

NEW

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Directions

Deputy Minister Ron Sapsford today named five of the six new assistant deputy ministers (ADM) who will work as a team to restructure the Ministry of Health and Long-Term Care over the next two and a half years. In a recent conversation with *NEW Directions*, the deputy minister said, “This is a very important step as we start to implement the ministry’s transition. Each assistant deputy minister has the experience, talent and energy we need to become effective stewards of Ontario’s health care system.”

The new ADMs are Maureen Adamson (Health System Investment and Funding), Dr. Sheela Basrur (Public Health and Chief Medical Officer of Health), Adalsteinn Brown (Health System Strategy), Hugh MacLeod (Health System Accountability and Performance) and Dawn Ogram (Corporate Support). An open competition will be held for the remaining ADM position — Health System Information Management.

The deputy minister confirmed that Brown and MacLeod would assume their new roles on March 1. Ogram and Adamson’s start dates will be announced at a later time because of the need to shift their responsibilities. Dr. Basrur will continue on in her current role, retaining her responsibilities. The name of the transition team lead will be announced shortly.

John McKinley, Acting Assistant Deputy Minister, Community Health Division; Mary Kardos-Burton, Assistant Deputy Minister, Acute Services

Division; and Dr. Josh Tepper, Assistant Deputy Minister, Health Human Resources Strategy, will continue with their current roles and areas of responsibility during the transition process. The ministry’s chief information officer, Chris Renaud, from the Human Services I & IT Cluster, will continue with his current role and responsibilities.

The deputy minister confirmed that when Brown assumes his role on March 1, Alison Pilla’s current assignment as Acting Assistant Deputy Minister of the Integrated Policy and Planning Division would come to an end. She will return to the division in a senior management role. “I would like to thank Alison for her tremendous leadership and support during her tenure in this position, and for her many significant contributions, including her key role in the federal/provincial/territorial health care file,” said Sapsford.

The deputy minister reiterated that the new ADMs would now begin to work through the details of their new divisional structure. Due to the complexity of the reorganization, this process will take some time. “Until specific changes are announced, all current divisional responsibilities and reporting relationships remain in place,” confirmed Sapsford.

We sat down with the new ADMs and asked them to share their thoughts on their new roles and their priorities for the divisions that they will be leading.

Meet the Ministry’s New ADMs

Maureen Adamson

ADM, Health System Investment and Funding

Maureen Adamson said that one of the most important features of her role as ADM, Health System Investment and Funding, will be aligning incentives, models and funding schemes with the health care system’s many moving parts to produce the right kinds of patient outcomes. “It’s like playing the piano,” she explained. “If your left hand is playing a different piece than your right hand you’ve got noise, but if you’re working with all those moving parts, then you’re creating music. I think that’s alignment.”

Making funding decisions based on system-wide analysis will allow Adamson’s division to consider all of the dynamic possibilities. Currently, when a decision is made to fund one sector of the health care system, all the implications are not always obvious. Under the new system, the ministry will look at what that funding decision means to all sectors, providers and patients. It will enable us to evaluate our decisions more thoroughly and measure their success.

Adamson has the academic credentials, experience and passion to engage her division in this new way of thinking about funding. She holds an MBA and began her career in the private sector, working for large accounting firms. However, she has spent the past 17 years in the Ontario public service, with the last six at the Ministry of Health and Long-Term Care. Most recently, she served as ADM, Corporate Services and Organizational Development. “I haven’t had the desire to leave the health sector because it is so dynamic, exciting and challenging,” she said. “I have a love for the work of health care, right from the provider all the way through the entire continuum, and I believe it to be some of the most important work we can do in the public service.”

In the coming months, Adamson’s priorities will be to integrate her mandate horizontally with her colleagues and to assemble a strong

team, realizing much talent is right here. She said she believes it will be critical to share ideas, communicate progress every step of the way, and involve stakeholders in the restructuring process.

And she emphasized that one of the most important things to hold on to during the transition, is a positive attitude in the face of change and new challenges. “This is exciting for me because it reflects thinking big, starting small and starting now!” Adamson enthused. ■

Dr. Sheela Basrur

ADM, Public Health and Chief Medical Officer of Health

Dr. Sheela Basrur’s title won’t be changing with the ministry’s reorganization. She expects that the Public Health Division’s internal roles and responsibilities will need to be reviewed, to align them with the ministry’s new end structure and to meet the needs arising from the Local Public Health Capacity Review Committee and the new provincial public health agency. She anticipates that her division’s relationships with other areas of the ministry will become much closer, and that all the ADMs will develop new ways of working together on activities — ranging from negotiations and accountability

agreements, to information management and fiscal planning — as the ministry takes on a stewardship role.

