



Identifying & Nurturing Physician Champions

Steven Tremain, MD, FACPE

Physician Improvement Advisor

Cynosure Health

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American Hospital
Association®

HRET

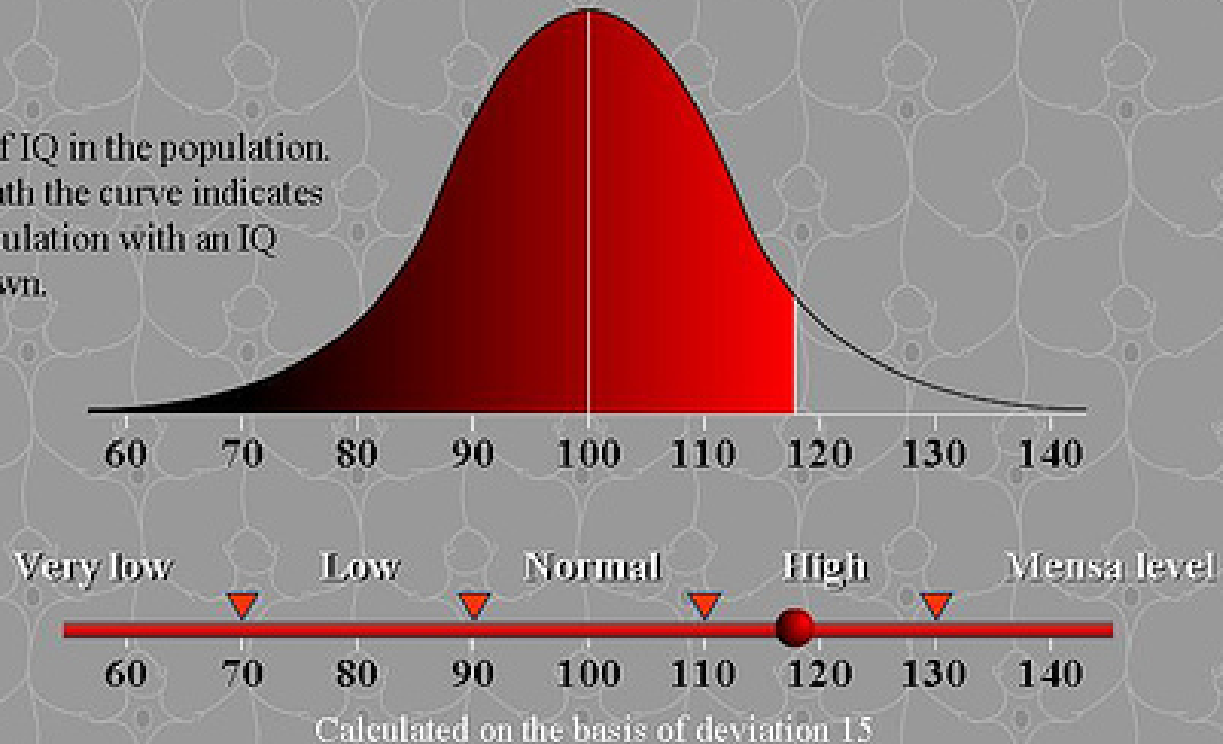
HEALTH RESEARCH &
EDUCATIONAL TRUST
In Partnership with AHA

Do you need an MD Champion?

