

**ARE THE FUGS  
- FEAR, UNCERTAINTY, GREED -  
GETTING YOU DOWN?**

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**Healthcare Innovation: Trends from the Trenches**

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# Our Presenters



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# Today's Webinar: Healthcare Innovation

- Help you better “*see, feel and think*” about how to respond to these changing times, and actually move your organization to “*do*” innovation.

# Changing Times, Means Adaptation

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It isn't the Strongest or the Smartest that Survive  
***It is the Most Adaptive!***



# Trends From The Trenches

- Adaptations taking place in the trenches.
- Share what we see happening in the field.
- Help you turn abundant ideas and options into effective innovations.
- Trends from the Trenches are “Leading Indicators” of the patterns you will see emerging—quickly.

# From The Field We Are Seeing...

- ❑ The “Pain” of Change.
- ❑ People struggling with new processes and trying to understand words with new meanings.
- ❑ They are trying to change their cultures.
- ❑ Trying to make wise decisions without “best practices.”
- ❑ Creating new “best practices.” But unsure what will work.
- ❑ Want to be “Innovative.” Not sure how!

# Healthcare Reform Leading To...

## **FUGs --Fear, Uncertainty, Greed**



# Solution? Healthcare Innovation!

- “The Innovations Exchange...goal is to cast a wide net that allows for differences across the health care industry. The Innovations Exchange includes clinical and non clinical activities and tools that vary in degree of novelty, effects on quality or disparities, and level of supporting evidence.”  
Agency for Healthcare Research and Quality  
(AHRQ)



# Innovation! Hot Topic Or Cliché?

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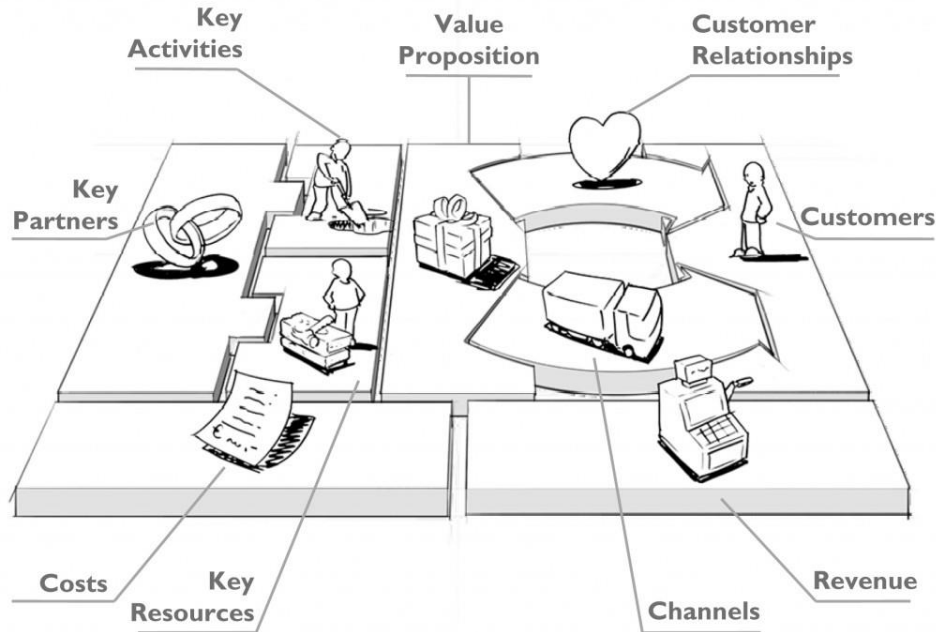
- Based on Lexis-Nexis research:
  - ▣ Between 1970 and 1980, there were exactly 55 articles that mentioned the term.
  - ▣ Between 1980 and 1990— 993 articles.
  - ▣ Between 1990 and 2000 -- 3,575 articles
  - ▣ And from 2000 to 2007 -- **4,583**. ([Scott Berkun's Blog](#), September 2009)
- Search of annual and quarterly reports filed with SEC shows companies mentioned some form of “innovation” **33,528** times—>64% from five years ago.
- Amazon in a 90 day period had **225** new books with **Innovation** in the title.

