

Change Management: Strategies and Resources for the State HIE Program

Department of Health & Human Services (HHS) Office of the
National Coordinator for Health Information Technology (ONC)

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Change Management

Change Management Introduction

There are endless internal and external factors that can cause projects or programs in every industry to change, including the economy, technological advancements, legislative developments, mergers and acquisitions, and procurement of new solutions or services. Navigating these changes—or the Change Management process—helps ensure that the human aspects of introducing new processes, technologies or other modifications are addressed. Effective change management—where key issues and barriers are identified to accelerate change and minimize disruption—can help lower risks associated with change, assist in developing lessons learned, and achieve goals of increased internal teamwork and stakeholder satisfaction.

“Producing change is about 80% leadership (establishing direction, aligning, motivating & inspiring people) and about 20% management (planning, budgeting, organizing and problem-solving).”

John P. Kotter

Change Management and the State HIE Cooperative Agreement Program

For the states, state designated entities (SDEs), and their partners responsible for coordinating statewide HIE capacity, effective change management at all levels (planning, implementation, operations and maintenance) is critical. Over the four-year State HIE Cooperative Agreement Program and beyond, states and SDEs will face a myriad of changes that will require rigorous yet flexible change management processes. In addition to the initial changes that states, SDEs, and their stakeholders will face as they build statewide HIE capacity, [Table 1](#) highlights some additional changes these entities may encounter throughout the duration of the Statewide HIE Cooperative Agreement Program and beyond:

Table 1 – Sample Change Events within the State HIE Cooperative Agreement Program

State HIE Cooperative Agreement Domain Area	Example Change Events
Governance	<ul style="list-style-type: none"> • Change in Governor, State HIT Coordinator, or other state health leadership • New HIE leadership (Board, Advisory Council, CEO/Executive Director)
Finance	<ul style="list-style-type: none"> • Receipt of grant, Cooperative Agreement, loan or in-kind support • Modifications to pricing for HIE-related services
Technical Infrastructure	<ul style="list-style-type: none"> • Procurement of HIE infrastructure components (Master Patient Index, Record Locator Service, Provider Directory, etc.) • Upgrades to existing infrastructure • Developments in HIE and HIT standards • Advancements in the private HIE product and services marketplace • Evolution of the NHIN Direct, CONNECT, and Exchange programs
Business and Technical Operations	<ul style="list-style-type: none"> • Identification of new technical or business requirements • Addition or removal of HIE personnel • New connections to stakeholders (hospitals, physician practices, payors, pharmacies, labs, national networks, etc.) <ul style="list-style-type: none"> ◦ Particularly those with the capabilities of exchanging eRX, labs, and clinical summaries • Program Evaluation results and measures • Finalized requirements for Stage 2 and 3 Meaningful Use • Changes to Clinical Laboratory Improvement Amendments (CLIA) regulation requirements • Additions to or advancement of Surescripts services • Streamlining of one standard for clinical summaries (either CCR <i>or</i> CCD)
Legal/Policy	<ul style="list-style-type: none"> • New federal or state regulations regarding patient privacy and security • Breaches in security or other security failures

Change management in any industry is a complex and time-consuming process as it involves many interdependent processes and variables, requires input from various leaders and other relevant stakeholders, and must be employed throughout a program or project lifecycle. Change management

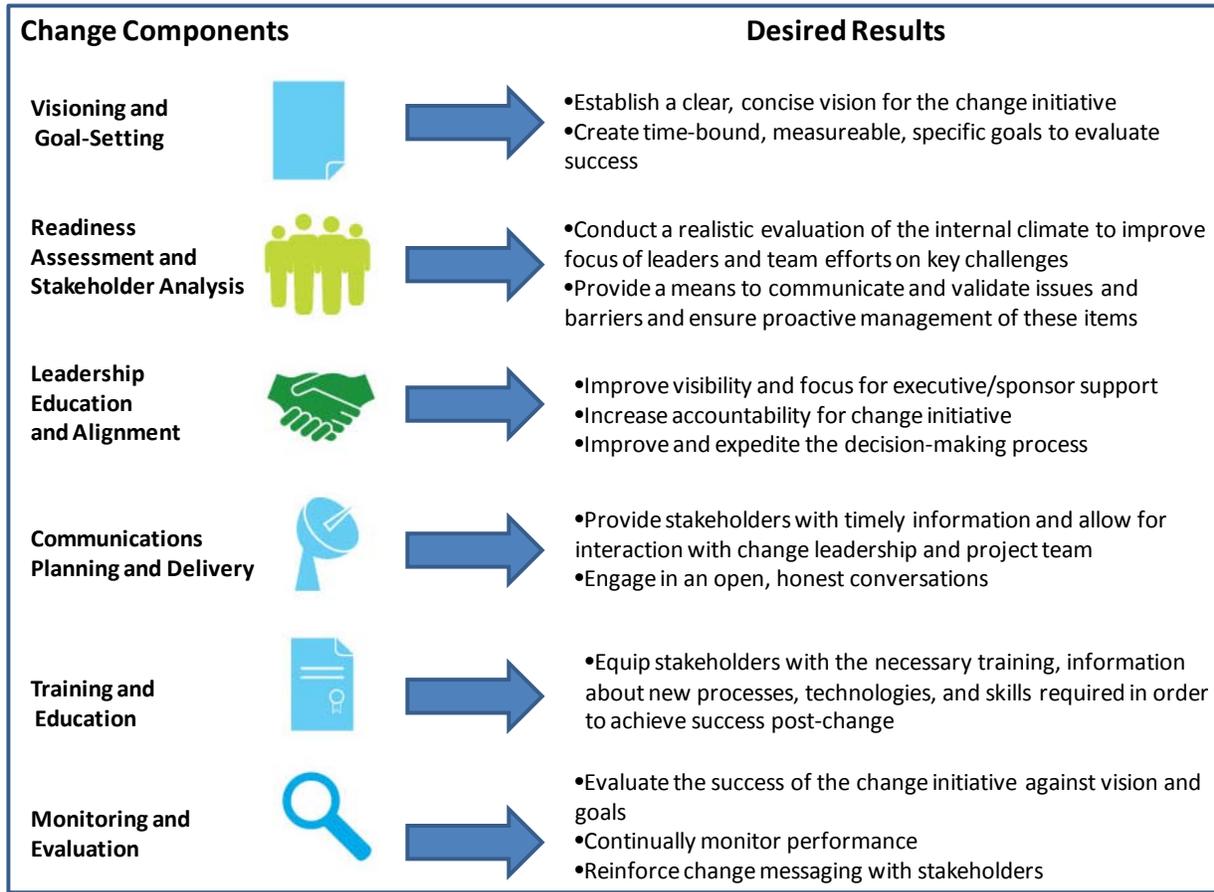
in the healthcare industry is highly complex—particularly for projects or programs involving the coordination of health information exchange efforts. Additional challenges include:

