

The Effective Informaticist

AMDIS, June 26, 2015

Presented by:

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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

The logo for fdb, consisting of the lowercase letters 'fdb' in a bold, sans-serif font, followed by a small icon of a building with a grid of dots.The logo for zynxhealth, featuring a stylized blue 'z' icon followed by the word 'zynxhealth' in a blue, sans-serif font, with a trademark symbol.The logo for mcg, featuring a stylized green and blue 'm' icon followed by the letters 'mcg' in a blue, sans-serif font.The logo for homecare homebase, featuring the word 'homecare' in blue and 'homebase' in black, both in a sans-serif font, with a small icon of a house with a person inside.

international

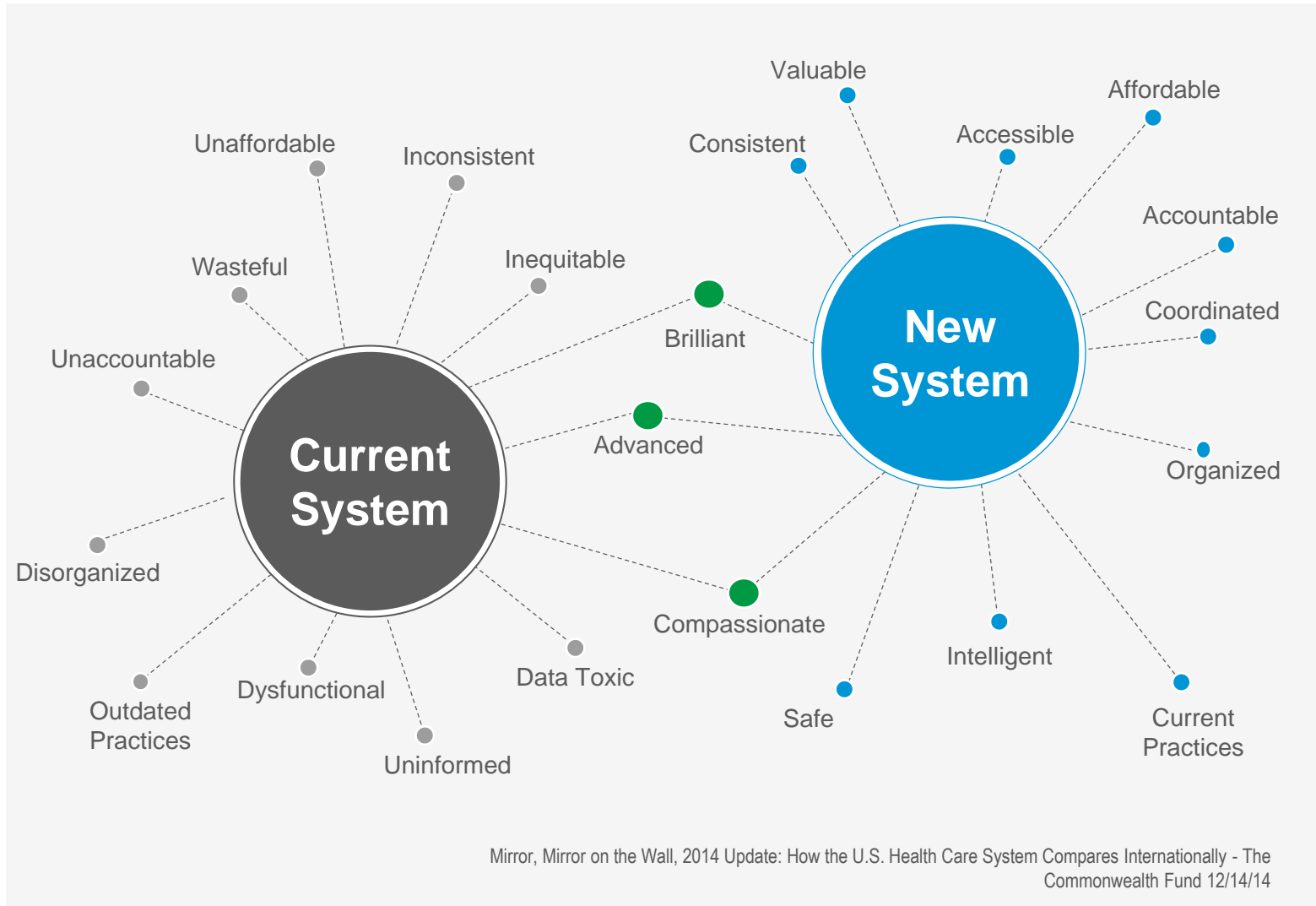
Reforming an Accidental System



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

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

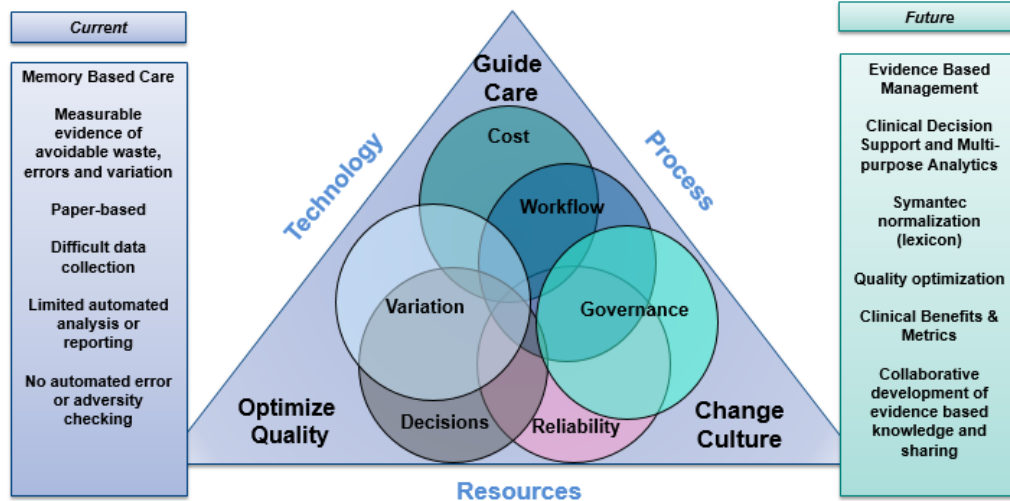
*Kessler, A., The End of
Medicine, 2006*



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

Healing People by Healing Sick Information



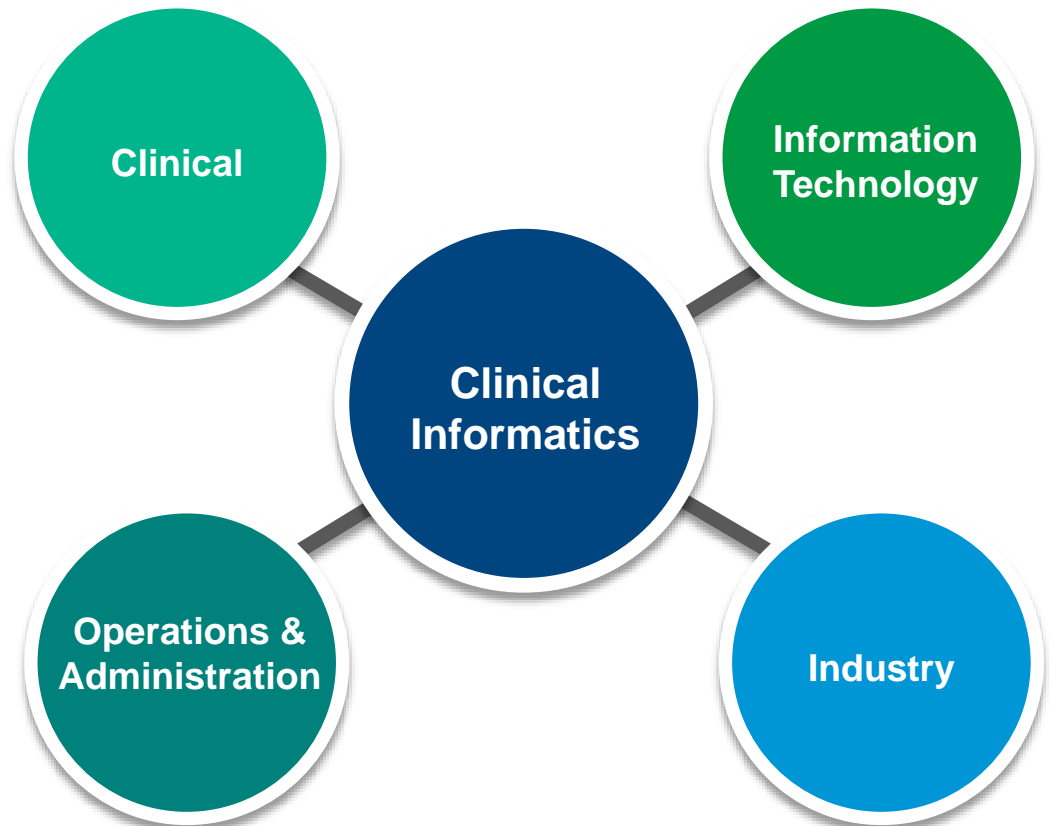
No matter how broad or socially oriented we make medicine, illness remains a universal human experience, and its impact on individual human persons remains the reason why medicine and physicians exist in the first place.