# Different Degrees of Innovation

## Level of Innovation Desired



# Or There is Business Model Innovation



drawings by JAM

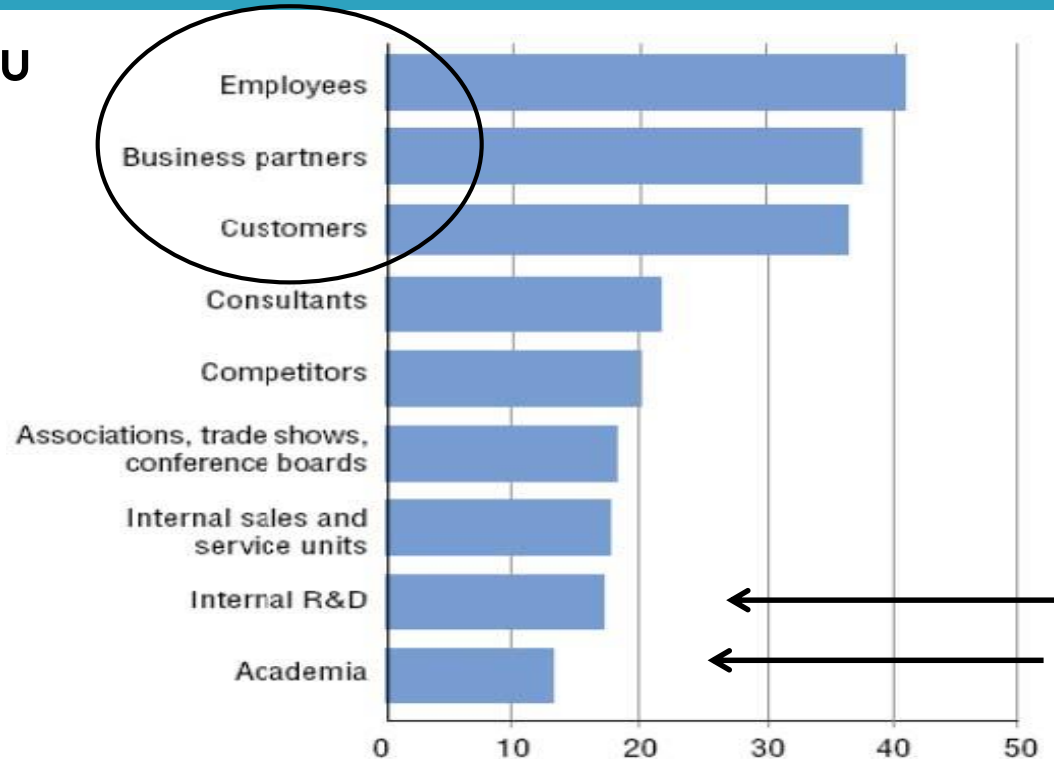
# Or The Spaghetti Approach

- Throw a lot up and see what sticks.



# Where Do Innovative Ideas Come From?

Not where you  
imagine



# *Which Means that...*

- We need to tap into those Employees, Doctors, Partners, Customers to find new ideas and innovate effectively?
- We need a way to really move our organization forward in the right direction--Innovatively?

# Trends From The Trenches



Anthropologists in the field

# Trends In The Trenches: Vendor Challenge

- ❑ **Problem:** A vendor who sells outsourcing of services to healthcare organizations is finding that their old line of services is changing.
- ❑ **Solution:** Their entire leadership team spent a week digging deep into their ideas through *Innovation Gym*. They emerged with a business model redesign that was transformative in how they were going to approach their “job” to be done for the evolving clients they serve.
- ❑ **Innovation:** Next challenge is how to put the ideas into action. All about a business model innovation!



