Communicating & Making the Case for Change Across Your Organizations: Preparing for California's APM

CCI CP3 Population Health Management

Low-Intensity Track Kickoff Webinar

Friday, October 7, 2016 from 11am-12pm

Today's Faculty

Megan O'Brien,
Program Manager, CCI

Tammy Fisher,
Senior Director, CCI

Ben Grossman-Kahn,
Co-Founder & Principal, Catalyz

Carolyn Shepherd,
Clinical Director

Today's Focus

- **Welcome and Overview of CP3:** What's Happening, and Why We Need to Plan, Manage, and Communicate Change
  - *Megan O'Brien, CCI: 10 min.*

- **Human-Centered Change**: Using Design Thinking to Engage Staff in Moving Organizations Forward in New, Bold Ways
  - *Ben Grossman-Kahn, Catalyz: 20 min.*

- **Communicating Complex, Adaptive Changes Across Organizations:** Lessons Learned from Clinica Family Health Services
 - *Dr. Carolyn Shepherd: 20 min.*

- Q&A – 10 min

Who's Registered?

Comprehensive Track

- CommuniCare Health Centers
- LifeLong Medical Care
- OLE Health
- Ravenswood Family Health Center
- San Mateo Medical Center
- Tiburcio Vasquez Health Center, Inc.
- Venice Family Clinic
- Vista Community Clinic

Low-Intensity Track & Others

- Asian Health Services
- Community Medical Centers, Inc.
- Community Health Partnership
- Golden Valley Health Centers
- La Clinica de La Raza
- Marin Community Cinics
- San Francisco Health Network
- SF DPH
- Winters Healthcare Foundation
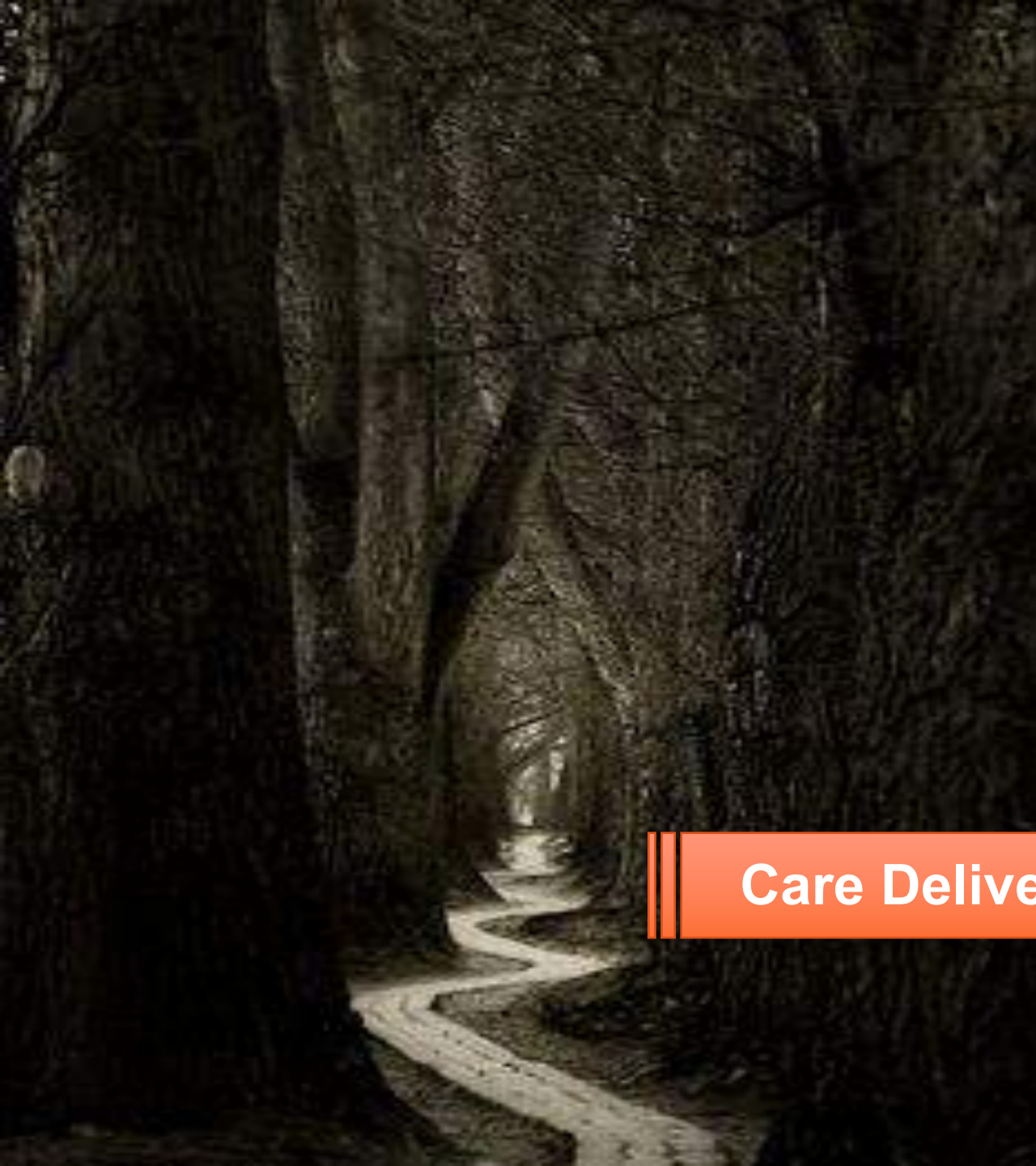
Care Delivery Transformation

