Sustaining Change in a Rapidly Changing World: Lessons Learned from Successful Primary Care Practices

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Objectives

• Provide overview, current status of PCMH movement in Maine as example of system change
• Describe lessons learned about making and sustaining change from PCMH practices
• Identify key steps for practices to lead and sustain this work
Who We Are

- **Independent, multi-stakeholder alliance** in Maine working to transform health and healthcare by leading, collaborating, and aligning improvement efforts.

- Only organization working to **improve quality of care for all** Maine people.

- **Members** include consumers, doctors, nurses, hospitals, health systems, payers, employers, government, policy makers, and others working to improve health and healthcare.
Maine’s Medical Home Movement

~ 540 Maine Primary Care Practices

193 NCQA PCMH Recognized Practices

175+ Health Home Practices

75 PCMH Pilot Practices

14 FQHCs CMS APC Demo

Payers:
- Medicare
- Medicaid (HH)
- Commercial plans (Anthem, Aetna, HPHC)
- Self-funded employers

Payer: Medicaid

Payer: Medicare
Leading Change – Key Steps*

- Establish a sense of urgency
- Form a powerful guiding coalition
- Create a vision
- Communicate the vision
- Empower others to act
- Demonstrate short-term wins
- Consolidate improvements and produce more changes
- Institutionalize new approaches

(* John Kotter – Leading Change)
A Compelling Case for Action
Vision for a Transformed Health Care System

Healthy, productive, connected people & families

...receiving healthcare from a highly functioning “accountable care organization”

... supported by a robust & well-supported primary care base
The Current Primary Care Home
The Medical Home: A Start for Change!

Providers transform practice, create value with viable & sustainable payment for desired services

= Practice Transformation

Employers & payers pay for desired services because primary care demonstrates value & saves money

= Payment Reform
Change is Hard

• Hard to change your shorts while running! (and hard to practice while practicing)
• PCMH requires practice and personal change
• People fear change (loss) - any change
Sustaining Change is Even Harder!

• PCMH requires transformation, not incremental change
• Making many changes is harder than single change
• Sustaining change can be exhausting
• Marathon, not a sprint!
Lessons Learned: AAFP National Demonstration Project

“Change is hard enough; transformation to a PCMH requires epic whole-practice reimagination and redesign”

- Becoming a PCMH requires personal transformation of physicians
- Change fatigue is serious concern
- Transformation is developmental process
- Transformation is a local process
Lessons Learned: AAFP National Demonstration Project

- Establish realistic initial expectations for time & effort required
- Assist physicians with their personal transformation
- Monitor change fatigue
- Learn to be a learning organization
Maine PCMH – Lessons Learned

• Strongest predictor of success is leadership for change
• Successful change happens only through effective **teams** (make changes *with* people, not *to* people)
• Recognize value of external & internal QI coaching
• Anticipate, prepare to actively manage the change
• Multi-payer, aligned approach is essential to provide sufficient resources for true practice change
Managing Change: Critical Success Factors

• Leadership
  – Create space for different viewpoints & opinions
  – Listen, listen, then listen some more
  – Encourage the heart

• Communication
  – Share the “big picture” view
  – Commit to regular meetings, sharing of information

• Teamwork
  – Leverage knowledge and skills of all members – everyone working to highest level of competence
  – Celebrate milestones
Leadership for Change

• Importance of defined leadership roles
  – Organizational
  – Practice-level: clinical + administrative

• Need for investment in leadership development

• Value of creating mentoring, networking opportunities for practice leaders
Change Leaders

• Clinical leaders who understand the task
• Let data speak the truth and point the way
• Demonstrate integrity & “Level 5 leadership” – i.e. fierce resolve, humility, dedicated to a future they may not inhabit
Necessary Tools for “Change Leaders”

• **Vision:** “big picture” view
• **Power:** to legitimize change
• **Public/Private Role:** commitment, ability to support change publicly, & to meet privately
• **Performance Management:** Ability to reward/confront
• **Sacrifice:** ability to pursue change despite personal price
Not Everyone Loves Change!
Developing New Team/Staffing Models