# Another Story: Healthcare System

- ❑ **Problem:** Changing system meant changing brand relevance. Newly acquired physicians meant a new story for the brand.
- ❑ **Solutions:** Engaged dozens of their associates and physicians in *Innovation Games* to get them to build their unique “brand” of “how” they deliver their services.
- ❑ **Result:** A powerful strategy for re-branding and for internal brand development.
- ❑ **Challenge Now:** How to take the ideas and turn them into action. Incremental Innovation. What came *from* them was quite exciting *for* them.

# And Another: Physician Confusion

- **Problem:** Physicians unclear how to become more efficient and quality focused while they are still FFS paid.
  - What does value-based payments really mean?
  - “How do I treat that patient—as an episode? A CPT2 code? A chronically ill patient.”
- **Solutions:** Practice Manager is trying to *innovatively* change their practice behaviors together with them.
- **Innovation Challenge:** This is behavior modification at its best and its most challenging. Culture is well established and the innovations cloudy at best.

# Finally, Patients and Consumers

- ❑ **Problem: “What’s Happening? To Me?”**  
Using Serious Play to engage them in Idea Generation and prototyping.
- ❑ **What’s In It for Them:** Told us a lot about their ideas about “Healthcare Innovation.”



# They Were..

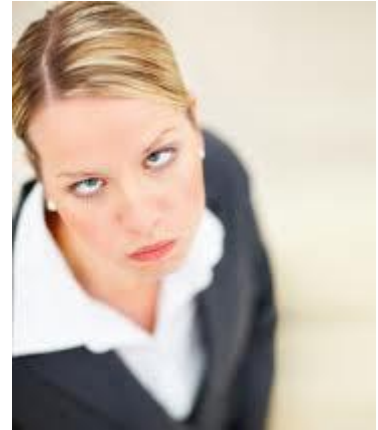
Confused



Not Trusting



Cynical



# What They Wanted?

- ❑ “Innovations” (New) that were really going to work—for Me?
- ❑ Engagement—include me in the process, please.
- ❑ Simple and easy solutions. Save me money and time.
- ❑ Trust: Don’t know who to trust any more.
- ❑ Want a system that works: “Ducks all lined up in a row.”
- ❑ Of course, “Care and Caring” for me—this is not about you.

# Why Is This So Hard?

Brain hates change!

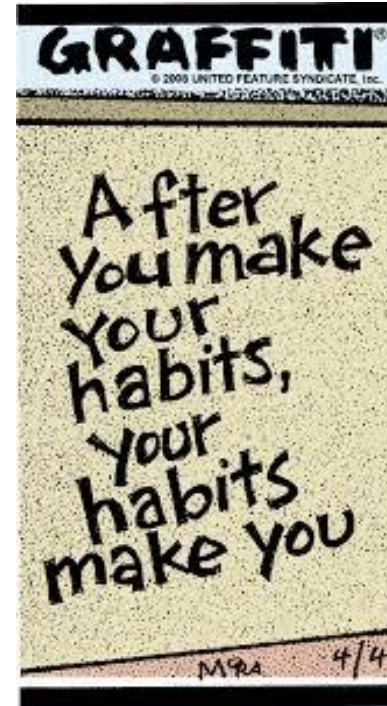
# Why Is Change Such Pain?

Brain hates change—literally!



# Power Of Habits

- While we love to think that we are full of “free will”
- We are product of well-honed habits.





# Comfort Of The Herd--Culture



# Perception Is Reality



- By the time you are 30 you have a well structured perceptual “mind map.”
- Sorts reality to affirm what your “mind map” sees.

# But, Brains And Culture *Can* Change

- ❑ Our brains have plasticity and you can learn new behaviors and adapt to changing times.
- ❑ Can adapt culture--values, beliefs and behaviors-- to break away from the herd.
- ❑ But it takes a rigorous process. Brain needs a hand.



# 6 Steps To Innovation And Change

How to make it happen!

