

Three Questions to Guide Any Change Effort

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The change you're pursuing is more likely to succeed if you can answer "yes" to each of these questions.

Years ago, as a busy physician practicing full-time family medicine with a great group of partners, I was very happy with my chosen profession, but I felt a growing burden. Third-party payers were imposing numerous changes on our group that increased the work and complexity but did nothing to improve the experience of care for our patients. In addition, the welfare of the team delivering care and our ability to help those we serve were not on the payers' agenda, but they seemed to have lots of ideas about how we could help them restrict access and save them money! I began to wonder about how to work for change that actually improves things.

Several years later, as our group moved from an independent practice association to a single practice,¹ I was chosen to help lead clinical process transformation. As I got started, three principles emerged and became essential questions for each of the projects we tackled: 1) Will the change ease the work burden for our overloaded physicians, 2) Will the change lead to measurable improvement in quality or convenience for the people we serve, and 3) Is there a revenue stream to support the work involved in this change? I knew we would have our doctors' help and support in our change efforts if we could address all three of these considerations and not simply add more tasks to the list of things they were already trying to do.

The years have gone by, and we have completed many projects, including an anticoagulation service,² after-hours clinic, telephone care protocols, online web messaging system, numerous ancillary programs, and

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THREE ESSENTIAL QUESTIONS

1. Will the change ease the work burden for our overloaded physicians?
2. Will the change lead to measurable improvement in quality or convenience for the people we serve?
3. Is there a revenue stream to support the work involved in this change?

new contracts with payers to help support our innovation efforts.³ In all of these projects, we have been deliberate about pursuing the three principles – easing our physicians' work burden, measurably improving patient quality or convenience, and increasing revenue. Interestingly, the only project we undertook that has *not* met all three of these goals is the implementation of our electronic health record (EHR)! Although we hoped that it would decrease the work burden on our physicians, it has not. Instead of completing a quick dictation for each visit, our doctors have needed to spend much more time with the record. The EHR has accomplished the other objectives, however.

The changing world of medicine has always been and will continue to be a challenge, but keeping these three principles in mind helped us stay positive and united as a group while aligning the work we need to do with the payment needed to support it. Perhaps these principles can help your group as well as you pursue changes that actually make practice better. **FPM**

1. Lynch DA. Big ideas to help your practice thrive: stick together. *Fam Pract Manag.* 2004;11(8):27-34.

2. Bush J. Reducing risks for patients receiving warfarin. *Fam Pract Manag.* 2002;9(7):35-38.

3. Lynch DA. Ten big ideas that could make your practice better: move the market to support your practice. *Fam Pract Manag.* 2008;15(8):33-41.

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