The Continuum of Change Management

WHY RELIANCE ON TECHNICAL EXPERTISE IS DRIVING UP YOUR TOTAL COST OF OWNERSHIP AND WHAT YOU CAN DO ABOUT IT
Executive Summary

The solutions to the operational challenges a behavioral healthcare organization must face can be viewed through a spectrum of technical expertise, ranging from simple issues that require a fifteen-minute conversation with customer support to complex functionality adjustments that require the software code to be revised by a team of developers. We call this the “continuum of change management”.

The type of business solution a behavioral health organization has in place will determine where on the continuum the majority of its challenges will be addressed—the more technical the issue, the more time and resources required for resolution. The inherent inflexibility in traditional electronic health records (EHR) software means that, for the care organizations that use it, solutions will come from the technical (and costly) end of the continuum.

In behavioral health care, ongoing regulatory revision and incentive programs drive the need for rapid adaptation in an EHR solution. Organizations that wish to keep their change management cost-effective and capitalize on incentive programs must leverage a configurable solution in platform technology.
Change Management is a Continuum

There comes a time when business leaders make an honest survey of the organizational landscape and decide it’s time for a change—or alternatively, change is thrust upon them. Whether it’s a matter of revising workflows, getting on board with current generation technologies, or ironing out operational inefficiencies, change management is an important and necessary process for the continued success of a business or institution. If we borrow John Kotter’s example from Forbes, change management is an approach to transitioning individuals, teams, and organizations to a desired future state.

Change is an inevitable and often uncontrollable variable in the daily lives of community behavioral health agencies, and technology can either help or hinder an organization undergoing transitions. Legacy software solutions empower legacy modes of thought, and make departure from deeply established systems complicated. Overcoming the status quo requires leaders to influence the thoughts, attitudes, and behaviors of their people—a task that is difficult in and of itself without inflexible, non-performant technologies compounding the challenge.

Problems or changes in the workplace require solutions, and there is a big difference in time, cost, and effort depending on how they are resolved. Think of the manner in which organizational challenges are addressed as falling somewhere on a continuum between two forms of support:

On one end, relatively minor issues, such as account configuration, troubleshooting, or general questions, can be addressed by customer support. These types of challenges are usually resolved over the course of a fifteen minute phone call with a specialist. The process is normally fast and painless—and most often free! But as problems push past the capacity of customer support and require more advanced technical skills to overcome, the further down they land in the continuum of change management.
On the far opposite end lie challenges that simply can’t be solved without rebuilding portions of the product itself. This, for example, could be the need for a new field resulting from a recent update in regulatory requirements, and it typically requires paid hours, days, or even weeks of an engineer’s time because the underlying code must be revised. The costs and delays are substantial for the client party.

Organizations that work with legacy EHR software solutions will find themselves on the far end of the change management continuum for the majority of the time. Traditional software is designed with a specific set of tasks in mind. Its functionality is not meant to be manipulated by the user beyond the original purpose it was built for, and requires customized releases to address unique contextual challenges. New features must be bolted on by manipulating the core code of the EHR, subjecting organizations to lengthy development delays and the engineering costs they entail. This is an all too common pain point for behavioral health organizations (who wish to constantly improve the quality of care while remaining compliant under changing state and federal requirements) and will continue to be a problem until their challenges can somehow be met on the closer end of the continuum of change management.
Continuous Change, Slow Adaptation

“The only constant is change”—probably one of the most abused clichés out there, but in the case of health care it happens to be true. Can you remember a time in which policy change was challenged and ultimately prevented? Even in the specific context of health care, several recent examples of failed opposition can be immediately recalled. ICD-10, the Affordable Care Act, and Meaningful Use, to name a few, still went forward regardless of the communal uproar. But to their credit, those opposing voices were somewhat justified in their protests. Regulatory compliance involves a lot of work. Even though most understand the purported benefits of policy updates, it doesn’t necessarily make them easy to keep up with.

Executives and managers are frequently asked to report performance against a constantly changing landscape of measures. They are called on to respond quickly to business opportunities and risks, control costs, and do it all in a way that maintains the focus on patient care. The typical EHR experience has not been very accommodating. Its hard-coded nature means the decisions managers make over design requirements when choosing an EHR are essentially etched in stone until the next customized release. Implementations are long and costly, and the knowledge that management decisions are irreversible is an added pressure for agencies that wish to avoid future inflexibility. Sound familiar?

