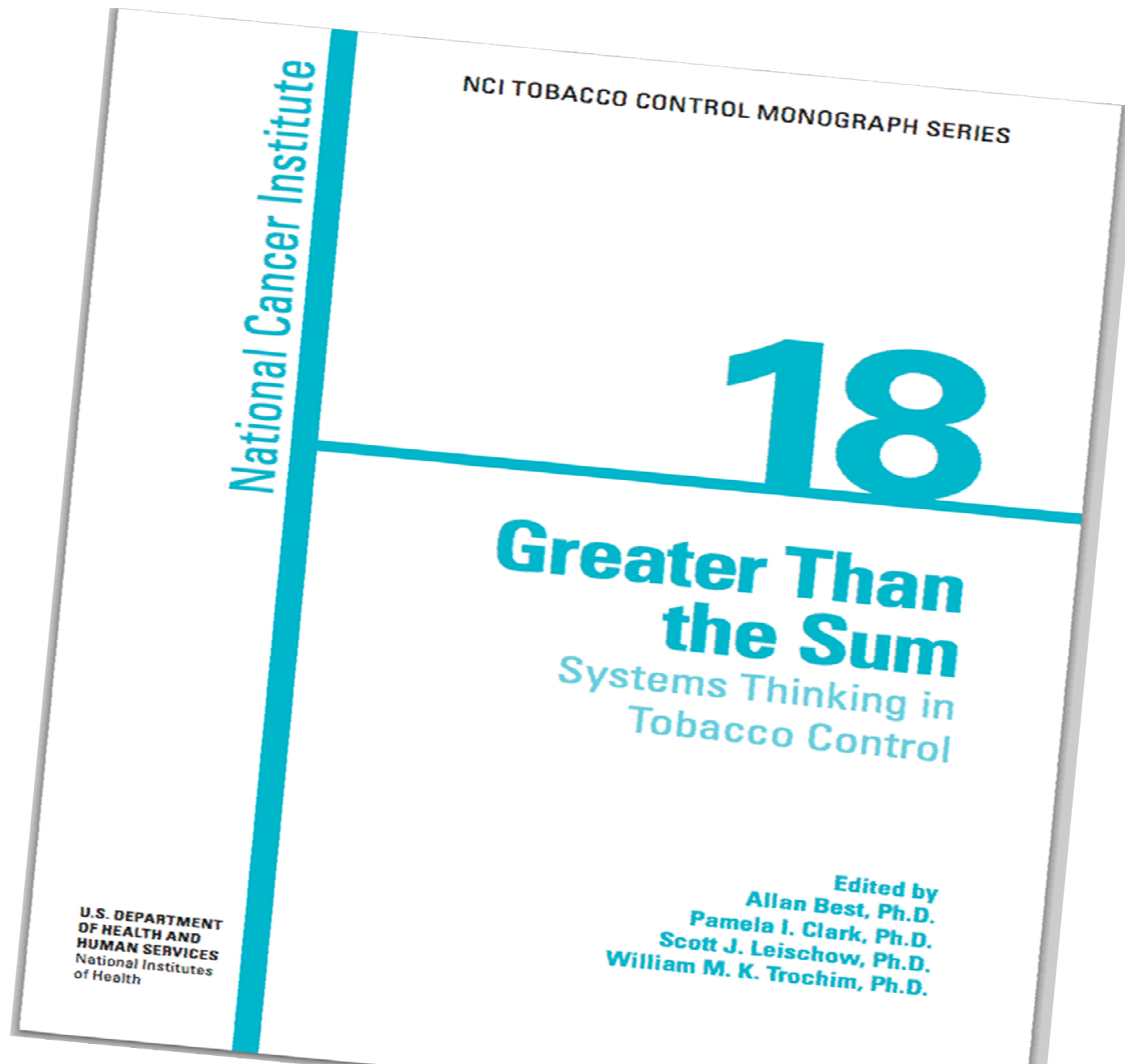
Complicated system (e.g. RCT for a new drug)

Complex Adaptive System

- self-organizing, dynamic relationships
- unpredictable response to change
- evolve over time