Moving Towards Value-Based Care
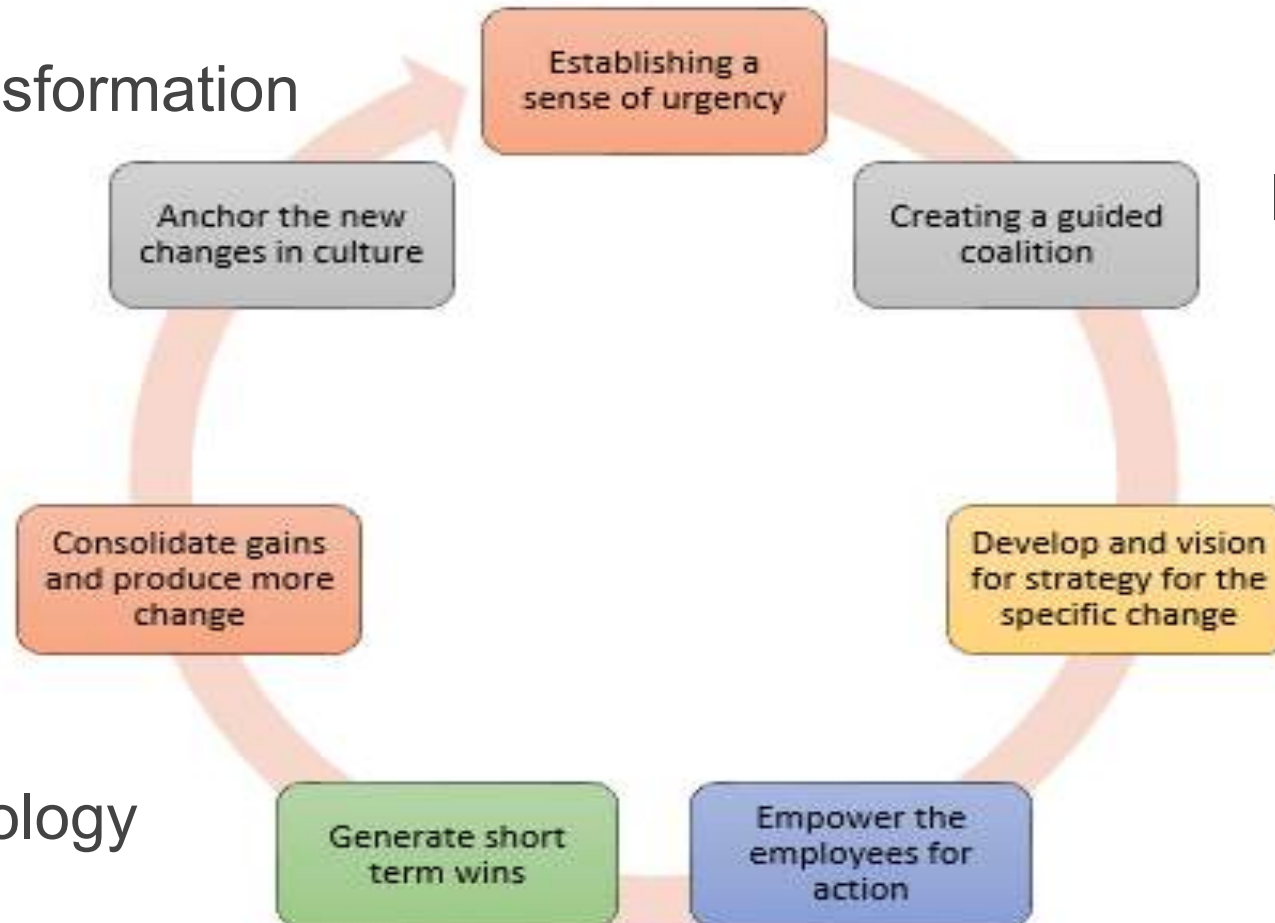
Starts with Strategy

Care redesign/transformation

Engaged leadership

Financial efficiency

Learning organization

Technology

Establishing a sense of urgency

Creating a guided coalition

Anchor the new changes in culture

Develop and vision for strategy for the specific change

Consolidate gains and produce more change

Empower the employees for action

Generate short term wins

Source: John Kotter Framework for Change

Program Goals and Structure

Goals

To prepare all CP3 sites for the care delivery changes needed to be successful in a capitated or value-based payment model.

