

AMS - CM Ep 16 - Laura Desveaux - Transcript

Helen

I'm here with Laura Desveaux, who probably many of you know, but she was our inaugural AMS Senior Fellow last year, and continuing on in the role this year, which I'm delighted by, and you are a valued leader in the AMS healthcare community and beyond. So it's fantastic to be speaking with you today.

Laura

Absolutely my privilege. Thanks for having me.

Helen

I'm most interested. I know some of your work with AMS and your work sort of thinking about leadership, and you've come and talked to our fellows on a number of occasions, but you've spent the last four plus years as the scientific director of the Institute for Better Health, interested in the mandate of the Institute and what kind of work you do there, but also partly because you've been pretty successful in generating interest in the work of AMS healthcare and in getting them nicely across the finish line in terms of becoming AMS fellows themselves. So what are you doing there?

Laura

A few things. Happy to give away all the trade secrets. I'll start with a bit of the mandate of IBH, the Institute for Better Health. And I imagine this thread will weave through our whole entire conversation. It's really about treating the health care system, or health and social care system, as a living lab, and it's where science and care delivery and partnership and decision making don't run in parallel. They really move together as one, and the way we work is growing capacity through practice and partnerships. So we test, we iterate, we learn how to work differently, we learn how to ask questions differently, and that sort of leads into your nod to the success we can celebrate around the number of AMS fellows that we have either supported or have attracted because of that model. And I think another central theme to our conversation will likely be around mentorship and capacity development. And first and foremost, for both me as a leader and the Institute for Better Health as a team, we're sort of values driven in the way that we attract and identify what we do and who we're going to do it with. And so I think our success is sort of driven by two things. One is, there's lots of people who love applied science or who are excited by the concept of a learning health system. The people I have the privilege of working with at IBH are fundamentally driven by using science to make the healthcare system better. They would love to be part of figuring out what we need to do next and Unlocking Potential themselves. But really, they care, first and foremost, that we get ourselves to better together. And the second is that we believe that part of how we get there is by mentoring, developing, sharing what we know and what we think with others. And so as you know, Helen, I am a big fan of AMS, so I share it with everyone, and we're clear that both myself and the other alumni are there to help everybody else understand what it will take to put their best foot forward in that process.

Helen

And you're located at Trillium Health Partners. It's a very large hospital just outside of Toronto. So is your work focused on the sort of challenges of implementation and doing better inside the hospital, or is it sort of focused hospital plus other community partners, knowing that hospitals all have community partners, for sure.

Laura

I would say it's all of the above. And what I mean by that is, depending on the scientist or the team of scientists working on a given problem, they may it may be hospital first, and from there, what do we know? What do we not know? Who else needs to be at the table? It may be some of our scientists are very much well established in the community, and it becomes community first, which partnerships do we need inside our own quote, unquote, four walls? And then there's people like myself who operate at the leadership level, and are often asking from all of those different places and spaces, who do we need to bring to the conversation so that we have a good understanding of what it is we're solving for and where we want to go. I think what is true is that there's so many phenomenal things happening at Trillium Health Partners, and when I use that term, I don't just mean within the hospital, I mean sort of in the community broadly, but when we're trying to solve a problem that exists in the health system. Sometimes THP is the best place to start, and sometimes it's not. And so our mindset really is, who is this a problem for and where is there a coalition of the willing and an alignment of sort of mindset and opportunity such that we can learn elsewhere and apply it back in our own backyard, or we can learn here and become an example for others.

Helen

So I ask that in part from my own curiosity, because I actually chair a quality committee of a hospital board, and just wondering how you interact with the people who have oversight over the quality and does the quality committee have a line of sight into the work that you do? Because it would seem to me that you're raising the quality bar, both on the hospital delivered services, but also things like primary care and other parts of the health care system that are very fundamental to health care and questions that hospital quality committees would ask. So give me some thoughts on that.

