Practice Transformation: What it really takes

Ed Wagner
MacColl Institute for Healthcare Innovation
Group Health Research Institute

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We live in interesting times

- Federal healthcare reform is counting on a robust primary care sector to improve quality and reduce costs.
- But primary care is dispirited, mediocre overall, and rapidly diminishing in size.
- Transformation to patient-center medical homes is the remedy, but evidence to date is confusing.
  - A few successes that are quite different in design,
  - Hot-spotting is hot! But is it disease management companies all over again?
  - Transformation is extremely difficult even for motivated practices, and many fail to make or sustain changes.

Why is practice change so hard?

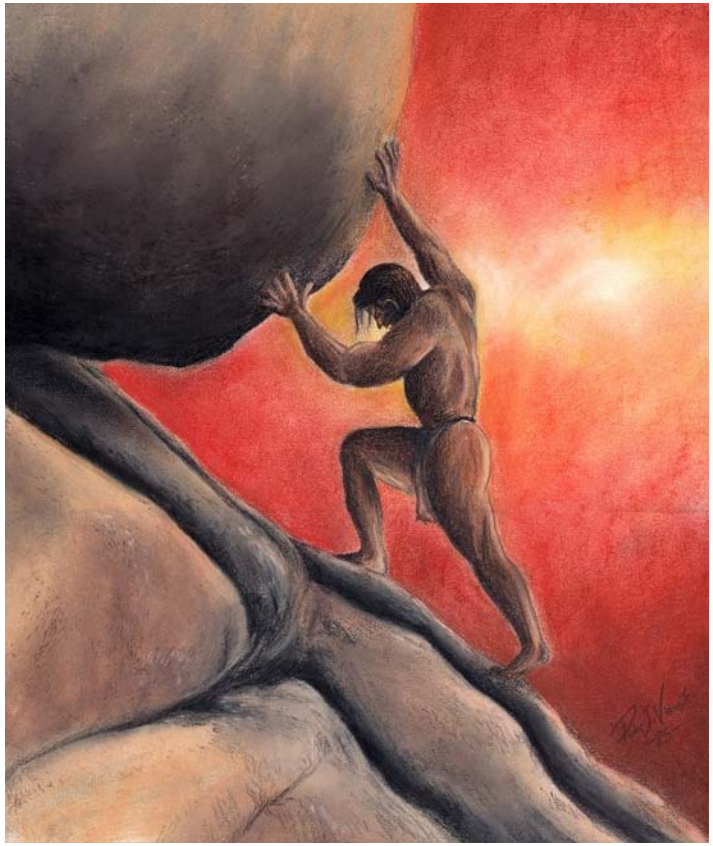
- "Change is hard enough; transformation to a PCMH requires epic whole-practice reimagination and redesign."

  - Practices are complex, adaptive systems with interdependent and interacting processes and systems; a change to one aspect (e.g., a staff role) affects other staff and practice processes.
  - Medical practice is inherently stressful, and established routines and patterns limit stress even if flawed.
  - Transformation to a PCMH asks physicians and other staff to change their roles and identities, the way they deliver care, and how they relate to one another.

Nutting et al. Ann Fam Med. 2009; 7:254-260

Practice change is hard

"The magnitude of stress and burden from the unrelenting, continual change required to implement components of the [PCMH] model was immense."

