

# When Enough is Enough – Dealing with Change Fatigue

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# Objectives

- Recognizing change fatigue and its sources
- Addressing common pitfalls that lead to fatigue
  - Review elements needed for effective change.
  - Ensure engagement with the practice team.
- Develop a culture of learning and accountability.
  - Creating Goals and Measures
  - Developing a plan for performance

# Symptoms of Change Fatigue

- “Too many changes have failed in the past.”
- “Why do we have to change when others don’t seem to have to change?”
- “Changes are made, but no one checks with us on whether not something will work. When it doesn’t work, they wonder why. We could have prevented some of the errors and issues, if we were asked.”
- “I don’t understand how this change will benefit us or patients.”
- “I didn’t get the memo or information about this change”
- “I don’t know how to use the new system” or “I didn’t get enough training”
- “The technology doesn’t work.”



# Root Causes of Fatigue

## Lack of

- Strategic Vision
- Effective Change Plan
- Staff Engagement
- Communication
- Training
- Well implemented technology, including proper testing to ensure performance



# Other Change Issues

- Too Much Change and/or Change Implemented Too Quickly
- Staff Members “blocked”



# Signs of Change Fatigue

## Lack of Leadership

1. Outsiders increasingly question the value/objectives of the change effort
2. Change effort leaders/coordinators are stressed out and/or leaving
3. Reluctance to share or comment on data about the effort
4. Key leaders not attending progress reviews
5. Vague/conflicting change directives

## Lack of Involvement of Stakeholders

1. Customer impatience with duration of change effort
2. Too Few people involved in the change
3. People not working to their highest capacity

# Signs of Change Fatigue

## Lack of Planning

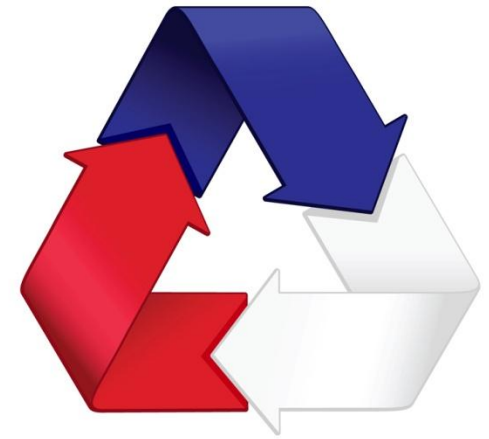
1. Budget and resources are diverted to other strategic initiatives
2. More than 3 change initiatives at one time
3. Too aggressive time lines

## Lack of Accountability

1. Drive by change without use of PDSA
2. Practice is organized in silos, not integrated
3. Pockets of resistance

# It's Never too Late for a “Do Over”

- Don't ignore the symptoms
- Address the issues head-on
- Listen to concerns
- Develop a go forward plan





# Preventing/Dealing with Change Fatigue

- Have a plan
  - Involve the team
  - Monitor progress
  - Celebrate Success
- . . . Build a learning organization

