AMS - CM - Anna Greenberg

Helen 0:00
Well, welcome to our newest podcast with Anna Greenberg. Anna, how long have you been in the new job?

Anna 0:06
A year since January.

Helen 0:07
Okay, almost a year, nine months. You are the Chief Operating Officer at Ontario Health, and that's a new job. So maybe you want to tell me and the listeners a little bit about what that entails, because Ontario Health itself is kind of new on the provincial landscape, and this is a new rule.

Anna 0:26
Let's unpack what that means. So I took on Chief Operating Officer role in January of this year, and I think the simplest way to explain it is to think about, oh, as having three major functions. So there's a clinical function. That is all of the provincial clinical programs that we run. We run many that sets out what is good care in the province. Then there's the regional function, which is the interface directly with the delivery system. And that is about translating standards into care and performance management and relationship management at that level. And then there's a connective tissue part, which is the enterprise and system enablement function, and that's the one that I lead currently, and that includes our people strategy, finance, digital data and analytics funding agreements. And it's really about, how do we enable that implementation for the organization? And it is where, kind of all of the levers that we have reside. So the funding agreements, the digital systems to enable clinical practice and the data to track and manage performance, as examples.

Helen 1:40
That sounds quite taxing. I mean, it's a big job, and obviously so then you have colleagues in who lead the other two areas that you talked about exactly. I just gave a talk on Thursday last week, and I pulled out the NHS change model. You remember that from our time working together just for the listeners benefit you and I have worked together on a few occasions that it was great to sort of look at the change model and think about and I talked about our work at Cancer Care Ontario, and how you have to pull all

those different levers to enable change. And so you've got a good chunk of them underneath your portfolio, but clearly you have to work with your colleagues and the other ones, right?

Anna 2:19
That's right, and you were central to this. That was the vision of Ontario Health, that you could have these levers work in tandem to have a more streamlined relationship with the system, right?

Helen 2:32
What's the hardest part of the job?

Anna 2:34
I think the hardest part of the job is to have a really forward-looking integration mandate, coordinating, connecting the system, and then having to work with wanting to and working every day with a delivery system that isn't quite yet set up right. And also with government, all three layers have silos. There are silos that get in the way of what we know is the right thing to do, even if I'm right a stone's throw away from, you know, the exact lever I need to pull right. Sometimes the regulatory environment, the funding environment, hasn't caught up with the mandate.

Helen 3:12
Yeah that makes sense to me. People have been asking on occasion, sort of, you know, what do you think of Ontario health teams, which is kind of one of the vehicles to do what you're describing, I still think they have great potential for success, but there probably are some fine tuning in terms of some of the other levers that you described to ensure that they can actually work, and one of the ones that I've been exploring in my discussions is, is it time to get back to funding models and using the funding to drive change in a more active way, perhaps, than we have, because some of that got lost a bit during COVID, right?

Anna 3:46
Yeah, exactly So we have so far, worked with The Quality-Based Procedure funding model to try and mimic what we want to do in terms of kind of system, bundled funding. I think what I think that shows a lot of promise, because it's actually service funding. We need to get to a point where it's about the population, not just disease, right?

Helen 4:08
Yeah, right. So what's the most rewarding part of the job? What kind of sustains you? Because all jobs have, like, great highs and they have some challenges, and so what's the thing that sustains your energy as you take on this assignment.

Anna 4:23
Like a general response to that would be, I, for a long time, have believed in the promise of One OH, that's how we think of it. And so I'm really motivated, you know, to see that clinical works with digital works with funding, you know that all those pieces work together and that we have a lot of opportunity to do it right now, I would say at this point in the merger, I'm also really excited about the people strategy. Just left a town hall where we had done 28 engagements across the organization all summer to just talk to the workforce about their vision. For how do we become one? OH just hired a new Chief Human Resources Officer. So, very excited about how the people strategy is such an important enabler for us to be effective.

Helen 5:11
Well, I have to say you have managed at Ontario Health to get some pretty great talent within the organization, clearly yourself, but I think about Chris and some of your colleagues, Sasha and others, really kind of remarkable set of leaders within one organization, so expectations are still high.

Anna 5:30
Yes, an absolute privilege to have that kind of a caliber, to kind of really brainstorm and think about, how do we work together.