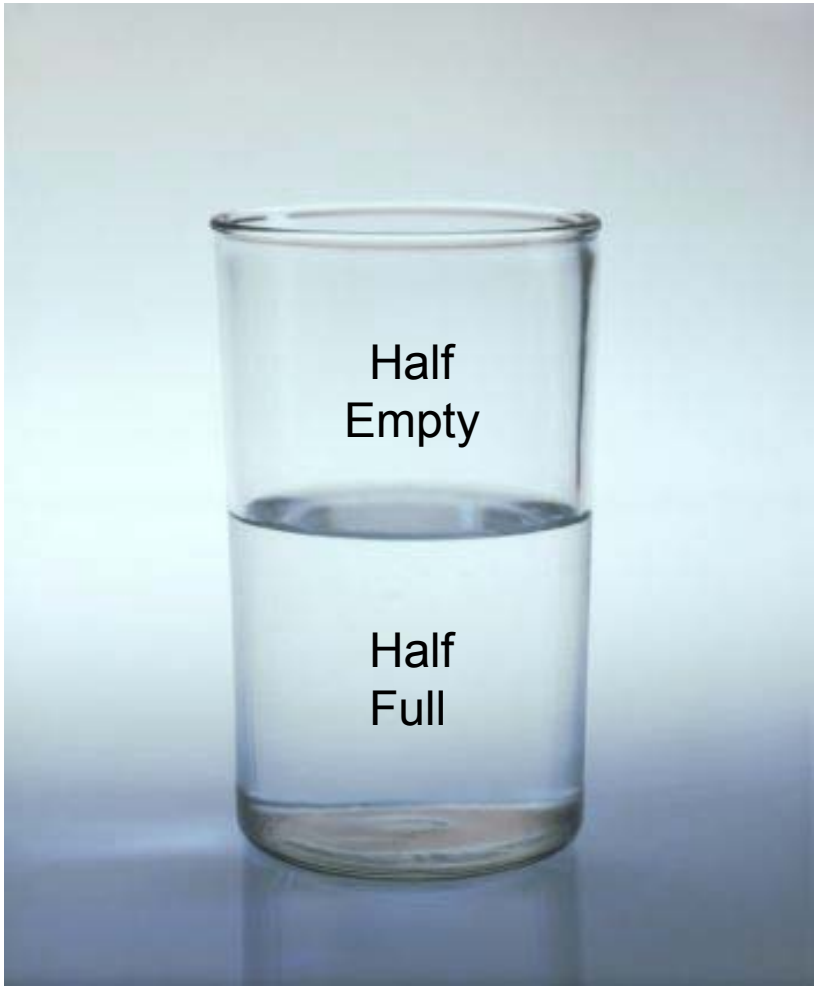


Nutting et al. Ann Fam Med. 2010; 8 (Supp 1): S45-S56.

In most QI collaboratives, one-half or more of participating practices show no evidence of improvement.

But, a sizable minority do show improvement in important outcomes.

What distinguishes those that improve from those that don't?



Factors contributing to improvement

- The Practice
- The Motivation
- The Changes
- The Change Strategy

The Practice

An IPA leader was asked if he could identify practices that could not or would not transform.

He replied that he could tell practices that couldn't improve on a brief visit. Indicators he looked for included:

1. Sloppy business systems
2. High staff turnover
3. One way communication between clinicians and staff
4. Implementing an EMR

Practice characteristics supportive of transformation

Can the practice function adequately in times of stability?

- Sound financial systems
- Stable leadership and staff
- Stable IT

} **Core structure**

Can the practice change to adjust or improve?

- Facilitative leadership
- Effective relationships
- A learning culture
- Group time

} **Adaptive reserve**

Message: If a practice is broken, it may not be able to make meaningful change unless repaired.

The Motivation

Extrinsic Motivators	Intrinsic Motivators
Public reporting	Pride in performance
Management edict	Concern for patients
Financial incentives	Joy in work

Joy in Work

- The driving force behind the Group Health PCMH pilot was staff burn-out. More satisfied providers and staff were critical outcomes.

- In our Academic Chronic Care Collaboratives, practices that showed improvement:
  - had a common goal shared by all,
  - had a strategy and method to achieve that goal,
  - actively participated in team efforts to reach the goal,
  - **continuously linked their improvement activities to their individual and institutional missions as care providers, and their work satisfaction.**

- "I am responsible for scheduling our diabetic patients for our Chronic Disease Management Clinic…this is such an important task and a lot of our success hinges on what I do."

Johnson et al. JGIM. 2010; 25 (Suppl 4): 581-5.

Joy in work

- Improving staff satisfaction appears to be a powerful motivator for change.
- If staff perceive their work life to improve, it invigorates QI efforts.

Message: We should re-orient QI efforts to focus more on its impacts on staff.

The Changes

TransforMed and other QI efforts have noted that some changes are consistently easier to accomplish than others.

- Easier changes are those that don't involve patient care-e.g., admin or appointment systems.
- The harder changes such as team involvement in care or redesigned clinical visits are those most likely to change performance indicators.
- Practices that don't see improvement in clinical indicators generally haven't changed basic care delivery.

Message: We need to encourage practices to test changes that affect routine care delivery in the right direction.

The Change Strategy

- Practices that have improved almost invariably can identify and describe their process change strategy.
- Practices that broadly engage staff in the improvement process—both design and execution—appear to be more successful.
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  - actively participated in team efforts to reach the goal.

Message: Transformation is a function of activity and engagement.

Successful practice transformation

- Recognizes its difficulty and prepares practices for it.
- Includes a focus on the experience of those providing care.
- Assures that routine care delivery is different.
- Involves staff and patients in continuous process change.

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