Culture to Support Change in Integrated, Value-Based Care

Diane Cardwell & Katie Ebinger

© 1996-2024
www.healthteamworks.org

Learning Objectives

- Identify characteristics of a culture that supports change in Integrated behavioral health.

- Use key components of change management to improve transitions to integrated, value-based care.

- Explore healthcare delivery differences in a fee for service compared to a value-based culture and how this relates to integrated behavioral health.

- Describe opportunities to improve sustainability in Colorado's Behavioral Health 1302 and APM2.
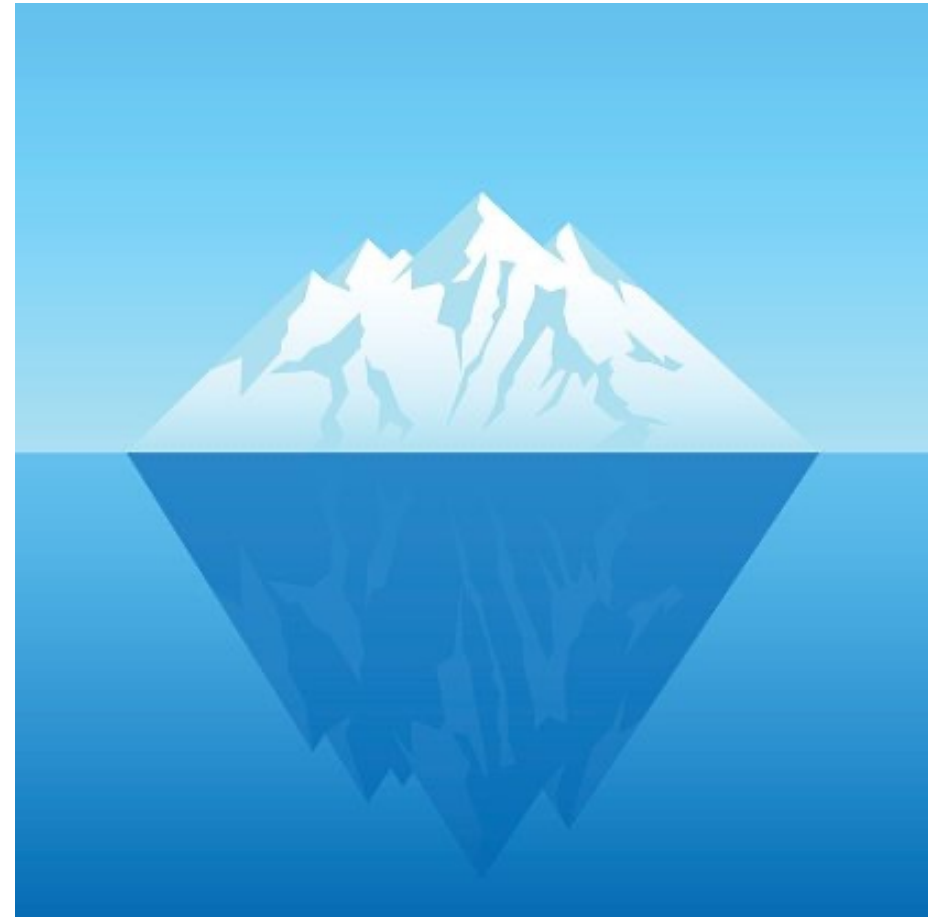
Culture

- Culture starts with *what* people do and *how* they do it (the visible).

- But it also encompasses *why* people do what they do (the invisible).

