

AHRQ Health Innovations Exchange Webinar Transcript

“Will it Work Here? A Decisionmakers Guide to Adopting Innovation”

July 27, 2009

Speakers

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Presentation

Judy Consalvo - AHRQ Center for Outcomes and Evidence - Program Analyst

Good afternoon. On behalf of the agency for healthcare research and quality, I'd like to welcome you to a Web conference on decision-making for the adoption of health service innovations. My name is Judy Consalvo, and I'm a Program Analyst in AHRQ Center for Outcomes and Evidence. We're very excited about today's topic and glad to see that you share our enthusiasm. We had a record number of registrants for today's events, over 500 people.

The Web conference is one in a series of events we are planning to support you in developing and adopting innovations in health service delivery. You can check out archive materials from our last Web conference on Improving Innovations: How to Make Data Work For You, on our Website www.innovations.ahrq.gov. We welcome your thoughts on other topics we could address with you. At the end of today's event, you will have an opportunity to evaluate this Web conference, and we do value your feedback. Please be sure to complete the online form as your comments will help us to plan future events that meet your needs. You can also email your comments and ideas to us at info@innovations.ahrq.gov.

For those of you in the audience who may be new to the innovations exchange, I'd like to take a few minutes to give you an overview before I introduce today's moderator. The U.S. Agency for Healthcare Research and Quality's Healthcare Innovations Exchange is a comprehensive program designed to accelerate the development and adoption of innovations in healthcare delivery. This program supports the agency's mission to improve the safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity of care with a particular emphasis on reducing disparities in healthcare and help among racial, ethnic, and socio-economic groups.

The Innovations Exchange has the following components: Searchable innovations, profiles of successful and attempted innovations describe the innovative activity, its impact, how the innovator developed and implemented it, and other useful information for deciding whether to adopt the innovation; searchable quality tools: These are practical tools that can help you assess, measure, promote, and improve the quality of healthcare. Learning opportunities: Many resources describe the process of innovation and adoption and ways to enhance your organization's receptivity to innovative approaches to care. Resources include expert commentaries, articles, perspectives, and adoption guides. There are networking opportunities. You can interact with innovators in organizations that have adopted innovations to learn new approaches to delivering care and developing effective strategies and share information. Posting comments on specific innovations is one way to connect with innovators. Types of comments include asking questions or responding to questions about how an innovation works and mentioning additional resources and lessons learned from adopting, implementing, and sustaining an innovation.

I'd like to introduce our moderator for today's discussion, Jeneanne Rae. Jeneanne is Co-Founder and President of Peer Insight, a consulting firm focused on services innovation and customer experience design for large institutional and corporate clients. She has worked in the fields of innovation and design for over 17 years consulting and educating dozens of leading companies in a multitude of industries. In 2005, Business Week named Rae one of its leaders of the year. Jeneanne?

Jeneanne Rae - Peer Insight - Co-Founder and President

Thanks, Judy. It is an honor and privilege to work with AHRQ and to support the efforts of the Health Care Innovations Exchange. When you approached me about moderating this Web conference, I didn't have to think twice about it. I am very passionate about innovation, adoption, and change management whether in corporate America or in the healthcare arena. When we're done here, I'd like to think that we've encouraged people to think creatively about innovation, take another look at the role of health information technology and welcome the systemic process of adoption and management of change in their workplaces through the use of the adoption guide.

Today, I'm joined by two of the author's of the decision-making tool that we will be working with today, Cindy Brach of AHRQ and Amy Roussel of RTI International. They guide that they have written is called, "Will It Work Here: A Decision Maker's Guide to Adopting Innovations." What we intend to do today during this 90 minute session is move away from the textbook of academic treatment of healthcare innovation and look at the application of principles for innovation, adoption, and change management through the eyes of the nurse, the doctor, physician assistant, the health system administrator, and at times their patient and their family. After this session, we want you to be as passionate about the adoption of innovation and the management of change as we are. You'll have enough information to go look at health service innovation a little closer and move forwards towards making and spreading positive change.

America is at a crossroads. We stand at the point where there is a natural convergence of need for change and growing momentum to make a revolution, a place where desire for reform and recovery from past practices meets technology advancing faster than we can wrap our minds around, a place where it has become abundantly clear that there is an undeniable connection between individual and community, and a place where a new administration and a new president champion change and welcome the adoption of innovative ideas. This convergence is evident all across the sectors of our lives, finance, environment, education, and especially evident in the area of healthcare. The Washington Post recently ran an article about primary care spilling over into the area ERs. One hospital in Washington, D.C. had seen a 13% increase in ER visits in one year by people who should be receiving primary care services. A lot has to change, so how we go about adopting change is important.

Shortly after the historic 2008 election, I wrote an article for Business Week. In it, I stated that in order for President Obama to fulfill his promise for change, he would need to engage an informed approach to the practice of innovation, an informed approach. What I wrote applies to President Obama and his administration as they seek change, but it also applies to you and me as we assess our work, identify systems and services that could be improved, and adopt, implement, and manage innovative change.

An informed approach implies having the right tools to make decisions about change and innovation. An informed approach takes into account the economic downturn and slow recovery, the shift from an industrial-based to a service-based nation. An informed approach in healthcare allows us to embrace the growing role of information technology instead of running from it, and it often means grappling with the reality of changing demographics and social determinants of health—your budget, your staff, and support, and your target audiences—and only then charting a course to fit your situation.

I am really glad to see that you've made the connection between innovation and change management so clearly in this guide. I worked in product development for over ten years and never heard anyone ever utter the words 'change management.' In order to make a new product, there is a change made to the factory line, typically, but by contrast, service innovation requires change to your collection of people,

processes, and systems that make up the delivery of the service. In order to be successful at innovation adoption, change has to be intentional and considered a core competency.

Joining me now are Cindy Brach and Amy Roussel. Cindy Brach is a Senior Health Policy Researcher at AHRQ and co-author of “Will It Work Here.” She conducts and oversees research on the delivery and organization of healthcare with a particular emphasis on Medicaid and children’s health insurance, chronic care management, cultural competence, and health literacy. Miss Brach received her Master of Public Policy degree from the University of California, Berkeley where she was also advanced to Ph.D. candidacy.

Amy Roussel received her doctorate in sociology from Stanford University. She is an Organizational Sociologist interested in organizational decision-making processes and the factors taken into account in selecting, adopting, and institutionalizing innovations. She led the project team from RTI International that developed “Will It Work Here.” At RTI, she also leads a program in health and social organizations research.

Let’s use a poll feature on this Web conference today to understand the types of people participating. Based on these descriptions, how would you describe yourself? A: A potential innovation adopter, someone who comes to the Health Care Innovation Exchange seeking solutions to particular challenges, or an innovator, someone who wants to learn how others think about adopting innovation, or a change agent. Are you someone who acts as a catalyst for change in your organization or helps others with their organization? Are you an implementer, someone who would be responsible for making the changes needed to implement an innovation once the decision was made to adopt it working in the trenches? Are you a researcher, someone who, for example, studies quality improvement, system redesign, or evaluates implementation?

You can see the poll coming in together now. We have about half of our participants still coming in. Okay, very good. You see by looking at the numbers, we have quite a few change agents in the audience there. That’s very interesting and very exciting as well. Cindy, tell us, what do you think of the results relative to your goals for this Web conference?

Cindy Brach - AHRQ - Senior Health Policy Researcher

Well, actually, to tell you the truth, I’m thrilled. We’ve done a number of Webinars on this guide before and not surprisingly given who AHRQ’s audience is, we’ve had a lot of researchers, and they’re of course very important in this, but change agents and potential adopters are the people in whose hands we most want to see this guide. Those are the folks who are in the trenches, who are faced with making these tough decisions about whether to adopt an innovation. I’m really delighted to see a large number of you folks who are actually grappling with these problems on a day-to-day basis joining us today.

