

ACHSM Australasian College of
Health Service Management

Brilliant Leadership For Healthy Communities



NETWORKING HEALTH VICTORIA
Networked health is better health

Healthcare for All – A Global Health Leadership Challenge of Sustainability

*Regional Conference of the Hong Kong College of Health Service
Executives (HKCHSE)*

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26 July 2014



Health Leaders -12 months later



12 months later- So what has changed?



Need New Mental Models to Meet C21st Challenges

Unlimited Health Service Demand – Sustainability?



ACHSM Strategic Plan 2013-16

Goal 1

A health workforce
equipped to lead
innovation &
improvement

Goal 2

Professionalise
health management
to drive quality &
value

Goal 3

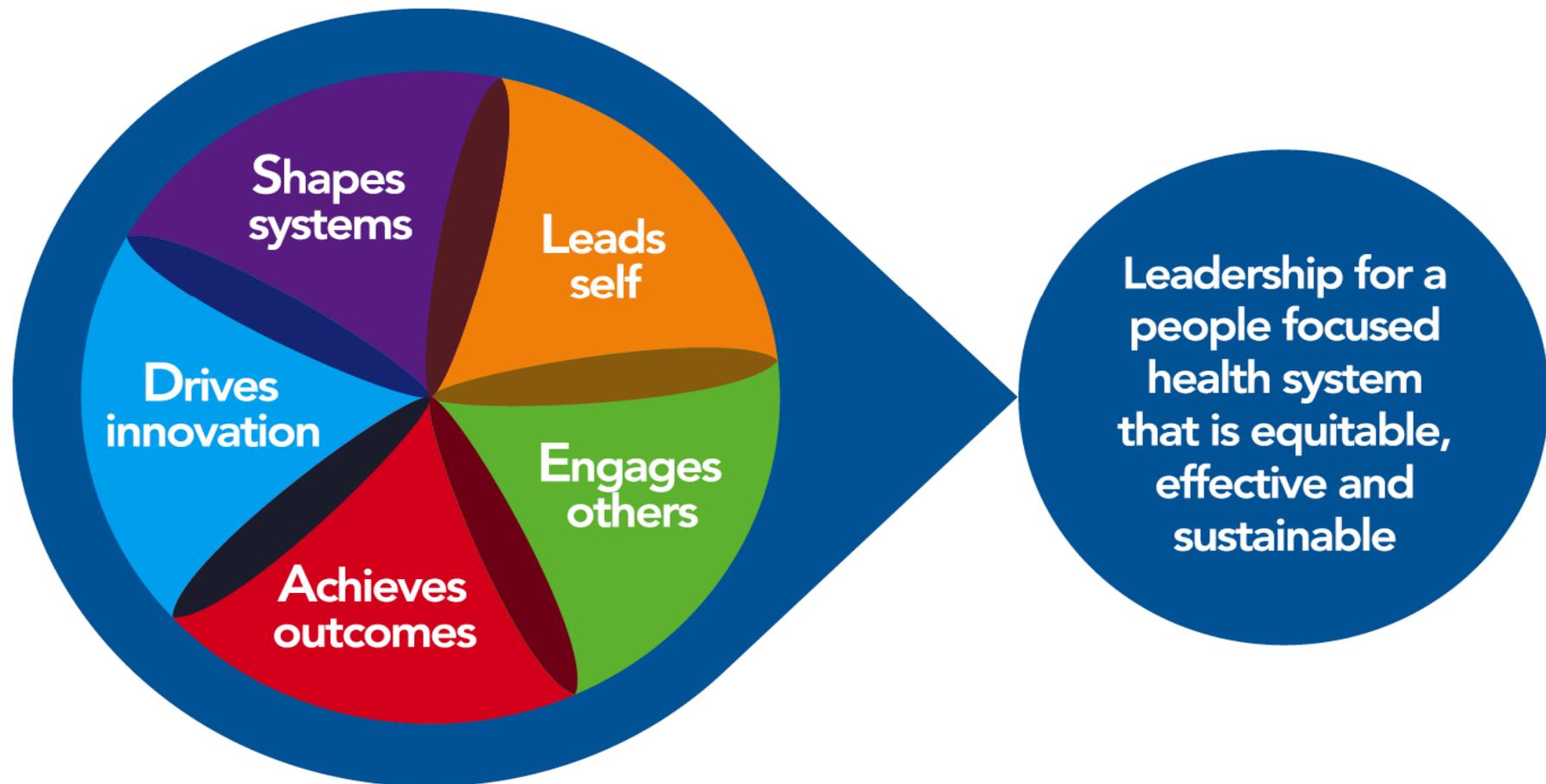
Thought
leadership for
transformational
change

Goal 4

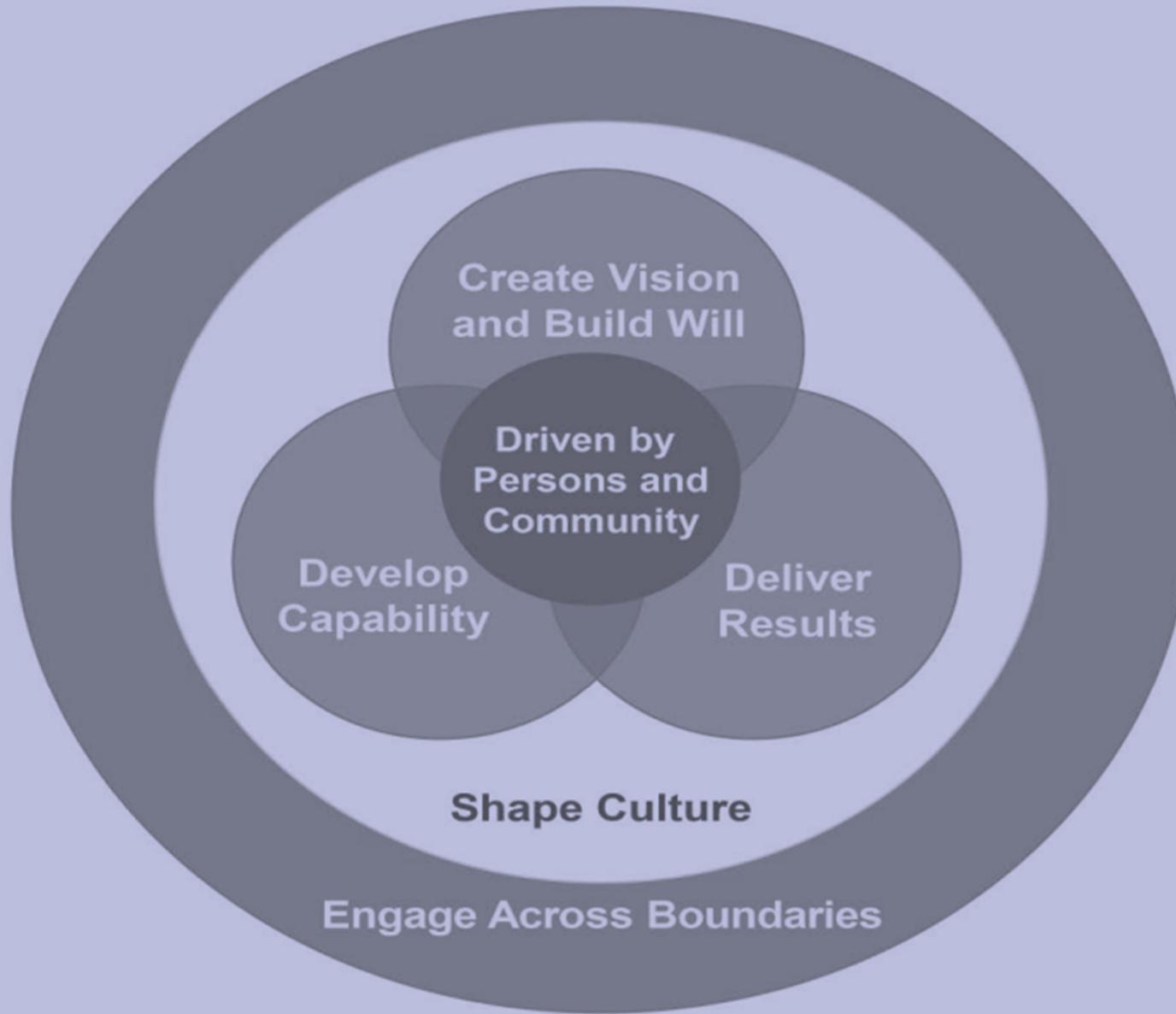
A sustainable &
vibrant College for
the future

The Framework

Health LEADS Australia



Role of High-Impact Leadership In Achieving Sustainability IHI



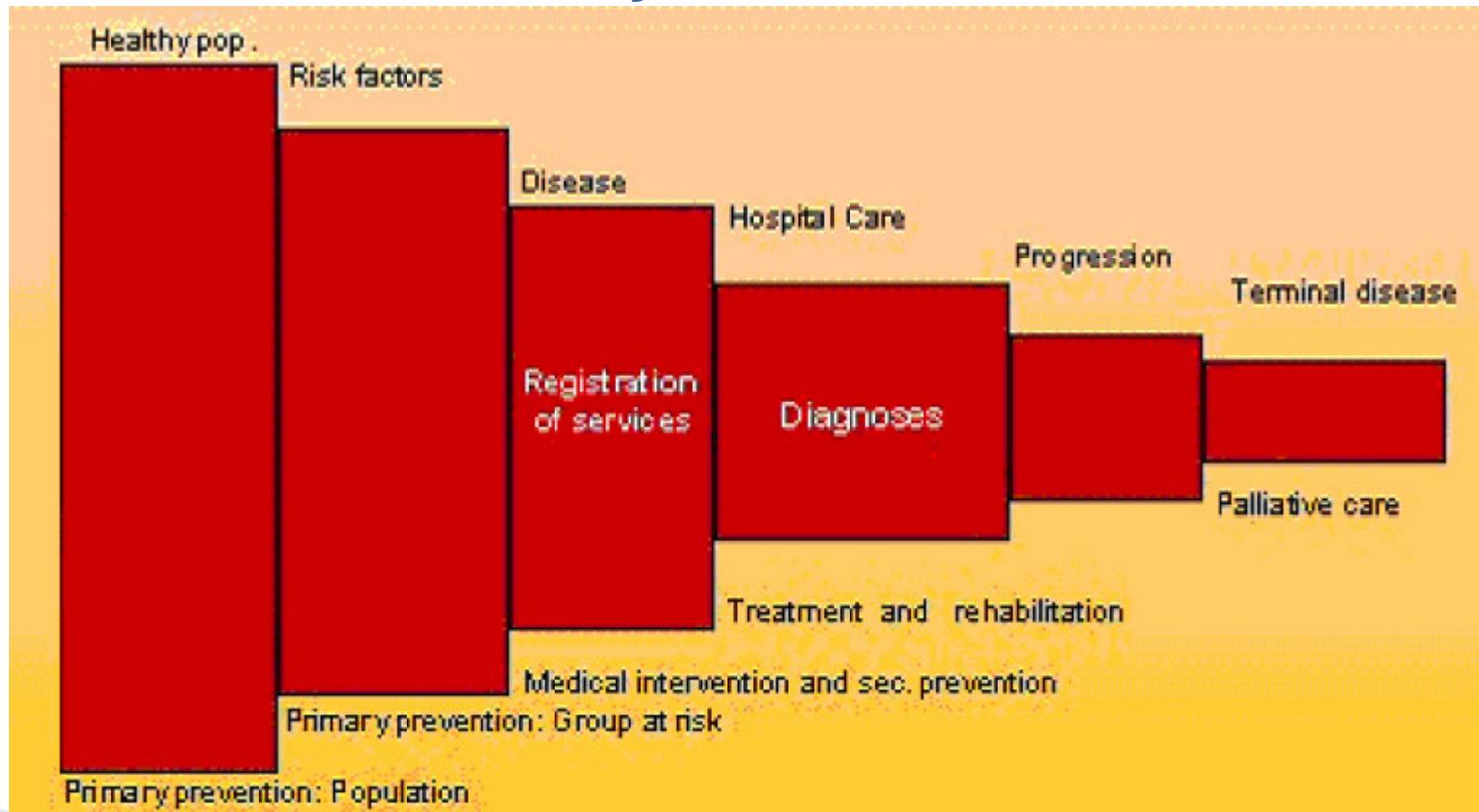


Health Leader's Role - Maximise Value for Consumers and Achieve System Sustainability

- i. How do we achieve the best outcome for the lowest cost to the taxpayer?
- ii. How do we move from a supply driven health care system organised around physicians to a patient-centered system organised around what the patient expects?
- iii. How do we move from volume and profitability of services to good patient outcomes?
- iv. How do we design a health system around appropriateness of care that is sustainable?

