



Leading through Health System Change: *A Public Health Opportunity*

Overview

- Introduction and Project Background
- A Common Understanding of Health Reform: Health Reform 101
- A Different Way to Think about Challenges: Adaptive Leadership
- A Simple Way to Process our Questions: 5 Steps
- Experience from the Field

Georgia Health Policy Center

Improving health status at the community level

- A research center within the Andrew Young School of Policy Studies at Georgia State University in Atlanta
- Provides evidence-based research, program development, and policy guidance locally, statewide, and nationally
- Working in more than 200 communities across the United States to achieve health improvement



Partners

Centers for Disease Control and Prevention's Office of the Associate
Director for Policy

The Georgia Health Policy Center at Georgia State University

The National Network of Public Health Institutes

Project
Background



Project Goal

- Help state and local public health leaders prepare for the changes ahead

Developing the Planning Tool

- Integrated Foundation
 - Georgia State University Health Care Reform Work Group
 - Technical Vs. Adaptive Challenges
 - Sustainability Framework
 - Adult Education Expertise
- Tailored Product
 - Literature Review
 - 20 Insight Interviews
 - ASTHO Pilot
 - Webinars and Feedback from CDC, NNPHI Staff and Membership, Trust for America's Health, NACCHO
- State Technical Assistance
 - California
 - Virginia
 - MidAmerica Center for Public Health Practice

Refining and Launching

- Planning Tool 2.0
- Dissemination
 - GHPC, NNPHI, and CDC Channels
 - Websites, Social Media, Listservs and Newsletters, Webinars, Conferences and Meetings, Flash Drive and Postcard Distribution
 - Partner Channels
 - Webinars, National Presentations, Newsletter and Website Features
- Future Opportunities and Vision



