Simply Effective: Using a Rapid Results Approach to Manage Complexity and Achieve Your Goals

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Executive Summary

This paper makes the argument for HIM professionals and leaders to take concerted action reducing complexity in their organizations so as to navigate the major changes sweeping the health care industry. A framework is offered for Simplification along with a set of tools to strip away non-value-adding complexity. Rapid Results is introduced as a vehicle for change to generate focus for accomplishing results and learning. Selected case studies demonstrate its application.

HIM professionals and leaders can play strong, assertive roles in reducing complexity and driving better performance in their organizations. Bringing an analytical, creative approach to the problem offers major opportunities to satisfy several professional objectives: deliver value to their organizations, elevate the perception of HIM from transactional to strategic, and contribute to role redefinition for the profession.

Rapid Results is a vehicle to help professionals break free from the change paradigm of “activities, assessment and recommendations”… to results, innovation, and adaptability crucially needed in these turbulent, cost-conscious and complex times.
The Challenge of Complexity in HIM

Health care environments are extremely complex (and getting more so), as the industry transforms to pursue the twin goals of major cost reduction and substantially higher care quality. With value-based health care as the rallying cry, organizations are morphing, cumulative regulations are mounting, traditional roles are changing, and a rich tapestry of technology is being implemented in the quest for increased administrative and clinical effectiveness. New questions arise at every step, and separate agendas often abound among constituents in this environment, pulling organizations in different directions.

This growing complexity heavily impacts HIM professionals and their varied work settings. Just consider the workflow and workplace changes, with significant impact for HIM and other professionals involved, wrought by these well-known initiatives and pressures:

- Electronic Health Record (EHR) implementation and the drive to Meaningful Use
- HIPAA and security rules and standards
- ICD-10 migration
- Clinical Documentation Improvement
- Mushrooming quality and compliance reporting demands, and
- The Affordable Care Act (ACA)

The reality of the health care environment, independent of the ACA court decision, means that our departments and institutions are connected in a broader health care ecosystem. To manage information and collaborate “outside the four walls”, meeting the challenge of delivering better and more cost-effective care has become more complicated - simply based on “connecting delivery organizations” like Accountable Care Organizations, Health Information Exchanges, connected group practices, or other networks.

On top of these external pressures, we also generate complexity internally in our work settings by clinging to outmoded workflows, adapting inefficiently to technology, or failing to address conflicting demands from administrators, physicians, patients and others. Day-to-day complexity is often hard to see. When visible, it is difficult to analyze the root causes; and under pressure from day-to-day operations, it challenges us to know how to combat it.

The result for HIM is considerable pain in the form of inefficiencies and added costs - not to mention inability to fulfill key functions (research requests, coding training). These problems are especially vexing since HIM is often viewed only as a cost center, with expenses to cut. The reality, however, is that HIM is a core health care function “in transition.” HIM leadership and others seeking to lead in health care organizations need to demonstrate capacity and capability to deal

“[The challenge for a leader] of a large health care organization is to play offense, not defense...” (see post from last summer)

“If I were running a hospital... I would be focused on how do we make some significant change to take advantage of the opportunities that are going to be inevitable with this swirling, difficult, changing environment in health care.”

effectively with the challenges of simplifying while restructuring.¹

Evidence of change for HIM professionals comes from multiple sources. EHRs are emerging today in many organizations, and more stories are appearing on the potential power for positive change from data-driven evidence sourced from these data-rich ‘gold mines’.

Never before have we had access to such rich EHR data sets.²

Just getting to successful EHR implementation can itself be a daunting challenge, highlighting the complexity staff must address to drive standardization during implementation. Kaiser Permanente³ found it had 2,000 different types of office appointments across its 8 regions. It was able to use a cross-functional design session to converge on only 250 appointment types, configured into its new scheduling system.

Understanding the Causes of Complexity

So where can we start? An important first step is to build awareness of the drivers of complexity in our work - and identify what we can actually control and change. Based on research and experience, we see four sources of internal complexity⁴ in most organizations, shown in Figure 1.

- **Structural mitosis** appears to be a natural outcome of growth – the Rubik’s cube of organizational design. Just as cells divide to grow, health care organizations are

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¹ In June 2012, a group of prominent health care institutions and their leaders published “A CEO Checklist for High-Value Health Care” – which describes the health care industry’s inexorable need to improve both cost and quality – and offers many examples, successful cases, and a simple blueprint for how to begin. [Click here](http://bit.ly/LGUTvf) to access this report, or go to [http://bit.ly/LGUTvf](http://bit.ly/LGUTvf)

² See “Medical Records Could Yield Answers On Fracking” ([http://n.pr/LGWtNM](http://n.pr/LGWtNM)), [www.npr.org](http://www.npr.org), 5/16/2012 – With more than a decade of EHR data for two million Pennsylvanians, Geisinger has cultivated a valuable public-health resource. Geisinger would like to be able to help researchers investigate the substance of claims that fracking chemicals are negatively impacting health of some individuals – particularly those with asthma. The data set offers an ideal opportunity to answer some key questions, enable the right care for people suffering with health conditions, and address a potential public health concern.


