Conference Summaries

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Establishing a Culture of Patient Centeredness

Larry Morrissey, MD

Dr. Morrissey, medical director of quality improvement at the Stillwater Medical Group in Stillwater Minnesota, discussed how the organization changed its culture to one that is supportive of shared decision making.

Organizational Background

- Stillwater Medical Group is a multi-specialty physician/provider group within Lakeview Health System. Despite its small-town location, the physician group aspires to be at the cutting edge in providing patient-centered care (PCC).

- Leadership of the group saw a need to change the organizational culture to be fully supportive of genuine PCC, which they recognized as a value central to the organization's vision and mission. The leaders consider shared decision making to be a critical element of PCC.

Patient-centered Care and the Challenge of Adaptive Changes

- Dr. Morrissey quoted author Ronald Heifetz's work that describes the need for leaders to understand and address both adaptive and technical change. The key distinction is that adaptive changes involve alterations of habits and behavior rather than simply process modifications.

- In Dr. Morrissey's opinion, healthcare providers and administrators are enamored of technical solutions, be cause such changes are easier to study and often backed by stronger evidence than adaptive solutions. However, if adaptive changes are needed to address an issue, technical changes alone will not be effective. Decision aids are a technical change proven to work, but they will not be effective if implemented without associated adaptive changes.

- According to Dr. Morrissey, of the Institute of Medicine's six aims for improvement of the health care system, PCC is probably the one that requires the greatest proportion of adaptive change. To move toward delivering genuine PCC, organizational leaders must help providers shift to a place where they will accept necessary technical changes.

- Dr. Morrissey defined organizational culture as "the basic habits of what you do every day." It can have either a positive or negative influence on being able to provide PCC. Changing culture requires patience, persistence, passion, and a sense of proportion. To succeed, leaders must acknowledge that the change is associated with loss; employees will need to alter their behavior to change to suit the new environment.

Achieving Cultural Change

Dr. Morrissey outlined four basic steps that leaders of the provider group took to shift to an environment supportive of PCC.

Organizational leaders:
1. *Clearly communicated the importance of PCC to all employees.*

2. *Worked to develop a culture supportive of high quality care.* Leaders gave managers specific tools for creating action plans to support culture change and PCC. They contracted for the development of written materials and a video presentation by the group's CEO that outlined the shared definition of PCC and related expectations.

3. *Worked with all employees to create a shared understanding of PCC.* Leaders asked board members, managers, employees, patients, and organizational leaders to define PCC, and then reviewed the crafted definition with them. Directly involving employees garnered their enthusiasm.

4. *Recognized three key points:* that the endeavor would take time, that it would involve risk, and that its success would depend upon reaching out to partners who could provide help.

Dr. Morrissey noted that it is important for organizational leaders attempting these changes to proactively address barriers to implementation, such as time, cost, and resistance to change. They also must ensure that the business model for the initiative is sound. If not, affected individuals may be too uncomfortable with the risk to fully buy in.

Ensuring Physician Buy In

- Dr. Morrissey reported that organizational leaders took specific steps to obtain buy in from physicians. The leaders asked individual physicians to become involved, allowed time for each to process and adapt to the associated changes, and then showed them the results from their individual experiences.

- Leaders of the physician group recognized that the shift to providing PCC involved a change in the "deal" traditionally made with physicians. In particular, it necessitated a shift from autonomous to team thinking, "like a change from golf to football," according to Dr. Morrissey. To make this shift a smooth one, physician group leaders spent 18 months working on a list of expectations for standards of behavior—first on the list is providing PCC. Leaders also identified specific actions for these values and expectations.

- The standards are not simply a list hung on a wall of the institution. Instead, these items have been embedded into the organization's processes for hiring, accountability, and performance review of physicians.

- Dr. Morrissey stated that the organization first began its shared decision making program with the sole urologist in the group who initially distributed only a single decision aid. Within two weeks, the physician was a proponent of the program, eager to begin using additional decision aids. The organization has since spread the shared decision making program to other specialties and to primary care.

Future Steps

- The organization uses an annual employee survey to assess the organization's progress toward cultural change. Employees are asked to respond to 30 questions, including: "Senior leadership has created an environment that enables changes to be made." Results have shown steady progress in this metric, although last year the average response dropped. Leaders plan an internal assessment to uncover and address underlying issues responsible for the decline.

- Dr. Morrissey described the recently created Minnesota Shared Decision Making Collaborative. The group, which includes a wide variety of members interested in furthering shared decision making, has created a charter and is facilitating educational sessions with the goal of building capacity in the local community to im prove patient care. At present, the group is working to identify a specific, robust metric for shared decision making that could be publicly reported.

Dr. Morrissey concluded by noting that a key component of his organization's success with shared decision making has been the adoption of an attitude of humility, which is evident in leaders' acknowledgement of the risk inherent in change and willingness to "learn by doing."