Structure

- Comprehensive Track
- Low-intensity Track

Program Components

	Comprehensive	Low Intensity
Kickoff Webinar	✔	
Learning webinars	✔	✔ (topical webinars)
Onsite modular learning sessions	✔ (four, full day sessions)	✔ (at least 1 in-person workshop)
Visits to exemplary sites	✔	✔ (site visit by application)
Coaching	✔ (monthly coaching)	✔ (optional)
Office hours with experts	✔	
Online resource center	✔	✔
Reporting Requirements:	Quarterly data reporting	Brief, quarterly updates; phone interview at the end of the program

Low-Intensity Track

Key Features

- September 2016-September 2017
- Open to all orgs. participating in the APM
- Focus on sharing best practices and training via:
  - **Technical webinars**
  - **In-person workshops**
  - **Site visits (by application)**
  - **An online resource hub**
  - **Optional coaching support**

Expectations

- Identify 1 point person, and at least 3 other staff members interested in participating
- Join at least 3 webinars or workshops over the course of the program
- Share your learnings
- Engage in program for at least 6 months

Only registered organizations will be guaranteed a spot in the in-person workshops, have access to coaching support, and be eligible to participate on site visits

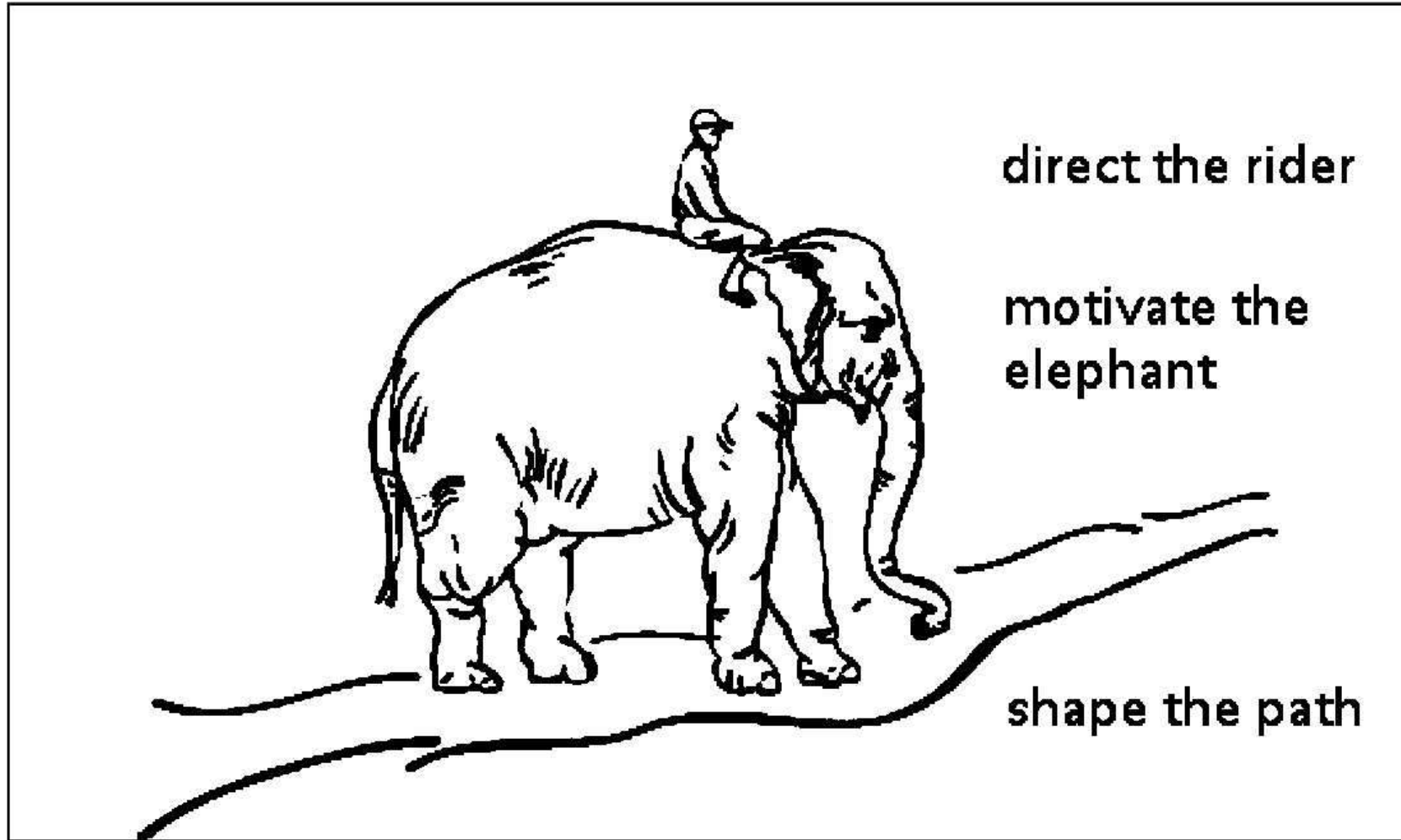**Human-Centered Change**: Using Design Thinking to Engage Staff in Moving Organizations Forward in New, Bold Ways

Ben Grossman-Kahn, Catalyz

Rider, Elephant and the Path

direct the rider

motivate the elephant

shape the path

"Happiness Hypothesis", Jonathan Haidt

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Rider, Elephant and the Path

Rider

- Provide clear direction

- Script the first moves

- "Eat Healthier " Vs "Eat more green vegetables "

Elephant

- Understand the adaptive elements of the change

- What might be driving immunity to change?

Path

- Shape the environment

- Remove barriers to making the change/shorten distance to success

- Make it easy to take the first steps

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today {

- Technical vs Adaptive Change + Immunity to Change (Elephant)

- WIIFM (Rider)

- Power of 20% (The Path)

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Technical vs Adaptive Change

Technical vs Adaptive

Technical	Adaptive
Clearly Defined Problem	Not clearly defined problem. Requires learning
Clear and known solution. Have all information required, goal is to optimize execution.	Solution unknown- requires learning, experimentation and gathering more information
Evokes a rational and logical response.	Evokes an emotional response- people may avoid or struggle to deal with this
Uses existing processes, practices, behaviors	Challenges existing processes, practices and behaviors
Led with authority- leaders can tell people what to do and are responsible for solution.	Requires engaging stakeholders and bringing them along- solution resides within them.

