Strategic Management and Leadership in Health Care



Dr.K.Nagaraj
Professor & Head
Department of Community Medicine
KIMS, Narketpally

Why strategic management and leadership skills for health professionals in India?

Only Afghanistan, Haiti, Cambodia, Myanmar and Pakistan outside Africa do worse than India in Child mortality

Only three countries (Bolivia, Cambodia and Haiti) have lower levels of sanitation than India and none has higher proportion of underweight children

"The Only Constant is Change"

- ☐ Legislative healthcare reform
- ☐ Increasingly restrictive reimbursement env't
- Demographic shifts
- ☐ The baby boomers
- ☐ Shortages of providers
- ☐ High costs of new tech
- ☐ Further consolidation within the industry
- ☐ Growth of outpatient care
- ☐ Growth of home health
- ☐ Changes in managed care strategies
- ☐ Increase physicians in executive leadership
- ☐ Emerging focus on prevention
- Pressure to reduce overhead costs

Management, Strategic management and Leadership

Management is the act or art of managing, the conducting or supervising something and judicious use of means to accomplish an end

Within the discipline of management, strategic management approach helps one focus on identification of strategies to achieve better performance

Leadership is a process whereby an individual influences a group of people to achieve a common goal

"Somehow there are organizations that effectively manage change, continuously adapting their bureaucracies, strategies, systems, products, services and cultures to survive the shocks and prosper from the forces that decimate others ... they are the masters of what I call renewal."

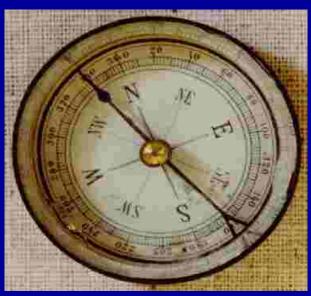
Robert H. Waterman, Jr.

Foundations of Strategic Management

- □Greek word *strategos*, meaning "a general" which in turn comes from roots meaning "army" and "lead"
- ☐ Greek verb *strategeo* means "to plan the destruction of one's enemies through effective use of resources"
- ☐ Many terms we associate today with "strategy" (e.g., objectives, mission, strengths, weaknesses) were developed by the military

Map and the compass

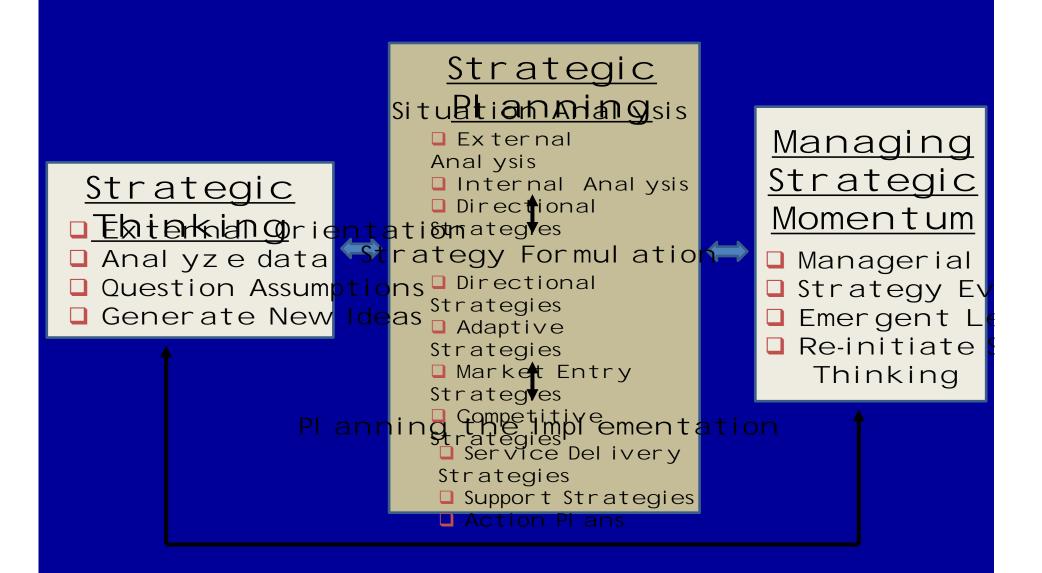




The Map

- Analytical or Rational Approach
- Logical Sequence of Steps
- Specific Processes
- Better in Known
- Worlds Emergent Approach
- Relies on Learning
- Leadership Sets
- Direction
- Better in Uncharted Worlds