# To Kill The FUGs

- If we are going to tackle the FUGs in your organization—you will need to change **how** you are trying to change the brain and your culture.
  - ▣ Focus, Concentration, Integration



# “Over-Determine” Success

- ❑ Need to **combine multiple influences** in “**over-determining**” the success of your innovations.
- ❑ Innovation means implementing new ideas.
- ❑ How? It needs more than a mandate.
- ❑ Exceptional research leading to an award- winning process for change—VitalSmarts®.

# Must Have An Integrated Process

- Found that those executives that focused on **4+** of the cultural elements had great results changing their organizations and introducing new ways to get things done—innovatively.
- **Yet--Only 5% of those surveyed actually *did* focus on 4+ things.**
- The rest tried one or two or even three but missed the mark.

# The Process Of Influence And Innovation

	<b>MOTIVATION</b>	<b>ABILITY</b>
<b>PERSONAL</b>	1. Make the Undesirable Desirable	2. Overinvest in skill building
<b>SOCIAL</b>	3. Harness peer pressure	4. Create social support
<b>STRUCTURAL</b>	5. Align rewards and assure accountability	6. Change the environment



# 1. Make The Undesirable Desirable

- Change is Pain, but...
- “The key to personal motivation is to help people see the true implications of their actions and choices by connecting the new behaviors to deeply held values.”



“How to 10X Your Influence” Joseph Grenny,  
David Maxfield, Andrew Shimberg

## 2. Ability: Follow With The Skills



- ❑ ***Overinvest in skill building.***
- ❑ Research shows us that the most effective innovations and transformations involve deep effective skill development.
- ❑ And, changing the skills requires practice and rehearsal time—like a theatrical performance.

# 3. Motivation: Harness Peer Pressure

- Remember we are herd animals.
- Habits and culture drive behavior far more than you might imagine.
- Find ways to get the ***social leaders*** to ***teach, model and support the innovations.***



# 4. Ability: Create **Social** Support



- While harnessing peer pressure is motivational, creating social support is essential or they will want to do things but cannot figure out how to.
- Use mentors and/or coaches to build the skills and the innovations.
- Create safe ways for people to get the help they need.

## 5. Motivation: Align **Rewards** And Assure **Accountability**

- ❑ Structural Motivation—Rewards and Recognition--is often what leaders focus on.
- ❑ Adjust the formal rewards system to make sure people have incentives to adopt new behaviors.
- ❑ Praise is powerful—more so than criticism.



# 6. Ability: Change The Environment



- ❑ Critically important in terms of abilities to get the new job done.
- ❑ Does the environment enable change? Does it fight innovation?
- ❑ From work processes to policies, from MIS to facilities, are you really set up to get the job done using the *new* business model--not simply pushing it into the old?

# Six Things You Must Do (at least 4)

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# Where Do We See It Happening?

- Let me turn the discussion over to Kriss Barlow and let her share her perspectives and cases that she sees from working with healthcare systems across the country.



# What Is Happening In The Field?

Where is it working?

Let's turn to Kriss Barlow's Discussion



# Journey WITH Physicians

- ❑ Changing values and purpose.
- ❑ Investing in skills.
- ❑ Peer group collaboration.
- ❑ Coaching and support.
- ❑ Financial motivators.

# Shared Values Discussion

- Everyone cares about patients.
- Can't do this to doctors, must be with them
- Discussion ends
  - “ We know best...”
  - “ Let us help you...”
  - “ We've done the legwork...”

# Clinical Integration Example

- ❑ The trouble: silos, turf, assumptions, ownership, belief we know best.
- ❑ Quality proposition.
- ❑ Physician led.
- ❑ Metrics with goals.
- ❑ Shared risk.

# Skill Investment

- Create a shared goal.
  - ▣ Topic may start with CI, business strategies, payer dilemma
  - ▣ Forced choice
  - ▣ Measurement
- Process is important.
  - ▣ Define
  - ▣ Assign
  - ▣ Nurture

# Peer Group

- Physicians as influencers.
  - ▣ Never happens without buy-in and trust
  - ▣ Some specialties are more willing
- Leverage field staff relationships.
- Share examples from the practice environment.
- Revisit how they were trained, emulate the pattern and process.