Challenge of Chronic Illness in the Community

The Continuity of Care Model



Sunol R, Carbonell JM, Nualart L et al. Towards health care integration: The proposal of an evidence and management system-based model. *Med Clin* 1999; 112 suppl 1:97-105.

Restoring Sustainability to the Health System

Primary Prevention

- Lifestyle change
- Smoking
- Exercise
- Diet
- Encouraging personal responsibility for health

Secondary Prevention

- Early intervention
- Screening

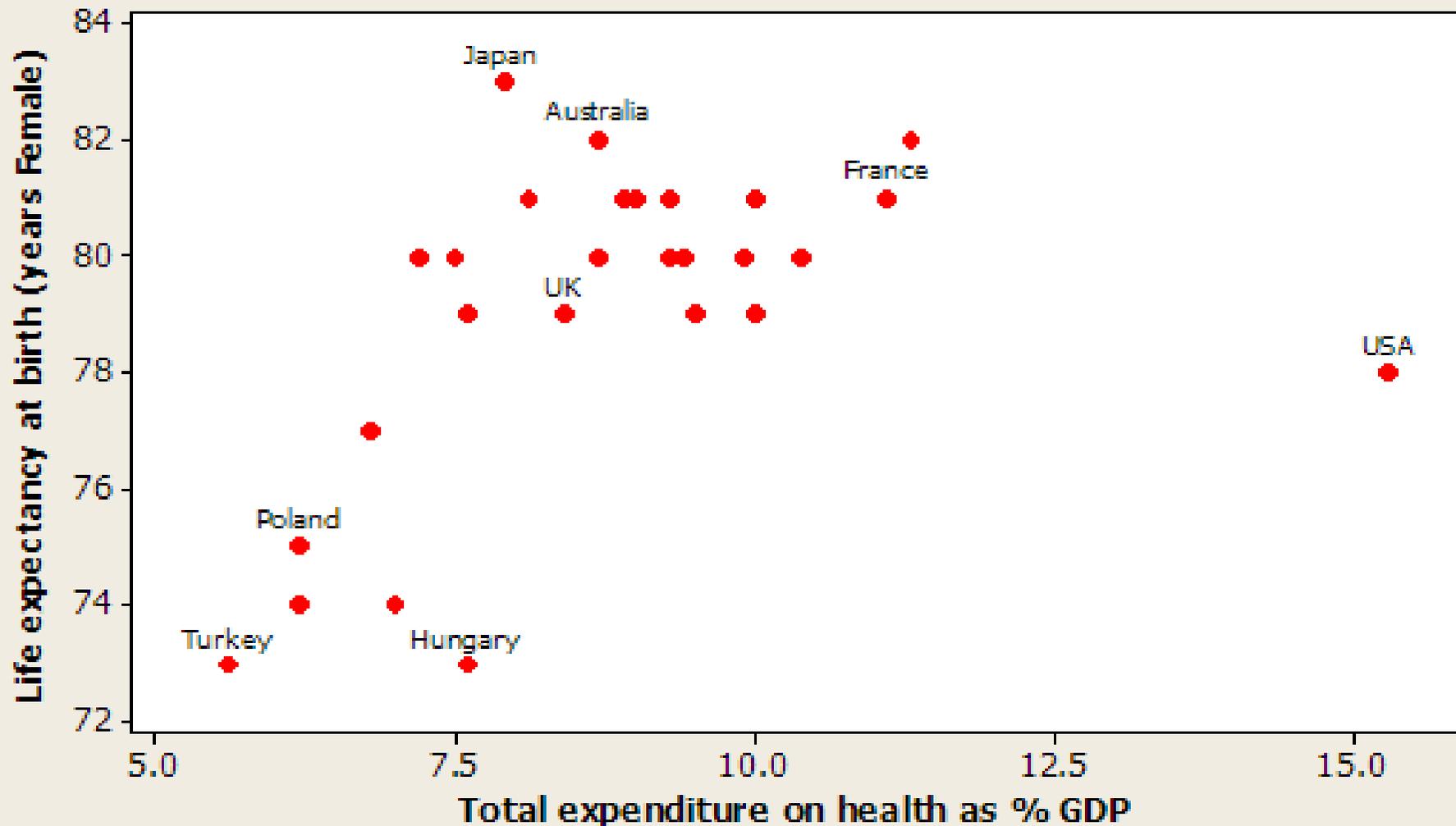
Integrated Service Delivery

- Patient centered care
- Continuity of care
- Reduced fragmentation

Advance Care Planning & End of Life

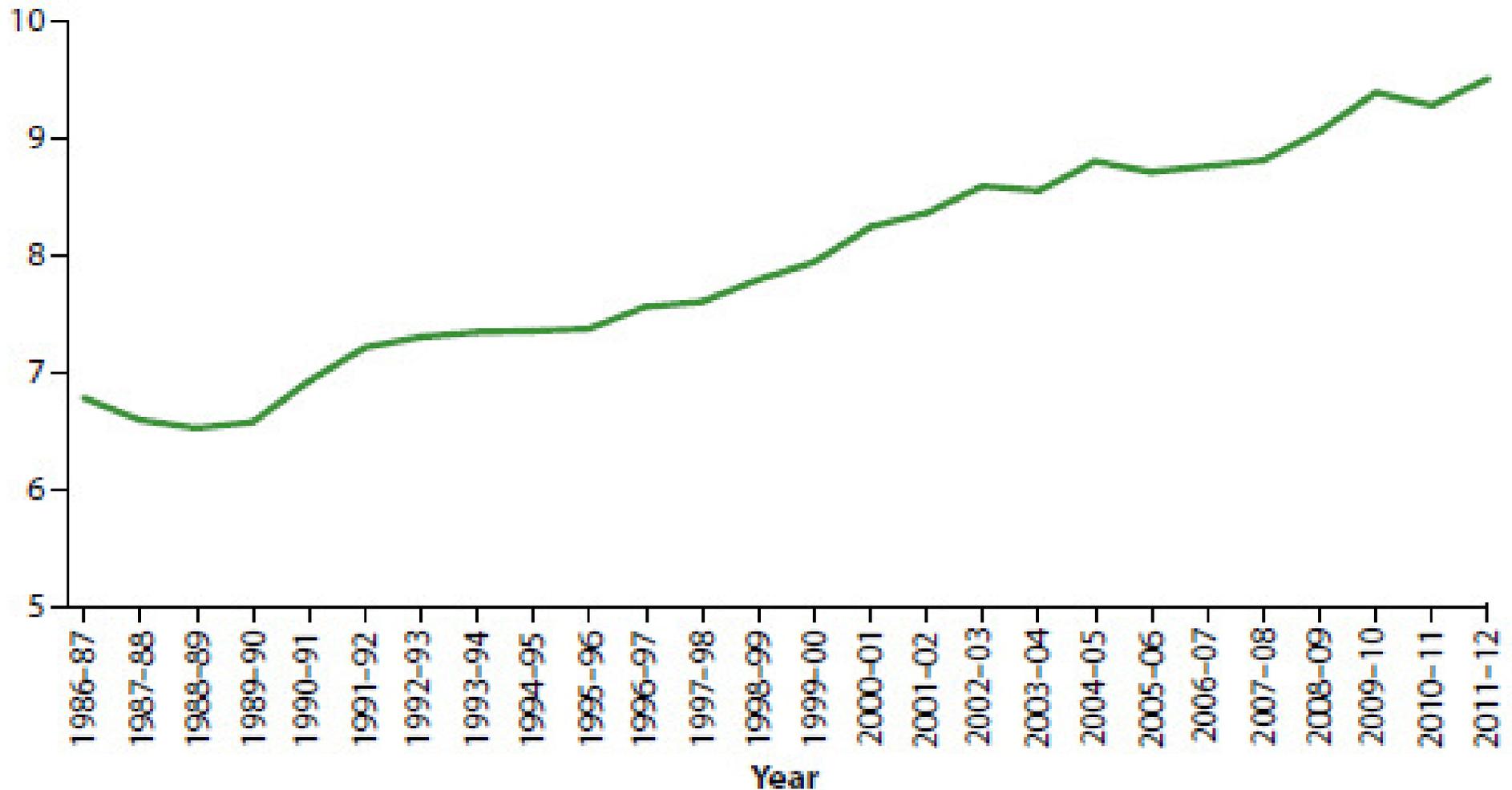
- Respecting patient choices
- Reduce ICU useage
- Dying at home as a good outcome

Medical Care Spending (% of GDP) vs Life Expectancy



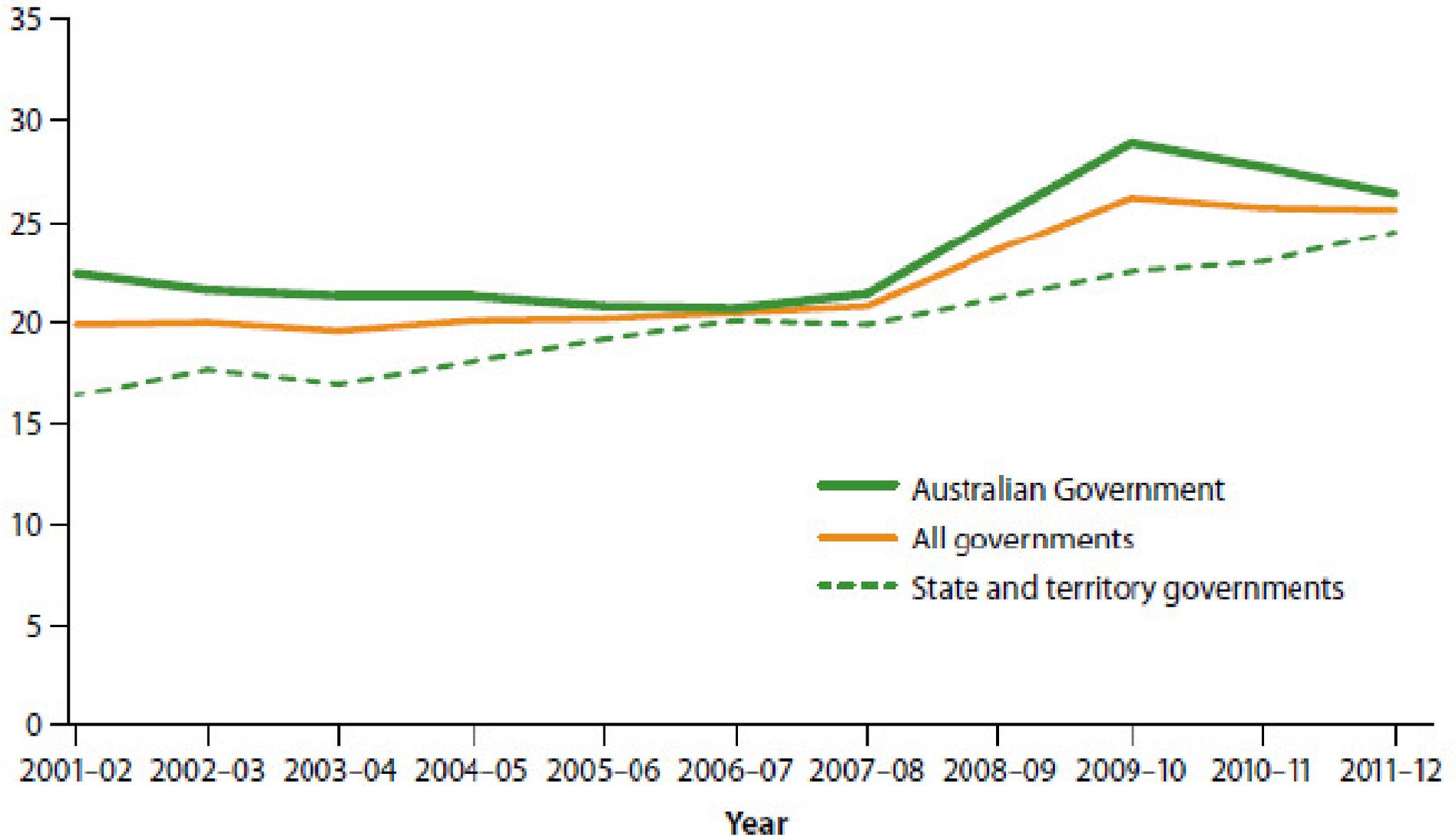
Total Australian health expenditure to GDP ratio over last 25 years , 1986-87 to 2011-12