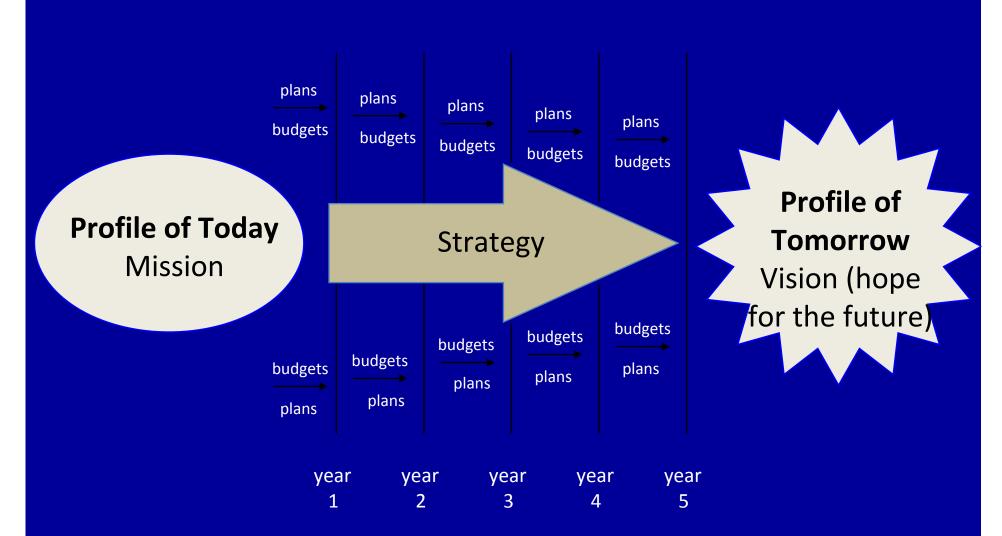
Strategic Management Processes



Leading Strategically

| Strategic Activity | Description | Orientation/ Scope |
|-----------------------------------|---|---|
| Strategic Thinking | Fundamental Strategic Skill – an Intellectual Orientation, a Way of Thinking or Mindset | Individual Leadership Process |
| Strategic Planning | Process of Creating a Plan Using Strategic Thinking | Periodic Group Leadership and Management Process |
| Managing Strategic Momentum | Process of Leading and Managing the Strategy using Thinking and Planning | Organizational Management Processes |

Linking Today and Tomorrow



Examples of Leadership and Managerial actions

| Aspects of work | Leadership action | Managerial action |
|----------------------------|--|---|
| Vision, Mission and Policy | Creates vision, defines mission, mandates and achieves them | Creates structures to execute and implement vision, mission, policy and plans |
| Interactions | Quality focused and brings out the best in oneself and others. Looks at the overall outcome and impact | Achieves specific targets |
| Focus of work | Develops the organization, creates the right environment and sets directions to go beyond results | Runs the organization to achieve results |
| Resources | Finds, maximizes resources and innovates | Uses resources effectively |

Examples of Leadership and Managerial actions

| Aspects of work | Leadership action | Managerial action |
|-------------------|--|--|
| Interactions with | Outsiders and leads and adapts the organization with an eye on the outside world | Insiders and aligns people with existing systems, monitors organizational activities and its culture |
| Task Performance | Challenges activities, processes and systems and finds new ways to keep them strategic | Monitors and controls activities, processes, systems through day-to-day actions |
| Risk | Takes calculated risks | Cautious and minimizes risks |
| Authority | Based on influence | Based on hierarchy |
| Change | Challenges Status quo | Protects status quo |
| Works for | Leading change and futuristic in approach | Stability and delivering results |
| Style | Transformational | Transactional |