The test is completed

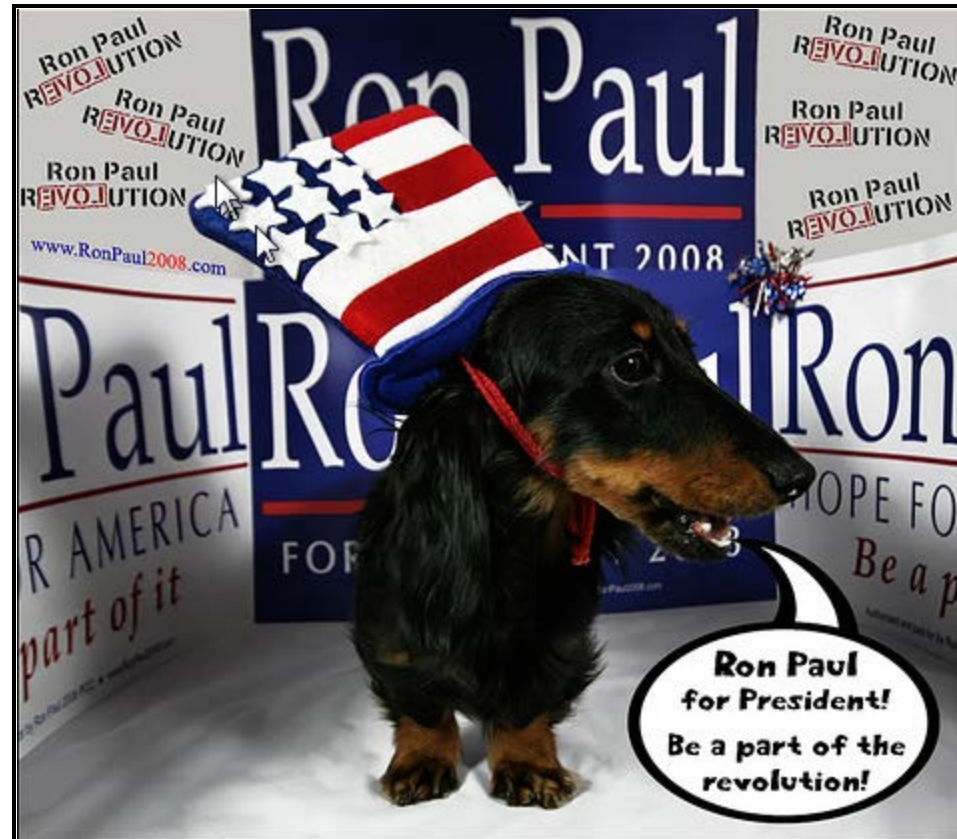
Your calculated IQ is 118

The distribution of IQ in the population.
The red area beneath the curve indicates
the part of the population with an IQ
lower than your own.





What Does a Physician Champion Look Like?





Passionate about Quality

Quality is highest priority

Great dissatisfaction with the status quo

Natural interest in systems and how they affect work flow

Clinically respected by peers

High degree of common sense and judgment

Courage



Characteristics to Avoid

Filling up a resume

Climbing the career ladder

Hidden agendas (influence or monetary)

Path to a better life style

Over-technical

A "Witch Hunter"

Clinically dogmatic with weak evidence



Secrets of the Super Salesmen: Roger's Diffusion Model

Key factors

The innovation must be perceived to have:

Relative Advantage



an advantage over the "old" way of doing things

Complexity



low complexity, i.e., easy to learn, use, teach or implement

Observability



visible, observable improvement over the "old" way of doing things

Compatibility



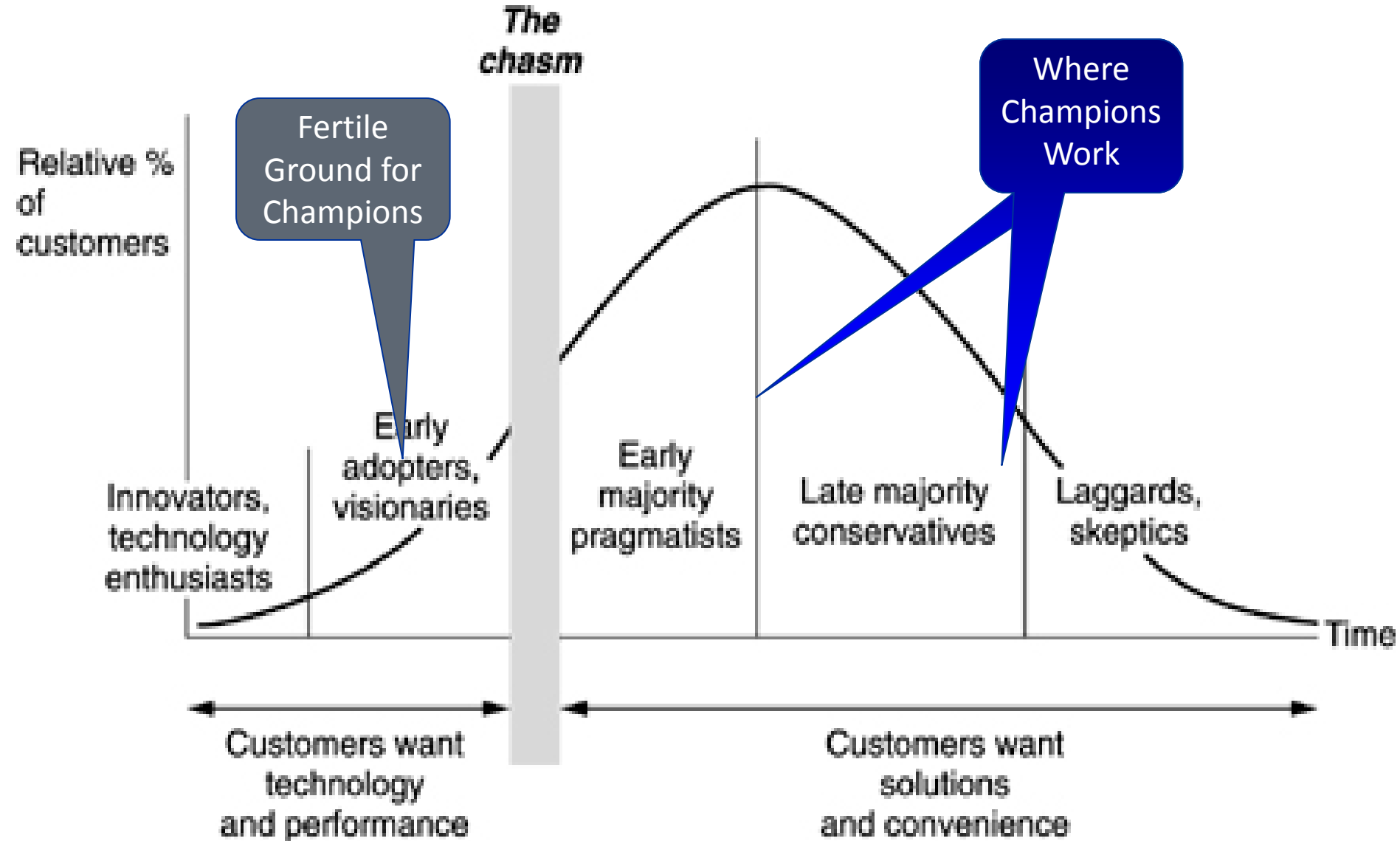
compatibility with current ways of doing things