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Technical vs Adaptive

	Technical	Adaptive
Example: Broken Arm	Doctor sets arm in cast	Temporary loss of identity related to activities
Example: High Blood Pressure	Prescribe medication	Change lifestyle to eat healthy, get more exercise, avoid stressful situations
Example: Becoming elderly	Take away drivers license, move into assisted living	Loss of independence, self-identity, new routines

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Do the changes you're leading have any adaptive elements? Are those being addressed in the change plan/strategy?

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Immunity to Change

David's initial immunity map

Commitment	Doing/not doing instead	Hidden competing commitments	Big assumptions
To better focus on a few critical things: • Delegate • Clarify outcomes desired • Accept different approaches • Support small failures as learning • Challenge the thought process and logic	I let new opportunities distract me, adding to my list. I accept more tasks and sacrifice non-work-related things. I don't consistently balance time commitment to urgent and important rankings. I don't ask people to help me.	(I fear missing a good opportunity. Falling behind.) I'm committed to being independent and capable of anything. (I fear letting my team down. If I put myself first I feel guilty and selfish.) I'm committed to being selfless. (I dislike leaving boxes unchecked—it's harder to drop something than just to do it.) I'm committed to always finding a way to get it done.	If I am dependent on others and unable to do many things well, I lose my self-respect. If I put myself first I'll become what I dislike in others—superficial and trivial. If I don't find a way to get things done, I'll stop being valuable.

From "Immunity to Change", Kegan and Lahey

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Leading adaptive change is about disappointing people at a rate that they can tolerate

People don't fear change, they fear loss

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WIIFM

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"People don't want to buy a quarter-inch drill. They want a quarter-inch hole!

WIIFM

"I'd like some company on my lunchtime walk- do you want to walk with me?"

"I know you're doing the 10,000 step challenge- want to walk around the block at lunch a few times? It's 1,000 steps per lap…"
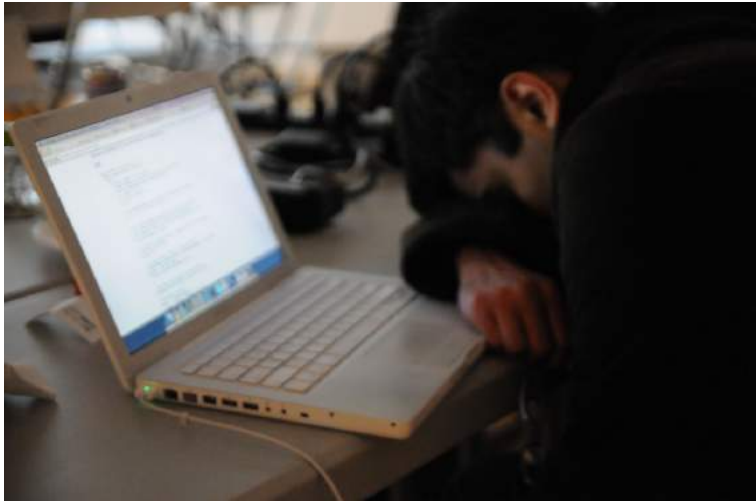
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WIIFM

Consider a change you may be asking someone to make- this could be a change in behavior, or procedure, or a request to join a meeting or participate in an activity.

Practice/prototype making the request with another colleague- try to frame it with a clear "WIIFM" that speaks to something the person you are asking to change cares about.

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Power of 20%
(Endowed Progress)

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Reasons why taking the first steps on the "Path" can be hard

Too much effort to start something new

Fear of doing the wrong thing

Paralysis of the Blank Page

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Car Wash A

HALF GOT THIS

Collect 10 Stamps, get 1 FREE Car Wash

Terms & Conditions
This offer can not be used in conjunction with any other offers.

1 2 3 4
5 6 7 8

Car Wash B

THE OTHER HALF GOT THIS

Collect 10 Stamps, get 1 FREE Car Wash

Terms & Conditions
This offer can not be used in conjunction with any other offers.