The slow change model of EHR software is not only costly in terms of the development cycle, training, and implementation; organizations are missing out on emerging opportunities to further their funding and success. The limitations inherent in traditional EHR software have made it impossible for leadership to respond opportunistically to incentive programs, strategic partnerships, real-time data analysis, and any other juncture of favorable circumstances to improve the success of the organization, or at the very least, not without severely diminished returns. Some have managed this dilemma with limited success by making hard compromises. For example, they’ll elect to use an over-built product at the risk of frustrating the clinical user or incurring additional training costs. This approach might accommodate the expansion of workflows into new business opportunities to some degree, but it does not free the organization
from the dependence on engineer labor whenever a new regulatory challenge must be met. Traditional software simply lacks the agility to keep pace with the fluid nature of health care. Thus, the majority of the behavioral healthcare organization's challenges fall on the far end of the continuum of change management.

How Technology Ushers Change

Recent history has often shown us that it is technology, not just legislation, that truly ushers change. Programs such as Meaningful Use and PQRS had very attractive incentives, but many found they were ill equipped to meet program guidelines with the software solutions available at the time. What resulted was a jumble of workarounds and force-fit workflow adjustments to satisfy program requirements, which equated to a notable reduction in operational efficiency for many. Innovative technology solutions must be introduced if the health and human services industry is to take full advantage of the opportunities available.

Other industries have experienced innovation by taking a technology-first approach to engage with their respective markets. The ways in which we enjoy media consumption, communication, and shopping have been transformed entirely by innovative technologies provided by Netflix, Apple, or Amazon, for instance. Community behavioral health care is unique in a sense that this process is inverted. New or updated regulatory requirements are announced, and vendors are challenged to come up with compliant solutions. EHR software is in a perpetual state of catchup.

The health and human services industry will always need to navigate regulatory challenges that aren't found in the private sector, as healthcare regulation obviously isn't going anywhere. Still, it is worth noting the ways in which the incumbent business solutions of the private sector were unsuccessful in ushering change, and what was ultimately done about it.

The struggle for a lot of organizations has been derived from the reliance on outdated software solutions and revenue models. Consider the “Innovator’s Dilemma” (covered in a previous white paper found here). In short, many found themselves too deeply entrenched in business solutions that weren’t sufficiently addressing long-term market needs.
In the pre-Netflix days, for example, media consumption was delivered largely by brick and mortar retail outlets, some of which relied on revenue models focused around membership dues or late fees. The revenue streams of such business models were residual when considering the market needs of that time, and stifled the possibility of investing into a more adequate system. Other market challenges were derived from outdated models for data storage. Before the advent of cloud technology, data extensibility was non-existent. The common practice for a data-driven organization was to take a “better too much than too little” approach to data storage leasing, invariably leading to waste.

Meeting today’s needs with yesterday’s technology simply is not possible, particularly in health and human services. Among other new demands, behavioral healthcare agencies are called upon now to make informed forecasts for preventive measures, review the success of evidence-based practices, and ensure the appropriate utilization of Medicaid funds. The best way to meet the challenges of today in behavioral health care is to leverage platform technology the same way the private sector did in its market.

Take Apple, for example, who recognized the market for music and digital content had depended on cumbersome physical media (CDs and DVDs). Its digital content platform set an industry precedent that enabled the consumer greater access to content through a simple user interface. Over time the platform model produced more and more value as a network of music producers, developers, and technology providers flocked to it.

Platforms differ from traditional software in that they are configurable. They don’t rely on customized releases, in which the core code must be rewritten by a software engineer, in order to produce a change. Platforms are simply reconfigured and extend to meet new, individualized workflows even as requirements change over time.

Configurability means a simplified user experience and rapid changeability. Organizational challenges can be met on more manageable terms, without having to rely heavily on technical expertise. In a behavioral healthcare setting, changes can be implemented to raise clinical care quality. Incentive programs and regulatory requirements could effect positive change as intended, instead of being perceived as the next great operational challenge to overcome.
Problems that Manifest in Old Technology

Organizations that use traditional software are subjected to considerable costs, both obvious and not. Functional improvements in software are driven by a customer’s needs, and in a regulated environment that changes constantly like behavioral health, these needs are ongoing. As such, behavioral healthcare organizations often share an entire software development lifecycle with their respective vendors, but vendors will typically turn around and sell the new workflows as part of their general offerings, tilting the balance of value away from those that initiated (and paid for) the change in the first place. The dynamics of this model are reactionary; nobody in particular is empowered, and there isn’t strong support for a great business experience or great relationships.

EHR software has always observed a bolt-on approach to address the changing healthcare climate. Over the years, as regulations were passed and new opportunities were realized, EHRs became increasingly complex from bolting new services, enhancements, and modules on to older ones. Additionally, other non-integrated projects were commonly commissioned out by user organizations to close workflow or functional gaps. The complicated nature of the legacy software model means behavioral healthcare organizations have difficulty accounting for costs and budgeting for future challenges.

EHR software customers have to contend with an industry deeply entrenched in legacy infrastructures and business models. In many ways, operational waste is the status quo. The following are a few concrete examples that can be pointed to in the typical change management process.

