The Effective Informaticist

AMDIS, June 26, 2015

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SVP Clinical Strategy

The most obvious, important realities are often the ones that are hardest to see and talk about.

Acknowledgment to David Foster Wallace, Kenyon University Commencement Address, 2005
Reforming an Accidental System

It’s not an industry, it’s a collection of industrious folks--isolated practitioners.

Medicine is not vertically integrated or horizontally integrated--it’s is not integrated at all!

Kessler, A., The End of Medicine, 2006

Mirror, Mirror on the Wall, 2014 Update: How the U.S. Health Care System Compares Internationally - The Commonwealth Fund 12/14/14
Being Right and Being Effective

The Easy Part of Our Job

- Clinical Informatics: Promote the understanding and use of clinical knowledge, through medical informatics – the alignment of clinical resources, workflow, and technology – to create a high reliability organization

The Hard Part of Our Job

- Professional sovereignty
- Personal accountability
- Spheres of authority
- Political and economic order
- Ethical commitments
- New tools and knowledge
- Fundamental beliefs
No matter how broad or socially oriented we make medicine, illness remains a universal human experience, and its impact on individual human persons remains the reason why medicine and physicians exist in the first place.

The final pathway through which public policies ultimately come to affect lives.

*Edmund Pellegrino, The Philosophy of Medicine Reborn, 2008*
The Care Moment

ONE PERSON COMING TO BE HEALED

value-based care
meaningful use
evidence-based medicine
workflow
analytics
public policy
wearables
safety
precision medicine
transparency
healthcare IT
data
transitions of care
alerts
fee-for-value

population health
communication
triple aim
accountable care
coordination
access
public health
consumerism
gray zone
prevention
interoperability

public health
Hearst Health

ONE PERSON COMING TO BE HEALED

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ONE PERSON COMING TO BE HEALED
Being Right or Being Effective

- **Being right** is a complex matter, often based on opinion, and even when something seems intuitively or factually obvious to you, it will not be so to others.

- **Effectiveness** involves *shared value recognition*, and generally compromise.

- Being successful in *transforming culture*; influencing colleagues and achieving goals depends on getting this balance exactly correct. It is not an either/or proposition.

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The story itself, the true story, is the one that the audience members create in their minds, guided and shaped by my text, but then transformed, elucidated, expanded, edited, and clarified by their own experience, their own desires, their own hopes and fears.

*Orson Scott Card, Ender’s Game*
Clinical Informaticists Deal With Mysteries

To Best Deal With Your Mysteries:

• How do you manage culture?

• What are the leadership characteristics that enable you to do this?

Puzzles come to satisfying conclusions based on the discovery of pieces of information, and failure to solve a puzzle can be blamed on the one who withheld information. Mysteries require judgments and assessment of uncertainty, not simple, factual answers or specific pieces of information.....no matter how much information you have, mysteries sometimes don’t get answered at all, and it can be hard to tell who’s responsible.

Culture
Attaining Mutual Value Recognition

The 5 C’s of Culture Management

Values: Dominant shared behaviors
Stable, highly resistant to change; commonly defines what is right or wrong, good or bad, correct or incorrect, as justified by moral standards, reasoning or tradition

Norms: Beliefs and language
Commonly understood roles, responsibilities, beliefs and customs, informed by cognitive, emotional and social conventions

Values + Norms = Culture

COMPREHENSION
CARING
COLLABORATION
COORDINATION
CONVERGENCE

1. Comprehension

**Comprehension**

Comprehend the problems to be solved for the audience

Present the facts of the problem without blame, in terms the influencee’s can understand.

**Understand:**

- What is the ultimate problem to be solved?
- What are the facts of the situation?
- How can the facts be explained to the audience in a way that they will trust and understand?

I can explain it for you, but I can’t understand it for you.

*Robert Gammage, Texas state senator, 1974*

**Tips:**

- Get the right number of defensible facts and references (evidence), but remember the facts are never enough
- Empathize and engage the familiar for the audience
- Take out blame and shift focus to system or process
- Present evidence in the perspective of the audience via an authority from that audience
- Use emotion, metaphors, analogies and anecdotes carefully in presenting the facts
The Problems?

<table>
<thead>
<tr>
<th>High Reliability</th>
<th>Outcome for Cost</th>
<th>Benefit vs. Harm</th>
<th>Right Care</th>
</tr>
</thead>
</table>

SAFETY + VALUE + APPROPRIATENESS = QUALITY

6 Aims for Improvement

- Safety
- Patient Centeredness
- Efficiency
- Effectiveness
- Timeliness
- Equity

Better Health
Better Healthcare
Lower Cost

Triple AIM
Falling Short of Expectations

Always prefer advice from someone who has failed rather than from someone who has only known success. The former is more likely to have thought deeply about the reasons for success and failure, the latter more likely to believe only in self-derived myths.

