IV Biannual Conference
Gothenburg 3-4 September 2012 on
the Future of Primary Health Care in Europe IV:
"Crossing Borders in Primary Care"

A Nationwide Management and Leadership Program in support of Primary Health Care Reform

3rd September 2012

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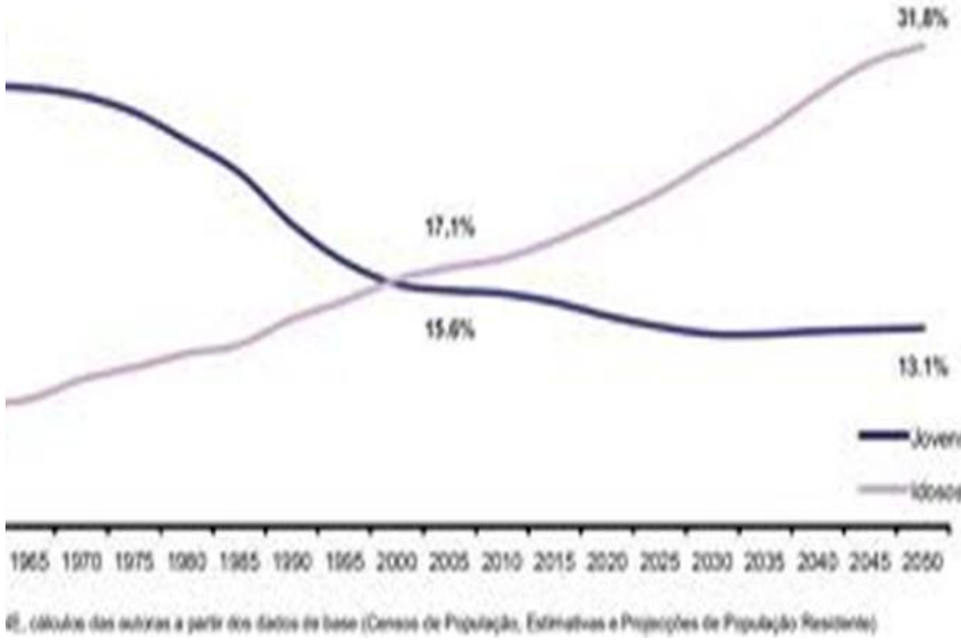
PRIMARY HEALTH CARE IN PORTUGAL

Public and Universal Services to all Population: Gatekeeper to Hospital Services (12th on the 2000 WHO Ranking)

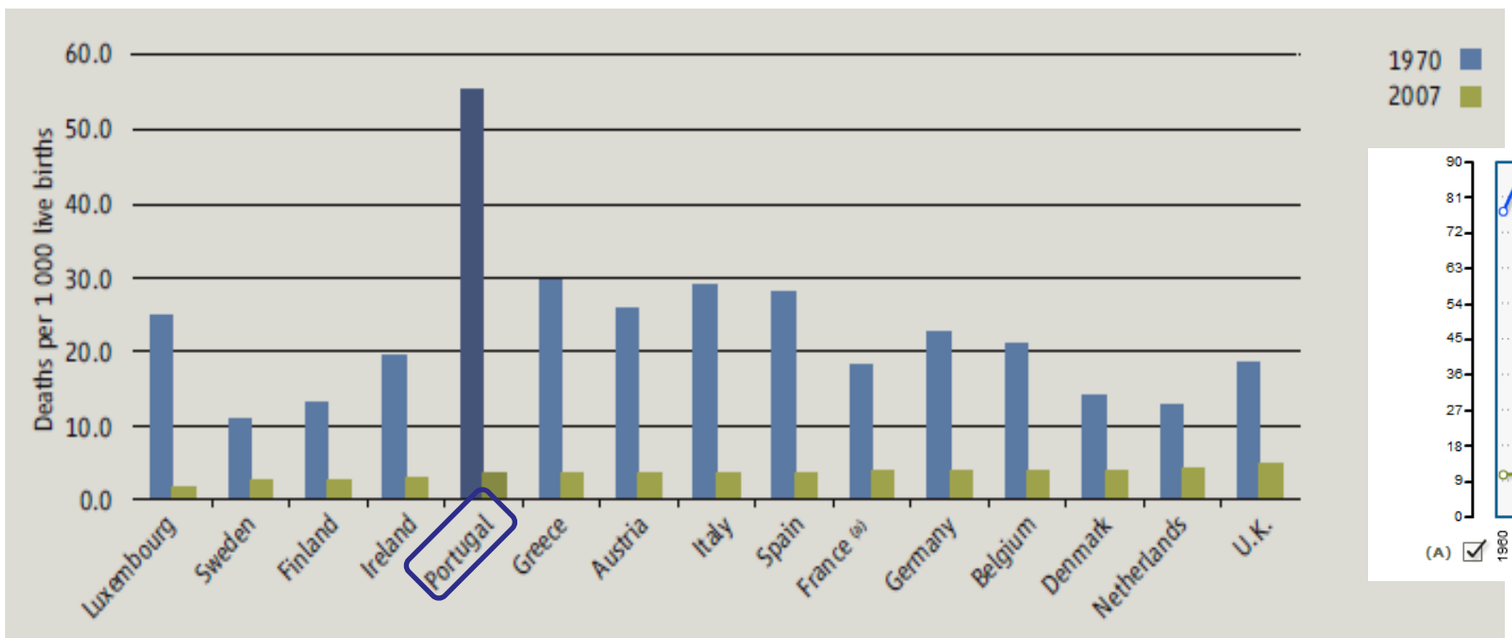
Mortality and health indicators, 1970–2008 (selected years)