Examples of our work on large system transformation

- Using system-thinking tools across multiple sectors – tobacco, NCDs
- Clinical guidelines –the challenges of implementing “better practice”
- Communities of practice – evolution of networks in HRH and PHC

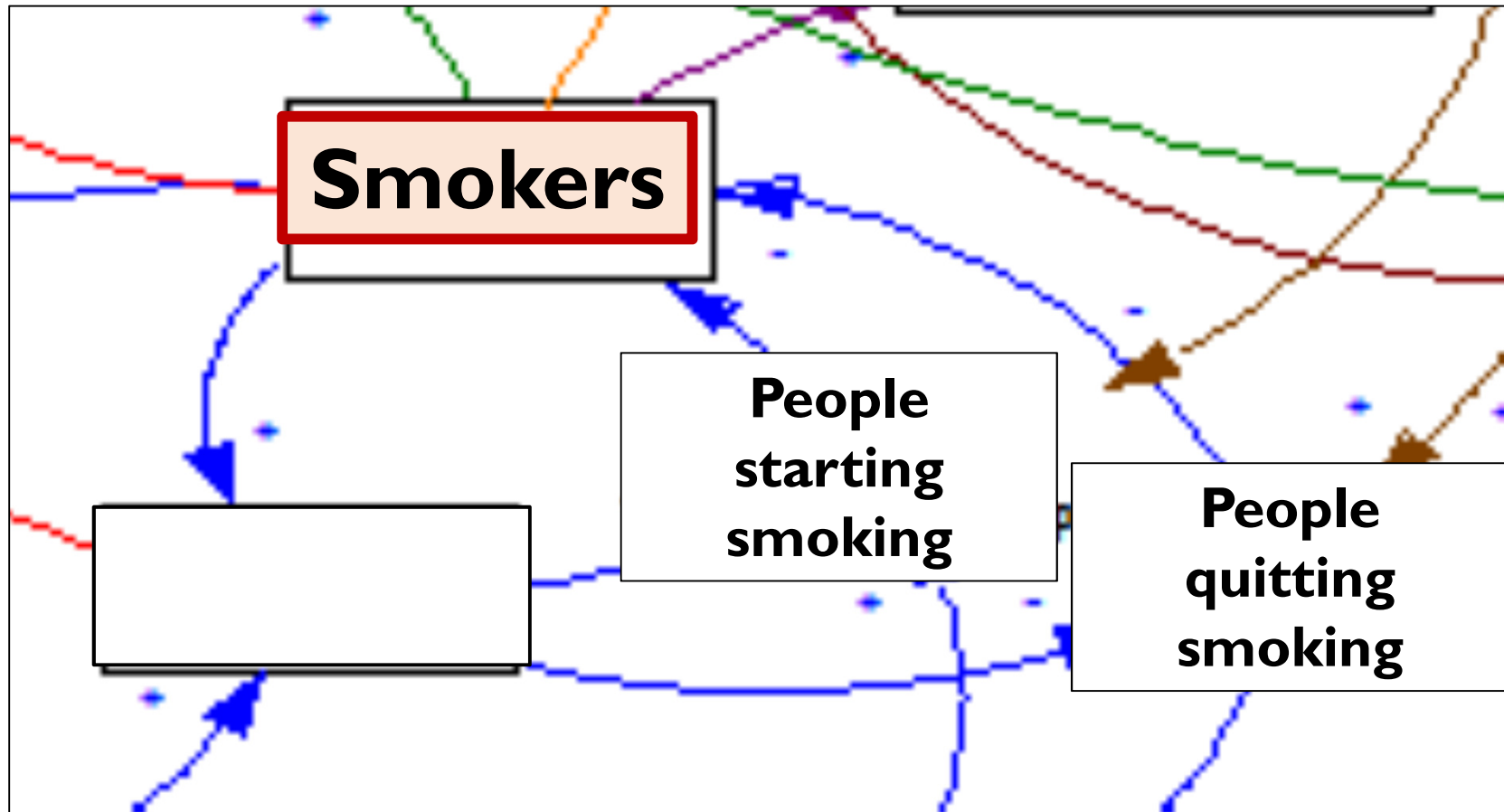


<http://cancercontrol.cancer.gov/brp/tcrb/monographs/18/>