McAlpine, A., The New Machiavelli

2005 RAND study predicted potential savings of $81B annually from HIT adoption

Assumed ‘interconnected and interoperable systems adopted widely and used effectively.’

Lack of Interoperability
- Inconsistent messaging methods
- Lack of meaning similarity
- Political and protectionist motivations

Disappointing Usability and Adaptation¹
- Sluggish adoption of difficult systems
- Automating bad practices
- Poor design and implementation

Cumbersome Nature of Traditional Decision Support²
- Not seamless in workflow
- Not contextual to venue of care and the role of the provider
- Seen as subverting key human and individual elements of decision making in healing relationships

¹ Kellerman, A and Jones, S, What Will It Take To Achieve the As-Yet-Unfulfilled Promised of Health Information Technology, Health Affairs, January 2013
² Riskin, L et. al, Re-examining health IT policy: what will it take to derive value from our investment?, JAMIA October 2014
2. Caring

Caring
Relate to what your audience cares about—morally, ethically, fiscally

Be in tune with the beliefs people have about the problem, which can be more powerful than the facts. Demonstrate how the activities are tied to the ultimate mission and purpose.

Understand:

• Why does this ultimately matter?
• What matters to the audience in front of you?
• What are the beliefs they have that must be overcome in order to arrive at the facts?

Tips:

• Bridge the gap between logic and passion
  – Acknowledge that being human inherently entails imperfection, purpose, compassion and beliefs
• Lead with humility, sympathetic values, and dialogue
• Connections through caring can be measured, influenced, modeled, led and made routine
  – Emotional-Social-Spiritual Intelligence (ESSI) techniques, reflections, practice¹
• Has definite impact on patient experiences and choices
• May be thought of as right brain dominance
  – Design, story, symphony, empathy, play and meaning²

² Daniel Pink, A Whole New Mind, 2005
It is difficult to get a man to understand something when his salary depends upon his not understanding it.

I, Candidate for Governor, and How I got Licked, 1935
Clinician Beliefs

They are having trouble dealing with new practices that destroy beliefs, defy emotionally ingrained learning, threaten personal integrity and expertise, endanger social status, imperil financial stability, and jeopardize independence and personal security.

Jerry Harvey, How Come Every Time I get Stabbed in the Back, My Fingerprints on the Knife?

- A stern belief in professional autonomy and opinion based methods rather than in validated knowledge
- A view of guidelines as constraints, implying restriction of independent judgment
- Emphasis on recollection, intuition and uniqueness
- A belief that repetition establishes validity
- The idea that relationships are authoritarian, not cooperative
- Anxiety over the potential ramifications of revealing the actual results of interventions—expectation of perfection
- They are not having trouble ‘dealing with change’:
The Illogic of Beliefs

Who is responsible for making changes?

<table>
<thead>
<tr>
<th></th>
<th>Trial lawyers</th>
<th>Health Insurance Companies</th>
<th>Pharmaceutical and device manufacturers</th>
<th>Hospitals and health systems</th>
<th>Patients</th>
<th>Individual practicing physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>60%</td>
<td>59%</td>
<td>56%</td>
<td>56%</td>
<td>52%</td>
<td>36%</td>
</tr>
</tbody>
</table>

*Survey of 2,556 physicians

What needs to change?

- Promoting continuity of care: 75%
- Limiting corporate influence on physician behavior: 63%
- Limiting access to expensive treatments with little net benefit: 51%
- Expanding access to free preventive care: 47%
- Reducing compensation for the highest-paid specialties: 24%
- High-deductible health plans: 17%
- Eliminating fee-for-service payment models: 7%
- Paying a network of practices a fixed, bundled price for managing all care for a defined population: 6%

“Belief is so often the death of reason.”
*Game of Thrones 5:8*

Mistakes Were Made, But Not By Me
Carol Tavris and Elliot Aronson, 2008

Addressing the Root Cause

Acknowledging that one can be very effective at being wrong

1/3 of the trillions spent is unnecessary.
- Dartmouth’s Institute for Health Policy and Clinical Practices

The content of care makes up 1/2 to 2/3 of the rising costs without better outcomes.
- Eddy, D, Billings, S. Health Affairs;
- Halvorson, G. Strong Medicine

Greater attention to clinical judgment is required.
- Sirovich, et. al., Health Affairs, 2008
3. Collaboration

Collaboration
Emphasize the challenges and benefits of collaborating

Be mindful by watching out for one another, remaining open to input, and adapting behavior in interest of the goal.

• Significantly higher level than cooperation.

• Shared understanding, open communication, mutual trust, tolerance of differing points of view are the essential part of any high-reliability organization or process.

• Collaboration is **accountable mindfulness of self and others**.

