Global Competencies Meeting

Friday, January 17, 2014
8:00 a.m. – 1:00 p.m.
Recorder: Megan Angelini

<table>
<thead>
<tr>
<th>Members Present:</th>
<th>Absent:</th>
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<tr>
<td>Mr. Alterescu</td>
<td>Dr. Rice</td>
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<td>Ms. Angelini</td>
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<td>Dr. Borrell</td>
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<td>Ms. Bowen</td>
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<td>Mr. Rodriguez</td>
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<td>Dr. Ribeiro</td>
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<td>Dr. de Roodenbeke</td>
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<td>Mr. Dobson</td>
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<td>Mr. Evans</td>
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<td>Ms. Hahn</td>
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<td>Dr. Holder</td>
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<td>Mr. Jones</td>
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<td>Dr. Lastra</td>
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<td>Dr. Lee</td>
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<td>Dr. Loo</td>
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<td>Dr. Miguel</td>
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<td>Dr. Mitchell-Fearson</td>
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<td>Dr. Narvaez</td>
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<td>Ms. Nugent</td>
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<td>Mr. Pereira</td>
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Key Discussion Points:

The meeting was called to order at 8:00 a.m. Megan Angelini was assigned to take minutes.

**Topic 1: Report outs**
- Both groups reported out their competencies for domains 4 and 5.
- See GLOBAL HEALTHCARE COMPETENCIES GROUP EXERCISE document for specific competencies.

**Topic 2: General Comments**
- There is a need for the document to show transparency and accountability (as much as we can).
  - Responses- I think it is right that we have brought this up because the profile of competency is not direct. Must be in line with how you see the world. We cannot consider as first domains a vision or outlook that will be crosscutting across the board. We have to be able to define the values that
can be reflected across the board. Accountability and transparency are two good examples of what we want a manager to do at all times.

- Response- Maybe a good way to do this is through behavior. You have competencies that are actual concepts and then the behaviors that correlate with these. Competencies tend to focus more on technical knowledge and then behaviors focus on soft skills. These are different but correlate.

- Must distinguish that general topics are different from the specific tasks. Example: Need to be able to know information but doesn’t have to be an expert in the topic.

**Topic 3: Recommendations for new titles of domain** (discussion)

- Definition of a domain: the natural categories or groups of competencies. Content areas that are required for accreditation/general category of curriculum.
- Part of next steps: To determine the domains we first need to stabilize our list of competencies and then we can cluster them into categories/domains/groups.
- We are not creating a chemical formula, we are not going to mass produce healthcare managers. No one can have all of the core competency- and I don’t want to overemphasis the 5 domains. But we do need to create a document to help build up our people. We don’t want to create a gap between the high and low sections by getting into the formula.
- We need to create some credibility within this document where the reader can say “I can see myself in this.” I think the domains will emerge from the analysis of the group of competencies, the classification and so forth.
  - Pilot example: I cannot be in a plane where the pilot got a 10 in takeoff and a 0 on landing. A competent pilot needs to be able to do both. Leadership is just like takeoff- it cannot be a single domain but rather a cross cutting idea. The domains are the buckets that combines the most important traits that truly capture the core competencies of the managers.
- Response- I completely agree. The other thing that strikes me is that we haven’t really put the patient anywhere. I think there are different ways to think about them. (Ex. Australian model.)
- We might need to think about both the competencies and the soft skills. Focus on competencies for skill level and recognize the human soft skills. They are slightly different things but can be discussed together.
  - Response- This discussion comes down to what a “competency” is. We focus on soft skills and less on the real technical skills. We want managers who lead and then the leaders who govern.
  - Response- To me this is like a job description- skills that are required and then the behaviors that are needed.
- If behaviors are not part of the competency model then we are building something that is more closely related to personality and not as much related to something that you can learn and adapted. There is also some kind of a critical mass- not only take off but also to land-which means that a competent manager needs to have a compilation of competencies. We need to remember that there is a critical mass to be overall competent to do the job.
- To successfully determine the right level of competency, we should be trying to find the right combination of tasks and qualifications- more of a holistic view.
• Our objective is that we get buy-in at the global level. The key thing is that any person looking at this will understand the practicality of the document. Tells the user “this is what I am doing/what I should be doing/what I need to be doing better.”

• Piece of Next Steps (document production): We must keep our customer in mind. If we produce something that is grand but not useful, we are wasting our time. Maybe some of what we do is cite references—readers can go deeper into topics if they want some references. Response—Very good thought.
  o Response—What Mr. Evans proposed is very interesting because we can offer references to the people that needs more information. Maybe we only need 3 domains and then have cross cutting pieces? The content is there but we just need to turn it around and make it simple for the end user.

• To do list (Deborah Bowen)
  o Discuss the call to action (why we are doing this and what our intent is)
  o Defined competencies (so people really understand the context by which the directory really exists—people need to see themselves in this)
  o Be sure that our directory makes sense (reconcile)
  o Revisit our domains and think about what makes sense
  o We will then want some time for comments from this group before we share this more widely with our colleagues (we will need your help with sharing it more widely for a better validation process)
  o Then identify these knowledge sets (what leaders need to know—maybe that lives as the foundation of the domains)
  o Finally we must bring this to life for people so people can have some useful information.

