

# Change Leadership: Reducing the Risk Associated with Change

Dr. Alan Frank is the Chief Techniques Officer of Advenant Inc. in Ottawa

Michael Martineau is the President of Advenant Inc. in Ottawa ([www.avenant.ca](http://www.avenant.ca))

William J. Pascal is the Chief Technology Officer of the Canadian Medical Association in Ottawa ([www.cma.ca](http://www.cma.ca))

If you wonder whether you can successfully drive change in your organization, you might as well flip a coin. The current statistics on change initiatives in various industries, including healthcare, show that the probability of success is similar to guessing whether your coin will come up heads or tails. Nearly every project to integrate information and communications technology (ICT) into some aspect of healthcare delivery will involve change. Therefore healthcare informatics professionals are under considerable pressure to take whatever steps are necessary to significantly improve the likelihood of success. While *change management* techniques are frequently cited as critical to the success of change initiatives, on their own they are insufficient to deliver the hoped-for results. Change leadership is less frequently discussed, but is a critically important component that, when combined with change management, will dramatically improve the probability of success of any change initiative.

This article, the first in a series of three, explores the nature of change in healthcare and discusses how change leadership can reduce the risk associated with integrating ICT into healthcare services delivery.

## Why is change so difficult?

The practice of medicine is a very high touch occupation. The clinician's interaction with his/her patients plays a critical role in the success of a medical intervention. With the introduction of technology into the health care process the important patient/provider interaction undergoes a change. The clinician is now being asked to accept or adjust to different processes that will affect the relationship with a patient and may lead to a change to the health care delivery outcome. The bottom line is that from a physician's perspective you have changed the interaction with the patient and changed the processes.

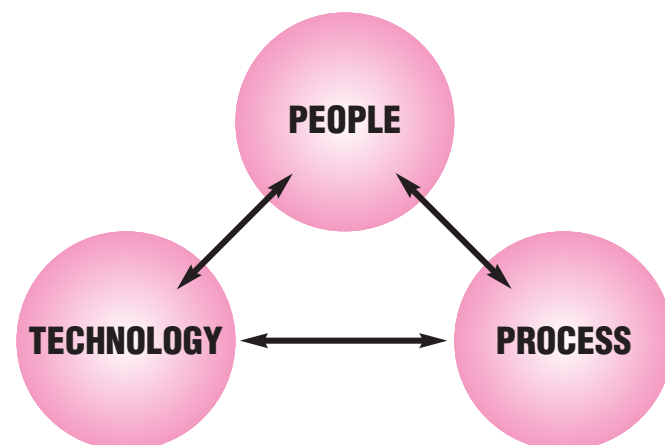
It should not be surprising therefore that information and communications technology (ICT) projects are risky ventures in the healthcare sector. Informatics professionals who are responsible for introducing new technology are disturbing the current people and process interface. Effectively dealing with what clinicians perceive as a significant change in the way they work is critical to the success of any initiative that introduces ICT to the delivery of health care services.

## Taking people into account

Recent articles in this publication have discussed a wide range of ICT initiatives from telehealth to electronic health records. Some have argued that the current implementation failure rate cannot be blamed on technology. A recent article by Bill Pascal and Mary Gibson [The road to success in healthcare IT: It's all about relationships and end-

user involvement; Vol. 18 (5), December 2004] highlighted the importance of building relationships and involving end-users throughout the planning and implementation stages. However, many of us are familiar with projects that have struggled in spite their completion of end-user consultation activities. It is necessary to understand the structure of the consultation to maximize the contribution of end-user consultations to overall project success.

We propose that the structure of end-user consultations must recognize and investigate both the interactions with the ICT technology and the interactions with the processes supported by ICT technology, as depicted in Figure 1. In fact, the complexity of the change process increases as the change of technology interacts with healthcare process and/or healthcare professionals.



While every ICT implementation imposes change on the technology elements, we have observed that the probability of success is highest when an ICT initiative only impacts technology. In the example of telemedicine, conventional information such as diagnostic x-rays are simply transmitted a greater distance to specialists who were not previously available. Because the change is relatively straightforward, the implementation is more likely to be successful.

Similarly, health laboratories have successfully implemented technology that has increased the speed and sophistication of laboratory testing while reducing costs. From the physician - patient's perspective, there is no change. Technology changes have little direct impact on the relationship: the doctor still orders the test, and receives the results. Since changes in the lab can be handled independent of patient care, the job of the physician is not exposed to forces of change.



(Left) Dr. Alan Frank is the Chief Techniques Officer of Advenant Inc. in Ottawa

(Middle) Michael Martineau is the President of Advenant Inc. in Ottawa ([www.avenant.ca](http://www.avenant.ca))

(Right) William J. Pascal is the Chief Technology Officer of the Canadian Medical Association in Ottawa ([www.cma.ca](http://www.cma.ca))

At the other end of the spectrum lies Computerized Physician Order Entry (CPOE) that can simultaneously impact People, Process and Technology. Implementation of such significant change is extremely complex and, unless properly addressed, will run a significant risk of failure. Why? Because People interact with both Process and Technology. The more that Technology changes Process, the more likely that there will be issues related to having People adopt the new system. A new system may work well from a technical perspective, but the extent to which it alters Process will be mirrored in its impact on People. This impact and the risk it poses to People's willingness to adopt change is behind the growing awareness that ICT systems must recognize the doctor's workflow (Wattling, Physician adoption of technology - Messages from the front lines, *Healthcare Information Management and Communications Canada*, December 2004.) To understand that workflow and the logic behind it, we and others recommend end-user involvement. However, having the end-user involved in the development of ICT initiatives does not by itself necessarily reduce the risk of failure. To gain a better understanding of risk, we have to focus on *change*.

