

Cures Act in Your Practice: Fostering Engagement



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About the *Cures Act in Your Practice* Series

- Interactive presentations and discussion designed to support CHCANYS members as they work toward compliance with the 21st Century Cures Act Final Rule
- Focuses on applying the principles and tools presented during the Cures Act Compliance Series presented November 2021-March 2022
- Includes
 - June 23, 2022: *Applying the Tools*
 - **July 21, 2022: *Fostering Engagement***



Today's Session

- Address people and organizational issues related to Cures Act Final Rule compliance – go beyond the mechanics of regulations and checklists
- Agenda
 - Engaging Your Organization – Leading and Managing Change
 - Getting Patients Involved
 - Q&A / Discussion





Engaging Your Organization – Leading and Managing Change

Denise Webb, MA, CPHIMS, Health IT Executive Advisor, Pivot Point Consulting



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Leading and managing change: includes some key messages and myths about change, why we need to manage change, responsibilities of senior leadership in the change process, a tool for developing a guiding coalition for change, and change roles and steps.

Change management is a distinct process that should be a part of every organization's projects or initiatives. Project management is necessary but not sufficient, especially when it comes to projects that involve an IT deliverable, such as transitioning to a new Electronic Health Record System or implementing electronic health information sharing. I view organizational change management as the envelope around projects. Without intentional organizational change management, organizations often fail to realize the benefits of project deliverables, such as the new EMR system or patient portal, and incur significant organizational costs.

Change is constant in health care given the external drivers that continually impact our operations and how we deliver care. We constantly need to react and be ready for new or changing federal and state regulations, such as the Cures Act and sharing health information electronically; new medical procedures; and new viruses (e.g., Covid-19) and diseases. All these impact how we operate our organization, our processes and our people. Having a formal change process can help your organization, employees, and patients.

Key Messages About Change

- Logical but not easy
- A journey (marathon, not a race)
- About keeping the pulse
- Always from the perspective of the target of change (i.e., your employees and/or patients)



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6

While it is logical that we need to manage change, it is not necessarily easy and is often ignored.

We want to maintain momentum in change management but understand it is not a race. It is a journey and more like running a marathon.

Managing and leading change is about keeping the pulse on your organization.

And finally managing and leading change must always be from the perspective of those being impacted by the change or the target of the change, such as your employees and patients.

People who are targets of change choose to change or choose to resist the change.

Why Manage Change?

- Cost of failure
 - Wasted resources
 - Low morale
 - Missed opportunities
 - Decreased chances for other needed changes
 - Organizational death
- Possible failure points in managing change



So why manage change? An organization has much to lose if it fails to manage change, especially changes with significant impact to the way your people do their work and how care is delivered. This slide lists some of the costs of not effectively managing change in your organization.

Some of the possible failure points in managing and leading change include:

- An unclear desired or future state
- Ignoring potential for resistance
- Lack of leadership/sponsorship
- Insufficient business processes
- No plan for implementation or sustainability

Change Myths

- People will adapt to the change
- Change is intuitive, it doesn't need to be managed
- That's what we pay our managers to do
- It isn't the responsibility of the project—the project will be successful with or without change management



There are many myths about change in organizations. Oftentimes leaders just assume people will get on board and adapt to the changes and that the change is clear cut and doesn't need to be managed. Or senior leaders assume their managers are going to take care of it. And all too frequently, if a project involves IT which most do, the focus is on the technical change and not managing the organizational change readiness. Leaders sometimes think the project manager is going to manage the change process, but project management and change management require different skill sets. While some project managers are also effective change agents or managers that is not always the case.

If we look at the regulatory requirements of the Cures Act, bringing the organization into compliance with this regulation is a project that involves policies, processes, people, and technology. Leadership can not assume that everyone will be on board and embrace the changes needed for the deliverables of this project to be effective. Complying with the Cures Act is really a change initiative for the organization that needs both project and change management.

Change Management Objectives

- Identify the patterns and structures of change in order to control them
- Predict the source, degree, type, and intensity of potential resistance
- Accelerate the change
- Reduce resistance
- Minimize the pain
- Attain and sustain the desired state
- Assimilate the change into stakeholders' daily work and establish the infrastructure to sustain the change



Change management has several objectives.