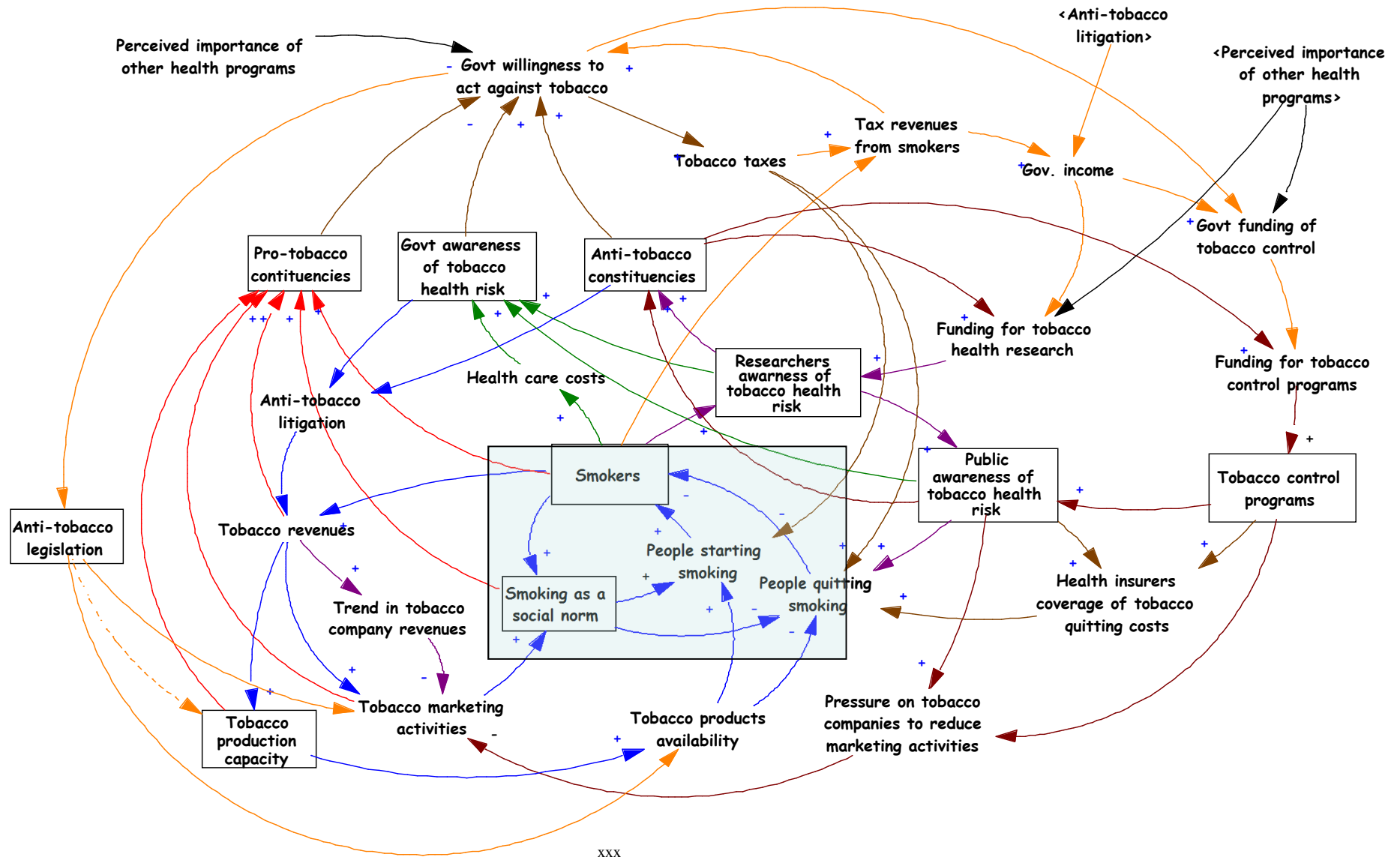
Network Analysis



Systems dynamic modelling



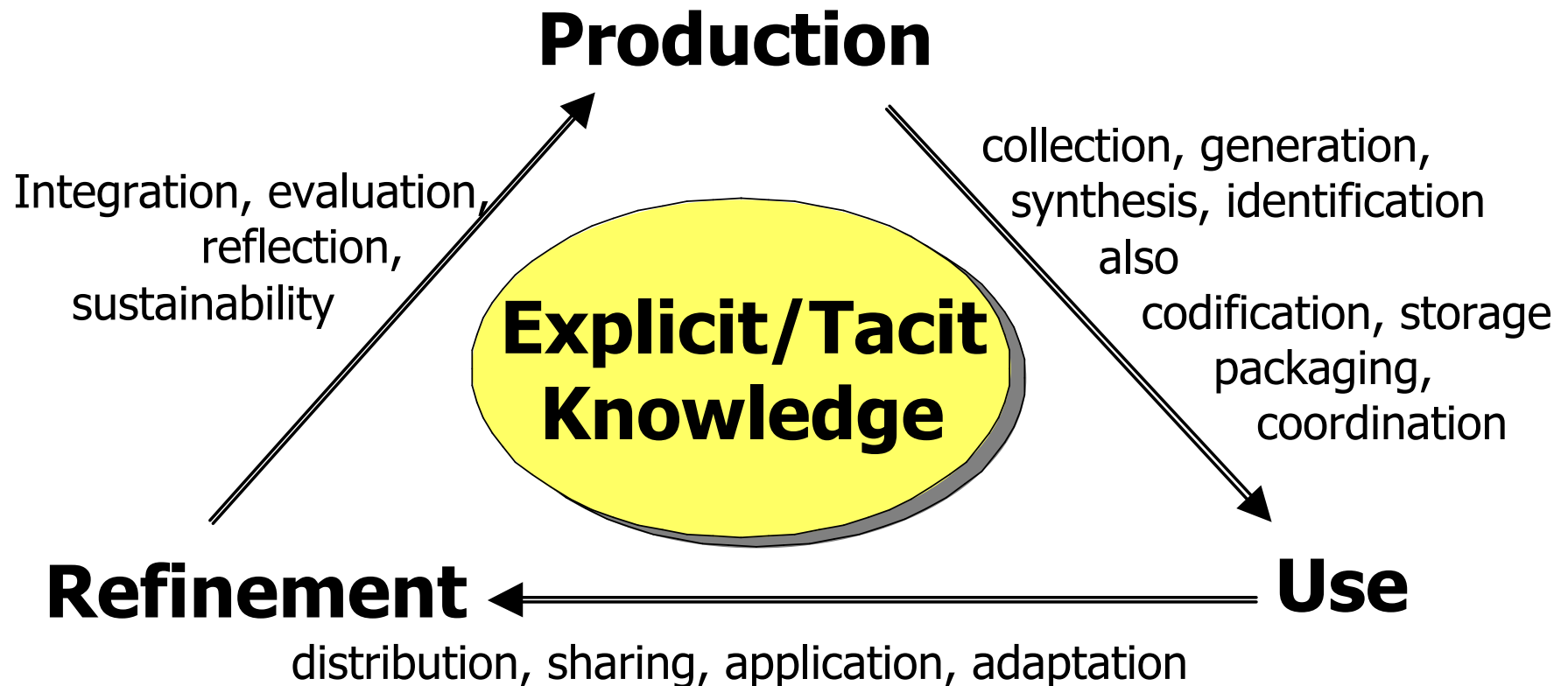
A System Dynamics Model for Tobacco Control



