Bridging the Valley Of Death in Health System Innovation Research Study: What did we find?

Primary care teams early-on in their PMH transformational journeys prefer, and are more willing, to take up change in small incremental steps. The most common approach was to form a small group e.g., one “teamlet”, to test the change and then keep the rest of the clinic to date on progress. Most often this was done to accommodate individual physician preference to participate in the change, not a deliberately planned means to spread and scale the change across the clinic. By implementing the change in this way, many teamlets were able to attain buy-in from other colleagues (on a case-by-case basis) once they were able to demonstrate value in their local setting e.g., metrics showing improved patient care, an optimized process or workload distribution.

More often than not, the catalyst for the change came from a source external to the clinic (e.g., PCN, AMA program) and was more likely to be trialed if evidence-based and could be seen to positively impact patient care and/or clinical operations. To facilitate the work of change many relied on external sources of support that brought knowledge and skill expertise. The majority found it valuable to have easy access to guidance e.g., EMR expertise) on an as-needed basis. Out-of-clinic opportunities (e.g., improvement facilitation panel training) were also sought by some and found to add value.

Few formally referred to quality improvement structures/processes, but most employed them e.g., quick “huddles” to re-calibrate around the change work throughout the day and formal meetings focused on how the work gets done. Notably, the use of such structures created space for shared decision-making, opportunities to learn from one another, as well as a means to (re)plan tests of change.

While a distinct desire to change and improve was shared amongst those interviewed, the element of individual physician preference creates a complexity of differences in how teams approach change and what supports they require.

The tips and tricks shared by your fellow change agents exemplify many of the practical considerations identified in this study about what teams earlier on in their PMH journeys require in order to adopt new ways of working.

For more information about this study please email: kglie.kiddwagner@topalbertadoctors.org

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Dr. Jean-Pierre (JP) Leung
Family Physician | PCN Wellness Centre – Family Care | South Calgary PCN

Dr. Leung’s tips to engage physicians and team members in the work of change:

1. Don’t come with a solution – share where you would like to go and work together as a team to figure out how to get there.
2. Think about the work from the team member’s perspective and play to their strengths. Ask yourself – how does this person think? What does (s)he need to do what’s being asked of them?
3. When initially engaging the team to work collaboratively differently:
   a. set clear expectations that everyone has a voice and an equal footing in the work of change.
   b. focus on an improvement that’s meaningful to everyone.
4. Make improvement part of the work – e.g., quick hallway conversations to (re-)plan.
5. Prioritize regular meetings to discuss how the work gets done e.g., areas for improvement, metrics, PDSA cycle plans and have the team lead them.
6. Have designated person(s) to collect agenda items, schedule the meeting, send out the minutes and to follow up on action items.
7. Make information accessible e.g., keep all the minutes from improvement meetings in a fake patient record in the EMR.
8. Don’t expect to get it right the first time. Be open and willing to learn from your failures as well as successes.
10. Accept that some people may leave. To make this work you need the right people.
Corry Coyne
Clinic Manager | Wetsaskiwin Family Medical Practice

Corry’s tips to engage physicians and team members in the work of change:
1. Talk and think yourself into an idea. This is a useful approach to determine if a change is worth proposing or not. Ask yourself - how will this change affect patient care?
2. Be prepared. Do your research, know the facts and anticipate pushback. Confidence is important to get buy in.
3. Customize your message to everyone. Ask yourself - “what value will this change bring to this person?”
4. Plant seeds. Give people time to think about an idea. Use any opportunity to discuss ideas in small doses and then follow up. People often need to hear a message more than once.
5. Don’t feel like you must have all the answers. Engage those doing the work, as they are the experts. Ask them what they think or how will this affect patient care, etc.
6. Start with those who are willing to engage and don’t be afraid to address conflict. Conflict can be positive and helps to strengthen process.
7. Use your own data to support change. Bring results back to everyone in a language that they understand so they too can be excited about the change and spread the good news to others.
8. Be a leader. Make it easy for staff to manage uncertainty. If there is a problem, make sure they know they can come to you and you will figure out the issue so they can go back to focusing on patient care.
9. Check in frequently to observe and discuss the new change and how it is working. Ask - What do you think? How is it going? Have you had any patient comments?
10. The right person for the task isn’t necessarily defined by job title. Success is often dependent upon having the right person in the right seat on the bus.

BONUS: Never ask more of someone else than you would be prepared to do yourself. A simple thank you goes a long way.

Mia Cavanaugh
Improvement Facilitator | Highland Primary Care Network

Mia’s tips to engage physicians and team members:
1. Take time to get to know everyone in the clinic – listen to what their challenges are, what they value and how you can help them.
2. Build trust and demonstrate your value by leveraging knowledge and skills you have that may help them (even if not directly relevant to the task at hand).
3. Be present. When possible visit in person.
4. Don’t come with an agenda.
5. Plant seeds. Contextualize information/opportunities in ways that are meaningful to the physicians and team members and give them time to think.
6. Build alliances. Look for opportunities to connect physicians and team members in and outside their clinics e.g., those who are experiencing similar challenges, a ‘converted’ skeptic etc.
7. Share what’s happening in other clinics to motivate physicians and team members e.g., friendly competition – 80% of the clinics I know are...
8. Keep a change small and safe. e.g., try a change for a week, one physician only and if it doesn’t work we can adapt or abandon it.
9. Use tools available to you to support self-reflection and change e.g., patient’s medical home assessment, EMR screening and PCN metrics.
10. Celebrate. Take opportunities such as annual general meetings, newsletters etc. to share successes and to provide recognition.