

Implementing and Disseminating Change Processes

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An Urgent Need to Start

- U.S. best in world at “rescue care”
 - Great advances in U.S. pharmacology and biotechnology
 - Widely (albeit variably) accessible, well trained specialists and high technology care centers
 - Deliver more at higher rate an highest cost
 - Costs growth ≠ improved quality and health

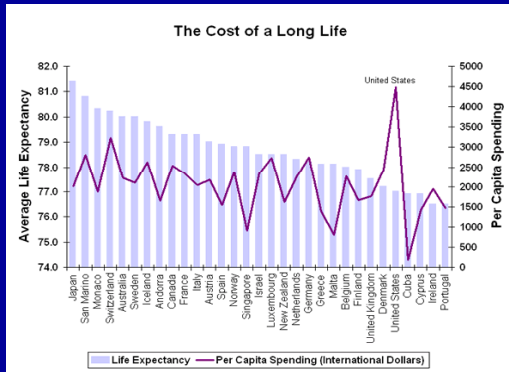
Presentation Outline

- Establishing need and change strategy
- Barriers to implementing change
- In progress hospital system case
- Innovation in CHC-University case

Unequal Distribution

- Research shows
 - Less home-based internet use and computer based applications by minorities
 - Fewer high tech procedures for US minorities
 - Minorities hospitalized more frequently in lower performing hospitals
 - Outpatient providers for minorities less satisfied with support, less likely board certified

We're No. ??



WHO 2000

Process for Change

- Movement-
 1. Start implementation
 2. Implement the new values
 3. Feedback utilization and performance
 4. Practice and reinforce the change

Lewin's Change Theory

Process for Change

- Unfreezing-
 1. Establish the need
 2. Discuss new values
 3. Obtain buy-in and involve stakeholders
 4. Reduce resistance

Lewin's Change Theory

Process for Change

- Refreezing
 1. Reinforce new patterns
 2. Ensure change is part of cultural norm
 3. Ensure organizational policy is consistent with new behavior

Lewin's Change Theory

Implementing Change is Hard

- Trust is difficult to establish
- Up front effort and reimbursement (financial and academic) is discordant
- Time frame not sensitive to organization timelines
- Community assets difficult to identify and engage
- Hard to overcome inertia

My Newest Experience

- Sept. 1, 2011 – Started as Division Chief
- Sept. 8, 2011- Invited to attend “service line” meeting
- Sept. 14, 2011- Told HM expected to cut \$1.5 Mil in expenditures this fiscal year
 - Focus on PNA, sepsis and drug overdose
- Same day- Invited to group in Utah

About Me



- From Indianapolis, IN (Colts fan)
- Favorite singer: Marvin Gaye
- Married (Sue) with two daughters (Lauren and Mackenzie), one dog (Kizzy) and a fish (Speedy)
 - Live in Randolph, MA

Intermountain Healthcare (IHC) Experience

- Integrated system in Utah and Idaho
 - Mix of small rural and large urban hospitals
 - Mix of employed physician group and independent community-based physicians
- 1986-current focus on reducing variation in practice to produce savings and preserve quality

Brent James, IHC

The IHC Process

1. Identify key clinical areas of focus
 - # patients, cost/ episode, greatest variation
 - focused on 80/20 rule
2. Developed new data systems
 - prior system not functional
 - focused on measurement for improvement
3. Providers engaged in process
 - front line modification of guidelines based on “real world experience”
 - realigned incentives

Brent James, IHC

IHC Dissemination

- Part time MD-leaders and full time nurse dyads per region
- Regional leadership dyads meet monthly with sites
- Created three “boot camps” (days to months) focused on Deming’s methods for improvement

James and Savitz. Health Affairs, 2011

IHC Savings Outcomes

Clinical Project	Cost structure improvement (\$MM)
1. Fast-track extubation in TICU	\$ 5.5
2. Long-term ventilator management*	4.7
3. HFOV (RDS in premature newborns)*	3.7
4. Shock Trauma Respiratory ICU ^(12 protocols)	2.5
5. Antibiotic Assistant*	1.2
6. Pediatric ICU ^(8+ protocols)	.7
7. Infection prophylaxis in surgery*	.6
8. Adverse drug event prevention*	.5
9. Community-acquired pneumonia*	.5
10. Ventilator support for hypoxemia*	.5
11. Group B strep sepsis of newborn*	.3
Subtotal:	\$20.7
-- 30+ additional successful clinical projects --	?

Brent James, IHC

My Service Line

- Reorganizing data collection to examine variability in process
 - mammograms in PNA admissions??
 - daily lactate on floor sepsis patients?
- Active hospitalists involved in process development
- Revising compensation plan to reward process participation

Old Job (pre-Sept)

- 20% clinically as an academic hospitalist
- 60% primarily research in health disparities and quality of care
- 20% administrator in Harvard CTSA (Catalyst)
 - Co-Director of Health Disparities Program
 - Co-leader Safety Net Infrastructure Program



Catalyzing Change?

- Catalyst is the largest (size and money) CTSA nationally
- Initially aimed at developing infrastructure and promoting interdisciplinary research
- Initiatives promoting pilot studies, research training and support for HMS affiliated investigators



Geiger Gibson Health Center in Columbia Point Projects- 1965

CHA Safety Net Initiative

- Institute for Community Health surveyed community providers to assess:
 - Desire to participate in QI or research
 - Need to conduct research
 - Current QI efforts and training
 - Data infrastructure for QI/research

Cambridge to Commonwealth

- Received HMS funding to create broader initiative for CHCs in MA
 - Focus on 80/20 rule for CHC selection
 - Ethnic mix, volume, chronic dz burden, IT staff
 - Series of meetings with ML CHCs
- Phase I- Data gathering
 - Candidate CHCs provided selection data
 - Constructed Commonwealth-wide survey in partnership with ML CHCs

Safety Net Stakeholders

- Center staff requested one champion each
- Champions participated in Catalyst “boot camp” in:
 - human subjects, literature review, clinical epi, QI methods, IT infrastructure and protocol writing
- Champions act as liaison with site, developed site IRBs

HMS Safety Net Initiative

- Phase II- Engagement
 - Four additional CHCs selected a site champion with FTE protected by Catalyst
 - Site champions began training in modified CHA boot camp
 - Commonwealth-wide survey administered to MDs of ML CHC affiliated CHCs, “look-a-likes” and hospital licensed practices

HMS Safety Net Initiative

- Phase III- Further Dissemination
 - Free CME on CBPR and clinical epi for CHC champions, CHA providers and Catalysts PCPs community

 - Pilot survey results used to create on-line toolkit:
 - Identifying good ?s, human subjects, literature review, QI basics, clinical epi and dissemination

 - Catalyst staff to link participants with HMS investigators moving forward.

Take Home Points

1. Establishing urgent need and new vision is key to “unfreezing” status quo
2. Identifying appropriate funding and right target (80/20 rule) a must
3. Engaging appropriate stakeholders key to broader dissemination
4. Measure everything