Health expenditure to GDP ratio (per cent)

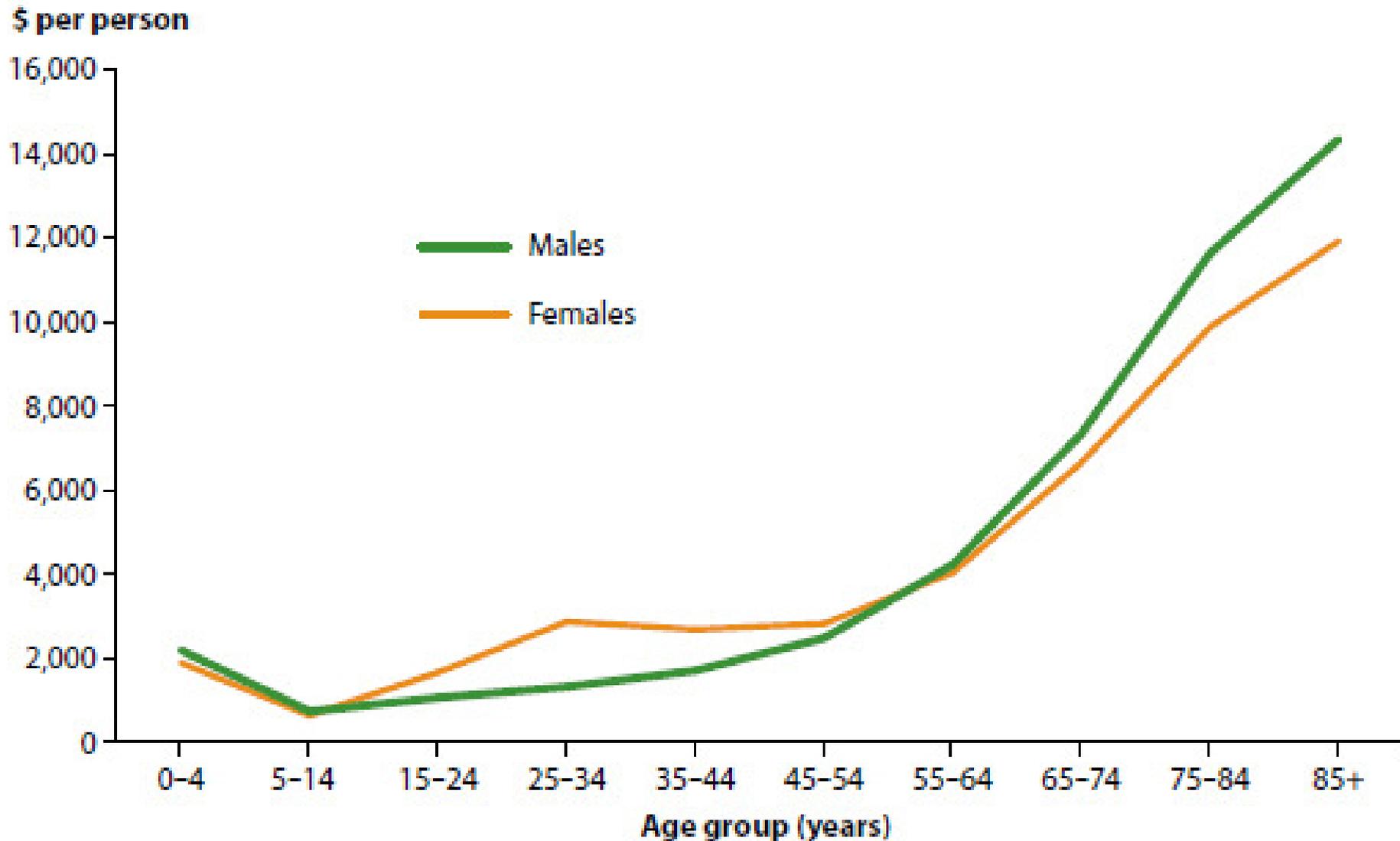


The ratio of health expenditure to tax revenue across all governments, current prices, 2001-02 to 2011-12 (per cent)

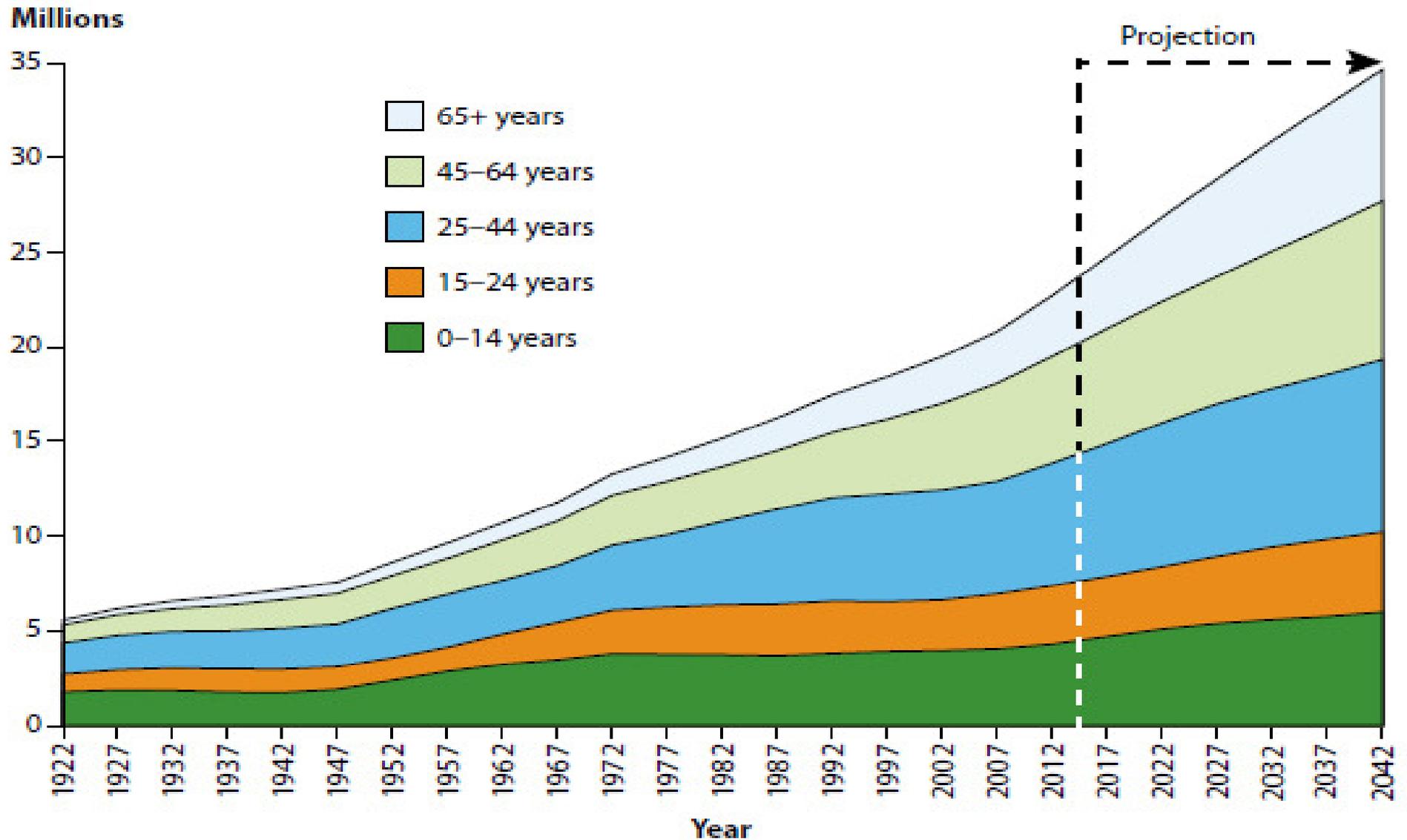
Expenditure to revenue ratio (per cent)