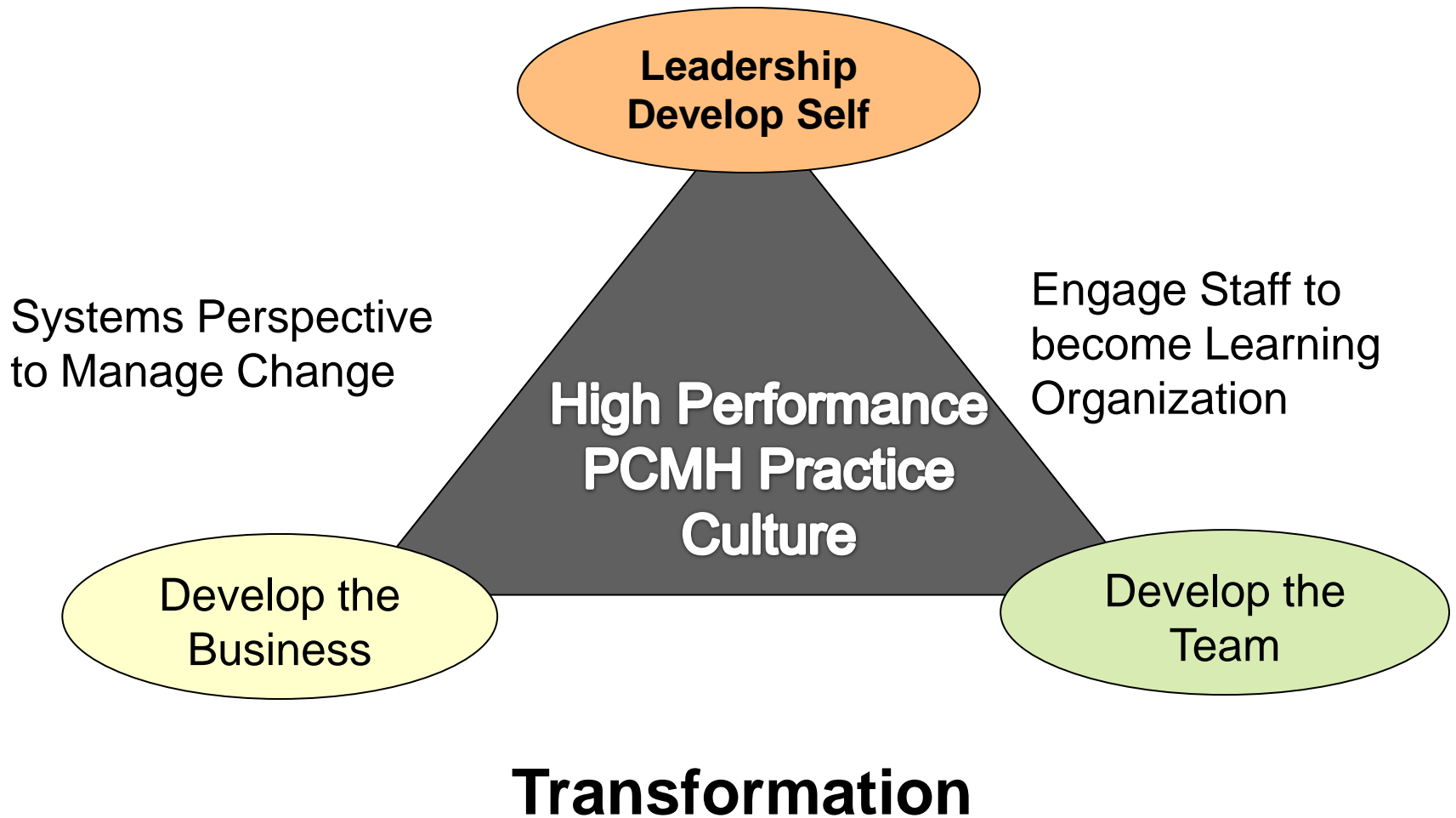


# Learning Organizations

- Start with a vision of the future.
- Develop strategic objectives to guide the change plan.
- Practice Engagement: leaders and staff together.
- Define measures of success and accountability for achieving goals.



# Leadership and Learning



# Leadership

- A physician who believes in and is actively involved in the transformation
- The physician leader has rapport with other physicians in the practice
- All physicians in the practice are looked to as leaders and role models for behavior
- Without physician and/or practice management leadership change fatigue becomes a reality

# Leadership



- Practice Manager - key in motivating and leading the staff
- Champion physician/s - key in motivating and leading physicians
- Both leaders need to communicate with each other frequently

# Leadership



- The most effective leadership team represents every level of the practice:
  - ☐ Physician
  - ☐ Practice Manager
  - ☐ Lead clinical staff
  - ☐ Lead front desk staff
- This type of leadership team, by design, results in practice integration