Jeneanne Rae - Peer Insight - Co-Founder and President

That’s great. Well, Cindy, tell us, why did you and Amy create this adoption guide?

Cindy Brach - AHRQ - Senior Health Policy Researcher

Well, I was one of a small group of folks here at AHRQ who actually came up with the concept for the Innovations Exchange, and our idea was we really wanted people to be able to learn from each other and gain the benefit of that experiential knowledge before an innovation hits the peer review literature because there’s just such a long delay there.

It was incredibly gratifying when the Innovations Exchange actually got launched with hundreds of exciting profiles out there, but we realized that we hadn’t provided any assistance with that adoption decision. Presumably, a lot of the people who look at the profiles are folks are thinking and looking for innovations to solve problems that they have or to see what new good ideas are out there. While there is some literature on innovation and how to innovate and some on implementing, there really isn’t anything out there about how to make the decision to adopt, and so we decided to fill the gap.

Jeneanne Rae - Peer Insight - Co-Founder and President

Well, that's great. As a practitioner, I can't tell you how valuable this kind of thing is to help people that haven't done this before to learn about the processes in which you decide you need to make change and to go about doing it. Amy, tell us how you developed the guide.

Amy Roussel - RTI International - Organizational Sociologist

I'd be delighted to. Thanks, Jeneanne. I'm one of the 23% of you all who identifies as a researcher. I'll try not to make this pointy-headed and research-based. Essentially, short version is we started with a theoretical framework, modified it to reflect what we knew of how innovations get adopted in the real world, and then we did a lot of real-world knowledge acquisition and testing.

We started with the conceptual framework about the diffusion of innovation and modified it first to take into account adoption as a process rather than a single one-time event. Those of you who are change agents know that this is how things happen, right? We focused on the organization as the decision-maker, if you will, and as the adopter rather than a single individual. We also wanted to focus less on the innovation, itself, as the core of the decision-making process and more on the interaction or the fit between the innovation and the organization.

We went into the real world and we found 13 innovation adopters in a variety of settings and with a variety of different kinds of innovations. We did extensive telephone interviews with them to try to understand, what had their process been? What had they taken into account in making the adoption decision? What had they not taken into account that they wished they had taken into account? What tools did they use and so forth?

After that, we did a series of in-depth case studies of four organizations, again a variety of settings and innovations. In this case, we got to explore in a little more depth. We talked to multiple individuals who'd been involved in the decision-making, found out a little more about the ups and downs, the tools that they used, and so forth. We also asked them about failures and also about non-decisions or decisions that they to not adopt something because we wanted to understand that decision-making process as well.

It may be that users of the Health Care Innovations Exchange, for example, will do a lot of homework about innovations, think really hard about whether it'll fit in their organization and in the end choose not to do it. We needed to understand that process as well. In the guide that we're walking you through today, those case studies as vignettes are included at the back of guide and are also woven throughout the guide as illustrations of the principles we're talking about.

Based on this, we then drafted the guide and did multiple rounds of testing. There were seven testers in the first round, six testers in the second round. We did a lot of our own internal testing, doing a lot of reality checks. Does this thing work? Does this thing address your needs as a change agent, as an innovation adopter, as a decision maker? If we had infinite time, we'd probably still be testing and revising, but we really wanted to get this tool up onto the Innovations Exchange, into the hands of people like you so that we could help it come alive and stay alive.

Jeneanne Rae - Peer Insight - Co-Founder and President

Well, that's great. I really, personally, love the framework that you've developed for looking at these problems and being able to illustrate how they can come to light. Cindy, can you give us an overview of the guide?

Cindy Brach - AHRQ - Senior Health Policy Researcher

I'd love to, but first I'd like to try another poll on the audience. We know that some of you have probably looked at the guide, some of you totally virgin territory, and others may have spent some time, actually, clicking through it or paging through it if you have a hard copy. A poll should've appeared on your screen now, and if you could quickly click on one of those bullets that best represents what your familiarity is.

I'm glad to see that people are not shy about clicking on the 'not at all' button because, of course, the purpose of this Webinar is to acquaint you with the guide. I think that we have very few people who have spent a significant amount of time. A few people who got enough of a taste to want to learn more about

it, and the rest of you are coming to it fresh. With that, I'm going to take us to the actual guide, itself, and I will help navigate you to the guide.

If you were at the Health Care Innovations Exchange's homepage, you would come over to this left-hand bar, and you see where I'm pointing, it says 'resources.' You click on that, and right at the top there comes the guide. I'm going to click on the title of the guide, and I get the table of contents. Let me just give you a broad orientation here. As you can see, the guide is organized into four modules, and each module asks a question that you, as a potential adopter, will need to try and answer.

The first module is "Does the Innovation Fit?" Within that we have a set of provocative questions to help you think through whether this is a good fit for your organization. You first have to understand what the innovation is—how it relates to the goals of the organization, how compatible is it with, for example, your mission and culture. Once you have looked at what the innovation is, how it works, can understand it pretty well, you might turn to the question in module two which is well, should we do it here? Is this a good idea for our organization? Then you can ask yourself about what area that benefits? What are the costs? Can you make a business case? What are the risks involved?

Let's say that you come to the conclusion that, "Yeah, we should do it here," but then you've got to confront the question, "Well, can we do it here?" because not every organization is going to be able to implement an innovation even if it seems like a good idea. You have to be ready for the change. You have to understand what kind of changes you're going to make, and you're going to need to see whether or not you have all the pieces in place, those ingredients for success that are going to let you do this successfully.

In module four, we get a little bit into the area of implementation. We're asking you to think ahead as to how you're going to implement it because you certainly don't want to adopt an innovation that you're not going to be able to implement successfully. In module four, we think about measuring the impact, looking at the trialability, the ability to try it out first, and then some of the nuts and bolts of how you would actually implement it. When we put the guide together, we in no way expected people to begin at the beginning of module one and read their way through to the end. It's designed to be very maneuverable and to be able to jump in to whatever area is addressing the chief concerns that your organization may be facing in an adoption decision.

Also, here on the table of contents, we have an index of tools. This is a list of all the tools that we link out to in the guide, and this can be very handy, which after you spend some time with the guide, and you've found a tool and later you want to try and find it. You don't remember exactly what section it was in, you can come to this index, and it'll tell you yes, it was in the compatibility section, and here's over on the left-hand side what the tool does, and then the actual link out to the tool, itself. As Amy mentioned before, in the appendix we have each of the four index case studies so that you can learn a tremendous amount by looking at these variances of other organizations who've attempted innovation. As Amy said, we also used those as examples throughout the guide.

I'm going to teach you one last thing which is on navigating the guide. You see here I'm pointing to the "About the Guide" section, and that's not the section I want to point to. I want to point to the "How to Use the Guide" right down here. "How to Use the Guide" has what we call exhibit one which is a matrix of not only the modules and the major questions under the modules, but each of the individual sub-questions. You can actually decide, "I'm really interested in risk, so I'm going to jump straight to that."

Then here you'll see that there is a little hammer icon, and that indicates that there is a tool that we're linking out to, so wherever you see that hammer icon, there're tools. Wherever you see this magnifying glass icon, you'll see that that links to usually a part of the appendices where the case studies are that illustrates that concept. I'm going to click back to get back to the arrow.

The last thing that I wanted to show you, let's just go into measuring impact here for a second. This is how it looks at the beginning of a module. We listed the three major questions which you can jump down to, and each of those major questions starts out with a "Why This Matters" section, so very briefly

explaining why it is you should even care about what this part of the guide is dealing with. Let me leave it at that, and we'll get into some more depth of the guide in a few minutes.

