

Brief Educational Chapters

The following “chapters” provide a brief learning key opportunity for leaders. The topics are based on insights from the retreats we hosted with ACO leadership teams.

1. **Leadership vs. Management Challenge**
2. **Innovation Management**
3. **Celebrate Moments and Milestones**
4. **Signals of Organization Culture**
5. **Change is everyone’s responsibility**
6. **A leadership mental model for any project**
7. **Population Health vs. Population Health Management**
8. **Complicated vs. Complex**

Chapter 1:

Leadership vs. management challenge

When examining barriers to success, it is important the leadership team can distinguish whether a situation is a management challenge (need) or a leadership challenge (need).

Notes: Thought leaders on leadership theory have long espoused the importance of understanding the difference between leading and managing. John Kotter, an internationally recognized thought leader in the field of leadership and change management, has penned several books and articles on leadership that offer many points the MH leadership team might consider reviewing. One notable article is titled, “What Leaders Really Do” - <https://hbr.org/2001/12/what-leaders-really-do>. A summary of the key points in the article is outlined in the table below (Table 1).

LEADERSHIP	MANAGEMENT	NOTES
Setting direction	Planning & Budgeting	Leaders don’t create plans; they establish vision and define strategy.
Aligning people	Organizing and staffing	Managers “organize” to create human systems that can implement plans as precisely and efficiently as possible.
Motivate people	Problem Solve	Managers identify current status and set specific improvement targets, then organize the people and define the processes that can achieve the targets. Leaders clearly articulate the vision, motivate and support managers efforts to achieve the vision

Chapter 2:

Innovation management

The ability to sustain past success and “leap” to new performance levels requires a clear understanding of the difference between improvement and innovation. Quality improvement (QI), as defined by the Agency for Healthcare Research and Quality (AHRQ), is a “framework to systematically improve the ways care is delivered to patients. QI entails continual efforts to achieve stable and predictable results; that is, to reduce process variation and improve the outcomes of these processes both for patients and the health care organization and system.” Certainly, continual improvement is an essential component of organizational success, and a means to reach new levels of performance unseen previously; even “breakthrough performance”, potentially. Yet, often, within the realm of QI programs, we are seeking to get better at what we are already doing. We are striving to improve existing capabilities within the current healthcare mindset and we typically have 1) an understanding of the question we need to ask regarding the problem, 2) a clear idea of the new standard (measure) we need to reach and 3)

the key skill required to solve the problem. Innovation may also fit within these boundaries as well – the activities, operational structures and methods are not mutually exclusive. For example, “sustaining innovation” is a type of innovation discipline working to get better at what the organization is already doing, to improve existing capabilities. Similar to improvement projects, a leadership team might select a sustaining innovation tactic when the problem and skills required are well defined.

Many, such as Gary Hamel, a London Business School professor described by Fortune magazine as “the world’s leading expert on business strategy,” advocate for leaders to move beyond focusing solely on product or process innovation. Per Mr. Hamel, “to stay ahead of rivals, you must become a serial management innovator, systematically seeking breakthroughs in how your company executes managerial processes.” Mr. Hamel’s Harvard Business Review (HBR) article titled, “The Why, What and How of Management Innovation” offers ideas for becoming a “serial management innovator.” (<https://hbr.org/2006/02/the-why-what-and-how-of-management-innovation>). Vijay Govindarajan, also a management strategy thought leaders, offers another methodology for instituting a culture of innovation, called the “The Three Box Solution: A Strategy for Leading Innovation” – also a book recommended by a MH ACO leader.

Other statements that help distinguish between improvement and innovation are:

- An improvement that only meets market standards or reacts to performance levels (or innovations) already introduced by competitors is not “innovation.” It is playing catch-up.
- An improvement initiative that does not differentiate your organization from competitors is not “innovation.” You are just improving the current way of working within the existing system constraints.
- Achieving an improvement target that competitor scan copy is not “innovation.” It is a temporary advantage.

