

## Impacting Change in PF through Human-Centered Management Approaches

Presented by: Stephanie Dance, MBA

STEPHANIE DANCE

Hi, good afternoon. My name is Stephanie Dance. As mentioned, I'm the director of Partnerships at the EHealth Center of Excellence. I am from Ontario. So as many of you doing a bit of a time change today, so I'm hoping to make it interactive. So you don't have to listen to me talk for 25 minutes. And I also will introduce our organization. As many of us know in health care, we love our acronyms. So we're also known as the ECE. So as I mentioned, I'm the director of Partnerships. I'm not a practice facilitator. So what am I doing here today? What am I here to talk about? One of the most recent roles that I've transitioned out of our organization is supporting our change management and engagement teams. Now, these are the individuals that are going into clinics and supporting associations with the adoption of digital health tools across Ontario. And so our mission as an organization is something I always love to bring up in presentations. Our mission is to be the leading trusted digital health care partner for primary and integrated care. We are a non for profit that started as your typical startup, five people in a basement and now we're over 100 and 20 employees supporting Ontario and then in other provinces as well with change management services. So we support from the West Coast all the, all the way across to the east coast as well.

LAUREN QUINTANA

Does anybody know where Waterloo is in Ontario?

STEPHANIE DANCE

Home of the blackberry! So as we are going through our change management practices and supporting clinics, supporting clinicians and health care professionals. We're supporting the adoption of digital health tools. In these conversations What we have begun to realize and what we're hearing from our primary care environment is that we need practice facilitation, we need practice facilitators. So as we're going into these conversations, decisions have been made about what the change is going to be, the change is going to be perhaps the adopt of electronic referral system or electronic consultations. So when we get into there into the clinics, we start having these conversations. We realize there's a lot of other work that needs to go into place before the change can actually exist. This is my very condensed version story of how we got to practice facilitation as an organization. So we are currently in the beginning stages of setting up a practice facilitation program within our organization. This is not reinventing the wheel for Ontario. We've had this in place for a while, we have it in different regions. And so what we're trying to do is provide that support back to our community. I'm not going to read

all this out. It's there for you as well if you want to read it. But I've just highlighted a couple of different elements here, change management. I would like to highlight the people side of change. We talk about projects and delivers and targets. But at the end of the day, we're helping people. There's a person on the other side of this and this is what has led our focus into being a human centered approach to change management and what this actually means. And so I took this image out of the practice facilitation model that we've developed. Because what we've started to talk about is how can we scale and spread this type of support across a province that is large and we have rural, we have urban, it may not be sustainable. So we're looking at a team based model, we can leverage our change management team that is already within the clinics. What is human centered design? What's the approach? After listening to talks today, it's very much in line with a lot of the conversations that have been going on, which is fantastic. Why have we incorporated this into our organization and the way that we approach our support and change management? We want to get to the root cause of the issue, the situation, the problem, we want to ensure that we are not implementing a change, providing a brochure and walking out the door and assuming that that change is going to be sustainable because I mean, this is just me throwing numbers out there 99% of the time. It's probably not gonna happen that way someone will give you the nod. Oh yeah, that sounds really great. I'm gonna do this and then you can realize whether it's through data that you're able to capture or talking to them later that actually the change really didn't last much further than you getting to your car in the parking lot after you left the clinic. And so we take these principles very seriously and how we support the clinics with the adoption digital health tools. So my focus for today is going to be on the change management side and we can talk at the end about how we transfer this into practice facilitation. So a couple of different areas to focus, how can we apply the Human Centered approach? We really want to incorporate elements of design thinking. I'll put it just a broad question. Is anyone familiar with design thinking? No? Okay. Wonderful. So with design thinking, we start with empathy. Sounds pretty simple, doesn't it? But there's tools that are involved in design thinking that allow us to take not two steps back, but I like to say 100 steps back and we get to know the person before we focus on what those project deliverables were supposed to be. We want to ensure that any change that we put into place goes through a revision and it becomes an iterative process. So again, like I said, we're not putting a change, walking out the door and hope all goes well. We want to make sure that we're on the same page with the clinic that we are supporting and the clinicians to make those small incremental changes. Perhaps the goal is to have the adoption of electronic referrals, but perhaps there's some other small changes we can make before we get to that point. Or maybe we're in there for the wrong reason and we need to pivot. Designing with and for the end users in mind. Another key consideration: understand our environment. We talk a lot about change management and there's many different models you can follow an ADCAR There's Cotters, there's Lewins... I could go on and on. In health care, I believe and our team sees need something a bit different. There's a different approach that has to be taken. We cannot always copy and paste. We have a lot of demands on our health care system and our health care professionals. And so with a human centered approach, we really need to take our environment into consideration. And then the role we play for ourselves as a change management specialist or as a practice