• Probably the last step would be to work on which of these management practices are really key for well performing organizations. Brings us to the point of being able to assess if the management is able to reflect these competencies. Important to do it steps by step.

• Since there is a vision for other languages, we will need to remember to roll this step into the validation and testing. If needed we can see if this would be able to validate on a regional basis (use subgroups that take responsibility for testing and validation in other regions.)

• Response—Dr. Reynaldo Holder:
  o Usually our experience is that these documents are usually put forward and developed in English. And then they will get translated into other languages. The other thing is that despite PAHO’s effort I am not in a position to commit WHO to this commitment. We have a certain level of independence and flexibility but we do not claim to represent WHO.

• Response—Erik de Roodenbeke
  o When we get to this point it will be IHF’s commitment to bring this to the WHO (eventually). We could potentially hold a meeting around the World Health Assembly. Able to extend to other organizations.

• In terms of moving this forward in a timely manner— I think we should have an agreed upon time to respond to documents. This ensures a timely response and makes sure all the documents are coming in approx. together—maybe 10 days?
I agree that we can focus a little more in Latin America and we represent multiple groups. We can create small groups where we can talk amongst ourselves and give better feedback.

**Topic 4: Next Steps**

- Get everyone signed up to Basecamp.com
- Hope to have two products developed: one is the executive summary as we did last year (what happened at this meeting) and the second is a draft document with the competencies as were discussed during this meeting (Eliana, Sinde and Megan will work on this document). We will then distribute this for comments.
- After that we will have to determine the timeline for our work. All of the things that we need to develop: the knowledge aspect document, the directory refined against this discussion. This is work that we can do on Basecamp instead of having another meeting. We will plan to have this done by March. At Congress, we will have a meeting on-site and connect with those who cannot come virtually.
- Then focus on a two-prong process of gaining political support for charter document and technical support for directory.
- Summary of discussion of our end point:
  - From where I sit - the first starting point is to really contribute to healthcare management profession globally. We can build something that can help people. This is very mission driven work.
  - IHF is a platform. When I mention this process of validation it just serves as a guidance. I totally agree that it would be bad to think we were imposing this on anyone. If people are willing to agree on things- they can develop their own perception of our work based on environments and needs.
  - We can continue just being a network- we are all trying to improve healthcare management. I think this is a global realization. We have achieved a lot just by coming together. We have to decide what we want to be and how we will continue to work together.
- Part of envisioned to do list: project plan.
- Another needed document (glossary): list of wording and meanings along with a list of references.

**Topic 5: Charter Document Outline**

- Introduction and discussion of the Need for the Declaration
  - Two processes: technical (trying to agree on documents and competencies) and a political process.
  - To achieve the objectives (profession of healthcare management) we will need to support the political process (gaining both traction and support.)
  - International community needs healthcare managers (both within organizations and countries).
  - Recognized that there is a need for care management, but not recognized as a profession. But many times people are put into a situation where they need to manage a healthcare institution, but they do not have the skills. This needs to be a profession that you prepare for.
  - In trying to push forward towards that recognition authorities need to look for professional managers to be put into these positions. Build the right managers or create systems in which these managers can go through a transparent process of moving through their positions.
- Useful instruments - more open awareness that healthcare management is a profession.
- The objective is to improve professionalization of healthcare management.
- Process of buy-in: builds capacity from the ground, up. We are proposing the development of a charter (call to action) to begin the process of building support throughout all countries. We will initiate the process of building this document today to build support at the global level.
- Don’t intend to impose core competencies, rather gives a framework in which to build and regulate.
- Overarching objectives: to contribute to the professionalization of healthcare management, to contribute to training and the process of accreditation of organizations and education programs, certify healthcare managers and give associations within their countries a tool to accredit what their healthcare managers should be at a national level, and finally determine the steps for governments to accept this certification.

- General Outline (leading to the Call to Action)
  - The way we structured this was to review several different declarations that have been done.
  - If done properly- the reader will say this does matter, the right people have been involved and it is something that is important to me.
  - The idea of taking this to a higher level is very important. My only questions is to ask- what structures do you need to go through?
    - Response- That is where the other document comes into play- spear headed as the consortium in relation to IHF.

- Call to Action
  Why it is important:
  - Important to have support at all levels (ability to influence)
  - Recognition of health management as a profession will attract talent, improve relevance (seat at the table) and improve both the quality and delivery of care.
  - Gets back to the mission statement- why we are all in this field- helping patients and healthcare managers impact patients
  - Healthcare is a unique business model (public good but competitive- doesn’t work the same way as other marketplaces)
  - Countries cannot have under managed healthcare systems when it is such a big piece of the economy (% of GDP).
  - Patients’ health can be improve by qualified leaders and managers.
  - A defined profession requires a defined body of knowledge
  - Resources are limited and healthcare is growing requires a balance and managers must be able to make these decisions (optimize resources and needs).
    - Demographic pressures and health of the population. (needs)
  - Need to determine what good leadership looks like (Example: centers of excellence). Engaged leadership can lead to outstanding results.
    - Don’t currently have consistent measure of what makes a good healthcare manager (leader)
  - Move to a strategic position of profession that addresses both money and quality.
Variation among countries, but at its core the profession is a similar set of management skills.