Planning Tool Participants

1,280 users in 50 states



Health
Reform 101



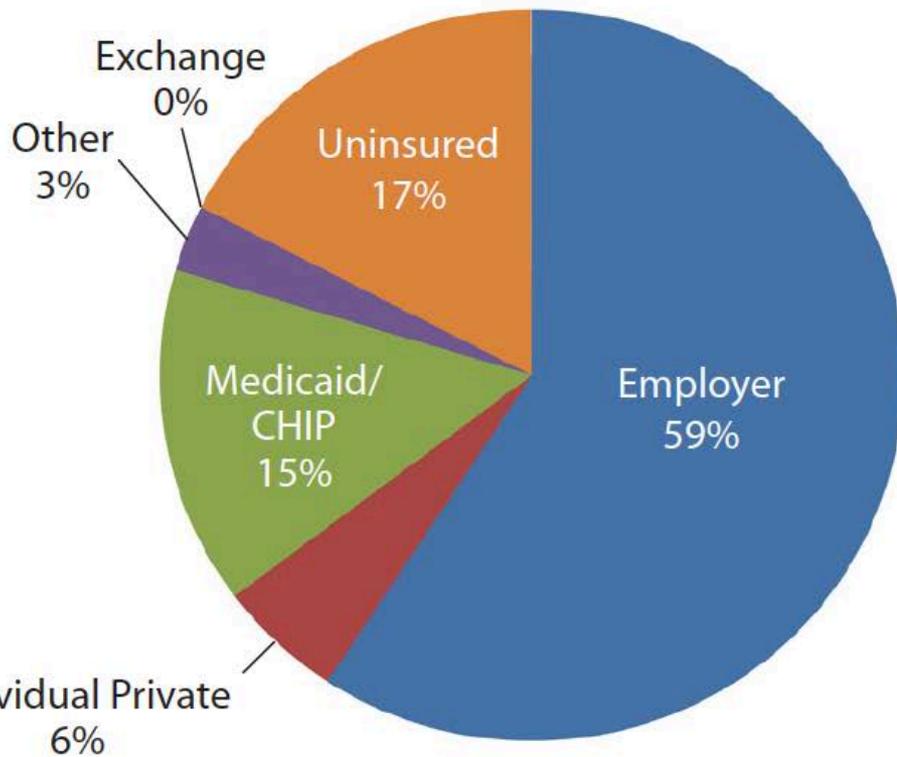
Health Reform 101

1. Sources of coverage

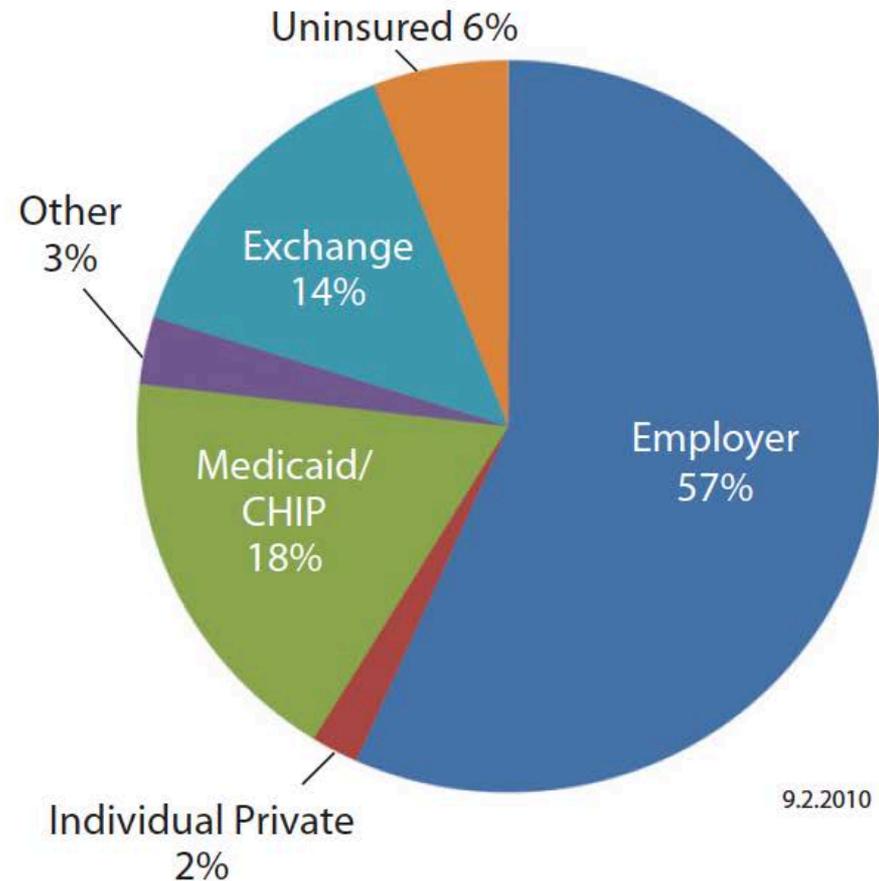
more Americans with health insurance coverage

(non-elderly)