Jeneanne Rae - Peer Insight - Co-Founder and President

Thanks, Cindy. Personally, I think this is the most valuable thing I've seen in a long time. I love the way that your team has built so many best practices into the tool, and also, I love the way the approach is systemic. What do I do first? What do I do next? What can I expect along the way? It's just fantastic.

Now lets look at how this works in practice. We know that companies remake themselves all the time. The business of health services should be no different. Wherever we work, we see change in how we do business in order to cope with and keep up with our challenging and changing environment.

The innovation we will explore reduces ER visits and school and childcare center absenteeism through the use of remote visits by pediatricians for sick children at inner city and other childcare centers and schools. It targets primary care to a priority population—low income, minority children and their families, and it incorporates a health IT component. Sound good? Okay.

This innovation addresses the problem of the high economic and social costs that are associated with acute, but not severe, pediatric illness that are highly prevalent among children in childcare programs and elementary schools. Here's the scene. Childcare centers and elementary schools in the inner city and other areas in and around Rochester, New York now have access to a Web-based telemedicine system developed by the University of Rochester Medical Center known as Health-e-Access.

This program allows pediatricians, nurse practitioners, and physician assistants to provide remote diagnosis and consultation for sick children in childcare centers and schools. Trained assistants at these sites use a personal computer, a high resolution camera, videoconferencing equipment, an electronic stethoscope, and other medical instruments to gather and transmit information on a sick child to the clinician who responds with a diagnosis and treatment recommendations, including prescriptions. Research indicates that this program has reduced illness-related absences in children by more than a half, reduced emergency department visits by nearly a quarter, and eased the burden on working parents by allowing them to stay at work.

Cindy and Amy are going to walk us through the process of applying the concepts of the guide to the innovation profile that I just described. I'm sure that you'll begin to have questions as we go through. You can begin to place them in the queue, typing them in, and we will address them during the Q&A segment near the end of the Web conference. Cindy, let's get started.

Cindy Brach - AHRQ - Senior Health Policy Researcher

Terrific, well, I have chosen a few questions that are sprinkled throughout the guide just to give you a flavor of it. Let me go to that "How to Use the Guide" handy-dandy exhibit one. I'm going to start in module one "Does the Innovation Fit?" What I'm going to do is I'm going to pose some questions from the guide, and Amy's going to react as if she were a potential adopter of that innovation and think through what speaks to my organization, and what might this innovation offer me, and how will it fit, etc.

Let's start with the second question in this area which is "What is the scope of the innovation?" Amy, there are innovations that require organization-wide change that are very limited to perhaps a single subsystem. There are transformational changes, major shifts, incremental changes. Where does this innovation fit on the continuum?

Amy Roussel - RTI International - Organizational Sociologist

This is a really interesting one, Cindy, because it's essentially, it requires community collaboration. It's not just within the purview of the healthcare provider entity, in this case a pediatrician's office or family practice office to make a change, it also involves change at the other end where the child is seen virtually whether that's a daycare center, childcare center, or school. Although multiple organizations need to be onboard, you're not looking for a huge transformation at each one.

Nonetheless, it's a different kind of model than one service unit within a hospital, for example, or one clinic within a series of linked ambulatory settings. We thought a lot about where might something like this work if you're going to require community collaboration across the usual healthcare organizational boundaries. Maybe it would work well in a rural area or in a space where you know who the players are and can easily reach out to them when those players are childcare centers or schools or something like that. This question, itself, is an interesting one, I think.

Jeneanne Rae - Peer Insight - Co-Founder and President

It's my experience that understanding project scope is an important consideration to make early on. The scope and impact of the innovation will also determine just how many people and what team leadership you'll want to get on your team for change. This is where you might get a few very enthusiastic souls; some lukewarmers who will want to sit back and see where this thing is going; and then you'll have your organizational anybodyes, those who will oppose your effort. Learning to juggle these three groups of people while maintaining your vision for change is a task unto itself. I've found that the key is not to let those that oppose change have the opportunity to organize against your effort. Cindy, shall we continue with module one?

Cindy Brach - AHRQ - Senior Health Policy Researcher

Yes, I'm going to scroll down here to question four here which asks about what is the evidence that the innovation worked, and when Jeneanne introduced the innovation, she mentioned that there had been some reductions in emergency room visits. There's been some reduction in absenteeism, but, Amy, looking at some of the bullets here under question four, how do you think about finding that evidence, how to evaluate it, how to judge it?

Amy Roussel - RTI International – Organizational Sociologist

Well, there's a couple ways you can go about this. Certainly, within the innovation profile that's there on the Health Care Innovations Exchange, there is a whole section there that tells you about the evidence. In this case, there was a match comparison and proposed implementation data and so forth, and actually the agency does an evidence rating. If you see the little, that's a hammer and some nails, a little tool icon in this instance, there's a series of tools at the informed decision's toolbox that gives you modules on how to assess evidence so that you, as a potential adopter, may look at this evidence and say, "Yes, I'm sold, good enough for me," or you might want to check out this toolkit here.

We have a toolkit linking to a toolkit that can show you how to assess evidence, what to take into account when you decide "is this evidence good enough for me, for my circumstances, for our organization?" Jeneanne, what's your take on how we go about assessing evidence?

Jeneanne Rae - Peer Insight - Co-Founder and President

Well, I actually agree with you, Amy. Evidence of improvement is required in any environment when you want to adopt innovation. It's just called building the case. You can achieve this from a variety of approaches, including analysis of metrics, what's your expected business results are. You might have expected increases in customer satisfaction and certainly, there're quality considerations, but this is an important consideration for people who to identify early on what do they want to change and how will it move the needle, if you will. Cindy, can you move us on to module two?

Cindy Brach - AHRQ - Senior Health Policy Researcher

Sure, I'm going to click the back arrow here to get back to our exhibit one and scroll down to module two, and I just wanted to point out when Amy mentioned the informed decision toolbox. I clicked on that so that that would come up. That came up in a separate window, so when you're looking at the guide, you can click on the tool links. They'll pop up, and when you're done with them, you can close them, and you'll be right back where you started from.

Module two "Should we do it here?" Let's go into potential benefits. Let's take a look at the visibility of those benefits because we know that research says if the benefits are more visible to those that have to implement it, to those who are going to have to support it, invest in it, that it's more likely to be successfully adopted. Amy, what's your analysis on how observable the benefits are on this one?

Amy Rousel - RTI International – Organizational Sociologist

This is interesting because the benefits are going to be observable, if you will, in a variety of different settings. Parents and employers may benefit the most. You saw that great reduction in parents' absenteeism that Jeneanne showed you on the slide earlier. Although employers, if they're not fully engaged in the adoption and the innovation may not realize how much they're benefitting, pediatricians and schools obviously will benefit by helping the families that it's their mission to serve, and schools will reduce absenteeism, so that's all good.

Remember the note about the reduction in emergency department visits. Interestingly enough, depending upon the local context, this may or may not be seen as a benefit. Obviously, if you're in a community where emergency department overcrowding is a concern, and that's lots of communities these days, that's going to be a benefit to the hospital. It'll be a benefit to the family if they don't have to wait in the ER. Benefit to payers if they don't have to pay for ER visits. On the other hand, if there's a hospital that's counting on emergency department revenues, they could see that as a drawback.

One of the things that's a little different about this innovation is that those on the ground, if you will, at the physician office and at the partnering childcare centers or schools who are directly involved with implementing the innovation are not the ones who stand to benefit the most, necessarily.