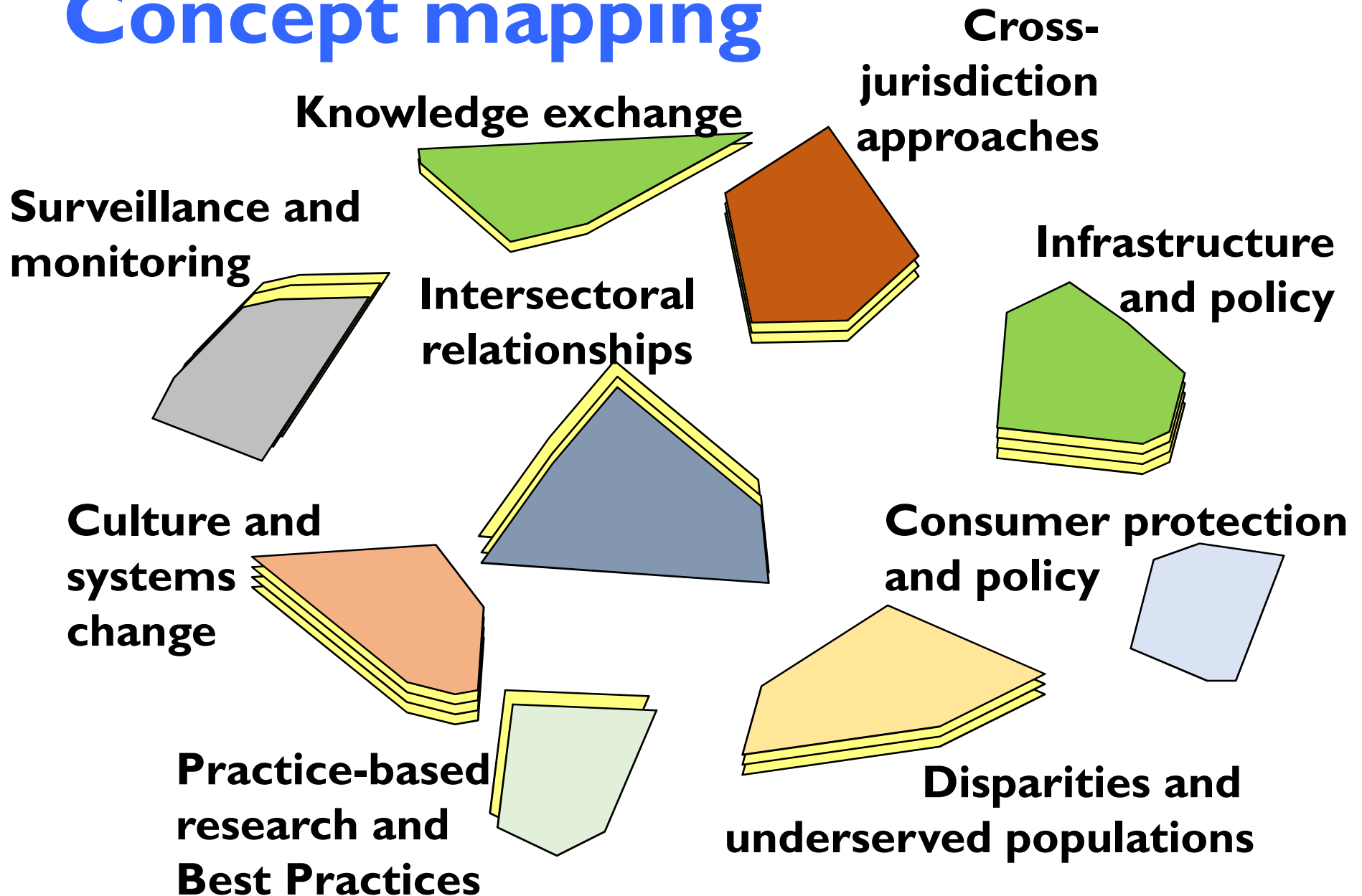
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Knowledge Management

Social Context (structures, values, preferences)



