



Transformational Change Requires Transformational Leaders

June 21 at 12:30 p.m. – 1:30 p.m. EDT (part 1)

Presented by:

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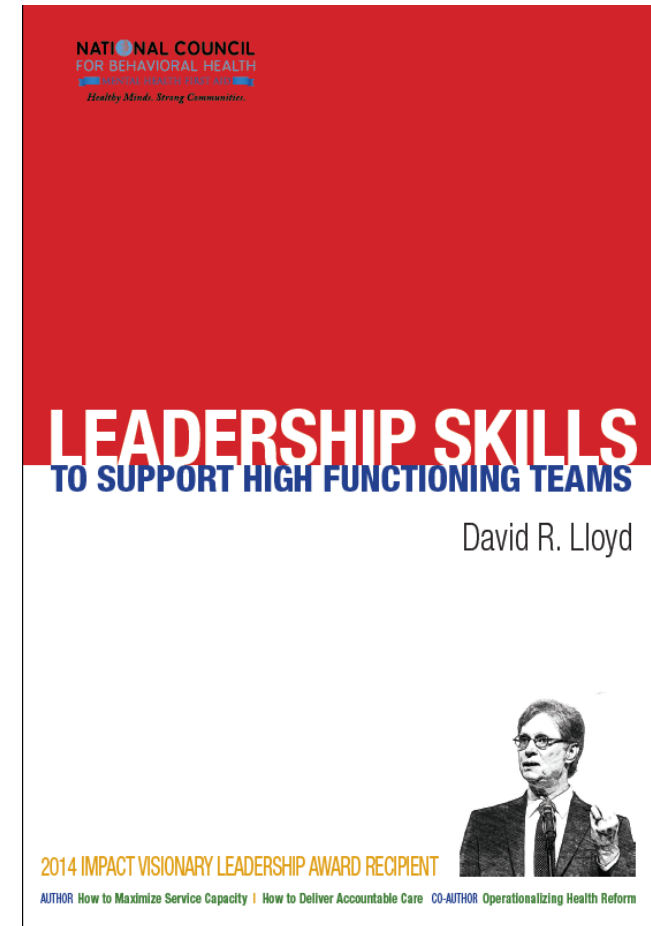
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Faculty Presenter:

- **David Lloyd**, Founder of MTM Services is the author of three books
 - *How to Maximize Service Capacity*,
 - *How to Deliver Accountable Care*
 - *Leadership Skills to Support High Functioning Teams* and
 - Co-author of *Operationalizing Healthcare Reform*
- Provided training and consultation to over 800 CBHCs nationally since 1993
- Mr. Lloyd has developed service delivery process models, principles and solutions on how CBHCs can deliver “Value-Based” accountable care.



Focus Areas for Two Part Webinar Series:

- Today we will address the biggest challenges facing behavioral healthcare providers today and how to assess an organization's readiness for change, including strengths and areas of risk.
- On **July 11th, 2018**, we will discuss tangible strategies for shifting to a sustained CQI-based delegated leadership transformational change process, including appropriate roles for team members at all levels.

Current Practice Management Challenges Community Providers are Facing...

1. Accommodating reduced and shared-risk funding
2. **Operating as a vertical silo based “loosely-held federation of private practices” instead of a horizontal focused systems learning specialty group practice model**
3. Timely access to treatment
4. **Clinically trained managers tend to have a “therapeutic-like relationship” with their staff which results in low accountability regard staffs’ performance, behaviors and attitudes**
5. Ability to measure if clients are “getting better”
6. Lack of an ability to present an objective “business case” to support collaborations/partnering with other healthcare providers and funders such as ACOs

Spectrum of Disruptive Manager and/or Staff Behaviors that Create Barriers to Change Implementation

1. Aggressive Behaviors:

- Inappropriate anger/threats
- Yelling publicly, disrespecting team members
- Intimidating fellow staff

2. Passive Aggressive Behaviors:

- Hostile Notes and e-mails
- Derogatory comments about center, management team, board
- Complaining, blaming

3. Passive Behaviors:

- Chronically late
- Failure to return calls or answer emails timely
- Avoiding meetings or individuals
- Non-Participation
- Ill prepared, not prepared
- Chronic excuses

4. Internal customer service challenges

Historical Leadership Challenges Produced:

“**System Noise**” that required leadership to focus energy on the internal challenges over and over again... This historical focus on the internal system needs was more workable when the external healthcare environment was not changing at a rapid pace...