Jeneanne Rae - Peer Insight - Co-Founder and President

Certainly, another beneficiary in the case of this profile is the sick child. They get immediate medical attention before a condition progresses into something more serious. They don't have to leave school or daycare to get this care, and if contagious, it's caught or contained. When we talk about benefits to those doing the implementation, in some cases, evidence of an innovation working is not as obvious to those actually doing the implementation. I've found that it's very helpful to build in short term wins. This keeps the team motivated and mentally focused on the long-term goal. Disappointment because you can't see immediate improvement or minor setbacks are a normal part of the process of change, but if not managed, it can also quickly derail the adoption of change, but let's not forget the intangible benefits of emotional value and convenience value that can be gained. That which makes us feel good or safe, calm, happy. These are hard to measure, but should always be part of the goal. When we talk about benefits here, what about considering the cost?

Cindy Brach - AHRQ - Senior Health Policy Researcher

The costs are right in the next section here. I'm just going to scroll down, and let's look at this first question. What resources will we need to implement the innovation, and what do they cost? Amy, what do you think here?

Amy Rousel - RTI International – Organizational Sociologist

In this case, you have some staff training costs, and you probably have some physical infrastructure costs. Jeneanne has already outlined some of the issues around space and equipment that would be needed. Those at physician practice and at the schools or childcare centers with which they're teaming so that the child can be seen virtually may also incur some staff training costs.

You may find that your current staff can't quite do it. You may need to hire additional staff or reframe some positions to do that. There's a tool link here that, basically, you can get a downloadable financial analysis worksheet that you can adapt for assessing the resources that are needed under your particular circumstances. It's very difficult to create a one-size-fits-all link for this, but by creating a downloadable, customizable tool, these folks have made it a little easier to users to think about, "Well, what are the resources that we in our unique circumstances are going to need, and what are they going to cost us?"

Jeneanne Rae - Peer Insight - Co-Founder and President

Amy, this is a very important step and question, assessing everything you need for implementation. I think one of the great values of this tool is to be able to pre-think these things for people that are interested in doing something like this. This is also where people try to cut corners and skip steps for the sake of rushing the process for fear of investment in technology.

There're two lessons I've learned over the years. One is that change worth sustaining takes time. Skipping steps and cutting corners only creates the illusion of moving the ahead. More than likely, you'll eventually have to address the steps that you skipped.

Second, and this is a big one, information technology is here to stay and the discussion by your team about cost, how it's best used, return on investment, needs to happen up front with IT at the table instead of an "oh, by the way" when you get down the road, and they're surprised. This innovation makes use of telemedicine which is not as complex or costly as EHR or some other federated research network. I hope you in the audience will want to discuss this point during Q&A in just a little while. Cindy?

Cindy Brach - AHRQ - Senior Health Policy Researcher

Yes, I'm going to continue on this theme a little bit and scroll down to our next major question in module two which is can we build the business case? We actually used a somewhat broad concept of business case, not limiting it just to what are the financial net revenues, but thinking about other questions as well. I'm going to move down to question three here which is there a business imperative or strategic advantage for adoption. Thinking about what, especially in this case where Amy noted that the cost and benefits don't necessarily line up with the same actors, thinking about what are going to be some of the reasons that are going to get either pediatricians' offices or daycare centers and schools to think that this is something that they need to do for their business. Amy?

Amy Roussel - RTI International – Organizational Sociologist

Thanks, Cindy. Well, as you've noted, there're a number of tools that are available for calculating return on investment, and those are linked from this guide. Sometimes, as we learned in doing our case studies, sometimes it's less about ROI than because it's, as one of our informants told us, it's the right thing to do. In this instance, this innovation fundamentally supports the mission of the providers and of the childcare centers or schools of serving parents.

It may also provide a competitive advantage. If you're the first pediatrician's office on the block to be able to offer this service, that could provide some kind of competitive advantage. I think we always encourage people when they're thinking about a business imperative or strategic advantage to also consider whether there's a downside if they don't adopt the innovation. One other thing I would mention about this is that because you already argued that you might be able to make a business case for employers, implementers, adopters of this innovation might be able to get some sponsorship or a little help from local employers because they can expect reduced absenteeism.

Jeneanne Rae - Peer Insight - Co-Founder and President

I love this approach. Also, I will say there're certain things that you can always put into a spreadsheet, but there's other things that don't necessarily have metrics attached to them, but that doesn't mean they're not necessarily important. I encourage people to be thinking about what are the intangible cost and benefits as you're soft of moving through this analysis. Let's move on now to module three, Cindy.

Cindy Brach - AHRQ - Senior Health Policy Researcher

Okay, well I'm going to scroll down to the bottom of module two, and I'm going to hit this next section button which will take us right to module three. I thought that we could look at the "Ingredients for Success" which is this third main question area. Let me click on that. It takes me straight down. Let's ask question one here which is can we identify innovation champions?

I have to tell you that some of the reviewers when we were testing the toolkit said to us, "You need to put this right up front because this is the most important thing." One of the things that we've learned is that who a champion is can really vary depending on the organization and the circumstance and the innovation. Amy, let's think about the two different kinds of settings. Where does innovation have to be adopted in both the childcare setting and in the health provider office setting? Think about who could fill some of these roles for being an effective champion.

Amy Roussel - RTI International – Organizational Sociologist

Thanks, Cindy. This is an unusual one because as Cindy said, you've got multiple actors here, so you're going to need probably a champion for the initiative overall. These things do not take off unless there's somebody who's really fully engaged, committed, and willing to push through whatever obstacles may occur to be able to get it going.

In this case, you'd probably need champions at each site as well, and because this could necessitate policy change, but you can always policy change on the part of those who pay for the virtual visit, if you will, then you might need a champion who's skilled in this particular set of issues. Probably also need a champion who's good with community collaboration across organizational boundaries.

If you look in the guide, there's a vignette here from one of our case studies that value of a champion, in this case of the adoption of rapid response teams in a children's hospital. In this case, the physician champion was obviously a high-visibility person, had terrific people skills, and one of the things that was key in that case was the ability to cooperate and collaborate across disciplines. You've got to be able to get past stovepipes and work with folks maybe outside your ordinary realm. I think that applies to this one as well. Jeneanne, you've probably had lots of experience with champions and innovation and change management. What can you tell us about how that role plays out?

Jeneanne Rae - Peer Insight - Co-Founder and President

Amy, I couldn't agree with you more on this topic. I've yet to see a significant innovation come to fruition without the support of a champion or a set of champions. Champions are usually well-respected leaders who want change and provide permission or access to the permission to do things differently. People look to champions for advice on making change and to help move the process along and also to transcend the very sticky politics of organizations sometimes. Cindy?

Cindy Brach - AHRQ - Senior Health Policy Researcher

Okay, I'm going to stick with this module for a moment, and let's scroll down to question two where we ask where do we find the needed expertise? Sometimes an organization will have the expertise that then need in-house, but particularly with an innovation like this which involves a lot of technical aspects, you might want to think about bringing in some expertise from outside. Amy, where can people find these experts? How can they figure out what kind of expertise they need?

Amy Roussel - RTI International – Organizational Sociologist

One of the things we've talked about from the very beginning on this is that the innovators themselves, the folks who brought these innovations forward and got them up there on the Health Care Innovations Exchange can be a terrific source of expertise, and the Exchange facilitates that kind of contact and to-ing and fro-ing.

In this instance, there may be other practices locally or regionally that are using telemedicine or regional health IT groups who could help troubleshoot. I think if you look on the guide, there're some links there, for example, how can you find a consultant, even considering whether you need to hire a consultant and for what phase of the project. Do you need someone just for startup? Do you need them throughout the process or both?

Cindy Brach - AHRQ - Senior Health Policy Researcher

Okay, so we sort of talked about whether the innovation would fit. Should we do it here? Could we do it here? Let's go ahead to module four and talk a little bit about how we might do it here, what I've talked before about that thinking ahead a little bit. You can see we have three main questions at the beginning.