Allocated health expenditure per person, by age and sex, 2008-09



Historical and projected Australian population, by age, 1922 to 2042



Ageing & Reported conditions



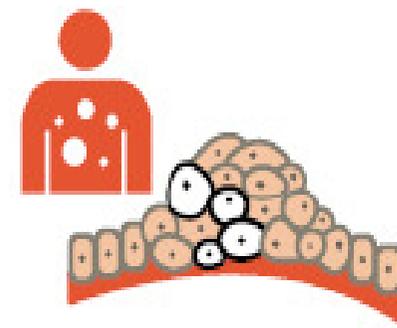
22%

Heart disease, stroke and
vascular diseases



15%

Diabetes

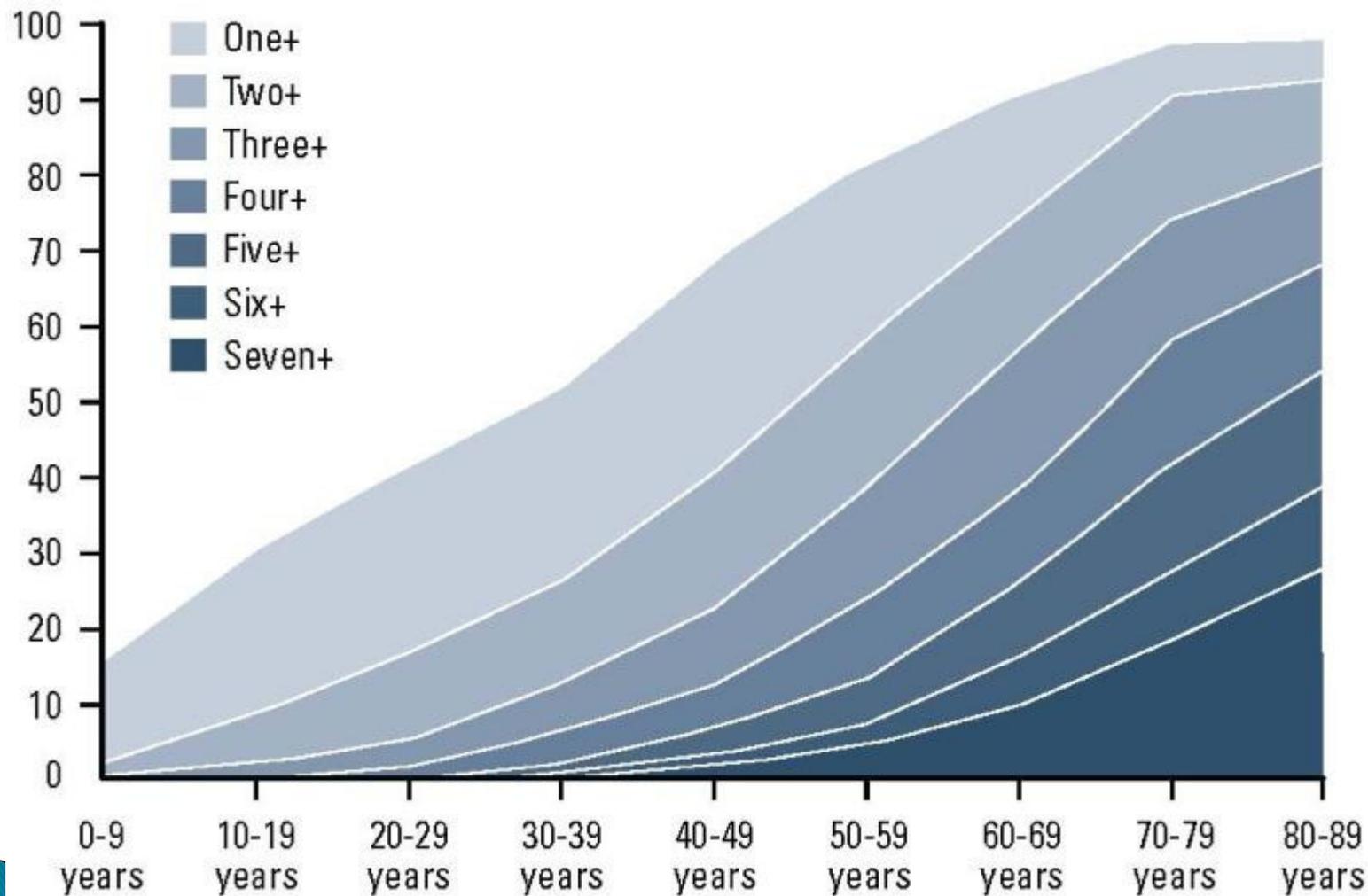


7%

Cancer

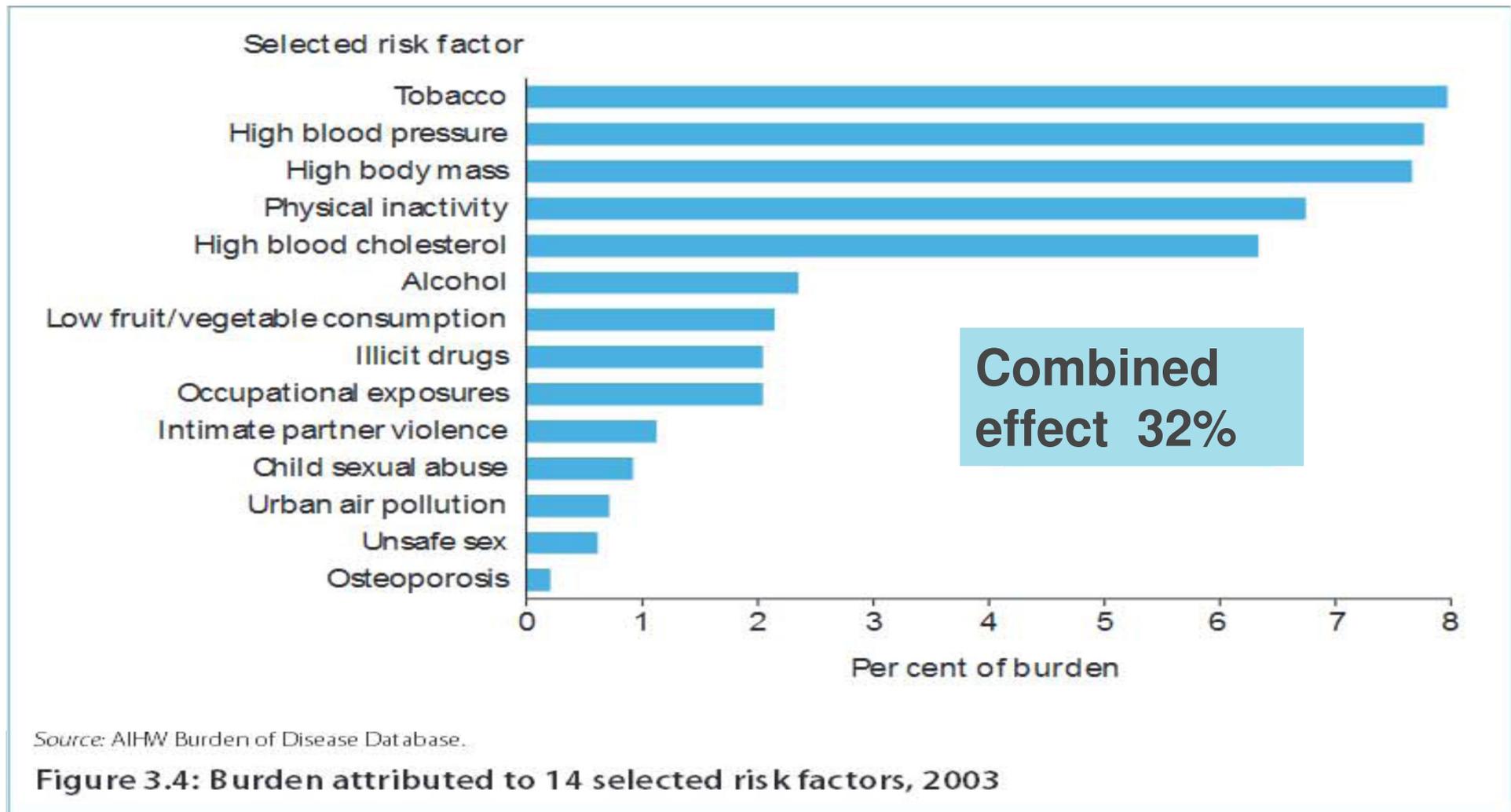


Challenge of Chronic Illness in the Community



Britt H., Miller G., & Henderson J., 'Multimorbidity' Australian Family Physician, Vol 42, 12, Dec 2013

Challenge of Chronic Illness in the Community



PRIMARY HEALTH CARE REFORM FRAMEWORK

Regional Integration



- Integration of public and private services
- Health Pathways
- Integrating assessment & advice lines into health pathways
- Developing advanced care planning systems
- Patient-centred medical home
- Better health care management in Aged Care Homes
- Prevention, screening & early intervention



Information & Technology

- eHealth adoption
- Establishing a coordinated telehealth system
- Information provision in EDs about available after hours services
- Community education regarding service options



Infrastructure

- Improved PHC infrastructure



Skilled Workforce

- Development of the primary health care workforce especially Allied Health Services
- Support for placements of health care students in PHC

Health Challenges

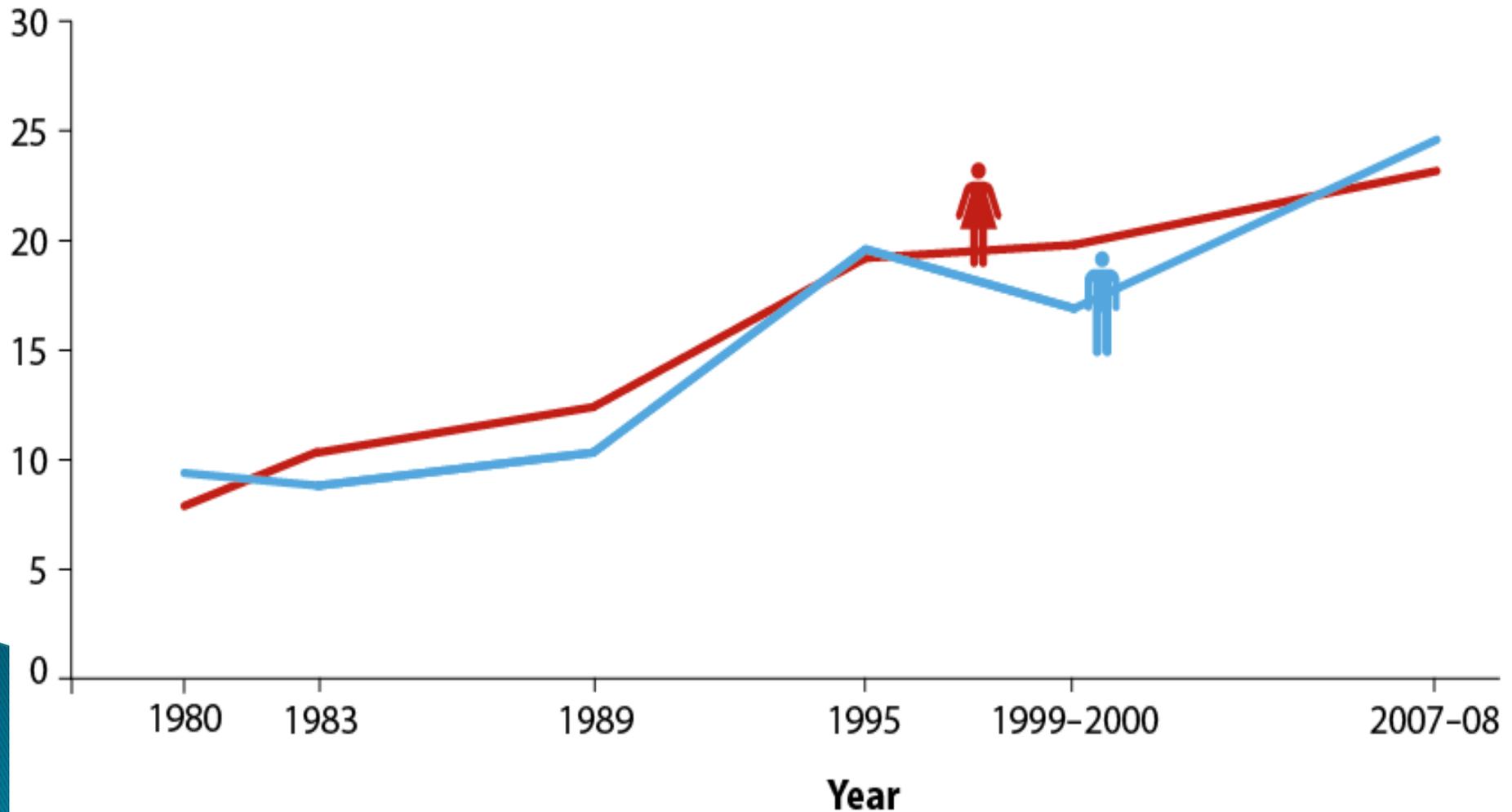
Report reveals obesity rates in the Loddon Mallee Murray Medicare Local region are the highest in Australia