● ● 3 4 5
6 7 8 9 10

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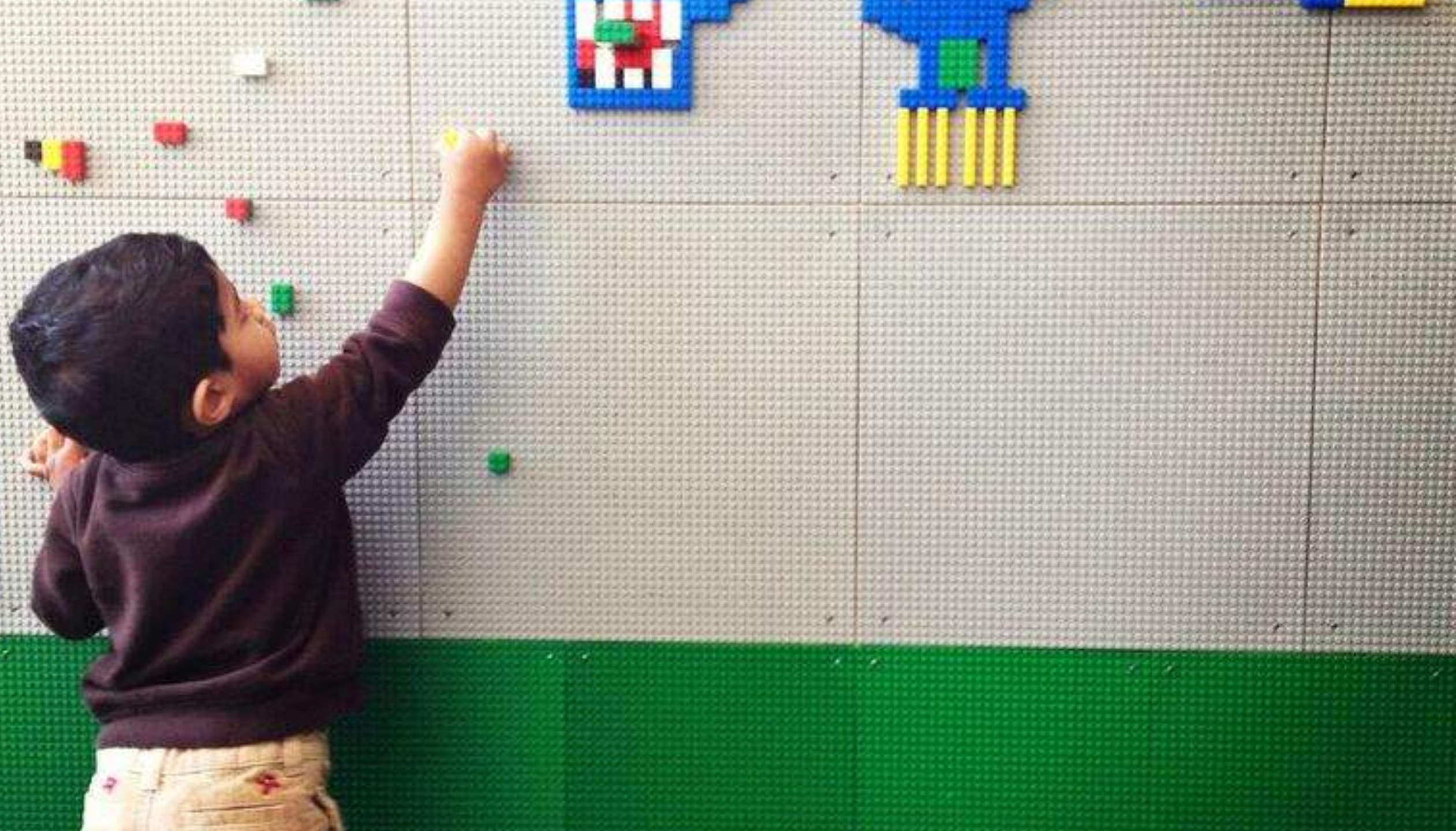
Endowed progress can help mitigate these obstacles

Too much effort to start something new

Fear of doing the wrong thing

Paralysis of the Blank Page

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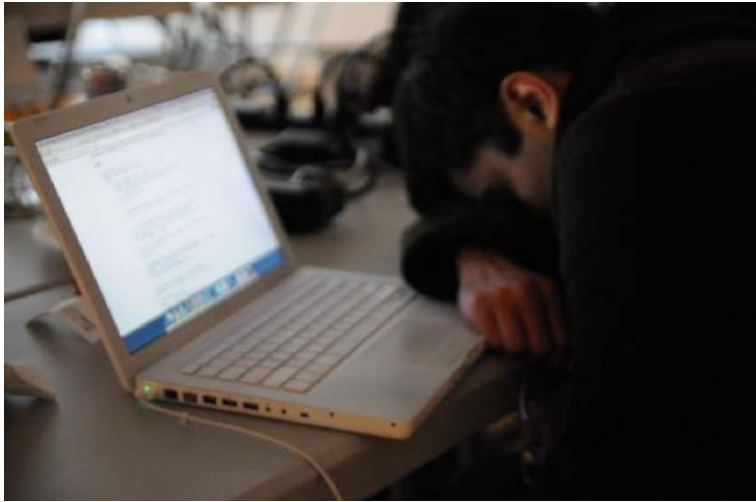
How might you provide stakeholders with a sense of "endowed progress" and 'show, not tell' how to get started?

How might you remove barriers to completing the first few tasks to create sense of momentum?