Laura

I have a couple. The short answer is, actually, I'll take a step back, one of the things I hear routinely from health system leaders across organizations across the country is that they are deeply motivated to realize a new kind of health care for the people that they serve, but they are so bogged down by the operational fires that are in front of them today that they don't have the time the time and space to storm and norm and figure out what might be different. And so with that context in mind, the quality committee is aware of and engaged in the activities that relate to those sort of immediate pressures or sort of on the near term horizon, things that will be within their mandate or on their operational plan for the year. One of the greatest gifts I find in being a scientist is that I can see where the puck is going. And sometimes say, I get it, you're at capacity. I'm going to in this space off to the side, start to gather the insights from other places, other health systems, other industries, sometimes, so that when you're ready, and this sort of makes its way into your field of vision, that I can help you think through it. So there's a little bit of a time variant to that question, in full transparency, if you were to go speak to the quality committee at Trillium, there's no way they'd be able to list everything that we're doing, nor would it be everything that I would say intersects with the, you know, current

or soon To be quality agenda. But what I'm most proud of, and haven't seen in many of the organizations that I've been exposed to, is we're actively trying to figure out how to close that gap. How do we give visibility in a way that excites people but doesn't overburden them? How do we as scientists or innovators get visibility into the everyday reality of the people that are providing high quality care and advancing that quality agenda in a way that allows us to then ask meaningful questions so we're ready when the time comes, and that really is at the sort of core of scaling. A learning health system approach is that I don't know if we're ever going to be there or if I'm going to pass off the baton to many others whenever my retirement comes, but I'm so encouraged by the recognition that it's important and the commitment to figure out what that model looks like when it's fully mature.

Helen

I love that. And you're a long way from retirement, by the way, so you've got, you got a lot of runway left to have impact. So you've just stepped into a new role and interested in that. So you are now the Director of The Learning Health System Leadership Centre. So probably most people know what a learning health system is, and you've talked a little bit about it, but what excites you about the center and the leadership that you get to execute there?

Laura

How much time do we have? Let's see how well I can give you a succinct answer to that. What excited to be succinct, famous last word, what excites me the most about the learning health system Leadership Center is that it's a mechanism to turn potential into repeatable practice. Someone asked me just last week, when I was explaining the different hats that I have the privilege of wearing. I was talking about the learning health system Leadership Center, and they said, Well, do you have to advance the science? And I said, with that hat on, no, like, that's not when I'm in that role. That is, that is not the primary metric by which people will evaluate my performance. And I said, But now, when I'm wearing this hat as a scientist, that is the metric. And they asked me, you know, over the course of my career, which one was more important to me? And I said, I can't imagine doing one without the other. And in health services research, we've spent decades generating great evidence, and I think most, if not all, people listening would agree where we often fall short. We can attribute it to an implementation gap. It's not that we don't know what better practice looks like. It's that we struggle for it to be digestible for the people that need to put it into practice, to understand how the incentives, the funding, the structures, need to shift to unlock that evidence having an impact. So we haven't built the muscle to use it in real time. And I pick that language intentionally because the majority of people don't get excited about the prospect of needing to develop a new muscle. You know, you're going to go to the gym and get sweaty and, you know, have setbacks, but it feels so appropriate for where I think we are, and I think that's where the shift from sort of episodic pilot projects to a new operating model live, and the learning health system isn't just an infrastructure play, it's a mindset or an operating system. And that's what excites me, because I've said this to you before. Helen, I have met so many brilliant, compassionate people, but quite specifically, in the last several years, leaders in the healthcare system who aren't trying to keep things the way they are, they just can't use that motivation and energy to drive change in a system that is getting exactly what it's designed for in its current form. So I've never had more patience in my life, which is something that anyone who's worked for with me will laugh about, because I've never described myself as a patient

person. I've never had more patience in my life to figure out how we unlock that capacity than I do today.

Helen

I'm glad you have that patience as you're talking I'm thinking about work that we did, you know, when I was at Cancer Care Ontario, and it's a while ago, but we used to say, you know, I remember giving presentations and talking about the no do gap, right? And this no do gap was, you know, significant enough that it was actually bridging. That was the thing that was going to create longer lives for people with cancer and better outcomes. And while, you know, bench research is important, fixing this no do gap was actually within reach and was going to provide the most tangible, immediate benefits for people with cancer. I still believe that, and it's the closest I've ever come in my career to having systematic implementation and a mindset and the leadership in place to actually execute that into and the measures in place to. Track it so that we could actually see that we weren't just having an impact, you know, at the hospital next door, but it was actually happening across the province. That is what Ontario Health is supposed to be doing.

