Managing Change

Dear Reader:

We live in a constant state of change, and nowhere is that more evident than in health care. In fact, given the climate today, learning to deal with change is practically a job requirement. For that reason, this issue of our newsletter focuses on change management, how to approach it and how to survive it.

Inside, we take a look at the types of change and how it affects us on a personal basis – why it is more unsettling for some than others, and what to expect when we meet it. We also take a look at the change management process, as parsed by the experts, providing a few tools and tips for navigating the nuances. Adding their insights in a roundtable discussion are members of our editorial board, managing their own change issues, and always willing to share.

Even if you’re a change agent extraordinaire, I think you’ll find this issue both timely and informative. As always, if you know of others who might enjoy this issue - and our newsletters on a regular basis - please email me at carol.stone@crbard.com and we’ll add them to our mailing list.

Carol Stone
Vice President Corporate Marketing
C. R. Bard, Inc.

We wish all of our readers a joyful holiday season and all the best for 2013

Happy Holidays
Managing Change

"O
t one of the few constants in this life is that change happens." John Reh,
"What is Change Management?"

"Ch-ch-ch-changes (turn and face the strain)"
David Bowie, "Changes"

Life is change, although today in health care it may feel as though change is your life. No sooner do you implement one set of protocols then another seems to loom on the horizon. According to observers, this creates what is termed an "edge of possibility," also known as an "edge of chaos," and it requires us all to be comfortable with the uncomfortable: uncertainty and, yes, more change.

Broadly speaking, change comes in two categories: radical (sudden) and gradual (over months or even years). Both induce fear, resistance, and feelings of loss. Given our innate sense of survival, we find it easier to change when we are in the midst of a crisis, although that feeling of urgency can also drive us into a state of emotional inertia. As a result, we cling even more closely to the safety of the thing we know, even if we know that it can be our undoing. Because people take change personally and interpret it through details, understanding the process and the reasons behind the change at hand can help us approach it effectively.

The first thing to understand about change is that people are programmed to take it differently. Risk takers, for example, tend to have short attention spans and not take the time to internalize potentially fearful information; therefore inclined to embrace change more readily. Likewise, this is often the case with those who exhibit high mobility/adaptability capabilities. Analytical types, who process in a different manner, require more time to weigh and digest incoming demands, and therefore may not be as immediately welcoming.

Also unsettled by change, say psychologists, are those who by nature can be described as steady, reliable, dependable, habitual, and process-oriented. In fact, the very attributes that attract certain types to certain industries also carry with them a certain innate discomfort with and resistance to change. Health services and nursing, for example, require a high concentration of staff that meets the "reliability/dependability" profile [Chapman].

The rate of people’s ability to change should not be confused with their willingness to change. Intellectually, we may understand that change is coming, that change is necessary and that change may be for the good. Think of the feelings generated when moving far from family to take a new job, or packing a child off to college or kindergarten. There will be periods of grieving – and its stages of anger, denial, bargaining, and depression, before acceptance. There will also be anxiety, fear, guilt, and disillusionment, all mixed with moments of happiness [Fisher]. The speed at which we transition through these stages depends on our own self-perception, how positively we view the outcome, and the more control – real or perceived – we have over the process and the final result.

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"E
eybody talks about change, but unless you translate big thoughts into concrete steps for action they’re pointless." Larry Bossidy & Ram Charan, "Execution"

"Change management entails thoughtful planning and sensitive implementation, and above all, consultation with, and involvement of, the people affected by the changes." Alan Chapman, "Change Management"

"Most changes have nothing to do with you, but everything to do with how you respond." Rob Fazio, "Give Change a Chance!"

When change happens, you have two choices: either manage it or let it manage you. If your choice is the former, then you’ve opted for change management. In the words of author John Reh, through managing change you can minimize disruption, reduce the pain, involve those affected, and exert at least some control over the process.

Reh defines change management as “the application of appropriate planning, tools, and processes to effectively implement change and ensure its successful adoption.” Sounds a lot like project management? That’s because it is – with, of course, increased sensitivity to the additional human factors described above.

Project management, as a process, is divided into four major parts: initiation, in which you gather your team to define the problem and its requirements; planning to determine, schedule, and assign all work; execution during which you work with your team to implement the plan; and close out to tie up loose ends, evaluate, and reinforce the end result.