Current Law



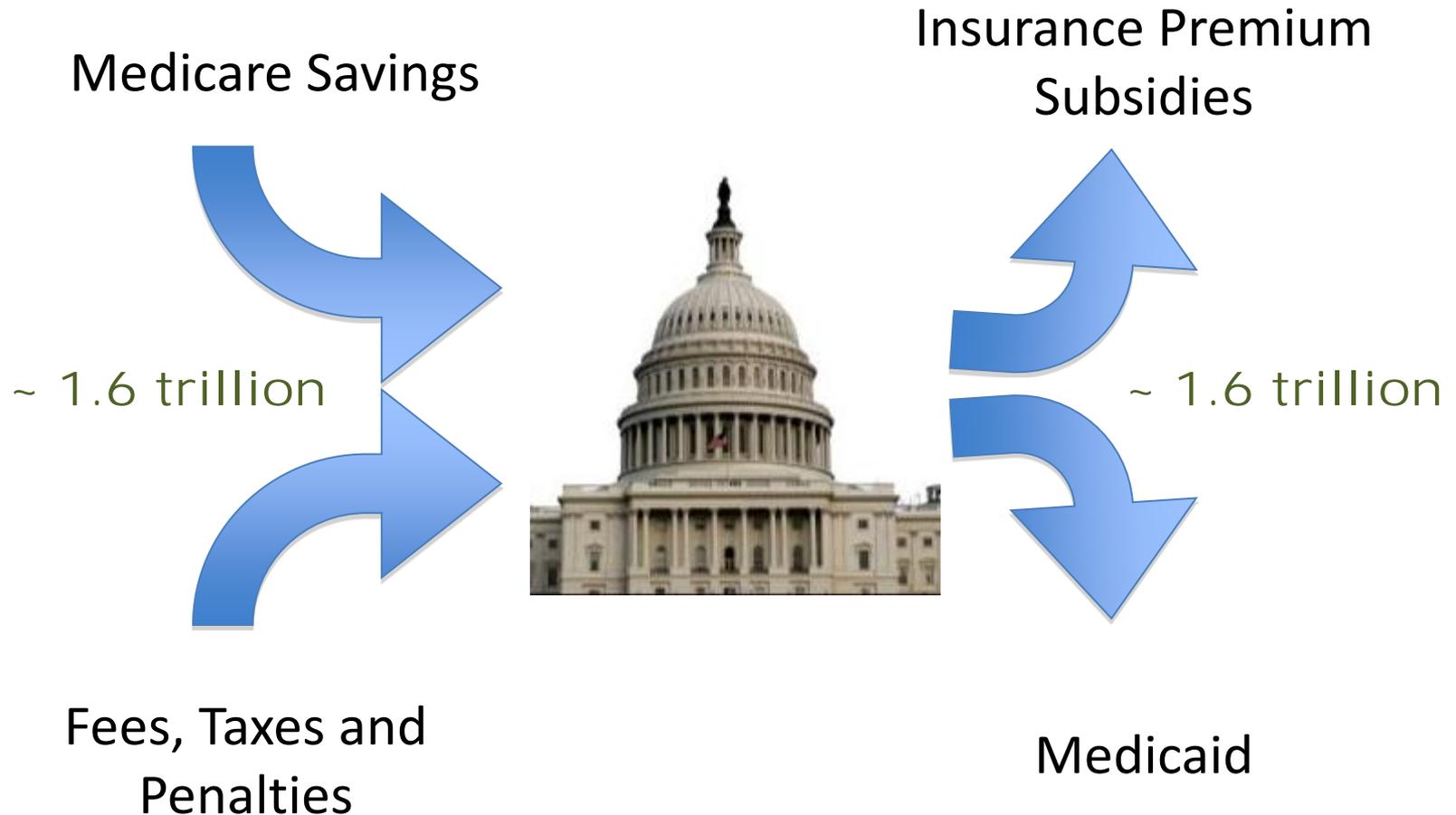
New Law



Health Reform

1. Sources of coverage
2. Financial Implications

funding and spending



Health Reform

1. Sources of coverage
2. Financial Implications
3. Major change components

Changes in
Public
Coverage

Changes in
Private
Coverage

Improving
Health Care
Quality

Improving
Health

Health Reform

1. Sources of coverage
2. Financial Implications
3. Major change components
4. Timeline

Coverage Expansions

Individual Mandates Enacted

Additional limits, fees,
incentives

2010

2011

2012

2013

2014

Health Reform

1. Sources of coverage
2. Financial Implications
3. Major change components
4. Timeline

Looking at
Health
Reform
through an
Adaptive
Lens



Heifetz and Linsky

Harvard Business Review 
www.hbrreprints.org

MANAGING YOURSELF