## Change Management vs. Change Leadership

There has been considerable research into why it is so difficult to implement change. This research has spawned a specialized area of management practice known as change management. While change management provides a systematic approach to increasing the likelihood that users will adopt a new technology, the term has the misleading implication that all change is manageable. It does seem that change management techniques work well with technology. Various people have discussed the importance of project management to the success of implementation of new ICT systems. (I.T, Project Management in Canadian Hospitals: Challenge and Responses. *Canadian Healthcare Technology*, October 2004, Aligning the Stars: Using Systems Thinking to (Re) Design Canadian Healthcare. *Healthcare Quarterly*, Vol. 7 No. 4, 2004)

To the extent that Technology impacts Process, project management and change management techniques can create strategic plans to organize, fund, staff and solve problems as they are encountered. In fact, if People were not involved, change management would probably be sufficient to successfully deliver and implement ICT systems.

Although many professionals use change and change management interchangeably, as early as 1994 John Kotter was introducing the concept of leading change. (Leading change: Why transformation efforts fail. *Harvard Business Review*, March-April 1995) Kotter's comparison of leadership and management is outlined in Table 1. Generally speaking, leadership builds the consensus that provides direction and motivates people to work toward a common goal. Management deals with complex situations in a structured, predictable way. This distinction illustrates why project management increases the success of implementing mainly technologically based initiatives: the project manager supplies the tools to administer ICT, which is extremely manageable - unlike medical practitioners.

LEADERSHIP	MANAGEMENT
Setting Direction	Planning and Budgeting
Aligning People	Organizing and Staffing
Motivating People	Controlling and problem solving

Table 1 - Goals of leadership vs. management tools (Adapted from Kotter, "What Leader Really Do", HBR 2001)

Attempting to apply change management tools to medical practitioners rarely succeeds. While some say it is because people fear change, we do not subscribe to this view. Many medical practitioners don't fear change - they just don't trust the technology advocates who want to change *them*. We believe that this mistrust is a direct result of repeated attempts to treat medical practitioners merely as checkpoints on a project plan.

Leadership, however, is an appropriate tool with which to engage medical practitioners. *Change leadership* is a continuous process that begins with the concept, and then carries on throughout the implementation to post-completion feedback. The need for change leadership is recognized as a key factor in successful information technology endeavours. As the Standish Group and others point out in their analysis ["Extreme Chaos 2001", March 2001, The Standish Group International, Inc.] leadership is both distinct from management and critical to the success of major IT projects. In general, management deals with complexity in a structured and predictable way, but does not deal effectively with the uncertainty that is often present in e-health system implementations. Leadership builds consensus that provides the direction and motivates people to work towards a common goal - two vital steps in overcoming uncertainty and chaos. Change leadership is less talked about, but is an equally important component of successful change.

## Change Leadership Tools

In the second article in this three-part series we will discuss the difference between the tools of *change leadership* and *change management*. In some cases the same tool will be used in both domains. However, in the leadership domain the process will be more important than the output, and in the change management domain, the output will always be critical assessment is crucial in judging the resources that will be required to lead change. The discussion will help health informatics professionals identify organizations that are ready for new tools and processes, and distinguish them from organizations that require a great deal of preparation regardless of the technical efficiency of a new ICT system.

We hope this series will help readers identify the extent to which a new ICT system will impact their People, Process and Technology. That knowledge will make it easier to balance the activities of change leadership and change management. Informatics professionals who understand the impact and risk associated with implementing new ICT systems will be better able to mitigate risk and deliver solutions that meet the business objectives and achieve high adoption rates by medical practitioners.



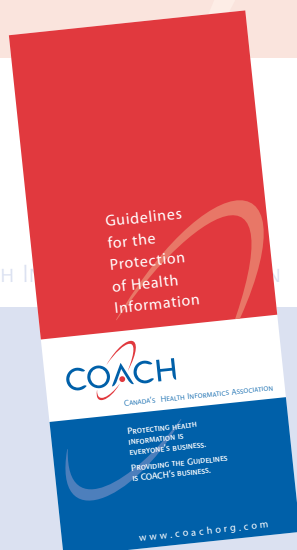
## Guidelines for the Protection of Health Information

The 2004 Edition now available as a Downloadable PDF

**Member: \$30 / Non-member: \$60** (GST not included)

Bulk or corporate rates may be available for health organizations and corporations.

COACH  
CANADA'S HEALTH INFORMATICS ASSOCIATION



- It's new:** The 2004 version maintains the currency of the previous editions by updating content and references and by increasing its practical applicability.
- It's relevant:** This new version reflects the realities as we look forward to an Electronic Health Record.
- It's easily accessible:** COACH is offering this latest version as a Downloadable PDF and enabling on-line ordering at [www.coachorg.com](http://www.coachorg.com).
- It's for everyone:** Each person involved in health care has a responsibility for the protection of health information, and for the protection of the mission critical information systems

For complete details and to order on-line go to:  
**[www.coachorg.com](http://www.coachorg.com)**  
or call **(416) 979-5551**  
or toll-free: **1-888-253-8554**.