Rockin' HIT Sales

Episode Transcript

Why Great Health IT Fails Without Great Change Management

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Transcript edited lightly for clarity and readability. Intro and outro omitted.

David Hacker (00:00)

Hi Olga, welcome to Rockin' HIT Sales. I sincerely appreciate your time to delve into the topic of change management today.

Olga Maciejewski (00:09)

Thanks for having me.

David Hacker (00:12)

Let's jump right into change management. Why do you think so many digital health initiatives look really good and promising on paper, but struggle to gain traction when they hit real workflows?

Olga Maciejewski (00:28)

The main reason is that organizations rarely realize that the key to successful digital transformation is not really the technology. It is people and process. I have a high-tech prop here with me: a diagram of a pyramid. The top slice is the technology we are trying to implement, but the two bottom slices are people and process. Our focus in implementing anything needs to be on those bottom two, and the technology will come along.

David Hacker (01:13)

That makes perfect sense. Change management is a big buzzword. When health systems talk about change management, what does that really mean in practice beyond basic training and communication?

Olga Maciejewski (01:30)

There are a lot of components to change management. I split it into two buckets. The first bucket is related to sponsorship and leadership. We need clear governance, clear decision-making processes, and leaders championing the change. On the other side, we need effective stakeholder engagement, and we should consider whether patients should be brought into the picture as one of the stakeholder groups. We need to spend time on process readiness, workflows, and of course communication.

David Hacker (02:18)

Before a health system rolls out a new digital health tool, what really has to be true from a change management perspective?

Olga Maciejewski (02:30)

I refer to the success of digital health transformation as a three-legged stool. The minute you are missing one leg, it falls apart. Traditionally, we are used to having project management in place, but we still need two other legs: sponsorship, which includes governance, decision-making, and visible leadership; and change management, which includes stakeholder engagement, process readiness, and communication. We have to have all three legs for the stool to stand.

David Hacker (03:26)

Otherwise the stool falls apart, right?

Olga Maciejewski (03:29)

Absolutely.

David Hacker (03:30)

You have mentioned sponsorship a couple of times already. How do you think about executive sponsorship versus frontline ownership, and what happens when you have one but not the other?

Olga Maciejewski (03:46)

In a way, those are two opposite legs of my stool. Executive sponsorship is one leg. We need executives championing the change and explaining why the change is needed. But the other leg is change management, and one of the key items is stakeholder engagement. That is the local owner you are referring to. Again, we need both legs for the stool to stand.

David Hacker (04:25)

During the process, at what point do clinicians, operational leaders, and other end users need to be brought into the change process?

Olga Maciejewski (04:42)

It can be scalable. On a massive digital transformation project I was involved in across the entire province of Alberta, Canada, we engaged everyone 12 months before launch. Throughout those months, we worked through the stages of change. It started with a big kickoff and letting people know why we were changing and why we needed it. We used patient stories as an effective technique to engage people around the reason for the transformation. We always had a patient representative share their story, their struggles, and what they hoped would change with the new transformation. Then we worked through awareness, knowledge, and ability. We talked about what would happen throughout the months, training registration, and process changes that applied to that program or area. Finally, three months before go-live was the busiest time because people were completing training and working through last-minute process questions. There was usually also conversion or cutover work just before go-live. Twelve months worked for us at that scale. For something smaller, the time can be shorter, but we should not cut out the phases. People still need to be involved in all stages of change, and we still need to work through them.

David Hacker (06:52)

Those time periods are based on the complexity of the transformation. It might be three months or one month depending on the complexity, but all of those steps still need to be there. Now let's talk about adoption. From your perspective, what separates a rollout that gains adoption and traction from one that creates friction or quietly stalls?

Olga Maciejewski (07:39)

If we have done our due diligence with the people side of change, engaged stakeholders throughout the process, and worked through the changes, people are typically excited and engaged. If we skip that and focus only on technology, people are surprised and confused, and there is a lot of pushback. The energy is very different.

David Hacker (08:13)

Are there common signs that an implementation is live, but the change itself is not really taking hold?

Olga Maciejewski (08:31)

No news is good news does not apply in that situation. When people are working through a new process or new change, there are always nuances. They are asking questions and submitting tickets. If we hear nothing, that is suspicious. We should also have mitigation strategies in place, such as turning off legacy systems so people cannot simply go back. People are very good at finding workarounds and reverting to old habits, so we need to be mindful of what those habits were and what they look like.