- **Disparate stakeholder groups** – State and SDEs must work with many stakeholders, which may include healthcare providers, pharmacies, payors, state and federal agencies, consumers and employers. These stakeholders may have distinct interests, perspectives, and technical and business acumen, which could make garnering feedback and prioritization of issues and risks more difficult.
- **Timeframe** –Working under the four year program, State HIE Cooperative Agreement awardees must operationalize a change management process quickly to mitigate any associated risks that may affect the program’s timeline.
- **Magnitude of change** – As states’ eligible providers and hospitals strive to meet Meaningful Use requirements, many will undergo significant changes in technology and workflow.
- **Cross-functional collaboration and involvement** – States and SDEs must navigate change in each of the five domain areas within the State HIE Cooperative Agreement Program, each of which may have multiple interdependencies.

Change Management Components

Though challenging, effectively managing change within a state-level HIE project or program is possible and can help a state or SDE meet their mission and goals. Just as governance, technical infrastructure, and financial sustainability are addressed in different ways, states and SDEs may employ various approaches to change management. Despite these differences, successful change management approaches generally have a host of common components that states and SDEs may adopt into a unique approach to help ensure success within their HIE program. [Figure 1](#) illustrates the various change management components, which follow a step-wise process from goal-setting to monitoring and evaluation. It should be noted that depending on various factors of the change event (timing, impact, stakeholder feedback, etc.), states and SDEs may adopt any number or order of these change management components into a change management strategy. Whatever strategy a state or SDE ultimately decides, states and SDEs are encouraged to navigate change by engaging effective, visible leaders to serve as champions, promoting inclusiveness and communicate information early and often to stakeholders, and utilizing flexibility and agility to help reduce risk.

Figure 1 – Change Management Components



Visioning and Goal-Setting



Once there is recognition for change, there will likely be many ideas and solutions for implementation from leaders, various stakeholders and program staff. In the State HIE Cooperative Agreement Program, where there are wide ranging stakeholders and issues, it is important to link ideas, concepts, strategies, and tasks with an overall vision that people can grasp easily and remember. A clear vision can help stakeholders understand the need for change, spark motivation, and ultimately form a strong sense of community and support. However, a vision can be nebulous without sufficient specificity to be actionable. Thus, state and SDE leaders should develop measurable goals alongside a vision statement to help maintain progress toward the vision and determine ultimate success or failure. State and SDEs should consider the following actions within this step:

- Determine the values that are central to the change.
- Develop a brief vision statement that encapsulates the “end state.”
- Ensure that leadership can deliver the vision statement clearly, concisely, and consistently.
- Create specific, time-bound, measurable goals.

Readiness Assessment and Stakeholder Analysis



Readiness Assessment

After a clear and reasonable understanding is reached on the change vision and goals, the next step includes an assessment of the project or program’s readiness for change. A realistic evaluation of the organizational or community climate and perceptions among key stakeholders is fundamental to a successful strategy for change management. Conducting an evaluation readiness assessment upfront will not only help efforts to identify potential barriers to change, but will inform strategies to mitigate risks and can garner buy-in and support for change. State and SDEs may combine this activity with other planning efforts including gap analyses or environmental scans. The readiness assessment should help answer the following questions:

- Who are the stakeholders that will be most affected by the change?
- How will they respond to the change?
- How will the change affect a stakeholder’s technical and business operations/workflow?
- Where might there be pockets of resistance to the change?
- What are the systemic or cultural barriers to the effective implementation of the change?
- What strategies and methods should be employed to minimize resistance, reduce barriers and promote ownership of the change?