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Further Reading
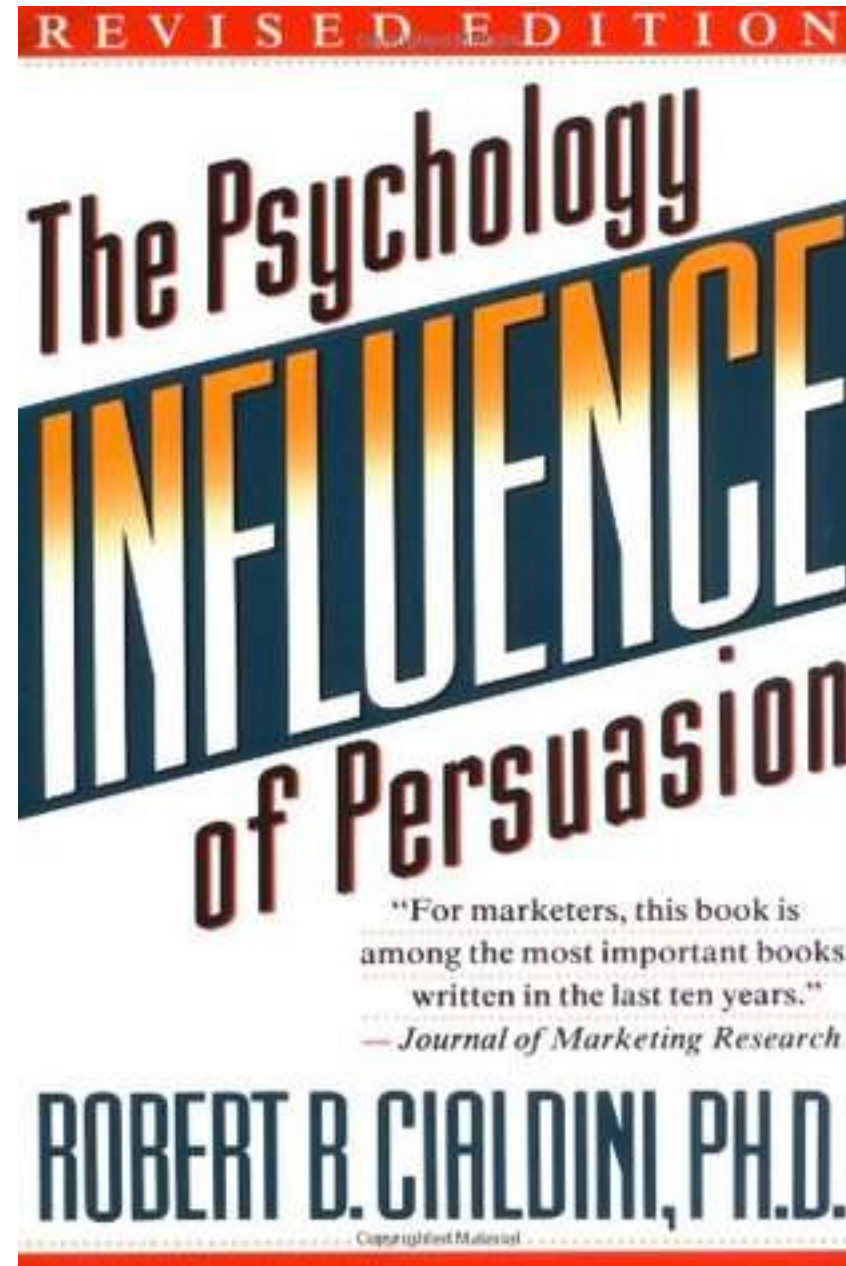
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Thank you!

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Communicating Complex, Adaptive Changes Across Organizations: Lessons Learned from Clinica Family Health Services

Dr. Carolyn Shepherd

Steps

- Understand what and how your team is feeling about the change – adaptive versus technical
  - What are their attitudes and assumptions about moving to APM?
  - Where are they in the process of change?
- Communicate the change
  - Goal clarity
  - Impactful messages
  - Unlock commitment
  - Decisive action
  - Execution excellence