Trial-ability

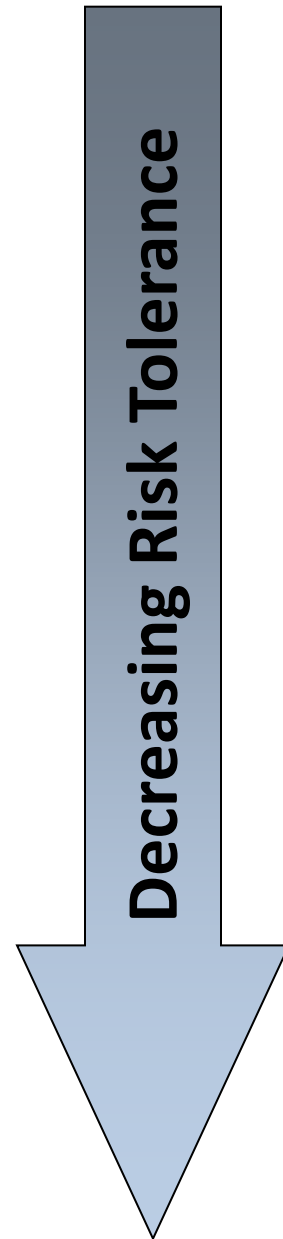


the ability for the innovation to be tried in pieces or without a full commitment

Adopters and Who to Persuade First



CATEGORY	CHARACTERISTICS
Innovators (2%)	<ul style="list-style-type: none"> ■ Venturesome ■ Socially Isolated ■ High Tolerance for Risk
Early Adopters (14%)	<ul style="list-style-type: none"> ■ Well respected ■ Extensive social network ■ Judicious use of innovation
Early Majority (34%)	<ul style="list-style-type: none"> ■ Deliberate ■ Interconnected ■ Modest risk taking
Late Majority (34%)	<ul style="list-style-type: none"> ■ Skeptical ■ Responsive to social norms and economic necessity ■ Low tolerance for uncertainty, risk
Laggards (16%)	<ul style="list-style-type: none"> ■ Traditional, suspicious ■ Relatively isolated