Concept mapping



Introducing guidelines

The BC Clinical Care Management Initiative as a Case Study in Large Scale Change

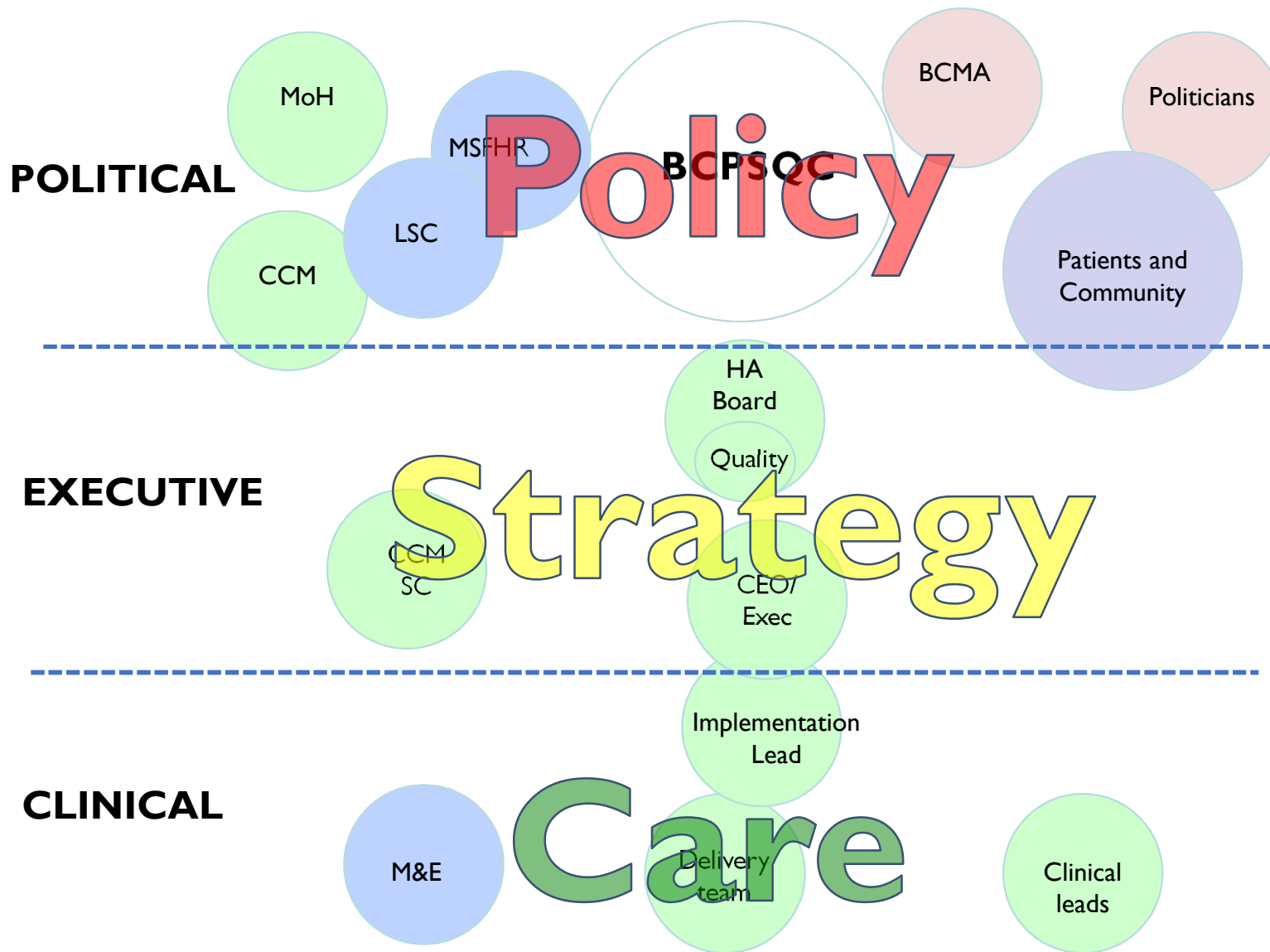


BC PATIENT SAFETY