HealthTeamWorks®
Health. Equity. Resilience.
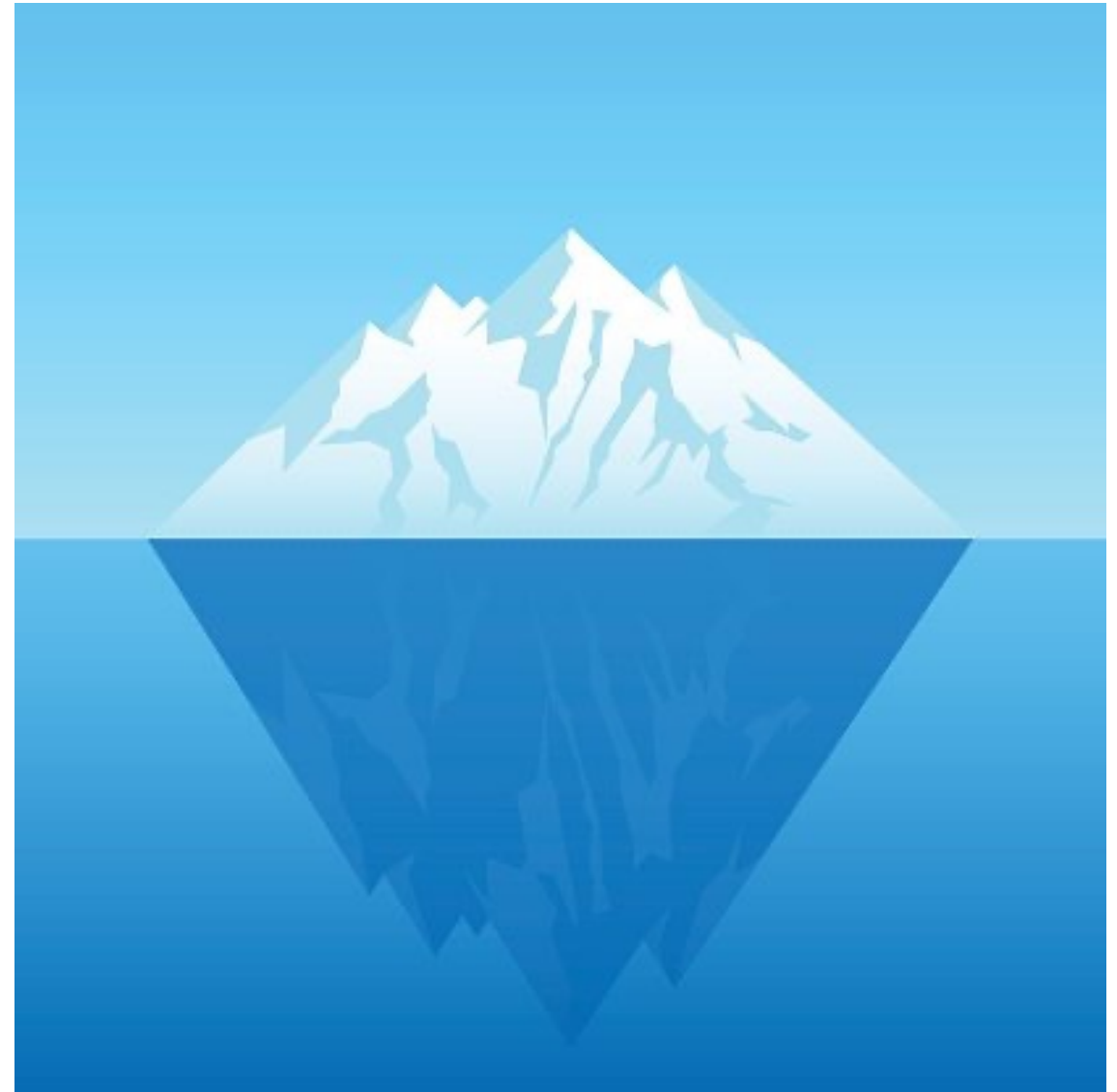
Activity: Culture Iceberg

- What is 'visible' on the culture iceberg?

- What is 'invisible' on the culture iceberg?

Why Talk About Culture?

- Culture beats strategy every time.

- Payment models/programs require change.

- Culture plays a critical role in change – and change highlights culture (good, bad, and ugly).

Culture That Supports Change

- Leadership

- Communication

- Aligned Mission/Vision/Goals

- Transparency

- Respect

What Else?