# Coaching and Support

- ❑ Uncertainty has impacted morale.
- ❑ Hospital is not seen as the savior.
- ❑ Transparency is critical.
- ❑ Consistent communication.
  - ▣ Assess
  - ▣ Leverage momentum
  - ▣ Multiple methods, multiple times in their language.
  - ▣ Don't rely on others or best practices.

# Business Strategy Case Learning



- ❑ Ask for needs, then respond.
- ❑ Recognize the intellect.
- ❑ Transparent model.
- ❑ Obligate to actions.
- ❑ Emulate their learning style.
  - ▣ Learning through action
  - ▣ Results, proof
- ❑ Invest, invite experts.



# REAL Engagement

- ❑ Every one wants to be paid.
- ❑ Outcomes is not a hospital thing.
- ❑ Change starts within.
  - ▣ Momentum is contagious
  - ▣ It must be fed
- ❑ Be clear about the goal, remind and reward then take the next step.

# What Do We Know?



# Can you get rid of the FUGs?

Ambiguous times are the most dangerous.

# Let's Go Back To Those FUGs

- ❑ FUGs—Fear, Uncertainty, Greed— are getting people down.
- ❑ Ambiguity is the most dangerous time for people.
- ❑ Shut down and stop working.
- ❑ Change is literally pain.
- ❑ What to do?

# Six Important Steps

- ❑ Innovation just doesn't happen.
- ❑ But you can make it come alive.

	<b>MOTIVATION</b>	<b>ABILITY</b>
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# Call It What You Will...

- ❑ Incremental Innovation. Transformational Innovation or Business Model Redesign.
- ❑ Or Just Plain “Innovation”— **that’s “*significant positive change.*”**
- ❑ You can capture the energy and make it happen.
- ❑ Start with your own employees, physicians and customers.

# Successful Healthcare Innovation?

- ❑ **Focus:** Start with a passion for making something better plus talent, time and resources to focus on the project. **Focus on 4+ Areas.**
- ❑ **Concentrate:** To transform the culture and the business model to keep the innovations sustainable.
- ❑ **Integrate:** Connect the innovations into the structure and social processes as well as the information technologies and clinical workflows so that they work—and keep working.

# Trends from the Trenches

- Maybe Spaghetti is not a bad strategy.
- It could lead to some big ideas.
- We really don't know what will work in the future because the future is really being created by our own ideas and innovations.





# Next Webinar December 6<sup>th</sup> At Noon EST.

- Reminder to join us for our next webinar on
  - **December 6<sup>th</sup>**
  - **Diane Auger, SVP of St. Vincent's Medical Center in Bridgeport, CT.**
  - **Branding and Branding Innovations: What's Happening?**
- Diane and I will be discussing the trends we are seeing in the changing role of branding, re-branding and internal branding as healthcare organizations respond to their changing business models.
- Key questions: Will Brands Matter? Will price commoditize care and drive consumer purchase patterns in new directions?

# Thanks To Our Sponsor: HlxD

- ❑ Healthcare Innovation by Design (HlxD) is a global network of healthcare delivery and experience innovators. HlxD is the premiere resource for healthcare innovation knowledge, networking and career development. HlxD's 6800 members are executives, entrepreneurs, clinicians, designers, architects, engineers and IT professionals.
- ❑ Join us **tomorrow** for another Webinar:
  - ❑ Title: **HlxD Pioneers Webinar: Innovation Games: How to "See, Feel and Think" in New Ways**
  - ❑ Speaker: **Andrea J. Simon, PhD**
  - ❑ Time: Fri, Oct 18, 2013 2:00 PM - 3:00 PM EDT
  - ❑ Link: <https://www3.gotomeeting.com/register/343864318>

# Discussion And Questions

- Share what you see as happening in “the trenches.”
- Take as many as we can now and we can continue the discussion after the close of the webinar.

# For More Conversation And Information



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