Need to come up with pre-requirements/knowledge for activities

Need for a trustworthy way to assess and engage healthcare management

Need to ensure that a person that performs above the crowd becomes a leader
  - Need to understand how to detect leaders (both strengthen and bolster)

We want to enhance quality of institutions (professionalize)

In order to achieve institutional goals, leaders need deep knowledge of both medical and management areas

The requirements of all healthcare management training is diverse
  - Institutional recognition
  - This consortium is a stimulus for us to replicate and gain feedback

Necessary for us to underscore the importance of managers and show evidence for the healthcare management profession

Need to describe competency, accreditation and recruitment ideas.

Two levels of issues: organizational level and the individual manager level (all need leadership competencies)

The progress that has been made to date and the related global initiatives:

- AUPHA/CAHME- training for health managers
- Institute of Healthcare management (nationwide but set in UK)
- Institute for Healthcare Improvement- quality and leadership
- Clinton Initiative- identifies issues and matches the donor with the doer.
- USAID
- Management Smarter
- Australia has invested $30 million into healthcare leadership training
- Canada- LEADS
- Response- Remember that we need to identify something unique, even if we are not the only entity trying to make a difference in this area.
- Response- This list shows there is a growing movement and recognition of interest in this area

The continuing challenges (key):

- Lack of understanding of what a healthcare manager needs
- Trying to objectify technical skills
- Need for transparency
- Lots of fragmentation
- Recognition of the need for professional management
- Most countries don’t have a lot of resources in this area
- There is a lack of urgency. We need to create momentum around this.
- If this is done well, there will be better outcomes for patients, better resource use and better health.
- Market the work with “grab you pieces” which includes outcomes, access, resource utilization, etc.
- Patient centered care requires an improved management system
- Global nature (disease, policy, etc.)
- Need to build a strong healthcare system
- Experiencing a healthcare workforce brain-drain of talent moving around the world.

The governing principles:
Accountability
Transparency
Outcome focused
Standardized (measureable) education of healthcare managers.
Integrity of the profession
Commitment to sharing knowledge, tools and resources across boundaries
Equitable care
Effectiveness
Value of healthcare (cost of performance to create the best value)
Raise the bar on the standards across the world (then an increase in performance)

Who we should call to action and at which levels:
National Level involvement (ministers of health, governments, professional associations)
- Support of framework (sell it as a package)
- Understand and give back to the international marketplace
The individual doing healthcare management
- Use tools to progress their career and be better healthcare managers (leadership)
- Association creators, grassroots movement
Educators
- Teach to the competency domains and provide curriculum that produces competent managers.
Universities are important and academic groups are needed to provide information. This will help come up with pre-reg/knowledge for activities
Local authorities
- Provide a framework for the job that they are hiring for.
Response - Need a marketing plan to engage people who are good at this, people who need this (both countries with nothing and those who want to give back to the profession).

- Process to Complete with Timeline and Responsibility
  - Draft document beginning today will be presented at March ACHE Congress
  - Develop a communication plan for both the roll-out and ongoing work

Topic 6: IHF Special Interest Group
- 6 points important for interest of development (scope of potential activities)
  - Use Consortium as a spring board as the professionalization of healthcare managements
  - Global Competency Framework
  - Is there some kind of structure that is there to share tools and approaches to perform better management techniques?
  - Increase the visibility of the work being done by the consortium
  - Allows members to work together on projects (across settings)
  - There will be demand for organizations at an early stage of development, allow members of consortium to develop these less developed organization.
- Membership Fee:
- 700 Swiss Francs
  - Under this arrangement, can the consortium be fairly independent?
    - Yes, with special interest groups, the projects stay separate and do not go into the global budget.
    - Just bringing support.

**Topic 7: Conclusion**
- **Barriers to moving the work forward:** (for discussion with a subgroup)
  - Is there a point where we purse a resource/funding element?
  - Frailty - our ability to contribute
  - We will need funders to move this forward - who are these?
  - Who in the group can leverage credibility?
  - What is it going to take to move this forward?
  - Research into who cares about this.
  - We have a big task and we need to be resourceful.
- Established timeframe of the development of the Charter
- Work moving forward will be done via Basecamp.com
- Move forward on the competency document
- Raised the concern of a communication plan
- Need to plan the process of buy in with the call to action once it is approved.
- Target of where we would like to present our work - World Health Assembly in May 2015?
  - Oct. 2015 AHA and ACHE is hosting world health association.
  - Need to think about how we can piggyback on other events.
  - **We will prepare a calendar of all events and distribute this.**
  - European meeting in September 2014 in Berlin
- Will determine how to distribute each task between this group along with a timeline. Will at least have a one year plan of how to get everything done.
- Keep in mind we will need to ensure another meeting in about a year.
  - PAHO is always open to hosting.