Between Patients, Professions and Politics: Managerial Agency in Health Care Reform

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How do managers engage with and contribute to the enactment of mandated health care reforms?

Managers as “institutional workers”

Politicians
Reform in Theory

Management Team

Reforming Organization

Professionals

Patients/Public

Shadow of past institutionalized arrangements

Reform in Practice
**Original source of ideas: Longitudinal study of health care reform in Quebec**

**New integrated organizational structure:** HSSC

**New “population-based” concept of care**

**HSSC Service-based approach vs. Population-based approach**

<table>
<thead>
<tr>
<th>Service-based approach</th>
<th>Population-based approach</th>
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<tbody>
<tr>
<td>Responsibility</td>
<td>Individuals who use services</td>
</tr>
<tr>
<td>Objectives</td>
<td>Care for the person who requests service</td>
</tr>
<tr>
<td>Services offered</td>
<td>Focus on diagnosis and curative care</td>
</tr>
<tr>
<td>Actors involved</td>
<td>Health care professionals and managers</td>
</tr>
<tr>
<td>Organization</td>
<td>Structured by type of service offered.</td>
</tr>
</tbody>
</table>

**CONCEPTUALLY AMBIGUOUS:** “And that [population responsibility], nobody... had seen it. It was like a UFO – we talked about it but we didn’t know what it was, what it would mean.”

**STRUCTURALLY COMPLEX:**

Merger of up to 17 formerly independent organizations + development of alliances with others.
Research design: 4 newly created organizations followed over 3 years

<table>
<thead>
<tr>
<th></th>
<th>Region 1 (urban)</th>
<th>Region 2 (semi-urban)</th>
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<tbody>
<tr>
<td>Without hospital</td>
<td>HSSC1</td>
<td>HSSC2</td>
</tr>
<tr>
<td></td>
<td>-3 organizations</td>
<td>-2 organizations</td>
</tr>
<tr>
<td></td>
<td>-7 sites</td>
<td>-5 sites</td>
</tr>
<tr>
<td></td>
<td>-c. 2000 employees</td>
<td>-&lt; 1000 employees</td>
</tr>
<tr>
<td></td>
<td>-no hospital</td>
<td>-no hospital</td>
</tr>
<tr>
<td>With hospital</td>
<td>HSSC4</td>
<td>HSSC3</td>
</tr>
<tr>
<td></td>
<td>-6 organizations</td>
<td>-6 organizations</td>
</tr>
<tr>
<td></td>
<td>-11 sites</td>
<td>-17 sites</td>
</tr>
<tr>
<td></td>
<td>-c. 3500 employees</td>
<td>-c. 4000 employees</td>
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<tr>
<td></td>
<td>-includes hospital</td>
<td>-includes hospital</td>
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Data

- 136 interviews;
- 324 meeting observations
- Documents
- Quantitative survey of managers, professionals and network partners at end of study
A model of forms of institutional work in the enactment of policy reform.
STRUCTURAL WORK: Managerial efforts to establish formalized roles, rules, and resource allocation that support a new policy framework.

PRECURSIVE
“Logically, it would be nice if the structure followed from the clinical plan. But that takes too long. It creates instability”

DISRUPTIVE
“Just putting the structure in place – that takes two years. All our energies are taken up with that”

RECURSIVE
“One of the Board’s wishes was that in the top team, there would be room for all, so the CEO asked people where they wanted to go”
CONCEPTUAL WORK: Managerial efforts to establish new belief systems, norms, and interpretive schemes consistent with the new policy.

- **CONCEPTUAL:** Push to the new, but hard to connect to action on the ground
- **SPECIALIZED:** “The project, was very, very conceptual and there were only certain elites here that carried that science”
- **DETACHED:** “All these professionals, the employees have been trained to treat a person, not a population”
- **REPETITIVE:** “It’ll take time… marketing campaigns, where we repeat the same message 10 times in the same day. It’s not obvious.”

Push to the new, but hard to connect to action on the ground
Claiming moral legitimacy
OPERATIONAL WORK: Managerial efforts to implement concrete actions affecting the everyday behaviors of frontline professionals linked with the new policy.

TRANSACTIONAL
“When we present a change, we must always think of what advantages it gives to the doctors that we can highlight.”

FRAGMENTED
“In principal, and in spirit, it is an important reform. But in practice, we have difficulty: the levers are more or less nonexistent.”

CONTENTIOUS
“That hospital tends to refer everything to primary care. What’s the point of having an emergency room if they behave like that?”

Negotiating with the old to achieve the new
Tied to pragmatic legitimacy
RELATIONAL WORK: Managerial efforts aimed at building linkages, trust, and collaboration between people involved in enacting reform.

- Structural work
- Conceptual work
- Operational work

Underpins and supports all others forms of institutional work.

It took a full year to get to know each other (on the top team).

Stop looking at nice documents. We have to go and explain stuff to people.

This requires making links, to develop mutual trust.
Managers as institutional workers in enacting reform

<table>
<thead>
<tr>
<th>Type of Work</th>
<th>Sources of DILUTION</th>
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</thead>
<tbody>
<tr>
<td>Structural work</td>
<td>RECURSIVE: Impregnated with remnants of old structures</td>
</tr>
<tr>
<td>Conceptual work</td>
<td>DETACHED: Hard to link with operations</td>
</tr>
<tr>
<td>Operational work</td>
<td>TRANSACTIONAL: Results in negotiated settlements</td>
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<tr>
<td>Relational work</td>
<td>Smoothes over the edges</td>
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The DILUTION dilemma: Between purity and pragmatism

**PURITY**

He was someone with an incredible mind... the CEO... who would have done well to set aside the conceptual and philosophical aspect of the approach to go and weave some linkages with people on the ground... with middle managers and employees in particular, taking into account the hospital context.

DILUTION BY CONTENTION & REJECTION

EMPHASIS ON MORAL LEGITIMACY

**PRAGMATISM**

Things have been achieved in the last year. (...) But it was difficult because [the partners] are people who negotiate. If they get their conditions, then they put things in place. Otherwise they don’t take risks.

DILUTION BY RECURSION & NEGOTIATION

EMPHASIS ON PRAGMATIC LEGITIMACY
Conclusions & Implications

- Managers are key institutional workers (with others) in enactment of reform.
- **Structural work**: Greatly underestimated; Highly critical; Hugely time and energy consuming; Raises critical questions: Is reform worth the cost?
- **Conceptual work**: Purism vs. pragmatism – need for skilful translation; Role of patient participation in building moral AND pragmatic legitimacy?
- **Operational work**: Reform on ground is transactional and depends on the incentives in place. Managers need autonomy to offer incentives locally.
- **Relational work**: Clear need for managers to master relational skills... relational work will contribute to getting stuff done, but partly by smoothing the edges.
Questions?
Comments?
Discussion?
Bibliography

Bibliography