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Implementing Change within Healthcare – key learnings from the movement towards integrated care in the United States

Executive Summary

The complexity of implementing large-scale change within healthcare is an issue which is cited regularly within the literature as a key barrier to successful adoption of Connected Health processes and technologies. Previous ARCH studies of the US and UK markets for Connected Health[1] found many factors which contribute to this complexity – including the variety of payment models; professional identities amongst healthcare workers; allied with organisational cultures and structures.

This study seeks to explore this issue further, with the aim of understanding the key success factors in implementing change within healthcare. In order to try to illuminate our understanding of this concept we have looked to the United States – a country which is a leader in the field of Connected Healthcare and which is no stranger to the large-scale change associated with the integration of care, and adoption of new technologies. We specifically wanted to speak with leaders in the field of innovation and transformation within healthcare, and so recruited a sample of people who have been involved at a senior level in the implementation of change programmes within some of the biggest names in US healthcare.

The learnings from these pioneering integrated care providers in the US is that change can certainly happen, but it is a slow, time-consuming process. Connected Health is a long-term play that requires customised change-management techniques, along with quality data that is 'specific and actionable'; and it needs to be supported by the right kind of financial incentives. In order for any change to take hold, healthcare professionals must be engaged with and fully involved as key stakeholders in this process.

The table on the following page summarises the key points of change-resistance highlighted by participants in this study, the proposed mitigations that they have found to be useful, and the practical steps which can be taken as part of the implementation process.

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[1]Quinlan, M., Geiger, S., Duffy, J. and Phelan, P. (2014) 'An Analysis of the United Kingdom Connected Health Market', *Applied Research for Connected Health (ARCH) Report*, 8th January 2014
Quinlan, M. and Geiger, S. (2014) 'An Analysis of the Pennsylvania Connected Health Market', *Applied Research for Connected Health (ARCH) Report*, 16th June 2014

Table 1. Issues Faced when Implementing Change in Healthcare and Proposed Mitigations.

Point of Resistance	Mitigation	How
Healthcare Professionals (HCPs) – fear of loss/identity threat	Explain the 'why' and listen to the concerns of those implementing the change	Workshops with HCPs; story-telling; video-ethnography; practice human-centred change management principles
Proposed change is in conflict with exisiting norms/values	Support identity-transformation through listening/explaining – communication	Clear well thought-out communication strategy; recruit and provide support to clinical champions
Fear of malpractice	It is clearly explained to patients that HCPs will not be monitoring data 24/7, and patients explicity accept this	Sign explicit terms and conditions
HCPs – fear loss of control of their patients	Ensure HCPs have control at the patient level	Give HCPs choice to opt in/out and to choose the patients they would like to include in any pilot
Lack of knowledge regarding how to go about implementing change	Provide support and training in how to implement new ways of working	Practice Facilitation/Enhancement Agents[3] (PEAs) can provide site by site support and guidance
Lack of time to implement new work-flows	Acceptance of the context within which the change is happening and provision of necessary support	Provide additional resources to assist in the change process (e.g., PEAs can provide assistance here also)
Change is painful	Clear case of how worthwhile the change will be needs to be made, e.g., patient improvement; process benefits; financially beneficial. Allow for small scale trialling of new ways of working	1) Data – evidence base to show clinical and econcomic business case. 2) Plan Do Study Act[4] (PDSA) cycles – allow HCPs to trial the new process/technology with a small number of patients for a short time, and then expand from there
Lack of capital to make changes; lack of reimbursement for CH/ new ways of providing care	Capital needs to be there as does financial incentivisation (or at a minimum not a disincentivisation) for the change	Public policy needs to be joined-up – align financial incentives with how care is delivered

[3] PEAs provide practice facilitation akin to that outlined by the CMS https://pcmh.ahrq.gov/page/practice-facilitation
[4] For more on PDSA cycles please see www.ihi.or/resources/pages/tools/plandostudyactworksheet.aspx

Companies with a commercial interest in these connected health opportunities or who are intertested in collaborating with ARCH should contact Alica May, Project Co-ordinator on info@arch.ie or call 01 7165400.