Stakeholder Analysis

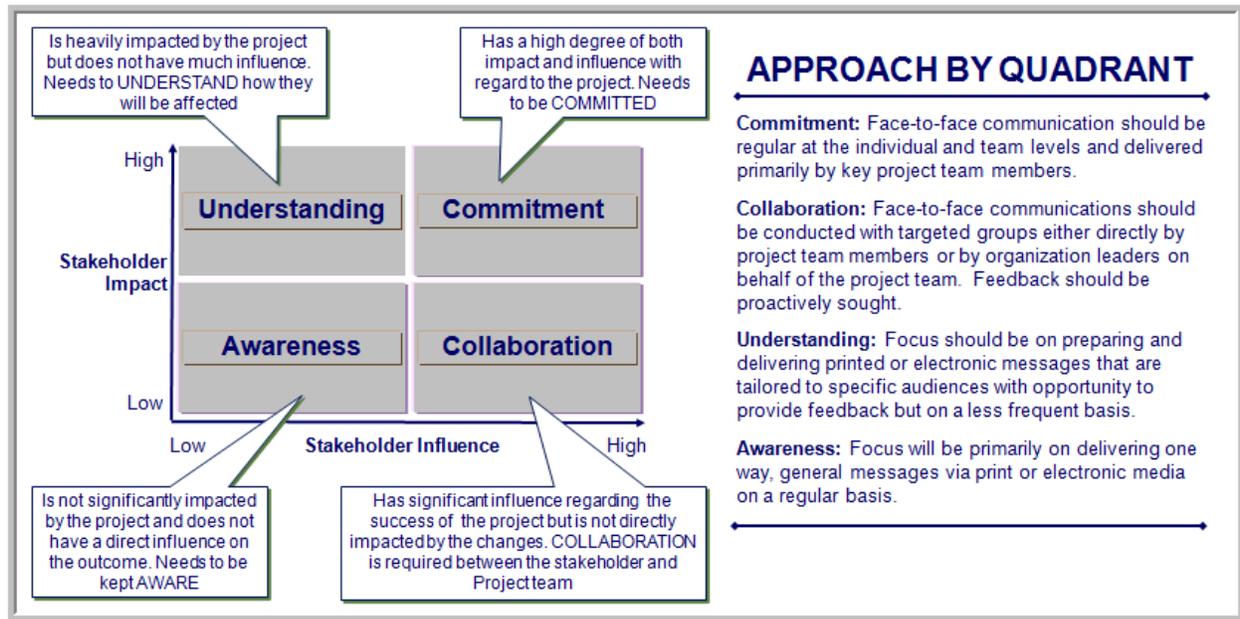
Ensuring broad support for any initiative requires a Stakeholder Analysis. This activity will help determine a list of key stakeholders, if they are likely to be supporters or opponents, their specific interests in the change initiative, and which stakeholders have the most impact and influence to either champion or challenge the change. Obtaining this information will help provide important information to develop an approach and plan for effective communications and ultimately, stakeholder support.

[Figure 2](#) below will help change leaders build a stakeholder list and categorize individuals based on:

1. How much they are impacted by the change
2. How much influence they have to positively or negatively affect the change.

Based on the categorization, change leaders can prioritize and customize how frequently to communicate with certain stakeholders, how to tailor messaging to certain groups, the method of communications delivery, and individual stakeholders that can champion the change initiative. Note that there are many factors that can affect how stakeholders are categorized including the nature of the change initiative, a state or SDE’s governance or technical architecture model, level of government involvement, etc.

Figure 2 – Stakeholder Analysis Quadrant



Once key stakeholders are identified, change leaders can begin gathering data to help assess stakeholder attitudes and perceptions of the change initiative. The list below includes some sample questions that states and SDEs should consider asking stakeholders (both individuals and organizations/communities) that can be tailored according to specific changes within their HIE initiatives.

- What is your current opinion of the [state-level HIE project or program]?
 - If not positive, how might your opinion be changed?
- Where do you obtain your information about the [state-level HIE project or program]?
- What information are you missing from the [state-level HIE project or program]?
- How do you want to receive information? What is the best way of communicating key messages to you?
- Who influences your opinions generally? Who influences your opinion about the [state-level HIE project or program]?
- What financial or emotional interest do you have in the outcome of the [state-level HIE project or program]? Is it positive or negative?

- What patient information, available through the [state-level HIE project or program], would be important and beneficial to you in providing care (e.g., continuity of care document, lab orders and results, medication history, immunization history)?
- What concerns would prevent your organization from joining the [state-level HIE project or program]?
- How would you describe your organization’s internal readiness in participating in the [state-level HIE project or program], in terms of organizational and technical capacity?
- Do you expect that capacity to increase in the next 6 months? 12 months?
- What type of support would your organization need in participating in the [state-level HIE project or program]?
- In terms of other internal priorities, how would you rank importance of the [state-level HIE project or program]? More important? Less important? Of the same importance?
- What role might your organization play within the [state-level HIE project or program]? Data contributor or user? Workgroup member? HIE program champion? Financial supporter?
- If applicable, what would it take for your organization to participate in Meaningful Use incentives available through Medicare and Medicaid?
- What recommendations do you have for [state or SDE] that will help ensure success within [state-level HIE project or program]?

