

# Change Management – Mats Larson

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I would like to share with you three examples of changes in Healthcare:

- My own experience from managing a change process involving 3000 healthcare staff and engaging 300 000 citizen. Savings of 15% as well as quality in the acute-care were among the objectives.
- The introduction of ePrescriptions in Sweden
- NPfIT – the mega plan for modernizing NHS with IT

The examples have at least one common denominator – they all produced results different from the ones intended.

The hospital merger and restructuring was successful from a savings-perspective. We also managed to increase quality in terms of numbers of patients receiving proper care within the agreed time-lines etc – but unsuccessful in delivering the adequate care for patients with chronic diseases – i.e. nothing to do with the acute care changes – instead services not at all affected by the changes. Only a thorough assessment-plan could detect these problems and only the staff involved could come up with solutions and apply them.

So we were looking for failures and disasters in the acute care setting – but our most severe problems turned out within chronic.

My second example deals with ePrescribing where I was engaged in an ambitious plan ten years ago to introduce ePrescriptions for all Swedish outpatients – today this solution generates 30 Million eP/year. We basically had the technology in place, all we needed was to have the doctors and the pharmacists pick it up... Not easy.

So we made a thorough analysis of how to meet the expected problems and anticipated resistance. In this we conducted interviews and studies to identify the benefits for the parties involved. Certainly things like reduced errors from poor handwriting were identified – but our studies concluded that the most impressive advantage from a patient/customer perspective would be the fact that the eP would be sent to the agreed Pharmacy, to have the drugs prepared, marked and controlled – well in advance of the patient getting to the specific Pharmacy. We made serious studies on how many minutes an average customer would save etc.....

However, when eP was introduced, step by step (with NLL being the frontrunner) our flagship with reduced waiting times in the pharmacies was quickly forgotten – instead we soon learned that what the patients really wanted was to have the freedom to collect their prescription from any Pharmacy – in their own neighborhood, at the hospital or by the shopping centre. So, not only did we have to rebuild the technical solution – but also change our communication and marketing.

My final example is the the National Plan for IT in the NHS – injecting XXX in a highly political and very ambitious project to modernize the NHS through the use of IT, is an example where I certainly have no direct personal involvement – instead I have been in the audience observing the process with all its successes and problems. There are different reviews of the programme – just like you find

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with any other drama – but I notice that there is no one out there claiming that the programme did achieve what was intended – however several argue (probably correctly) that there are huge values and benefits for citizen and staff from the programme. Choose and Book, PACS/RIS and the National Spine, just to mention a few of the tangible results.

So, three different examples – with IT components in different roles – all with one common feature – the core challenges and problems were not correctly identified nor addressed from the start.

I present these different examples to highlight one important aspect of change management in healthcare – not from an IT-perspective, but rather with the change-management aspect in focus.

The times when we looked upon the introduction of IT-solutions as a separate change-process are long gone – these days our technology-solutions are integrated components in sophisticated processes. The conventional more “technical” approach to these changes will have to give room for a more holistic approach where change management is central.

Through the years I have been studying different ideas and theories on this topic. One of the more interesting theories I have come across was presented by the Italian researcher Claudio Ciborra – for those of you who want the short-cut to his thinking I would recommend his last book – The Labyrinths of Information. Another of his book has the title “From control to Drift” – a title that catches the essence of some of his thinking.

What Ciborra argues is that modern organizations – not healthcare specifically – have become so complex that changes have to be managed using different models and guidelines than we usually practice.

He made large studies of change-processes at large companies like IBM, Roche and Statoil. All of them involving thousands of individuals and with clear IT-component. These projects had clear goals, milestones and project-plans. All planned by-the-book. The road-maps where there. The instructions and guidelines as well.

What Ciborra concluded, after several years of studies, was that none of the projects managed to reach its goals – in fact some of them failed terribly... However, corporate management of the companies all concluded that the results achieved where very valuable – and in some cases much better than the ones initially intended. There is more to read in his books...

I have found Ciborras discussions helpful in my understanding of change-management in healthcare. In my opinion our business is not that different from other organizations and companies. Some claim that the political influence is a differentiator – but myself I have worked for 4 years in a global IT-company... anyone who wants to study politics would have a party there!

Many argue that our organizations are difficult to manage let alone change. We run a risk of making this an unchallenged fact. From many years of healthcare-management I would claim that, despite all the differences between sectors, ours is not that different and that there are excellent examples of how change-management is practiced in a small scale.

Ciborra suggests a number of conditions and principles to apply in change management; Here summarized in these bullets:

- Base your ideas and plans on observations
- Establish structures to support necessary action
- Allow for experiments and different pathways
- Move forward step-by –step
- Apply intuitive learning and evaluation
- Accept failures
- Collaborate to solve problems

This is his advice to managers to come closer to success and intended results.

When I have tried to analyze these bullets closer I have been enlightened by observing that the criteria that are suggested are almost identical to the principles of some of the healthcare-processes. Take the steps and characteristics of diagnosing and treating a patient; (Show the list)

The way health-professionals apply treatment-plans and guidelines in their daily practice demonstrates a practical example of adoptive management.

- An evaluation based on available data is used to decide what therapies to initiate.
- The initial results from these actions are observed – and depending on the patients reactions, these plans are changed or reevaluated.
- If additional problems occur – plans are redesigned and the goals are reevaluated.
- Experts from other domains are consulted when needed.
- The dialogue with the patient is used as an important component. Plans and treatments can be changed based on these dialogues.

This attitude and technique, with principles and practice that have been developed and refined over years of healthcare practice – and taught and practiced though peer-to-peer training – is in many ways a methodology that can be practiced to solve other challenges. In fact, here I think we come quite close to what Ciborra and other scientists describe as essential principles for change management.

So, I would claim that our skilled and highly professional healthcare-organizations are capable of change management as well as other sophisticated processes – and that they actually own and excel in applying sophisticated change-management principles.

Take this short talk as a challenge to the common view that our organizations have difficulties with change-management – Instead I would argue that we basically have the skills and experiences right here – it's just our lack of fantasy that keeps us from applying them to the current changes.

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