facilitator. So the goal for today, I like talking about theories and research and it's helpful, but I like to provide an actual scenario so we can kind of understand what this is gonna look like. And so I will ask questions, I will hopefully be able to engage the group to provide some feedback to give some tactics. Again, I don't believe these are groundbreaking things that we have never seen before. But at least we could walk out with a couple of things we could start to implement next week. So here is a mock situation that we have come up with somewhat based on true events. And so as a change management specialist, that is our role, we are going into a primary care clinic within the primary care clinic. There are three physicians, there is one medical office assistant and two nurses. Kind of let that sit with you. What the dynamic is gonna look like. A bit of background. 20% of appointments each week are no shows. The clinic does not allow people to leave messages on their voicemail. There's no follow up process in place. The clinic is using an electronic medical record in EMR but 10% of their patient files have yet to be transferred over. So they have a back room somewhere in their clinic where they have paper files sitting there. 10% of the patient population and we do not know the rhyme or reason for why the 10% are there and the 90% are over or what it's gonna look like to transfer. Our current situation is the third day of full clinics this week and the clinic has just had the 10th person not show up for their appointment. After analyzing the reoccurring problem and exploring possible solutions. The clinic has now decided they would like to implement online appointment booking. Online appointment booking is a tool that allows patients to book their appointments online as they see fit. We leverage this in Ontario. I use it as a patient. I was able to book my son's doctor's appointment at 11 o'clock when I had five minutes to book the appointment for him. I could choose the time the place and I got email reminders. The clinic has now decided to implement this. Our job as a change management specialist is support is to support the medical office assistant with this change that is who we are focused on today. And so with human centered approach, we're going to start as we do in change management at our organization with empathy mapping. You can Google a number of different templates. I've taken a very, very simple one. One of the key considerations, putting an image that you can personalize the persona that you're creating, we will often do this when we go into a clinic more so when we're experiencing perhaps a bit of resistance or we know that it's going to be a bit challenging. We also have user personas that we can leverage to give us an insight into different types of clinics before we go in. So perhaps we have a bank of ones that we have created 5 to 10, we can leverage, get a good idea of who we are supporting and then further customize that. So this activity, when we were doing it with our change management team, it seems pretty simple, but it's sometimes can be challenging to fill in these different blocks. So we might experience that, but I'm gonna hopefully facilitate it appropriately. So we can fill in a couple of different areas. So we have our medical office assistant in the middle. Usually you give the user persona a name if it's not... and if it's a fictional character,...and we want to identify the things that the medical office assistant hears in their office, the things that they see what they feel and the things that they say. And so one of the hardest areas I find is say So I'm gonna start up here here, which sometimes is easier. So now you have to put yourself in the shoes of a medical office assistant. You are sitting at your desk. Remember who's in the office? You have the physicians, you have the nurses. Try to imagine the environment with that many patients

not showing up. What do you hear in your day? Sitting at your desk? What are the things you could hear?

AUDIENCE MEMBER

I didn't have a ride.

STEPHANIE DANCE

I didn't have a ride.

AUDIENCE MEMBER

Yeah, you could hear any type of comments being made by the providers. There goes another one that didn't show up.

STEPHANIE DANCE

Yeah. What else could you hear?

AUDIENCE MEMBER

I need to hold those Medicaid patients. They have no show. They can't be charged for no shows.

STEPHANIE DANCE

Yeah, absolutely. What else can we hear?

AUDIENCE MEMBER

I tried to call and leave a message.

STEPHANIE DANCE

Exactly. Or did they call? Did they do a reminder? Exactly. Other things we can hear that go beyond things that are said. And so this is where we start to believe, creep into the practice facilitation realm where we're trying to understand the environment and we can often do this by immersing ourselves in it and watching what's going on. But your medical office and you're sitting there, maybe your office is situated close to traffic. You hear a lot of noise, maybe there's a lot of hallway traffic. Maybe you have a couple of fax machines and you're hearing those fax machines, the phone, you hear your air conditioner that hasn't been fixed in three weeks making a really weird sound and you're really hoping it just keeps going. We want to factor in all the things that they hear because this creates noise in their environment which could inadvertently contribute to different things like stress and the way that they respond to our approach. When we come into the office, let's go over to see what do they see? What do they physically see?

AUDIENCE MEMBER

Providers coming out and asking, are they not here yet? Yeah.

STEPHANIE DANCE

So providers walking in front of them. Ok. And in front of them and asking questions.

AUDIENCE MEMBER

On their phones wasting time because there's nothing to do.

STEPHANIE DANCE

Yeah.

AUDIENCE MEMBER

The schedule just sort of like preparing for which patients should be coming in and who may not be arriving.

STEPHANIE DANCE

Exactly.

AUDIENCE MEMBER

Patients themselves, whether they're checking in for an appointment or walking in because they didn't get a call. Anxious patients in the waiting room.