LMMML Website Administrator - Thursday, October 24, 2013



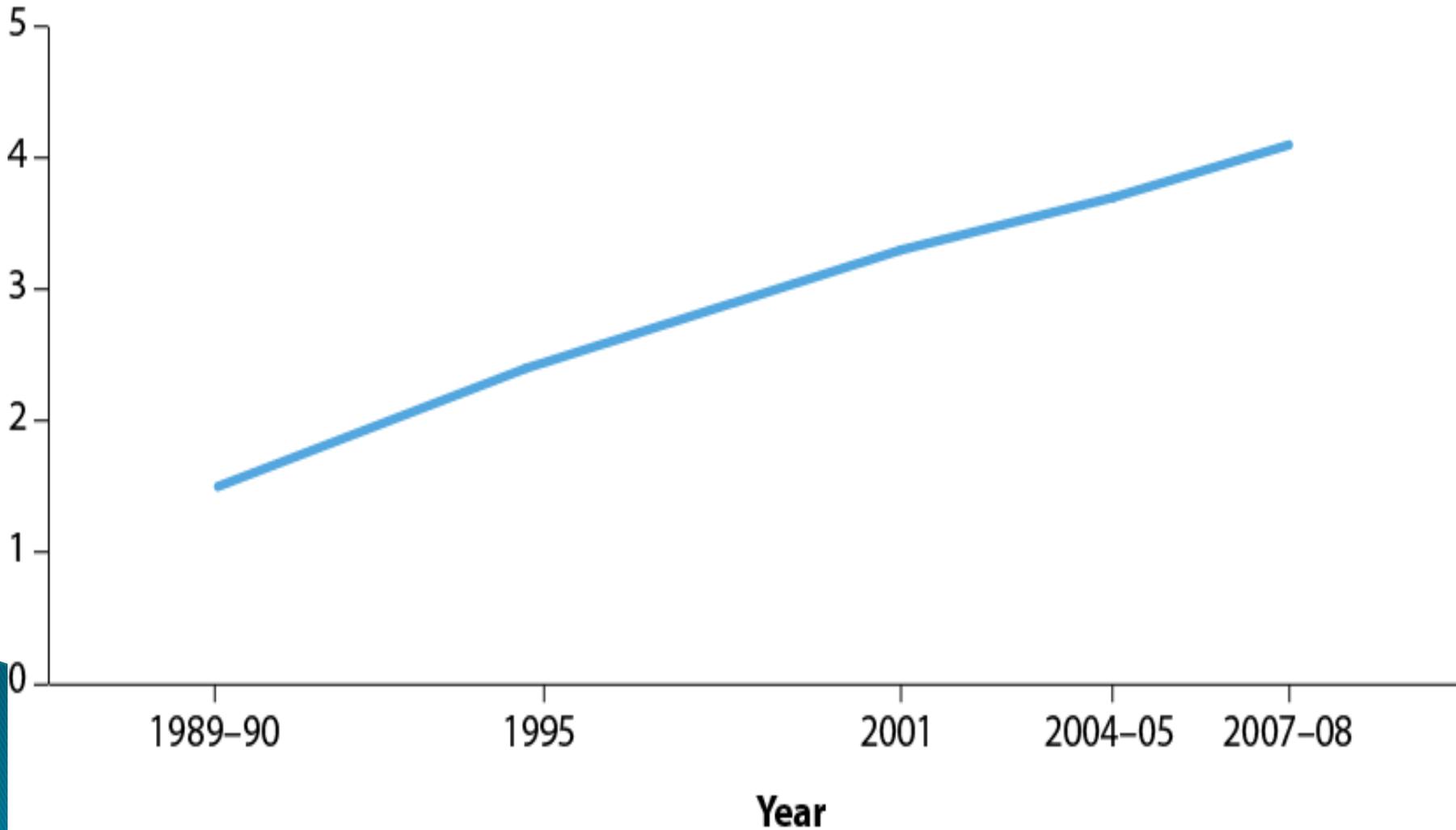
Obesity prevalence among people aged 25–64: trends