**Trait Most Necessary for Optimal Team Learning and Performance**

“An environment of psychological safety was created where trial and error in a team setting were accepted; open suggestions, predictions and mistake admissions were a norm in all team members.”

Don’t Get Command, Cooperation, Consensus and Collaboration Confused

**Teamwork**

Teamwork is a lot of people doing what I say.

*Marketing Executive, Citrix Corporation*

**COMMAND**

- I think I can do that for you, or with you (if it’s not to hard)
- We can all work together as long (as someone is watching)
- Let’s you and I do this together and to heck with the others

**COOPERATION**

- Willingness to proceed in concert without hidden reservations
- Everyone implements and actively supports the decision through words and actions
- All believe they were adequately heard and trust that the decision is the best one under the circumstances
- Requires clarity, trust and mutual accountability

**CONSENSUS**

- Requires clarity, trust and mutual accountability
4. Coordination

Coordination
Examine core elements of information sharing essential to coordinate care and solve problems

Help your colleagues reap the benefits of the information age by overcoming their belief that they are most effective as autocratic individuals and enable them with helpful contextual information and knowledge.

• Siloes of caregivers, data and knowledge result in inadequate, inaccessible and counterproductive ignorance on one hand;

• and when information is moronically deposited in overwhelming, noisy, confusing, conflicting, duplicative, anxiety producing, in-actionable landfills to “help bring parties together,” it simply consumes time/energy, and diverts attention from things that matter.
5. Convergence

Convergence
Patiently and persistently converge to meet the goals

Be dedicated to the vision and patient for the transformation.

- Relish small victories, but do not give up appropriate impatience. It takes time to work the first 4 C’s
- Anchor successes and advances in shared value recognition with efforts aimed at the populations other than the laggards
- Traditional highly ingrained and disseminated cultural elements, like medical practice and societal, independence, privacy and economic norms take many years to change
- Dictatorial goals or mandated sudden changes rarely last and usually do not become internalized or self-sustaining

Nothing in this world can take the place of persistence. Talent will not; nothing is more common than unsuccessful people with talent. Genius will not; unrewarded genius is almost a proverb. Education will not; the world is full of educated derelicts. Persistence and determination alone are omnipotent.

Calvin Coolidge
Leadership
Embrace Nature

Leadership is the art of getting someone else to do something you want done because he wants to do it.

*Dwight Eisenhower*

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<table>
<thead>
<tr>
<th>The Nature of Medicine</th>
<th>The Nature of Leadership</th>
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<tbody>
<tr>
<td>Prescribe and comply</td>
<td>Influence and collaborate</td>
</tr>
<tr>
<td>Short-term results focus</td>
<td>Continuity/long-term results focus</td>
</tr>
<tr>
<td>Procedures/episodes</td>
<td>Systemic processes over time</td>
</tr>
<tr>
<td>Fairly well-defined problems</td>
<td>Ambiguity</td>
</tr>
<tr>
<td>Individual autonomous, small team focus</td>
<td>Trans-cultural integrated larger group focus</td>
</tr>
<tr>
<td>Expertise and individual responsibility</td>
<td>Shared accountability and dependence</td>
</tr>
<tr>
<td>Immediate gratification</td>
<td>Consistent resistance</td>
</tr>
<tr>
<td>Respect and collegial mantle of trust</td>
<td>Doubt and suspicion of motives</td>
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</tbody>
</table>

Angood, P and Biirk, The Value of Physician Leadership, PEJ, May 2014

Leading Culture Change is Managing Resistance: Energy of Activation

Activation Energy
- w/o enzyme (use of 5Cs)
- with enzyme (use of 5Cs)

INITIAL STATE

FINAL STATE

Energy level change:
reactant to product

The term, “resistance to change” is generally employed by those who do not expect to suffer from the change they want to introduce, a change that will probably cause anaclitic depression in others.

Jerry Harvey, *How Come Every Time I get Stabbed in the Back My Fingerprints are on the Knife?*

- Fortitude to converge on a new way of doing things
- Dedication to the vision and recognition of the patience required to transform without autocratic mandate
- Leaders “set the purpose or direction for one or more others, and get them to move along in that direction with competence and full commitment.”¹
- They embrace change and share **emotional attachment** with those they lead
- Techniques are just techniques: true effective leaders manifest compassion in their relationships with followers
- Great leaders come from a place of deep internal motivational understanding; they are authentic, graceful, intentional and skilled communicators

Old culture is designed to protect itself, not to bring about its own demise. If you think you can pull off major culture change without a serious shakeup, you are kidding yourself.

Pritchett and Pound, *High Velocity Culture Change*
Success and Failure Modes

Communication Styles

- Persister
- Rebel
- Promoter
- Logician
- Dreamer
- Reactor

Communication Channels

- Directive
- Requestive
- Nurturative
- Emotive

Failure Modes

- Insistence on perfection, righteousness, arrogance
- See others as stupid, push beliefs, evangelize
- Become angry, over-controlling, attacking
- Insist on pleasing or, appeasing; fretting
- Make mistakes, feel abandoned, victimized
- Withdrawal, shut down

George Bernard Shaw

The single biggest problem in communication is the assumption that it has taken place.