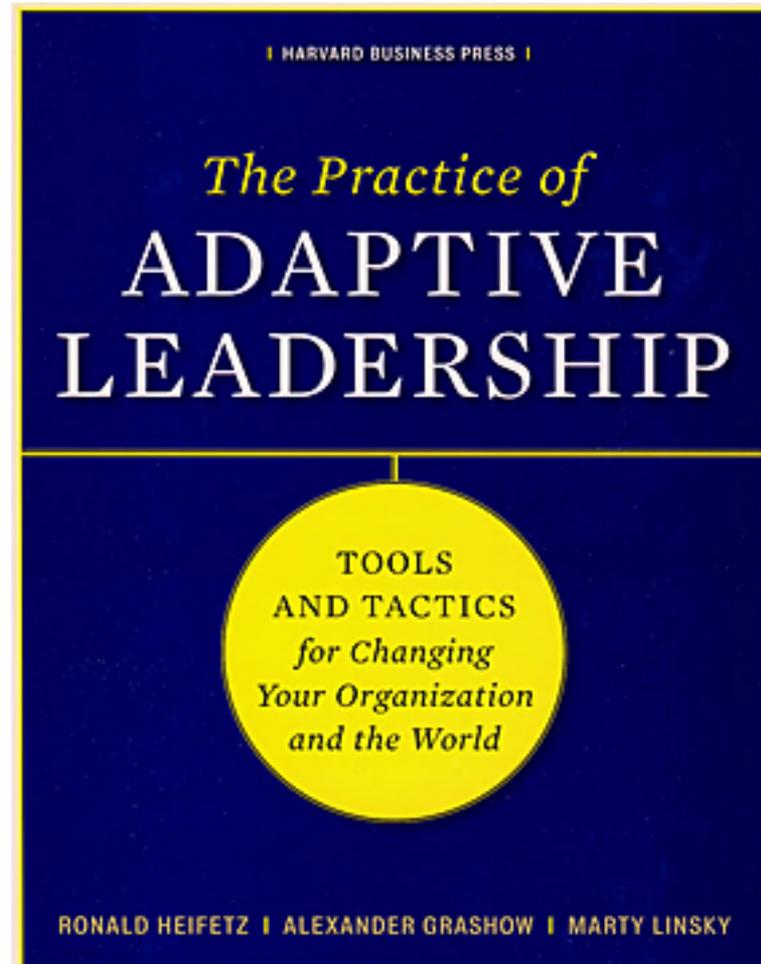
Steering an organization through times of change can be hazardous, and it has been the ruin of many a leader. To avoid the perils, let a few basic rules govern your actions—and your internal compass.

A Survival Guide for Leaders

by Ronald A. Heifetz and Marty Linsky

Included with this full-text *Harvard Business Review* article:

1 [Article Summary](#)
The Idea in Brief—the core idea
The Idea in Practice—putting the idea to work



Ronald A. Heifetz and Marty Linsky, “A Survival Guide for Leaders,”
Harvard Business Review, June 2002, pp. 65-74.

Principles of Adaptive Leadership

- Get on the balcony
- Identify the adaptive challenge
- Regulate distress
- Maintain disciplined attention
- Give the work back to the people
- Protect voices of leadership from below