"

Change management is an enabling framework for managing the people side of change.

"

Prosci®

HealthTeamWorks®
Health. Equity. Resilience.

Change Management vs. Process Improvement

Change Management

- People change
- Emphasizes supportive environments, culture for change
- Resistance, communication, leadership
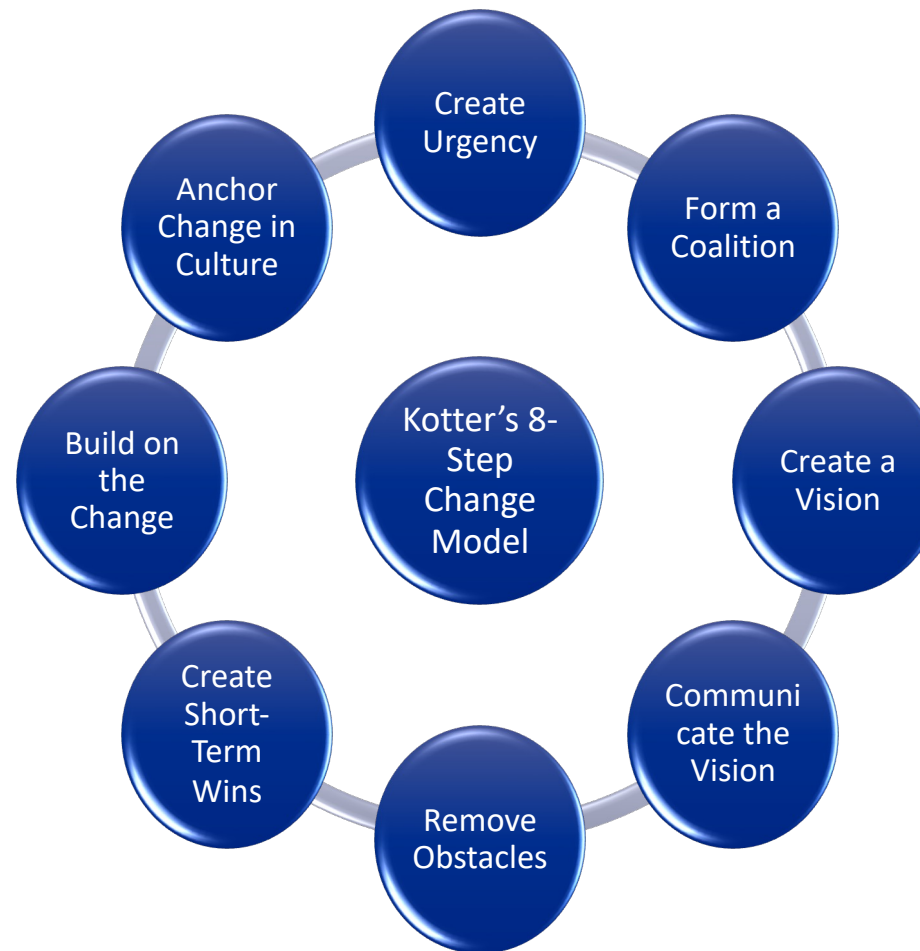
Process Improvement

- Technical change
- Focuses on optimizing, standardizing, and measuring
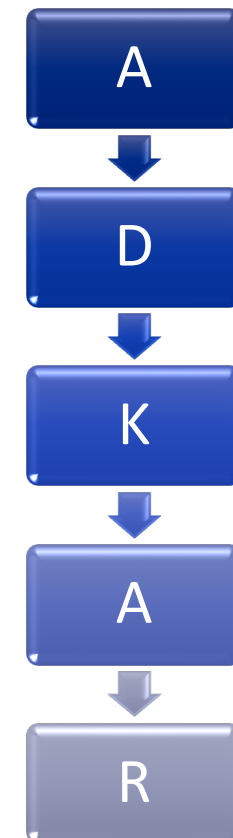- Efficiency, effectiveness, quality

HealthTeamWorks®
Health. Equity. Resilience.

