

# Reaching Out to the Major Issues in Health Care

## The IMHL Forum

The International Masters for Health Leadership (IMHL), established by the Faculties of Management and Medicine at McGill University in Montreal, is not designed to create leaders or managers. That cannot be done in a classroom. Rather, it is a program for people who already are in positions of leadership and management, designed to enhance their personal development and extend this into developing their organizations and communities while advancing our ability to deal with the major issues of health care worldwide.

The approach of the IMHL is novel, simple, and powerful: managers learn best by reflecting on their own experience, personally and with their colleagues. Accordingly, the IMHL welcomes people in management positions across all spectrums of health care and from around the world, most with clinical backgrounds. They come to five modules of 12 days each spread over 16 months. There they work with each other in a flat classroom of round tables, so that they can go in and out of workshops frequently - for about half the total time.

This approach has been written up extensively on the [www.mcgill.ca/imhl](http://www.mcgill.ca/imhl) website, and in a book by co-founder Henry Mintzberg, entitled *Managers not MBAs*, as well as in a number of articles, including "The Five Minds of a Manager" in the *Harvard Business Review* (November 2003). In this note, we wish to focus on three aspects of this.

**A Forum for the Major Issues** - Participants in the IMHL bring to the classroom health care issues of concern to themselves, their institutions, their communities, and their countries. These become the subjects of classroom discussion and workshops.

For example, the Chagnon Foundation of Quebec sponsored a group of five community and public health managers in our first class, all of them physicians, to focus on health promotion in Quebec. Encouraged by people at the World Bank and the World Health

Organization, we also brought to this class three physicians from Uganda, two with the WHO working on infectious diseases, the third with the health ministry. Part of their concern was the scaling up of the health care management infrastructure in Africa.

In addition, issues come up in class, and become part of our ongoing forum. One, for example, has been regionalization: why the need for the administrative infrastructure between state public health authorities and service providers, and how can this link be made more effectively. Some other issues include:

- **The Gap Issue:** How to bring administration closer to the operations, connecting it for support beyond control?
- **The Collaboration Issue:** How to get the different parts of health care working in greater cooperative harmony?
- **The Engagement Issue:** How to enhance engagement through the promotion of human scale before economic scale?
- **The Sector Issue:** What is the role of the social sector (“not-for-profits”, “NGOs”, etc.) that sits between the dominant public and private sectors?
- **The Performance Issue:** How to balance the needs for efficiency, equality, and quality?

**“Friendly Consulting”** - During the program the participants work on each others’ issues in a process we call “friendly consulting”. They get very enthusiastic about this, not least because, in one way or another, everyone’s issue is everyone else’s. As this proceeds, the faculty members push to have these issues seen as not just personal or organizational or even national, but of concern to health care worldwide.

**IMHL Community Outreach** We had hoped that the insights from these activities would lead to health care publications by members of the class (which has already started to happen). But something else is taking place that was not expected, and is proving much more powerful: the

class has become a think tank for concerns in the participating managers' health care communities.

This began with CIDA (Canadian International Development Agency), which wished to develop a blueprint for its health care efforts in Africa. We suggested that it make use of the IMHL class. A workshop was held with the entire class and CIDA representatives, with prominent friends of the IMHL joining in (a senior leader in the World Bank, a long-time WHO manager now a professor in Spain). Our participants from Uganda took the lead in writing the report for CIDA.

**Scaling up in the Developing World** These Ugandans also organized a conference in Kampala, to apply the IMHL approach to concerns about scaling up the health care management infrastructure in Africa. It was attended by 70 managers and academics from 6 African countries, bringing to life for them the pedagogy that the Uganda managers found so helpful for themselves. Related activities in Africa are following (plus a raft of applications to our program from Africa).

This "scaling up" in Africa has been an issue of major interest in the IMHL since its start, encouraged by officials at the World Bank and the World Health Organization. A number of initiatives are underway or under discussion in this regard. One, to be sponsored by a major foundation, will involve the participation in the program of a team of health care managers from a seriously disadvantaged country after regime change. The idea here is that each of these managers will go back after each module and teach parts of it to another ten to twenty managers back home. That way a team of five participants in the program can train as many as one hundred others in their own health care system.

Another proposal is to form teams in the IMHL composed of health care managers from a developing country together with officials from a donor agency, so that they can consider how to work together more effectively.

**Reforming Health Care in Quebec** During the first class, the government of Quebec appointed a commission to investigate major issues in its health care system. The Quebec members of the class wished to convey to the commission conclusions they had been reaching in the class, notably about reducing the gap between administration and service delivery. They self-organized, and made an initial presentation to the commission, which set aside a half-day for more thorough follow-up discussion. This went so well that the three commissioners asked how they could get further into these recommendations. An invitation was issued to join the class for some friendly consulting around the tables, which the three commissioners accepted immediately.

A few weeks later, each joined members of the class around one of three tables, which discussed: How to enhance local autonomy (namely loosen up central controls)? How to promote collaboration (on the ground and between clinical operation and administration)? And how to change the culture to take on more responsibility at the local level? The head of the commission called shortly after their report was issued to express how significant an impact these workshops had on their recommendations about the administration of the system.

But perhaps we should not have been surprised at this. After all, how often do such people get a chance to brainstorm in such a forum? Indeed how often do the people struggling with health care reform in the United States get that chance? Our hope is to attract a “dream team” of some of the brightest talent in America to participate in the IMHL and use it to probe into their system in ways that may be difficult to do inside their own country.

**A Forum to Reach Out To and to Reach More Deeply In** The wonderful thing about all these activities, which we are calling “outreach”, is that they accelerate the learning. Instead of the participants and faculty members sitting in the classroom dreaming up ways to solve the world’s health care problems, we go out and address them in the context of communities and

institutions with particular needs, and bring these concerns back into the classroom as an ideal place to consolidate the best of insights. All of this together is defining the “forum” for major health care issues that the IMHL is becoming.

There is no shortage of conferences and meetings on health care around the world. But most are brief, and focused on specific concerns, whether it be health insurance, HIV/AIDS, etc. The IMHL aims to be something more: a place where the truly major issues of the management and organization of health care are addressed and advanced on an ongoing basis, by thoughtful managers of all kinds from around the world – people rooted in their communities as health care leaders, yet able to take a systems perspective.

The first IMHL class comprised 18 health care managers, fourteen of them physicians, from 6 countries around the world. The second class is larger as well as broader: it has welcomed 32 people, 10 trained as physicians, 6 as nurses, the others as paramedics, economists, psychologists, social workers, and others. They come from 13 countries, including Uganda, Saudi Arabia, Italy, Iceland, England, the Philippines, and Belgium.

We recently launched our third cohort, a fascinating, eclectic and experienced group. They have self-organized around major issues of health care: “Scarcity and Quality”, “Collaboration”, “Closing the Administrative Gap”, and “Promotion-Prevention Balance”.

The next class is scheduled to begin in October 2011. Please visit [www.mcgill.ca/imhl](http://www.mcgill.ca/imhl) for more details, and do not hesitate to contact us at +514 398 8811 with any questions.