	1970	1980	1990	2000	2007	2008
Life expectancy at birth, female (years)	70.3	74.6	77.6	80.3	81.6	81.4
Life expectancy at birth, male (years)	64.0	67.5	70.6	73.2	74.9	74.9
Life expectancy at birth, total (years)	67.1	71.2	74.1	76.8	78.3	78.2
Mortality rate (per 1 000 female adults)	10.1	9.0	9.6	9.5	9.2	9.3
Mortality rate (per 1 000 male adults)	11.5	10.6	11.1	11.1	10.4	10.4
Mortality rate, crude (per 1 000)	10.7	9.7	10.3	10.3	9.8	9.8
Infant deaths per 1 000 live births	55.5	24.3	10.9	5.5	3.4	3.3
Probability of dying before age 5 years (per 1 000 live births)	–	29.2	14.0	7.3	4.2	4.0

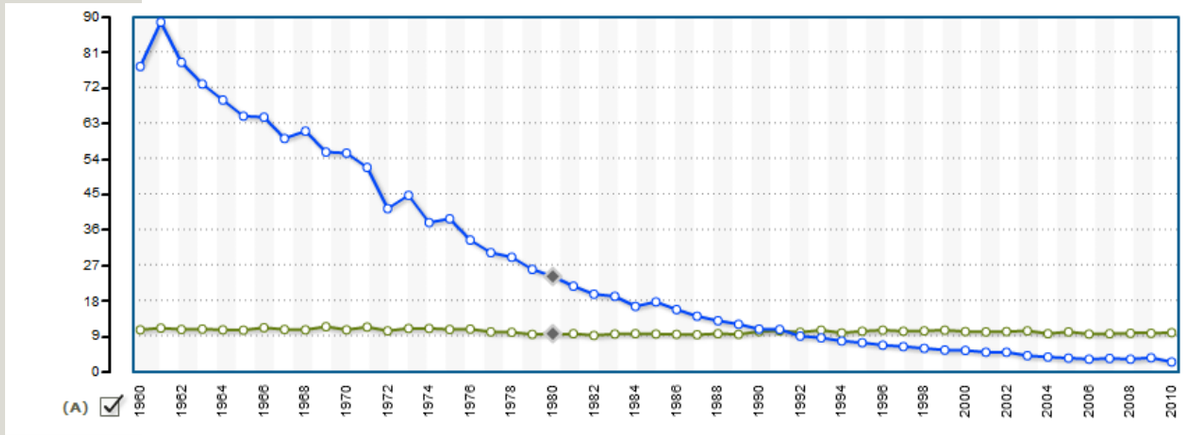
Sources: INE, 2009a, 2009b, 2009c, 2009e; WHO Regional Office for Europe, 2010.



