Getting Physicians to Buy in to Lean Health Care

by Sachin H. Jain and John Toussaint | 4:22 PM March 22, 2010

Editor's note: For more on the future of health care visit the HBR Insight Center on Health Care Innovations (http://hbr.org/insight-center) .

In the April issue of HBR, Tom Lee (http://hbr.org/2010/04/turning-doctors-into-leaders/ar/1) describes the story of Gary Kaplan applying lean methodologies he learned from Boeing executives to improve performance at Seattle's Virginia Mason Health Center. As much as health care can learn from other industries, these comparisons should not be undertaken lightly. Like medicine, most industries have their own language and semiotics that can be challenging for outsiders to master. To avoid alienating physicians, careful attention must be paid to how lessons from other industries are introduced into health care settings.

We learned this lesson at ThedaCare (http://www.createhealthcarevalue.com/about/thedacare/) , a four-hospital system in Appleton, Wisconsin. Since 2000, ThedaCare's management had looked to lean process engineering, which originated at Toyota, to improve efficiency and quality of care delivery. With the help of consultants, ThedaCare taught select physicians the fundamentals of lean process engineering and assigned them to take the lead in mapping its value stream. But this
initiative had mixed results.

The initiative decisively improved clinical and business performance. For example, improvements in management of post-operative extubation and bleeding resulted in a decline in cardiac surgery mortality from 4% in 2002 to 0.8% in 2009 with unchanged volume and case mix. Over a 30-month period, a redesigned inpatient care unit reduced medication reconciliation errors to zero, ensuring all medications a patient was taking upon admission were accounted for upon discharge. With no significant changes in its payer contracts, ThedaCare's operating margin grew from 2.5% in 2003 to 6% in 2009.

But the initiative encountered stiff resistance. While the select physicians who were chosen to lead the process-improvement efforts fully embraced the methodology and incorporated it into their work, the vast majority of physicians found the methods confusing or irrelevant and harshly questioned whether techniques pioneered in the auto industry were applicable in health care. The acronyms and language of process engineering (e.g., "A3″ and "Gemba") seemed obscure and out of place. For some, management's singular focus on "lean" as an improvement approach was seen as excessive. Larry Sobal, the CEO of Appleton Cardiology Associates, a ThedaCare-affiliated physician group, describes what he called a "running joke" within the organization: "It's raining today. Let's have a lean event to fix it."

Here are three suggestions for persuading health care professionals to buy in to the lean approach:

Physician leaders must anticipate and respond to questions about the appropriateness of applying concepts from outside health care to their organizations. Many physicians consider the idea that they might use process checklists or look to airline pilots or assembly-line workers for lessons on how to deliver better care to be foreign or even offensive. "Health care is different," they say. ThedaCare's management responded to this challenge by increasingly using examples from within other health care organizations and within ThedaCare itself. As the list of organizations and settings where process improvement has been used to improve care-delivery grows, examples of successes from within health care will likely have more currency than examples from outside.

Change efforts must use simplified language and, where possible, terms and concepts more familiar to physicians. As with many fields, process improvement has a jargon that is highly specific and exclusive that is difficult for outsiders to adapt. For example, physicians might find the term "continuous improvement" much less off-putting than "kaizen," the Japanese term used commonly by process engineers. And "plan-do-study-act" cycle for iterative process improvement may be easier to explain to physicians as an application of the scientific method.

Physicians using industrial metaphors should focus on the end goal — better health care — not the metaphor.
Organizations can get bogged down in the minutia of the process to the exclusion of the outcome; both are are equally important. In response to criticisms that the organization has focused too much on "lean," ThedaCare has refocused its efforts around specific clinical goals and application of the scientific method to refine care process. As a result, physician engagement in change-management efforts has grown dramatically.

The health care industry can learn a great deal from other industries about how to improve quality and reduce waste. But the lessons have to be customized for audience. This is one case where how the message is delivered is as important as the message itself.

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This article reflects the opinions and perspectives of the authors and does not reflect the views or perspectives of the U.S. Department for Health and Human Services or the ThedaCare Center for Healthcare Value.