Models of Change Management

Lewin's Change Model

Kotter's 8 Stages of Change

Prosci's ADKAR Model

Lewin's Change Model: Unfreeze → Change → Refreeze

Kotter's 8-Step Change Model: Create Urgency, Form a Coalition, Create a Vision, Communicate the Vision, Remove Obstacles, Create Short-Term Wins, Build on the Change, Anchor Change in Culture

Prosci's ADKAR Model: A, D, K, A, R

HealthTeamWorks®

Health. Equity. Resilience.

Prosci's ADKAR Model

A — Awareness of the need for change

D — Desire to participate and support the change

K — Knowledge on how to change

A — Ability to implement required skills and behaviors

R — Reinforcement to sustain the change

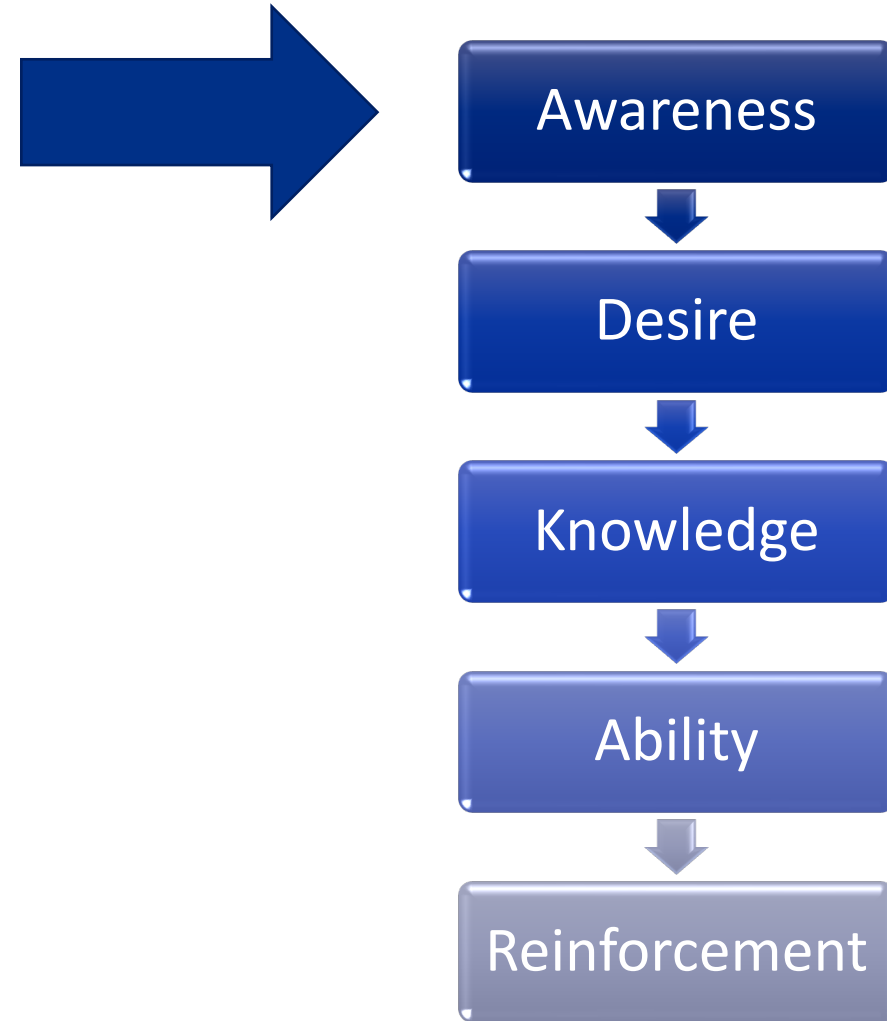|	
Awareness	• I understand why this change is happening • I understand the risk of not changing • I understand our leader's vision of this change.
Desire	• I believe in the case for this change. • I know what's in it for me. • I have made the decision to participate in this change.
Knowledge	• I understand the impact change will have on my behavior, processes, and workflows. • I have the knowledge I need to be successful during and after the change is being implemented.
Ability	• I have been able to practice new skills and behaviors. • I can implement the changes to my behaviors, processes, and workflows. • I can access additional knowledge and support when needed.
Reinforcement	• The organization is committed to keeping the change in place. • There are mechanisms in place to sustain the change. • My performance in the new way is evaluated.