& QUALITY COUNCIL

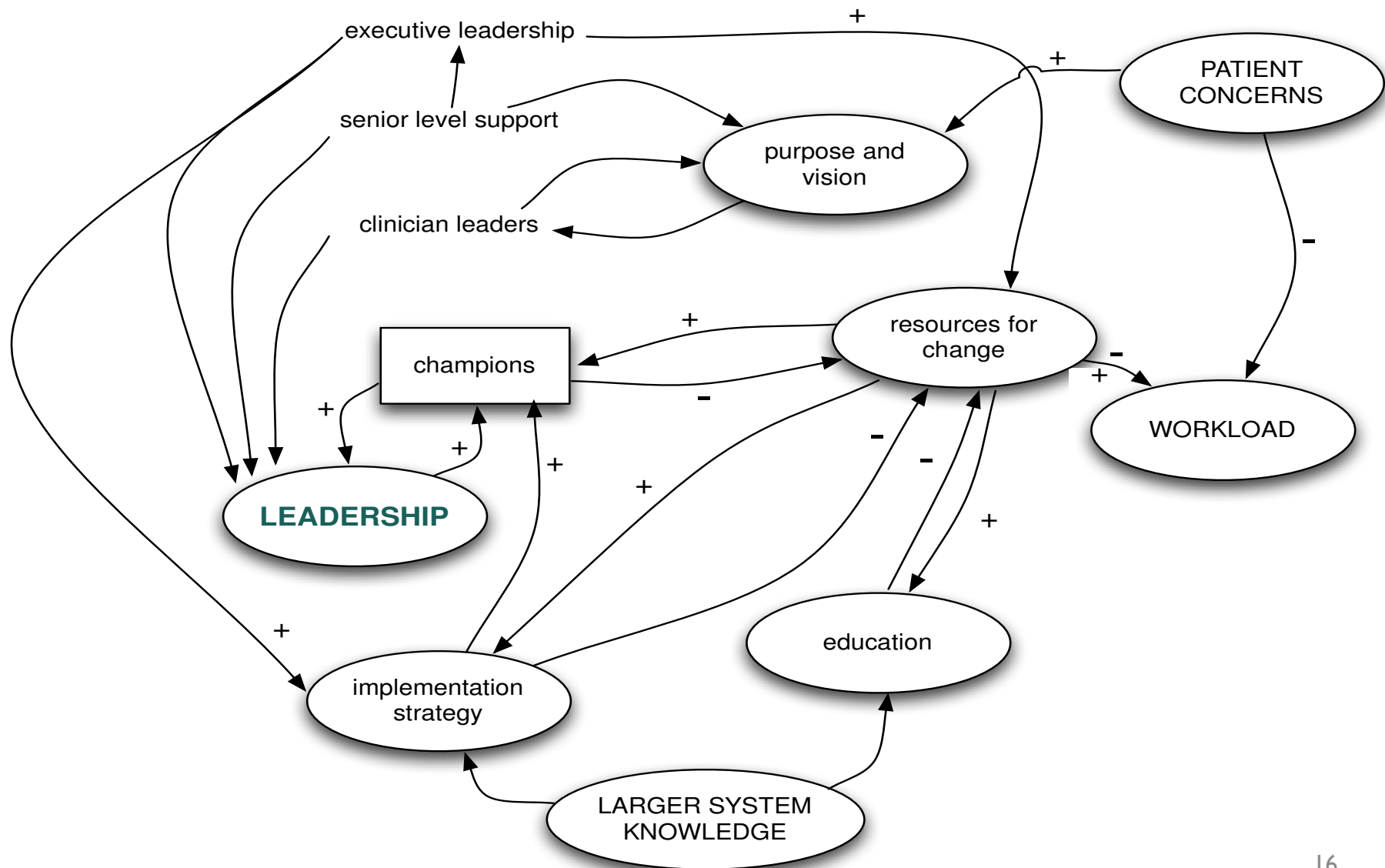
Working Together. Accelerating Improvement.

<http://bcpsqc.ca/blog/knowledge/a-case-study-of-bcs-clinical-care-management-initiative/>

