A CASE STUDY

Critical Success Factors for C-Suite Executives: Change Management in Large IT Projects

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Session Objectives

1. Using a large IT implementation as a case study, learn change management success factors for C-suite executives

2. Understand the benefits of increased reliance on enterprise physicians/staff and less reliance on outside contractors

3. Learn guiding principles and strategies that can enhance success of the large scale change initiative

4. Understand the importance of reports and touch points designed to help focus the work to be completed post-implementation (used before, during and after the IT implementation)

5. Engage the audience in lessons learned

Please note that the views expressed are those of the conference speakers and do not necessarily reflect the views of the American Hospital Association and Health Forum.
Agenda

1. Brief Overview of UTMB Health
2. Kotter's Eight Steps for Transforming Organizations
3. UTMB's Need for Change: The Revenue Cycle
4. Guiding Principles and Strategies
5. Responsibilities of Leaders Prior to and During the Change
6. Create and Communicate a Vision
7. Empower Teams to Act on Vision
8. Create Wins, Consolidate Improvements and Produce More Change
9. Sustain the Gain; Institute New Approaches
10. Lessons Learned

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Brief Overview of UTMB Health
Snapshot: UTMB Health System

• Academic Medical Center with 5 hospitals:
  • 252-bed Jennie Sealy Hospital
  • 96-bed John Sealy Hospital
  • 62-bed Angleton Danbury Hospital
  • 31-bed League City Hospital
  • 108-bed Texas Department of Criminal Justice Hospital

• 71 primary and specialty care clinics locations

• Level I Trauma Center; Level I Burn Center

• Texas Medical Center member

• ANCC Nursing Magnet recognized
Kotter's Eight Steps to Transforming Your Organization
Kotter's Eight Steps to Transforming Your Organization

1. Establish a sense of urgency
2. Form a powerful guiding coalition
3. Create a vision
4. Communicate the vision
5. Empower others to act on the vision
6. Create a plan for short term "wins"
7. Consolidate improvements and produce still more change
8. Institutionalize the new approaches

- John P. Kotter, "Why Transformation Efforts Fail", Leading Change
UTMB's Need for Change: The Revenue Cycle Project
Before utmbConnect

• Clinical documentation and computerized physician order entry at or near 100% since 2005 (pre-model system)
• Legacy billing systems utilized for over 20 years
• Coders performed all coding and charge capture after full abstraction
• Little to no physician charge generation and/or reporting
• Thousands of open encounters
Before utmbConnect CONTINUED

- Home-grown charge and code capture system
- Little to no feedback to providers on quality of notes
- Significant delays in obtaining charges from ancillary departments
- Minimum days (bill hold) at 25 days for hospital charges and 13 days for professional
UTMB's Sense of Urgency to Change: ICD-10 Ignites Platform

• Fragmented billing organizational structure
• No compliant billing and coding systems = no patient care revenue = no business
• Financial imperative - spend money to keep money
  • $25M project; completed April 6, 2013
What Physicians and Staff Think Change Means…

- Physicians will become secretaries
- Coders will lose their jobs
- Revenue trumps patient care
- The institution will go through **disorder and disarray for no perceived measurable benefit!!**
From Everyday Issues to a Noble Purpose

• *utmb*Connect will unite UTMB to **serve its patients**
• Streamline scheduling, registration and billing systems to create:
  • One record
  • One bill
  • Better, safer care
  • More personalized service
• Focus on a single organizing principle: working together to work wonders
• Assemble group with power and influence to lead change effort
Guiding Principles and Strategies
Develop Guiding Principles and Strategies

• If Epic modules are available, we will use them; move to a single platform for revenue cycle
• Use the project as an opportunity to change and improve work flows and processes
• Develop a detailed project plan
• Engage physicians from the start
• Allow for opposing opinions
• Create dedicated staffing to the project; assign people to backfill staffing (you need your best people and the right people)
• Hire and assign/promote people who will embrace and lead change
• Invest in training resources prior to, during and after implementation
• Allow time for a provider soft go-live and make changes based on experience
• Create feedback/communication loops
Responsibilities of Leaders Prior to and During the Change
Critical Success Factors for Leaders During the Project and After Implementation

- Strong and involved executive support
  - Clear roadblocks
  - Take the slings and arrows from the naysayers and possible saboteurs
  - Stay current on the issues
  - Assure adequate staffing and budget for the project
  - Visible and involved; know the issues
- Strong and involved steering committee/governance structure
  - Immediately began planning enhancements
- Powerful physician and executive change agents to push, pull and broker agreements
Responsibilities of Leaders During the Project and After Implementation

• Support the project plan; enforce the budget
• Embrace the change—be the change agent
  • Communicate, communicate, communicate
  • Act decisively and with transparency
  • Be visible throughout the project
• Know some of the details
• Recognize and reward
Critical Success Factors for Leaders During the Project and After Implementation CONTINUED

- Choose a strong business partner who staffs experienced leaders
- Required/Mandatory training for every single user with consequences (i.e., cannot use system without training)
- Creative and consistent marketing and communications
- Soft go-live to allow providers to adapt to coming change
- Meeting holiday two weeks prior to and four weeks after go-live to achieve everyone’s laser-like focus
Critical Success Factors for Leaders During the Project and After Implementation

• Post go-live
  • Top 10 at 10
  • Scorecard with tenacious attention to metrics
  • Assembled teams to address any metrics slippage
• Manage the expectations for optimization and future releases
• Continued executive involvement
• Celebrations and recognition (e.g., thank you notes written from executives, celebration lunches and breakfasts)

“While celebrating a win is fine, declaring the war won can be catastrophic” because the project’s end is often the beginning of the really hard work.

