



Why is access improvement work difficult to accomplish?

Making change is difficult. Improving access is not simple. Many groups don't recognize that access (delays) are a problem until an outside stakeholder (customers through complaints or surveys or a Health Plan through surveys and complaints) tells them that or they believe that the solution is easy ("just try harder"), or don't understand that delays are a system issue and that improvement requires not tinkering, but an entire system redesign. In addition, many groups are not experienced in change and have false models for change:

The "pick a random solution" approach

"We have a problem. I, as the leader, will pick a random solution and this random solution will solve the problem." This approach fails to include all the people who do the work, for input and for implementation. This approach fails to see that access problems are system problems, that random solutions often will solve an immediate issue but sub-optimize overall system performance.

The "find agreement on a solution" approach

These random solutions are not quite random. The selector will have a set of implicit assumptions about what is wrong, how to fix what is wrong, and how this solution will "work." But these assumptions are often not conscious or explicit and cannot be shared with others. Hence, if others assumptions are the same, or worse, if the ideas for solutions are shared, but the underlying assumptions are different, then the random solution may work for awhile but is not sustainable. The random solution approach is often very narrow-minded and only addresses the most glaring of the problems. Unless the solvers can find agreement on principles, random solutions are not sustainable

The "no measurement" approach

Solutions are chosen either randomly or even within the context of a framework of agreed upon principles, but no measurement for baseline system performance or to ensure that the changes resulted in improvement occurs. Without measurement for baseline, for improvement and for sustainability, changes will not be successful.

The "do as I say" approach

Successful change requires the basic understanding and engagement of the people that do the work. Implementation by telling works well in some environments but has not worked well in healthcare settings.

The "anti-gravity" approach

Successful change in improving access requires an understanding of the basic dynamic of balancing and matching the demand for service with the supply for service with a minimal delay. This is the law that runs our systems. It is extremely difficult for most of us to see that and to think

like that. All successful improvements either address demand issues, supply issues or matching issues. The more explicit this basic dynamic, the more chance for sustained success.