Stakeholder Map for Clinical Guidelines



Causal Loop Diagram – LEADERSHIP



Creating meaning from models

Think of health organizations as

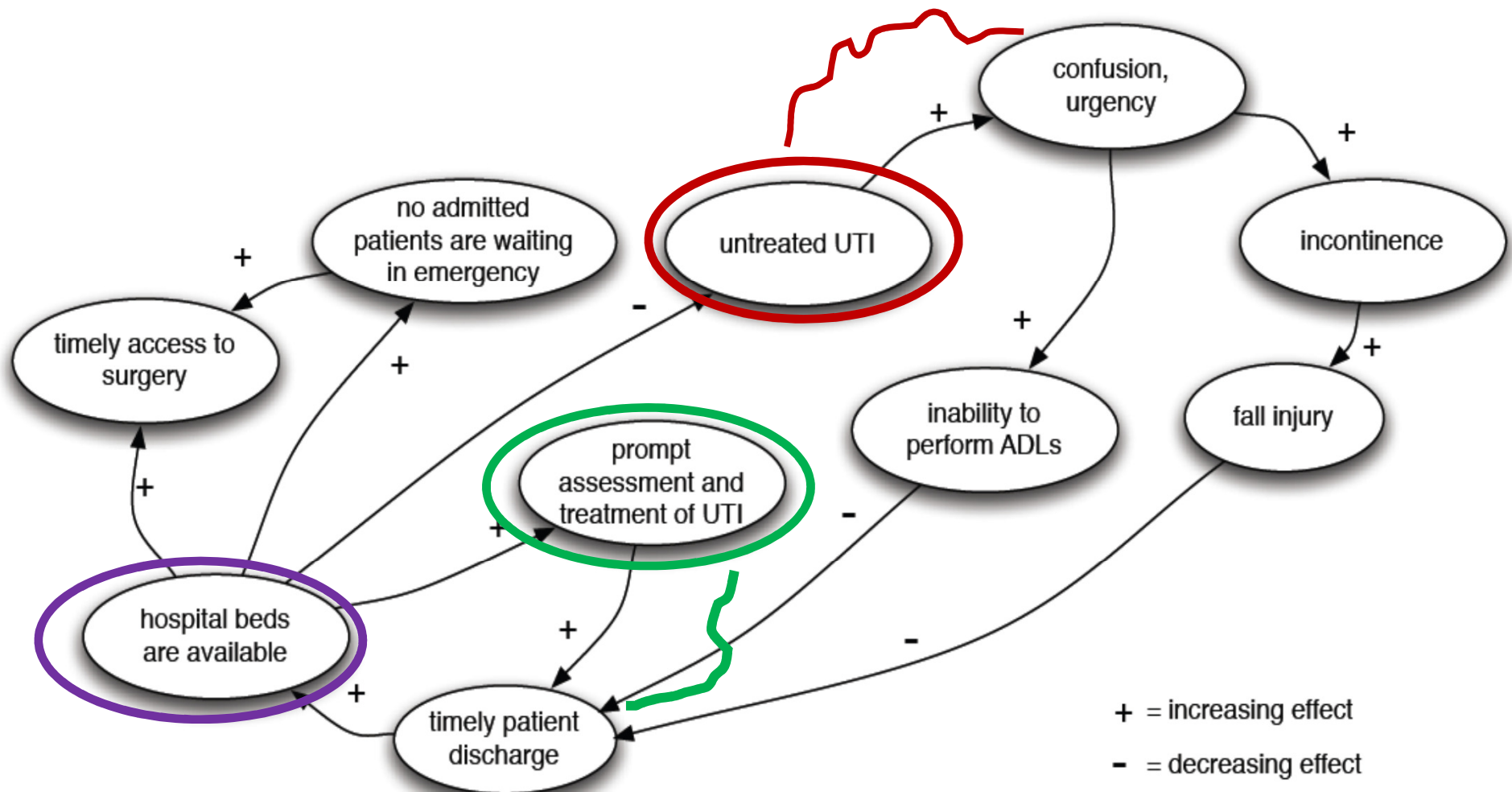
“Patterns of conversation between inter-dependent individuals.... Learning can be understood as qualitative changes in the conversation patterns.”

Baathe and Norback

Systemic impact?



Why is this important?



Understanding networks:

Assessing the legacy of the Global Health Workforce Alliance through the lens of Complex Adaptive Systems



global health
workforce
alliance

Build agreement that system change is necessary

1. Create buy-in for the need for change
2. Encourage systems conversations, within and across levels, and with the public
3. Define a common vision
4. Develop structures and processes to encourage participation
5. Provide resources for the change

Promoting on-going change in a Complex Adaptive System

1. Create a supportive, learning environment
2. Tolerate difference and conflict
3. Encourage risk taking and innovation
4. Take action without perfect evidence
5. Expect adjustments (complex adaptive systems are adaptive)

Sustaining change - lessons for network development

1. Effective network leadership is critical
2. And so is management!
3. Balance “tight” and “loose” approaches
4. Communicate vigorously and strategically
5. Focus goals, priorities, and membership
6. Support shared measurement of progress on agreed goals



Research Expertise for Health System Solutions

www.in-source.ca

A smaller version of the INSource logo, featuring the word "IN" in green and "Source" in blue script, with a green horizontal bar underneath. This logo is located at the bottom of a vertical green bar on the right side of the slide.