Finding out about new regulation
A new state regulation for Medicaid providers requires a checkbox indicator on a specific document. At this point in time, the state regulating body is the only organization with the knowledge of said new checkbox requirement. Who are the ones that take responsibility for monitoring regulatory updates in your organization? Did they catch them in time? Organizations must find room in their budgets for a compliance officer or place themselves in significant risk of losing funding over a failed audit. They pay either way.
Collaboration with vendors
Maintaining regulatory compliance means ongoing collaboration with software vendors. Time and resources must be devoted to gathering product requirements that adequately respond to new regulation. Development of a customized release is time-consuming and costly. The rules engine must be carefully deployed to align with regulation, both by the vendor in their software and by the organization in their operations. But perhaps the most expensive part of this process is the fact that it is infinitely repeatable, as new regulatory requirements are published each year and force the cycle to repeat.

Training, QA, and re-training
It’s not enough to simply beef up an EHR software to meet changing requirements if the staff doesn’t know how to use it. New modules and updates to existing functionality require staff training. Misuse can very easily cause harm to the agency, and, in a worst-case scenario, cause harm to a patient. The risk must be mitigated by a dedicated quality assurance team, who can ensure the new workflows are being properly executed. Invariably, re-training is required as new policies and procedures are deployed and the staff slowly integrate new practices into the day-to-day.

Site visit impact
If the practice gets audited, how will it affect productivity? Are producing reports, accommodating requests, and demonstrating compliance to auditors going to require an “all hands on deck” effort? More importantly, will the organization fall short and lose funding? The amount of grace a behavioral health organization can maintain during an audit will directly impact costs in the form of productivity and funding. Generally speaking, audits are never fun, but software has done unfortunately little to alleviate the stress.

In summary, behavioral healthcare organizations can expect to be held back by legacy EHR software solutions. The resources required to assess requirements, collaborate with vendors, and to come up with solutions are substantial. When changes must be made, the process repeats itself. Community behavioral health agencies are subjected to a perpetual cycle of inefficiency in addition to the heavy-handed training and constant implementation, and it is for this reason that many organizations have never truly achieved cruising altitude in their daily operations.
Achieving Solutions via New Technology

The problems that persist in behavioral health IT need new solutions. Health care is a highly regulated space that is subject to ongoing change, and the organizations that can respond quickly without being mired down in a cumbersome change management process will be the best off. Other industries have already begun to leverage platform technology with great success, and the health and human services industry can benefit, too. The following are just a few examples of how.

Earlier awareness of new regulations
Platform technology enables an ecosystem of content providers and content consumers, which produces a network effect that increases the value of the platform and attracts more participants to it (this topic covered in more depth in another white paper found here). This dynamic equates to a larger source of information taken from an industry-wide approach, and allows more proactive responses to regulatory changes and customer needs.

Configuration, not customization
Because of the platform’s configurable nature, changing or adding a new workflow is a simple matter handled by platform administration. The process is easy and allows immediate deployment to multiple organizations (though the changes can be made at an organization-specific level, too). In behavioral health care, this means platform users circumvent the software development and implementation cycle and enjoy better governance of their workflows.

Simplified, mobile-app-like user experience
Employee training and quality control amount to a notable portion of any organization’s budget. Configurable platform technology enables organizations to build workflows that address their unique operational requirements with mobile-app-like simplicity. Any new or revised steps are simply folded into the existing sequence where relevant (as opposed to rolling out new modules or bolt-on features), and the end user literally cannot miss them if they are required to proceed in the process. The organization-specific workflow translates to a significant reduction in training and QA costs, as the end-user experience is simplified.
Ease site visit challenges
Platform technology provides an advantage over conventional software particularly when it comes to managing audits. Platforms are built on highly extensible data models, meaning data is actionable from the moment it is gathered. Producing reports and proving compliance requires considerably less effort, whereas getting data from a traditional software-based EHR was a laborious process often involving the services of specialists. Organizations supported by platform technology will find their risk for error significantly reduced, as regulatory compliance is baked into their self-configured workflows. Any changing data requirements can be addressed simply through reconfiguration.

Addressing Common Scenarios and Use Cases

We have discussed the differences between software and platforms in regards to change management from a conceptual point of view so far, but the benefits of a platform need not be taken on faith. The following are some real world examples of where custom software falls short and a platform approach succeeds.

Treatment Plan
The goal of a treatment plan is ultimately to provide effective care – not simply a set of services. It accomplishes this by planning and accounting for the progress of treatment goals until the patient’s eventual discharge. But the course of care often spans multiple providers throughout the intervening time, and this is where care becomes problematic for the legacy software-using care organization. Software is hard coded with a set of assumptions for a specific use case, meaning treatment plan data is only accurate with whatever framework it happens to be captured by in any given instance. Further complications arise as new methodologies and treatments become available—or required. Stuck with their hard-coded software solutions, organizations must bolt on new features to fulfill new requirements.

