



## GE Healthcare Camden Insights Blog

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Have you ever been part of a change that was very successful? Have you ever experienced a change that was not very successful? What were some of the key elements that distinguished each of them?

Research conducted by GE across hundreds of change initiatives concluded that **"100% of all changes evaluated as 'Successful' had a good technical solution or approach. Over 98% of all changes evaluated as 'Unsuccessful' also had a good technical solution or approach."**<sup>1</sup>

So what is the differentiating factor?

I posed this question to 23 individuals during the Change Acceleration Process ("CAP") training that I led at one of the premiere healthcare systems in the nation, and these were some of the answers regarding successful change initiatives:

- There was a strong leader
- The change was sustained
- People supported it
- Staff understood why we needed to do it
- There was a strong communication
- The team was knowledgeable
- The team was aligned
- The new process was better than the old one
- People were excited
- It had a start and an end date
- People were recognized for their hard work

I then shared with the class that one of the key concepts in this class is the formula  $Q \times A^3 = E^1$  that translates into the following:

$$\text{Quality of Solution} \times \text{Alignment} = \text{Effective Results}$$
$$\text{Acceptance}$$
$$\text{Accountability}$$

This means that in order to have effective results, it is not enough to simply have a great solution (e.g., a new process, a better system, a new technology, a new strategy etc.) but one has to gain the human buy-in for this new solution.

For example, as a part of a project to reduce denials for a certain type of lab tests, a client developed a payer grid (a solution) that would help administrators determine upfront which tests are covered by which payers and which are not.

Let's assume that on an arbitrary scale of 1-10 where 10 is the best, the quality of the grid is at 8 (it is regularly updated, it contains a comprehensive list of payers, it is user friendly, etc.). But if we don't have the buy-in from the clinic administrators to use it, the change formula would be as follows—indicating there will be no results.

$$8 \times 0 = 0$$

Look what happens when we spend just little more time explaining why we need to adopt this new grid, what we hope to achieve with it, and how to use it. The results already are much better!

$$8 \times 3^3 = 216$$

Now imagine what would happen if we spent little more time planning who should be on the team, how to involve our stakeholders, and how to communicate it better. Our results could be more like:

$$8 \times 8^3 = 5632$$

That's already 26 times the difference!

While we were reviewing the formula, one of my colleagues helped me organize the ideas that the class brainstormed and provided across the change formula  $Q \times A^3 = E^1$  as to the differentiating factor between successful and unsuccessful changes. What do you notice about it?

Q Quality of Solution	A Alignment x Acceptance x Accountability	E Effective Results
<ul style="list-style-type: none"> <li>The team was knowledgeable</li> <li>The new process is better than the old one</li> </ul>	<ul style="list-style-type: none"> <li>It had a strong leader</li> <li>The change was sustained</li> <li>People supported it</li> <li>Staff understood why we needed to do it</li> <li>There was a strong communication</li> <li>The team was aligned</li> <li>People were excited</li> <li>It had a start and an end date</li> <li>People were recognized for their hard work, etc.</li> </ul>	

During our outcomes based process improvement projects, we encourage our teams to take it one step even further – can you look for ways to measure all three sides of the equation? As the old saying goes: “If you can't measure it, you can't manage it.” I have listed below some of the ideas related to measuring the denials project:

Q Quality of Solution	A Alignment x Acceptance x Accountability	E Effective Results
Number of payers covered	<b>Team Effectiveness</b> - Clarity on Goals, Roles, Processes, Interpersonal Relationships	% of tests denied
Number of times per year the grid is updated	<b>Communication Effectiveness</b> – Number of people attending the education session	\$ value denied
Avg. minutes to determine a coverage per test	<b>Stakeholder Attitudes</b> – Feedback pre and post implementation	Labor Savings (hours saved due to the ease of determining coverage)
Number of mistakes found on the grid per month	<b>Utilization of the New Solution</b> - number of clicks on the webpage where the grid is posted	Patient Satisfaction

Although this particular initiative is still ongoing, our historic experience shows that it is possible to achieve process improvements of greater than 50 percent improvement. However, it is critical to focus on and measure both sides of the equation: the quality of the technical solution as well as the human side of change.

Think about the current change that you are implementing or your organization as a whole: What would a typical  $Q \times A^3 = E$  equation look for you? What do you measure on your process improvement process? How have you measure the alignment, acceptance, and accountability