“Public Health currently sets out standards for programs at the local level and monitors these and enforces where necessary,” she explained. “Stewardship means making sure that those standards are relevant and responsive to changing information and expectations. Secondly, it means assuring value for the money allocated to our various endeavors, and ensuring that the results of those endeavors are regularly reported to those who need that information.”

Basrur’s background includes a Fellowship in Community Medicine, a Masters of

Health Science degree and many years experience as a local medical officer of health. In addition to her current role as ADM, Public Health, and Chief Medical Officer of Health, she is an assistant professor in the Department of Public Health Sciences at the University of Toronto. And she has experienced significant restructuring before. When she was the medical officer of health for the City of Toronto, she guided staff through the “megacity” amalgamation, which saw seven municipal governments combined into one. She will be taking valuable lessons learned from that time and applying them as she guides her division through its transition.

“Structural change affects people at a very personal level as well as professionally,” Basrur said. “As individuals they will need lots of information and support, while ensuring that there are positive ways for them to contribute to the new organization as managers and employees.”

Basrur believes that the ministry’s new structure positions it perfectly for its new role. Like all the ADMs, she emphasized that she is very much looking forward to being part of the ministry’s new direction. ■

Adalsteinn Brown

ADM, Health System Strategy

“Strategy is central to steering the health system towards high performance,” said Adalsteinn (Steini) Brown, the new ADM for Health System Strategy. “Continuous improvement and innovation are what we will need to collectively

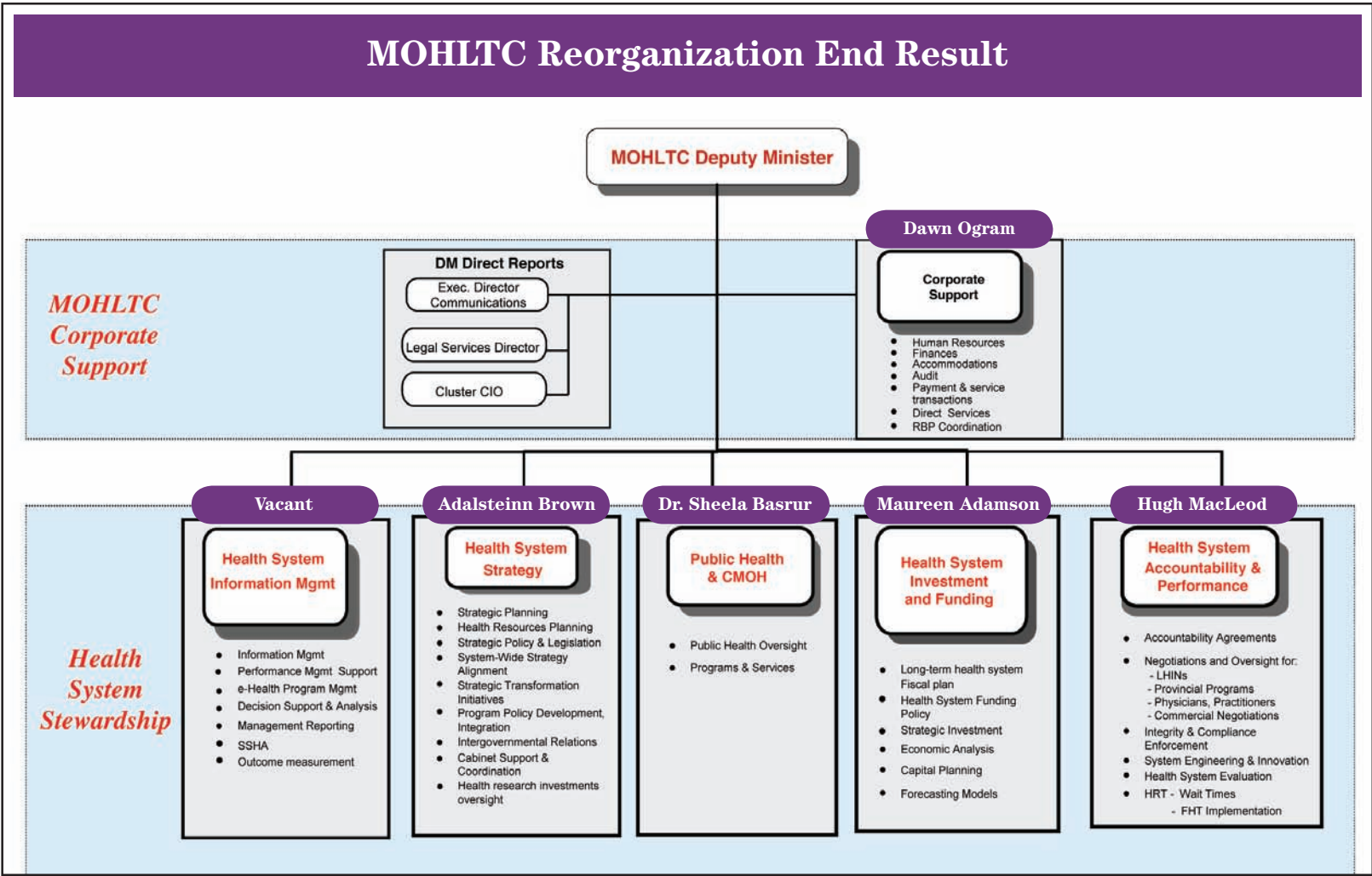
strive towards — as a division, a ministry and a system — to create value. Our strategies will help put us on the right track.”