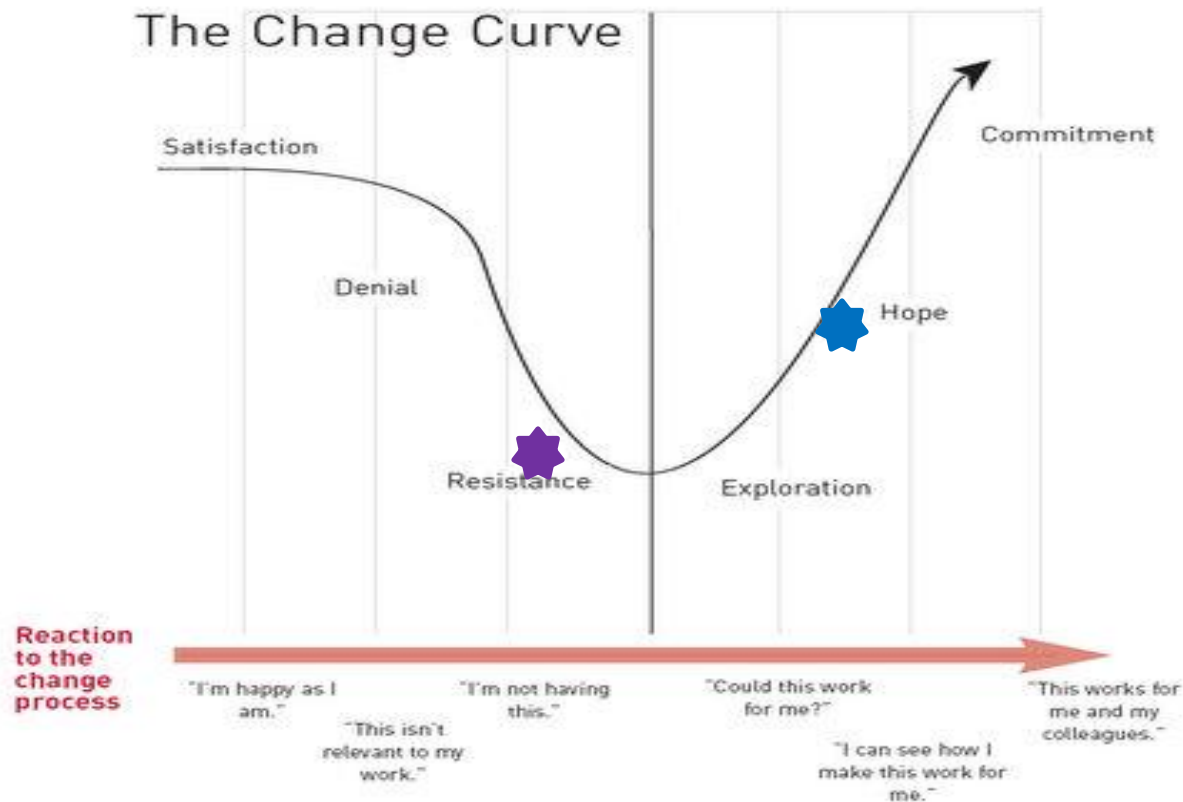
# Involve All Stakeholders

- . . . People are galvanized to change at the emotional level
- What about me?
  - What about my peers?
    - What about the practice?
- Develop sensitivity to engage staff members in the change
  - Early Adopters
  - Late Adopters
  - Cynics
  - Resistors



# Involve All Stakeholders

... People move through change differently



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# Involvement



- Assign everyone in the practice a role in the PCMH change effort
- Delegate a team for each area of the PCMH change that will be implemented
- The most effective PCMH teams, like the leadership team, are made up members from every level of the practice

# Involvement



- Be sure each team has the tools and resources to function effectively
- Set up ground rules for effective teams:
  - ☐ No one dominates the group
  - ☐ Each member contributes actively
  - ☐ Take minutes on key topics and decisions made
  - ☐ Decisions made in the meeting will be carried out and acted upon
  - ☐ Circulate the minutes for the entire practice to view
- PCMH leadership team oversees all the teams and ensures successful integration

# Involve the Practice Team



- Identify staff involvement accountability to support the work (Care Management)
  - Ensure all team members follow Care Management processes
  - Update Roles and Responsibilities to reflect CM processes
    - Identifying patient population
    - Scheduling appointments/tracking completions
    - Test tracking – ADA or D5 measures
    - Referral tracking
    - Patient accountability as part of the team – blood sugar records, eye exam reporting, foot exams, etc.