David Hacker (09:31)

When people put together big transformation programs, where do you see them most often underestimate the effort required around workflow redesign, training, reinforcement, and all the things you have already discussed?

Olga Maciejewski (09:49)

In the phases of knowledge and ability, people really need to be supported. Even when they are on board with the change and want to change, they still need to know how. They need the tools, and they need to understand how their day-to-day activities will change. It often comes down to the nuances and details. Some areas have more complex or unique processes and workflows, especially where there is integration with other areas. Those require more time and support to prepare, map out the steps, and understand how things will change.

David Hacker (10:43)

How should health systems balance the need for speed with the change load, especially now when a lot of teams are technology fatigued?

Olga Maciejewski (11:03)

It is a tricky question, but based on my experience, I would lean toward speed and getting it done quickly to maintain momentum and excitement, using the 80/20 rule. We will not get it perfect the first time, but at least people will be using the new system, learning it, and understanding it better. Then we can go back and optimize after launch. If we try to perfect everything before people fully understand the system and its impact on other teams, it becomes very time consuming and it is easy to lose momentum and excitement.

David Hacker (12:02)

For the digital health vendors listening, what is most often misunderstood about change management inside a health system that they really should know?

Olga Maciejewski (12:19)

I go back to my pyramid. Vendors are familiar with the tip, the technology. The trick is to understand the health system process and people, and to work through supporting all of that. It is all connected. That is the most difficult part.

David Hacker (12:43)

When a vendor team comes in and gets involved with implementation, what tends to create avoidable friction during rollout and transformation?

Olga Maciejewski (12:56)

Based on my experience, vendors rarely know much about the client. Maybe we need to do more work to provide some kind of client 101 package to the vendor, with basic understanding. Canadian organizations are different from U.S.-based organizations, and organizations vary from one another. Implementations also differ depending on whether you are doing something in one location for one specialty or across a whole state or province. Having the basic facts about the client would be helpful.

David Hacker (13:50)

If a vendor wants to be seen as implementation ready, what do they need to bring to the table long before go-live and during the sales process? Is there something that says to you, these folks are implementation ready?

Olga Maciejewski (14:10)

We all need to be working from this three-legged stool. Success is the stool that has three legs, and both sides have to be mindful about each leg and what it entails. The vendor needs to signal to the client that they need to figure out sponsorship, governance, decision-making, and leadership championing the change. They also need to think about change management. I would almost recommend that clients document this at a high level to acknowledge that they have considered all of those things for this particular project with this particular vendor.

David Hacker (15:03)

Once a project is live, what helps the improvement stick over time instead of fading away? Many of us have seen something new feel exciting at first, but after three, four, five, or six months people start going back to their old ways.

Olga Maciejewski (15:28)

We need reinforcement strategies. First, there should be strategies to make it very hard for people to go back to their old ways. Another aspect is keeping stakeholders engaged. In my experience, having them engaged in continuous improvement of the system and in making the change more user friendly is the way to go. Establish an ongoing continuous improvement framework that keeps stakeholders engaged and makes them feel heard.

David Hacker (16:16)

We have come to what I refer to as my lightning wrap: the final two quick questions. First, complete this sentence: A digital health company is not ready to scale inside a health system until...

Olga Maciejewski (16:38)

...they understand the concept of the three-legged stool and discuss with the client that it really should be documented.

David Hacker (16:51)

What is one thing digital health companies should do much earlier in the change effort than they normally do?

Olga Maciejewski (17:07)

The conversation about all three legs of the stool needs to be part of the process. I keep going back to it, but it is an easy concept and hopefully it sticks in people's heads. You cannot have one without the others. It falls apart, so it all has to be a package. I would almost envision a documented three-legged stool with all the components included in the contractual documentation, so it is official. We are not brushing it off. It is real, because that is what makes it successful.

David Hacker (17:50)

I agree 100%. My personal feeling when I talk with digital health companies is that whatever technology they are selling, that is not what they are selling. What they are selling is the change.

Olga Maciejewski (18:03)

Absolutely. Their proposals and contractual documentation should include all the components, not just the technology at the tip of the pyramid. Process and people are really what make or break it.

David Hacker (18:12)

Olga, I really appreciate your time. This was a great conversation about change management. I'm sure our listeners, including Health IT vendor companies and their investors, are walking away with a much deeper understanding of what they need to have in place from a change management perspective.

Olga Maciejewski (18:47)
Thank you for having me.