Helen 5:41
You're all pretty collaborative. Yes, right, yeah. What do you think prepared you for the job? I mean, not everybody's going to become the COO of a large, probably the largest provincial health agency in the country. What do you think prepared you for this? Because I've known you to actually work. You're not a clinician, but as an enabler, working with clinicians which probably stood in the good stead, but on more on the clinical side. So this is kind of a new role for you. So what got you ready for this one?

Anna 6:10

It's a great question. So to start with, because Ontario Health is the merger of 22 entities, I would say the training ground was I worked in two of them. As you know, I worked with you in Cancer Care Ontario at the very beginning of my career, and I came into Ontario Health from health quality Ontario. And in that time, not only just understanding those organizations and actually having a pretty good feel for how having them come together and operating together would be useful. Also, I'd had the opportunity before health quality Ontario existed, to work with our friend Terry Sullivan on what would be the operating model of health quality Ontario. So just having the fundamentals of the why and what these were supposed to do. So that's one thing, is just having the experience of working in two of the agencies that came together and seeing the value, and then within Ontario health, I think, had a really unique privilege of working in many different parts of it. Before I came to this role, I was the inaugural interim lead for the clinical program. I took on the Chief Strategy and Planning role and data and analytics so the data utility of the organization, and then for a couple of years, and this was an incredibly rewarding time, I was a Chief Regional Officer, which was also a new role, and I think through that, got a real appreciation, not only for the different parts of the organization, but the functions. So in the chief regional officer, role, you get all those functions at the delivery system level. So HR, finance, digital, I felt like I had the capability in a part of the organization to be able to translate that at scale, right?

Helen 7:54
And I think the regional role and correct me if I'm wrong, I think about that, and I think about the roles that I've had and we've both had over time, it does kind of connect you into the realities of what's happening in the delivery system. Because certainly at Queen's Park, and I know you spent some time in the ministry, it's a little bit easy to get a bit disconnected and spend your time at least as a deputy managing processes and paper and briefings in the bubble. So I imagine that would have been important. How do you maintain that connection to delivery now through your colleagues? Or do you get out and talk to the field?

Anna 8:34
It's both informal, and I try to do a bit of formal. So on the wherever I can, I try to stay connected to the system leaders who were in my network. And because I led Toronto and East, I do try to go outside of that in this new role. So making sure that I'm connected to the North and Central and West.

And then there's the ‘kitchen cabinet’ model, which I really like. So having a group of trusted, seasoned leader colleagues who can kind of give me a pulse check on what the system is feeling, and trying to have a bit of geographic representation in that.

Helen 9:09
I'm just smiling. I think your kitchen cabinet, my kitchen cabinet might have had some overlaps, yes, but you really can't do these jobs without that. You know my husband, Alan, and he's a family doctor, and he would say to me, Helen, what genius at the Ministry dreamt that one up on occasion I have so that was kind of frank advice that maybe other people wouldn't give me?

Anna 9:29
Yes, I have a physician relative who suggested years ago to me that there should be a take a bureaucrat to work.

Helen 9:38
So this series is called Compassionate Minds, Conversations with Healthcare Leaders. I'm interested in how, I mean, I know you to be a compassionate leader. How do you build a sense of compassion into your teams? Because now you've got quite sizable group of people who you work directly for you and who work in integrated teams with whether they report to somebody else. So how do you kind of get that embedded in the teams? Because when we think about compassion, it's not only between a patient and a provider, it's really in the workplace.

Anna 10:09
It's interesting to me, this concept I kind of just stumbled upon really, really early in my career. So right after my undergrad, I stumbled into a healthcare job, because it was one of the few things I was qualified to do. I was a research assistant in New York State on a federally funded HIV - AIDS Project, and it was right at the time when antiretrovirals came on the market, and the study was how to help injection drug users and precariously house people to adhere to these very complicated cocktails that required refrigeration and water and food and it was complicated in the sense that if you missed your schedule, your viral load could shoot up. So my first exposure to kind of wrap around supports when I zoomed out from this research project, I kind of was just fascinated by the fact that in the mid 90s in New York state, if you were poor and you had HIV, you had essentially universal health care. What I thought about is, how did this