Infant mortality rates (per 1 000 live births) by region, 2000–2008 (selected years)



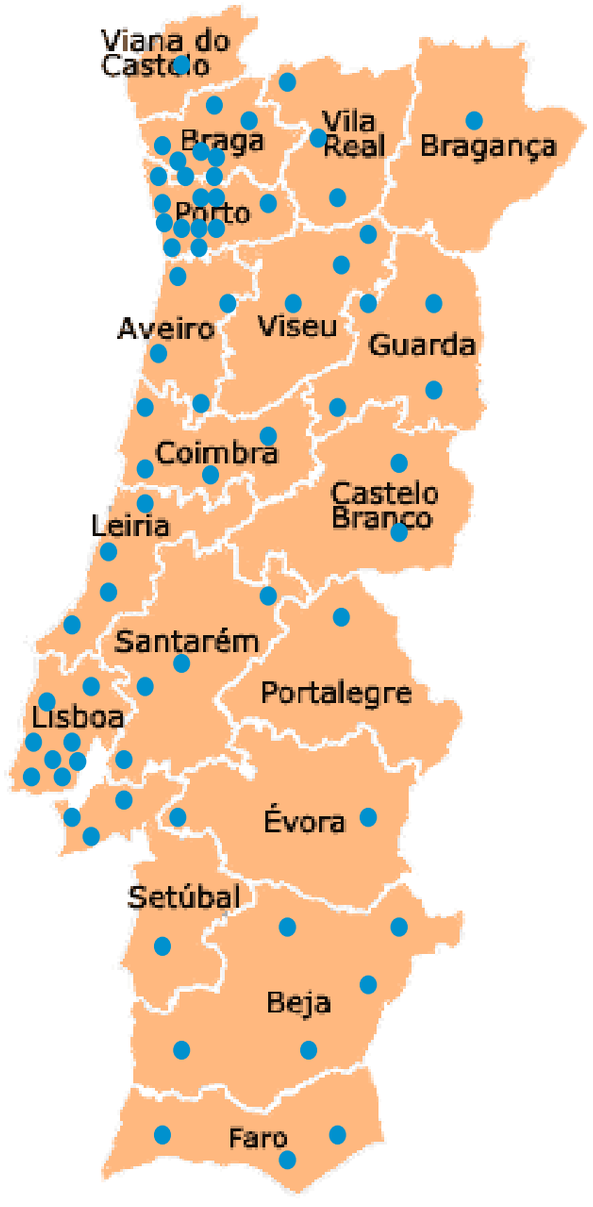
Source: ACS–Ministry of Health, 2009.



2005-2009 PRIMARY HEALTH CARE REFORM

Change the professional culture:

- Task force created by the Ministry of Health to tackle the reform
- New 20-30 professionals functional units established (voluntary)
- Training and coaching activities for organizational development proposed



Goals:

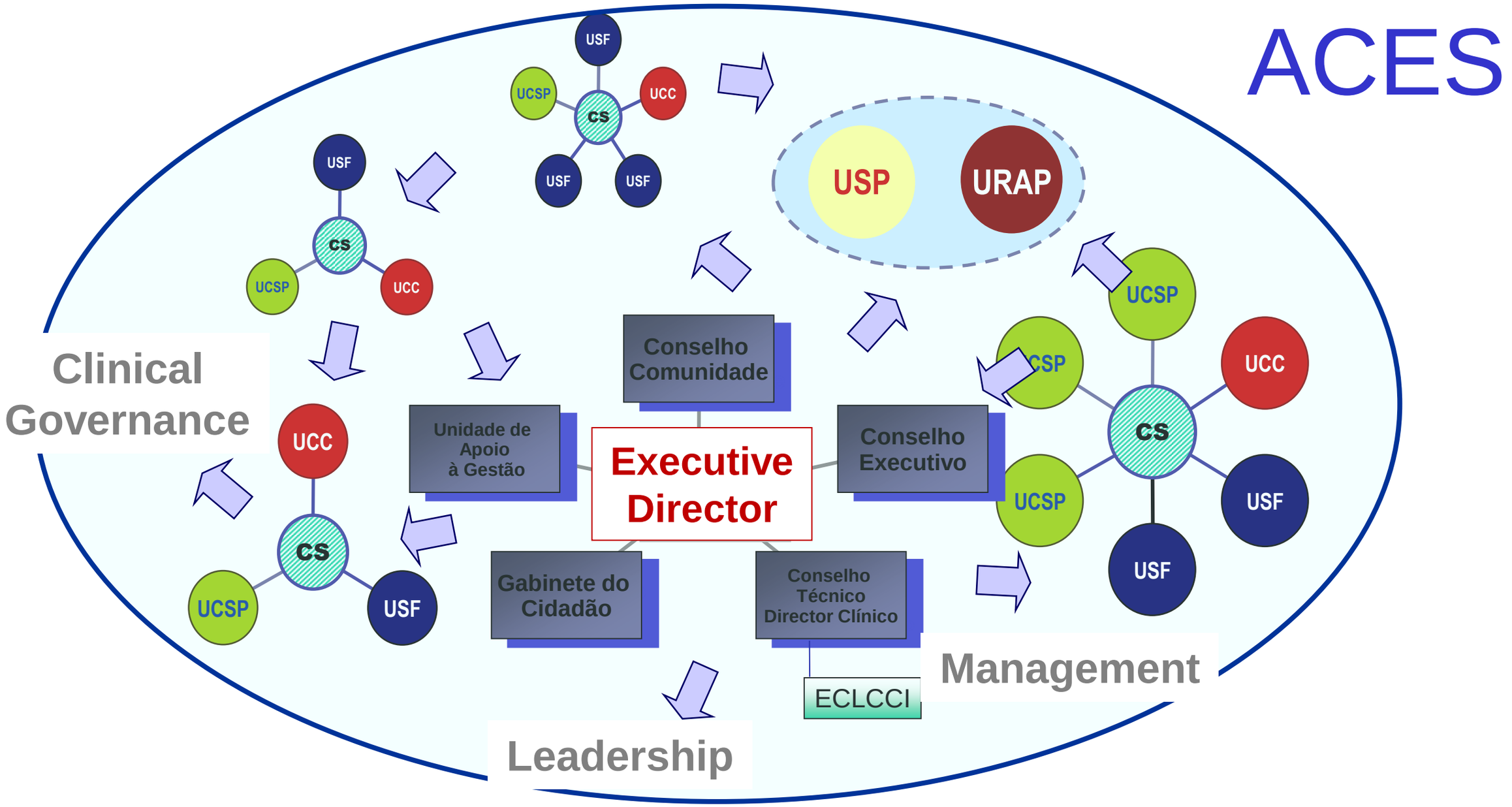
- Clinical governance to have a central role

- Management efficiency through management teams

THE NEW DESIGN FOR PRIMARY CARE EMPHASIZES COLLABORATIVE WORK AND MANAGEMENT

A network of 73 groups of Health centers (ACES) was created

ARS, BOARD



THE EXECUTIVE DIRECTOR

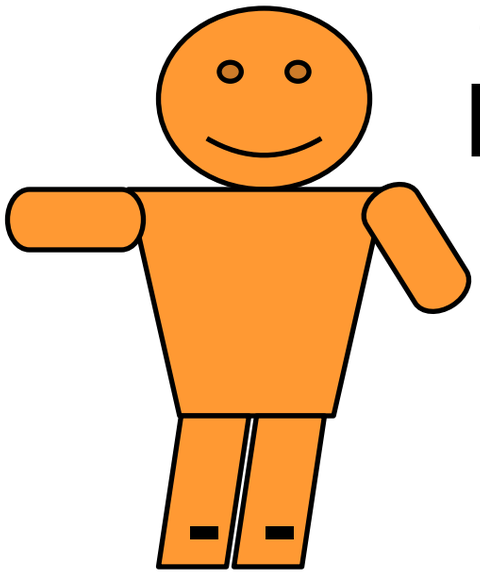
The quality of the workforce is one of the primary determinants for a change process, and if the formal leaders don't have the adequate skills and competencies, can compromise the success of the process.

