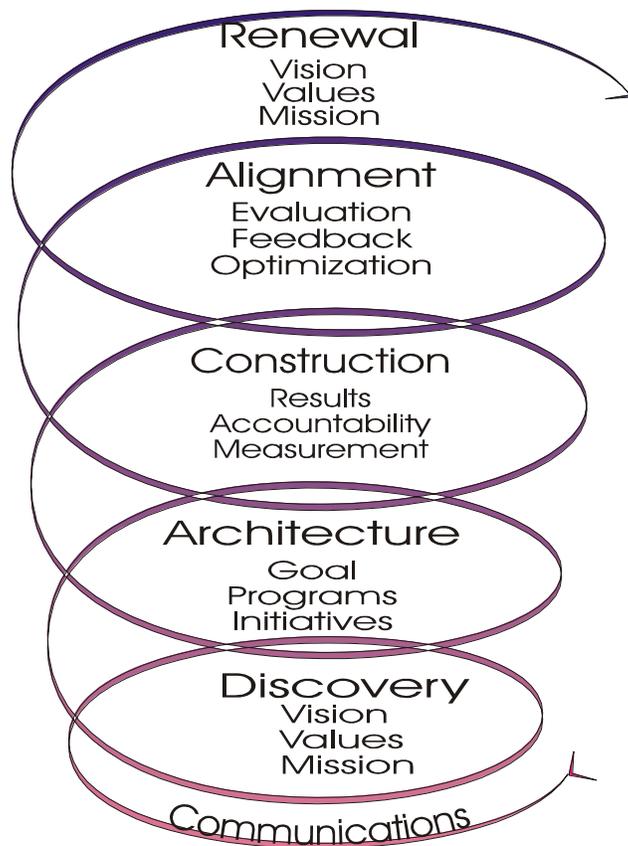


Approaching Change Management in an Ambulatory Medical Practice

Most people don't go through life naturally hungry for change. More of us belong to the school of thought that says, "if it ain't broke, don't try to fix it". But intellectually we know that change can be good and productive. In fact, most of us will acknowledge that it is inevitable and often necessary for survival. That doesn't make us want to necessarily jump on the bandwagon – especially when other peoples' health and well-being are concerned.

So, what do you do if you're a doctor facing the need to move to the world of Electronic Health Records (EHRs) and information technology?

Here is one useful model for thinking about change:



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Start at the bottom of the diagram. We put communication these on the very first curve because for any change to be successful, you must build on a foundation of constant communication. Were you aware that studies have shown that the average adult must be exposed to information seven times before it become understood and remembered? This is why during a transition period you must commit to over-communicating.

According to Harvard Business School professor John P. Kotter, to create successful change, you must begin by creating a sense of urgency. You should identify and discuss potential crises. With ambulatory healthcare, if you are a Medicare or Medicaid provider, the urgency should be critical. Your practice has a finite window of time within which to identify, adopt and “meaningfully use” a certified EHR system. Once you have established the need to move forward, the next step is to examine your vision for your practice. What is it that you fundamentally hope to do as a physician? What do you feel your mission to be? How will electronic health records support this vision and your mission? How might their implementation jeopardize this vision and mission? These are important questions to consider, most especially at the clinician/owner level.

When you have articulated your vision of your practice utilizing EHRs in a manner that will support your goals and mission, then you can begin the planning phase of your transition. There are numerous tools available that will assist you in identifying the sequential steps necessary for your conversion to or installation/implementation of an EHR system. These can be found through HIMSS, through your selected vendors and through consultants. They can help you answer the questions that will yield a step-by-step roadmap through the administrative and technical considerations.

Once the steps have been specifically identified, you should develop goals and measures to validate that each step has been successfully completed. The measures you use should be objectively verifiable. For example, if one specific step on your change roadmap is “select hardware to be used by each clinician or clinician type”, then the measure might be “specific hardware manufacturers and specific models have been identified for each clinician or clinician category, pricing has been confirmed in writing by source to assure budget alignment, and necessary delivery times have also been confirmed by vendor in writing”. Reducing your roadmap into a detailed workplan with associated measures is the most time-consuming and potentially laborious step of the process, but it will yield significant benefits in terms of minimizing the overall timeline for the transition. Because an unanticipated delay in working through the transition is the largest risk of the project, putting the effort in upfront is more than worth the trouble.

As you develop the roadmap and measures, take time in your planning process to consider the “what-if’s”. Make a list of what seem like the most likely contingencies (what-if’s) in the process. Talk to your colleagues to explore their experiences. Don’t assume it can’t happen to your practice. Be prepared by having contingency plans in place for the top three what-if’s. They may not be completely avoidable, but if you’ve already considered the alternatives and developed a work-around, you will spare yourself and your employees much heartburn and stress. Have a defined plan, but be prepared to adapt. This is the heart of resiliency, and resiliency is a priceless, but completely learnable characteristic!

Seek feedback. This may seem counter-intuitive. If you’ve managed to get all of the above plates spinning at one time, why in the world would you invite feedback? Wouldn’t that be like inviting bulls to charge through the china shop? We the answer is, every practice is different. Every clinician is different, and every office workflow is a little bit different. Solicit feedback to confirm that you are on the right track and have considered all of the elements. You shouldn’t be required to rearrange all of your clinical processes in order to adopt an EHR system, but all of your processes, clinical, operational, technical and administrative are intertwined and interdependent. Get feedback to make sure you’ve considered all the salient data points.

Finally, once you’ve adopted your system and achieved the goals you articulated for the practice as the second step of this process, go back and reflect. This overall process is a model for continuous learning. Review your vision and ask yourself and your partners and staff if the vision still applies, or if there is more that could be achieved. Let the change spiral be a permanent part of how you look at your practice.

Most importantly, remember that leadership and management are two different things. Once you’ve articulated your personal vision for the practice and identified a technology partner/vendor who can provide the tools to get you there, be the leader in the change initiative. By being the champion of the project, you can enroll your staff and partners to accomplish all of your goals in the shortest possible path.