Laura

You've pointed to two things that I think are, it's easy to lose sight of one for the other, that it's the we need to have the infrastructure and sort of this systematic approach to measuring, monitoring, scaling, connecting, while also having the leaders who are going to be able to maintain and advance that, the leaders within regional centers and organizations that can digest those insights and turn them into actions or better care for for the patients that they serve. So we know at this point it's not a what if we know we have the capacity to do it, but increasingly more so I think about the learning health system as a longevity play for our publicly funded health care system. And there's a, there's a pretty big sort of longevity movement, individually for people in health right now. And it's, it's not just about adding years to your life. It's about adding life to those years, and that's where I think, with the learning health system, it's not just about doing things differently, and it's not just about scaling more broadly. It's about building a breadth and depth and a capacity that allows individuals to do more. But to your point of cancer care, Ontario creates the infrastructure so that the system as a whole is capable of more than it was before those advancements were made.

Helen

Yeah, I knew we were going to go here. I printed off the NHS change model. And you know, it's not necessarily perfect.

Laura

Nothing is...

Helen

But it, it's what it says to me, is achieving change at scale is complicated, and you need to pull a bunch of levers, and leadership is one of them, implementation science. And you know, to spread and scale up things that work, you need some quality improvement tools. You need some pretty darn good metrics. You need to actually use them, and you've already mentioned funding models, you actually need to get your hands on the funding lever in order to kind of keep that motivation and that

incentive structure present in those change efforts. So what do you think of that is that? And how do learnings, health systems fit into this or other models?

Laura

So many great questions. I'm going to start with a short answer. I increasingly question. Sorry in advance, Rob Reid. Whether it matters that people call it a learning health system, I think having a shared language is definitely important and helpful, but there are so many frameworks and terminologies that different people may use to refer to the same functionalities, and so often, whether it's the NHS change model or whether it's quality improvement models, there are a lot of overlaps. The principles are similar, and so I think they're complementary. In that respect, you are asking about levers, and I'll over simplify my response to that, but invite you to take us deeper. Should you choose one of the things that I see and hear most often is people saying, well, if the funding was aligned, then, well, if this was my accountability, then I could, you know, we would solve all of our problems. If I was in this role and it was my mandate, or if I had the mandate, then things would be better. I think there's lots of examples in Ontario and definitely in Canada, where, yes, we've acknowledged that there is a need to align funding with what matters, but if we wait for that, my children are going to inherit the exact same system that I'm trying to help change. When we think about the NHS change model, I do believe that some things can be thought of sequentially, and so if we don't in those instances where people feel like if only the funding was. Aligned, or if only the incentives lined up, I would encourage them to ask themselves, what really stops us from trying to do something different? And so let's pull the thread on incentives. Money isn't the only incentive. And so how can you around a table of partners from community hospital patients, caregivers, scientists, figure out what will motivate or what few things will motivate everybody, and find that alignment. And this is sort of where the leadership by all and the motivate and mobilize sort of come into play and then ask yourself, like, Where can we just sort of stretch the boundaries of where we are now or what we might try not everything needs to be transformational in the first step, like my kids face planted when they tried to walk the first time didn't really work out for them, and now they're thankfully quite independent and safe on their feet. I think what I'm trying to get to is that I wish we could hold two things with equal importance, the need to identify the levers at play and who has access to those levers, and advocate and build partnerships with those individuals and organizations to help them see the value of pulling on those levers. But what I believe most people can do today is generate the insights and the stories that equip the people who have their hand on the lever to confidently pull that lever and shift things. And you know this better than most, that you can't just walk into a room and say, because I think so, we should shift the fundamental DNA of the system. You need data, you need evidence, and you need a story to unite people, and I think that at least one of those things is within the power of every single person listening to this podcast.

Helen

Yeah, I find myself agreeing with you entirely. If you wait for having the perfect array of levers all nicely lined up, it just will never happen. And you know, Cancer Care Ontario was a moment in time where things came together. But it doesn't mean you can't move. And certainly, you know, my experience working on Ontario health teams is, yeah, it'd be great if we could actually structure this in, you know, to the system and deal with amalgamating organizations or regionalizing or whatever.

But there's no perfect structure. And if you kind of go down the structure route, then you don't get to do the other work.

Laura

And I wonder, hopefully, we don't edit out when I flip the script on Helen. But if you think back to your time at Cancer Care Ontario, and you almost look backwards in your career, what gave you the confidence that that was the right thing to pursue, what experiences had you had, or what stories had you heard that even allowed that to be a seed of thought about where that might go.