Recognize effective styles for your audience

Select and flex your channel

Avoid failure mode

Kahler, Taibi, PhD The Process Therapy Model: The Six Personality Types with Adaptations, 2008; Spencer, Shenk, Capers and Associates, Process Communication Model
Physician Leader Value

• Hospital quality scores 25 percent higher when doctors run hospitals; “teams led by leaders with extensive knowledge of their core business perform better than others.”

• Strong physician leadership is associated with higher organizational scores including reduced rates of hospital-acquired infection, hospital readmission, patient satisfaction, and financial margins.

• Shared experience and common language give physician leaders the credibility among their colleagues needed to garner critical support.

• Nurses, surgical technicians, nurse practitioners, physician assistants and other members of the direct health care team [may] respect the physician’s point of view and are more likely to buy into organizational changes led by physician leaders.

• “Large-scale organizational changes . . . require strong leaders and a cultural context in which they can lead. For obvious reasons, such leaders gain additional leverage if they are physicians

Maureen Bosignano, IHI

When you get someone who knows what quality looks like, and pair that with a curiosity about new ways to think about leading, you end up with people who are able to produce dramatic innovations in the field.

Angood, P and Birn, The Value of Physician Leadership, PEJ, May 2014
To be "in charge" is certainly not only to carry out the proper measures yourself but to see that every one else does so too; to see that no one either willfully or ignorantly thwarts or prevents such measures.

It is neither to do everything yourself nor to appoint a number of people to each duty, but to ensure that each does that duty to which he is appointed.

*Notes On Nursing What It Is, And What It Is Not, 1860*
Practical and High Impact Leadership Activities

• Create and communicate the mission and the vision and clarify engaging measurable goals for those you lead and manage resistance appropriately.

• Speak publicly and frequently on commitment to priorities; maintain and provide appropriate culturally accessible visibility, engage in all realms with humility

• Develop leadership understanding and expertise, and mentor and develop that capability in balanced teams of other leaders to assist you

• Set clear accountability measures for those accountable to you, and insist upon them from those to whom you are accountable

• Remain person-centered in word and deed and with attention for personal communication styles and channels

• Be a regular, authentic presence at the front line and a visible champion of improvement; model the behavior and traits you expect in the culture

• Exhibit and require transparency about results, progress, aims, and defects.

• Encourage and practice systems thinking and collaboration across boundaries.

• Lead up, across and down your influence chain

• If you are in or headed toward failure modes, take the time to Zen yourself back

Leadership is the art of getting someone else to do something you want done because he wants to do it.

Dwight Eisenhower
Impractical Leadership Activities

- Lame analogies or treacherous metaphors*
- Unclear or double entendre directives**
- Ego, anger, credit-taking, narcissism or failure mode based actions or outbursts***
- Concern over friendships to the detriment of results
- Anything that impedes clarity including communication channel mix ups
- Fear challenging status quo
- Fail to enlist expertise or more culturally acceptable assistance when you are “out of your element”

*Physician pilots crash at a higher rate per flight hour than other pilots in addition, physicians may take risks. Guohua Li, MD, Dr. PH. Susan P. Baker, MPH. Crash Risk in General Aviation, JAMA, April 11, 2007

Prevalence of fatal aircraft accidents among physician pilots during 1964 and 1965 was four times that of general aviation pilots...the number of annual fatalities is rising. Cieriebej, A. MD et.al., Physician Pilot-in-Command Fatal Accidents 1964-1970 FAA-AM-71-9, 1971

**“Doing it right is no excuse for not meeting the schedule.” Plant Manager, Delco Corp.

“All who drink this remedy recover in a short time except those whom it does not help, who all die. Therefore, it is obvious that it fails only in incurable cases.” Claudius Galeneus 200 AD

***‘Assassins!’ Arturo Toscanini to his orchestra; Toscanini mangia l'orchestra-youtube.com/watch?v=Cxh-o9ENW5o&t=200
In times of change, learners inherit the Earth, while the learned find themselves beautifully equipped to deal with a world that no longer exists.

*Eric Hoffer, Longshoreman, philosopher and author (The True Believer, The Ordeal of Change)*
$100,000 Cash Award

Purpose of prize: Celebrate proven excellence in population health management to share best practices to bring better health to more patients

Who can enter: Organizations or individuals who have designed, implemented, or managed population health programs that have demonstrated results in helping a population of patients improve health and wellness

Call for submissions: Opens summer 2015

For more info: www.hearsthealth.com
Alexis.Skoufalos@jefferson.edu