Technical vs. Adaptive* Challenges

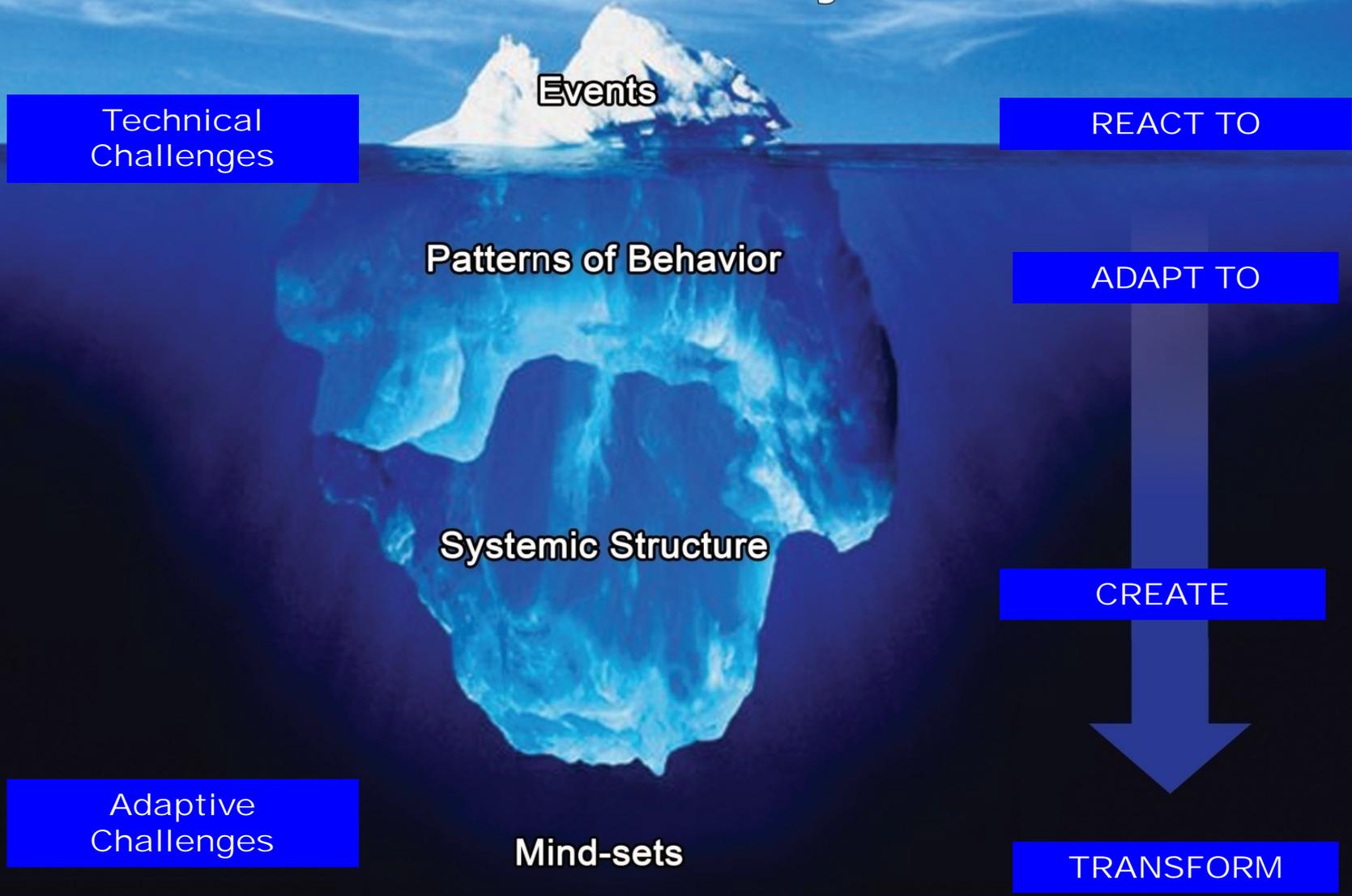
Technical Challenges

- Ready made solution exists
- Someone has *The Answer*
- Standard Operating Procedures (SOPs)
- Even if they require intense skills, some expert knows exactly what to do...
- Examples
 - Building a hospital
 - Fixing a broken computer
 - Brain surgery

Adaptive Challenges

- Never solved issue
- Perhaps new, never seen before
- No one's got *The Answer*
- Must be solved by collaboration
- Examples
 - Poverty
 - Reforming public education
 - Health reform

The Iceberg - A Metaphor for the Level at Which We Interact with a System



What do Systems Thinkers Think About...

- How long will it take us to see the results we anticipate, and how can we reduce or tolerate delay? If there were no delay, would we still do it?
- Is there a consequence of my action that I'm not seeing?
- Are we missing good solutions because they will help us in the long-term but hurt us first? Can we learn to reduce or tolerate the short-term hurt?
- If a solution helps us right away, what are its long-term delays? Is it likely to come back and "bite us?"
- What is going on that can explain how this puzzling behavior makes perfect sense?
- How can I change a small thing to get big results that will endure?