HealthTeamWorks®
Health. Equity. Resilience.

Group Discussion Activity: Applying ADKAR

- **PRESENTING SCENARIO:**
  ⇒ Due to consistently poor quality and outcome performance and missed revenue, Onega is launching a system-wide Integrated Care Coordination & Management (ICC&M) initiative to significantly standardize behavioral health and care coordination services across all facilities.

  ⇒ Communication on the roll out of ICC&M has included an internal newsletter and messaging from the Practice Manager during a monthly practice meeting, though information to staff on how it will impact their workload or practice operations and why the change is happening now has been limited.

  ⇒ Some staff have heard rumblings from others about what "significant standardization of services" might mean for them, though accuracy of the information shared is inconsistent.

  ⇒ Leadership has provided no education so far or informed staff of available resources on how to implement critical actions of ICC&M, such as risk stratification, evaluation, or monitoring protocols that will be put in place. They have, however, identified co-champions to lead the roll out in each practice – the Practice Manager and the LCSW.

  ⇒ Onega will implement a dashboard to track quality metrics for care coordination and behavioral health for each practice. Practice C's manager currently receives quality reports quarterly and reviews it with medical providers, but there is no process for sharing data widely.

  ⇒ Because of the lack of discussion, education, and challenges faced in previous system-wide change initiatives, many are apprehensive about this new change.

Awareness

Desire

Knowledge

Ability

Reinforcement

HealthTeamWorks®
Health. Equity. Resilience.

Applying ADKAR

Awareness → Desire → Knowledge → Ability → Reinforcement
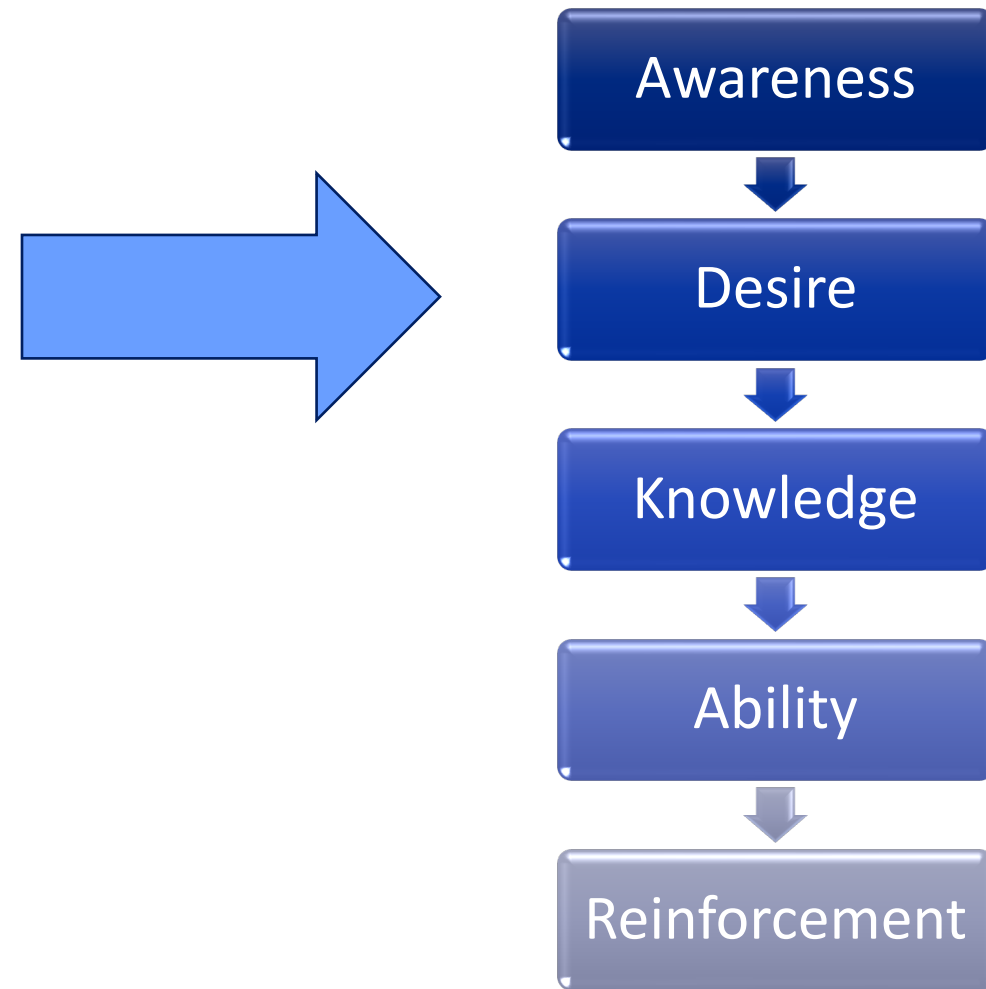
HealthTeamWorks®
Health. Equity. Resilience.