Where to find them

Hospital Committees

Medical Executive Committee

Quality and Improvement Task Forces

Journal Clubs

Ask the Nurses





Champion Skills to Enhance: Part 1

Understanding change management

- Roger's diffusion model
- Identifying the likely early adopters

Judo communication – avoiding the straight on confrontation

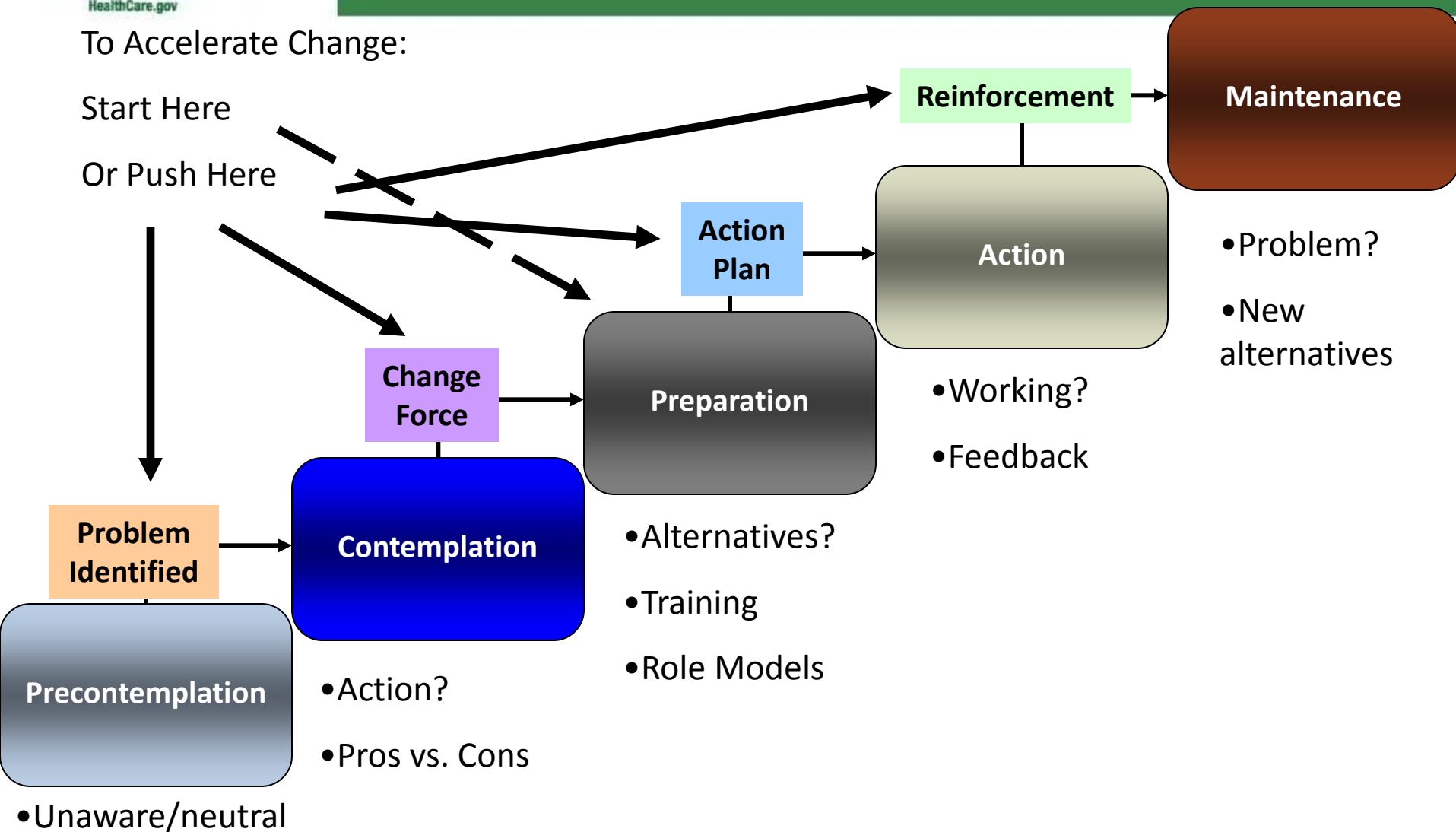
- “What do we have to modify to make this work here?”
- “Do you have evidence for your approach that could help us all learn?”

Prochaska's Model

To Accelerate Change:

Start Here

Or Push Here





Champion Skills to Enhance: Part 2

**How to
translate
practices
into
meaningful
outcomes**

**How to use
data/results
to drive
behavior**

**Creative
thinking to
help create
small tests
of change**

**Knowing
when to use
diplomacy
and when
to stand up**



Champion Tool-Kit





Cardinal Mistakes: Part 1

Starting with a committee

Going to the MEC/VPMA too early

Trying to be the “cop”

Going to administration for \$



Cardinal Mistakes: Part 2

**Giving up
following the
initial blow-back**

**Unilaterally
mandating a
change**

**Ignoring
business
relationships**

**Equating ability
to change with
clinical ability**



Optimizing The Impact

Get them in front early

- Building agreement on the vision – avoid the details initially

Key components of spread

- “Did you hear what happened to Dr. X’s patients?”

Recognize early, recognize often

- Privately and Publicly

Prepare for the few “Moments of Truth”

- Disagreeing \neq Dislike





Guaranteed Burnout

One doc for 8 projects

Forcing non-elected docs to have the “crucial conversations”

Using the whip when progress plateaus

Projects longer than 6-12 months



QUESTIONS? COMMENTS?