Health System Change Challenges

Technical Challenges

- Who is eligible for Medicaid?
- Who is eligible for subsidies?
- Changes to Medicare provider payment
- How data systems look & function

Adaptive Challenges

- Planning in times of uncertainty
- Building partnerships
- Staying informed as information unfolds
- Building capacity

Adaptive Actions



Influence decisions



Educate others



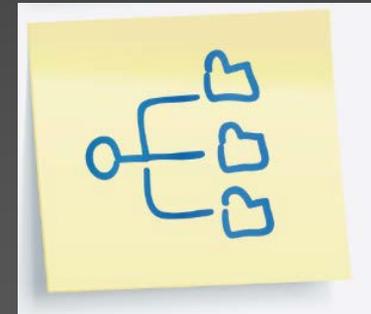
*Strategically plan
under uncertainty*



*Stay abreast of new
information that emerges*



Create new partnerships



*Build capacity: workforce,
information technology,
and care coordination*

Using the Planning Tool



The Process



Leading through Health System Change: System Change:

A Public Health Opportunity

Planning Tool

Georgia Health Policy Center at Georgia State University
National Network of Public Health Institutes

Use the online portal, interactive PDF, or both

Introductory Video



**Leading Through Health System Change:
*A Public Health Opportunity***

Access the Planning Tool

To access the tool visit: www.acaplanningtool.com



Leading through Health System Change

A Public Health Opportunity

PLANNING TOOL

Thank you for your interest in "Leading through Health System Change: A Public Health Opportunity." This planning tool has been designed to assist public health leaders in thinking strategically about the future in light of the changes created by the Affordable Care Act.

Don't have an account? [Create an account now](#)

Secure Sign In

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Password:

Login

[Forgot your password?](#)

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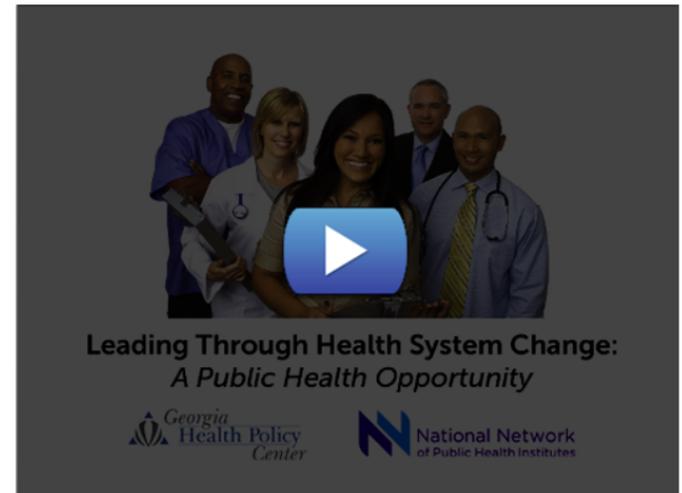
Take a moment register to create a new account. You may want to bookmark this page so that you can return here easily to log into the site and access your planning tool and resulting strategic plans.

Recent News:

[User Map \(More than 600 users in 49 states!\)](#)

[Addressing the Adaptive Challenges in Public Health](#)

Provided by Georgia Health Policy Center and the National Network of Public Health Institutes.



Types of Organizations



- 64% Government
- 16% Individuals or other
- 9% Non-profit
- 7% Academic institutions
- 4% Private