Per cent



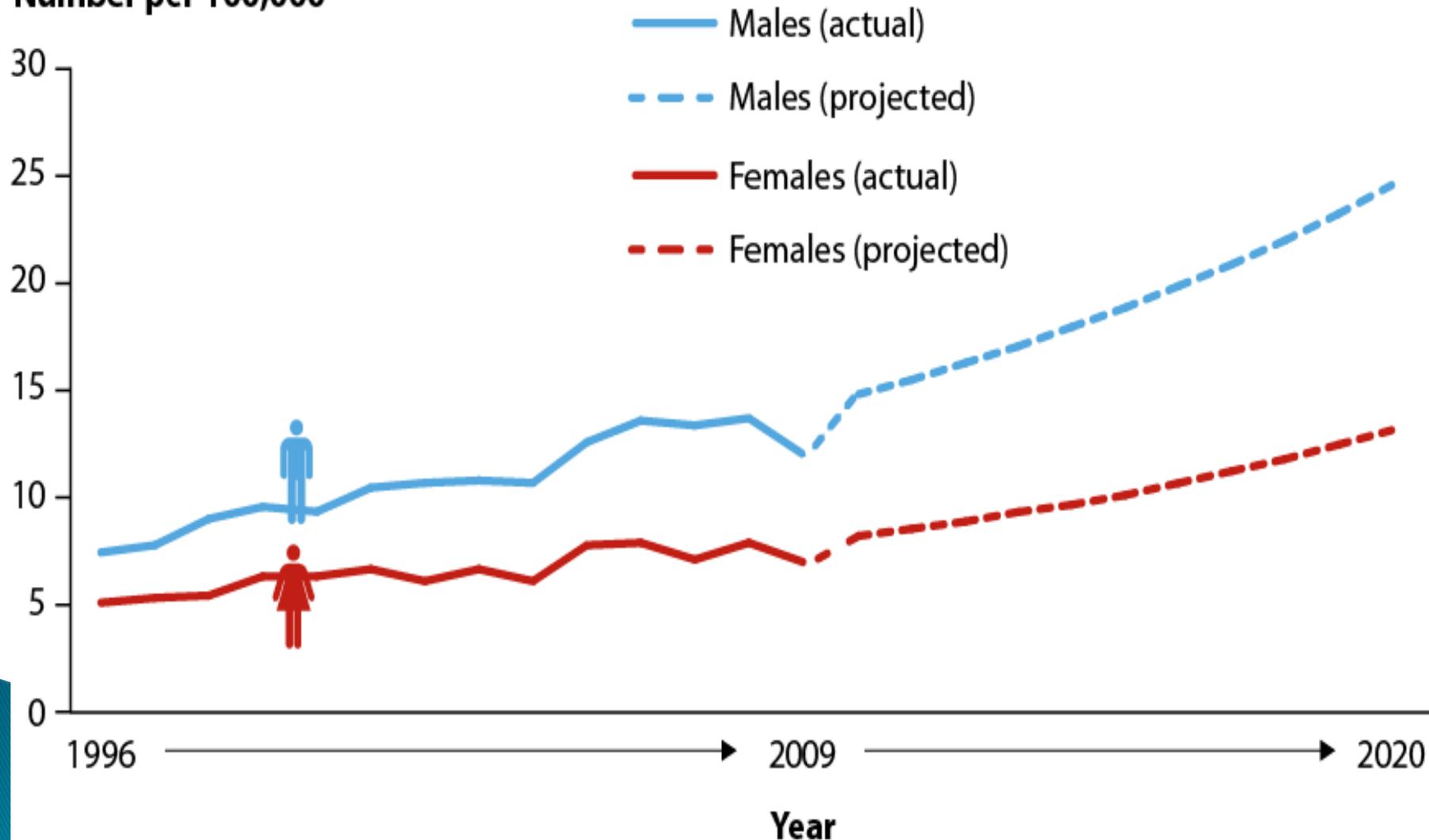
Diagnosed diabetes: trend

Per cent



New cases of treated ESKD: trends and projections

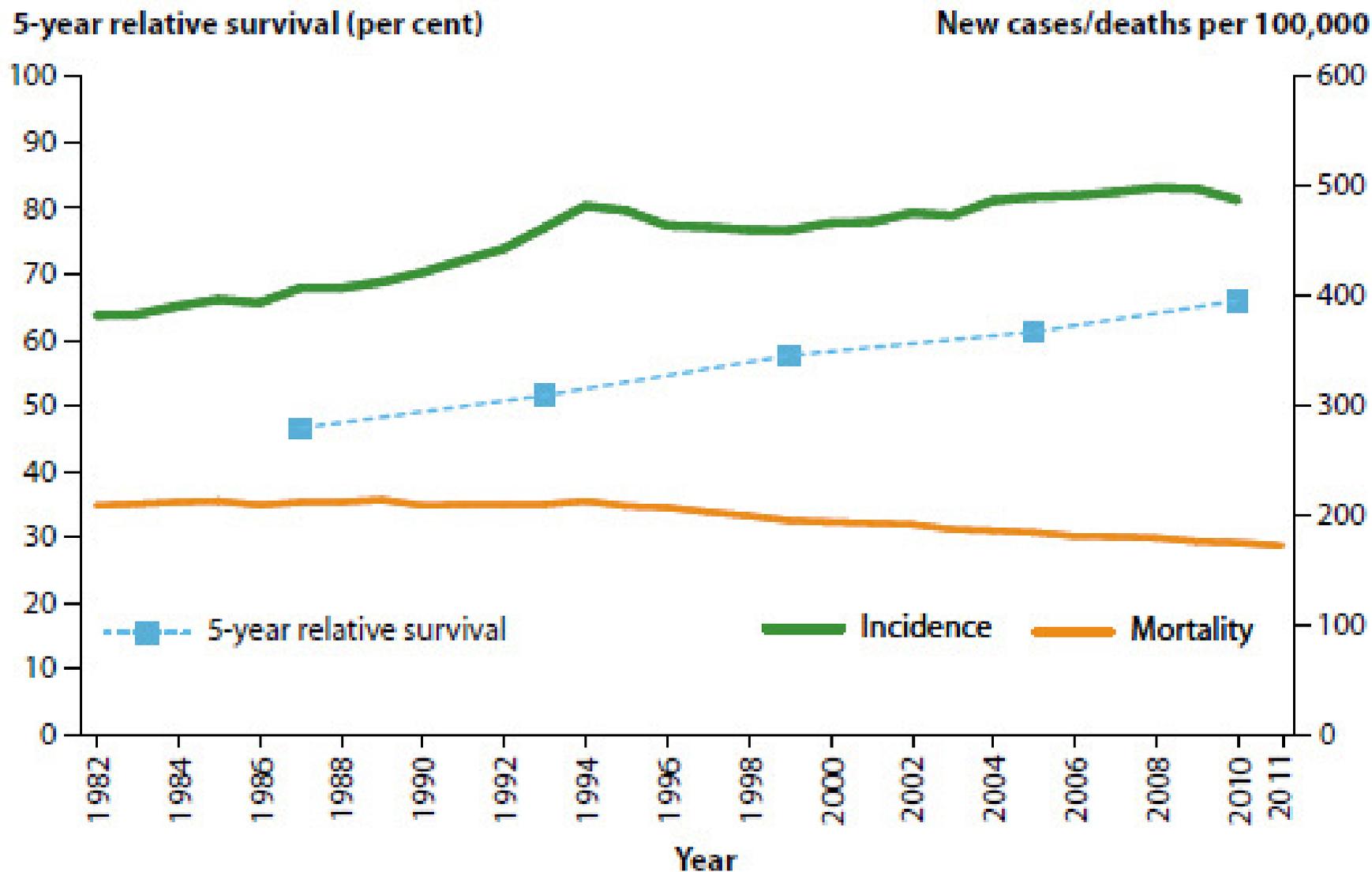
Number per 100,000



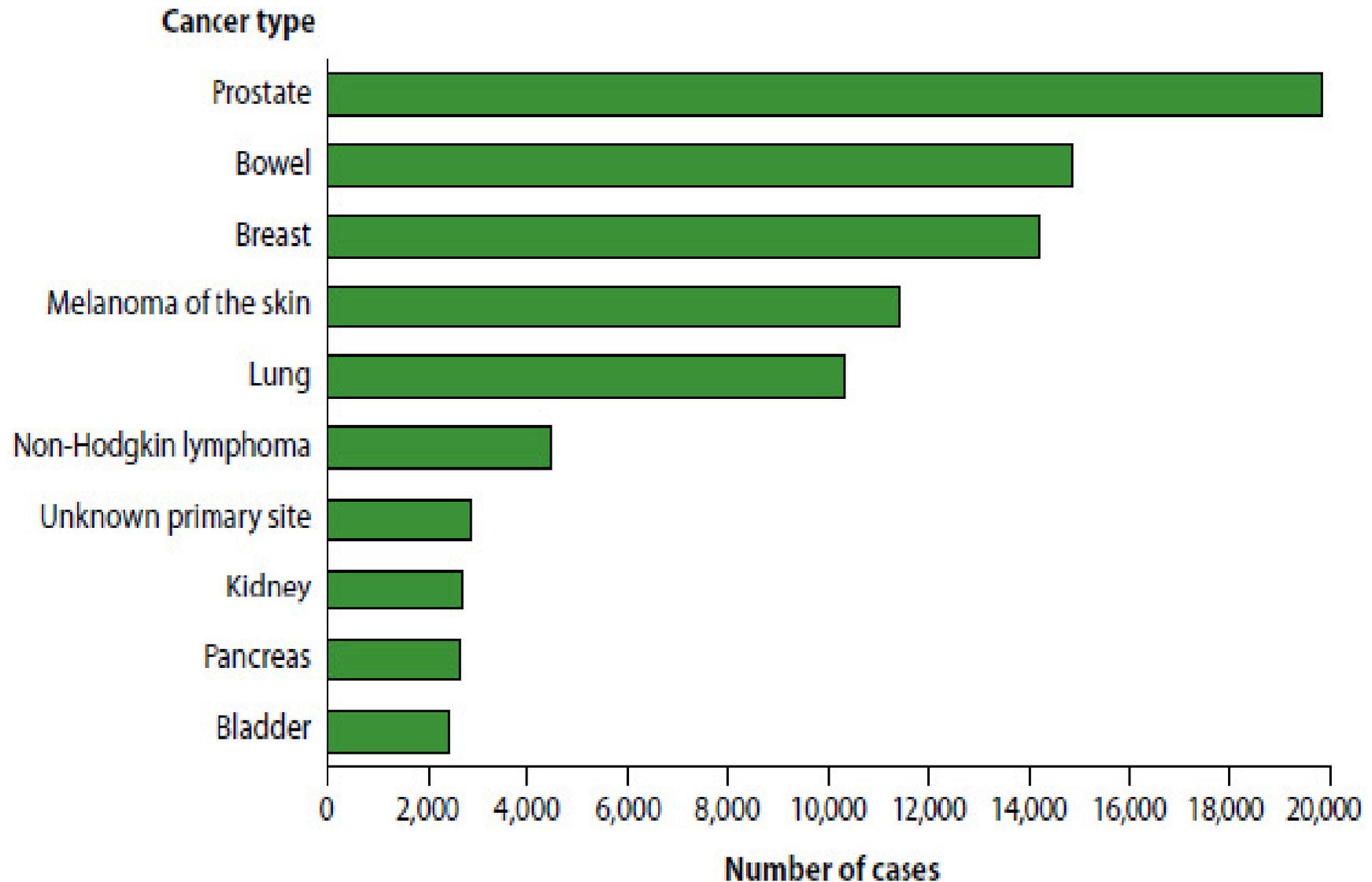
Life expectancy of men and women reaching the age of 65 in 2012 - 6th in OECD countries 2011



Incidence, mortality and 5-year relative survival of all cancers combined, Australia

