



CANADIAN ASSOCIATION OF PAEDIATRIC HEALTH CENTRES
ASSOCIATION CANADIENNE DES CENTRES DE SANTÉ PÉDIATRIQUES



CAPHC 2009 Annual Meeting

Turning your Passion into a Successful Business Case

**Anne McGuire, Allan Horsburgh, Simon Davidson
Moderated by: Harvey Guyda**



What I'm really thinking—

- **Who does this guy think he is?**
- **What do they teach in Med School?**
- **Didn't his mother teach him manners?**
- **He is just plain rude!**



What's next?



- **This still has to be dealt with!**
- **He can cause a lot of trouble!**
- **I have no idea what his proposal even is!**
- **Did he leave a copy?**
- **Even if he did, would I read it?**
- **Will he really go public?**
- **Better warn the Deputy!**
 - **Will Call in Morning**

Next Morning



Next Morning

The Chronicle

Tuesday, October 20, 2009

Children Not A Priority - NS

Dr. Simon Davidson, leading children's mental health expert says the IWK and the NS government are not interested in helping children with mental illness.

Dr. Davidson was told by IWK CEO, Anne McGuire and NS Deputy Minister "they just don't care. Budget cuts have re-directed our priorities and children are not it"

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CEO Calls the Deputy-----



The “Head’s Up”

E-MAIL

Dear Allan,

Thank you for agreeing to meet with me in a couple of days. I really appreciate the chance to work together to try to better serve families who have a young person with a mental health problem. I thought I would try to summarize the purpose of our meeting ahead of time, so that you can give the proposal some thought and see if you can (a) support the idea and (b) assist in further developing it from the financial and human resources standpoints.

We are the only specialized mental health service for our catchment and there are 6 community agencies that all provide independent mental health services for children and youth. For families and referral sources, it is very difficult to know where to go for service (which door is the right door). Within the very limited cadre of resources we have in child and youth mental health in our community, it seems like a good idea to use them in a family and referral source friendly manner that is also highly efficient and cost effective.

I believe that we could all (specialized and community mental health centres) work collaboratively to establish one centralized intake that would be user friendly and allow families to get into the right door the first time. The upside is clear, as well as the process, perhaps allowing us as a community to take the first step towards developing a catchment-wide integrated child and youth mental health community system of care.

Downside, there may be some start up costs (e.g. common/shared electronic record, space to house a centralized intake, HR issues around bringing intake workers from several agencies into one single (probably off-site) new agency). I am sure there must be other downsides I would not know about but that as our CFE, you could identify and help me/us to address. I hope that, if you like the idea, you will work with me to formalize a proposal for us to take to Anne, our CEO.

Looking forward to meeting.

Simon



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Proposal for a Centralized Regional Child and Youth Mental Health (CYMH) Intake

The Facts About CYMH

- **High prevalence of psychiatric disorder (13-22%).**
- **High demand for service, limited access, long wait lists**
- **(only 1 in 6 of those needing help (16%) had accessed services in the previous 6 months).**
- **More than 70% of adults with mental illnesses onset in childhood/adolescence.**
- **Est \$51B lost per year –work place absenteeism due to mental illness.**

* It all begins with children and youth!

CYMH Service Challenges

- **Multiple Ministries involved.**
- **Fragmented under-resourced services.**
- **Access and wait time problems.**
- **Poor service continuity.**
- **Lack of empowerment and engagement (youth, families).**
- **Recruitment and retention problems.**
- **No HR benchmarks.**
- **Insufficient evidence-based practices.**
- **More research investment.**
- **Better knowledge exchange required.**

Our Catchment

- **1 integrated specialized child and youth mental health service.**
- **6 community cymh agencies delivering services.**
- **All 7 services work in solos with 7 separate intake offices.**
- **Very high demand for services, relatively few resources, unable to meet demand.**
- **Several families end up on multiple long wait lists at great cost to the children and youth (miss school year, lose social peer group) AND when seen, find they are in the wrong place and have to go on another wait list.**

Proposal

1 centralized cymh intake into all 7 services in the catchment.

