Accelerating Improvement:
A Workshop On Supporting Organizational Change

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INFLUENCING PHYSICIANS: INSIDERS AND OUTSIDERS

Relationship to the organization		Physician: Yes	Physician: No
	Inside	Medical director, department heads	COO, department manager
	Outside	***PRO physicians***, insurance co medical director	***PRO non-physician staff***, managed care or insurance administrators

ENGAGING PHYSICIANS IN IMPROVEMENT: THE GOAL AND CURRENT REALITIES

A vision for physician engagement in clinical improvement:

- Physicians have intellectual curiosity about improvement opportunities
- Participate in design of improvements
- Integrate improvements into practice
- Champion improvements; encourage others' involvement

Doctors do want to do the right thing ***AND*** engaging them in quality improvement requires more than data and good intentions.

"Resistance to change does not reflect opposition, nor is it merely a result of inertia. Instead, even as they hold a sincere commitment to change, many people are unwittingly applying productive energy toward a hidden competing commitment."

Kegan and Lahey, *Harvard Business Review*, Nov 2001

Current realities that impact physicians' commitment to quality improvement

- Turbulence in health care delivery
- The organizational environment
- Traditional physician expectations of organizational life and mental models about their professional role
- Physicians pre-occupied with survival
- Productivity expectations and increased regulation and paperwork leave less time for anything beyond seeing patients
- Physicians feel battered and victimized; many have change fatigue and low morale. This makes them less inclined to engage in any activities for which they don't get paid

Some typical characteristics of physicians' organizational environments

- Priority of other issues, e.g., financial viability, M and A
- Lack of trust or misperceptions between physicians and administration
- Lots of talk but little commitment to clinical improvement as core business strategy
- Champions of clinical improvement lack authority to move it forward
- Low accountability; few consequences to not engaging in improvement activities
- Recommendations of QI teams not implemented, poorly implemented, or not supported by operations
- Mixed messages: "Participate but on your own time"

Discussion:
To what extent is this what you encounter in organizations you work with? What else do you see that impacts on physicians' willingness to engage in quality improvement?

PHYSICIAN EXPECTATIONS OF ORGANIZATIONAL LIFE

Compact refers to the psychological contract that defines the relationship between doctors and the organizations where they practice or see patients

- Unstated yet understood
- Reciprocal
  - What doctors give
  - What doctors get
- Mutually beneficially

Physician compacts

- Typically include protection, entitlement and preservation of autonomy in exchange for loyalty and seeing patients or admitting patients
- Any call for behavior outside of a compact provokes, "I didn't come here for that!"

Some common mental models among physicians

- Perceived uniqueness of own clinical challenges and patients
- Socialized to be in charge, have difficulty engaging in team processes with colleagues and support staff
- Professional autonomy is a core part of physician identity. Sense of having lost so much control leads physicians to value clinical autonomy more highly

Discussion:

- In your own experiences and observations of others, would you say that the generic compact and the mental models are fairly typical among physicians?

- In your experience, are these a barrier to physician willingness to engage in quality improvement?

ACCELERATE ENGAGEMENT IN CLINICAL QI

- Help clean up "toxic" organizational environments
- Clarify roles of those promoting clinical improvement
  –Sponsors, agents, champions
- Help develop physician leaders to be change sponsors
- Make a compelling case for change using "pull" and "pain" strategies
- Help leaders and other physicians to transition to new expectations.

Help clean up toxic environments

Differences in physician and manager culture result in misperceptions and lack of trust

- Physicians often view managers as "bean counters" and not really committed to quality
- Managers often view physicians as self-interested, financially-driven
- Managers' perceptions exacerbated when no one can speak for or "deliver" the doctors
- Over time, mistrust becomes hostility

To have a breakthrough in physician-manager relationships

- Administration values physician leadership
- All are willing to take responsibility for what exits
- All put aside baggage from the past
- Administrators and doctors demonstrate mutual respect
- Focus is on finding common ground
- Everyone strives to abide by ground rules for civility
- Parties engage in dialogue