Building on that, transitional expert John Kotter developed a dynamic three-phase model for navigating change management. Its essence:

**Phase 1**
Create a climate for change
- establish urgency
- create guiding teams
- develop a vision and strategy

**Phase 2**
Engage and enable the whole organization
- communicate for buy-in
- enable action
- generate short-term wins

**Phase 3**
Implement and sustain the change
- consolidate gains
- make it stick

Change is emotional, so Kotter says ‘use it’ since behavior fueled by emotion rather than analysis is more lasting. In his article for The Health Care Manager, Professor James Campbell applies Kotter’s theory to the healthcare field. For example, cost containment can be a tough sell because healthcare professionals are guided by service, so emphasize how the change improves care and outcomes. Adopt a service-oriented vision. Show rather than tell: instead of a 200-page report on expenditures on patient safety, share a letter from a child’s parent, or a photocopy of a substantial check written to the health plan to cover losses.

Communication is key. Identify groups to be affected by the change and communicate constantly through various media and continuous dialogue. For example, webcasts or Q&A sessions using physician or clinician teams as consultants or resources to demonstrate or champion. Take the time to train your champions, then tout their contributions. Don’t be afraid to namedrop.

Create a strategic plan of action. Divide into bite-sized tasks, making the first one quick and easy to achieve in order to show that change is possible. Chart progress; publicize and celebrate the wins.
ROUND TABLE DISCUSSION - CHANGE

Change is a challenge that Value Analysis Professionals face every day, and never more so than now with so much in flux. Asked for their viewpoint on how it affects them and ways they are dealing with it are editorial board members Joyce Hall, Case Manager/Community Coordinator, Lee Memorial Health System; Beth Potter, Director, Clinical Value Analysis & Pharmaceutical Contracting, Iowa Health System; and Gina Thomas, Sr. Vice President, Sales, MedAssets.

Q: What kinds of change are you experiencing in the workplace?
Beth: Right now the focus seems to be shifting to managing the continuum of care, care beyond the hospital setting, and how to track it.
Gina: Re-admission penalties that mean more coordination of care, data and technology and more follow up through a patients continuum of care
Joyce: There are also penalties for readmissions and some states have adopted a limit on the number of visits Medicaid will cover in a year and these are tied to specific diseases.

Q: How is this different from the kinds change you have experienced before?
Beth: Because of financial constraints, we’ve hunkered down, become more disciplined, more quantitative, for example, about quality.
Gina: So much technology to link systems together inside and outside the hospital such as claims data.
Beth: There’s also a lot more transparency about, say, changes to reimbursement.
Joyce: Patient satisfaction with services has been elevated to a higher level as well as intense interventions are being implemented in the post-acute offices.

Q: In what way is this impacting the role of the Value Analysis Professional?
Beth: It makes Value Analysis more of a challenge.
Gina: The changes are shaping the role into a more comprehensive role for the entire value proposition along the patient’s entire continuum of care.
Beth: Patient outcomes, that’s the test. It means you have to know who/how/why when it comes to using a product. That means more effort to engage stakeholders.

Q: Do you find yourself having to implement change that affects others?
Beth: That’s always been a part of Value Analysis, leading a disparate group of people down the path to a conclusion.
Joyce: Change impacts anyone who uses the products/services of a health care facility; both inpatient and outpatient. It may be related to using a product/service that is less expensive, implementing new systems of access/compile information. No matter what the change is in a health care system, others are impacted. It is how you prepare people for the change that makes the difference in acceptance.

Q: What strategies do you employ to facilitate this?
Gina: Strategies are again beyond savings or supply chain projects but also clinical, financial, and operational strategies to drive overall value. An example is including the clinicians, IT, Business development/planning and applicable service line leaders. Utilizing benchmarks and key metrics in all of these areas to measure and act on areas of opportunity.
Beth: Don’t forget Finance.
Gina: You can’t just sit in your office. You have to get out in their world.
Joyce: Engage others in evaluating a change, ask for recommendations of products/services, and get their buy-in for the product/service that will be changed. Then you will have champions to make the change go more smoothly for others who weren’t involved in decision making process.