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increasing the number and types of settings in which care is delivered. Merger activity often provides the catalyst for simplification with the desire to reduce duplication across sites for HIM operations such as coding, scanning and transcription.

- **Product and Service Proliferation** comes about through a perpetual instinct to expand product and service lines - and less effort to “sunset” offerings. The result is a fixed amount of attention and resource devoted to supporting a growing portfolio. In healthcare, searching for revenue, profit and ways of keeping patients ‘in network’, hospitals and groups add service lines and facilities; or acquire physician practices with HIM and other departments are called on to support them.

- **Process Evolution** is a real complexity builder in healthcare. For HIM, evolution is frequently externally driven: the necessity to meet new requirements, standards, and government/payer mandates adds new activities and reporting needs. The ultimate mandate for many - the impending implementation of ICD-10 - is already causing major workflow impacts. Without a strong mandate for standardization, processes may evolve more “naturally” fueling process complexity as individuals interpret and carry out processes differently, sometimes making them virtually unrecognizable from site to site.

- **Managerial Behavior** adds to the complexity mix. We all unconsciously drive up complexity by asking for too much detail in information requests; messy and non-agenda-driven meeting management; publishing too many reports and reviews; making unclear assignments to individuals and teams; absence of focus in goal setting and prioritization; poor e-mail etiquette; and others.

What can be done about ever-rising complexity? First, HIM leaders and practitioners need to decide to take action on the work within their control. Given the urgency of the mandates facing healthcare and the opportunity for HIM to demonstrate its relevance and effectiveness in meeting these challenges, we propose that HIM leaders take the lead to root out unnecessary complexity – and begin with an approach called “Rapid Results”.

**Tools in the Battle Against Value-Destroying Complexity**

Five tools to combat complexity have proven effective in a variety of organizations:

- Best Practices identification
- Process Mapping and redesign
- Six Sigma and Lean
- WorkOut
- Rapid Results

Many forward-leaning hospitals and healthcare organizations today apply versions of Lean or Six Sigma in their operations. These approaches vary in the amount of structure, speed, and levels of involvement called for to be successful. Some are better suited to particular work cultures than others. Figure 2 offers a comparison chart; and several of the tools are described in more detail in the appendix to this paper.
**Simply Effective: Using a Rapid Results Approach...**

<table>
<thead>
<tr>
<th>Tool</th>
<th>Speed</th>
<th>Technical Rigor</th>
<th>Engagement of People</th>
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<tbody>
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<td>Process Mapping</td>
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<td>Forces data-driven change</td>
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<td>Drives process and cultural change; can incorporate other tools</td>
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<td>Rapid Results</td>
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<td>M</td>
<td>Breaks through resistance and hidden barriers</td>
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*Source:* Ron Ashkenas, *Simply Effective: How to Cut Through Complexity in Your Organization and Get Things Done*, Harvard University Press, 2010. Page 109. For more on each of these tools, please refer to the appendix at the end of this paper.

### Rapid Results

The focus of this paper is on addressing Simplification through Rapid Results⁶, a continuous improvement methodology that can leverage many other approaches - and also avoid some of the pitfalls they might introduce. It offers HIM professionals a strong process to get started locally, and deliver impact quickly to reduce organizational complexity – and dramatically improve value-adding performance.

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⁵ “[Lean] is incremental, so it’s slower than maybe some, particularly in Western cultures, would like, but it absolutely provides a platform to engage everyone.” (“There is a waste epidemic in health care. How do you deal with it in your organization?”) [Carolyn Corvi](http://virginiamasonblog.org)  
What is Rapid Results? It is a structured process that mobilizes teams (typically 8-10 people) to achieve tangible results and to learn along the way. Rapid Results is a powerful way to ‘jump-start’ major change efforts with short-term projects that can engage the creative energy of people at all levels. Each project, 100 days or less in duration, emphasizes pursuit of a well-defined, meaningful result while also generating both new insights about longer-term goals and the skills and confidence to achieve them. Each Rapid Results team focuses on a goal which states what the team is driving to achieve (e.g. reduce denials by 25% in 100 days). Rapid Results projects are scalable – they can be undertaken singly or in combination, according to the demands of the overall change effort. They can also be used as building blocks for large scale and long-term transformation.