I'm going to skip us down to the second of those questions which is can we try the innovation first, and the second of the questions in the section asks specifically, can we try the innovation on a small scale? I have to confess when I first heard about this innovation, it did not strike me as the kind of thing that you could try on a small scale. There's a large investment in the technology.

You would seemingly need to have a lot of different providers because the children at the school or daycare center are going to have a lot of different providers. Get everybody all, sort of, bought it at the

beginning. I had a hard time thinking about how you would try this on a small scale, but, Amy, tell us how it actually was.

Amy Roussel - RTI International – Organizational Sociologist

Well, they in fact did try it on a small scale, starting small with just two pediatricians. Sure, they had to make the initial investment in the technology, but they started small, saw that it was working, and then expanded from there. These small tests of change are gaining increasing currency, especially in a perhaps more risk-averse environment. One of the tools that links from the guide, in fact from IHI, helps the user conduct these small tests of change.

I don't know how many of you all are familiar with the PDSA cycle: Plan, do study, act. IHI actually has a worksheet that's available to you so you can think about trying something on a small scale. Assessing, as the doing is the trying, assessing it (the "s" study part), and then acting, making modifications, expanding as appropriate. That's a very handy little tool worksheet to help you think, "Can we do this as a small test of change, and if we do, what can we learn from it, and how can we apply it?"

Jeneanne Rae - Peer Insight - Co-Founder and President

Indeed, I say in many settings I recommend starting out small, particularly in this current economic climate. This approach is very consistent with the whole idea of rapid prototyping and iteration which is so very important in terms of best practices and innovation process. The innovation we're looking at today did start with two pediatricians, but now it's spread to 22 urban and suburban sites and locations. The initial investment in IT equipment can also be minimal.

For example, much of this kind of technology can be rented, so there's no upfront capital cost, you can figure out how it goes together in order work best for you. I also encourage organizations to join forces with another entity with complimentary innovation goals sometimes. In this instance, innovation is about connecting with others to find new ideas and often to co-develop the ideas with others who have similar problems but maybe a different way of looking at the problem, or maybe they have a different role in the process. Cindy?

Cindy Brach - AHRQ - Senior Health Policy Researcher

Yes, I'm going to take us to one last part of the guide at the very end here before we go into our question and answer period. That has to do with how we sustain innovation. It's right here at the very end. We need to think after that initial enthusiasm wears off, when you're dealing with the day-to-day, what does this innovation going to look like in the steady state? Thinking about if there's some questions about institutionalizing it, how are we going to be able to keep staff engaged? What are we really going to be able to keep going in the long term? Amy?

Amy Roussel - RTI International – Organizational Sociologist

In this case, I think around the technology aspects around it, you probably need to think about whether you're going to need ongoing training for technicians, but the goal would be for this to become part of standard operating procedures as it has from the original innovators here, as it's spread to these 22 different practices.

You look at, if you follow the little magnifying glass, one of the case studies that we examined in developing this guide really talks about how a process-improvement innovation got incorporated into one large hospital, regular operating procedures. Obviously, that's a process. It doesn't happen overnight, but it's worth thinking about from the get-go. How are we going to get to that point where, in a sense, this is not an innovation anymore, it's part and parcel of what we do?

Jeneanne Rae - Peer Insight - Co-Founder and President

Well, thank you Cindy and Amy for doing such a great job of explaining the guide. I can't overstate what an incredible tool this is for people that are interested in managing the change required for innovation. It's really fantastic.

Now we've reached the portion of the presentation that everybody's been waiting for, the Q&A. To ask a question via the telephone, press *1. At that time, an operator will place your call in a queue and let you know when you can ask your question. To ask a question via your computer, type in your question in the field located at the bottom left of your screen labeled 'questions.' Your question will be sent directly to the moderator.

Okay, let's get a question on the table. This comes from Paula. She asks, "Does the guide assist users to consider potential risks or harm?"

Cindy Brach - AHRQ - Senior Health Policy Researcher

It does indeed, Paula, and let me quickly grab control of the display here. We'll go back to the table of contents, and you see here in module two, there's a question at the bottom here about what are the risks. We actually tried to think about not only what are the risks of doing something, but what are the risks of not doing something?

We've outlined here a lot of the different kinds of risks that one might face from doing or not doing, thinking about strategic risks such as your position in the market, thinking about political risks, medical risks, regulatory or legal risks, operational risks, financial risks. There are all these different kinds of risks, and this is actually one of the few tools where we didn't link out to a resource on the Web, but we developed what we call a thought exercise of trying to help you project what those risks might be.

We said imagine yourself in one of these situations, so the first one here is explaining to the board of your organization why the innovation failed. If you can do a really good job of imagining yourself in that position and if there's a lot to say, then you can go back, think "okay, can I address those reasons for failure?" If you can't then maybe the risks are too high, but it can help you identify and address those risks or alert you to a potential mismatch. Thank you, Paula.

Jeneanne Rae - Peer Insight - Co-Founder and President

Great, I have another question from Paula, either this is the same Paula or a new Paula, but here we go. Do you compare the data from program evaluation with an existing body of knowledge from systemic reviews or other meta analyses?

Cindy Brach - AHRQ - Senior Health Policy Researcher

Let me take you to the evaluation. We're sort of ping-ponging you guys a little bit on the display here, but we haven't done that for the guide, itself, but you remember module four deals with some questions about measurement and thinking about evaluation. Looking in the measurement section, we talk about what kinds of measurement you might want to do and offer some tools.

For example, we have here a whole workbook on planning and evaluation that might help you think about some of those issues. Very often meta analyses aren't going to be possible, but this particular tool helps you think about what it is the activities that you're undertaking, what are the outputs going to be, and then what are the outcomes and indicators of that? I should add a caveat here which is, of course, that AHRQ in no way endorses these tools. These are tools that Amy and her team and I found that we felt illustrated some of the concepts that we felt that was important to making the adoption decision. Of course, it's also a chance to try and keep these links up-to-date, so one of the things that we ask you is when you find a link that doesn't work because they've changed the URL, let us know, and we try and fix that.

Jeneanne Rae - Peer Insight - Co-Founder and President

Well, I'd say also, I love these tools. I think they're world-class tools, and they've been authored and many times by organizations that are doing very much best practices work, so in a way, you've saved people a lot of time in trying to find the tools and blessed the tool in a way for being applicable to the situation. I have a question now for Judy from Cathy Evans. She asks that is the Innovation Exchange interested in health IT in general or only in tailor medicine?

Judy Consalvo - AHRQ Center for Outcomes and Evidence - Program Analyst

Thanks, Jeneanne. No, we are addressing health IT in general, and as a matter of fact our August 5 issue will focus on innovative integration of health IT and care delivery.

Jeneanne Rae - Peer Insight - Co-Founder and President

Great, okay, I have another question. This is interesting. "Could the authors talk more generally about what changes an adopting organization would have to make?" That's a question for either Cindy or Amy I would imagine.

Cindy Brach - AHRQ - Senior Health Policy Researcher

Did we switch over the Website again? I now seem to be offline, but there is a section of the guide that talks about, sorry, we're having a little technical difficulty. Amy, do you want to talk a little bit about the change management section in module four?

Amy Rousel - RTI International – Organizational Sociologist

I'm actually first going to direct post to module three on the "Can We Do It Here?" There's some questions about are we ready for this change, what changes will we have to make, where we think about structural changes, process changes, workforce changes. We tried to structure it for users so they can think about the multiple dimensions of change. Because the guide is really about decision making more than implementation, we can't go into the full detail about how we're going to implement this and how will we manage change, but I think if Cindy had her tool in front of her know, she'd be clicking you to several different tools that are linked from the guide about how we would manage change.