Applying ADKAR

Awareness:

- The need for change is vague and not communicated to all.

- The risk of not changing is not clear

- The vision for change is not communicated

- Misinformation is being shared – define standardization and the process

Awareness

Desire

Knowledge

Ability

Reinforcement

HealthTeamWorks®

Health. Equity. Resilience.

Applying ADKAR

Applying ADKAR

Desire:

- There is little engagement of the team in the early process so the what does this mean for me is an unknown.

- There are no team goals that measure success and create desire.

- No personal benefit to their role or value to the organization is clearly defined.

- Challenges in previous initiatives need to be addressed with clarity on how this will be different.

Awareness

Desire

Knowledge

Ability

Reinforcement

HealthTeamWorks®

Health. Equity. Resilience.

Activity: Awareness & Desire with BH 1302

- Identify 3 areas of Awareness and Desire that would apply to the changes you are working on for your BH 1302 Integrated BH work.

Activity Debrief

- Team members are aware of the need for change

- They understand the value

- The vision is clear

- The team understands what it means for them

- The team knows how to engage in the change

HealthTeamWorks®
Health. Equity. Resilience.

Care Delivery Culture

Fee-For-Service	Value-Based
• Individual patient focus • Hierarchical approach • Provider is most valuable • Track provider visits as only measure of productivity or impact on patient	• Population focus • Team approach with the individual at the center • Team is equally valuable

HealthTeamWorks®
Health. Equity. Resilience.

Key Opportunities for Sustainability with Behavioral Health 1302 and Colorado's APM 2

Quality Metrics - Closing Gaps in Care.

Episodes of Care Opportunities – Improving Chronic Disease Management.

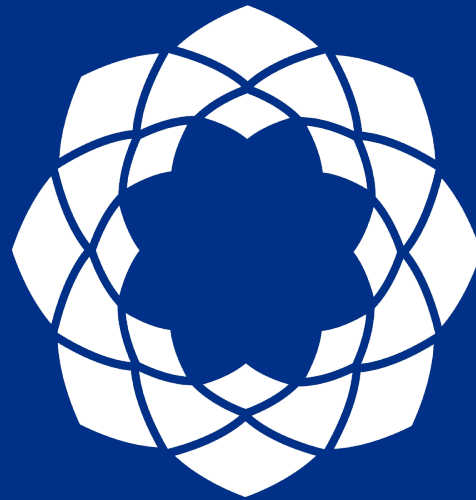Tracking the Impact of Improved Mental Health and Success in VBP.

HealthTeamWorks®
Health. Equity. Resilience.

Questions and Discussion

HealthTeamWorks®
Health. Equity. Resilience.