The platform provides a unique advantage over software in this scenario with its dynamic, accessible data model.
Treatment plan data is actionable the moment it is captured, meaning it isn’t pinned down to a context specific to one particular provider as the plan progresses and different forms of treatment are involved. Additionally, as new industry knowledge is discovered and benefits treatment, the platform’s configuration is easily adjusted by an administrator to accommodate change.

**State Reporting**
State reporting typically involves collaborating with one or more administrative body, which might include county, state, and other regional levels of mental health authority. Reporting requirements vary from one governing body to the next, but an organization’s data is limited by whatever EHR system is in place. For example, if the state-level MHA mandates a field be included in a report that the EHR can’t account for, the organization must somehow make the provisions. On a smaller scale, this might be accomplished by way of manual data entry, and on the larger scale it might involve undergoing a change request with the software vendor. Without a more adaptable data model in an EHR solution, organizations can expect to fill in the gaps time and time again.

This challenge is easily addressed by the platform’s configurable nature and ability to facilitate rapid change. With platform technology, capturing and adding an extra data point to a report is a matter of configuration—without the need for tedious workarounds or waiting for your vendor’s development cycle to produce a customized solution.

**Meaningful Use**
A good example of well-meaning legislation without the right technology to support it is Meaningful Use. This incentive program was supposed to motivate healthcare organizations to transition to EHR systems, enable more effective collaboration between care providers, and improve security of data. Software vendors responded with bolt-on features to make their offerings compliant with the program’s requirements, but with them came the costs of additional training and implementation that passed to care organizations. As deadlines approached for the subsequent stages of Meaningful Use, organizations leaned on their respective vendors to deliver the next round of compliant solutions, increasing their reliance on a costly system of development, implementation, and training.
With platform technology, Meaningful Use can effect the positive impacts on care (as originally intended) instead of being seen as a series of industry hoops to jump through. Platform’s rapid adaptation means organizations can respond to subsequent rounds of policy updates in a more timely and cost-effective way.

**ICD-10/DSM-5**

Nobody thought that transitioning a well-established system of diagnostic codes was going to be an easy task. There was an awkward transitory period in which behavioral healthcare organizations had to factor database upgrades and additional staff training into their budgets, and vendors had to actively maintain multiple customized software versions for clients that had or hadn’t yet made the switch. The incumbent infrastructure of software compounded an already significant industry challenge.

Instead of juggling multiple release versions of the same software, the platform provides a distinct advantage by maintaining the application on the same upgrade path—no matter how your organization is configured. The platform’s relationship with the cloud means there are significantly fewer hours of engineering, as vendors are not having to revise the underlying code of each custom built solution they’re contracted to, and customers receive updates from the same source.
Concluding Points: The Characteristics of Autonomy

Thinking of change management as a continuum is important in accounting for total cost of ownership, but it is equally worth noting the ways in which organizations that rely heavily on technical expertise encounter future risks by maintaining their current business models. What happens if, for instance, a vendor can’t respond to a mandated change? Does the care provider stop getting paid? Does it lose its contracts? Does it get sued? Organizations that wish to keep change management as simple and autonomous as possible will need the right technology to support the process, but making the right choice isn’t always easy.

When evaluating EHR solutions for your behavioral health organization, consider when the foundational technology was built. Legacy systems rely on three-tier architecture and static databases, which are rather self-limiting by today’s standards. The best of breed technology solutions these days are built on cloud-architected, dynamic data models that support the rapid changeability needed to keep up with the shifting regulatory landscape. Data must be actionable and accessible if an organization wishes to break its reliance on external support.

How does the EHR account for multiple care scenarios, settings, and programs? If the solution is a custom software model, then consider the development cycle, implementation, reliance on technical expertise for support, and all the associated costs. One of the advantages of configurable platform technology in handling several care scenarios is that unnecessary complexity can be hidden from the end user. Through proper configuration, separate use cases retain familiarity for the end user as distinctions between them are less prominent, so work is completed at a higher quality and scale.

Finally, think about what’s involved in processing a change request. Vendors that want to discuss evaluations, statements of work, and a laundry list of modular features are likely offering a custom software solution. Expect a lengthy turnaround process, and expect to revisit it every time an industry-wide change is mandated. Does this align with your organizational goals, and are you prepared for the cost in time and resources? Platform configurability means that what used to take months or years now takes days or weeks, as changes can be managed by an administrator instead of through a cumbersome collaborative process.
Health care is an environment fraught with changing regulation and momentary opportunity. Incumbent software models, which rely on collaboration with a team of developers to support change management, have not been able to satisfy industry demands. Platform technology keeps up with the changes and challenges of the behavioral healthcare space. Organizations have an opportunity now to play a larger role in change management with limited reliance on external support, and leveraging platform technology is the way to do it.