2011 Military Health System Conference

PCMH: Making Cultural Change Real – Shifting Paradigms and Changing Roles

The Quadruple Aim: Working Together, Achieving Success
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Navy Medicine and Mael Consulting and Coaching
PCMH: Making Cultural Change Real - Shifting Paradigms and Changing Roles

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Cultural Change in the PCMH

- Why organizations often fail at transformational change?
- What strategies can be used to successfully manage change?
- How can change be made to stick?
- What will it take to sustain transformation so that a new culture is created?
“If you don't like change, you're going to like irrelevance even less.”

General Eric Shinseki (ret)
Former Chief of Staff, U.S. Army
Eight common errors leading to failure

1. Allowing too much complacency
2. Failure to create sufficient guiding coalition
3. Underestimating the power of vision
4. Under communicating the vision by a factor of 10
5. Permitting obstacles to block the new vision
6. Failing to create short term wins
7. Declaring victory too soon
8. Neglecting to anchor changes firmly in corporate culture
Implementing Large Change

- Not for the faint hearted
- Requires oversight at most senior levels
- Change affects people and “their” processes
- Cannot underestimate the importance of planning and coordination
- Today’s globalization demands that organizations be more agile and adaptable
- Success is anchored in understanding why people resist change…….
“Leading Change”
John Kotter

The Eight State Process of Creating Major Change
1) Establish a sense of urgency

- Do folks understand why change is needed?
- Strategic communication; one voice
- Don’t start changing before you have sold the “need”
- In the absence of data, folks believe all is well
- Never underestimate the magnitude of forces that reinforce complacency and the status quo
- Driving up the sense of urgency often requires **BOLD** moves
2) Create a guiding coalition

- Not even a monarch CEO can go it alone…
- Beware the low credibility committee
- The guiding coalition:
  - Power players (managers)
  - Expertise
  - Credibility
  - Leadership to drive change
- Must have good leaders and managers
- Create trust and develop a common goal
3) Develop a vision and strategy

- The difference between leadership and management
- Leadership creates:
  - Vision of and appealing future
  - Strategy for how the vision might be achieved
- Management:
  - Plans steps and timetables to implement strategies
  - Develops financial projections and goals
4) Communicating the change vision

- Most powerful when common understanding across the organization

- Message:
  - Simple
  - Create a picture, metaphor
  - Repeated, multiple forums
  - Leadership by example
  - Two way communication
  - Eliminate inconsistencies or mixed signals
5) Empower broad based action

- A sensible vision creates opportunities to initiate actions to support that purpose
- Structures must be aligned with the vision
- Provide training
- Align personnel and information systems to the vision
- Confront supervisors who undercut needed change
6) Generate Short Term Wins

- Don’t declare victory too soon
- Understand incremental change
- Short term wins provide evidence that sacrifices are worth it
- Reward change agents with recognition
- Undermine cynics and resisters
- Build momentum by adding new believers to the coalition
7) Consolidating gains; produce more change

- Resistance is always waiting to reassert itself
- They often organize the celebration!
- Communicate more change, not less
- Expand efforts
- Manage expectations that change is continuous over years, not months
- But beware of change fatigue and how to manage it
8) Anchor new approaches in culture

- Culture is powerful
- Comes at the end of transformation
- Largely dependent on results
- Talk up the successes so validity recognized
- Sometime changing culture means changing who is on the bus, or which seat they’re in
- Promotion processes and recognition should be aligned with new practices or old culture will reassert itself!
36 Family Medicine practices
Implementing the PCMH
Analyzed and followed by TransforMed
Biggest challenges:
- Resourcing
- Realistic timelines (3-6 years)
- Transformation of physician behaviors
- Change management to team based population based health management
Pensacola Transformed Project

- Change Readiness Assessment to all staff
- Qualitative interviews with 25 key stakeholders
- Strongest areas: Leadership and change management
- Levers for change: Teamwork and work satisfaction
- Opportunities: Communication!
Qualitative Interview Themes

- Positive perception of PCMH
- Desire to know more about expectations/goals
- Develop model for role expectations in PCMH
- Keep an eye on resource needs
- Need a process for feedback and input from staff (Two way communication)
- Monitor the staff for change fatigue, adjust accordingly
TransforMed Offsite
Team Building

- Examined team based practice
- What roles could each group own?
- What commitments could they make?
- High Performance Task Exercise
  - Examined components of PCMH
  - How engaged and how accountable are they for each?
  - As a group placed dots to annotate
Along the change continuum

Green Team

Osprey Team
Lessons Learned

- Change is hard
- Establish the sense of urgency (WHY)
- You cannot over communicate
- Strategic communication plan = first priority
- Clearly delineate deliverables / goals
- Provide frequent feedback to stakeholders
- Get the right people on the bus in the right seats. Strong, credible, influential coalition.
- Be honest about difficulty, change fatigue and timelines!
Making Culture Stick
The NNMC Experience

Fred Mael PhD
Mael Consulting and Coaching
The Promise of Medical Home

- Indications of success of MH
  - Improved HEDIS scores
  - Reduced specialty care
  - Reduced trips to emergency room
  - Improved provider continuity
  - Increased patient activation
  - Patient satisfaction

- But - MH is not an island
  - Embedded within culture(s)
Culture is set of values, beliefs, and ways of thinking embraced by members.

Involves assumptions about:
- reality, time, space
- truth
- human nature and human relationships

For any culture, need to know the “givens” and why they are maintained.
Aspects of Culture

- The overarching organizational culture(s) and the various subcultures
- Organizational versus professional culture
- Formal and informal culture – and who controls it
- The current study: Interviews with all members of NNMC PCMH (all teams and professions)
Positive Aspects of Working in MH

- Patient-centered and responsive to patient needs and preferences
- Better continuity
- Better integration of staff and support staff
- Specific additional resources or processes are valuable
- Values of MH make work more meaningful for employees
The Cultural Influences on the NNMC Medical Home

- A. Contradicting MH Values
- B. Professional
- C. Within Team
- D. NNMC Mgmt.
- E. Other NNMC Medical
- F. Navy
- G. Federal
- H. Patients

Medical Home
<table>
<thead>
<tr>
<th>Issue</th>
<th>Potential Solutions</th>
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<tr>
<td>• Tension, perceived conflict between open access and continuity</td>
<td>• Staff needs to know:</td>
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<td>• Staff rotations to deal with shortages hurt continuity</td>
<td>- why open access is central to the MH concept,</td>
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<td>• Lack of staff consensus on how to treat late patients</td>
<td>- what is meant by &quot;open access&quot;,</td>
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<td>• Preventive medicine claims are overstated</td>
<td>- when and if it takes precedence over continuity goals</td>
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<td>• Teams need justifiable, consistent policy about late arrivals</td>
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<td>• Determine if preventive care for the not-yet chronically ill is feasible and</td>
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<td>deserving of effort, given current manpower and resource constraints</td>
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Range of Solutions

- Selection/Retention: Weeding out the:
  - Less committed
  - Less capable
- Empowerment
  - Policy Changes
- Communication
  - Internal and external
- Orientation Training and Socialization
- Team Building
  - Formal and informal