Government User Breakdown

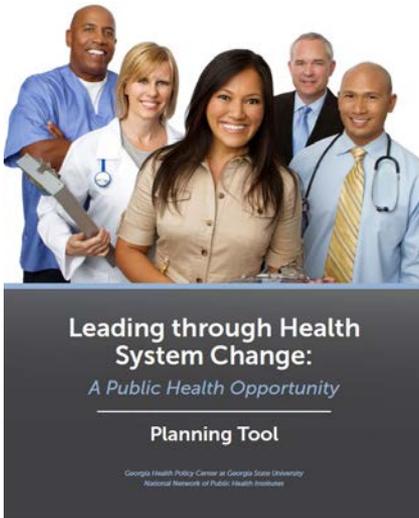


■ Federal

■ State

■ Local

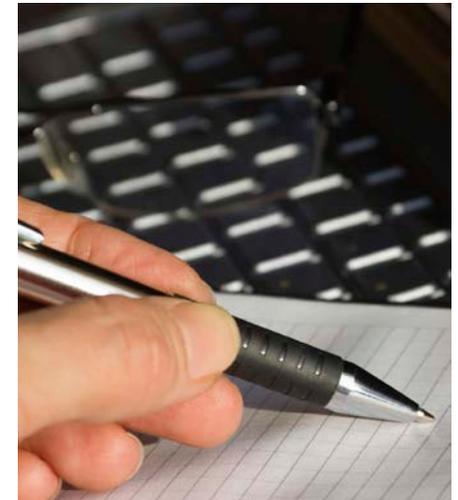
How Are People Using It?