The information gathered from the stakeholder assessment activities should be integrated into your Communications Plan to ensure effective engagement and communications delivery to each stakeholder/stakeholder group.

Stakeholder Assessment Tools and Methods

A variety of tools and methods can be used to gather information during initial and ongoing evaluation of stakeholder perceptions and change readiness. In determining which approach is best, it is important to first clearly outline the purpose and goals of the evaluation and answer the following questions:

- What exactly do you want to know?
- How do you plan to use the information that you gather?
- How many resources and how much time can be committed to the evaluation process?

Different information gathering approaches are appropriate depending on the goals and purpose of the evaluation; having a clear sense of goals and purpose will help you select the most effective approach to conducting your evaluation. [Table 2](#) below compares three common methods for gathering information to evaluate perceptions and change readiness among different stakeholder groups.

Table 2 – Stakeholder Assessment Tools and Methods

	Description	Advantages	Challenges
Focus Groups	<p>Group discussion among 8-10 purposively selected stakeholders, facilitated by a member of the Program Team, generally lasting from 1-2 hours</p> <p>Example focus groups may include:</p> <ul style="list-style-type: none"> • Consumers • Clinicians • Payers/Health Plans 	<ul style="list-style-type: none"> • Captures rich description of stakeholders’ attitudes and experiences in a personal setting • Allows for impromptu questions • Gathers information from multiple stakeholders in 1 session • Ideal when goal is to have stakeholders brainstorm, build on ideas, or develop new ideas, strategies and solutions 	<ul style="list-style-type: none"> • Small sample that may not reflect attitudes of all stakeholders • Requires skilled facilitators • Quality of data can be influenced by the facilitator • Quality of data can be influenced by participants • Stakeholders may feel reluctant to share personal information or beliefs in front of others • Information collection and analysis can be time and resource intensive (e.g., logistical coordination)
Interviews	<p>One-on-one dialogues between selected stakeholders and a member of the Program Team, generally lasting from 30-60 minutes</p>	<ul style="list-style-type: none"> • Can capture rich description/detail of stakeholders’ attitudes and experiences in a personal setting • Allows for impromptu questions • Can be conducted in-person or by telephone and can be as long or short as necessary • Ideal when goal is to collect in-depth information from stakeholders without the influence of others 	<ul style="list-style-type: none"> • Generally small sample that may not reflect attitudes of all stakeholders • Requires skilled interviewers • Quality of data can be influenced by the interviewer • Stakeholders may feel reluctant to share personal information or beliefs, especially if interviewee identities are not kept confidential • Information collection and analysis can be time and resource intensive

<p>Change Readiness/ Pulse Surveys</p>	<p>Short survey distributed (often electronically) to all stakeholders or to a specific group of stakeholders, generally requiring 5-10 minutes to complete</p>	<ul style="list-style-type: none"> • If done in an anonymous manner, can encourage candid responses • Often requires less time and fewer resources to collect and analyze information, increasing potential for large sample size • Ability to readily analyze data from response database • Ideal when goal is to collect information from many stakeholders about well-defined concepts and questions 	<ul style="list-style-type: none"> • Does not allow for impromptu questions • Frequently does not capture level of detail that other methods capture • Can be difficult to get stakeholders to complete the survey • Access to survey depends on method of dissemination (e.g., internet, mail, etc.)
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State leaders working to support statewide HIE might consider using one or more of these methods at various points in the development and implementation of strategic and operational plans, depending on the priorities identified through a gap analysis and the resources available.

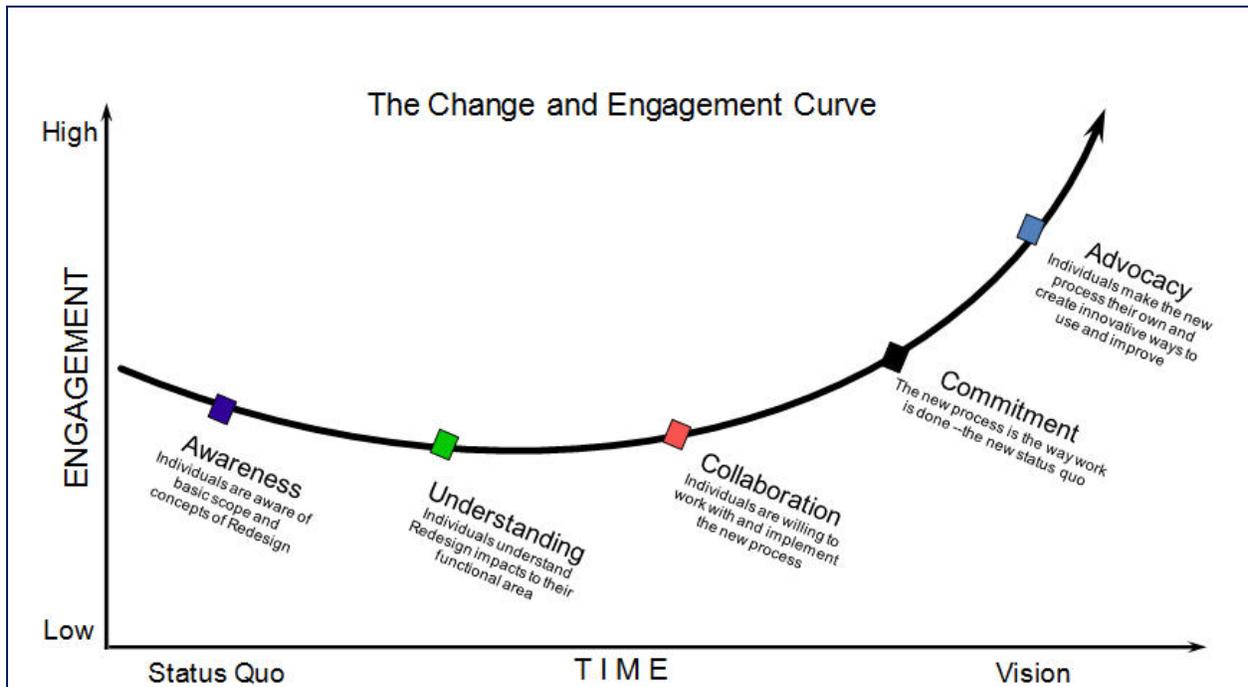
Please refer to the attached zip file for sample templates, including:

- Stakeholder_Communication_Vehicle_Matrix.docx*
- Stakeholder_Analysis_Template.docx*
- Change_Readiness_Survey.doc*

Managing Stakeholder Resistance

Projects or programs typically cycle through several stages to adopt change, implementing specific change strategies and activities to move stakeholders from simple awareness of the change to initial support, and finally advocacy. [Figure 3](#) illustrates the “Change and Engagement Curve,” a tool designed to gauge an individual or group’s understanding of the change, and aids in the change management process to build stakeholder action plans, identify communication barriers, and manage communication efforts. Some stakeholders will support and adopt change at their own pace, depending on many factors including their cultural context and perceptions and the content, tone, and timing of the key messaging coming from change leaders.

Figure 3 – The Change and Engagement Curve



If change leaders find that certain stakeholders are not progressing along the “Change and Engagement Curve”, the “five I’s” help to encourage their movement towards Advocacy:

- **Incentives** – Consider both positive and negative motivation;
- **Information** – Dispel uncertainty and fear;
- **Intervention** – Build one-on-one connections;
- **Indoctrination** – Make change seem inevitable; and
- **Involvement** – Engage stakeholders in the effort.

Examples of why stakeholders might not progress or resist change within the State HIE Cooperative Agreement Program include:

- **Competition** – “We don’t want other hospitals to see our data.”
- **Privacy and security** – “I don’t trust the state to store and share my health data.”
- **Low value proposition** – “Our organization has already invested in an HIE solution, and it’s working for our users. We don’t need to participate.”
- **Resistance to change** – “Participating in HIE efforts would ultimately slow down my day-to-day work.”
- **Sustainability** – “The other HIE network I participated in failed. I don’t want to invest time and effort into a project that might do the same.”

Leadership Education and Alignment



Effective leadership is critical for any project or program undergoing change, including the dynamic landscape of the State HIE Cooperative Agreement Program. Indeed, research has proven that leadership alignment and the leadership team's commitment to a change initiative is the foremost factor in ensuring the success of a project. Change leaders should be identified early in the change management process, including through the stakeholder analysis process. When identifying change leaders, states and SDEs should consider individuals that possess the following characteristics:

- **Influential** – The change leader is able to command a certain level of respect and can positively motivate stakeholders.
- **Connected** – The change leader has an expansive network among project or program participants, the community, and a variety of stakeholder groups such as health systems, physician practices, pharmacies, employers, state agencies, etc.
- **Depth and breadth of knowledge** – The change leader has wide-ranging and in-depth knowledge of the project or program implementing the change and truly understands the broader HIT/HIE landscape, including the five domains of the State HIE Cooperative Agreement Program.
- **Empathetic** – The change leader understands a broad range of stakeholder perspectives, including those reasons why stakeholders might resist the change (e.g., too costly, security concerns, etc).
- **Personally committed** – The change leader has a vested interest in the change initiative's success and can effectively channel their motivation to secure support.

It should be noted that while various leaders may have more authority to make certain decisions than others, a change management effort can have many change leaders. When there are multiple change leaders, each leader's role and responsibilities must be clearly specified.

A formal strategy for alignment of leadership contributes significantly to success in project or program transformation by building understanding, personal accountability, and visible and vocal support for project goals. Leadership alignment activities may include:

- Link project objectives to overall business strategy.
- Identify, educate, and involve key leaders who are critical to the success of the project.
- Clearly communicate specific roles and responsibilities of leaders.
- Empower leaders to accept overall accountability for the successful outcome of the project.
- Create an effective and consistent process for project or program readiness.

- Support the role of the leaders involved in the project or program to help them effectively implement project-related readiness activities.
- Leverage existing relationships and channels to deploy program activities.

Please refer to the attached zip file for sample template, including:

Leadership_Action_Plan_Template.pptx

Leadership_Alignment_Education_Plan.pptx

Change Management Roles for State HIE Cooperative Agreement Program

[Table 3](#) below highlights some suggested roles for a change management and sample responsibilities.