However, **NOW...**

New Healthcare Reform Leadership Focus Areas...

1. Developing/participating an Integrated Care Unit (ICU) to support the total wellness needs of the population
2. Population Management Models instead of one client at a time model including levels of care criteria
3. Shifting from “volume of services” revenue model to VALUE of Services Revenue model
4. Operating in a Shared Risk/Saving Funding Model based on a bundled payments for a episode of care cycle
5. Identification of client centered outcomes in an integrated healthcare model instead of fidelity to process measurement outcomes
6. Cost finding for a process of treatment/episode of care per CPT Code used for population focused care linked to client outcomes achieved to determine the cost per client for the outcomes achieved
7. Making the business case for your agency to MCOs/ACOs

Biggest Challenge Facing Behavioral Health in Healthcare Reform Era

- **“Willingness for BH leaders to continually step across the Threshold of Risk to make bold and creative decisions about service delivery processes/methods!”**
- **Need to make timely CQI based “tough” decisions in an era of transformational change and stick with the decisions in the face of challenge..**
- **What tools are needed to support minimizing the leadership decision-making “risks”?**

Processing Crisis Vs. Managing Change Model

- 1. Supervisor:** Reactive and Retrospective Problem Solver Role, therefore, he/she Processes Crisis
- 2. Manager:** Dynamic Awareness of Current Issues that Provides Proactive Solution-Focused Decision-Making, therefore she/he Manages Complexities
- 3. Leader/Coach/Mentor:** Possess Dynamic Awareness and Uses this information to envision possibilities for the organization, **therefore he/she Manages/Sustains Change**

Managers OR Collective Bargaining Agents...Role of Line Supervisors/ Middle Managers in Change Initiatives?

Managers/Leaders:

- Lead staff into change with enthusiasm, encouragement and coaching
- Personally involved in providing additional efforts during implementation phase to be “available”
- Utilizes Measurement Information for Objective Decisions

Collective Bargaining Agents:

- Agrees with staff openly or privately - the change initiatives are Unfair, Do not promote quality, are Unethical, etc.
- Watches the Change Initiative happen at the “edge of the pool”
- Relies on Anecdotal Information for Discussions

Stages of Staff and Manager Acceptance of the Need to Change and Leadership “Blinking”

1. Denial
2. Negotiation (This approach by supervisors “pushes” staff to change)
3. Anxiety/Anger – Blaming – Outside then Inside
4. Drop Out – “It’s Awful!”
5. Acceptance of the Need to Change
6. Excited about the taking advantage of the opportunities (This approach by managers “pulls” staff through the process of acceptance)

Leadership Performance Requirements:

Typical Focus Areas:

1. Willingness to make tough decisions
2. Willingness to stay with tough decisions
3. Willingness to change based on evaluation of outcomes achieved
4. Never ending communication skills
5. Accuracy
6. Ability to use objective information to support solution development
7. Knowledge of outcomes being achieved

Leadership Behaviors Desired:

Typical Focus Areas:

1. Fully involved and supportive of staff – Good Coach/Mentor
2. Timely Decision-Maker
3. Responsiveness to work requirements (i.e., timeliness to work, meets deadlines, etc.)
4. Good time Manager
5. Priority Setting Capable
6. Good Stress/Anger Management
7. Appropriate boundaries with staff and clients
8. Solution-Focused in every situation – “Okay, what are we going to do...?”
9. Low Crisis Orientation/Seems that they are “enough” to handle the situation

Leadership Aptitude Traits:

Typical Focus Areas:

1. Knowledge of skills required in work place
2. Willingness to let “ego” go to support team development
3. Willing to learn
4. Ability to change
5. Willing to teach and provide leadership to other clinical staff and programs

Positive Leadership Attitude Characteristics:

Typical Focus Areas:

1. Positive- We can do this...
2. Respectful of others
3. Cooperative
4. Creative in solution development
5. Flexible
6. Responsibility matched to authority to act...
7. Adaptive to changing environments
8. Responsive to needs of organization and staff
9. Team Player
10. Professional solution-focused approach that supports “respect factor”

Questions Submitted by Attendees:

Transformational Leadership Skills Needed Questions:

1. How to deal with resistance to change.
2. Transformation leadership skills to effectively lead and train others to become leaders.
3. How do we support staff during change?
4. How to promote change within an organization, when it seems a majority of people are in different places of buy in.
5. Know and understand better how to lead and transform our system into value based care.
6. How to get my leaders to embrace change and reduce the fears we all have about the ongoing changes
7. Please discuss best practice / strategies for motivating employees who fear / despise change. Transforming a stagnant ORG CULTURE
8. What are the challenges in being a transformational leader....what are the threats?
9. How can we be transformational leaders if our organization has a top-down, dictatorial approach?
10. How to lead from the bottom.
11. How to prepare program directors to lead this change effort

Sequential Change QI Model Vs. Transformational Change CQI Model...

1. **Sequential Change** – Complete one goal and then address next goal, etc.
2. **Quality Improvement Process Focus (QI)** – Typically Supports Process/Lack of Forward Movement/ Attainment

Vs.

4. **“Transformational Change”** – Continuous change management model using Rapid Cycle Change Model (PDSA)
5. **Continuous Quality Improvement Solution Focus (CQI)** – Implies Movement Forward/Action Has Happened to Provide Continuous Improvement