We want to manage change to identify patterns of behavior and organizational structures to control them so there is not chaos instead.

It is important to understand and predict potential resistance to the change. Who is going to resist and to what degree and intensity? What type of resistance can you expect and what is the plan for dealing with and reducing the resistance?

Attaining and sustaining the desired end state is a key objective of managing change. This includes assimilating the changes into daily work and establishing or revising the policies, processes, technology, training, reward system, and performance metrics to sustain the change.

Change Leadership

- Leading change starts at the top
- Senior leaders give structure to the difficult process of organizational change
- Leaders must rally their organization to act by:
 - Creating a sense of urgency
 - Forming a credible guiding coalition
 - Developing a compelling change vision and strategy



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10

Leading change starts at the top with the CEO and the senior leadership team.

They need to begin the change process by rallying the organization to act and do this by:

- Creating a sense of urgency,
- Forming a credible guiding coalition and then delegating the authority to this group to work across the organization, and
- Developing a compelling change vision and strategy of an appealing ideal future state. The leaders should be able to communicate this future state in 5 minutes or less.

An example of strong change leadership in healthcare is a CEO who communicates a vision and strategy for patients to easily access, exchange, and use their electronic health information sharing. If your CEO is extremely busy, another senior leader could draft a message for the CEO to send out to the employees.

If your CEO is not on board with this initiative, you may have to involve your legal counsel and have them talk with the CEO. If the CMO is in not agreement with the changes needed to achieve the desired end state, then the CEO or COO needs to address this with the CMO and get him or her on board.

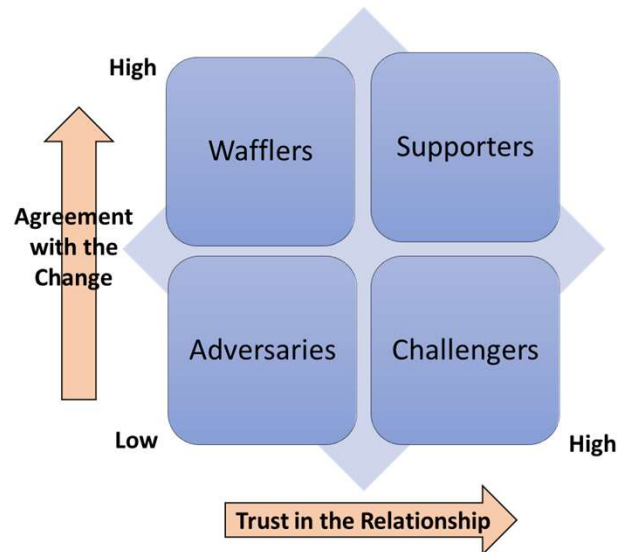
Developing a Guiding Coalition for Change

- Establish who needs to be included to drive the change
- Identify key stakeholders who have vested interests or concerns about the change



We provided a handout on how an organization's leadership can develop a guiding coalition for change. Leadership needs to establish who should be included in driving the change and identify stakeholders with vested interests or concerns.

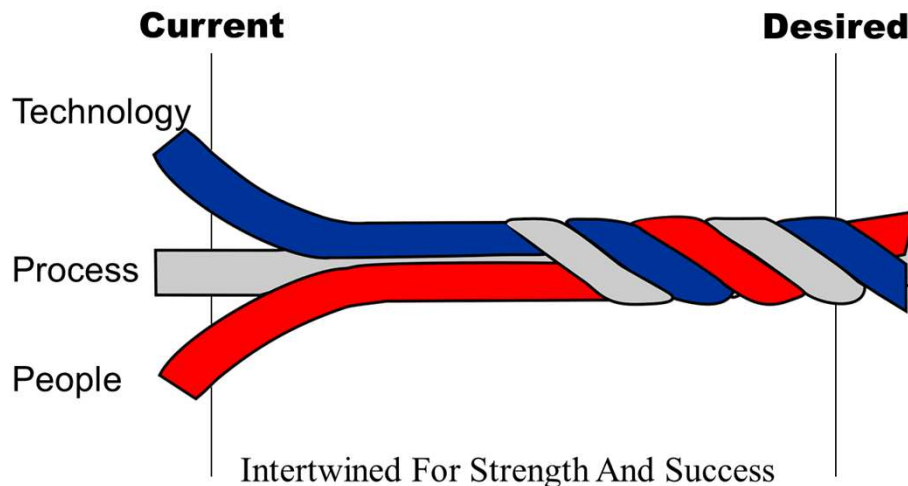
Developing a Guiding Coalition for Change



Here is a matrix that your organization can use to list key stakeholders in one of four categories.

