

***TEN CRITICAL DOMAINS FOR
SYSTEM TRANSFORMATION:***
A Conceptual Framework for
Implementation, Evaluation & Adaptation

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16th Annual Conference on State Mental Health Agency Services Research,
Program Evaluation and Policy
February 2006, Baltimore, MD

GOALS OF PRESENTATION

- **Present a Framework for Guiding System Transformation**
- **Present Examples that illustrate how this framework can be applied**
- **Provide an opportunity for discussion of effective system transformation efforts**

BACKGROUND

- While consensus is emerging around **what** “transformed systems of care” should look like, the “**how**” of moving large systems still remains a challenge
- A **framework** for approaching this work can be useful for initiating and sustaining transformation initiatives
- **10 Domains** are proposed that can be helpful in organizing the work and evaluating success

TEN CRITICAL DOMAINS FOR SYSTEM TRANSFORMATION

- Leadership and Political Philosophy
- Financing
- Language and Communication
- Organizational and Program Development
- Education and Training
- Research and Evaluation
- Community / Environmental
- Consumer and Family
- Change Management
- Technology

AREAS FOR TRANSFORMATION

Cross-Cutting Issues (Some Examples)

- Health Disparities
- Evidence Based Practices
- Recovery / Resiliency Focus
- Integration with Primary Care
- Other Cross-Systems Collaboration

LEADERSHIP AND POLITICAL PHILOSOPHY

TRADITIONAL

- Politically Reactive
- Narrow vision – acceptance of status quo
- Critique is limited and controlled (Closed Systems)

TRANSFORMATIVE

- Politics managed to achieve goals
- Expanded vision – willingness to push boundaries
- Critique is used to identify opportunities for improvement (Open Systems)

LEADERSHIP AND POLITICAL PHILOSOPHY (Continued)

TRADITIONAL

- Organizing principles not clear or explicit
- Policy and philosophical framework are an afterthought

TRANSFORMATIVE

- Considerable effort made in making organizing principles explicit
- Developing and articulating a policy and philosophical framework are key activities. Move beyond operational focus

FINANCING

TRADITIONAL

- Focus on protecting and managing limited resources
(Defensive stance)

TRANSFORMATIVE

- Focus on leveraging and pooling resources, e.g. funds, staff, purchasing, etc.
(Offensive stance)

LANGUAGE AND COMMUNICATION

TRADITIONAL

- Unidirectional – top down
- Narrow scope, task oriented, coercive
- Dissent is discouraged and punished

TRANSFORMATIVE

- Multidirectional – network
- Broad scope, visionary, appeal to ideals
- Openness and multiple perspectives encouraged

ORGANIZATIONAL AND PROGRAM DEVELOPMENT

TRADITIONAL

- Premium placed on established standards and protocols
- Focus on maintaining existing programs and bureaucracy

TRANSFORMATIVE

- Premium placed on data driven and empirically supported approaches
- Focus on evolving organizations to support the goals of transformation

ORGANIZATIONAL AND PROGRAM DEVELOPMENT (Continued)

TRADITIONAL

- Management directed decision making
- Treatment focused
- Specialty focus

TRANSFORMATIVE

- Inclusive decision making, consensus building
- Treatment is a part of a continuum that begins with prevention and ends with support in the community
- Cross-systems focus

EDUCATION AND TRAINING

TRADITIONAL

- No training in communication with clients as key informants
- Discourage health literacy

TRANSFORMATIVE

- Focus on training in communication with clients as key informants
- Encourage health literacy

EDUCATION AND TRAINING (Continued)

TRADITIONAL

- Specialty environment focus
- Focus on theory and “art” of practice
- No training in research and methodology

TRANSFORMATIVE

- Primary care environment focus
- Focus on evidence-based treatment
- Require training in research and methodology

RESEARCH AND EVALUATION

TRADITIONAL

- Minimal focus
- Limited use of findings
- Often flawed
- Most do not understand issues and findings

TRANSFORMATIVE

- Major focus
- Use of findings key to all services
- Sound as possible
- Issues and findings generally understood

COMMUNITY / ENVIRONMENTAL

TRADITIONAL

- Community relevant only as to where services are provided/located
- Community not involved in service design/delivery

TRANSFORMATIVE

- Community context drives service design/delivery
- Partnership with community key strategy for health care improvement

