Healthcare is one of the toughest arenas in which to manage change successfully. It is no wonder considering its lengthy list of familiar challenges – the shortage of certain health professionals, issues with timely access to care, and chronic disease management, to name a few. In light of these challenges, the delivery of care is evolving to a team-based, patient-centred model and there are high expectations that the use of electronic health records and information systems will enhance the delivery of care and patient outcomes.

Three core strategies

Getting change right with clinicians is where most health IT projects seem to fall down. This article considers three core strategies that can serve any organization seeking to make change happen in a clinical environment. These strategies are distilled from the successes of two very different, complex acute care campuses. As McGill University Health Centre (MUHC) and the Virginia Commonwealth University Health System (VCUHS) demonstrate, the challenges faced in clinical healthcare environments and the strategies to avert or overcome them are remarkably similar in both Canada and the US.
Involve clinicians early and often

One of the main reasons health IT projects fail is that clinicians are not engaged effectively. Successfully managing change in healthcare is about much more than clinical endorsement of a solution or obtaining ‘wish lists’ of features and functionality. Oftentimes clinical involvement begins too late or is too superficial, or both. This is not the fault of clinicians, but is the result of well-intentioned approaches that put technology and its implementation at the centre of the effort rather than clinician workflow and patient outcomes.

Success starts by entrenching clinicians in the project from the beginning, asking what they need the proposed technology or system to do and cultivating an understanding of the best way to incorporate the technology into their clinical workflows. Clinicians also need to be leaders who collaborate with IT in developing the new system rather than ‘end users’ who are required to use a new software or service. They must see themselves as sharing responsibility for the successes (and challenges) as the initiative unfolds. It is essential that physicians are central players in the transformation, particularly when they are directly impacted by the introduction of new systems.¹

Use clinical analysts as ‘clinical/IT translators’

In 2002 in anticipation of moving to a new state-of-the-art facility, Montreal’s MUHC and Centre hospitalier de l’Université de Montréal began working together to design their respective clinical information systems. Clinicians from both hospitals were engaged from the outset to define the needs. Working sessions identified the functions that were most important to different groups of clinicians and built consensus.

MUHC utilized clinical analysts as part of the core project team. Their clinical background and experience was instrumental in bridging the gap between technology and clinical workflow. For example, clinical analysts could articulate to clinicians why some of their ideas weren’t technologically feasible and, conversely, could articulate to IT why some of their ideas weren’t clinically feasible. As the clinical/IT ‘translator’ they effectively managed stakeholder expectations and avoided unnecessary investigation and debate of ideas for the new system.

Focus on patient care and outcomes

Keeps the technology implementation and change effort grounded in patient-centred clinical workflows.

MUHC applied laser focus to clinical workflows and achieved an efficient end-to-end order management system, reducing the number of tests per patient.

VCUHS designates a team of physician and clinical informaticists on every major project.

Develop clinical leadership support

Clinicians listen best to other clinicians.

VCUHS has a strong clinical leadership support model for its high profile projects.

At MUHC, a Champion Committee was established to fulfill a similar role.
Think on clinicians’ terms

MUHC’s project team also made it a priority to treat clinicians on their own terms. They understood that clinicians have multiple priorities focused on patient care, often unrelated to the implementation and that they cannot be expected to review and interpret technical specifications or requirements. Instead, their winning strategy was detailed preparation in advance of meeting with clinicians to articulate the need or gap and provide options with pros and cons to review. The team also took the time to meet clinicians at convenient, shift-friendly times and locations. These approaches limited ‘spinning wheels’ and enabled clinicians to quickly grasp any challenges and make decisions.

2. Focus on patient care and outcomes

Clinicians are passionate about providing the best possible care for their patients. The clinical value resulting from a new technology – how it will enhance patient care – needs to be front and centre and resonate with the clinical end users. Enhancing patient care is the raison d’être for any IT department or Project Management Office in a healthcare organization. Yet, even the most experienced project teams must take caution against becoming so wrapped up in the technology they are implementing that they lose sight of this primary objective.

A recent article in the Pharos posited that clinicians, specifically physicians, have become the ‘tools of their tools’ suggesting that technology has become the focal point in the physician’s workflow, rather than the patient. With technology implementations, the project team must be conscious of this sentiment and strive to enhance the existing clinical workflow; not divert or burden it. When workflows are fully considered at the outset, the resulting new technologies and solutions are more likely to be adopted and enable the clinician to provide greater care and value to patients.

Lead with clinical workflow

When MUHC undertook its new Order Management system, they were able to standardize how patient tests are ordered, eliminate duplication and actually reduce the number of tests per patient. The team applied a laser focus on workflow, which gave them insight into manual practices that, until they had begun to computerize the entire ordering process, had not previously been visible to all. As the end-to-end ordering process became formalized, clinical workflows were respected and also adapted and enhanced.

The project team also measured the benefits of the new system after its implementation. What they found was that the discrete task of filling out a particular order electronically may take longer than the paper-based process. Yet, when looking at the entire order completion process, the digital method was in fact much faster because it now encompassed ancillary tasks such as finding a patient chart, searching for previous results in different departments, making a repetitive order, and verifying patient details.

3. Develop clinical leadership support

Clinicians listen best to other clinicians. Clinician champions have tremendous influence in building support for a new system or technology and bringing adoption and compliance to sufficient levels. When selecting champions, it is imperative to enlist those who are respected by their peers and have a solid understanding of the need for technology. Ideally, a clinician champion will have a senior clinical role within the organization (e.g. Chief Medical Officer) and also have a formal role on the given health IT project.

The project team should meet with designated clinician champions on a regular schedule to keep them updated on progress and to leverage their influence strategically throughout the project. For example, important communications to clinicians regarding a new project should come from the head of the institution’s medical affairs. Moreover, if there are particularly resistant clinicians or if there is bad news relating to functionality that cannot be implemented as envisioned, clinician champions are an excellent means to bringing everyone to the same page.
Manage resistance top-down

Virginia Commonwealth University Health System needed to implement several health IT projects to meet the requirements of the United States’ Meaningful Use Program. The key to their success was employing strong clinical leadership support for its high profile projects. At VCUHS, the Chief Medical Officers for the inpatient hospital and outpatient clinics are the executive sponsors for all projects related to the Meaningful Use Program. The Chief Nursing Officer, Chief Nursing Information Officer and Chief Medical Information Officer also hold significant influence. There are also several multidisciplinary clinical committees as well as a designated team of physician and clinical informaticists who are involved closely with IT projects.

To manage any future resistance effectively, the implementation teams took considerable time to proactively build relations and articulate the requirements, incentive funds and penalties of the Meaningful Use Program to C-suite executives. They undertook monthly meetings with the C-suite executives to provide regular updates on progress and raise issues that required action from the group. As a result, the Chief Executive Officer and Chief Medical Officers in particular were very supportive of meeting the Program’s requirements and readily stepped in to handle any individuals or groups that were resistant or hindering progress.

The bottom line

The use of technology has become an integral part of strategies, great and small, to transform healthcare. As both MUHC and VCUHS demonstrate, challenges around health IT implementation are, in fact, fully addressable. By keeping clinical value at the heart of every technology initiative and fully engaging clinicians in the leadership and development of solutions, efforts stand an excellent chance to succeed.

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2 K. Patrick Ober, MD, Are we the tools of our tools?, the Pharos, February 2015