- John P. Kotter
Create and Communicate a Vision
Create the Vision

“Any road will get you there if you don’t know where you’re going!”

Create a Vision

- One record
- One bill
- Better, safer care
- More personalized service

“A vision says something that clarifies the direction in which an organization needs to move.”
— John P. Kotter

“In failed transformations, you often find plenty of plans and programs, but no vision.”
— John P. Kotter
Effectively Brand the Project

• Gave it a name and a logo:

One record. One bill.
Introduce the campaign and utilize multiple communication venues

- Introduced project via executive announcement; campaign reinforced UTMB’s tagline: “Working together to work wonders.”
Communicate the Vision

Established a communication hub with a dedicated website

• Clarifies where to go to find needed information
• Creates a single source of critical information
Communicate the Vision

Generate Buzz

THE FUTURE IS COMING.
Get ready.

utmbconnect GO-LIVE
SPRING 2013
Communicate the Vision

Introduced “The Wonders”
Communicate the Vision

Generated Weekly Project Newsletters

- Impact to individual roles
- Important dates (e.g., soft go-lives, appointment conversions)
- Weekly accomplishments/stats
- Kudos, photos (training, etc.)
- Clarified issues and shared decisions (e.g., residents will not be able to enter charges, etc.)
Empower Teams to Act on Vision
Empower Teams to Act on the Vision

STEP 5

Resolute Hospital Billing team ready for the BUILD!
Established Champions of Change

- Led by Chief Medical Information Officer
- Facilitated provider/coder collaboration
- Served as department liaisons; escalated issues
- Identified required changes in behavior and workflow
- Communicated with peers to ensure program would serve patient and provider needs at go-live

“To change something, you have to change something.”
— Yogi Berra
Create Wins, Consolidate Improvements and Produce More Change
Plan for and Create Short-Term Wins

Celebrate Milestones
• Special Recognition
• Executive Rounds
• Communication – Kudos, Town Halls, etc.
• Food
Consolidate Improvements and Produce Still More Change

**Use increased credibility to change systems, structures and policies that don’t fit the vision**

- Allow for opposing opinions and process discussions
- Beat the drum for change to work flows
- Hire and assign/promote people who will embrace and lead change
- Continue to reinvigorate the communication throughout the project
  - Highlight successes
  - Continue to emphasize the themes
  - Celebrate the change agents publicly
Provider Soft Go-live

- 60 days before go-live, primarily affected provider charge entry
- Level of service captured at encounter
- Encounters closed within 48 hours
- 100% of charges initially reviewed by coders for accuracy
- Encouraged report of all user issues
- Established a well-defined issue prioritization process
- Published “Captain Connect’s Tip of the Day”
Provider Soft Go-live (continued)

• Made changes from soft go-live lessons learned
  • Preference list
  • Speed buttons
  • Change wizard adjustment
  • For charges entered by residents, needed to display charge information for faculty to review, edit and co-sign easily
  • Challenges in inpatient cosigned notes and charge flow (that were fixed in the 2014 release)
Sustain the Gain; Institutionalize New Approaches
Articulate Connections Between New Behaviors and UTMB’s Success Overall

• 70% of physicians released from coder review (Aug. 2014)
  • Prior to project, coder review was 100%, and coders performed all coding and charge capture after full abstraction
• Encounters closed on average in less than one day (90.3% in Aug. of 2014); prior to go-live, thousands of open encounters
• Minimum bill hold reduced to 4.5 days for hospital (25 days prior to go-live) and 2 days for professional billing (13 days prior to go-live)
• Anticipated negative cash flow never realized; best cash months in UTMB’s history with cash growth of 62% post go-live
• Physician feedback mixed; many very positive that they can view their RVUs
• Ongoing enhancements to preference lists
**Institutionalize New Approaches**

**Continued leadership and succession planning**

- Epic User Group meetings
- Trips to Epic for additional training
- Continuing challenge to have enough “bench” depth

Trainers Craig Sims and Jamie Holmes-Rozier, along with Clinics Education and Training manager Orson Wells, at the Epic training facility in Verona; (left) Hospital Billing Team (center); Professional Billing Team (right)
Lessons Learned
Done Well….

- Leadership visibility, input and follow-up
- Command Center
- IT Training Support in Clinics
- Training for ambulatory charge capture
- Additional MyChart functionality as part of project
- Management of project budget and timeline
- Creation of new scheduling rules
Could Improve…

- Understanding of reports available pre- and post-go-live
- Recognize build-related scheduling and charge capture issues sooner and change
- Underestimated cultural change:
  - "Physicians did not go to school to be secretaries"
  - Consider additional support scribes
  - Move from 100% abstraction to physician level charge entry
  - More onsite support needed for longer periods of time
  - Too few physician champions
  - Better understanding of physician leaders of magnitude of change
- New scheduling rules not uniformly adopted by physicians—we let that happen
For change to be successful, leaders today must:

- Be visionary – have a roadmap, even when there is no road
- Understand the business he/she is in (i.e., patient care)
- Be a builder of teams
- Embrace change and be the change agent – identify, implement and manage change; move expeditiously without losing sight of the day-to-day business
- Willingly communicate
- Act decisively and with transparency
- Be visible at all levels of the organization
- Have knowledge – breadth and some depth
- Be willing to “take the heat” but deflect the praise to others
It is not the strongest of the species that survives, nor the most intelligent; it is the one that is most adaptable to change.

— Charles Darwin
IT'S ALIVE!

APRIL 6
Questions?