Table 3 – Change Management Roles and Responsibilities

Suggested Role	Sample Responsibilities
<p>Change Leader (examples include State HIT Coordinator, HIT Executive Directors/CEOs, etc)</p>	<ul style="list-style-type: none"> • Act as the liaison to state/SDE leaders and relevant stakeholders • Coordinate efforts, as necessary, between other state programs including Regional Extension Centers, Beacon Communities, broadband programs, Community College HIE training programs, etc. • Gain support from or leverage efforts by state program resources including Medicaid, public health, etc. • Develop and communicate a clear, meaningful vision for the future • Build sponsorship, generating energy for change and modeling desired behaviors • Select, mobilize, and coach a team to help implement the change • Provide consistent messaging about the rationale and nature of change, and the associated rewards and challenges • Update stakeholders on progress throughout the change process • Resolve conflict and remove obstacles • Communicate and celebrate successes • Provide change management expertise and advice • Ensure that deliverables are developed on time and to budget • Monitor the effectiveness of the change initiatives • Provide input into the development of the communications and training strategies • Ensure that change activities are aligned with broader mission and goals
<p>Communications Manager</p>	<ul style="list-style-type: none"> • Manage the resources of the change team • Develop the Communications objectives and plan • Develop key messages • Conduct stakeholder analysis • Develop communications materials • Develop awareness presentations • Run awareness workshops • Monitor the effectiveness of communications activities and adjust communications if required • Report on the progress and effectiveness of activities to the change leader

Training Manager	<ul style="list-style-type: none"> • Develop the Training Objectives and Plan • Conduct Training Needs Analysis • Develop training material templates • Engage suitably skilled resources to develop training content • Design training curricula • Monitor the effectiveness of the training pilot and subsequent courses • Ensure that feedback is incorporated into future releases of training materials • Report on the progress and effectiveness of the change initiative to the change leader
Change Champions (Examples include various healthcare stakeholders at the Executive level such as a hospital CEO)	<ul style="list-style-type: none"> • Disseminate communications to the appropriate change initiative or audience • Act as a contact for stakeholders to raise questions and concerns • Provide the change team with specific communication and education needs • Provide informal coaching to colleagues or become the local trainer

Communication Planning & Delivery



Communication is vital to broadening support for change. Open, candid, bi-directional communication must occur early and be reinforced often by executive leadership and change champions. All relevant stakeholders should be aware of the change, why it's being done, who is impacted and how, and the various roles and responsibilities. To ensure effective communication, state leaders should adopt several key principles:

- **Clear, consistent messaging** – Change leaders must articulate a clear, consistent message about the change. States and SDEs should address the following questions to their stakeholders:
 - What is the change?
 - Why this change rather than another change or none at all?
 - Why now?
 - How will the change affect the work I do?
 - How will it change my relationships and interactions with others?
 - Do I have the skills to do this work, and if not, how will I develop them?
 - Why would I want to support this change (or, why shouldn't I oppose it)?
- **“Sellable” messaging** –Where appropriate and accurate, state leaders may also consider using appealing language to market the change to stakeholders. [Table 4](#) below illustrates some positive characteristics states and SDEs can use:

Table 4 – Sellable Messaging Attributes and Examples

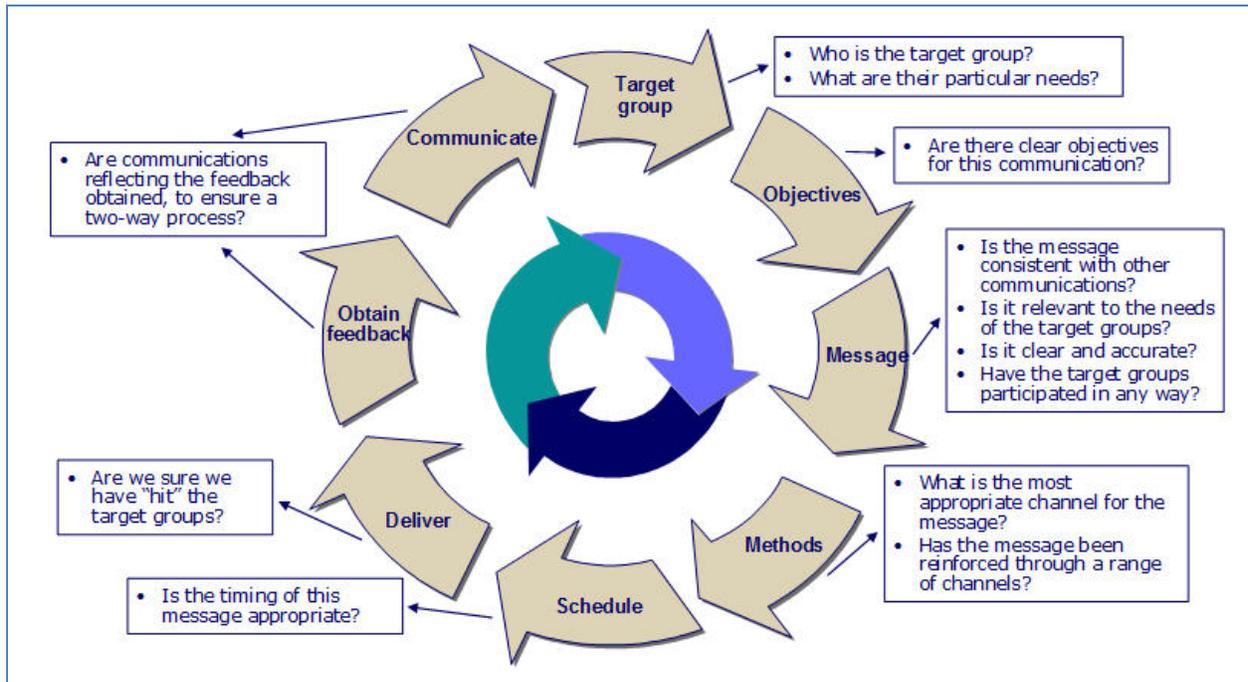
Attribute	Description	Example
Revisable	Changes can be adjusted and edited if not meeting the needs of stakeholders and or the project or program	“Major stakeholder issues will be considered when assessing the need to revise work processes.”
Manageable	Changes can be implemented in phases	“We are utilizing a phased implementation approach that will help ease the transition to the new system and workflow.”
Familiar	Changes resemble past, positive experiences	“We are using best practices and lessons learned from our successful EMR implementation a year ago.”
Congruent	Changes fit with other initiatives within the project or program	“This project compliments other HIT efforts in the state such as the Beacon Community program and the Regional Extension Center. We are all working towards the same goal of improving the quality and efficiency of healthcare in our state.”