Help de-toxify relationships

- Recognize the symptoms
- Personally demonstrate respect for all
- Help others understand how the current environment limits potential for improvement
- Encourage letting go of old baggage and building trust and a shared vision for going forward
- Help others see the value in being "unconditionally constructive." To be unconditionally constructive, even if others act in ways that are not constructive, continue to act in a positive and constructive way (but talk about what concerns you).
    - To move beyond "tit for tat" calls for stretching beyond the typical human condition.
    - Individuals will likely take actions that appear inconsistent with stated aims. Even those committed to a different dynamic may fall back into routine ways of relating and communicating.
    - Refrain from ascribing ill intent to actions that appear inconsistent. Point out behavior that concerns you, that seems inconsistent with stated goals, and ask for clarification.
- Offer support to build bridges between administration and physicians. Provide resources to support meaningful dialogue

Discussion:
What has worked, in your experience, to help administrators and physicians develop greater trust and respect? What actions seem most helpful in "detoxifying" the environments you are trying to influence?

Clarify roles and support alignment

Clarify roles

- Sponsors – have authority relative to those implementing a change, sanction change, hold others accountable
- Agents – resources, technical experts
- Champions – influential peers (not part of management structure)

Sponsors

- Endorse a change, beyond playing the messenger role
- In public and private, play the lead role in communicating direction and inviting participation
- When appropriate, go first
- Create the environment that supports improvement activities; align resources, policy and rewards with improvement efforts

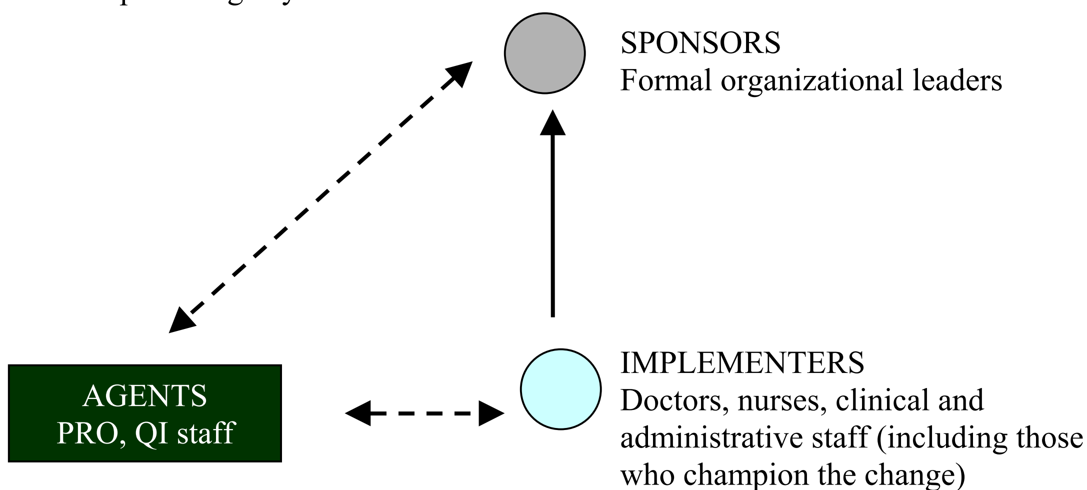
Weak sponsorship spells failure

- The number one reason change fails is lack of sponsorship
- Without effective sponsorship quality improvement gains are sub-optimized

Agents

- Help plan and execute a change
- Influence those who will be implementing the change through data and information
- Provide technical expertise
- Listen to concerns and help remove barriers
- Support sponsors to be effective in their role

Relationships among key roles



Alignment

Alignment means developing agreement among the sponsors, change agents and other leaders, if there are any, regarding three important issues:

- Why the change is called for. The problem or opportunity that currently exists and why it needs to improve.
- What change or improvement is being proposed to remedy the situation.
- Who is responsible for doing what. The responsibilities of the change leaders as well as the role and responsibilities of important others such as committees or outside experts.

Conversations to develop alignment

Why this change? Why the focus on this problem or opportunity?

- How well are we performing in this area today?
- How does current performance impact our ability to achieve our targets or meet patients and other customers' needs?
- What is likely to happen if we do not improve?
- How much better could performance in this area be? What are the up-side benefits of performing better?

What is the change? Is the change fully developed or is it just loosely defined? How will it be further developed?

- What do we already know about the change we are supporting? What parameters are fixed and not amenable to modification?
- What kind of a process do we envision for involving others in the design of the change?