Technical or Adaptive
Change or Transition

The Three Phases of Transition

Ending, losing, letting go

The neutral zone

The new beginning
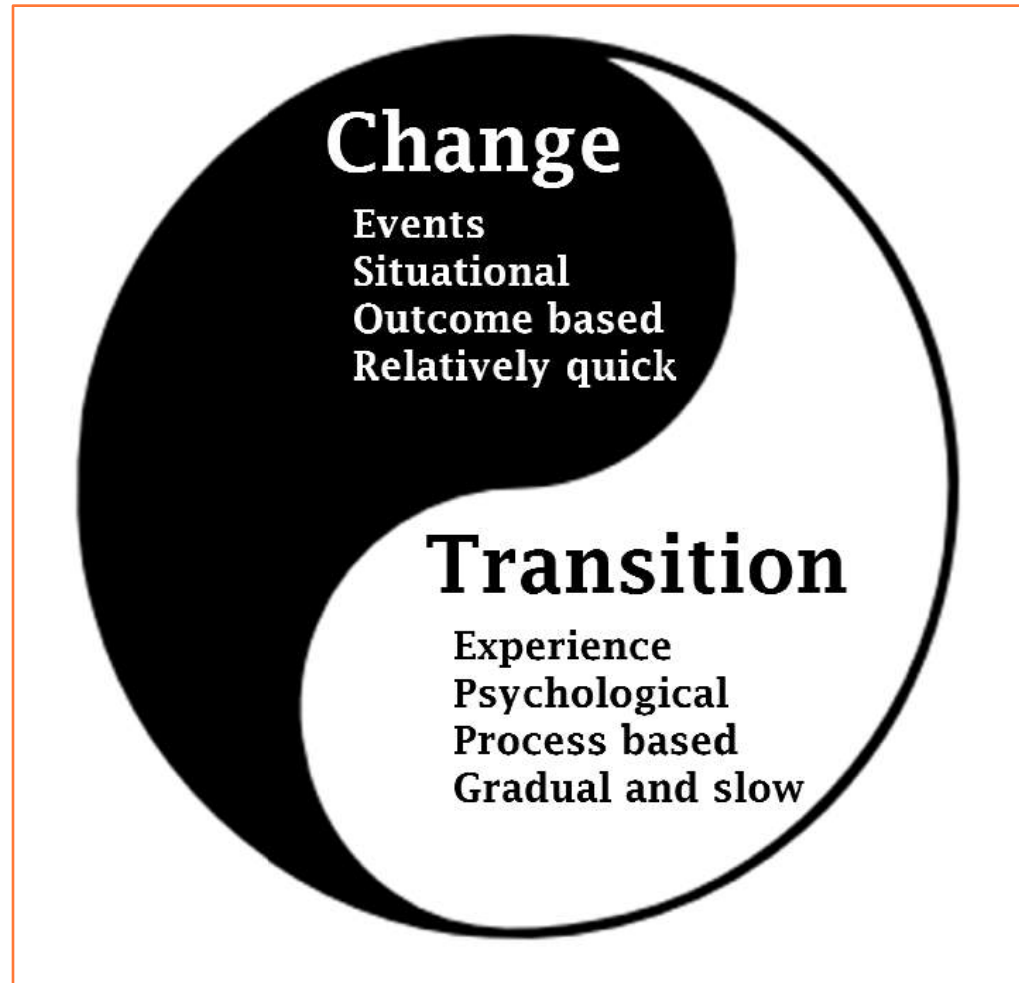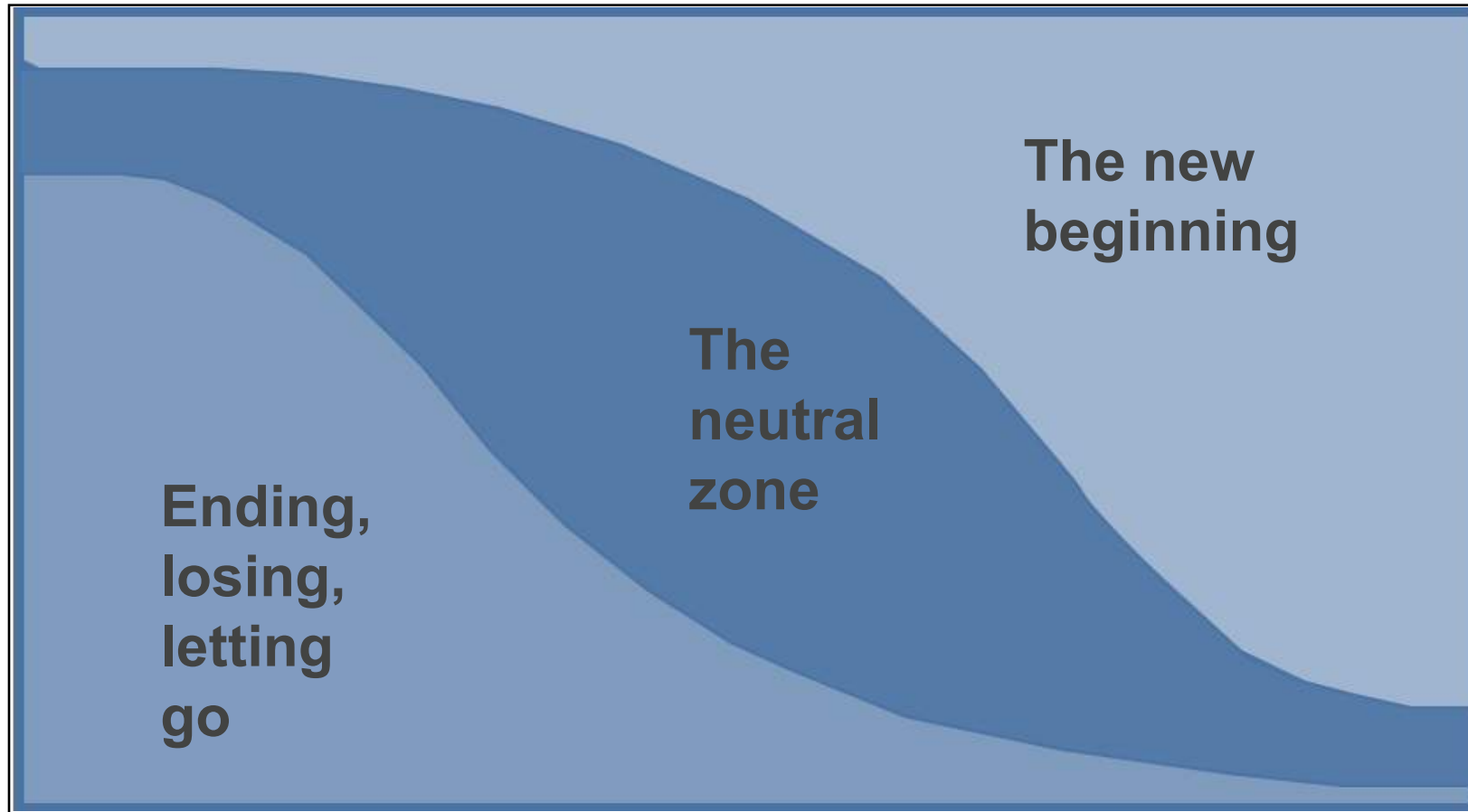
Source: William Bridges, Managing Transitions: Making the Most of Change, (Da Capo Press, 2nd Edition 2003