Q: How does change affect you personally and how do you manage it?
Beth: I don’t like change. It’s so comfortable to do the same thing you’ve always done. When a new idea comes along I make myself stop, pay attention, and make an effort to support the process. Then follow through and validate. The best by-product is raised awareness!
Gina: I try to embrace it, look at the possibilities, the new challenges and learning opportunities.
Joyce: I always ask questions to try to determine the who, what, why, and where of the change and how it will impact my daily functioning. I am cautious about change, but support and be positive about it when I have those questions answered.

Q: What courses or resources have you found to be helpful?
Gina: I do a lot of reading, professional journals, as well as spiritual reading to stay grounded. I also use Twitter and Facebook such as Modern Healthcare; iHealthbeat.org; HealthSocMed for quick snapshots of the latest health news.
Beth: Daily e-postings from professional and industry journals are a great source of current information. I skim the headlines to zero in on the items related to projects in which I am involved.
Joyce: Constantly updating my knowledge in regard to change process and how I can be a positive change agent. Knowing what is changing overall in health care and determining how I can have a positive impact.

Q: What is the biggest challenge for the Value Analysis Professional in confronting change today?
Gina: Complexity. Whether you’re a Generalist or a Specialist, you’re spread thin and constantly have to justify your position to demonstrate your value to the organization
Beth: Identifying credible (unbiased, functionally significant) comparative data is the greatest challenge for Value Analysis Professionals.

What’s Your View?
Share your views as a Viewpoint Guest!
If you – or someone you know – would be willing to share your viewpoint on the topic of one of our upcoming newsletters, please contact Editor Wendy Lemke at wendy.lemke@crbard.com.

FOR MORE ON MANAGING CHANGE
Interested in learning more about managing change in the workplace (and your life)?
Here are some sources for further reference:

Books
- Changing for Good by James Prochaska, John Norcross, & Carlos DiClemente
- Leading Change by John Kotter
- The Heart of Change by John Kotter with Dan Cohen
- The Heart of Change Field Guide by Dan Cohen
- Thank God It’s Monday by Kenneth Cloke & Joan Goldsmith

Courses
- www.amanet.org - “Planning and Managing Organizational Change”
- www.amanet.org - “Dealing with Change”
- www.amanet.org - “Managing Chaos”

Websites
- www.businessballs.com/changemanagement.htm
- www.change-management.com
- www.themanager.org/Knowledgebase/management/change.htm

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Call on The 3rd Alternative
Stephen Covey’s secret weapon? Synergy, the natural principle that the whole is greater than the sum of its parts and using it to transcend conflict to create something new that transforms the future. It takes four steps:

1. Ask the 3rd Alternative question: Are you willing to go for a solution that is better than either of us has in mind?
2. Define the criteria for success: What would “better” look like? What do we really want? What would be wins for everyone?
3. Create the 3rd Alternative: Brainstorm for possible solutions or scenarios by proposing an idea (thesis), postulating its opposite (antithesis), to find a satisfactory alternative (synthesis),
4. Arrive at synergy: You know you’re there when the new alternative overtakes everyone with its simplicity and elegance.

Crack the Model for Change
James Prochaska’s Transtheoretical Model for Change has five key stages: precontemplation (it’s coming but you don’t acknowledge it), contemplation (you see it and begin to think about it), preparation (you take proactive steps), action (you start to make changes), and maintenance (six months of committed follow-through for the change to establish itself).

Getting stuck is common especially when moving from contemplation or preparation. To overcome:
- Identify a support group and call on the power of the collective
- Break the job into a lot of short-term or mini goals
- Create accountability by establishing a system of monitoring and follow-up

Did You Send in Your Survey? (It’s not too late!)
You’re busy; we get it! So because we value your feedback, we’ve extended the deadline on our newsletter survey. Our goal, of course, is to better understand your business needs -- and in doing so to provide you with articles and tips to help you and other Materials Management, Purchasing, and Value Analysis Professionals meet the challenges you face.

The survey is short; only nine multiple choice and two open ended questions. A hard copy of the survey is included in your printed newsletter, along with a pre-addressed post-paid return envelope. An electronic version is available at: http://www.surveymethods.com/EndUser.aspx?A286EAF3A2E2F4F2A3

Remember! Please complete the Online Survey Thank You!

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