Alberta

POLICY LEADERSHIP

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Health System Accountability and Performance



berta Triple Aim

Health system business

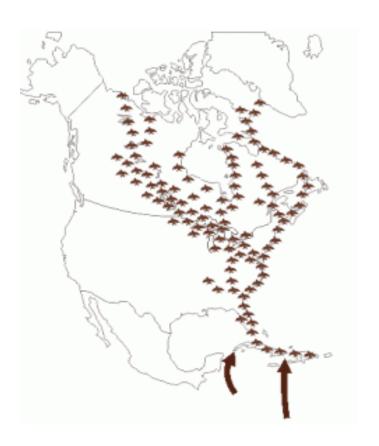
- Not Government
- Health care organizations
- Health care providers
- Professional Regulatory Bodies
- Educators
- Quality and Safety Councils
- Patient organizations
- Non profit health organizations
- Community groups
- Etc etc etc



Historical Approaches

- Legislation/ Regulation
- Directional Policy
- Standards
- Grants
- Plans
- Strategies

All have their challenges





Possible New Levers

"Policy development, while responding to ever-more complex and challenging public concerns, is becoming a team sport—and government is not always the captain of the team. As a result, all levels of government will likely need to develop relationships with other actors to help achieve objectives. In light of these new arrangements, will accountabilities, risks and rewards be informally shared on an ad hoc basis, or will they be negotiated among actors within a binding framework? Can formal networks organize and function fast enough to respond to public needs?"

Health Canada



Types of Collaboration

- Funder Collaboration
- Public-Private-Partnerships (P3)
- Multi –Stakeholder Initiatives
- Social Sector Networks
- Collective Impact

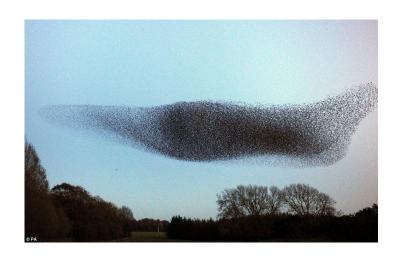
Krania and Kramer, 2011



Collective Impact

- 5 Conditions to achieve social change:
 - Common Agenda
 - Shared Measurement Systems
 - Mutually Reinforcing Activities
 - Continuous Communications
 - Backbone Support Organizations

John Kania and Mark Kramer Standford Social Innovation Review, Winter 2011





Final Thoughts

- Triple Aim requires culture change, shared leadership and continuous evolution / change
- Government's role: Participate as a player with a unique perspective and unique levers
 - Establish the common agenda
 - Develop common measures
 - Monitor performance
 - Foster engagement
 - Communicate