Culture and Change Management

Why Do It?

Implementation of PCPCH has resulted in a significant shift in clinic culture regarding improvement practices and change management. Clinics see PCPCH transformation as the beginning of a continuous improvement process. The shift toward improvement strategies as routine practice has both empowered individual team members and patients to identify additional opportunities for change and increased their resilience to adapt. Be sure to also check out the tip sheets on *Quality Improvement* and *Leadership.* The Institute website offers a variety of additional resources centering on Culture and Change Management.

Where to Start

1. Gather a general affirmation from staff that **they are ready to undergo a tremendous organizational transformation.** This includes an openness to experimentation and a willingness to develop and revise new workflows and protocols and adapt to any resulting change. It also requires comfort with evaluation, use of data to inform decision-making, and dissemination of results. Consider the following strategies:

a. **Engage in systematic Plan-Do-Study-Act (PDSA) cycles**, which involves developing a change, implementing it, collecting data, learning from the results, and then modifying actions as necessary (see the tip sheet on *Quality Improvement).*
b. **Test out new workflows in a small sample** of the clinic (e.g. one team or panel) before rolling them out to the entire population at once (see the tip sheet on *Team Based Care).*
c. If possible, **schedule half or full day staff meetings** for training and implementing major workflow or protocol changes.

"… I think we are on care plan or PDSA number 7 now. And each one is a wonderful idea that is going to work, and we are so excited about it and you implement it and you realize three or four times down the road, this is not going to work, and you've got to do something else."

2. Engage in training and educational opportunities often. Educational material is provided frequently through conferences, live or virtual trainings, and via learning collaboratives. Staff members should be trained for various job tasks (see the tip sheet on *Recruitment & Retention).* Clinics with limited time for education and training can benefit from the following:

a. **Having one staff member attend a conference or webinar**, who then reports back and teaches the materials to others.
b. Spending a half day **"shadowing" their counterparts** at clinics that have successfully adopted specific PCPCH practices.
c. **Cross-training staff** in standardized protocols and workflow processes for various job tasks to ensure consistent provision of care and thorough documentation.

PCPCH tip sheets were developed from the reported experiences of recognized PCPCH's, by a Portland State University research team under contract with the Oregon Health Authority, 2016. These recommendations are not part of the official OHA technical assistance guide and are not a guarantee of program recognition. Access this Tip Sheet and other resources: http://www.pcpci.org/search/resources.

3. Include multiple perspectives in decision-making meetings and processes. Including viewpoints from medical assistants, care coordinators, non-clinical staff, and patients offers a holistic view of the likely impact of proposed changes and improves the flow and frequency of communication. It also reduces staff and patient intimidation of providers or administrative leaders. For additional input:

a. **Include care coordinators, receptionists and other office staff** in discussions on a patient's health care plans. They have a good sense of the patient's socio-behavioral wellbeing that complement those of the providers since these staff have unique conversations with the clinic's patients.
b. **Consider co-locating teams** and eliminating private provider offices. This sparks more informal interactions between staff and the physician, and enables providers to answer patient or staff questions without delay (see the tip sheet on *Team Based Care).*
c. In addition to patient feedback surveys, **establish patient and family advisory councils (PFACs)** for input not often obtained during quality improvement meetings (see the tip sheet on *Quality Improvement).*

"We do a lot of team-based care as compared to what used to be a very physician-centric, provider-centric world … there's an ownership amongst the staff that didn't exist before. The physicians have begun to see the power in that."

4. Don't forget to **consider the additional needs of your clinic's Medicaid population**. Many of these newly insured patients have until recently relied on emergency departments for their health care needs and need help navigating the primary care system. They are also more likely to have more complex care needs and greater barriers to care, such as low literacy rates or a lack of access to transportation and healthy foods (see the tip sheet on *Comprehensive Care).* Your clinic can offer:

a. **New patient orientations**, which includes lessons on differentiating between emergency and non-emergency medical situations (also see the tip sheet on *Patient & Family Engagement)*.
b. **Lobby posters** listing the extended hours and telephone line for the clinic.
c. An **assigned care coordinator** who contacts the patient on a regular basis.
d. A list or direct connection to **local community organizations** that can provide social resources.

Tips for Making the Most of Culture and Change Management

- If your clinic has physical constraints barring co-location and open workspaces, hold more formalized team meetings or huddles to ensure frequent communication between staff and providers.
- Save time and money on patient feedback surveys by using free or low-cost software options, such as SurveyMonkey.
- Create PFACs specifically for underserved populations who do not typically participate. For example, organize a PFAC specifically for Latino and Spanish-speaking patients.
- Quick trainings that relate to the task at hand, or "just in time" trainings are great options for clinics that do not have the time or resources for formal trainings or for tasks that have undergone a simple modification.

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