Main pre-defined characteristics (by law):

- competencies in health management,
- experience in primary-care setting,
- Understanding of local politics, etc.

In the pool of health professionals there were not many available that fulfilled all these conditions. Most of the chosen (85%) were previous health center directors or sub-Regional Health Authorities managers (the sub-Regional Health Authorities were closed in the process of the creation of ACES).

REFORM
(Transformation)



PEOPLE
Prepared For Action

ACTIONS
(Organizational Change Projects)

Where do we find them? How do we train them?

PACES PROGRAM DESIGN FOCUSED ON DEVELOPING "LEADERSHIP FOR ACTION" COMPETENCIES

- **The complexity of the PHC reform development requires strong leadership (Plsek and Wilson 2001) and longer programs (Bass, 1990; Alimo-Metcalfe and Lawler, 2001);**
- **The importance of action-training (Lapão, 2008), focused on problem solving (Mintzberg, 1989) specifically responding to ACES implementation needs;**
- **The need for a management innovation perspective (Hamel, 2006) to deal with the bureaucratic obstacles of the current health care system;**
- **The need for training methods adapted to managers, particularly for the development of cognitive and interpersonal skills (Arthur et al. 2003);**
- **The focus on "project management" as the key tool to deal with change implementation and efficient use of resources challenges (Turner and Keegan, 2001);**
- **The importance of developing a network of peers for sharing management successes as "good practices" (Dyer & Nobeoka, 2000).**

PROGRAM AIMED AT PROMOTING MANAGEMENT TO FOLLOW MINTZBERG'S ADHOCRACY MODEL

Main characteristics of an adhocracy:

- highly **organic structure** with little formalization of behavior

- **job specialization** based on formal training a tendency to group the specialists in **functional units or in special teams**

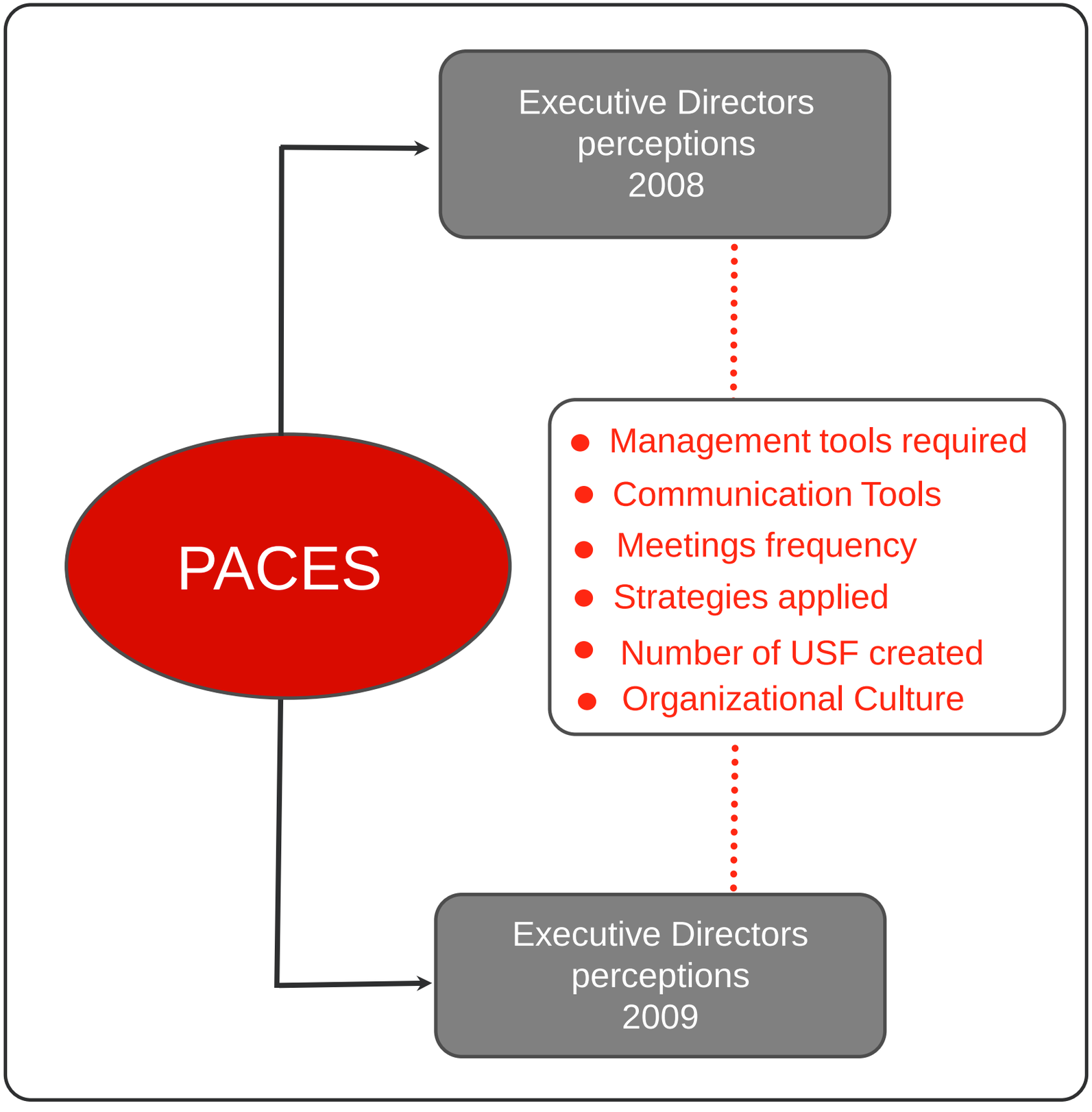
- reliance on liaison devices to encourage **mutual adjustment** within these teams