Implementation Scope of Work and Timeline



Design/Plan

Training

Evaluation

Final Implementation

Scope of Work Tasks

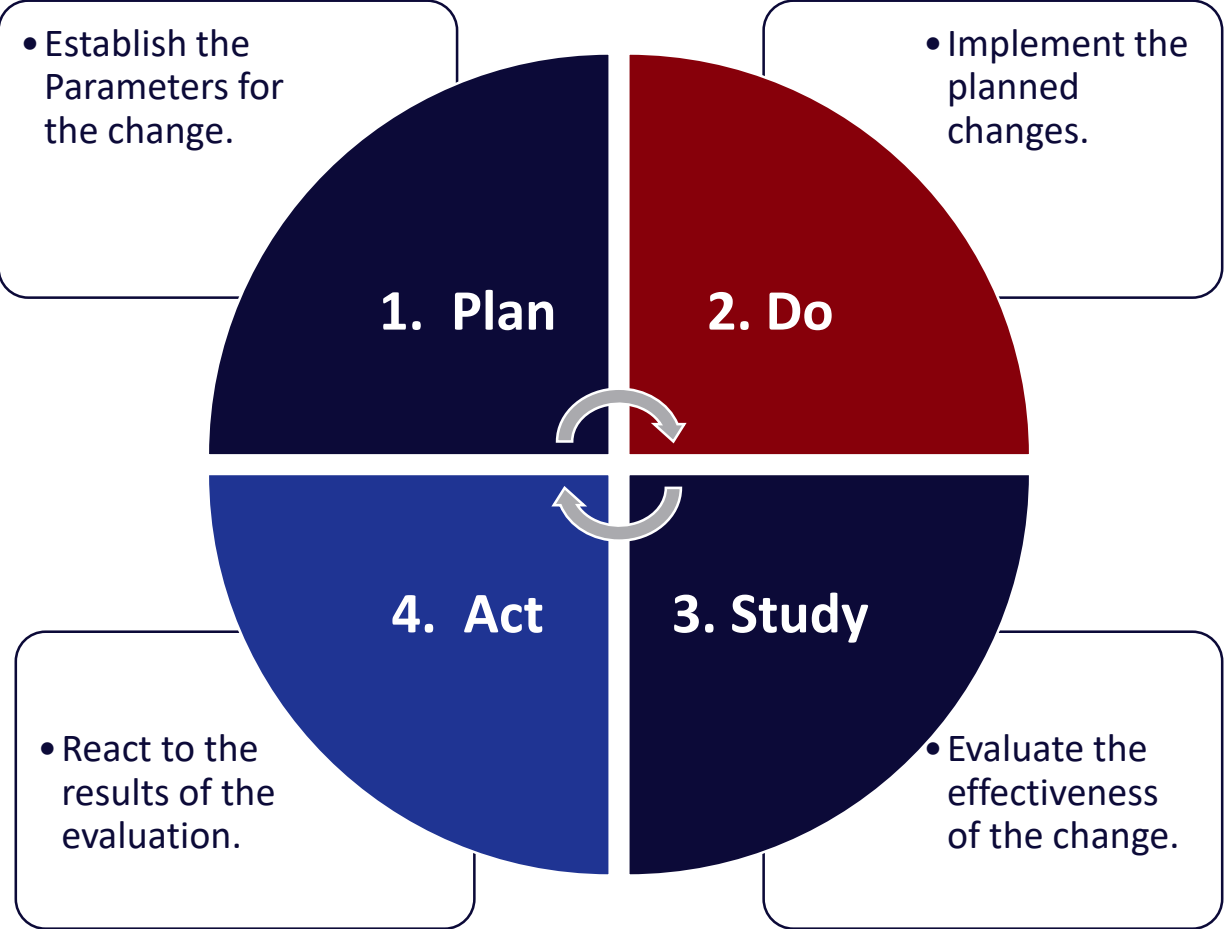
2009

2010



		May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
1	Enhance Access to Services															
▶	Define scheduling needs in urban and rural regions and illuminate differences		Design/Plan	Design/Plan												
▶	Involve clients and family feedback to improve access (be person centered)		Design/Plan	Design/Plan	Final Implementation	Final Implementation										
▶	Design Clinical and Medical Intake Services (Access)/Centralized scheduling		Design/Plan	Design/Plan												
▶	Develop and implement plan for increasing B3 Service Volume				Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan		
▶	Standardize reminder call, waitlist, and appt backfill procedures		Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan		
▶	Develop clinical and medical capacity for post-intake services		Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan		
▶	Develop and implement plan for "immediate access" or "Walk-in" Intake and what that means in most rural sites.		Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan		
▶	Develop implement plan for initial verification of benefits and continual Reverification		Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan		
▶	Review and redesign "client assignment staffing" and follow up			Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan		
▶	Determine feasibility of implementing centralized phone intake			Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan		
▶	Modify and implement intake paperwork completed by client and staff			Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan		
▶	Staff engagement in change process (coaching & supervision techniques)			Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan		
▶	Develop linked clinical and medical services to manage intake and on-going No Show/Cancellations			Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan		
▶	Develop customer service expectations and strategies for clinical staff								Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan		
▶	Evaluation of Action Steps Implemented for Possible Redesign								Evaluation	Evaluation	Evaluation	Evaluation	Evaluation	Evaluation		
2	Enhance Staff Direct Service Levels															
▶	Implement revised CFTE process		Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan		
▶	Confirm billable services to be included in Productivity (billable encounters)		Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan		
▶	Implement Business Staff Productivity and Staffing Levels		Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan		
▶	Validate staff available time exists in Scheduler to meet Productivity standard. <u>Centralized Scheduling</u>			Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan		
▶	Distribute Productivity Report to Directors monthly			Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan	Design/Plan		
▶	Evaluation of Action Steps Implemented for Possible Redesign								Evaluation	Evaluation	Evaluation	Evaluation	Evaluation	Evaluation		

Rapid Cycle Improvement - Plan Do Study Act (PDSA) Cycles



The Deming Cycle, Deming's wheel, or the PDSA cycle is a long time utilized continuous quality improvement change philosophy created as part of W. Edwards Deming's Total Quality Management process (TQM) in the 1950's. Deming's work was based off of the Plan, Do and See cycle created by Mr. Walter A. Shewart in the 1920's, and has created successful change initiatives across multiple industries.