Included in the handout are key questions and considerations to address in establishing this coalition. This would not be a standing group because each change initiative in an organization may involve different people and depends on the nature, impact, and magnitude of the change.

What is Change Management?



Change management is keeping the pulse and understanding and driving the change needed in current technology, processes, and people in an integrated fashion to achieve and sustain a desired end state.

Talk about my EMR example and how we defined the project as a Clinical Transformation project, not an IT project although the system configuration and testing was a significant part of the project, the policy, processes/procedures, and people aspects were critical to successful organizational change management and enabling the organization to achieve the full benefits of the new technology.

What is Change Management?

- Four key components of current state and desired state
 - People
 - Culture
 - Processes
 - Structure



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14

Assessing and understanding the current state and what the future state needs to look like involves four key components.

The People

This includes understanding their competencies, experience, skills, and knowledge currently and what needs to change to achieve and sustain the desired end state

The Culture This includes understanding

How people behave

How those behaviors reflect what they believe

The rules they follow (written and unwritten) and what needs to change.

Processes and procedures

This is how work gets done now and how it will need to change.

Structure

The organization's hierarchy, titles, roles, and responsibilities

Operations and physical buildings and the

Technology and tools and what infrastructure changes are required to achieve the desired end state.

Current State:

What is the business case for leaving today's environment?

What is happening now where your change will be implemented – to better understand it consideration needs to be given to:

Culture

History - what we have taught ourselves, how change has been handled in the past

Resistance - protecting the status quo

Desired State:

What does it look like when we've been successful?

Often called the "*to be*" world

Should describe the change you are implementing in terms of people, culture, processes, and structure.

That description should be clear and should be communicated in language those affected by the change will understand.

There must be logical and compelling reasons for moving to this state that are shared with those affected by it.

Has metrics associated with each aspect.

Benefits of developing a desired state

- Serves as a blueprint or a plan for what to implement for the change agents
- Validates a common, shared understanding of the future among the senior management from the target's perspective.
- Provides a communication vehicle and description of the future.
- Builds an effective tool for viewing the totality of the change in one place.

Change Management Roles

- Sponsors - (e.g., organization's senior leaders)
 - Authorizing sponsor(s)
 - Reinforcing sponsor(s)
- Agents – change lead/facilitator
- Targets – individuals impacted by the change
- Advocates – organizational "cheerleaders"



The organization's senior leaders serve as authorizing and reinforcing "change sponsors." Sponsors' focus is the desired state and removing barriers, dealing with resistance, and maintaining momentum during implementation, and having ways to measure whether change is achieving desired effect and is sustained. The authorizing official makes the decision to change and funds the change. The reinforcing official(s) confirms the change and supports it throughout the organization.