- **selective decentralization**

- high cost of **communication**(dramatically reduced in the networked age)

METHODOLOGY

Pre and post-program questionnaires were exploited



- Pre and post-program questionnaires were exploited.
- Focused on the perceptions of new managers about: needs and benefits derived from their participation in learning activities developed during 2008 and 2009.

Tools considered necessary in your organization in order to improve your team development

	2008	2009	
	%	%	
Management tools	84.6	85.5	↑
More time to study process	32.3	33.9	↑
More human resources	52.3	79	↑
More time to develop diagnosis	44.6	29	↓
More financial resources	26.2	33.9	↑
More technological resources	40	56.5	↑
None	1.5	1.6	↑

The Frequency of meetings with colleagues/ team increased

	2008	2009	
Daily	8.6%	17.7%	↑
1-4 times per week	29.3%	53.2%	↑
Every 2 weeks	10.3%	9.7%	↓
1 time per month	27.6.%	6.5%	↓
Everytime is needed	20.7%	12.9%	↓

Type of communication in contacting and relating with your team?

	2008	2009	
	%	%	
written formal	35.3	29	↓
written informal (email)	60	75.8	↑
Intranet	25	39	↑
Oral	67.7	77.4	↑

- Written informal communication and oral communication establish as the most important ones in both periods.

Which of the following strategies is more frequently adopted by you to make decisions and develop new projects

	2008	2009	
	%	%	
Communicate what is needed to be done according to planned or the data available	10.2	0	↓
Listen and promote discussion os suggestions givem by your team and then individually decide how to continue	84.7	89.5	↑
Your team decides according to guidelines, principles and their responsabilities	3.4	6.6	↑

- ED no longer adopt the most authoritarian strategy to make decisions and develop new projects.