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

Edmund Pellegrino, The Philosophy of Medicine Reborn, 2008

Informatics is Medicine's Breakthrough Specialty

- The broadest, not the narrowest, specialty
- Opportunity to advance the science of healthcare with widespread impact



The Care Moment



Being Right or Being Effective



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

- **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.

Clinical Informaticists Deal With Mysteries



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.

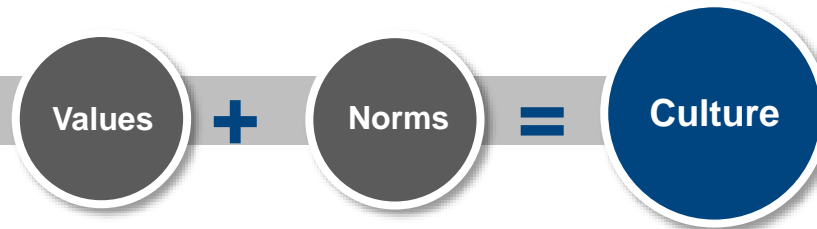
Gladwell, Malcolm, 'Enron, Intelligence And The Perils Of Too Much Information', In What The Dog Saw, 2009

To Best Deal With Your Mysteries:

- How do you manage **culture**?
- What are the **leadership** characteristics that enable you to do this?

Culture

Attaining Mutual Value Recognition



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

The 5 C's of Culture Management

COMPREHENSION

CARING

COLLABORATION

COORDINATION

CONVERGENCE

Rose JS, Thomas CS, Tersigni A, Sexton JB, Pryor D. A leadership framework for culture change in health care. Jt Comm J Qual Patient Saf. 2006 Aug;32(8):433-42. Available at http://www.ascensionhealth.org/assets/docs/JCAHO_A_Leadership_Framework_for_Culture_Change_in_Health_Care.pdf

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?

High
Reliability

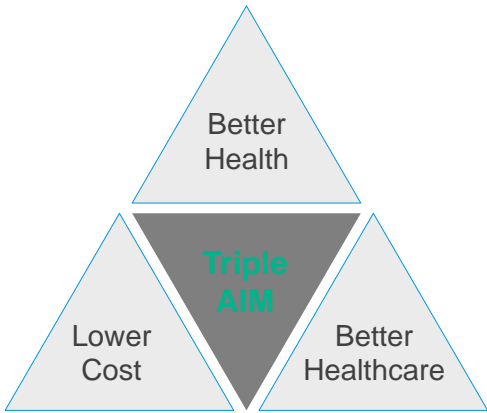
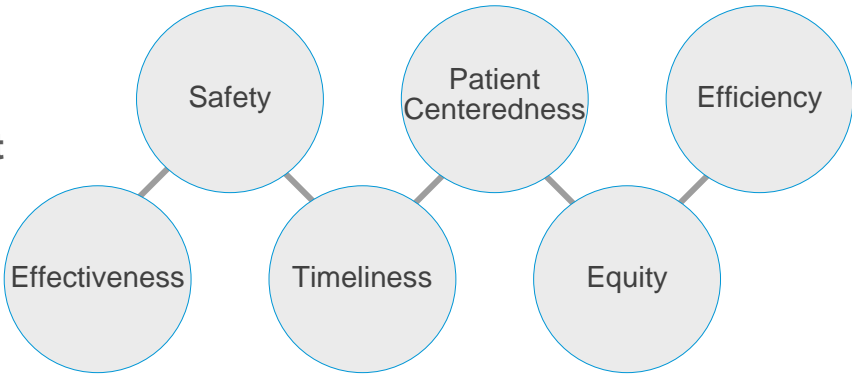
Outcome
for Cost