STEPHANIE DANCE

Absolutely. I wanna just, something you said over there about, being on their phones, I think is a really great thing to bring up when we talk about online appointment booking. As a change management specialist. I'm evaluating what they see. The medical office assistant tells me that they see people on their phone and I'm trying to go in to implement a change to help support the successful adoption of online appointment booking. This individual may be very resistant, but they have told me they see people on their phones, their phones are the way that people are going to book the appointments. I would leverage that piece. What do they feel? And obviously we would be asking and engaging with users to identify this area. But what could they be feeling.

AUDIENCE MEMBER

Frustrated? Maybe they are overwhelmed. Even though there's not a lot of patients coming in. They're the only medical assistant with three providers. Stimulated if they had all those things happening.

STEPHANIE DANCE

Yes, absolutely.

AUDIENCE MEMBER

Unappreciated

STEPHANIE DANCE

Let's move to say, what do they say? And people say a lot of things in one day so we can kind of group it into the common things that they're going to say in a typical day like this.

AUDIENCE MEMBER

I'm sorry, I missed your call earlier.

STEPHANIE DANCE

Yes.

AUDIENCE MEMBER

Hm.

STEPHANIE DANCE

You can hone into you being in your doctor's office and you've watched, I'm sure at some point the medical office assistant having conversations. What are you hearing them say?

AUDIENCE MEMBER

Your 10 o'clock appointment canceled or no show? Let me get you checked in for doctor so and so or for your appointment?

STEPHANIE DANCE

Perfect. Do they say things to themselves? I noticed that, talk to themselves. They, my doctor's office, fortunately for them, they have more than one MOA at the front desk. So they're talking to each other. But this individual is by themselves. So they're communicating with their colleagues, but their colleagues aren't sitting directly beside them because they're back with the patients. So perhaps they're talking to themselves. What are the things they could be saying to themselves?

AUDIENCE MEMBER

I need a new job.

STEPHANIE DANCE

Probably, yes.

AUDIENCE MEMBER

Maybe just listing out the things that they need to remind themselves to do. Like I need to do this, I have to do this. You gotta do that.

STEPHANIE DANCE

So trying to prioritize for them. Absolutely. Anyone else have any afterthoughts of the different blocks or anything else they wanted to add that's come up during the exercise? So think on it. But like I said, we create these user personas, especially when we are developing a new tool and starting to deploy that, we do it before we start to create the new tool. We want to make sure that we have that perspective involved from the beginning. So we'll go into a clinic. I had one of my team members going to support a very large family health team. It was complex. So a family health team in Ontario could look upwards of over

10 different physicians, nurse practitioners. You have an entire network there. It was a different regional area than we've supported. So we needed to understand the user first before we start to understand how we're going to meet the deliverables of the project and our targets. So we review the situation again. We've talked about it. What will we do with the user persona? After we've done some empathy mapping exercise, we've created this persona. We have an image, we've filled up the blocks, we've given this person a name, a fictional name. Unless it's a real person that we want to attach it to, that's gonna help us in our change management process. After this situation, we need to map their journey. We need to understand what this situation actually looks like because they could tell us. But when they tell us, we're gonna get perhaps one side of the situation or perhaps we're gonna get something that's emotionally driven by things we talked about like stress. And so a tool that we have used is journey mapping. And again, there's multiple different templates you can leverage for this. What we want to identify the top is who is the actor, what is the scenario and what are our goals? And then we want to break it in to typically three phases. And so you have this one situation, it's broken into three phases. And here you can identify what actions are they taking during this phase. And so when that first we look back to the situation of the 10th patient has now been a no show, we can start to understand what would be phase one could be the identification of the patient not showing up. It's now say 2:05. But who was at two? Phase one Is I realize that they're gonna be late or perhaps it's 1:59 and they realized this patient's gonna be late. And so we need to identify what actions are being taken in that phase. And then next, we need to identify how could they be feeling, what are some motivations, what are some things that are going on with this individual? And we want to wrap it up by identifying some opportunities here as well. What are some opportunities that we could tap into in order to support a more successful and meaningful change for the adoption of online appointment booking. Online appointment booking, as I mentioned is a tool that's leveraged by patients, but it's also going to alleviate a lot of the effort that's required from a medical office assistant. You can free up the phone lines. And so some of the feedback we've received too as well is, but I, I don't wanna book things online. I wanna call the doctor's office. Can you get into the doctor's office by phoning in? No, it's always busy. So if we leverage a tool that can take away a lot of traffic from the phones, we provide equitable access for other individuals who only want to use the phone to be able to connect. So we start to identify opportunities that will benefit the patient, but also speak to the MOA and be able to help them conceptualize how this is gonna be beneficial. One of the frameworks that we often use and this is something that I do with our teams on a daily basis. And it just helps conceptualize, are we on the right track? And it's asking ourselves, is this desirable? Is it feasible? Is it viable? Sometimes we only hit two. So we go to support a change. Yeah, we have the resources, we have the capacity. I don't want to do it. It's not desirable. OK. How do we get to a point where we can fulfill all of these? We evaluate this for the before, during and after the change as well and then that helps us inform how we create the reinforcement strategy to ensure they continue using it. So question what we see and we need to connect it back to practice facilitation. So I know we're getting a little bit short on time. So I'm just gonna leave these questions with everybody. What assumptions have we been making about improvement areas that we need to prioritize? Perhaps we've identified different QI initiatives that need to take present,