• Need for clear roles for all team members
  – Front office / reception
  – Upskilled MA, population / panel manager
  – RN care manager
  – MD/DO, NP, PA providers

• Support 1:1, 2:1 via small increases in provider productivity, Annual Wellness Visit

• Offer training, support for enhanced MA model
Changing The Way We Change: Four vital signs of a collaboration

• Conflict: is it dealt with openly and constructively?
• Learning: Does the collaboration learn and generalize learning?
• Identity: Do the participants identify with the collaboration, or just their work group?
• Power: Do people feel they have the power to affect their own work conditions?
Change Fatigue

• Predictable, common, and avoidable reaction to multiple small (and large) changes over time
• Not the same as resistance to change!
• Particularly likely when...
  – Overall vision is unclear
  – Multiple changes are attempted simultaneously
  – Priorities change frequently
  – Team members feel change is “done to” them, vs. being involved in doing the change
5 Ways to Avoid Change Fatigue

1. Shift from project-based thinking to whole-systems approach (marathon ≠ 26 mile sprints)
2. Record your changes & progress (“change mapping”)
3. Ensure each change has clear intended outcome
4. Allocate sufficient time and support for transitions (not just the change)
5. Engage the people most affected (“people will help build what they create”)

Adapted from Dawn-Marie Turner PhD, Turner Change Management
Resilience

- **resilience**
  [ri-zil-yuhns] (noun)
  1. the power or ability to return to the original form, position, etc., after being bent, compressed, or stretched; elasticity.
  2. the ability to recover readily from illness, depression, adversity, or the like; buoyancy.

**Bringing it Home**

- What does it mean to you?
- Personal examples?
  - Friends
  - Patients
  - Co-workers
  - Yourself
- What worked? What didn’t?
Building Resilience

1. Maintain good relationships
2. Avoid seeing crises or stressful events as unbearable problems
3. Accept circumstances that cannot be changed
4. Develop realistic goals & move toward them
5. Take decisive action in adverse situations

Adapted from J. Galen Buckwalter PhD, How to Develop Resilience as a Patient
6. Look for opportunities of self-discovery after struggle or loss
7. Develop self-confidence
8. Keep long-term perspective and consider crises or stress within larger perspective
9. Maintain hopeful outlook
10. Take care of one’s mind, body, needs, and feelings; relax and have fun
Team Time (10 mins)

- What’s currently working well to make and/or sustain change in our practice?
- How are we managing change?
- What could be improved?
- What 2-3 things could we change tomorrow to strengthen our team, build our resilience?
Summing Up: Medical Home Is Where...

- Patients feel welcomed
- Staff takes pleasure in working
- Providers feel energized every day
Change is Possible!

According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE

CAMELS Costlier Tobaccos
Change is Possible!

“Don’t worry darling, you didn’t burn the beer!”

Schlitz
Change is Happening!
Change is Possible!

Optimism is a force multiplier!
Resources

• “Level 5 Leadership: The Triumph of Humility and Fierce Resolve” by Jim Collins, HBR On Point,
• “Changing the Way We Change”, Richard Pascale, Mark Millemann, and Linda Gioja, HBR, Nov-Dec 1997

Health care in the U.S. needs repair. It’s more expensive than in any other developed nation and gets worse results than many countries that spend far less.

At Maine Quality Counts, we know that by working together, we can fix it. We bring together the people who give care, get care, and pay for care and provide leadership and tools to improve health and health care in Maine. Our collaborative efforts are paying off. Medical practices are focusing more on what people really need. Payment systems are changing to reward quality care over quantity of care. Communities are getting more engaged.

Please join us in improving health care in Maine. Become a Maine Quality Counts member or donor today.
Contact Info / Questions

➢ Maine Quality Counts
  • [www.mainequalitycounts.org](http://www.mainequalitycounts.org)

➢ Maine PCMH Pilot
  • [www.mainequalitycounts.org/page/2-659/patient-centered-medical-home](http://www.mainequalitycounts.org/page/2-659/patient-centered-medical-home)

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