# Group Dynamics

Expect fits and starts

- Forming
- Storming
- Norming
- Performing



Tuckman, Bruce (1965). "Developmental sequence in small groups".  
Psychological Bulletin **63** (6): 384–99.

# Change Planning

## Strategic Objectives (SMART)



- ***Become a high performing Care Team.***
- ***Implement operational excellence through the PCMH.***
- ***Leverage technology to deliver effective and well coordinated care.***

# 3 Change Initiatives

- Keep a work in progress document that highlights which 3 initiatives are being worked on currently
- Be sure everyone involved in the change is aware of which 3 changes are being worked on, including:
  - Other organizations outside the practice
  - Everyone in the practice
- Post this change document in public view in a prominent place in the practice



# Aggressive Time Line



# Manageable Time Line

- Be sure the practice has the capacity to meet times lines
  - For example, if the performance metrics require a registry be sure the practice has one already in place when drafting the project timeline
- Before moving from one change initiative to another be sure to acknowledge what has been accomplished to date



# Develop Objectives

Determine one objective for your practice for 2012 based on some metric(s)

- Staff satisfaction – Ensure a highly engaged staff
- Clinical Outcomes – Improve patient care for preventive and chronic disease management
- Patient Satisfaction – Patients choose our practice for care.
- Financial – Improve financial performance thru efficient care



# Develop a Goal to Support Objective

- Staff satisfaction – Ensure a highly engaged staff
  - We complete “today’s work today” and leave by 6:30 PM
- Clinical Outcomes – Improve patient care for preventive and chronic disease management
  - Reduced ED visits for Diabetics, etc.
- Patient Satisfaction – Patients choose our practice for care.
  - I would recommend my friends and family to this practice.
- Financial – Improve financial performance thru efficient care
  - Average net revenue per physician



# Measures of Success

- Ensures accountability for contributions to achieving goals.
- Are shared with all team members as progress is made.
- Rewards all when goals are achieved.
- Becomes part of the DNA of the practice.



# Avoid the trap of Practice Silos



# How will you know if you reach the goal?

- Improve patient care & Our practice is the first choice for care.
  - Performance Challenge: Implement Care Management process for diabetics to improve outcomes
  - Goal Boundary: Increase DM patients seen for care from annually to quarterly by 6/30/12
  - Lead Indicator: Ensure DM patients are scheduled for regular visits; measure % of scheduled visits by opportunities
  - Lag Indicator: % of patients with HBA1c < 8



# Develop Measures of Success

- Outcome Measures:

- Diabetics

- HBA1C < 8
    - BP
    - Lipids
    - Eye Exam
    - Foot Exam
    - Aspirin

- Financial Measures:

- DM patient office visits
  - OV Revenue
  - Reduced ED visits and/or hospitalizations



# Resistance



# Resistance

Many physicians/staff members become actively engaged in the change process by addressing what they value most:

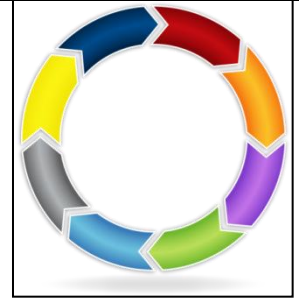
1. What is your point of greatest pain?
2. Would you be willing to try a new approach to alleviate this pain?



# Clearly Defined Workflows, roles and responsibilities

- Map the current process/workflow
- Map the ideal/future process/workflow
- Clearly define everyone's role and how it will change
- Each role should have the corresponding responsibilities

# Use PDSA



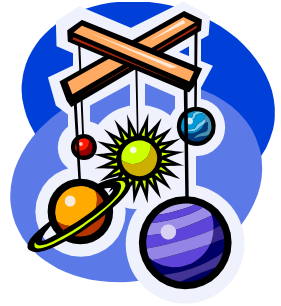
- When implementing a change assume nothing is perfect on the first try
- Whenever possible pilot the change for one month
- During this one month period briefly review on a weekly basis:
  - What is working?
  - What needs to be fine tuned?
- After this one month period the change will be relatively perfected and can be rolled out to the whole group.