Chapter 3:

Celebrate moments and milestones

Chip and Dan Heath are internationally known authors with several high-profile books. A recently published book called, “The Power of Moments: Why Certain Experiences Have Extraordinary Impact,” describes their research examining how experiences “jolt, elevate and change us.” They found the most memorable moments – “memories that matter” - are dominated by four elements: elevation, insight, pride and connection. A brief summary of the four elements are below:

- Elevation: Moments that rise above the routine, leading us to feel engaged, joyful and motivated. The authors found organizations under-invest in moments of “elevation”; choosing instead to focus on “filling potholes.”
- Insight: Moments that deliver realizations and transformations. To achieve these moments, we must set “stretch” goals that push us to think beyond the current work system; placing the team in situations that involve the risk of failure.
- Pride: Moments that commemorate achievement. To do so, leaders might consider 1) building a culture of recognizing others, 2) establishing multiple milestones – “finish lines” - within initiatives and 3) practicing courage.
- Connection: Moments that binds the team together. The authors highlight that groups (teams) unite when they struggle together toward a meaningful goal.

One method for instituting “moments” is “phase-gates.” When designing initiatives, plan for interim checkpoints – “phase-gates” – over the course of the initiative – at regular intervals - that confirm the initiative is achieving the desired outcomes and recognizing both opportunities to alter the path and to recognize success, including desired behaviors.

FYI: A phase-gate process is a project management technique in which a project is divided into distinct stages (or phases), separated by decision points focused on go-no-go decisions and evaluating key lessons learned.

Chapter 4:

Signals of Organization Culture

The behavior and actions of leaders implicitly and explicitly “signal” the social values and belief system of the workforce, which shape how individual interact with each other, their commitment to the organization’s mission and the organization’s ability to achieve the desired performance. In turn, these social values drive the culture of the organization, or the entrenched behaviors of groups as a whole and the ideas of what is acceptable behavior and how decisions should be made.

**Leaders might consider two forms of “signals” that drive the social and cultural values of the organization:
1. Physical, and 2. Behavioral.**

Physical Signals: Physical signals relate to the production of formal messages in the form of 1) performance dashboards, including both the measures themselves and the performance levels considered red, yellow, green, 2) external marketing, 3) leadership messages and 4) company bulletins, and others.

Behavioral Signals: Behavioral signals pertain to the behaviors promoted and accepted by leadership and within teams. Focusing here on leaders, it is important for leaders to examine their emotional intelligence and the impact on both the social and cultural values of the organization, as well as overall performance.

Daniel Goleman, best known for his thought leadership on emotional intelligence has written several articles and books on the topic. A recent article in Harvard Business Review, titled “Emotional Intelligence Has 12 Elements. Which do you need to work on?”, highlights the latest insights from 20+ years of research insights. (https://hbr.org/2017/02/emotional-intelligence-has-12-elements-which-do-you-need-to-work-on?referral=03758&cm_vc=rr_item_page.top_right#comment-section).

Below is an image posted in the article listed above that highlights the storyline.

SELF-AWARENESS	SELF-MANAGEMENT	SOCIAL AWARENESS	RELATIONSHIP MANAGEMENT
Emotional self-awareness	Emotional self-control	Empathy	Influence
	Adaptability		Coach and mentor
	Achievement orientation	Organizational awareness	Conflict management
	Positive outlook		Teamwork
			Inspirational leadership

Image 1: Emotional Intelligence Domains and Competencies

Chapter 5:
Change is everyone's responsibility.

In her 2012 keynote presentation at the Institute for Healthcare Improvement (IHI) National Forum on Quality Improvement in Health Care, IHI CEO Maureen Bisognano declared that everyone in healthcare has two core responsibilities: to do the work and to improve how the work is done. Regardless of the strategy – quality improvement, LEAN, innovation – leaders have a responsibility to institute the processes, structures and social and culture values that ensure each person – from executive to front-line staff – understands their role in optimize organizational performance and is setup to succeed as a positive team contributor.

Chapter 6:
A leadership mental model for any project.