Brown said that translating strategies into high performance would involve a major re-think both internally and from a system perspective. “It will impact

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how we articulate tangible goals, how we identify and lay out strategic options, how we target investments, how we synchronize efforts, and how we explicitly measure our efforts towards achieving goals.”

Brown would like to see the Strategy division become the model for strategic management for the public sector. This means that disciplined planning and execution processes will be key. He plans to cultivate an environment of teamwork, where people have the opportunity to lead and make a meaningful contribution. “We should be able to not only demonstrate the impact of strategy, but also to connect people to outcomes.”

At 35, Brown will be one of the youngest ADMs in the ministry’s history, but he brings to the job an impressive range of experiences in the private sector, academia and the public service. He has worked in a number of different health care systems in Europe and North America. And since 2004 he has been the information management lead for the ministry’s Health Results Team, a role that has seen him take a big picture approach to the way health system information is collected and organized.

In the recent past, Brown has been an assistant professor in the Department of Health Policy, Management and Evaluation at the University of Toronto, a position he enjoys because it exposes him to new, creative ideas. He believes that one measure of success will be when our ministry becomes the employer of choice for graduates from a variety of disciplines.

“We will succeed if all of us embody the changes that we need to make, in the tasks that we set ourselves, in the way that we pursue those tasks, and in the way that we measure and define our success,” Brown emphasized.

Hugh MacLeod

ADM, Health System Accountability and Performance

Hugh MacLeod is moving from his current position as associate deputy minister and executive lead for the Health Results Team

into the new role of ADM for Health System Accountability and Performance. From MacLeod’s perspective our future work is about ensuring accessibility, quality, accountability, seamless care, knowledge transfer and results.



just about doing more with existing resources, or getting spending under control, but also accelerating innovation and quality improvement.”

MacLeod describes himself as a “systems thinker” and relationship builder, as well as a writer, artist and avid motorcycle enthusiast. His long career in the health sector includes leadership positions in British Columbia at the South Fraser Health Region and Vancouver Coastal Health Authority, where he managed significant transformations. He joined the ministry in 2003 as ADM for the Acute Services Division.

“The real ministry is not only an organizational chart made up of boxes with rigid boundaries,” he acknowledged. “Our future structure must be as dynamic as the external environment around us. The key is tapping into the white spaces — the relationships — between the boxes.” ■

Dawn Ogram

ADM, Corporate Support

Dawn Ogram has been serving as the Acting ADM, Health Services Division, since 2004, and is looking forward to the challenge of her new role as ADM for Corporate Support. “Corporate Support will have a very important role as the ministry reorganizes and establishes new divisions and new business processes,” she explained. “We’ll be working very closely with the transition

team and with the ADMs responsible for the new specialized functional divisions.”

Ogram’s division has responsibility for ensuring that the ministry’s financial planning, monitoring and oversight are sufficient to confirm that taxpayer dollars are spent wisely. Human Resources will be an important part of her mandate as well, and she underlined that the transition process will take some time and will be a marathon, not a sprint. “It’s going to be very important that we maintain a healthy work/life balance and work with respect for one another as we move forward,” Ogram said. “While this change is going on, we have a business to run, and the professionalism of ministry staff in support of these services is expected and appreciated.”



as executive director, Physician Services, and director of the Laboratories Branch — roles that required an effective working relationship with senior staff in other divisions. She also brings to her new role management experience in both the public and private sectors, including high-level consulting assignments in health care restructuring.

“I’m very pleased to be part of this important change for the ministry, and the new directions that are being set,” she said. She added that she knows there are many exceptional people in the ministry who will play an important role in this transition and that she looks forward to working with her colleagues.

“I have never worked in an environment that has so many talented people. This gives me confidence that we will really succeed in moving to where we need to be as a ministry.” ■