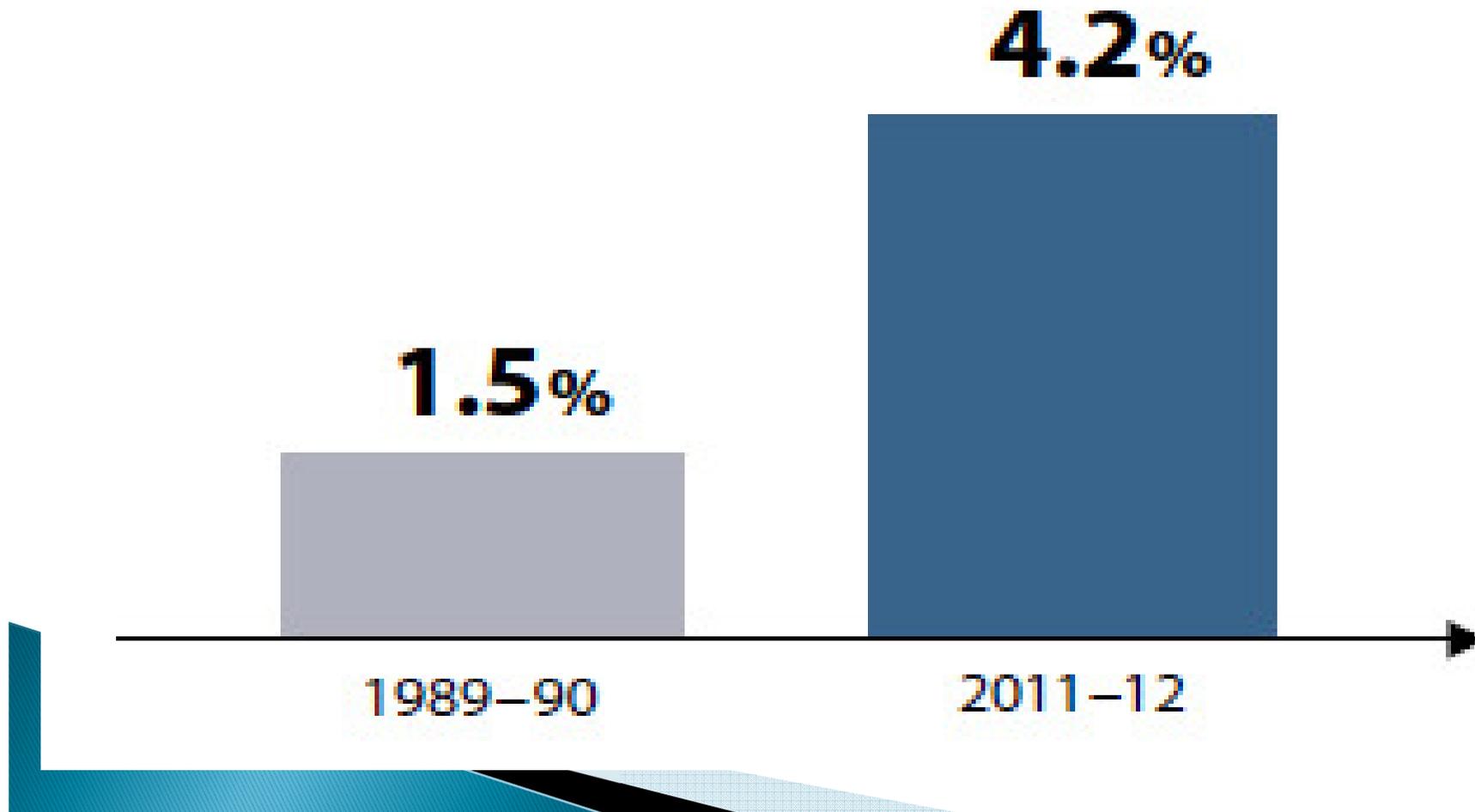


Incidence of the 10 most commonly diagnosed cancers, 2010



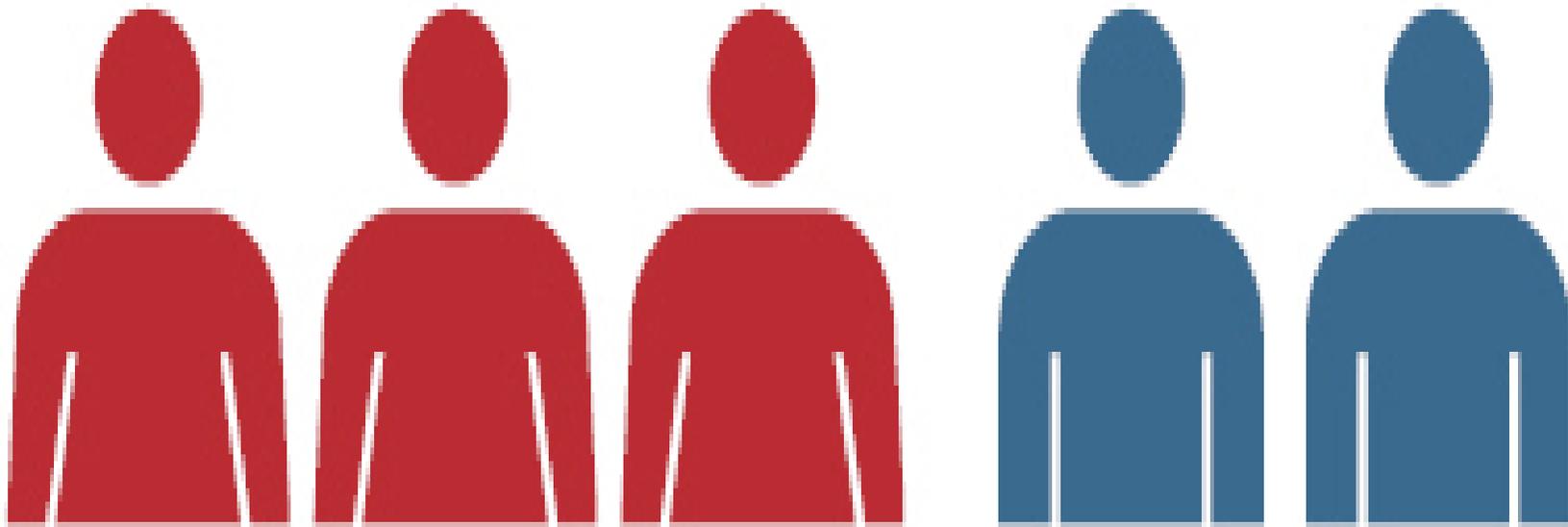
Chronic problems for the future

Self-reported diabetes of all Australians

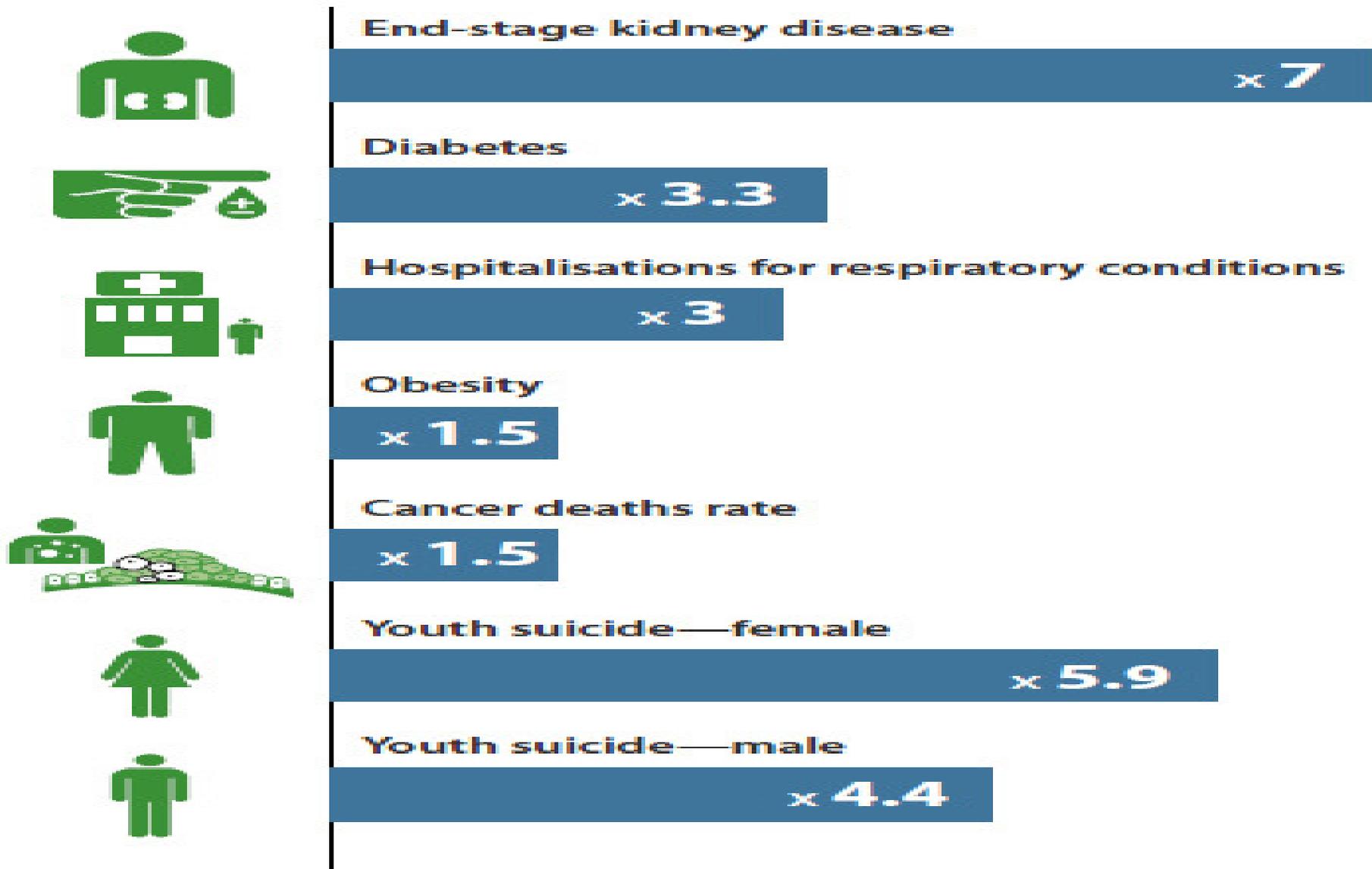


Chronic problems for the future Dementia numbers rising

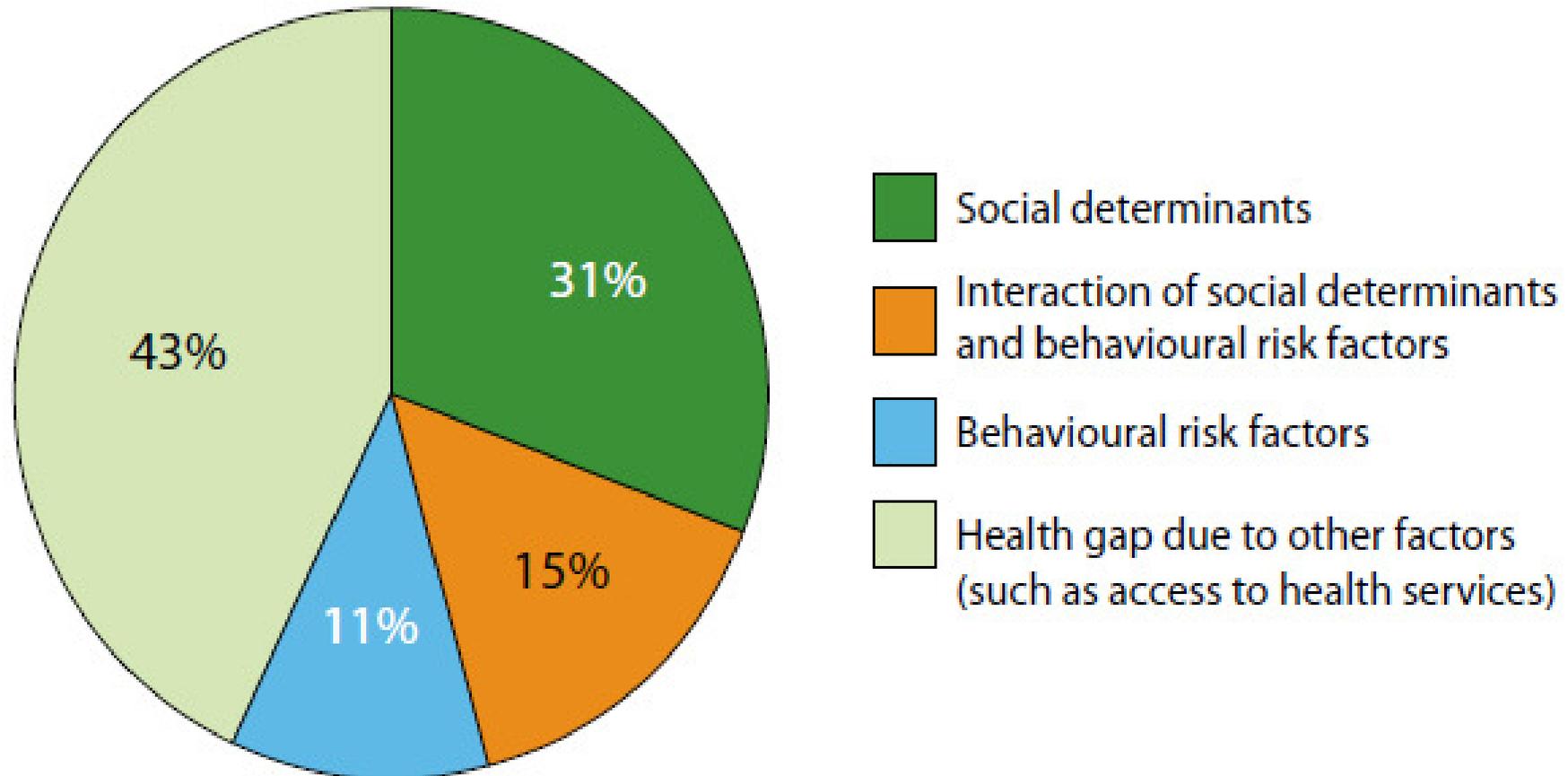
3 in 5 people with dementia in
Australia in 2014 are women



Equity – How large is the Indigenous health gap?



Proportion of the health gap explained



Ranking of Priorities for Medicare Locals

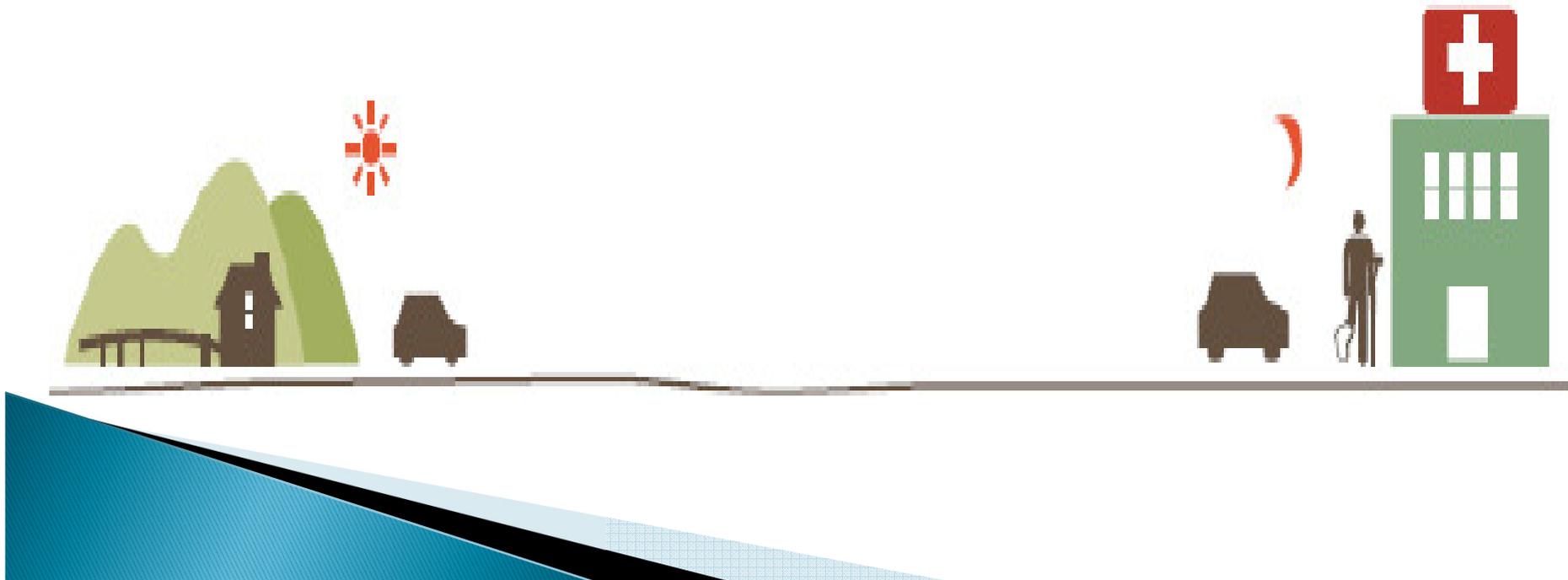
- Mental Health
- Chronic Disease
- Aged Care
- Aboriginal Health – Closing the Gap
- Disadvantaged Communities



Connecting health to meet local needs

People living in rural and remote areas travel greater distances to seek medical attention

Death rates rise with increasing remoteness—2012, the death rate in *Very remote* areas was 8.4 per 1,000 population compared with 5.5 in *Major cities*.



Royal Childrens' Hospital in Melbourne



Brilliant Leadership For Healthy Communities



Brilliant Leadership For Healthy Communities



Brilliant Leadership For Healthy Communities



Does the nature of organizational health leadership need to change?

Context

- ❑ Increasing complexity and chronic disease
 - ❑ hard work & best intentions of individual clinicians can no longer guarantee efficient, high quality health care
 - ❑ a culture of egalitarianism, fairness & mateship
 - ❑ “Closing the Gap”
 - ❑ belief in universal health insurance
 - ❑ Sustainability of health care costs to GDP
 - ❑ Death & dying & respecting patient choice – Advance Care Planning
 - ❑ Expectation of reduced utilisation of acute services
 - ❑ Valuing prevention more than intervention e.g. vaccination
- 

Does the nature of organizational health leadership need to change to ensure health care for all?

- ❑ YES – A **changed leadership** to ensure that the health system can be more effective in ensuring good access to services and equity, achieving integrated service outcomes, and facilitating a more preventive approach
- ❑ YES – A leadership that supports the development of new roles, enables new technologies and facilitates a **re-orientation of expensive specialist services to primary health care.**



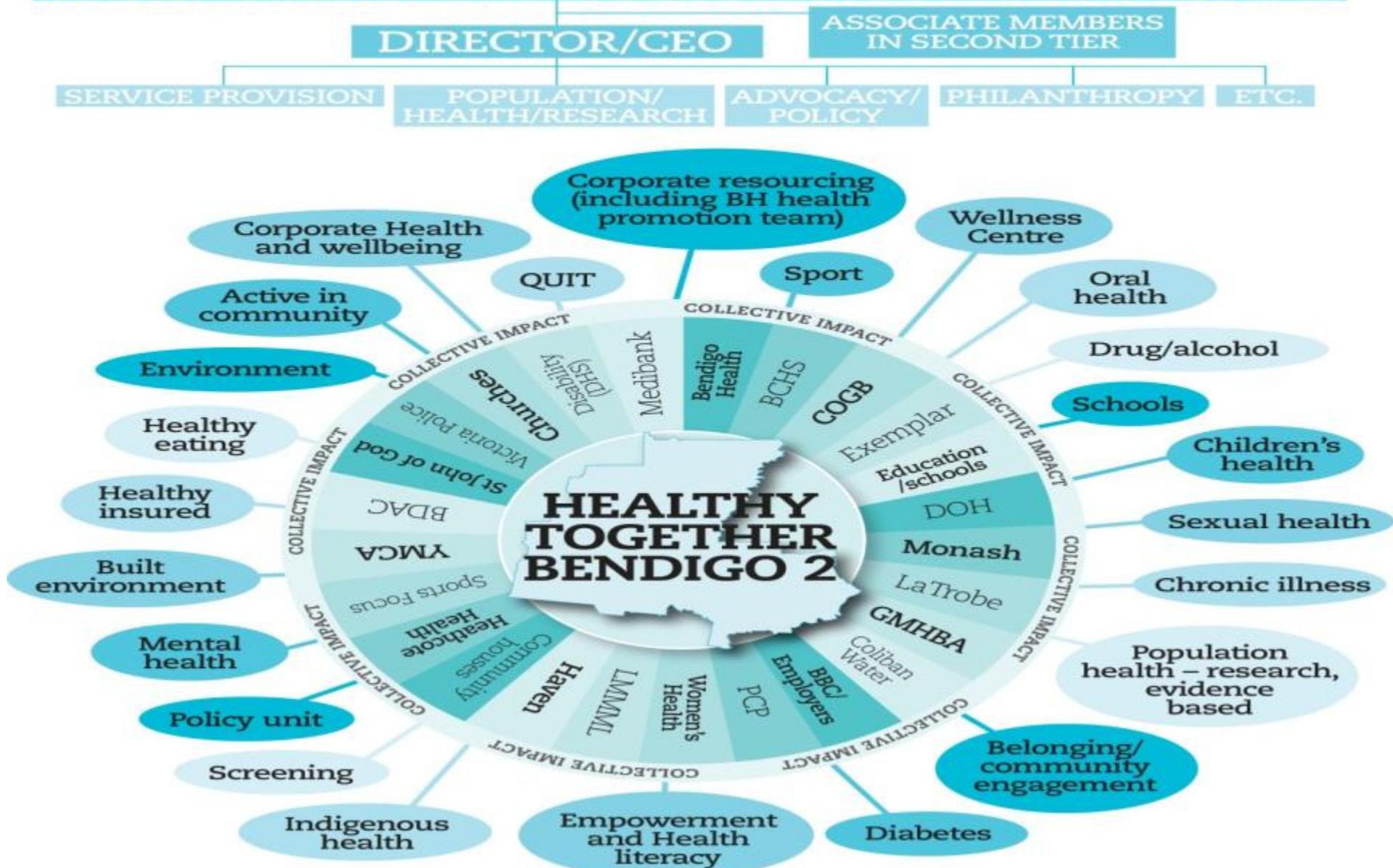
Does the nature of organizational health leadership need to change? **Process**

- ❑ A need to focus on system change more than organisational change
- ❑ Focusing on health outcomes rather than outputs
- ❑ Driving accountability for outcomes & measuring improvement
- ❑ Ensuring continuity of care - Health Pathways of care
- ❑ Inter-disciplinary team based approaches to care
- ❑ Managing risk to patients
- ❑ Inter-sectoral health challenges – Working across boundaries



HEALTHY TOGETHER BENDIGO 2

FOUNDATION MEMBERS FORM BOARD OF DIRECTORS



Does the nature of organizational health leadership needs to change?