Benefit
vs. Harm

Right
Care

SAFETY **+** **VALUE** **+** **APPROPRIATENESS** **=** **QUALITY**

6
Aims for
Improvement



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

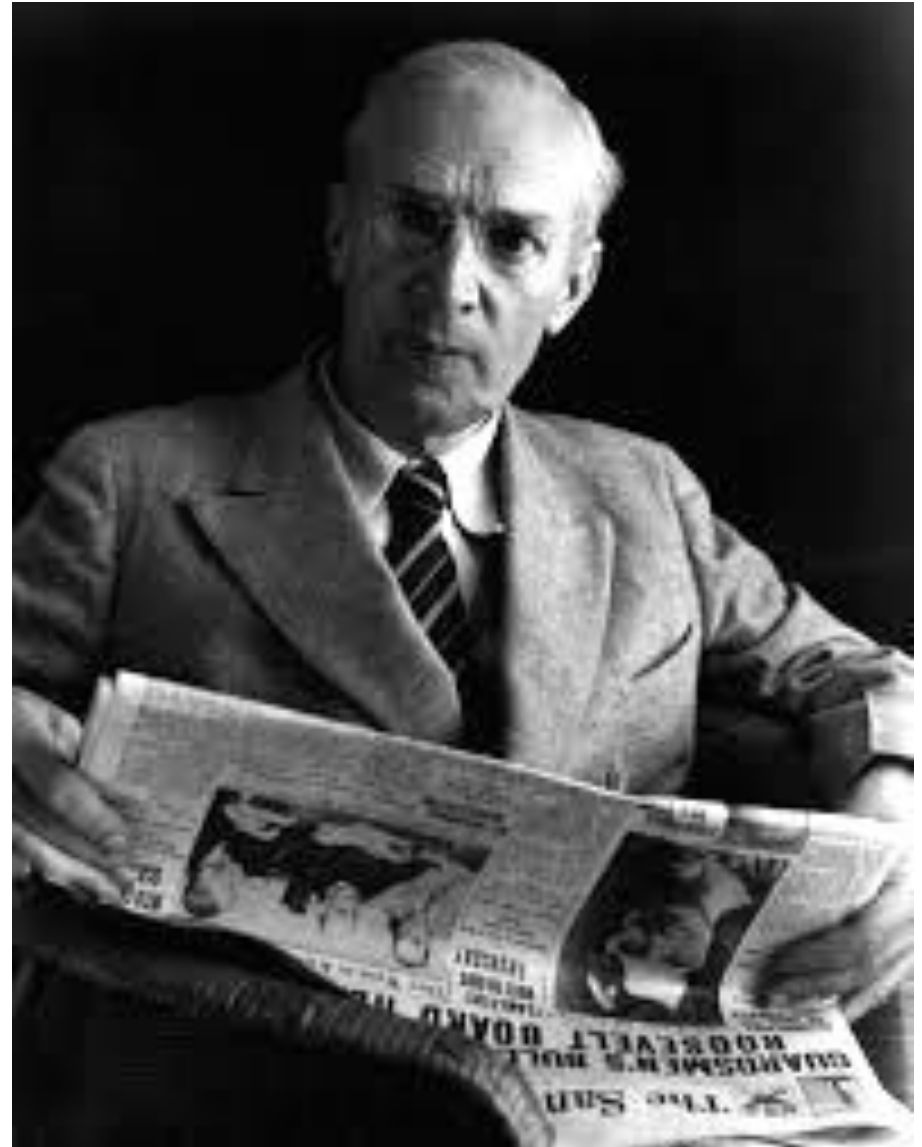
¹ Beaujean, M., et. al., The Moment of Truth in Customer Service, McKinsey Quarterly, 2006

² Daniel Pink, A Whole New Mind, 2005

Upton Sinclair

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?