Helen

I think there was compelling evidence. And you know, the architect of cancer care on terror would have been Alan Hudson and Terry Sullivan and their belief that if they had the levers, they had the mandate, and they had their hands on at least incremental funding. They didn't have all the money, but they had incremental funding, and they could build out the clinical leadership to drive the quality agenda, and they had a public reporting mandate, and, you know, they had assembled enough ingredients they were driving to a vision. And, you know, I had a particular role. What was interesting for me is trying to do the second version of that. In the renal space became a little bit more complicated because you had a clinical specialty that had had no structure, whereas the cancer system had lots of structure going back 70, 80 years, and so trying to replicate it in a different clinical discipline required a little bit more art, rather than just pursuing the recipe from cancer. So there's quite a bit of customization, I would say, is required. Didn't have the same data. Didn't have that same experience in leaders, and so it was harder, I think, to do it in renal and I think about the challenges in mental health and realizing how much, again, customization and thought needs to be put into a system that is as disparate as the mental health system. So at the end of the day, it's about relationships and people and figuring out what motivates people, as opposed to, we've got this fantastic cheesecake recipe, and we're just going to implement it here.

Laura

I'm so glad you brought that up, although I wish I could take credit for the framing. It was Zayna Khayat who has articulated that we're shift like we've shifted from the industrial era to the relational era. And one thing that is borne out time and time again in my experience as a leader, but in the work that I do as a scientist, is that take the learning health system has significant promise as a strategy to shift from potential to everyday practice and deliver the outcomes I think we'd all love to celebrate having for the population, but it stalls or accelerates through relationships and the trust that is built. I think one of the unfortunate realities of today is that the pandemic has eroded some of that trust. It's also eroded some of the relationships and quite fundamentally, because the world interacts in a different way than it did pre pandemic. I wish I had data on this, and if anyone has it, I will think of something compelling to offer you in exchange, but it takes a lot more for the average person to decide, I'm going to go into the office and meet these people, or I'm going to move beyond the sort of transactional elements of my job and really foster a connection, and in the absence of connection to the people and to the work and to the mission, it's really hard to build a system that has compassion as part of its fabric. And the work that I've had the pleasure of doing around the future of the health system has to be built on those principles. And so if we don't figure out how to

have the time and space to invest in those relationships, then I think this conversation is over before it starts.

Helen

Thank you for that. I'm going to pivot and talk about your leadership approach as we talked about the beginning, you've got a pretty lovely network of fantastic people who you've been able to attract and retain interested in how you approach learning in your career and team development, and how do you work with people to keep them together and motivated and so productive?

Laura

This would be a really interesting time for a 360 because I think I'm still learning, and I hope I always am. My approach to my own development is the same as how I approach working with a team. There's principles that drive the decisions I make. I care deeply about growth and impact, and so if those two things can't be realized through a new role that I take on a partnership and activity, then I have to stop and pause and say, Is this really the right thing? Similarly, in teams, leading teams and initiatives, it's what matters most to these people. What brought them together around the table? Time is the most precious resource we have, and when people are willing to give it, I think it's a responsibility to understand why. But again, I'm so committed to learning as I go. And what I mean by that is sometimes it works out well and the development opportunity is relevant to my day to day. Sometimes it's not immediately clear to me what I'm going to take away. Similarly, when building teams, sometimes I've cultivated the energy in the room that I was looking for, and other times it felt a little bit flat. But I think whoever I have the privilege to work with and lead and learn from in the future owes a debt of gratitude to those that help me learn those lessons with grace and constructive feedback along the way. I sort of have two principles that guide my development in the way that I lead. One is I work with good humans. I say that in terms of the individuals I hire, the people I work for, the people I recruit into roles in the various spaces that I'm in, I'm going to spend more time with these people than I probably. Been with my kids over the course of my life, so it matters that they're good humans. And the second is that I always try to surround myself with people who are smarter than I am, or know things that I don't. That can be terrifying, but it's those like butterflies in your stomach and wait, is this really? You know, am I? Am I gonna be found out as an imposter. It's that. It's that internal tape that plays that reminds me like, No, this is where you're supposed to be because you're about to learn something you don't know. And reminding myself of that, whether it's my own development or stepping into a team meeting or what have you reminding myself that when I'm sitting at home in my sweat pants, eating ice cream, feeling very safe is really important, because when I'm you know, my heart rate's increasing and I'm questioning myself, I can remember. I can think back to those moments and say, No, you're doing this. Because what's the point, if not, to use your skill set and the time I have to make things better for other people, and I don't know another way to do it, other than to try learn and do better next time.

