Is Your Practice Ready for Change?

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TransforMED is conducting a National Demonstration Project (NDP) of 36 selected medical practices who agreed to make radical changes, where necessary, to become “new model” practices.

The NDP practices were eager to “jump right in” and begin implementing various components of the model such as e-visits. This is understandable; it’s human nature to want to chop wood without first sharpening the axe. However, initial results of the NDP indicate medical practices that first take active steps to prepare practice workgroups and processes to manage the change itself see the most improvement and are better able to sustain the changes.

What does it mean to be a practice that is ready to change?
Leaders of practices that experienced greater success in taking on change within the practice shared some common approaches. These leaders were actively involved in:

- Self reflection
- Honesty in assessing their situation
- Bravery to address problems with themselves and with others in the practice
- Kaizen: the diligence to make a commitment to continuous improvement.

In the TransforMED demonstration project, practices that exhibited a greater capacity for change possessed the following characteristics:

Leadership
Whether by design or by default, the practice leadership is responsible for determining the culture of the practice. Practices with strong leadership throughout the practice progressed more rapidly through the planning and implementation of the various elements of the TMED model. So what are these leadership abilities and how are they evidenced in a practice?

- **Vision.** Members of the practice’s leadership team (clinical and non-clinical) create the Vision which provides the focus for the change
strategy. In conjunction with the mission statement, the vision statement requires an ability on the part of the leadership team to "paint a picture" of what the outcome will look like for the practice and what it will mean to all involved. Everyone associated with the practice must understand where the practice is headed, even if it is not clear exactly how you are going to get there.

- **Role-model.** The leadership must become actively involved in the change effort and embody the changes they are asking of others. A key aspect of this active involvement is motivating others to become part of the vision and delegating wherever and whenever possible.

- **Voice.** Giving employees (and, yes, even patients) a voice in the process of change will lead to “buy in” and an increased sense of empowerment and partnership in successfully reaching goals for your practice and the delivery of patient centered care.

- **Humility.** Likewise, leaders must recognize they do not have to have all the answers for problems and/or opportunities for improvement that develop within a practice.

**Teamwork**

Too often the terms "group" and "team" are used interchangeably. This is unfortunate because there is a big difference between the two. A group is a unit of co-workers who perform their jobs in the same location but are not interconnected and functioning with the entire practice in mind. As a result, a group often experiences re-work and process inefficiencies. A team, on the other hand, not only functions with the entire practice in mind but also understands where their job fits into the whole. Team members who are given the option to participate in problem solving possess a greater sense of trust and feelings of mutual respect. A medical home needs to function like a well-oiled machine in order to deliver the care required by patients in the 21st century. Every member of the staff must recognize their contribution to the patient’s experience.

**Communication**

The ability to communicate effectively often spells the difference between success and failure. Ineffective communication can demoralize the change effort. For example, meetings that drag on without productive outcomes and end without action items give "communication" a bad name. However, when meetings are effective and efficient and when good communication skills are
combined with openness to learning, team members in the work environment have a much greater capacity for successful change.

**Understanding the Change Process**
Change often begins with optimism and abundant energy, but at some point along the way, momentum wanes. The necessary changes start to seem overwhelming, "informed pessimism" takes over and taking the next step seems nearly impossible. While it’s important not to get stuck here, pessimism is a natural part of the process. If a practice does not encounter some variant of the feeling “this is just too hard” then a question needs to be asked: “Is there any meaningful and substantive change happening here?” The common tendency is to try to change too much at once which feeds negativity. As a result change weariness sets in and sustaining the momentum for the change process starts to feel too difficult. To avoid this, it is important to understand and manage the change process.

**Your Reflection**
So how do you begin to assess your practice’s “readiness for change?” Start with the end in mind. Schedule some time in your busy practice for reflection and consider the questions below. In the article, “The Conscious Organization” by John Renesch, he states: “high awareness includes the absence of denial of any kind. It means ‘having your lights on’ at all times and remaining fully awake while you are at work. This awareness allows you to notice things that do not best serve the overall functionality and effectiveness of the organization.” It is this high level of scrutiny that you must possess when addressing the following considerations in anticipation of practice changes:

1. There is a strong sense of urgency in the group about the need to change how the practice does its work.
2. The business strategies, policies and procedures that will need to change have been identified.
3. The practice has resources and existing infrastructure to commit to planning, managing change, and training employees.
4. The practice has experienced many past change successes.
5. Once this practice implements a change, the change tends to stick.
6. People in this practice operate as a team.
A medical practice should not be an environment that embraces the status quo. Over time, things change. Technology becomes outmoded. Functions need to be updated.

The optimal outcome is a process of change that transforms your practice from stale and inefficient to high functioning and purposeful. This requires a new and different set of skills. It is critical to identify resources available for strategically plotting the course of that change so that momentum is maintained and burnout does not occur. Your journey will require discipline and commitment for which support is a necessary component, if the change is to be sustained.

Finally, the outcome may not look like it was originally envisioned. In fact, what you will most likely find is that the journey will continue as new technologies and demands are made upon the system of care. With a plan and process for change in place, your practice team will become a “conscious” organization—aware that it is participating in the process of building a more patient-centered approach to care which will hopefully lead to a greater sense of satisfaction for your patients, your staff and you.

Additional resources:

Find out more about TransforMED’s National Demonstration Project (NDP)
http://www.transformed.com/ndp.cfm

Learn about the TransforMED Medical Home model
http://www.transformed.com/transformed.cfm

Read relevant TransforMED workingpapers:

8 Tips for Successful Change Management

"Effective Meetings"
http://www.transformed.com/workingPapers/EffectiveMeetings.pdf

Huddles: Increased Efficiency in Mere Minutes a Day
http://www.transformed.com/workingPapers/Huddles.pdf

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