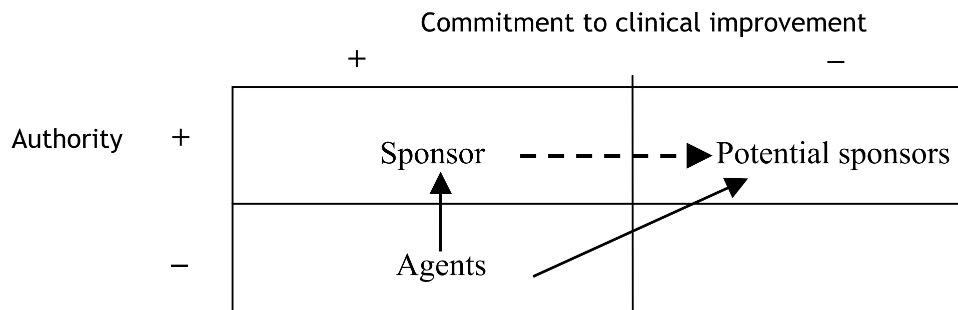
Who is doing, or is going to do, what? Clarify expectations and make commitments to each other.

- What will sponsors do? How will they demonstrate the importance of the change and make their position on it clear?
- What will change agents do to support the change and to support sponsors?
- What role will champions play?

Sponsorship from "the top" is essential

- Educate leaders about their role as sponsors
- When talking to potential sponsors, demonstrate how supporting your effort helps their own agenda
- Help align the senior team around the business case for improvement
- Provide concrete suggestions about what these individuals can do to demonstrate sponsorship
- Ask what support you can provide to sponsors to help them do what you ask

Paths to develop sponsorship



Leverage your time by engaging influential individuals who can get the attention of other leaders

Discussion:

- What, if anything, would you be doing differently if you fully played your role as a change agent?

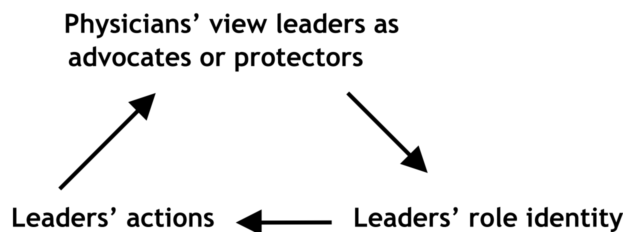
- Consider a project you have undertaken that needs greater or more visible sponsorship. How can you get the sponsorship the project needs? Who would you try to influence?

Help physician leaders become change sponsors

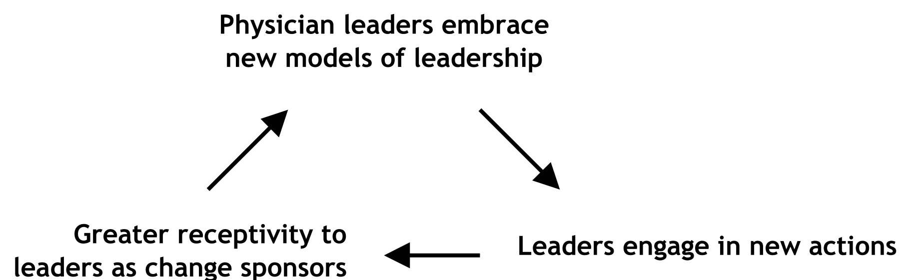
Physician sponsorship challenges

- The traditional role for physician leaders has been largely to be an advocate and protector
- Sponsor is a difficult role when there is no acknowledged "chain of command" – when chief is seen as "not one millimeter above"
- Value on autonomy makes it difficult to hold other doctors accountable
- Leaders who take actions outside what other doctors expect are viewed with suspicion

Typical cycle



An alternative dynamic



New mental models of physician leaders as change sponsors

- Advocacy is in perspective
- Introduce change and speak positively about it
- Go first and model changes before expecting others to
- Hold physicians accountable
- Facilitate physicians to work collectively
- Remove barriers and facilitate others to take responsibility
- Work as a team with other leaders

To help physician leaders step up to the role of change sponsor:

- Build capability and commitment in others, don't create dependency
- Encourage experimentation with new ways of leading
- Offer to help sponsors do what it is you are asking of them
- Offer help including mental rehearsal of difficult conversations
- Put them in touch with training and other resources
- Provide a mirror and offer constructive feedback
- Develop peer support among leaders to deal with fallout from new leadership actions
- Give positive acknowledgment
- Talk to physician leaders about the power of shared vision. Help them to develop a vision for their organization or department that resonates with others and that supports improvement. In your own projects, devote time to aligning key players around the vision of what the change will accomplish, how it will help achieve a shared objective.