Rapid Results projects share clear attributes:

- **Focus on Results** – team work is focused on achieving a tangible, measurable result (instead of activities, preparations or recommendations)
- **Fast** – project duration is 100 days or less
- **Exciting and experimental** – fosters innovation and learning
- **Stimulating** – participants gain new insights on implementation challenges and risks
- **Empowered** – teams set their own goal, and are expected to actively pursue it with considerable latitude
- **Cross-functional** – teams draw together people who have front-line knowledge of the challenge at hand
- **Visible** – projects are actively supported and valued by an explicit sponsor

What’s critically different about Rapid Results is that change leaders, project sponsors and facilitators work together to define areas for focused effort and shape potential projects. Project challenges may emerge from a need to drive strategy into action or from other urgent priorities facing the organization. Take a

“Maimonides Medical Center (a 711-bed hospital in Brooklyn, NY) has historically had abysmal patient satisfaction scores... And starting next year, under "value-based purchasing" contracts mandated by the health care law and already entrenched in Medicaid and Medicare rules, failure to improve the satisfaction of surveyed patients will cost them reimbursement income for the services they deliver.

In response, **Maimonides has asked labor-management teams in every unit to invent their own improvement projects...**


“Premier Inc., an alliance of more than 2,600 hospitals across the country, has been testing ways to save money and improve care. It stresses quick treatment to prevent deaths and costly complications from infections, strokes and cardiac crises. It has reduced unnecessary laboratory and screening tests. **And it has reduced labor costs by eliminating inefficient processes, like multiple re-entries of the same patient data for admitting, scheduling, discharge and billing,** and by using caseworkers or administrative assistants rather than nurses to call patients to remind them of appointments or checkups.

Premier reported in January that over a three-year period, 157 of its hospitals in 31 states saved almost 25,000 lives and reduced health care spending by nearly $4.5 billion, roughly 12 percent of the total three-year cost of care at those hospitals.”


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problem such as high billing claims denials. If the sponsor is looking to Rapid Results to ensure that their organization’s new denials software is fully implemented by a specific date, he or she is stuck in the activity paradigm. On the other hand, a desired outcome such as significant reduction in denials - and fast – is a perfect area of opportunity for a Rapid Results team.

Post-project launch, the team has 100 days or less to achieve the goal set at its launch meeting. Every 30 days the team meets with its sponsor to share progress, results and plans to sustain the gains beyond the 100-day threshold. Once the project is complete, sponsors and change leaders consider scale-up opportunities.

Rapid Results in Action: Some Examples

**CASE 1:** One hospital used Rapid Results to improve net revenue in its radiology department, focusing on increasing proper billing for special procedures. The cross functional team focused on where they were dropping the ball in the complex information flows from the moment the patient entered “the system” to the point when the bill was generated. Significant reimbursement was at stake – as the hospital was historically billed 0% of special procedures accurately. To get started, the team set a goal of 75% of all special procedures billed accurately; identified key process steps, and developed ideas on how to “close the loop” to prevent missed billing.

Through innovations introduced, increased staff awareness, and improved procedures, the team was billing 100% of special procedures correctly by the end of the project – a change estimated to have a net positive operating impact of $480,000 per year. The work resulted in improved collaboration and teamwork between staff, MD’s and IT; heightened awareness about the costs of supplies and tracking; and increased awareness about how each person’s “day job” affected the bottom line for the hospital.

“In Seattle, the Virginia Mason Medical Center, once deemed a high-cost provider, has conducted rigorous internal reviews to eliminate waste and inefficiency. It says that after doctors were required to click through a computerized checklist of the medical circumstances needed to justify a costly imaging test, CT scans for sinus conditions dropped by 27 percent and M.R.I.’s for headaches by 23 percent. It placed nursing teams and supplies closer to patients, freeing nurses to spend 90 percent of their time on direct patient care, far more than the 35 percent at most hospitals. The time needed to process insurance claims was sharply cut by consolidating steps. In a tough environment for hospitals, Virginia Mason has been reporting margins of 4 to 5 percent.”