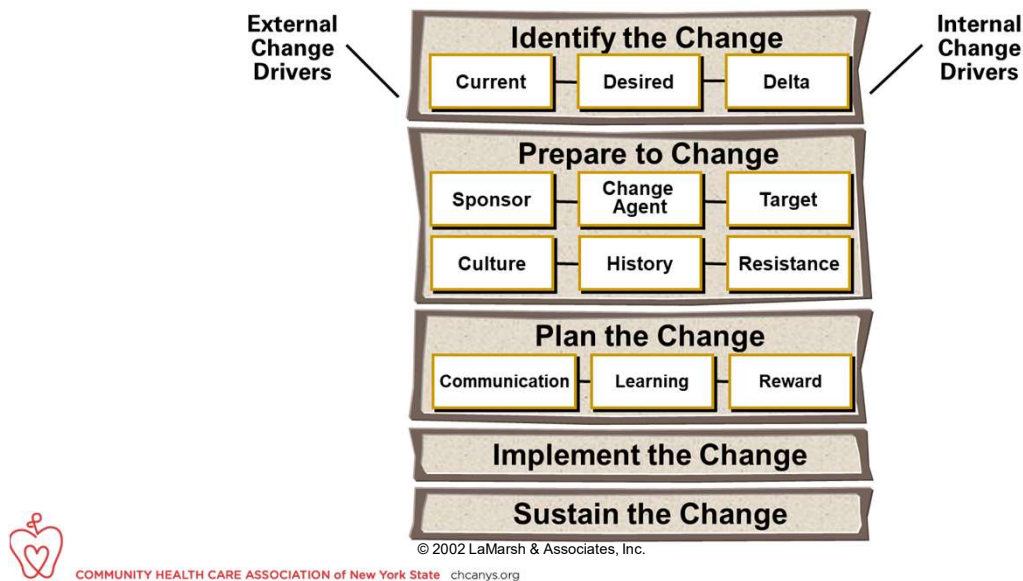
Agents serve as the operational change lead and facilitate the change process, may or may not be one of the project managers or leads. Skill set is important.

Targets are the individuals impacted or subject to the change (i.e., employees and patients for IB regulation).

Advocates are the supporters or cheerleaders for the change.

All roles must understand the change, manage the change, and deal with people.

Change Management Steps



16

There are several change management models but most have similar steps. This is just one example I have used and was introduced to me as part of UW Master's Certificate in Project Management curriculum. Dr John Kotter, a Harvard professor and change management expert created a model and methodology—the 8-Step Process for Leading Change. He authored *Leading Change* if you are interested in a more information about the original version of his 8-Step Process and approach to organizational change. He evolved the original version to the version outlined in his 2014 book *Accelerate*.

In this LaMarsh and Associates model, the first step in change management is to identify the changes needed by assessing the current state, defining the future desired state, and identifying the delta or gaps between the current state and desired state. The Information Blocking Compliance Readiness Checklist facilitates the current state assessment. The information blocking regulation dictates the desired state.

Once you understand what needs to change, you prepare for the change by assigning roles and the current state, have defined the desired state and ensuring those in the change roles understand the change needed, bearing in mind the organization's culture, history, and potential for resistance to the changes needed.

To effectively get the organizations ready for the changes, the change leader needs to plan for communicating the changes, training, rewards/incentives, and

performance measurement.

The last two steps are to implement and sustain the changes. Part of sustaining the changes involves monitoring the performance metrics and taking action if leaders see an uptick in non-compliance with the changes.

The organization's leaders play a key role in the preparing for the change and sustaining the change.

Amy Fellows and Dr Santa are going to talk next about the changes you are making to comply with the Cures Act from the patient's perspective.



Getting Patients Involved

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Patients Care About Their Health Information

- Patients and patient advocacy groups have long supported privacy protections for personal health information.
- OpenNotes research has shown strong support for easy patient access to health information.
- That research has been replicated hundreds of times with consistent results – 90+% of patients want easy access to notes.



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Amy

Parent and Proxy Access

- Research shows parents value easy access to their children's health information.
- Research shows proxies value easy access to their family member's notes.



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Amy

Options for Patient Involvement

- Many FQHCs and Community clinics already have significant involvement in governance and other aspects of care. Bring Cures Act issues to their attention.
- Some organizations have organized a specific Patient and Family Advisory Council (PFAC) to advise decision making related to implementation of easy access to notes and other information.
- Many organizations have surveyed patients regarding open notes.
 - The results of all these survey efforts have been strongly supportive.



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Amy

Observations

- Many patients do not know what notes are and may be surprised that such information is in the record. Be prepared to explain what notes are.
- Many patients can be confused easily and think open notes will mean others can see their notes more easily. Emphasize that the focus is on **them** seeing their notes easily.
- Many patients are easily confused by patient portals. What is “intuitive” to a software developer may not be “intuitive” to many patients. Be prepared for patients to need help navigating the patient portal – including patients who are members of your board.