- **Tailored messaging by stakeholder** – Messaging should be tailored to its particular audience. For example, what might resonate with a physician in a hospital may not be appropriate for a community pharmacy.
- **Multiple media** – Messaging should be communicated using multiple media, including formal presentations, e-mail, blogs, social media, newsletters, websites, technology demonstrations, etc. As states and SDEs must communicate to a diverse set of stakeholders in many locations, using multiple media may help ensure information is widely disseminated.

Creating a Communication Plan

A communications plan is a roadmap documenting communication senders, key messages, timing and delivery channels. It will help ensure timely and appropriate distribution of information, provide links between the various messages and stakeholders, and guide the project team to understand how communication affects the larger project. As shown in [Figure 4](#) below, communication planning and delivery is a cyclical process that must occur to help ensure messages are communicated, understood, and ultimately adopted and championed by relevant stakeholders.

Figure 4 – Communications Planning Cycle



Using the process, state and SDE leaders should work toward including the following elements in their Communications Plan:

- **Target audience** – Providers, health plans, consumers, regional HIOs, pharmacies, state agencies, etc.
- **Key messages** – The vision of the change initiative, key benefits, impact of stakeholder day-to-day activities, who to contact for information or assistance, status updates including success stories, etc.
- **Frequency** – Messages can be delivered daily, weekly, bi-weekly, monthly, etc.
- **Communication methods** – Project or program website, forums, conferences, focus groups, press releases, blogs, social networks (Twitter/Facebook), etc.
- **Communication material** – Fact sheets, frequently asked questions (FAQs), case studies, presentations, demonstrations, etc.
- **Timeline for outreach** – When to expect various outreach events, timeline for change initiative, etc.

There are several strategies that state and SDEs can consider to prepare for the delivery of a successful Communication Plan including:

- Create focus groups around communications strategies and messaging
- Leverage stakeholder analyses to identify and secure change champions
- Establish a “brand” to help stakeholders better recognize the communications and messaging including slogans and logos

- Establish partnerships with state agencies, the Regional Extension Center, Beacon Community, community businesses, and health plans to help disseminate information to various audiences
- Engage a communications and outreach vendor for support

Please see the attached zip file for sample templates, including:

Implementation_Questions_and_Communication_Messages.docx

Message_Effectiveness_Questionnaire.doc

Education and Training



Training and education for community stakeholders, project or program staff, and other relevant individuals is an important part of managing change within the State HIE Cooperative Agreement Program. [Table 5](#) highlights various steps and activities that will help states and SDEs deliver effective training and education.

Table 5 – Training Activities

Step	Sample Activities
Training Requirements	<ul style="list-style-type: none"> • Outline training and education requirements for various appropriate stakeholders including clinicians, project or program staff and patients/consumers • Consider various training delivery methods including classroom-based, web-based, and train-the-trainer.
Training Development	<ul style="list-style-type: none"> • Identify the appropriate training course and/or education materials for each stakeholder group • Develop materials for transferring knowledge and skills to stakeholders
Training Delivery	<ul style="list-style-type: none"> • Deliver training to relevant stakeholders and project or program staff
Training Evaluations	<ul style="list-style-type: none"> • Evaluate training effectiveness
Capability Transfer	<ul style="list-style-type: none"> • Transfer key training and education knowledge and material to teams to support future training activities
Training Infrastructure	<ul style="list-style-type: none"> • Define the requirements for technical infrastructure and process to support management and delivery of the education and training program

Please see the attached zip file for sample templates, including:

Stakeholder_Training_Needs_Analysis_and_Action_Plan_Template.pptx

Training_Evaluation_Form.doc

Monitoring and Evaluation



After implementation, leadership must work to reinforce and maintain the change in order to help achieve sustainability. Such an evaluation will consider how closely the vision and goals were met, what worked well, and where there are opportunities to improve in future efforts. Activities within this stage may include:

- **Obtain stakeholder feedback** – Garnering stakeholder feedback through focus groups, surveys, one-on-one discussions, etc. is an effective way to assess how effective the change was implemented and the level of stakeholder support and adoption.
- **Monitor performance** – Leaders should reflect back to the vision and goals of the program to evaluate success and continue to monitor progress.
- **Showcase successes** – Highlighting successes helps to reassure stakeholders.
- **Reward supporters** – Recognizing change champions and other individuals that provided support help maintain a sense of trust and community.
- **Recognize and support losses associated with the change** – Documenting and discussing challenges and areas for improvement will help highlight lessons learned and ensure greater success with future change initiatives.