how have we come to those conclusions? Do we need to reflect back a little bit? What is one thing that you could test out for those in the room that are practice facilitators. What's one thing you could test out next week again? We've talked about this all day. Very small incremental changes. These don't have to be groundbreaking things. We can start small. Continue to ask the, how might we, this is in the engagements, our change management team will do this. You don't, you don't like the idea of this tool. How might we start to do activities to get you closer to that? Just keep asking those questions, we ask it internally as a part of a team all the time. We get internal change management situations come up and we have resistance. So I take a step back and say, OK, how might we. You can also go through the classic practice facilitation. Just like my four year old always ask why. Why, why, why, why, why. How can I continue this practice? So here are some of the tools and tactics that I think could be conceptualized and used in the short term. User personas, mapping the journey, using the how might we statements, and then not assuming everything is complete. So starting to implement the culture and the process for iterative testing. Using that framework that I mentioned: desirability, feasibility and viability, always evaluate our efforts, and then sharing the learnings in the practice facilitation community practice as well. Some different focus areas that I think are great takeaways to further leverage: the human centered approach and design thinking. Design thinking is a really creative, exciting approach. We've created a program around this where we engage clinicians in our area. And it's hard to step back from getting people who are in a room and say, I want to create something I want to solve a problem. But we take them 10 steps back and say, well, let's figure out what the problem is and let's come up with it together because it may not actually be what you think it is. And so using design thinking helps us get to that point. Experience based co-design toolkit. This is offered, I meant to put the link in there, but it's the Point of Care Foundation out of the UK, they have a fantastic toolkit that's available online as well for people. We have a, one of my colleagues was a practice facilitator in Ontario. She said her team leverage it extensively and it was extremely relevant to co-design thinking and the human centered approach. I would like to stay connected. My email is there. You can connect with me on LinkedIn as well if you have any questions, but I believe we have two minutes, if there is anything. Otherwise feel free to connect with me afterwards.

BO KIM

Thank you. Thank you so much. We have a question.

STEPHANIE DANCE

Yes.

AUDIENCE MEMBER

Going back to that table for phase two and three when you're doing the journey mapping. So do you, do you, how do you complete the rest of this, then that was the scenario and then the goals for phase two phase.

STEPHANIE DANCE



So you would do the actions for each phase. So you're looking at the one situation, you break the situation up into three different phases. And then under this part, you would do what actions are they taking during that phase? What are they feeling? And again, you can break this down even further.

AUDIENCE MEMBER  
OK.

STEPHANIE DANCE  
And then you can identify the opportunity.

AUDIENCE MEMBER  
So you're coming back. to this after some time and, and re asking these questions?

STEPHANIE DANCE  
We're, yeah, we're doing it with them. So we're trying to, we're trying to reduce the amount of time. Again, we don't wanna spend, this could take us out, we could do it for hours. So what we're doing is coming up with very pointed questions that allow us to capture as much information as possible. Sometimes what's great is just letting people spill it all out, tell us about what's going on, then we break it down and then go back to check if is this a accurate depiction of how you would interpret this situation unfolding?

AUDIENCE MEMBER  
OK. Thanks. I have a quick question to you about the empathy mapping. Are you, is that what you're doing as like a with the team or is that you're doing just with the medical office assistant? Who do you do this activity with?

STEPHANIE DANCE  
All of the above.

AUDIENCE MEMBER  
OK.

STEPHANIE DANCE  
All of the above. So we can do it, you can do it as an independent practice. Sometimes if you're trying to support a change and you're facing some resistance, we could do this internally as an organization, you could do it externally. The individual doesn't always need to know this is what you're doing. It's just a tool that you have in the background and you're asking questions that allow you to fill in these different blocks so that you have a better understanding and then you can also leverage the empathy mapping, the user persona and then the journey as artifacts later as well, which are extremely beneficial.

AUDIENCE MEMBER  
Great. Thank you.

BO KIM

Any other questions?

AUDIENCE MEMBER

You mentioned that the tool is available and what you are doing is available online?

STEPHANIE DANCE

Yeah. So our website was is on the presentation there and we are on Twitter or X. I don't think we have changed our icon yet. But yes, all that information as well.

AUDIENCE MEMBER

Thank you so much.