# Practice Integration

- In a highly functioning practice all the parts work toward the same goal and continually exchange feedback among each other.
- All the parts remain closely aligned and focused on achieving the overall goal of the system.
- If any of the parts in the practice become weak or out of sync, adjustments are made as soon as possible.

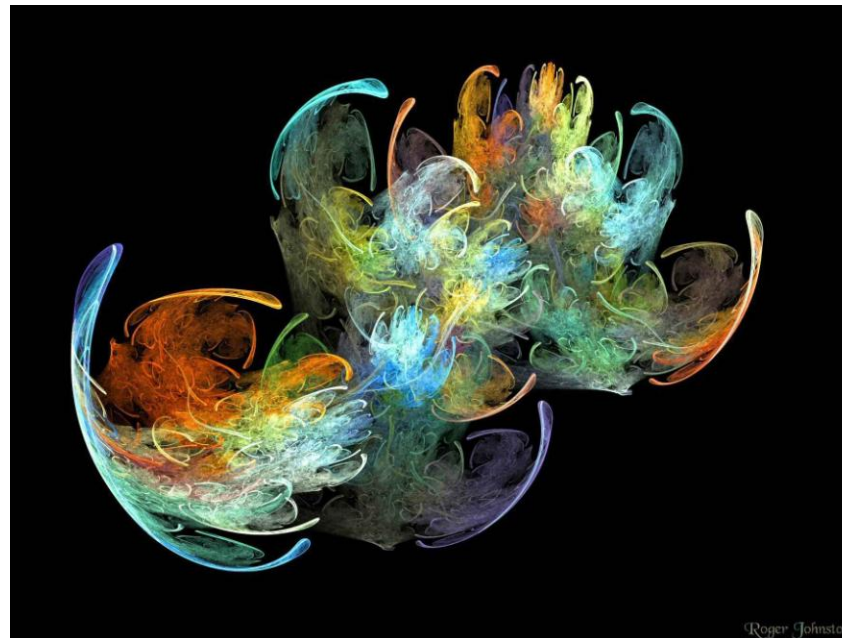
# Practice Integration

- Think of your practice as one system with parts (subsystems)
- Each subsystem of the practice has its own goals, processes, inputs and outputs.
- Do these subsystem goals work together to accomplish the desired overall goal for the practice?



# Practice Integration

- As the practice transforms, all aspects of practice operations will be affected.
- Effective change management ensures that all functional areas are treated as integrated and interdependent.



# Long Term Goals

Develop a dashboard for your practice around core metrics that support objectives

- Patient Satisfaction

- Access to Care
  - % of Same Day Appointments
  - Patient Portal
- Engagement in Care
  - Appointments Kept
  - Bring medications
  - Prepared for visit
- Recommend practice to friends and family
  - Number of referrals from current patients



# Long Term Goals

Develop a dashboard for your practice around core metrics that support objectives

- Staff Satisfaction

- Work satisfaction – employee surveys
  - Strong Culture
  - Low turnover
  - Tools and resources necessary to do job
  - Health Care career is what I envisioned
- Team engagement – team feedback
- Belief in making a difference in patients' lives



# Long Term Goals

Develop a dashboard for your practice around core metrics that support objectives

- Clinical Outcomes – improved scores chronic disease
  - Diabetics
  - HTN
  - Hyperlipidemia
- Clinical Outcomes – preventive care
  - Immunizations
  - Mammography
  - PSA
  - Colonoscopy
- Reduction in Health Care Costs
  - ED/Hospitalizations
  - Duplication of tests and radiology





# Long Term Goals

Develop a dashboard for your practice around core metrics that support objectives

– Improved Financials

- Average net revenue per physician
- Stable FTE/OH costs
- Improved billing – care in the office and not in the ED
- EVA results



# Sustainable Change

Change initiatives become sustainable by engaging the whole practice in the effort.



“You never change things by fighting the existing reality. To change something, build a new model which makes the existing model obsolete.”

- Buckminster Fuller