Upside

- **7 agencies pool their existing intake systems into 1 new intake agency for the catchment.**
- **Avoid territoriality and potentiate user friendly system of care for families and referral sources.**
- **Right door the first time.**
- **Enhance collaboration between agencies.**
- **Beginning of a ‘community of practice’.**
- **More efficient use of services.**
- **More cost effective in long-term.**

Downside

- **Give up own intake resources (and 6 other agencies as well).**
- **New centralized intake agency (multiple costs to set up another agency).**
- **CYMAH electronic record across 7 sites.**
- **Space costs.**
- **HR issues**
 - **Longstanding employees moving to new agency**
 - **Secure their income and their pensions.**
 - **Deal with their anxiety about moving.**
 - **Training re knowledge about all services in the catchment.**

Make sense?

What am I missing?

**If you like the idea, can you help
me develop the proposal for our
CEO?**

CFO's Response

CEO Advice

- **Exec Summaries**
- **Options around costs**
- **Be honest - present all downsides, + show how they've been mitigated**
- **Issue is one of Board's Top 4 strategic priorities – refer/align presentation**
- **Benchmark/best practice evidence**
- **Align with Gov't elected mandate on child, youth & family**
- **Show community engagement & buy in**
- **Include comments from the family advisory cttee**
- **Bring “Joe Smith” from community C in MH&A, as CEO really relies on his advice**

CFO's Response

Business Advice

- Show no job loss
- Show cost benefit. \$\$ savings of central intake + better patient/family navigation/outcome
- Show how Central Intake could now be cost neutral/savings
- Phase in approach. Make solution more affordable year over year.
- Show positive impacts on HHR recruitment & retention = i.e. less expensive OT
- Capital \$\$ very hard to come by – lease space vs. building/buying
- Link EHR need in with existing effort in Acute services – show \$\$ synergies

**Suggestions Incorporated and
Presentation to CEO Takes Place**

CEO Presentation

- **Pro-active distribution of materials**
- **Supportive comments on Business Plan from CFO**
- **Supportive/helpful commentary from Dr. Simon**
- **Feedback from CEO?**

CEO Calling the Deputy #2

Role Play - The End!

- **Actors bow**
- **Curtain call encore in response to overwhelming audience cheers & applause**
- **Flowers, Autographs**
- **Paparazzi & Media interviews**
- **All Nighter Cast Party**



PANEL SUMMARY UP Next...

PANELIST SUMMARY



What's Different?

- **“Heads-up”**
- **Materials in advance**
- **Aligned with mission, vision and strat plan**
- **Patient/family focus**
- **Passion and expertise**
- **Alternatives and compromises are offered**
- **Sounds like a partnership!**
- **This would be a “win-win” for everyone!**

Tips - Audience

**Know your Audience. Put yourself in their Shoes.
Know their:**

- **Priorities**
- **Pressures**
- **Style**
- **Format**
- **Timelines**
- **Solutions vs. Problems**



Tips - Behaviour

Passion can be projected through many different emotions – make yours positive

- **It's about the Patient**
- **Practical enthusiasm**
- **Patience**
- **Compromise**
- **Empathy & Appreciation**



Tips – Presentation Format

You are the Expert, the Audience is not

- **Executive Summary**
- **Evidence!**
- **Population Stats**
- **Cost Benefit Analysis**
- **Visuals**
- **Bullets vs. Paragraphs**
- **Examples & Benchmarks**
- **Plain Speak**
- **Options**

Pitfalls

Strategies & Approaches that can Backfire:

- **Going Public**
- **Being Positioned & Rigid**
- **Ignoring Cost Implications**
- **Silo'd Planning**
- **Ignoring Peers/Colleagues**

Q & A?



Learning from Others

How have you successfully turned your passion into a successful business case?