Jim Collins hierarchy of five levels of leadership

Level 5

Level 4

Level 3

Level 2

Level 1

Level 5 EXECUTIVE

Builds enduring greatness through a paradoxical blend of personal humility and professional will

EFFECTIVE LEADER

Catalyzes commitment to add vigorous pursuit of a clear and compelling vision, stimulating higher performance standards

COMPETENT MANAGER

Organizes people and resources toward the effective and efficient pursuit of the predetermined objectives

CONTRIBUTING TEAM MEMBER

Contributes individual capabilities to the achievement of a group objectives and works effectively with others in a group setting

HIGHLY CAPABLE INDIVIDUAL

Makes productive contributions through talent, knowledge, and good work habits

Managing self for leadership

| Enhancing Emotional Competencies | | | |
|----------------------------------|------|--|--|
| Four c | om | ponents of em | otional competencies |
| Compete Skills | enci | es/ Self | Others |
| Awarene | ess | Knowing one's e Perceive one's early identify triggers generate own e | emotions emotions Reading emotions s which of others around us |
| Managin | ıg | Self-managemer Not behaving u influence of em not letting emo one's behavior | notions i.e. Managing emotions |

Managing self for leadership (Four quadrant matrix)

| | URGENT | NOT URGENT |
|---------------|--|--|
| IMPORTANT | Quadrant #1 "NECESSITY" Your Key Action: | Quadrant #2 "QUALITY & PERSONAL LEADERSHIP" |
| | "MANAGE" | Your Key Action: "FOCUS" |
| | Common Activities - Crises - Deadline-driven activities - Medical emergencies - Other "true" emergencies - Pressing problems. - Last minute preparations | Common Activities - Preparation and planning - Values clarification - Empowerment - Relationship-building - True recreation |
| NOT IMPORTANT | Quadrant #3 "DECEPTION" | Quadrant #4 "WASTE" |
| | Your Key Action: "USE CAUTION or AVOID" | Your Key Action: "AVOID" |
| | Common Activities - Meeting other people's priorities and expectations - Frequent interruptions: - Most emails, some calls - Urgency masquerading as importance | Common Activities - Escapist activities - Mindless tv-watching - Busywork - Junk mail - Some emails - Some calls |

Adapted from Stephen Covey's "First Things First" - Covey Leadership Center, Inc. @ 2003

Types of practices that impact health professionals and organizations

| Level | Changes in | Adaptations to change for public health and clinical practice |
|-------|-----------------------------------|--|
| 1 | Clinical practices | Adopt clinical protocols and standards that are accepted as effective by medical and scientific authorities |
| 2 | Providers behaviors and attitudes | Encourage attitudes and behaviors that have been effective in similar settings and that support the changes at Level 1 |
| 3 | Management practices | Revise the ways in which a health program is managed from day-to-day to better support changes at levels 1 and 2 |
| 4 | Health systems | Build/modify systems that support and sustain the desired changes at levels 1, 2, and 3 |

Types of practices that impact health professionals and organizations

| Level | Changes in | Adaptations to change for public health and clinical practice |
|-------|--|--|
| 5 | Organizational strategies and structures | Adopt strategies and create new structures where necessary to support changes at all levels |
| 6 | Technology, software applications, mobile Telephone, etc. | Acquire/impart new skills to use new technology, software, mobile telephone applications, etc. |

Case studies

Strengthening primary care improves outcomes, lowers costs

By helping primary care practices take on a larger role in care coordination, a regional health insurer is improving patients' health while controlling costs. more

Integrating services helps lower length of hospital stay

By making hospital discharges more efficient, integrated care shortens length of stay and reduces costs while improving care. more