The interview guide – guiding the Dartmouth-ACLC Leadership Cohort – provides a mental model the MH organization and project leaders can use for any size initiative, ranging from strategic change strategies to focused change initiatives such as the Bindery platform. The 13 core questions in the guide challenge leaders to always consider whether there is a “compelling message for change,” if workforce perceptions of importance and self-efficacy are considered in the implementation plan, if leaders guiding the initiative are appropriately trained on leadership skills – including emotional intelligence, if there is a culture of accepting “disciplined failure,” and others.

Chapter 7:

Population health vs. population health management.

The debate concerning the role of healthcare has been carrying on in society for generations. Over the past two decades, a component of the discussion has been focused on accurately defining "population health" vs. "population health management."

In 2003, David Kindig and Greg Stoddart proposed the following definition for population health, "the health outcomes of a group of individuals, including the distribution of such outcomes within the group." Building on Evans, Barer and Marmor 1994 book, *Why Are Some People Healthy and Others Not? The Determinants of Health of Populations*, one of the most influential contributions to our understanding of population health, Kindig's and Stoddart's articulation of the definition stirred discussion about the role of healthcare and the importance of considering social determinants of health and the distribution of outcomes among subpopulations. More recently, pay-for-value payment models, such as accountable care organizations (ACOs) have narrowed the focus of healthcare to only include attributed populations and performance goals related to a more narrow operational definition - outcome and process measures - of population health that include: improving the individual experience of care; improving the health of populations; and reducing the per capita costs of care for population. With this narrower definition, ACOs and other performance-based systems are "population management" or "population medicine" models that design, deliver and measure health care services based on a defined population. The Venn diagram below depicts the relationship between "population health" and "population health management."

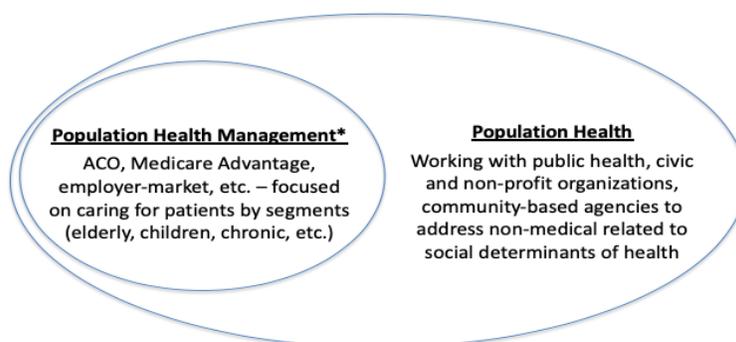


Image 2: Population Health vs. Population Health Management

*Population Medicine

Chapter 8:

Complicated vs. complex.

As Rick Nason, an associate professor of finance at Dalhousie University's Rowe School of Business, ably explains in his new book, *It's Not Complicated*, if you manage complex things as if they are merely complicated, you're likely to be setting your company up for failure. Complicated problems can be hard to solve, but they are addressable with rules and recipes, like identification/stratification algorithms for understanding and serving the needs an assigned population. These types of problems can also be resolved by clearly defining the scope of practice – the system – breaking down the system into component parts and workflows and setting up the team structures and measures to manage the system. In a complicated system, the operators can predict the outcomes by knowing the starting position or have a reference (benchmark) by which they can determine the target performance goal. Whereas, complex problems involve many unknowns and interrelated factors that operate in patterns whose interactions are constantly changing – all of the elements in the system are interacting continuously and unpredictably. The complexity of an environment is determined by the number of interactive, interdependent and diverse elements.

It is important that leaders understand how to simultaneously approach both the complicated and complex scenarios their organizations face. System thinking, as advocated by Russel Ackoff and others, offer points that provide a mental model for leaders. The essence of systems thinking is encapsulated in the concept of systemic wholeness, which is grasped by looking at the whole instead of the parts, recognizing a complex system involves an interconnected set of functionally related components. Failing to consider the systemic properties as derived from the interaction of the parts leads to sub-optimization of the performance of the whole. System thinkers advocate for applying synthesis – explaining the role of a part within a larger system – vs analysis – focusing on gaining knowledge of a single part within a system – when seeking to under a complex system. Further, system thinkers replace reductionism – the belief the everything can be reduced to individual parts – with an approach coined "expansionism," or the belief that a system is a sub-system of a larger system.