CONSUMER / FAMILY PARTICIPATION

TRADITIONAL

- Consumer/family input meets requirements
- Input is limited and specific

TRANSFORMATIVE

- Consumer/family input essential
- Input is used to develop an organizing framework

CHANGE MANAGEMENT

TRADITIONAL

- Minimize change
- Compartmentalized

TRANSFORMATIVE

- Embrace and manage change process
- Integrated change process, with holistic direction for all stakeholders

TECHNOLOGY

TRADITIONAL

- Opportunities for paradigmatic shifts are often missed (i.e., new technology, same processes)
- Technology drives processes and policy
- Used to increase efficiency of **existing** processes

TRANSFORMATIVE

- Shifts in thinking and processes are capitalized and spurred on by new technologies (e.g. geo-mapping)
- Technology is rigorously viewed as a means to an end
- Used to increase efficiency and develop **new** processes

TWO EXAMPLES

- Leadership and Political Philosophy
- Education and Training

TWO EXAMPLES

- Describe how the domain would influence activities in a transformation process
- Discuss relationship of these domains to each other and other critical domains
- Suggest new approaches to meet system transformation goals

LEADERSHIP EXAMPLE

Considerations

- Politically Savvy vs. Politically Driven
- That “vision thing”
- Motivating the Masses
- Consensus Building
- Control vs. Influence
- Distributed Leadership

LEADERSHIP EXAMPLE

Managing a Recovery Initiative

Issues that Arise

- The Push Back: “My clients are too sick to recover”
- “We don’t have the money to do this”
- “Regulations prevent us from being recovery oriented”
- Consumers: “You are co-opting our movement”
- “We need to support the Core services first”
- Politicians: “Why are you taking X provider’s funding”
- Etc. . . .

LEADERSHIP EXAMPLE

Key Questions

- How do you lead transformation in a complex environment with so many competing agendas?
- How are you able to move forward without simply retreating to a defensive posture?
- What strategies can you employ to create a climate that allows progress
- What “**traditional**” style leadership strategies should be avoided

STRATEGIES THAT ALLOW FOR TRANSFORMATIVE LEADERSHIP

Managing Politics

- Proactive Management
- Anticipate “the crisis” (e.g., argue with the referee)
- Data, Data, Data
- Strategic Relationship Building
- Conceptual Integration
- Give First & Keep Score
- Pick Your (some) Fights
- Lead!

EDUCATION AND TRAINING

The Problem

“The education of all health professionals is deficient in a number of areas and has not kept up with advances in knowledge and changes in the delivery of health care”

(IOM Report, 2005, p 274)

EDUCATION AND TRAINING

(Continued)

The Solution

- *“All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing*
 - *Evidence-based practices*
 - *Quality improvement approaches*
 - *...Informatics”*
- (IOM Report 2005, p 274)

EDUCATION AND TRAINING TRANSFORMATIVE FOCUS FOR BEHAVIORAL HEALTH - BASIC TENANTS

- Integration of SA & MH into BH
- Integration of BH with primary & specialty care
- Increase interdisciplinary education, e.g., public health, public policy, epidemiology
- Establish standards of competency within and across fields e.g., medicine, nursing, psychology, social work, rehabilitation

EDUCATION & TRAINING TRANSFORMATIVE FOCUS FOR BEHAVIORAL HEALTH - BASIC TENANTS (Continued)

To satisfy transformation areas, training in

- basic relevant science
- statistics, methodology, measurement
- information technology - uses
- health literacy – client communication
- relationship of BH to related services
- diversity and its impact– diagnosis, public/private sectors, rural/urban, demographic etc.

CONTINUING EDUCATION

Goal of Continuing Education

“...focuses on refining existing skills, developing new ones and mastering changes in the knowledge base and treatment techniques”

(IOM Report 2005, p 281)

- Establish standards
- Train all - academics, practitioners, supervisors etc.,- beyond licensees
- Require training in new/changing areas

CONCLUSIONS AND NEXT STEPS

HOW DO YOU MAKE IT HAPPEN?

- A systematic approach to system transformation can be useful
- Next Steps:
 - Assess systems relative to the 10 Domains
 - Develop strategies within each domain for implementation
 - Continuously evaluate effectiveness of strategies and make adjustments

FURTHER THOUGHTS

- Is this a useful framework?
- Are there domains that you would add or eliminate?
- What has been your experience in attempting to transform organizations or systems?
- Did you use a framework to guide your work?
- What lessons have you learned that can inform the work of others?
- What will you take from this presentation and audience discussion?