CONFERENCE ABSTRACT

A Multi-Method Case Study of Collective Leadership in System Reform

1st North American Conference on Integrated Care, Toronto, 4 - 7 October 2021

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Introduction

In 2019, the Ontario government introduced Ontario Health Teams (OHTs) as a new way of delivering more integrated care. OHTs are mandated to collaborate and integrate care within defined regions by partnering with the array of health organizations within the region. To effectively integrate care across providers requires collaborative leadership to build trust, and to distribute accountability, power, and funding across organizational boundaries. Accordingly, leadership must be peer-driven and inclusive of patients, communities, and frontline workers alongside health administrators. This study describes how OHT leadership was conceptualized and executed and explores collaborative leadership within the formative stage of OHTs.

Aims Objectives Theory or Methods

This multi-method case study design (interview, survey, and document analysis) was conducted on the first cohort of OHTs (n=30) in 2020. In-depth semi-structured interviews were conducted with individuals from a sample of 12 OHTs (n=126). Participants were asked to describe how OHT initiatives were formulated and how different constituents came together to create them. A universal deductive coding scheme was created for analysis. A 42-item survey was administered to 785 individuals across the 30 OHTs to measure capacity and capabilities for integrated care (response rate= 63%). Five items in the survey were specific to leadership.

Highlights or Results or Key Findings

Collaborative leadership facilitated the creation of shared approaches, visions, and goals. OHTs' mandate to collaborate resulted in informal working agreements and consensus-based decision-making models. 67% of participants felt that the leadership created an environment where differences of opinion could be voiced. Despite predominantly positive perception of collaborative leadership in interviews, only 1/3 of OHTs had ≥80% of their respondents indicating they had effective OHT leadership. Participants considered trust an essential component of collaborative leadership, supported through survey results as 71% considered their OHT leadership very good/excellent at fostering respect, trust, and inclusiveness among members. Interview participants described different stages of trust within their OHT. Some participants expressed concern around the 'lead organization' holding too much control over decision-making. This was

often mitigated through smaller working groups where participants believed patients and family members were given an equal voice.

Conclusions

Collaborative leadership was a common philosophy across OHTs but approaches to structures varied by context (e.g. history of collaboration, existing infrastructure, etc.). Most participants felt their leadership had established trust and highlighted its importance. As OHTs mature, leadership models must adjust to maintain trust and collaboration between partners.

Implications for applicability/transferability sustainability and limitations

When implemented effectively, collaborative leadership structures enable flexibility to adapt as teams progress through stages of development. As OHTs grow and expand, leadership will need to adapt to bridge diverse interests, to find common ground to manage conflict, and to ensure trust is maintained.