CQI Implementation Process Reality

- CQI implementation process seems MESSY...
- CQI implementation process means creating additional solutions to challenges on the fly...
- CQI implementation process **creates more risk for managers..**

Use Data to Measure Effectiveness of Current Change Model

Change Management and Decision Making Survey:		
1. Does the organization use a formalized annual planning process to identify annual and long term goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what percent of the goals/objectives incorporated into the FY2009 have been accomplished (meaning fully implemented)? %
2. Has the organization used rapid cycle change management processes (Plan, Do, Study, Act)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what percent of the goals/objectives incorporated into last rapid cycle change plan have been fully implemented? %
3. The organization develops a change management plan quickly and moves forward with timely decision-making about the solutions needed.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE, what is a more accurate statement:
4. When a decision is made to change, the organization acts quickly to fully implement the change.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE, what is a more accurate statement:
5. When change is implemented, staff members in the organization rarely retreat to the way things were done prior to the change.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE, what is a more accurate statement:
6. The organization does a great job evaluating changes implemented and modifying the changes as needed to ensure positive outcomes.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE, what is a more accurate statement:
7. Staff members participating in the change process feel fully empowered through a sense of attainment based on the scope and timeliness of the decisions being made.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE, what is a more accurate statement:
8. Rate (from 1 to 10) the ease with which the organization implements change in <u>areas of clinical practice</u>		Easy (1).....Difficult (10)
9. Rate (from 1 to 10) how quickly the organization implements changes in <u>clinical practices/standards</u> ?		Rapid (1)Failure (10)

Consensus Processing Model = Staff and Organization Level Disempowerment

- Consensus building focus is a good clinical skill that social workers are taught to use when working their clients/families
- However, the consensus model of decision-making in CBHCs produces disempowerment for the project team members and the organization due to elongated planning/discussion phase (PDSA rapid cycle change management) which seldom produces timely implementation
- Consensus decision-making creates staff change fatigue due to staff feeling like the organization will never actually change, but they keep meeting to discuss the need for change
- “What did I accomplish in the past two-hour meeting?”

Supervisor Model “Committee of the Whole” Vs. Delegated Authority Manager/Leader Model

- **“Committee of the Whole” Change Model:**
 1. Sequential Change Model (one change goal at a time)
 2. QI – Discussion focused on “What ifs” not implementation action
 3. “Galvanized Team Members” extend the planning phase because decisions are made by “consensus of all gathered”
 4. Collective Authority does not support Individual Responsibility Levels
- **Delegated Authority Change Model:**
 1. Transformational Change Model (multiple change goals at the same time)
 2. CQI – Action based implementation to identify additional change needs
 3. 70% Majority Decision-Making addresses “Galvanized Team Members” challenge
 4. Individual Authority is given to match the level of Individual Responsibility

Questions Submitted by Attendees:

Transformational Change Model Questions:

1. What is transformational change? And what exactly is a transformational leader?
2. Understanding the transformational process and implementing it.
3. Practical solutions to better prepare staff, and the organization for these impending changes/challenges
4. Will we likely need to re-calculate productivity standards to maintain stability through funding changes, and if so, how?
5. looking for a variety of methodologies to assess organizational readiness, focused on BH services and staff
6. What tangible steps can be taken to support transformational change to support CQI?
7. More information related to effectively change and transform with the changes in behavioral health.
8. How can we promote a sustained Continuous Quality Improvement (CQI) -based change process when not in management roles?
9. How do you get organizations who are already understaffed and under capacity onboard to handle the effort required for change?
10. How to help my organization change

Next Webinar...

- **Part Two of this Transformational Change Requires Transformational Leaders** webinar series will focus on **solutions and strategies** to a sustained CQI-based delegated leadership transformational change process.
- Webinar date is **July 11th 12:30 p.m. – 1:30 p.m. EDT**

Questions?

