



Educating Future Healthcare Leaders

May 16, 2005

Dr. Michael E. Echols – Bellevue University
Mr. CJ Marr – Retired CEO, Alegend Health

The convergence of economic, political, cultural and technological forces is creating a challenge of huge proportions for healthcare leaders of the future. Development of those leaders requires innovative educational programs that integrate a clear definition of the change forces while building upon the experience of successful current leaders. Here we explore these forces and the implications for education with some specific recommendations for action.

The American healthcare provider network has historically been composed of faith based and community based local organizations, with many of those operating in a non-profit status. Recent times have increased for-profit providers that range from stand alone specialty clinics to full service hospitals. The result is a confederation of independent entities with cultures largely at odds with the monolithic economic, political and technological forces impacting them today and tomorrow. Over laid on this confederation are the care giving and clinical cultures of the key players – the physicians and the nurses who actually care for the patient. This makes change management a central skill that leaders of the future must have.

Future Medicare cost growth, combined with ever escalating healthcare premiums for employers and individuals define an economic reality that will no longer be ignored. The economic fact is that America cannot afford the current healthcare system. The growing concerns are being expressed in a political conversation that involves the full range of the political spectrum from Ted Kennedy to Newt Gingrich with contributions from leaders such as Dr. Bill Frist and President George Bush. All of these political leaders define information technology and the virtual medical record as critical elements to the political and economic challenges. Unfortunately the healthcare landscape is littered with failed attempts to implement electronic health records in clinical organizations. Even among the survivors of those attempts, there is a large contingent of walking wounded with scars that make change management all the more challenging for leaders.

The elephant in the picture is the federal government. As the largest provider, the largest third party payer and the largest employer paying for employee medical coverage, the elephant has considerable resources to effect change. The road map for that change is the Health and Human Services (HHS) strategic framework titled: “The Decade of Health Information Technology: Delivering Consumer-centric and Information-rich Health Care, Framework for Strategic Action” dated July 21, 2004. The solicited inputs from technology industry leaders titled “The Collaborative Response to ONCHIT Request for Information” dated January 19, 2005 defines the interests of key vested technical parties to the interoperability challenge of the strategic plan. The forecasts of cost savings related to the strategic plan are detailed in an excellent research document titled: “The Value of Health Care Information Exchange and Interoperability” in the January 19, 2005 issue of Health Affairs. All three documents provide valuable guidance for future leaders and the related education programs to prepare them for the future.

For experience, we turn to the co-author, CJ Marr, the now retired CEO of Alegent Health in Omaha, Nebraska. Mr. Marr is the leader who managed the consolidation of the Lutheran Church based Immanuel Hospital with the Catholic based Bergen Mercy Medical Center along with three other hospitals into the Alegent system a decade ago and the visionary who worked with Siemens to implement information technology across the Alegent system and at the new model Alegent Lakeside hospital which opened on schedule in August, 2004. Here are some of the lessons learned as guidance to education programs targeted at developing future healthcare leaders.

Change management starts with the vision of the leader. Without the vision, the managers tasked to implement radical change will flounder. They become confused about why they are doing what is being asked of them. In healthcare, it is the clinical operational directors including nursing leaders which are most in need of putting specific tasks in the context of the vision. It is not possible to over emphasize the importance of the vision and the context.

In the case of the specific implementation of the Alegent Lakeside facility, it was especially important the technology vendor could provide some very specific deliverables in the relationship. Because the program had a ten year horizon, it was critical that the vendor have a wide spectrum of technical capabilities including HVAC design and controls, security systems, imaging technology, phone systems as well as distributed systems information technology. In addition, it was very important that the primary technology vendor have a single point of contact for issue resolution across disparate operational issues. The vendor selected was Siemens. The relationship is a ten year strategic partnership committed to issue resolution during implementation.

Several important conclusions became evident through the implementation. Given that most healthcare service line managers have historically progressed along a clinical career path, it is not surprising that education in radical change management was required. In particular, because so much of the implementation involved individual projects (as many as 300 at one point), project management is a critical skill for successful implementation. To accomplish program completion, the services of Conner Partners of Atlanta, Georgia were contracted. Conner Partners brings established methodology in three management dimensions:

Intent Clarity – the discipline of defining and communicating the vision

Change Management – the discipline of managing the human dimensions of transformational change

Project Management – the discipline of timetables, milestones and resources tied together in analytical framework to realize planned outcomes

In addition to decades of change management experience, Conner Partners brought perspectives and “learnings” from organizations outside of healthcare. These perspectives created an even larger context for the radical change being implemented.

With 300 individual projects being deployed, it became very easy for the implementation teams to become confused about priorities. In particular, thinking through the consequences for other parts of the organization resulting from a given planned change became a critical communication need for all the managers. Complexity of the issues and the rate of change required a critical assessment of priorities. In the end, the original 300 projects were reduced to a manageable 30, often not without considerable discussion and trade-offs over what had to be given up in order to realize the more critical outcomes.

In the end, the implications of the change descending on health care leaders at all levels of the organization extend far beyond the deployment of information technology, even though that particular discipline is likely to be the lightning rod for much of the stress. The rigid rules and sometimes inflexible requirements of information technology make the discipline a natural focal point for resistance. In the broader context, the already witnessed cultural clashes of the managers with physicians and everyone with vendors involved with major change initiatives can best be described as change management at its most challenging.

The forms of the required change are becoming clear. The consumer centric system based on individual electronic health records made available across a national provider network is coming – what HHS calls “interoperability”. Leaders equipped with as much exposure to the experience of others as well as a clear vision of the drivers of change will be highly valued in the healthcare system of the future. The educational system is challenged to develop curriculum and deliver degree programs which prepare forward looking health care leaders for that future.

Though early, it is already possible to define some of the key characteristics of educational programs needed to prepare future healthcare leaders for the emerging scenario. In the content arena, curriculum will be required to contain elements of the information technology creating the radical change. While it will not be necessary for healthcare leaders to be experts in the detailed software and systems designs of healthcare record systems and interoperability standards, a basic understanding of systems architecture and record structure will be valuable. In addition, appreciation for how process analysis and work flow design impact clinical operations can provide additional understanding required to successfully manage the change.

Clearly curriculum that contains rigorous methodology for change management will help equip the future leader with tools and methods to manage such change. The elements already described from Conner Partners: Intent Clarity, Project Management and Change Management are elements verified as valuable in the experience at Alegent Health in Omaha, Nebraska.

Finally, the healthcare system stands to benefit from two elements that have the potential to be favorably impacted by the design of the educational delivery mechanism used. First, like all industries challenged by the retirement of the baby boomers, the industry needs to attract new leadership from outside of the industry. The healthcare industry presents attractive career opportunities and emerging leaders in other industries who are able to secure leading edge education online can be attracted to invest their talents to pursue those careers in healthcare. Secondly, the healthcare industry stands to benefit from the infusion of new ideas and perspectives on problem solving - perspectives that can be introduced into the learning experience of adults in cohort programs such as those utilized in the Cyber-Active® learning model deployed by Bellevue University.

In summary, the challenges are real and eminent, but the prognosis is positive. Information technology in the form of online cohort educational programs have the potential, when combined with forward looking content developed by experienced practitioners, to rapidly develop healthcare leaders equipped to lead the changes coming to healthcare in all of its multiplicity of forms.