Trial lawyers	Health Insurance Companies	Pharmaceutical and device manufacturers	Hospitals and health systems	Patients	Individual practicing physicians
60%	59%	56%	56%	52%	36%

What needs to change?

**Survey of 2,556 physicians*

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



“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*

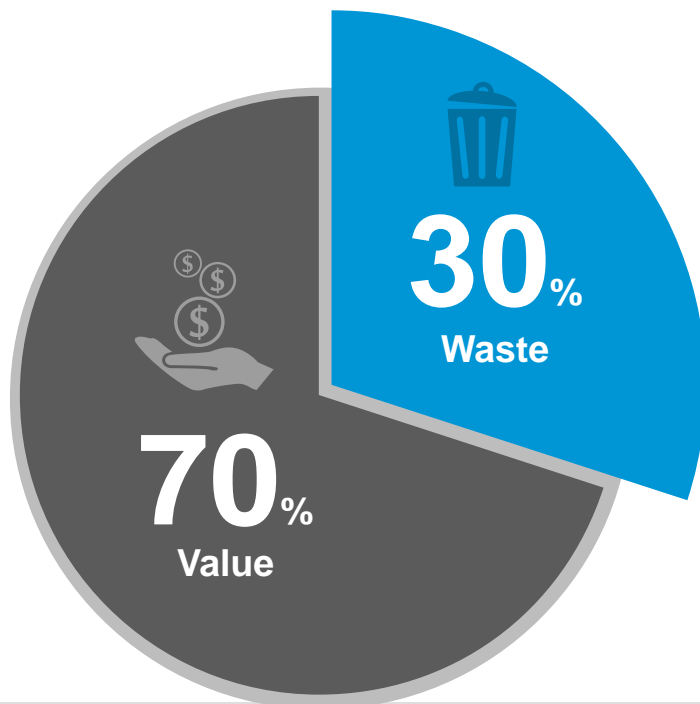
Jon C. Tilburt, MD, MPH; et. al, Views of US Physicians About Controlling Health Care Costs, JAMA. 2013

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.”

Edmondson, Bohmer and Pisano, Harvard Business Review, 10-01-2001

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



Teamwork is a lot of people doing what I say.

*Marketing Executive,
Citrix Corporation*

COMMAND

COOPERATION

- I think I can do that for you, or with you (if it's not too 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

CONSENSUS

- 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

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.



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

- 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

5/13/1895

5/23/99

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and, however, I hope the difficulty - of the English -
- may be the next paper for -

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JHH ANESTHESIOLOGY & CRITICAL CARE MEDICINE RECORD
© 1998 Jonsson-Hookus Hospital, Department of Anesthesiology and Critical Care Medicine