Three Phases of Transitions

	Endings, Losing, and Letting Go	Neutral	Beginnings
Common Emotions	• Fear • Denial • Anger • Sadness • Disorientation • Frustration • Uncertainty • Sense of Loss	• Confusion • Uncertainty • Impatience • Resentment • Low morale (low productivity) • Anxiety about role, status, or identity • Skepticism	• Acceptance • High energy • Embracing possibilities • Hope • Openness to learning • Renewed commitment
Common Strategies for Navigating the Stage	• Accept resistance • Understand emotions • Encourage "talking" about it • Listen empathetically • Communicate openly • Provide education about the future state	• Sense of direction • Goals • Encourage "talking" about feelings • Give/obtain feedback • Set short-term goals for quick wins • Boost morale • Look for ways to contribute to success of change • Help manage workloads	• Link personal goals to long-term objectives • Highlight successes about the change • Celebrate

TIPS:
1. Don't get impatient or try to push people through. **Guide them positively and sensitively** through the process.
2. Remember that **everyone will not reach each stage at the same time** AND that people can **vacillate** between stages, depending on what they think/feel about the change.
3. Take time to **celebrate** the change!

Communication Planning

Objective Example: *To raise awareness of the APM and what staff can expect over the next year.*

Goal clarity:
- What is the opportunity or problem that currently exists? Why is it important to improve now?
- What are we trying to accomplish? *(AIMS)*

Impactful messages/ideas:
- What are the key messages, what do people need to know?
- How do you say it so it will resonate? *(WIIFM- CCI tool)*

Unlock commitment:
- Who needs to hear this?
- Are there pre-existing attitudes, awareness, experiences we need to address?
- Where are people in the change process? *(MANAGE TRANSITIONS)*

Decisive action:
- How do you want the audience to act, think, or feel?
- Create the path, what do you expect them to do?

Execution excellence:
- Timing: When should they be informed?
- Channels: How much two-way or one-on-one communication vs. general methods?
- Who is best to communicate the message?
- Are there peers who have positive experiences they can share?

CP3 Infographic for Big Picture Change Communication

Clinica Transition to Advanced Access

Goal Clarity

- "We can and will offer an appointment today for every patient who calls in for care"
- Its about the patient-pulled in the patient voice/experience
- Leaders up (CEO, C-suite) and down (mid managers) needed to make this commitment and be able to advocate for the model

Impactful messages/ideas

- Transparency-here is what we learned from our PDSA at the Melody clinic site
- WIIFM- meet patients needs AND decrease service recovery burden
- WIIFM-see your own patients
- WIIFM-flexibility for staff
- Shared experiences by patients and staff in other systems

Clinica Transition to Advanced Access

Unlocking commitment

- Kept the patient at the front of the communication-Odwalla baby
- Dialog with staff: "Here is the plan, and here is what I need you to do"
- Listen carefully and address fear and resistance. "I am afraid I won't get home until 10:00 every night"
- Length of time depends on your stage of leadership with the organization

Decisive action

- Firm on the dates and milestones
- Used prototyping and PDSA to reassure sceptics in process
- Used/**shared** measures to all staff (time to leave the clinic, patients per day, no shows, continuity, 3X5 card patient experience measure)
- Engaged site management staff for the next roll out
- Communication project plan

Access Communication Plan

Stakeholder	Unaware	Aware	Understand	Collaborate	Commit	Advocate
CEO		X				O
C-Suite			X			O
Clinic site leadership		X				O
Clinicians	X				O	
Other Care Team Staff	X				O	
Finance Department	X			O		
Human Resources	X					O
Health Information	X					O
Health Technology	X			O		

X=current state   O=desired state

Adapted from The Heart of Change Field

Guide by Dan Cohen

Clinica Transition to Advanced Access

Execution excellence

- Included opportunity for staff to share excitement and fears
- Piloted by site-Sept/Oct April/May
- Highly developed contingency plans
- During pilots, real time feedback every day-measures/yellow sheets.
- Scripting and role play for managing patient calls
- Complaint process straight to CMO to avoid dumping on staff
- "Cuddle" at the end of the day

Lessons learned

- No doubt, this is about the patients
- Calling all leaders! On site, in person meetings, shadowing...
- Place holder on all agendas
- Clear but brief message
- Communication is bidirectional, stupid. Sometimes "not enough communication" or "no one told me" means not enough listening and learning from me

Q & A

*Remember, press *7 on your phone to **unmute** yourself. Press *6 to **mute** yourself.*

Upcoming Opportunities

Webinars

October 2016:

- Empanelment Series 1.0, Part 1 "The Need to Belong"
  - Monday, Oct. 10 at 1pm
  - https://cc.readytalk.com/r/mpkeopmeldqg&eom

November 2016:

- Empanelment Series 1.0, Part 2 "There's No Room"
  - Monday, Nov. 7 at 11am
- Alternative Encounters, Part 1
  - Thurs, No. 17 at 11am
- Alternative Encounters, Part 2:
  - Wed., Nov. 30 at 1pm

Other:

January 2017-September 2017: Webinar and In-person workshops will focus on topics:
- Team-based care
- Patient engagement
- Population health management
- Empanelment 2.0

CONTACT INFORMATION

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THANK YOU!