Discussion

Think of one leader inside an organization who needs to step up and assume sponsorship of a change or improvement activity you want doctors and others to participate in.

- What do you ideally need this individual to do that he or she is not already doing?

- How can you support him or her to take these actions?

Make a compelling case for change

Two approaches

- “Pain” strategies: demonstrate how the threat and pain of the status quo is greater than the cost and risk associated with improvement
- “Pull” strategies: link improvement to aspirations or vision for the organization. Find attractors that are personally meaningful

Pain strategies

- Make the cost of poor quality transparent – use stories and examples
- Highlight ways maintaining the status quo threatens the organization
- Communicate urgency

Pull strategies

- Appeal to physicians’ desire to do the right thing for their patients
- Make the improvement the easy thing, not just the right thing, to do
- Make the link between CI and financial success clear and real
- Speak to the personal benefits of a specific improvement

Discussion

- How compelling a case have you been able to make for the changes you want others to implement?

- How much business literacy do you need in order to make a compelling case for your suggested changes in a given organization? How could you get more information if you need it?

- What strategies have you used that prove most successful in engaging doctors?

Help physicians (and leaders) transition to new expectations

Given the traditions of medicine and how physicians are trained and socialized, when they are members of an organization, they tend to expect:

What physicians "give"	*What physicians "get"*
• See patients	• Autonomy
• Provide quality care as personally defined	• Protection
	• Entitlement

To the extent these old expectations are in place, there is a mismatch between today's imperatives for organizations and this traditional promise

Imperatives	*Traditional promise*
• Improve access and service	• Autonomy
• Improve quality and safety	• Protection
• Reduce costs	• Entitlement

This kind of mismatch is not only a barrier to change but erodes physician morale. As a way to build greater change capability, some organizations are working to define a new compact – a set of expectations that are meaningful to doctors and that the organization can sustain.

Sample new compact

What Doctors Give	*What Doctors Give*
• Customer focus	• Influence on decisions
• Teamwork	• Ongoing, candid communication
• Openness to innovation	• A work environment - including staff and processes - that support physician practice
• Delegation of authority	• Recognition of physician contributions

Discussion

- Would overt exploration of current compacts and how they affect physician engagement in QI be beneficial in organizations you work with?
- Are you in any position to initiate or support conversation about compact change?
- How would you get involved? What support can you provide to an organization that shows interest in exploring this issue?

Transitions

William Bridges has the following to say about the emotional component of the change process: [1]

- "Change is not the same as transition…Transition is the psychological process people go through to come to terms with the new situation."
- "Beginnings depend on endings"

Shift in expectation is emotional process

- Any process to shift expectations needs to address physicians' emotions
- Letting go of old expectations sets up willingness to engage with new ones
- Physician leaders likely to need support to let go and to facilitate "letting go" discussions

Ways to support leaders to help doctors let go and move on

- Distinguish between what is and isn't over
- Help physicians get in touch with reasons for going into medicine, much of which isn't changed (how care is delivered may change, but not core identity)
- Utilize symbolic endings
- Allow physicians to vent and grieve if appropriate. Demonstrate empathy

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[1] William Bridges. *Managing Transitions*. Addison-Wesley, 1991

Discussion

- Would doctors letting go of the past make it easier for you to engage them in improvement activities?

- Is this a significant enough barrier for you to try to address?

- In what ways could you help leaders re-frame or let go of any disappointments they have so that they can be more open to change (leaders cross the bridge first)?

- What opportunities do you have or can you create to explore this issue with doctors you work directly with?

INFLUENCING THE WORK INSIDE YOUR PRO

- What learnings from today would be most useful for other leaders inside your organization to apply?

- What would have to change inside your organization for you and others in the PRO to apply any insights or strategies from this session?

- How can you be most influential and effective in moving your organization in this direction?