As Jeneanne talked about without change management, there's a lot of risk, and it can be a huge downside. Even though the guide, itself, needs to stop short of saying, "Here's how you manage change," it does have some links to several resources for managing communication, managing planning, managing the organizational change process, and so forth.

One of the dimensions, for example, that I think is best is prompting you to think about all the different stakeholders that you need to consider in managing change. It's easy to think about the direct stakeholders, the ones who are closest to the process, the innovation, the change. Sometimes it helps to structure your thinking a little bit more and think more broadly about who else holds a stake in this. Who else can influence it? Who else is going to be interested in this? There're some structure tools available as well for thinking through those issues systematically.

Jeneanne Rae - Peer Insight - Co-Founder and President

I would add one other thing, and that would be to get those stakeholders into the process as early as possible. The more feedback that you get, the more buy-in that you will get, and the more very interesting points-of-view about it. No innovation can be done in a vacuum, and certainly, in the services environment and in healthcare environment there're many, many stakeholders to consider as you mentioned.

Here's a question from Heather Mallard. She asks, "Is this innovations practical for small facilities?"

Cindy Brach - AHRQ - Senior Health Policy Researcher

Well, it's an interesting question because as I said before, at first flush I would've thought no, but in fact, what the innovation developers say on the profile is that a technician can actually be shared amongst several schools and facilities that are in close proximity. They estimated that you would need an enrollment of about 150 to support a full on-site technician, but that one could be shared amongst smaller facilities. I think the same thing could go on the physician side as well, but it requires not huge geographic distances to be able to allow that technician to move from facility to facility.

Jeneanne Rae - Peer Insight - Co-Founder and President

Great, okay, next question, we have a question from Bob Polson; asks a very provocative question. "Does the tool address the critical need for governance entities around the innovations? In particular,

how do you identify if current governance bodies are sufficient to adopt and implement and sustain the innovation?”

Cindy Brach - AHRQ - Senior Health Policy Researcher

Amy, if you want to chime in, just let me know, but one of the things in the guide is looking at stakeholders, and there are some stakeholder analyses matrices to help you think about who are the stakeholders and where are the areas of resistance might be and getting buy-in from them. I'm not sure I've entirely addressed the question. Amy, do you have something to add there?

Amy Rousel - RTI International – Organizational Sociologist

The other place I would look, Cindy, that's in module four. The other place I might look is in module three under “Can We Do It Here?” The question, “What changes will we have to make?” Bob, I hope I'm getting to the notion of governance structures. The first question there under, “What structural changes are needed?” we tried to systematically go through what some of those changes would be, including creating new departments or consolidating existing ones, changing lines of authority, responsibility, accountability, changing managers' span of control, all of these by way of prompting the potential adopter to at a minimum to think about these things. That's pretty much all we can do with this guide.

Our goal is to provide a structure and some systematic process for adopters to, if they want to consider governance, to go through this. We don't expect everyone is going to ask and answer all the questions that are in this guide. We feel like it's our responsibility to put them out there. I hope that's getting to the governance issues that you had mentioned, Bob. Oh look, Cindy's got the guide back.

Jeneanne Rae - Peer Insight - Co-Founder and President

Very good, I would also add the nature of the questions might signal what kind of changes in governance might be necessary, so I think it's important to have a look at those things right away to think about whether the current governance structure can handle this kind of change that's being outlined and innovation that you might be looking at.

Here's a great question that has to do with the culture in an organization. Cindy or Amy, do you have any advice on changes related to the organization culture in order to accept or be open to other change?

Cindy Brach - AHRQ - Senior Health Policy Researcher

It's funny because I was just trying to bring up another aspect of the guide as we were talking about the last question. You can see I'm here at the beginning of the guide where we talk about the compatibility. First, I just want to point out that there is not a single culture of an organization. We talk about a patient care culture, a business culture, a management culture, a professional culture, interpersonal culture, quality improvement culture, so when you talk about a cultural change, you really need to first get clear on what aspect of your organization's culture you're talking about.

In terms of thinking about changing your culture, you're going to want to go down into module three and look at the changes that will be needed. There are instruments that talk about how ready is your staff to actually making changes, and that can start indicating where the openings, the opportunities. Again, thinking about the kinds of changes that you would have to make. Amy, anything to add on that as I'm scrolling through here?

Amy Rousel - RTI International – Organizational Sociologist

No, I think you clicked on both the things that I would have. It's just first, there're some tools for assessing your organizational culture, basically, to get a sense of how open to innovation it is and so forth, and then what Cindy was talking about in the latter part there was really assessing readiness for change on the local level. I think the only thing I might add is that – this is my organizational sociologist speaking – you can't change culture by fiat. You can't wake up one morning and say, “Hey, you know what? Suddenly we're going to become a free-thinking organization.” This is not how culture works. I think you're very, very smart to be thinking about culture, just needing to recognize that it's a pretty rich, pretty interconnected thing that can't be changed by decree, but does and can change over time.

Jeneanne Rae - Peer Insight - Co-Founder and President

I would add one other resource, too, and I think in each one of these case studies you've included the contact information for the actual innovator. The innovator might be a great resource just to ask those particular questions about culture things that might not necessarily be conducive to writing down, but certainly, anecdotally can convey a lot of really good information and situational information about change.

Cindy Brach - AHRQ - Senior Health Policy Researcher

I'm so glad you mentioned that because one of the really unique things about the innovation profile database is that contact information because we know can't put everything you want to know about innovation on a few pages. You're really going to need to talk to people who have been there and done that.

Jeneanne Rae - Peer Insight - Co-Founder and President

Great, thank, Cindy. Here's a great question from Kathleen Rutkowski. She says, "I just wonder if the average healthcare manager who is responsible for introducing innovations will actually use this guide. It seems the guide is best suited for change agents, not the average manager who will be more interested in someone else evaluating an innovation for suitability for adoption." Can you comment on that?

Cindy Brach - AHRQ - Senior Health Policy Researcher

Yes, and I think you've raised a very good point, Kathleen, and that's one of the reasons why we're so pleased to see a good number of change agents because certainly, those who consult with organizations or help lead, but one of the things that we found a lot of interest are there are quality improvement staff, for example, at some healthcare organizations who are actively looking for innovations or in charge of that kind of activity.

There are people who are healthcare decision makers who would, we hope, find this useful. We're not expecting the CEO and COO to be sitting down and spending a lot of time with it, but people who feed into those decision-making processes. When we tested it out, we did test it out with people who were in healthcare organizations. Again, they'll probably find a little piece of the guide that speaks to them and concentrate there.

Amy Roussel - RTI International – Organizational Sociologist

Right, when we were testing, what we found from our testers was a variety of way in which they use or envisioned using the guide. In some cases, they would use it in a group process, sitting around together in a decision-making meeting or discussion meeting and walking through parts of this guide.

In other cases it was kind of like what you outlined in the framing of your question, Kathleen, which is that essentially the decision maker would send somebody else away to work through the guide and come back with a recommendation or a set of options. I think even if the decision maker is not the one picking up the guide or clicking through the guide, they can have their minions do it or whoever do it, but it insures that a systematic process is taking place.

I think that can give, especially your busy executive, that can give them a lot more confidence in the decision that's made because they know that it wasn't haphazard. That there was a process and some systematic addressing of the important questions there.

Jeneanne Rae - Peer Insight - Co-Founder and President

Very good, I just want to remind the audience out there if you want to get into the queue, please, a little faster, actually, you can press *1 and ask your question to an operator who's standing by who will relay it to the team here.

Judy Consalvo - AHRQ Center for Outcomes and Evidence - Program Analyst

She'll actually hook you into the conference and you can vocalize your question to us directly.