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John

Observations cont'd

- OpenNotes often saw patients and PFACs significantly influence decision makers.
- The presence of well-prepared patients can change the dynamics of a decision-making process.
- There are many patients who are quite capable of participating in IT discussions and decisions.
- As is the case with all decision processes patients with a conflict of interest should declare that conflict and recuse themselves (e.g., work for or own stock in an EMR company).



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John

Resources

- OpenNotes is an excellent resource for patient materials and strategies related to PFACs (<https://www.opennotes.org/pfac-patients/> and <https://www.opennotes.org/communications/>)
 - FAQs
 - Recorded webinars
 - Videos
 - Policy examples
 - Organizations that assist PFACs
 - Sample press releases
 - Many available in English and Spanish



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John

Resources cont'd

- The Institute for Patient and Family Centered Care (IPFCC) and PFCC Partners have many years of experience organizing PFACs, including PFACs focused on OpenNotes.
- There are many wonderful patient advocates who are very familiar with OpenNotes and might be willing to help your organization.



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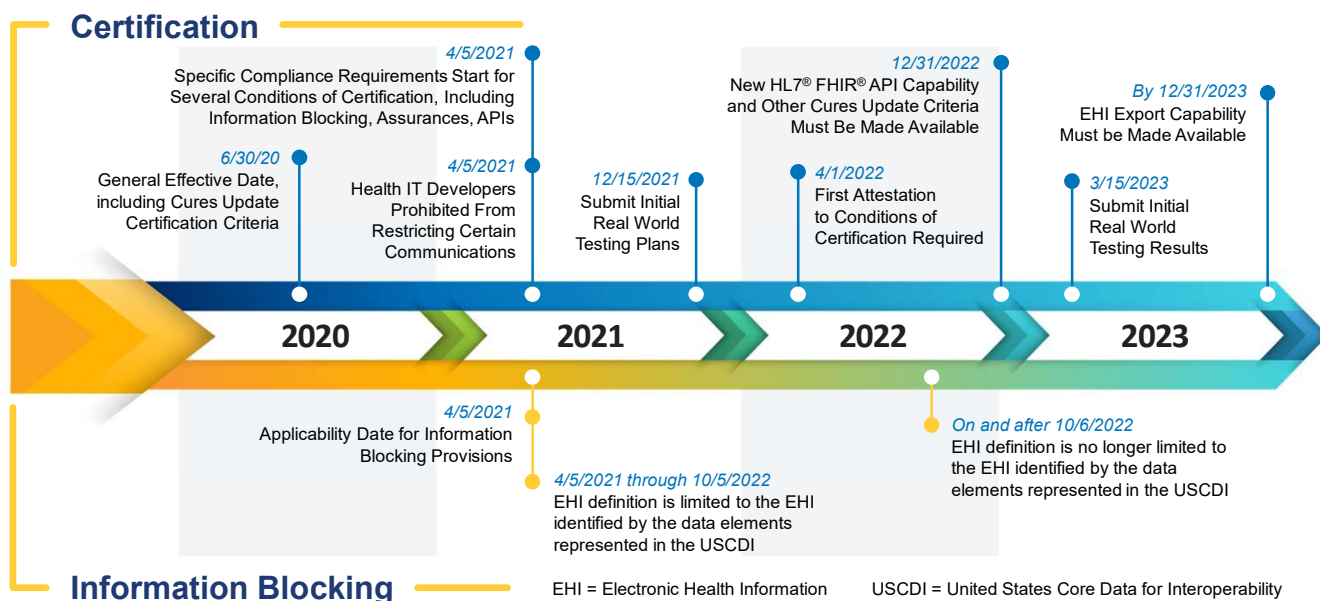


Appendix



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Cures Act Final Rule Applicability, Compliance and Comply-By Dates



Remind participants about the key dates:

4/5/21: Information Blocking provisions applicability

date (complaints and enforcement can go back to this date)

10/6/22: Expanded definition of EHI to all ePHI in

designated record set (beyond data elements represented in

USCDI)

12/31/22: Your health IT vendor must make the EHR

Cures updates available to you for USCDI (replaces CCDS in the

interoperability certification criteria) and the FHIR R4 Patient and

Population API

12/31/23: EHI export capability must be made available to
healthcare organizations