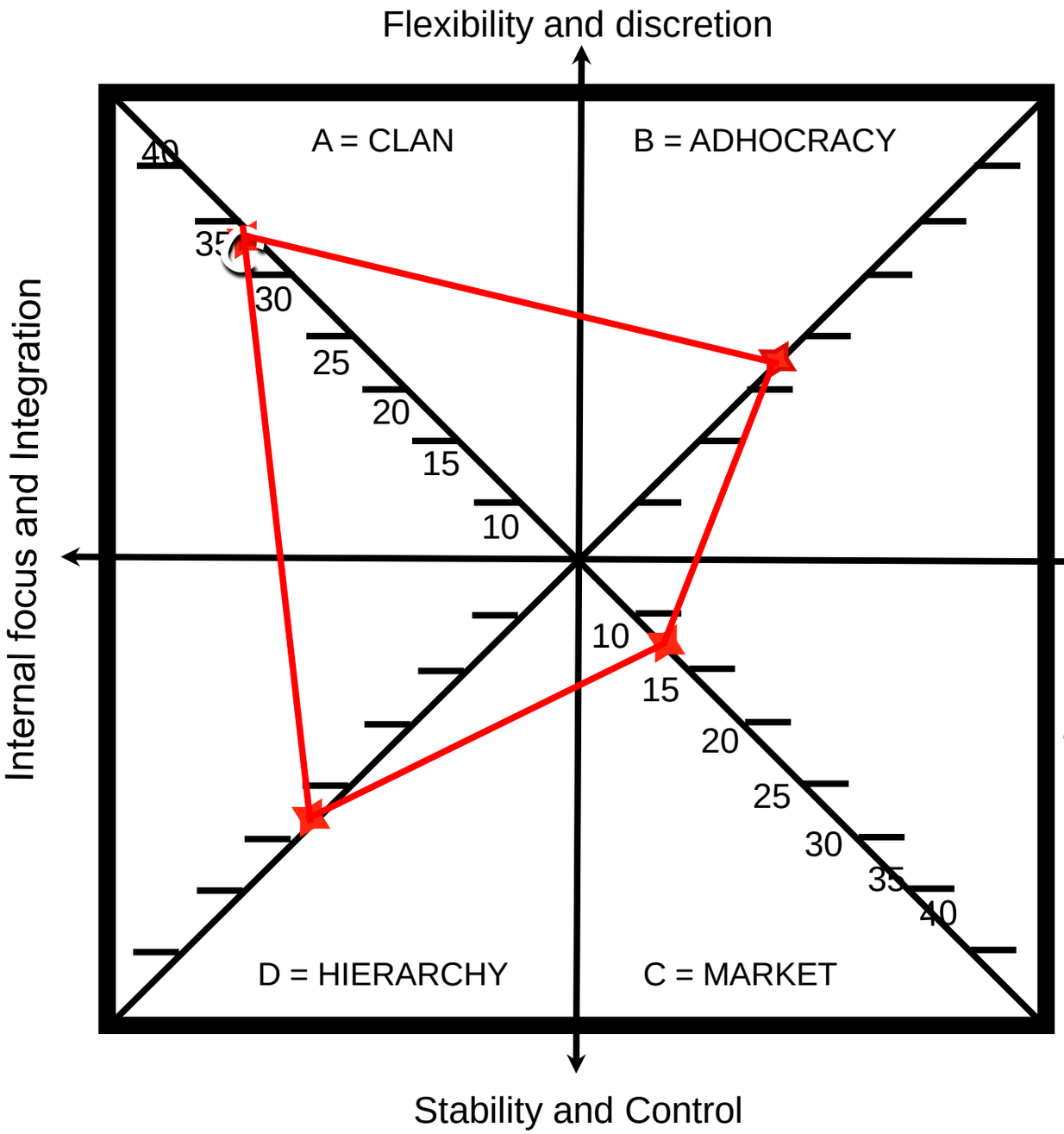
AFTER PACES: “HIERARCHY” CHANGES TO “ADHOCRACY”

The Competing Values Framework:

Organization Culture Assessment Instrument (*OCAI*)*

*Cameron e Quinn (2006),

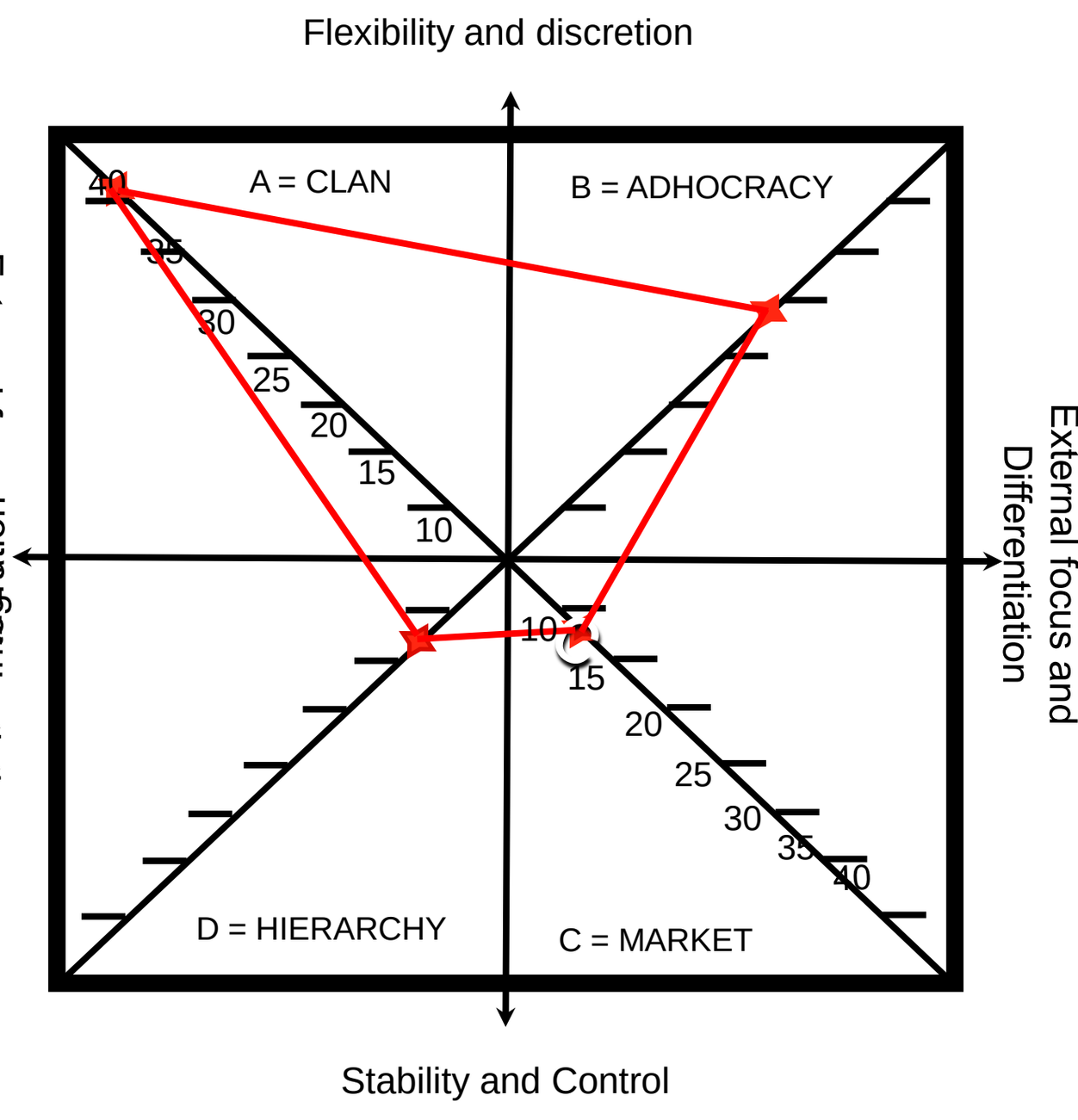
- Aggregated Analysis 2008 -



1st Dominant Culture: Clan

2nd Dominant Culture: Hierarchy

- Aggregated Analysis 2009 and 2012-



1st Dominant Culture: Clan

2nd Dominant Culture: Adhocracy

CONCLUSIONS

On the Plus side…

Daily activities

• Higher frequency of meetings and patient satisfaction measurement, less authoritarian strategies, more use of Internet and emails...

Organizational culture

- **Stronger clan culture**
- **From Hierarchy to Adhocracy (open to innovation, risks)**

CHALLENGES YET TO BE ADDRESSED...

Patients still not the central focus…

Organizational leadership still with some hierarchical characteristics

Continuity, support and trainning is still needed

Thank you!

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