come to be? This was overcoming unfathomable stigma over a 15-year severe epidemic that required not only compassion at the front line, to your point about it's easier to understand human to human compassion - it required compassionate legislation. It required compassionate public policy, compassionate programming. And I kind of caught the bug for public policy in that, you know, you mentioned that we know each other, one of the first things you told me when I met you is that you'd set up the trillion drug program. And I thought, Oh, we have a point of connection on this. Just how, just how profound the amount of compassion it took to overcome that stigma. And I think about stigma, you know, compassion is important even without stigma. You know, when I think about how much stigma plays a role in access to health care, HIV-AIDS was an obvious one at the time. Certainly, mental health is one another one, and then historically, because we both, both worked in cancer, I was really fascinated by historically, how cancer itself had been stigma, and even sometimes today, in parts of the world, and how that is a barrier to access, and so it helps me where I am in the system. So I on the front line. I'm not a clinician, but it takes an enormous amount of compassion, even just to do resource allocation for the population.

Helen 12:34
I think having those system roles people may not understand how seriously you have to take those moral choices about where resources go and how you work to somehow animate the aspirations of the people on the front lines who are trying to make things better for people. But I share with you having the Trillium Drug Program, and I will quote my father. So you know, success is the road. It's not the end of it's not where you end up at the end of the journey. It certainly remains one of the highlights of my career to have done something directly that benefits individuals in a more in a very tangible way. Hopefully, the other things we all did, you know, have benefited people. This, this one feels special because of its direct connection to individuals. And watching that program ramp up was a highlight. Absolutely yes. So thinking about you, talked a bit about cancer. It being I think in some ways cancer is interesting. We both got to Cancer Care Ontario, at a time when there was investment in cancer, there was investment in data, and we could start to tell stories about how we were doing in cancer, and at the time when we all started, the answer wasn't great, right, right. Well, channel Terry talking about is Terry Sullivan talking about women going to border communities, being buffalo to get radiation treatment, not very compassionate care, and trying to turn that ship around.

And I think what's interesting is I stayed at CCO, and then you went and worked at Princess Margaret Hospital and then at the Canadian Partnership Against Cancer. So you kind of saw the cancer system at a provincial - at a provider, and at a pan Canadian level, which I think is kind of unique. What are your thoughts on that? Sort of, how did that shape your thinking? And how did you see the different levers at different levels of aggregation?

Anna 14:41
To start with, to have met you and to have come into Cancer Care Ontario when I did, it's only in retrospect that I understand, wow, right place at the right time from a career perspective, because it was right at that moment, as you said, that the province was saying this system is failing, right? And that we needed to use new tools and structures to turn this around. I was getting an education and what it meant to be a provincial agency, what it meant to be a purchaser and a steward, and what it meant to separate the purchaser and the steward from the delivery system, to have an accountability mechanism. And in that, the role that I played with you and with some of our colleagues was to actually make transparent a view of performance of the cancer system. So none of this I knew how to do, but the significance of what this meant kind of at two levels, one, trying to show for the first time and continuum of care through performance measurement, which hadn't happened there was extremely deep measurement in silos to tie this to a strategy, working with Stani brown on that model that he'd implemented with the hospital report and transparency. Just learned an enormous amount from that, and then all of the other intricacies that I wasn't necessarily directly involved in, but the understanding of using funding and incremental funding to drive performance in the shift to Princess Margaret Hospital, which was really the shift to Princess Margaret Hospital and the Toronto Regional Cancer Program, because Princess Margaret Hospital and Sunnybrook were The CO leads of the Toronto Regional Cancer Program, another opportunity to be on the delivery side of what Cancer Care Ontario was trying to do. So all the measurement and vision and strategy and a plan that I had been a part of shaping to your point about you have to be close to the system was a really interesting place to see this be, you know, understanding the partnership of an organization that really has a global footprint and stature, working with community organizations, you know, including home care to try and deliver an cancer system for people in the Toronto Region, was just a phenomenal opportunity. And then to understand the reality of what those metrics meant

on the ground. The interesting part, as you said, is that then I went to the pan Canadian level, and I will just say that it was a bit of a shock, actually, in that kind of provincial to local level, I think I could really kind of wrap my arms around it. What was interesting to me at the Canadian Partnership Against Cancer, and I think of this as an enormous value. It occurred to me that the biggest value of that were the smaller provinces that didn't have well resourced, well funded cancer systems that needed this pan Canadian approach. And it really gave me an appreciation of the size of Canada and the issues across Canada, even though the offices were in downtown Toronto, just how much, how much significance that kind of funding had in smaller provinces.