Helen

It's interesting, I think at the beginning of my career managing smaller teams, I thought the key to doing this is to be very present, which I still think is important when somebody comes to brief you or present their ideas, is to pay attention and then try to imprint like a mother duck in terms of behaviors in the workplace. But I learned over time that that wasn't sufficient, right? And we'll

probably talk just a little bit about mentorship, but active mentorship and engagement and really listening to the other person is probably more important than those other things, although, you know, it took me a while to figure that out.

Laura

And I would say, just to give a nod to the younger you, I don't think you get to the point where you can really listen to a person if you haven't connected with them. So there is, like, all things, multiple pieces to the puzzle. I believe that we need as many inputs as we can get. And one thing I've I know you do, because I have experienced it, but you didn't just mention is that it's not just about connecting and listening to what the person in front of you is saying. It's almost like a different level of listening in coaching, we call it second and third level listening, where you're attuned to what they're not saying, and just sort of like the energy about that person. And so there's, there's fundamentally, I think the people, if I was to write the five people you meet in heaven about the people over the course of my life who will have influenced me the most, I don't think I can overstate the impact of someone who sees you more fulsomely than you see yourself. And they don't need to be right about you, like if we were, if you were to say to me right now, Laura, have you ever thought of a career in policy? I'd be like hard No. Helen, who knows what, Laura, 10 years from now, is going to think about that, but I do think one of the ways to see people is to hold them to a level of potential that they might be a little bit nervous, to hold themselves to.

Helen

Never, say never, by the way, one way or another, policy comes and gets you did me five different times in the Ministry of Health. So I'm going to ask you a bit about leading outside of the organization. So you are involved in women who lead. So you're a founder and executive director. I certainly have I was an executive sponsor of a women in leadership group when I was in the public service, so have a lot of interest in why you took that on, and what you've been hoping to accomplish, because that's little outside of your regular job, although connected to your area of interest, for sure.

Laura

I would say you're correct. At the time that women who lead started, which was almost eight years ago, it was entirely outside of what I did everywhere else in my life. And one of the things that I'm grateful for, and this sort of threads back to our conversation about seeing people, is that it mattered so much to me at the time, and I'll get to that story that mentors in my corner saw that and fostered it. I would never have told you it was going to become a not for profit and still be running eight years later, and have touched you know, women across the country and across the globe. Because of that experience, I started to realize how much leadership, mentorship at scale, developing others, mattered, and I started to intentionally cultivate the rest of my career to better line up with that. And it again, didn't see that coming. And I think that's an important message for people who are listening that are earlier in their career, mid career, or thinking, I don't know what the next 10 or 15 years is going to bring you, don't need to know. You just need to be confident in the next step you're taking. So women who lead is all about supporting women, sort of in its simplest to move past waiting for the opportunity to come to cultivating it for themselves. And people can go and read the website and read about how it was after I had my first son that I just, you know, the day I went back to work full

time was my happiest day as a mother. I love both of my kids, but it took me a long time to be comfortable saying that, because it doesn't one doesn't take away from the other. I just was, I needed another human who was going to engage with me, and he just wasn't talking yet. And so I was just looking to connect with other people who shared some of the same interests and shared some of the experience, and a desire to take that experience and channel it in a productive way, and it's just grown organically. I remember I created what I was searching for, and the question really was, why not I sent out, had went to a really great conference that, unfortunately no longer exists in Boston. Tweeted about it because I don't really know how else you can refer to a tweet other than calling it a tweet. Went to bed and woke up the next day and had like 150 emails of women who said, I would love to come and talk to you about what you've learned, to which I sat back and said, I need an auditorium. And fast forward, we had 200 women register another 250 on the wait list. And that continues to be what happens every single time we host an event. And it really just is a why not. And as an introvert, we have an event next week, our fall networking event on Thursday, and I know I'm going to be so socially hung over after that event, but I also know that nothing feels better than creating a space for people to connect, develop and grow, and I don't think I'll ever be able to get enough. Get enough of it in my career.

Helen

Well, congratulations on what you accomplished. It's a pleasure to spend some time with you, and I'm just thinking about what policy job you might be. There's lots of scope and policy...

Laura

Policy might look different 10 years from now.

Helen

Absolutely. Learning policy systems probably makes some sense, but I look forward to seeing what you do in the next 10 years. And thank you for stepping up to be our Senior Fellow. I'm looking forward to watching you interact with our next cohort of fellows who arrive in Toronto tomorrow,

Laura

The pleasure is all mine, and it'll never be a no so looking forward to not just this year, but the years to come and the impact that follows. Thanks for having me.