Change Management FAQs

Q. The HIE project/program is surrounded by an environment riddled with distrust and bad feelings among stakeholders. Are there special strategies that I can employ to mitigate these feelings among problem stakeholders?

A. It is a common problem that angry stakeholders are often louder than the happy ones, and their negative experiences may in turn affect other stakeholders. Though it is difficult to meet all stakeholder demands, they should not be ignored. Stakeholders that feel strong distrust or even hate toward a project or program poses a significant risk. Below are four strategies that may be helpful when dealing with problem stakeholders:

1. **Make sure every stakeholder has an appropriate way to participate and offer input.** This could be as simple as holding public status meetings or creating more transparency among project leadership.
2. **Reach out to stakeholders early to avoid last-minute problems.** Addressing problem stakeholders early can help mitigate any future damage that they might cause later in the project.
3. **Solicit the help of other stakeholders who can help turn a problem stakeholder into part of the team.** Stakeholder allies can successfully run interference for you.
4. **If all else fails, work to isolate problem stakeholders as much as possible to minimize the damage.** Unfortunately, sometimes there is nothing you can do with a problem stakeholder noisemaker but make the best of it.

Q. Existing health information organizations in my state do not want to participate in the state's strategy for facilitating statewide health information exchange. What should I do?

A. Building awareness and trust in the state's HIE and HIT efforts is critical to garnering stakeholder support. There could be several reasons why existing HIOs may not want to participate in state-level HIE projects or programs including failure to see the business case, threats to the HIO's existing business or sustainability, fear of the "unknown", resistance to change existing behaviors or systems, or previously unsuccessful change efforts. A comprehensive communications plan with clear messaging about the benefits to participating in state-level efforts and how the state's strategy aligns with stakeholder goals will help the state address any issues or concerns so that the state can obtain maximum participation. The following list includes several communication strategies:

- Articulate a clear business case for participation including detailing the potential cost savings, return on investment as well as acknowledging that participation in state-level efforts may expand their HIE capacity by providing valuable connections to public health, Medicaid, other state agencies, federal agencies, and other state networks.
- Convene consumer focus or interest groups to obtain their perspectives, concerns and priorities
- Engaging community businesses and other "neutral" partners to widely disseminate information

- Align communications materials with other HIT programs in the state including Regional Extension Centers, Beacon Communities, Medicaid, and public health.

Please refer to the [Communication Planning and Delivery](#) section for more details.

Appendix – Change Management Resources

[AHRQ Toolkit - Organizational Change Management and Training](#)

Stratis Health Toolkit – Change Management

(See in attached zip file: *Stratis_Health_Change_Management_Toolkit.pdf*)

Kotter, John P. *Leading Change*. Boston, Mass: Harvard Business School, 2008. Print.

Kotter, John P., and Dan S. Cohen. *The Heart of Change: Real-life Stories of How People Change Their Organizations*. Boston, Mass.: Harvard Business School, 2002. Print.

Rossheim, John. *Change Management for Health-Care IT Implementations*. Curaspan Health Group. 2010. <http://www.connect.curaspan.com/node/203>.

Golden, Brian. “Transforming Healthcare Organizations.” *Healthcare Quarterly* vol 10 page 10-19. <http://www.longwoods.com/content/18490>.

Sample Leadership Action Plan Template

(See in attached zip file: *Leadership_Action_Plan_Template.pptx*)

Sample Leadership Alignment Education Plan

(See in attached zip file: *Leadership_Alignment_Education_Plan.pptx*)

Sample Implementation Questions and Communication Messages

(See in attached zip file: *Implementation_Questions_and_Communication_Messages.docx*)

Sample Stakeholder/Communication Vehicle Matrix

(See in attached zip file: *Stakeholder_Communication_Vehicle_Matrix.docx*)

Stakeholder Training Needs Analysis and Action Plan Template

(See in attached zip file: *Stakeholder_Training_Needs_Analysis_and_Action_Plan_Template.pptx*)

Sample Message Effectiveness Questionnaire

(See in attached zip file: *Message_Effectiveness_Questionnaire.doc*)

Sample Change Readiness Survey

(See in attached zip file: *Change_Readiness_Survey.doc*)

Example State Change Readiness Survey

<http://www.dhs.wisconsin.gov/ehealth/HIE/WIStakeholderOnlineSurveyonHIECapabilities07.06.09.pdf>

Sample Training Evaluation Form

(See in attached zip file: *Training_Evaluation_Form.doc*)