Jeneanne Rae - Peer Insight - Co-Founder and President

Here's another comment from Kathleen Rutkowski, she says, "I think this guide would be an excellent basis for a certification course intended for healthcare managers and administrators." I think that's a wonderful comment. It also hooks together with this other question that came in from Claudio just now who I think is really interesting, would love to hear you comment Amy and Cindy, he asked, "Would you support making the adoption guide a medical and nursing school topic?"

Amy Roussel - RTI International – Organizational Sociologist

You know it's interesting, but this, Cindy, I'm going to jump in because as you know, my colleague down the road here at UNC is working on a master's program in France, and he's using this adoption guide as part of his curriculum. I keep saying, "Tom, you really need to fly me over so that I can help you with this," but this is a relatively new master's in public health program in France that in about, I think he said half of their students are basically already administrators in France or the EU and half are in overseas locations, primarily Africa and the Middle East. This is getting used already in teaching settings, and the spread I think amazed us. When I found out about that, I was like, "Wow, who knew?"

Cindy Brach - AHRQ - Senior Health Policy Researcher

I didn't. Thanks for sharing that, Amy.

Jeneanne Rae - Peer Insight - Co-Founder and President

Wow, I think it's a really interesting point-of-view, especially when you think about that the best model for innovation or actually pervasive model where everybody is responsible for being innovative and to actually be training people as they're in school that this is expected of them and how other people have done it in the past is a really great contribution. I have now another question for Amy. "How do you envision people using this guide in conjunction with the HCIE?"

Amy Roussel - RTI International – Organizational Sociologist

Side by side if possible. I think the idea, and Cindy sort of outlined this in the very beginning. The idea is it would be very easy. If you like innovation, as obviously many of us do, to get there on the Health Care Innovations Exchange and suddenly feel like a kid in a candy store. There're all these bright, shiny, wonderful-looking innovations.

I think it could be exciting at first and maybe even a little overwhelming, and so part of the reason that the guide is housed on the Innovation Exchange is to facilitate the process of here's an innovation that might work for us. Let me do a little systematic thinking about it rather than just "oh, bright, shiny, I want" kind of thing.

So our idea all along, and Cindy can speak to this probably more eloquently than I, was to provide it as a tool in conjunction with the descriptions of the innovations so that people could very easily use it to consider innovations for their own settings because few innovations can just sort of come off the shelf and into your healthcare setting and suddenly, everything is seamless and happy. The idea is having the guide, having the descriptions, and literally using them side by side.

Cindy Brach - AHRQ - Senior Health Policy Researcher

Frankly, Amy, we thought this could be actually an aid to efficiency because very often we hear about failed attempts at adoption and if the guide can help identify fatal flaws or obstacles that with some early planning you can overcome, then we've avoided wasting resources on failures.

Jeneanne Rae - Peer Insight - Co-Founder and President

Great, thanks, Cindy. Thanks, Amy. Those were great descriptions there. Let's take another question from Bob Polson. This goes back to the issue of the culture. "Regarding the issue of changing the culture in an organization, what info does the guide provide regarding how to assess the culture or readiness of the client to want and take advantage of the innovation being considered?"

Cindy Brach - AHRQ - Senior Health Policy Researcher

Well, I think you get right here into module three. Amy, are you with me on this?

Amy Roussel - RTI International – Organizational Sociologist

I am.

Cindy Brach - AHRQ - Senior Health Policy Researcher

Okay, so right beginning of question one of module three is we ask is the staff open to change, and you need to really understand how your staff is thinking about the way things happen now and the way that they do it now. You're going to have a lot more success doing something differently if there's already some dissatisfaction with how it's done and thinking that there is a more efficient way of doing it or that we could be doing a better job than we're currently doing.

Starting to think about how open they are to change, thinking about your other stakeholders, really nailing down what those changes are going to have to be, and then what is the process by which you actually change. You need to think about the work processes. For some strange reason, it often gets left out of people's planning. They think about the physical space. They think about the staffing needs, and they don't think about how that day-to-day how we handle things is going to have to change.

Amy, I'm going to pause here, see if you want to jump in here, and then maybe I thought we'd go to module one to talk about culture a little bit more.

Amy Roussel - RTI International – Organizational Sociologist

No, that's exactly where I would've headed, so why don't you go there because there are some tools there for assessing organizational culture.

Cindy Brach - AHRQ - Senior Health Policy Researcher

Go for it.

Amy Roussel - RTI International – Organizational Sociologist

Look, there you are, navigating. Cindy's going to module one, Does the Innovation Fit? Then under that issue of compatibility which we've talked about a lot, going back to that notion of is it compatible with our mission, our values, and our culture, and there's the tool icon. Cindy, I'm going to let you click on it.

Cindy Brach - AHRQ - Senior Health Policy Researcher

Yes, actually you're not because we had to make an adjustment to that URL. That tool is there, but it's not at that URL, so I'm afraid that's a little fix that we need to make after the conference call, but what that is that there's an actual assessment instrument that can help you think about taking stock of your own organization's cultures, so knowing what your starting point is, and that'll help you look at what the fit is between this innovation and what you've already got.

Jeneanne Rae - Peer Insight - Co-Founder and President

That's fascinating, you guys, thanks a lot. I think you've thought of everything. I am so impressed with this guide and what it does. Here's another question for Amy. "Amy, do you always need to build a business case for an innovation."

Amy Roussel - RTI International – Organizational Sociologist

Oh, I love this question because I think so often people think business case, they think ROI. They start costing things out, and they throw their hands up in despair because some things it's difficult to put a cost on. I think as we tried to talk about, and I don't know if Cindy's navigating to the right pages there, there're multiple ways of building the case that don't necessarily involve the elaborate costing and ROI analyses that are involved in the business case.

As we talked about, sometimes there can be this notion of clarifying what's a strategic imperative or, in the case of one of our sayings, "What's the right thing to do?" That's why we really wanted to include explicitly here in the guide the understanding that the business case doesn't always rest on a financial analysis. Sometimes there's a business imperative that doesn't translate in to dollars and cents as it says here on the guide. We've outlined here a handful of bullets in module two of other things to think about as you're building that business case.

I think the other thing to think about here is know who your decision makers are. Some of them are going to require dollars and cents to be able to make a decision, and if you know them well enough, you will know that about them. Some people, it's not about dollars and cents. It might be about a personal vignette, a case history, a story of an event that could have been prevented if this innovation was in place. I think partly it's knowing your audience when you're presenting and building a case.

Cindy Brach - AHRQ - Senior Health Policy Researcher

You actually found that in the case studies where, somewhat to our surprise in this day and age, that there were organizations who said, "You know, we didn't do a financial business case. We just felt it really aligned with our mission, and this is what our organization is about, and we set out to do it."

Jeneanne Rae - Peer Insight - Co-Founder and President

Great, I have a wonderful follow-up question from Ron Creston. He asks, "What information or suggestions do you offer measuring success of the innovation?"

Cindy Brach - AHRQ - Senior Health Policy Researcher

All right, well that's going to get us into evaluations, so I'm going to go back to our main table of contents here and talk about how would you measure impact? I think I may have brought this up. We have two things here that can help you think about it. One I'm not going to click on because it's a really big publication so it takes awhile to load, but the Kellogg Foundation helps you think about putting together a logic model for the innovation, really understanding what are the activities, what are the consequences of those, and really help you follow it out so that you understand the theory of how the innovation's going to lead to the results.

Once you've constructed that, then you need to say, "Okay, well, how am I going to measure this?" We have this workbook on evaluating, a guide for evaluating, I brought up earlier. We also think at the end of this module about monitoring. Let me see if I can find that. Amy, did you have any additional thoughts on this?