Nursing excellence program improves staff retention and quality, and reduces costs

By improving nursing staff satisfaction and quality of care, global health system reduces attrition and costs. more

Case studies

5.1 Porto Alegre, Brazil

The programme in Brazil started in 2009 as part of a federal government initiative under the auspices of the Ministries of Health and Education. The goal is to enhance the relationship between academia, the community, and PHC services in the Family Health Program through tutorial learning in multidisciplinary groups. The care model is based on the integration of health knowledge across the university, to promote an open attitude towards developing competencies for working in multidisciplinary teams, towards PHC. The programme was developed in an area of the city of Porto Alegre, which has a population of 152,911.

Health and social problems abound in this community, including low incomes, poor housing, water and sanitation problems and drug abuse. Students and their preceptors develop activities in the health unit based on the concept of "embracement", which encourages openness when listening to patients' expressions of needs at every point of contact. Interdisciplinary actions include the use of a postural school through physiotherapy, in which patients can participate in walking or other outdoor activities, the referral of family issues to the psychology department, and the inclusion of home services in the care provided.

Incentives for educational institutions were put in place by the government to change the existing curricula and to ensure that students gain early exposure to interprofessional practice, in accordance with the goal of integrating CP into the national health system. In addition, the programme stipulates that a research project be developed by all its members. There are 20 research projects, involving students, health professionals and faculty members. The learning outcomes from this programme are currently being evaluated.

Case studies

5.4 Andra Pradesh, India

The programme in India is organized by the Catholic Health Association of India (CHAI), a large non-governmental organization with over 3,347 member institutions. These include hospitals, health centres and social service societies whose mission is to deliver health-care services at the grass-roots level. CHAI has been effectively providing much needed critical services to poor and marginalized people in India for 62 years. In India the decentralization of HIV/AIDS services to PHC level has been critical for people living in rural and remote areas, especially for access to counselling and testing services, which provide a gateway for the entire range of HIV/AIDS services.HIV/AIDS-related services were initially available only at district and sub-district levels; the Center for Disease Control and Prevention (CDC-GAP) in collaboration with its partners decentralized those services to PHC level by piloting this PHC enhancement project.

This PHC programme is in Andhra Pradesh, the fifth largest state in India, with a total population of around 80 million, of whom 73% live in rural areas. Andhra Pradesh is also among the six Indian states with the highest prevalence of HIV/AIDS: estimated among adults at 0.97%, or 21% of all people living with HIV/AIDS in India. Andhra Pradesh was the only state identified as having an antenatal HIV prevalence of ≥1% in the HIV Sentinel Surveillance 2007.. The initiative is unique in that it made HIV/AIDS-related services available and accessible to the rural population at the PHC level for the first time. This involved service delivery through a novel "task shifting model" whereby nurses were trained for extended roles as counsellor, lab technician and outreach worker.

Stringent monitoring and evaluation were also implemented, including the supervision of nurses by the PHC Medical Officer and nurse supervisors. In 2009 PHC nurses underwent a qualitative HR assessment: 80% were rated as excellent, while the remaining 20% needed upgrading. A subsequent evaluation indicated more positive results for the programme, particularly with respect to the nurses' roles.

Conclusions

The leadership and managerial role of health professional is more important in today's world

Skills to manage self are very important to be successful leader

Health professional leaders should prepare for, and manage change

References

- 1. Kumar S, Adhish VS, Deoki N. Introduction to Strategicmanagement and leadership for health professionals. Indian J Community Med 2014;39:13-6.
- 2. Kumar S, Adhish VS, Deoki N. Making sense of theories ofleadership for capacity building. Indian J Community Med 2014;39:82-6.

References

- 3. Kumar S, Adhish VS, Chauhan A. Managing self for leadership. Indian J Community Med 2014;39:138-42.
- 4. Kumar S, Deshmukh V, Adhish VS. Building and leading teams. Indian J Community Med 2014;39:208-13.

Thank you