Helen 17:52
I'm going to go back to the work on the cancer system quality index, because I think there's some lessons there that we both learned about the power of measurement, the power of data sounds kind of like it's a dry topic, but it has hugely impactful in terms of the care that people receive, what it takes. I think all good bureaucrats have this as how to speak truth to power, yes, and some of the bravery of some of the clinicians that we worked with. I don't know maybe you want to tell the story, but you know the story around like thoracic surgery and looking at variation in outcomes, 30 day post operative mortality made a huge difference in the decision, like the night before yes to go live. Do you want to take it from here?

Anna 18:39
A lot I learned about clinical engagement. One of the lasting memories for me of that work that was so exciting is that before we went live, which, you know, to make this public, we had a really systematic roadshow going around to not only the kind of clinical disciplines that were represented, giving time for people to see what was this all going to look like, and this was probably one of the first web based performance measurement tools that existed in the province. And I remember sitting at the clinical Council in the boardroom at Cancer Care Ontario and looking around at every single clinical lead and realizing all of them and their colleagues had touched this scorecard, we were able to deliver this, but it was really theirs. They owned it, and they were champions for the change that was going to happen. So you talk about volume outcomes and data that enabled the organization to make some really tough decisions about centers of excellence and where care should be delivered on behalf of patients, and having the public being able to see that same data, just the power of that, but to your point about

the bravery of it, in some ways, we would talk about the public as an audience. Was almost an indirect audience. The fact that it was public meant. That we had the attention of the clinical community, and they engaged.

Helen 20:04
I think, yes, you know, and I would argue for me, that fits in a definition of compassion. Those leaders engaged in a way that was remarkable, yes, right? And they were brave. And I'll, you know, call out Hartley Stern and Bernie Langer and Andy, who kind of looked at data told a different story, or a story of areas that needed improvement, and they certainly then grabbed the reins and actually drove the improvement for patients into the system. Absolutely, yes. Oh well, the night before we were going to go live with some data that did show some variation. I think, I think you and I were on the phone, there was a little bit of buyer's remorse, like, you know, are we ready for unleashing what this might mean in the healthcare system when you saw that there's some variation in outcomes and significant variation in outcomes, right? This is post-operative mortality or thoracic surgery specifically, lots of reasons for different attribution, and it's not necessarily the quality of the surgeon, and there's a whole bunch of other things that patient selection and other things. And there was just a moment of pause, and then it was Bernie Langer and Hartley certainly said, we're going and I was never more proud to have worked on a project when they were the ones, because it's their community, they were the surgeons who were going to have to have some discussions with their colleagues. You know, they've been you had managed a great big, long process to get us from here to there, but at the end of the day, they had to wear it with their colleagues. And they decided that they were ready to do that, and they carried it forward. And it actually ended up with a major restructuring of where you get thoracic surgery in the province into higher volume centers, right?

Anna 21:50
That's right, yes, exactly.

Helen 21:52
I remember that.

Anna 21:52
Right? I'm getting a bit old, yes. And I think the other aspect of that was the administrative leadership championing that too. I remember the Regional Vice President, absolutely.

Helen 22:04
Yeah. So you took a little sojourn from the Canadian Partnership Against Cancer and came to the Ministry of Health. All I would say is thank you, which was great. So you fulfilled my hope for most leaders in the healthcare system that you have to sort of understand a bit about the Ministry of Health. You should probably do a stint in the ministry. You don't have to love it and stay for the rest of your career, but at least get an understanding of how the ministry works. So we're going to talk about Ministry of Health a whole different thing, right? Yes. so I in the agency world.

Anna 22:38
I have repeated your advice that you gave to me. So I came out of a Master's of Public Policy, kind of impatient to go into government. That's sort of where I saw myself going in the Ministry of Health, because I'd had this focus on health care. You told me to be patient and to find the right moment to do so. And I picked the right person. Pick the right exactly that's right pick the right file too, and because it's a bear, it's an enormous organization. So yes, I had the chance to come back to enter government at a time when I think the transformation Secretariat under your leadership was running, and that's when the kind of initial focus on integrated care and health links had started, and that translated, for me into a role in the strategic policy branch to essentially run the policy shop like a dream job for a public policy grad. I also tell people that I think even if you're not going to stay, it's a really important thing to understand the machinery of government. And I certainly got that, I think I was able to do nine cabinet submissions in kind of a two-year period. And there's just nothing like understanding that kind of decision-making process. Yeah, and you got to work with the great Nancy Kennedy. The great Nancy Kennedy.

