Improving healthcare is the mission, promise and daily work of the Institute for Healthcare Improvement (IHI). We aim to improve the lives of patients by upgrading systems of care and focusing on an ambitious set of goals adapted from the Institute of Medicine’s six aims for improvement for the healthcare system: care that is safe, effective, patient-centered, timely, efficient and equitable.

IHI’s approach to improvement is deceptively simple:

- Build the will for change
- Cultivate promising improvement ideas
- Put those ideas into action through effective leadership and execution

IHI’s first 20 years were influenced little by health information technology (HIT), given technology’s early faltering footsteps, potential to introduce unintended error and lack of adoption on any significant scale. HIT is now front and center in healthcare around the world. Can IHI’s Will-Ideas-Execution approach to systematic change translate to this increasingly digital age and, if so, what might this mean for healthcare leadership?

The 2009 American Recovery and Reinvestment Act (ARRA) includes a $19 billion investment in HIT, which will result in reworking healthcare systems throughout the United States. Two important questions emerge:

- How can leadership ensure that the money invested will not be used for “paving the goat path” and simply creating an electronic version of the current ways of working?
- How can leadership be sure that changes made to systems result in improvement?

Will

The will to change the current U.S. healthcare system is clear with President Obama’s very public commitment to HIT. In his June 2009 address to the American Medical Association in Chicago, he laid out the driving forces for such change: a healthcare system that is too expensive, has too much waste and all too frequently causes error and harm. The president also proposed that HIT will make an important contribution to support and drive improvement across the entire American healthcare system. ARRA funding is backing up this commitment and David Blumenthal’s Office of the National Coordinator (ONC) for Health IT is forging ahead with determining how the funding will be spent and what best practices look like.

Healthcare leaders are rising to this opportunity and are considering HIT as a serious leadership enabler. Increasing awareness of the true benefits and pitfalls of HIT is seen as an essential leadership attribute. Working in collaboration with the ONC, other healthcare providers and HIT vendors is essential to moving forward. The role of leaders is to clearly articulate across the organization organizational will and goals to implement HIT that support new and improved systems of care.

Ideas

Leading system change requires thoughtful ideas about how changes might be implemented, reviewed and assessed. IHI’s approach is not to be the expert or the tutor but rather to bring together people from across healthcare organizations to collaborate on a specific problem with the aim of producing achievable improvement on a local, regional, national or international scale.

Barry Chaiken, chairman of the Health Information and Management Systems
Society, urges “path innovation,” whereby we bring our combined information services, information technology, process improvement and clinical resources to bear on a problem. Leadership’s role is to understand, consider and support this kind of collaboration. Leaders also must be prepared to seek ideas from outside their institutions and be willing to learn from others. As healthcare systems converge on HIT to support change, a collaborative approach may help in bringing the worlds of HIT and improvement together to identify, share and spread best practices.

Identifying what works and applying best practices consistently, every time, is not about dictating what kind of care should be provided. It’s about providing patients and doctors with the information they need when they need it, in a form they can easily understand and in a manner that makes it easy to do the right thing every time. If HIT has a niche it is here, and leadership knowledge and understanding of this key idea and of HIT’s contribution will be essential.

IHI’s research and experience in the field highlight that all too often we do not have the right people in the room, or even in the discussion, to generate the ideas for change. Bringing effective IT teams together early is essential. Keeping them together and providing all the necessary support for working collaboratively and generating ideas that will position HIT to transform the care system is a leadership responsibility.

Execution
A clear aim is essential: What are we trying to accomplish? IHI uses the Model for Improvement (see chart on right), developed by Associates in Process Improvement, which focuses on establishing a clear aim, identifying measures and testing changes on a small scale using the Plan-Do-Study-Act approach.

Recommended Resources
For information and ideas on improvement methods, leading system improvement and executing for system-level results, go to ihi.org and click on Topics.

The white paper “IHI’s Collaborative Model for Achieving Breakthrough Improvement” offers solutions to healthcare organizations for making improvements in quality while reducing costs. Go to ihi.org and click on Results, then White Papers.


In practice, execution of an HIT-focused collaborative approach might look like the figure on page 74, which is based on IHI’s Breakthrough Series Collaborative model.

In addition to using IHI’s standard Breakthrough Series Collaborative model, create a project charter with clear aims, identify and test changes to achieve the aims, establish measures to evaluate the changes and demonstrate progress.

The Model for Improvement

What are we trying to accomplish?
How will we know that a change is an improvement?
What changes can we make that will result in improvement?

and provide leadership support to teams to make progress in a fixed time frame. Execution of an HIT-focused collaborative approach should also include the following:

**Identify primary drivers** (system components that contribute to achieving the desired aim) and secondary drivers (elements of the primary drivers that are used to identify individual change ideas) of leveraging HIT to achieve improved quality (reduced errors, more timely response, etc.) and lower costs. A good challenge is to agree on primary drivers that can be tracked to provide faster feedback on the progress of improvement.

**Apply the Model for Improvement** to test key changes across the community of participants. Establishing a virtual community would be a natural fit for an HIT-related collaborative.

Throughout execution, the role of leadership will be to continuously provide visible support, remove barriers, provide guidance against spreading changes too rapidly and carefully steer a course from small tests of change to broader implementation.

The U.S. healthcare system is facing tremendous change that will include both great opportunities and great risks. Transformation will require a focus on systems-thinking principles, identification of the best uses of technologies and, above all, strong leadership support.

The role of leadership in supporting the use of HIT to improve the care system is to create the will, support testing and implementation of ideas for change, and provide resources and guidance to execute improvement. Is your organization embracing HIT as a driver of improvement? ▲

*Brian Robson is clinical director for eHealth, National Services Scotland. He can be reached at brobson@ihi.org. Paul Hamnett is vice president of engineering, Institute for Healthcare Improvement. He can be reached at phamnett@ihi.org.*

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**Example of an HIT-Focused Collaborative Approach Using IHI’s Breakthrough Series Collaborative Model**

**Topic:** Making the most of HIT

1. **Identify lead teams/sites to test HIT**
2. **Establish an Expert Group***
3. **Bring teams together**
4. **Identify and document best practices**
5. **Apply the Model for Improvement**
   - **P**lan
   - **D**o
   - **S**tudy
   - **A**ct

**Share tests of change (both positive and negative experiences) via e-mail, visits, phone conferences, monthly team reports and assessments.**

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**Source:** Institute for Healthcare Improvement

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* *Expert Group*
  - Internal HIT resources
  - Internal QI resources
  - Vendor(s)
  - External resources

**LS:** Learning Session
**AP:** Action Period
**P-D-S-A:** Plan-Do-Study-Act