Amy Roussel - RTI International – Organizational Sociologist

No, my main thought is I'm so glad that somebody asked the question because this is something I think in our early iterations of this guide, we wondered about how to give this the appropriate emphasis because you're right that if you can't measure and demonstrate the success of an innovation, you may have a tough time making the case for broader spread or uptake.

Some of the innovators and forward-thinking people that we talked to in developing the guide were really, really clear on, "Look, you need to know from the get-go how are you going to define success? How are you going to measure success? How are you going to monitor success?"

Cindy Brach - AHRQ - Senior Health Policy Researcher

What I brought up here is one of the tools that we've linked to that is about outcome measurement and provides some thought about how you're actually going to measure those outputs, those changes, looking at short-term, intermediate, and long-term goals because it's really important to make those distinctions and to recognize that your ultimate outcome may take awhile to achieve, but you need to be able to figure out whether or not you're on the right track along the way. Developing a series of outcome measurements that can help you monitor the implementation of the evaluation and adjust it if you need to.

Jeneanne Rae - Peer Insight - Co-Founder and President

Wonderful, okay, I have another question from William Zellmer. He asks, "Are there some good examples of folks in the field having used your guide with good results?"

Cindy Brach - AHRQ - Senior Health Policy Researcher

I have to say one of the frustrations about working for federal government is we're limited on what kind of data we can collect. We put out these great resources, but unless we commission an independent

evaluation, we cannot capture the use of the guide in a general way in terms of collecting information who downloads it or accesses it.

We've had some interest in organizations that are working on patient safety and who've integrated this guide as part of their online virtual handbook around quality improvement in patient safety. They thought it was very useful for the thinking that they were doing about trying to innovate to create a safer healthcare delivery system. That was in a multi-hospital organization on the east coast.

Amy, have you heard any other stories? Frankly, if any of you start using the guide, please, send us information back on how you're using it and how you find it useful because we get these as anecdotes and snippets, unfortunately.

Amy Rousel - RTI International – Organizational Sociologist

Exactly, and as a pointy-headed researcher, I have to say that the plural of anecdotes is not data, and so we would love to be able to know how it's being used and that it's being used because our vision all along for this is that it should be a living document. That's why we need to keep checking these links to make sure they're alive. We want to be able to update it as learn more about how it's used and what people are finding useful in it.

Jeneanne Rae - Peer Insight - Co-Founder and President

Great, thanks a lot. These are great questions. I have another question from Dr. Gary Wainer. He says, "This process seems to be very cumbersome in the process of deciding on an innovation as compared to rapid cycle." Could you comment on this comparison?

Cindy Brach - AHRQ - Senior Health Policy Researcher

Well, actually, I don't think that they are juxtaposed at all. Rapid cycle says you do a quick test of the change, and then you see what the results are, and then you try it again. You change it if you need to, you credit, etc. I think of this almost, some parts of the guide are what you'd want to think about even before you launch on your first test. The testing process is when you already think you have something that you want to do, and you want to see how you would do it, but there's going to be some innovations which you shouldn't even bother testing.

First, the guide can help you weed out those, and then the guide does even address this question in module four which says, "Can we try the innovation?" We brought up earlier the IHI plan, do, study, act tool, but we strongly support the idea of trying out the innovation. We know that the research says that if you can do that, you're more likely to have a successful implementation, and that there're different ways of trying out. You can try it out for a limited time. You can try it out on a small scale, or you can phase it in. I don't see there being any kind of tension between the idea of rapid cycle, quality improvement, and using guide.

Jeneanne Rae - Peer Insight - Co-Founder and President

Yes, I see rapid cycle as more or less a process element, but what I love about the guide is it puts so much more context around what you're trying to do that it sort of failsafe that you'll be thinking about all the things that you need to think about.

Cindy Brach - AHRQ - Senior Health Policy Researcher

I just want to address one other aspect of the comment which it used the word cumbersome. I certainly see how you could come to that conclusion if you were managing yourself, working through every question in this guide, and that that would seem kind of cumbersome, but we're hoping that people will use the guide to really jump to the areas that speak to them, and in that way, it would be the opposite of cumbersome. You'd really be able to be able to navigate right to your pressing issues and find the information that you need and is going to be helpful.

Jeneanne Rae - Peer Insight - Co-Founder and President

Next question, and we're getting down to the last questions that we can have, but this comes from Claudio. He asks, "Are there significant differences between the adoption guide and the Six Sigma or Motorola quality systems?"

Cindy Brach - AHRQ - Senior Health Policy Researcher

Yes, indeed. I am a no-belt. I have not done any Sigma training, so I can't profess to be an expert and make a great comparison, but Six Sigma has a very standardized approach. They teach people how to go about choosing their innovations or their quality-improvement projects. They have to come up with very precise measurements. They have to do it on a very precise timetable.

There's a real whole Gestalt to how to do that, and they have one full training to really get you to be an expert in your own organization and then be a mentor to others. This guide, I'm sorry to say, doesn't even come anywhere near those standards, and that is it's one tool to help you think through some of those things, but in no way does it take the place of a rigorous training course that has a whole methodology to it and really is almost a philosophy that organizations adopt whole cloth.

Jeneanne Rae - Peer Insight - Co-Founder and President

That's a great response.

Amy Roussel - RTI International – Organizational Sociologist

Funnily, enough, Six Sigma has a process improvement initiative is one of the innovations that we studied the adoption of in the development of this guide. One of the case studies at the back end of the guide is about exactly that, a hospital deciding to embark upon Six Sigma and how they engaged in that decision-making process, how they decided to do it, what they took into account, and so forth. I see Six Sigma and the Motorola process as innovations in themselves in a way.

Jeneanne Rae - Peer Insight - Co-Founder and President

Great, okay, here's our last question, and it comes from Dr. Shirley Brown-Ornish. She asks, "Are you available for questions after the Web conference participants have reviewed the materials further?"

Cindy Brach - AHRQ - Senior Health Policy Researcher

Oh, this sounds like a planted question. We would love to hear from you. As Amy said, she and I, we crave for interaction with people who are actually using the guide. For me, I'm the government. I'm here to help. Amy has been doing this on the good graces in that the project that she was contracted for and doing the research for this guide and helping develop it has long been over and has been helping us publicize it and help people understand it, but please, use that. It's both on the Website in the 'contact us' area: Innovation@innovations.AHRQ.gov. Please, ask us your questions and tell us your experiences, and we will get back to you. I may be on vacation a little bit in August, but we will get back to you.

Jeneanne Rae - Peer Insight - Co-Founder and President

Well, many thanks to Cindy and Amy and all the participants that came today and for your fabulous questions. It's been an amazing 90 minutes. We covered quite a bit of ground today in our examination of the process of making a decision about adoption of innovation. Judy, can you close this out and introduce the evaluation form?

Judy Consalvo - AHRQ Center for Outcomes and Evidence - Program Analyst

Sure, absolutely, I'd like to thank everyone who submitted questions and for the discussion and rich exchange of information. If you care to continue the discussion on the adoption of the innovation highlighted here today, we encourage you to go to the profile on the Innovations Exchange site and drop comments on the comment pad.

That innovation is remote visits by pediatricians for sick children at inner city and other childcare centers. We will contact the innovator and followup with further dialogue. If you have any questions about the adoption guide, you can contact us at any time: info@innovations.AHRQ.gov, and if you want to subscribe to receive email updates, you can do so at [http://innovations.AHRQ.gov/contact us](http://innovations.AHRQ.gov/contact-us), and you can see this up on your screen.

Before you leave, we'd really value your feedback and hope you can spend a few minutes completing our evaluation. Click the link on this page to answer, and then submit the form that will appear on your screen. On behalf of AHRQ, Jeneanne, Cindy, and Amy, thank you all again for your participation.