Helen 23:55
He's back in government. So that's another conversation we should have some time. But yes, she Yeah, highly productive. And yeah, you probably got a crash course in how to you know how to navigate the internal

machinery of government, and how to it is a learned skill, how to move a file that's particularly ones that are important. And there were some pretty interesting ones at that time, including, I believe, covering IVF, yes, exactly.

Anna 24:23
There's the machinery of government, which is really important. And then the other side of it, which is always present, is the stakeholder management, as you're trying to get decision making.

Helen 24:35
So the other thing that you've lived, that I would be a consistent piece of advice that I give people is, when you're given an opportunity for an acting assignment in something different or promotion, take it and make the best of it and look like you own it, right? And you kind of did that. Yes, you want to talk about that, because I think that's a really, you know, for people who are listening to this and thinking about. Out their career. This is a really great case study about how to sort of when circumstances align, get yourself into the right spot.

Anna 25:10
Absolutely, yes. That's another thing. Yes. I repeat that advice to people as well. If you get the chance, take it. You're not going to feel ready, right. Take it. So this is an example where, after the ministry, I was lucky enough to join Health Quality Ontario as their vice president of health system performance. So in some ways, having done the cancer work that we talked about, a fairly comfortable role for me in understanding the importance of data and the relationship to quality and to actual change in the system. Prior to Ontario Health's creation, there was a moment where the board needed to have, you would know all sides of this, but the board needed to have an interim chief executive officer for Health Quality Ontario. The former chief executive officer had moved to a new role. I actually had not put up my hand to compete for the permanent role, and the board had made a decision, and this happens a lot, were they to compete the role, they didn't want to have the acting person take the role. So it was, it worked in that sense, but in my head, I thought, well, if I don't want to compete for the role, how on earth am I going to assume the role I did end up doing it. And this, I think, comes back to a lot of lessons about mentorship and the supports that you need to take on a leadership role. It can feel lonely when

you take on that leadership role in an organization. I'll just enumerate some of the supports that were available to me Andreas Laupacis, who actually I'd met at the beginning of my career in cancer was the chair of the board. Shelley Jamison, as the Vice Chair of the Board, have been enormous supports to me in taking this on and on a pro bono basis. Tom Clawson, former CEO of both OHA and UHN, had offered to be my coach, my executive coach couldn't have asked for a better team to be my support, in addition to my colleagues being there for me. And this was an interesting assignment, unusual in the sense that a large part of the assignment was about our transition to what would become Ontario health. And it was where I learned kind of other than technical leadership, the importance of people strategy, yeah, and change. I found that I loved supporting the team at health quality Ontario to make that transition successfully and into Ontario health. It was something that Tom Clawson talked about there. So much of the job is really about communication. You know, as things were coming out in the media, how do I make sure that my team knows quickly, is heard from me, that we are offering the best possible information we can and to really lead that change, and that meant also working with all of the other organizations that were likely to come into Ontario health and to have kind of the collaborative approach to we're about to be one team. How are we going to model that for our teams?

Helen 28:11
Yeah, you know, as you're talking, I'm thinking about your emphasis on communication, the fact that you're an excellent communicator, and the work that you did during covid, because you were very central to the covid response, and the work of what was sort of called briefly, you know, the command table, but you're also a kind of secret weapon, going into cabinet on a regular basis and walking through the numbers and being very crisp and clear on exactly where we were at and what the trends were and everything else others were providing advice on where we should be going, but the situation analysis that you provided kind of laid the foundation for the conversations that government had to have about whether to lock down, whether to close schools and other things. And I think that skill of yours was remarkable.

Anna 29:07
That was such a privilege. I was looking back, I remember getting an email from Matt Anderson on March 8, 2020, saying, Okay, you're up. We need

to monitor this. We need a tracking system right away, and being able to work with Ministry of Health and Public Health Ontario and Cancer Care Ontario to bring the best that we had, of the data that we had, to deliver something sensible, fantastic.

Helen 29:32
Well, I think our time is nearly closing, but, you know, we'll have you back, because I think your journey is not over yet. You're young. You've got so much to contribute, and it's just a, it's a pleasure to spend time with you, to relive some stories that are in common, and to hear a little bit more about the things that you've done without me, which has been great. Thank you.

Anna 29:54
Thank you so much.