Leadership

Embrace Nature



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

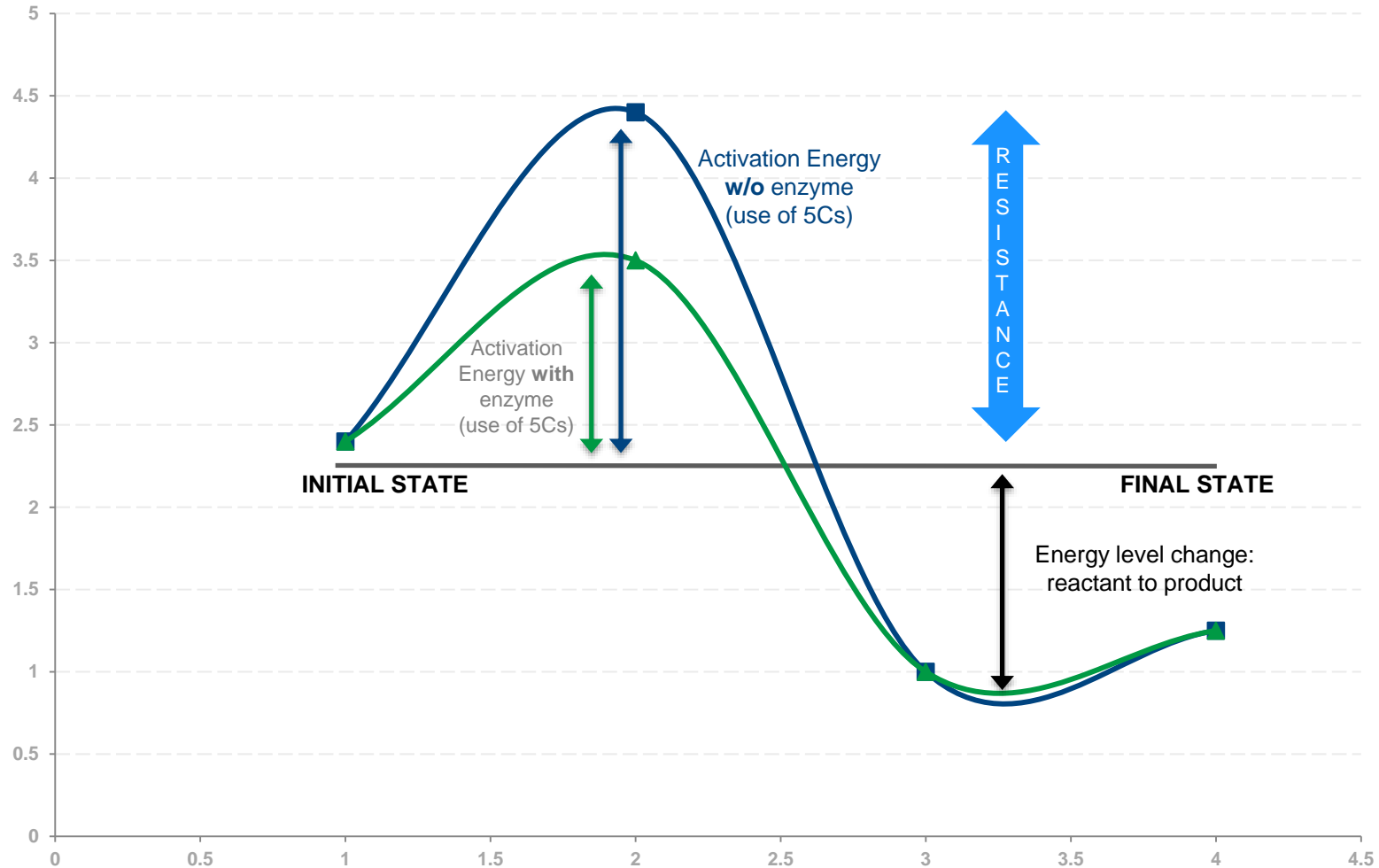
Dwight Eisenhower

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

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

Original content published in the October 2012 issue of Trustee magazine, Vol. 65, No. 10. ©2012

Leading Culture Change is Managing Resistance: Energy of Activation



Rose, J.S., Lessons from Life: The Biology of Business Transformation, PEJ Sept-Oct., 2001

Leadership: The Unifying Thread of Culture Change



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

¹ Jaques, E., & Clement, S. D. (1994). Executive leadership: a practical guide to managing complexity. Cambridge, MA: Carson-Hall

Leadership in Context



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*

CULTURE

Leadership

- Communication Style
- Intention and Grace
- Authenticity and Behavior Patterns

Hanstke, Grey and Grey, *Why We Do What We Do: Four Pathways to Your Authentic Self*, Sirius Publishing Partners, 2003 Judith and Joseph Pauley Communication: The Key to Effective Leadership, ASQ Quality Press, 2009

Success and Failure Modes



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

George Bernard Shaw

Communication Styles

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

Recognize effective styles for your audience

Communication Channels

- Directive
- Requestive
- Nurturative
- Emotive

Select and flex your channel

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

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



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.

Maureen Bosignano, IHI

- 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

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

Goodall AH. Physician-leaders and hospital performance: Is there an association? *Social Science & Medicine*, August 2011.

Mountford J, Webb C. When clinicians lead. *The McKinsey Quarterly*. McKinsey & Company, 2009.

Lee TH. Turning doctors into leaders. *Harvard Business Review*. April 2010.