Process

- ❑ Improve integration of care through patient centered care
- ❑ Build collaborative networks of multi-sector partners to support innovation in health care
- ❑ Impact policy change e.g. Kilojoules labelling of food and soft drinks, plain paper packaging of cigarettes, no smoking areas
- ❑ Improve value for patients not just payment for volume
- ❑ **New mental models of leadership** require around high-impact leadership
 - Individuals and families are partners in care eg patient stories
 - compete on value, with continuous reduction in operating costs
 - re-organise services to align with new payment systems
 - everyone is an improver in health care innovation

High-Impact Leadership Framework IHI

(2013) Improve care, Improve the Health of Populations, & Reduce Costs



Focus of High-Impact Leadership Behaviours

1. Person-centeredness

Be consistently person-centered in word and deed

2. Front Line Engagement

Be a regular authentic presence at the front line and a visible champion of improvement

3. Relentless Focus

Remain focused on the vision and strategy

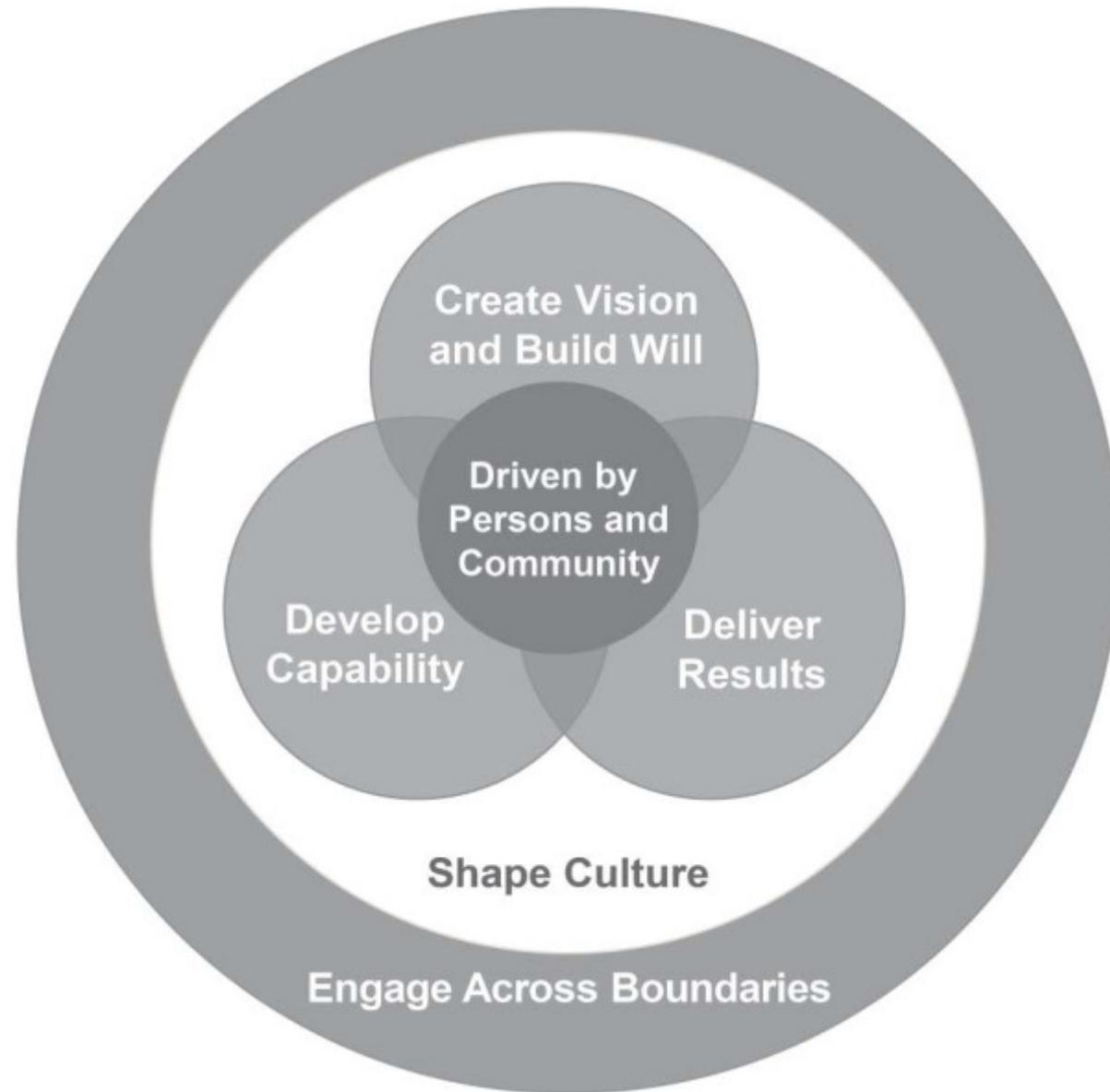
4. Transparency

Require transparency about results, progress, aims, and defects

5. Boundarilessness

Encourage and practice systems thinking and collaboration across boundaries

Role of High-Impact Leadership - A Framework



Ivey Centre for Health Innovation & Leadership Canada

Financial Drivers

What financial models and incentives make the best use of fiscal healthcare resources while achieving quality patient care and system sustainability?

Medical Devices

What is the impact of medical devices on health care?

What is the most effective process for innovation adoption in a universal, publicly funded, health care system?

Health Information Technology

How can health information technologies achieve innovation in health care for Canadians?

Health Leadership

What are the key factors (leadership, regulatory) required to support and sustain innovation adoption?

Core Leadership Competencies Associated with Innovation

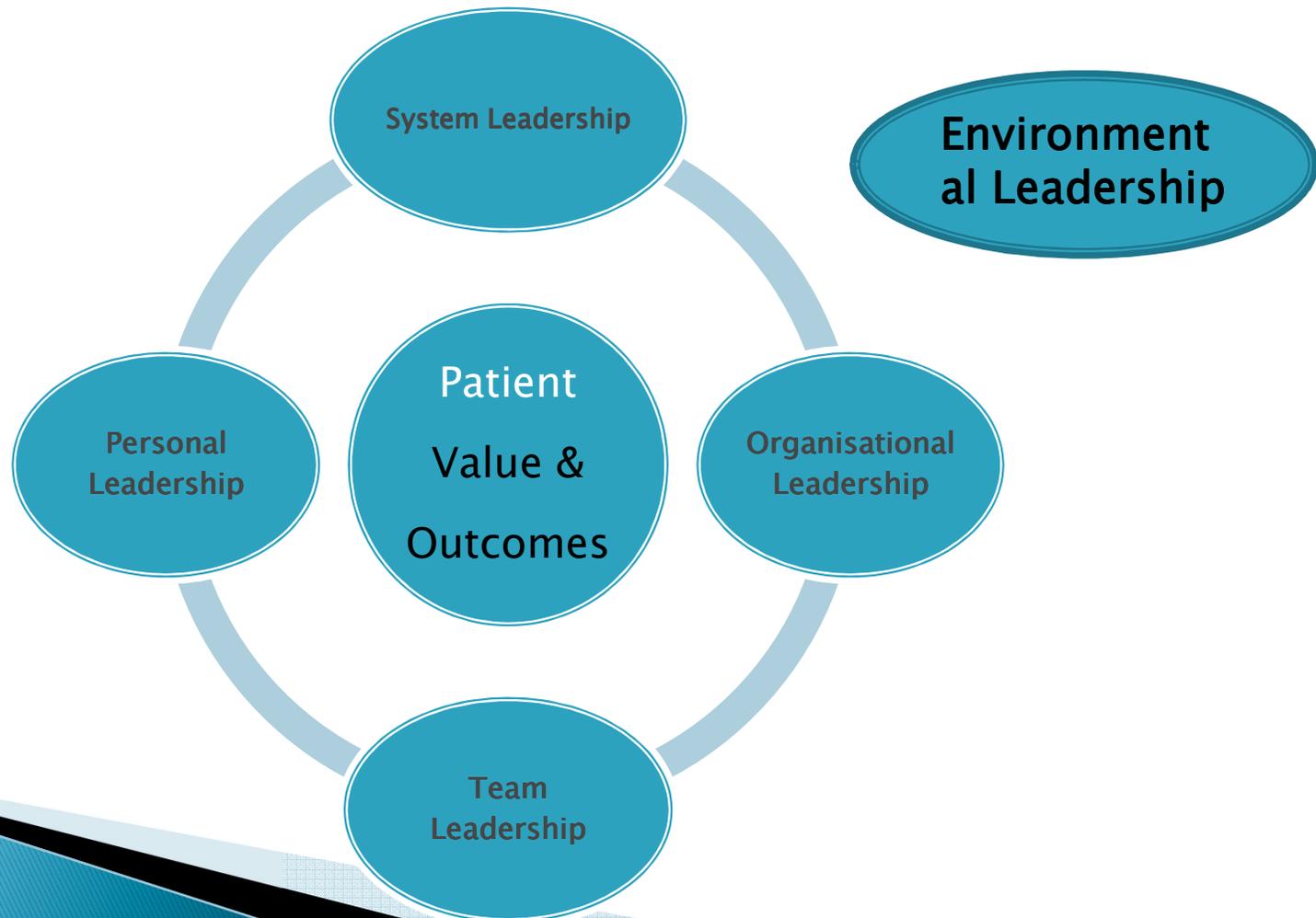
- ❑ If “innovation” is the silver bullet in the battle to achieve health system sustainability, then the best hope for creating a “culture of innovation” is having leadership with a capacity to empower individuals to improve their own work environments and the system as a whole. Strategic, innovative leadership is crucial for achieving long-term sustainability in health care.
- ❑ Skilled leaders, who can cope with complex health management issues, while building and sustaining organizational cultures of innovation, are more critical than ever.

(Snowden et al. Ivey – Centre for Health Innovation and Leadership, 2011)



Need New Mental Models to Meet C21st Challenges

Health Service Demand and Sustainability



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Health Service Management

Brilliant Leadership For Healthy Communities



Healthcare for All – A Global Health Leadership Challenge of Sustainability Seize the Day !

*Regional Conference of the Hong Kong College of Health
Service Executives (HKCHSE)*

Adjunct Associate Professor John Rasa
President

Australasian College of Health Service Management (ACHSM)