49% PDF

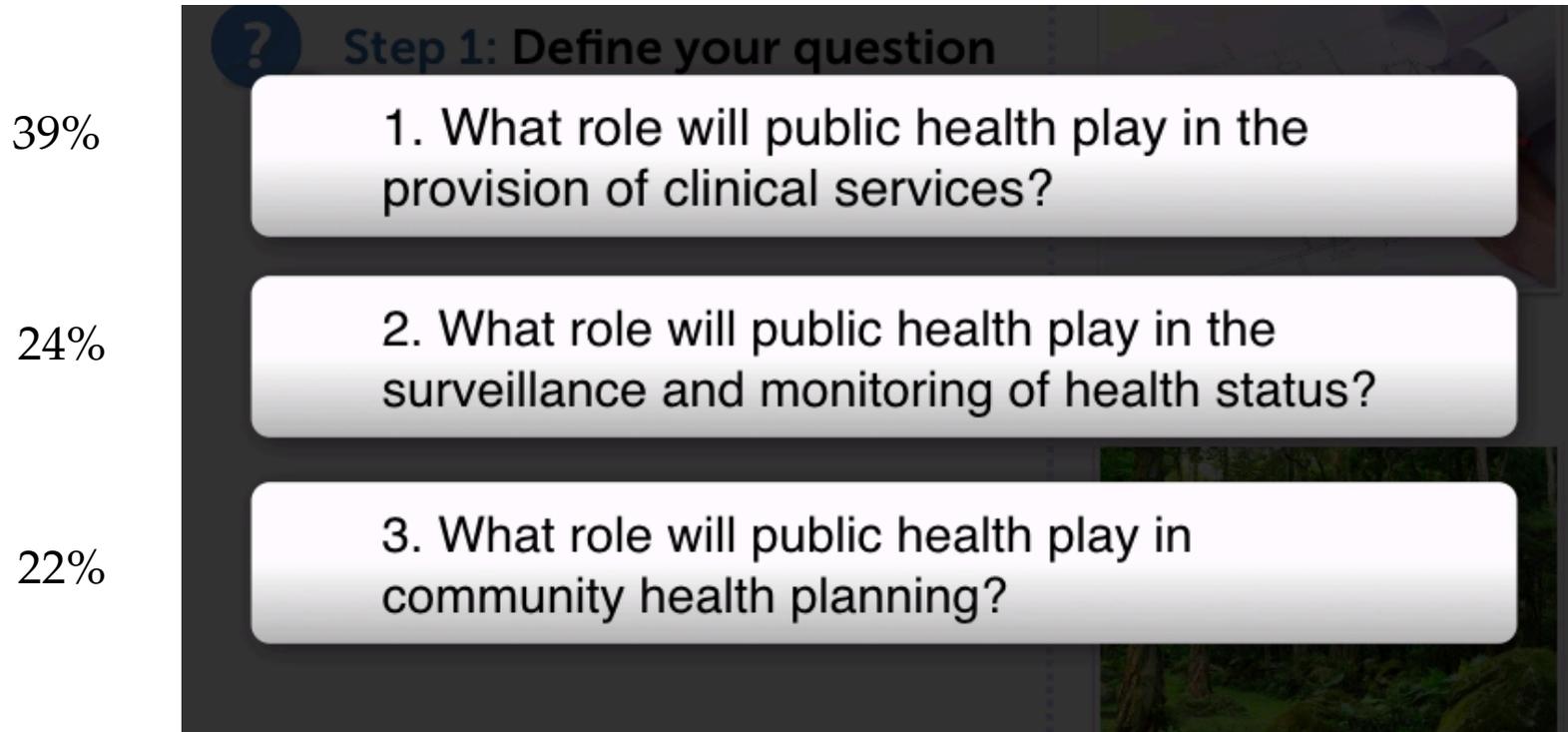


41% ONLINE PORTAL



10% MS WORD
AND/OR PEN AND
PAPER

What Questions Are They Selecting?



15% of users created their own question and several selected more than one guided practice.



The California Story



California User Data

acaplanningtool.com

- There are 83 registered users from California
- This is 7% of all users on acaplanningtool.com



California User Data

acaplanningtool.com

There are users from 27 counties including:

- Alameda
- Amador
- Contra Costa
- El Dorado
- Fresno
- Lake
- Los Angeles
- Madera
- Marin
- Merced
- Modoc
- Monterey
- Orange
- Placer
- Sacramento
- San Bernardino
- San Diego
- San Francisco
- San Joaquin
- Santa Barbara
- Santa Clara
- Santa Cruz
- Shasta
- Sonoma
- Stanislaus
- Tuolumne
- Ventura

Applying Adaptive Actions



Influence decisions



Educate others



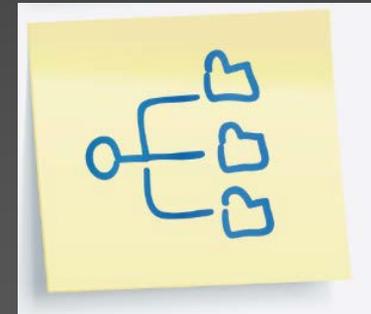
*Strategically plan
under uncertainty*



*Stay abreast of new
information that emerges*



Create new partnerships



*Build capacity: workforce,
information technology,
and care coordination*

Examples of Adaptive Actions

- Influencing Decisions:

- Strengthen and reinvent existing partnerships in light of ACA
- New payment and reimbursement structures
- Increased access to data

“Revise laws and regulations to permit access to needed or newly available information and data to monitor health outcomes.”

- Educating Others:

- Become the resource for best practices and available data
- Educate and train PHNs, clinicians, grantors, private medical community, and FQHCs

“Staff needs to understand the roles of extra governmental groups, so gaps can be filled, and synergies explored.”

Examples of Adaptive Actions

- Strategically plan under uncertainty:
 - Advancement of informational technology
 - Community benefit

“Competing priorities can bring partners together.”

- Stay abreast of new information that emerges:
 - Integration of internal ACA specialists
 - State department to serve as the source of ACA information for locals

“It would be beneficial to convene or join an informal network of interested agencies to keep apprised of emerging issues.”

Examples of Adaptive Actions

- Create new partnerships:
 - Convening of non-traditional partners (Foundations, Private Sector, & HIEs)
 - Leveraging of academic partnerships
 - “It may be strategic to commission schools of public health to serve as the neutral convener. This would build external validation, increase workforce capacity, and position the department as an academic and practice leader.”*
- Build Capacity: Workforce, IT, Care Coordination
 - Support mechanisms of information exchange
 - Partner with health plans and other key stakeholders
 - “May need to create a central repository for community assessments/data, models, analytic tools, etc., and also utilize performance management tools and tracking metrics.”*

On Leadership

Leaders are called to stand in that lonely place between the no longer and the not yet and intentionally make decisions that will bind, forge, move and create history.

We are not called to be popular, we are not called to be safe, we are not called to follow.

We are the ones called to take risks, we are the ones called to change attitudes, to risk displeasures. We are the ones called to gamble our lives for a better world

Mary Lou Anderson

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