Florence Nightingale

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



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

Dwight Eisenhower

- 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
- Create and require from others a psychologically safe environment for expression and discussion
- Lead up, across and down your influence chain
- 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.
- If you are in or headed toward failure modes, take the time to Zen yourself back

Impractical Leadership Activities



If anything goes bad, I did it. If anything goes semi-good, then we did it. If anything goes real good, then you did it. That's all it takes to get people to win football games for you.

Bear Bryant

- 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

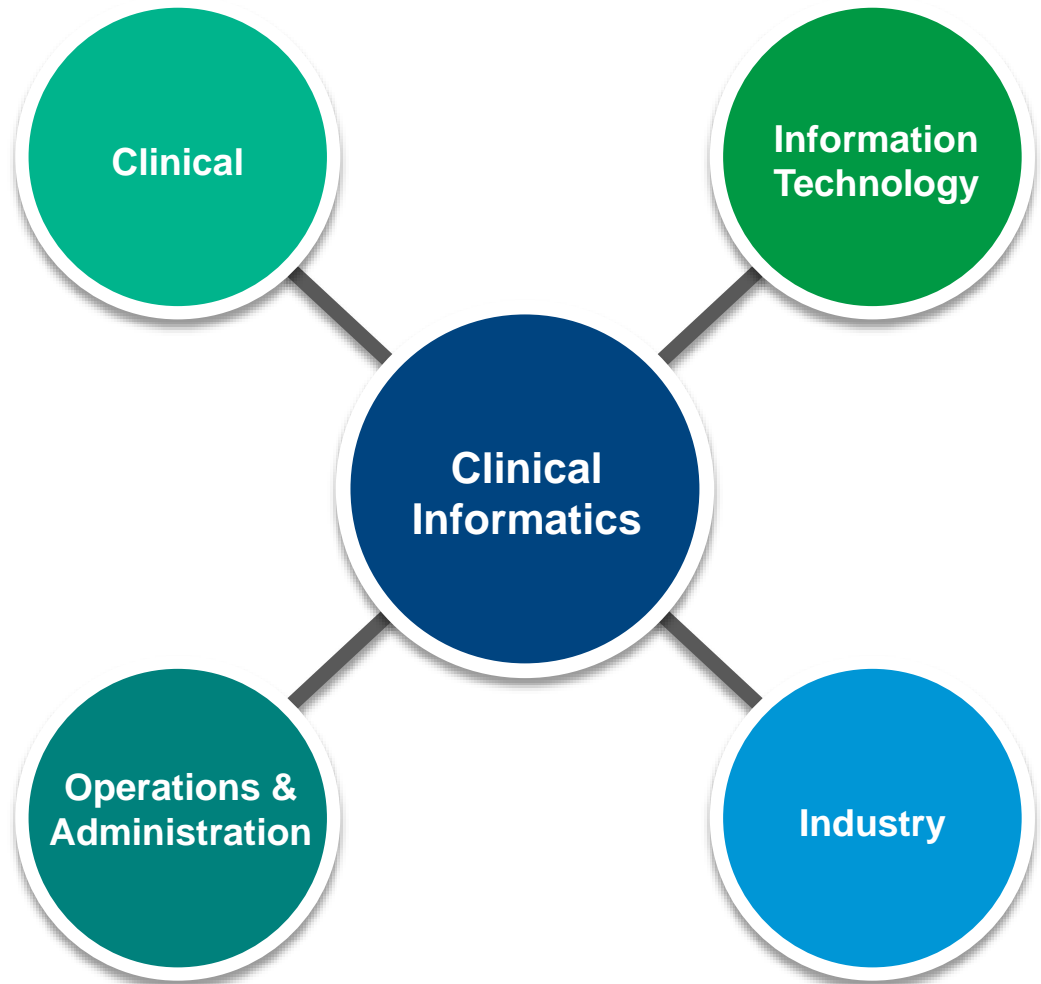
****'Assassins!' Arturo Toscanini to his orchestra; Toscanini mangia l'orchestra-youtube.com /watch?v=Cxh-o9ENW5o#t=200

The Effective Informaticist Leads And Learns, In “The Water”



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)





IN PARTNERSHIP WITH
**Jefferson School
of Population Health**



\$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
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