CASE 2: The senior leadership of a major financial services company was interested in improving customer-facing time by its employees. The company used a survey to highlight opportunities for reducing bureaucratic complexity that were impeding time with customers – and then followed up with targeted simplification workshops. Over a 1-2 day period, these workshops asked groups of 40-60 employees to identify, eliminate or change wasteful, overly complex, and low-value work patterns embedded in their reports, approvals, measures, meetings, policies and processes, with a goal of increasing customer-facing time by 10% a week. The groups brainstormed and prioritized the top simplification ideas, each of which was then developed and assigned an “owner” who was passionate about getting the idea implemented. This person had 100 days to implement the idea - and report out to senior leaders. Ideas generated from these workshops included:

- Reducing the time taken to compile reports by eliminating required data elements as well as questioning the relevance, regularity and readership of each report
- Driving down the number of meetings/meeting attendees
- Adapting travel and expense policies to reduce reporting time

CASE 3: Rapid Results can also be applied to complex situations that span organizational boundaries and communities. In 2003, Dr Saleh Meky, Minister of Health for the African country of Eritrea, turned to Rapid Results to accelerate progress of his country’s five-year plan to prevent the spread of HIV/AIDS\(^7\). In the first wave, six Rapid Results teams were launched in the central region of Eritrea addressing components of the five-year plan, including school-based

\(^7\) See case study description [http://www.rapidresults.org/eritrea/eworld.php](http://www.rapidresults.org/eritrea/eworld.php)

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education, home care, and engagement with critical groups such as commercial sex workers and truck drivers. One project aimed to increase the use of voluntary counseling and testing services (VCT) by 25% and achieving an 80% positive satisfaction rating from users, all within 100 days.

100 days later, the weekly number of clients visiting VCT facilities in Asmara had leapt by 80% with a 95% positive satisfaction rating. Innovations to achieve the result included opening three new VCT sites, training five additional counselors, distributing Rapid Test kits and implementing a tracking and monitoring system. The team noted that these developments – and the result - were accomplishments they would never have thought possible before the project began.

As these examples imply, Rapid Results can give rise to significant beneficial cultural shifts that multiply the effects of the results themselves:

- **The wisdom for change lies within**: Organizations and communities develop stronger capability to drive change when people realize that outside experts may help but are not required to make meaningful change happen. Traditional “big fix” programs often stumble because of a lack of rank-and-file support. Using Rapid Results projects, the “target population” becomes a driver for change, building its own experience of excitement, learning and successful implementation.

- **No more excuses**: Rapid Results projects frequently smash long-held organizational myths that serve as convenient excuses for lack of improvement. Teams often start with a conviction that a particular cause outside their control (such as a systems issue, a regulation, or a mandate from a senior executive) lies at the root of their problems... and then discover many causes they can control. They learn to take ownership and unleash their creativity in addressing the challenge.

- **Success Breeds Success**: As Rapid Results projects are carried out, energy, excitement, and a “go-for-it!” feeling ripples through the organization. Out of big, amorphous goals, people carve out short-term targets. As projects succeed, participants absorb the learning and move on to more ambitious undertakings. The culture of the enterprise begins to shift even though the focus is on tangible results—not culture change.

**Getting Started: Practical Advice for HIM Leaders**

Many HIM leaders may be concerned about gaining initial buy-in for Simplification and Rapid Results, especially in organizations where change efforts tend to be met with resistance until success is assured. A grass roots approach such as the following offers a pragmatic path to proceed in such instances:

- **Start with yourself and your own behaviors.** Where do you cause or collude with complexity? Challenge yourself to think about your role in promoting complexity in everyday work life: ineffective meetings, unnecessary e-mails, missed deadlines, poor communication, unclear assignments, waffled decisions, and fuzzy accountability.

- **Organize a complexity-reduction support group in your department/area.** Challenge each other on what you can collectively do to make things simpler. Pick some things to focus on, set a specific goal and get started – perhaps to eliminate one report, per person, in a month. Celebrate your success – learn from, rather than hide, any failures.
Simply Effective: Using a Rapid Results Approach...

- Turn your support group into a complexity-reduction coalition. Pick a simplification opportunity where success depends on collaboration with those outside your immediate department/work setting. Make the case for change in support of larger organizational goals (patient care/satisfaction, regulatory compliance, cost control). Build support from other key constituents (administration, physicians, nursing, ancillary staff). Initiate a 100 day Rapid Results project.
- Assess where complexity is impacting your organization and people – (click here to take the Schaffer online complexity assessment - http://svy.mk/LGV2Po) – and choose a place to begin.

The simplification methodologies described above are a sample of tools at the disposal of the HIM professional. Depending on the business need, each tool may represent the ‘best fit’ – However, where there is an urgent need to demonstrate results beyond the activity of diagnosing the current state, Rapid Results offers a proven pathway for success.

**Helping HIM Become More Effective ... and More Strategic**

HIM professionals and leaders can play strong, assertive roles in reducing complexity and driving better performance in their organizations. Bringing an analytical, creative approach to the problem offers major opportunities to satisfy several professional objectives: deliver value to their organizations, elevate the perception of HIM from transactional to strategic, and contribute to role redefinition for the profession.

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APPENDIX -

Best practices examine how a process or activity is performed in other parts of the organization, in other institutions, or even against an industry-wide benchmark. AHIMA and other organizations offer many resources to gain insight into comparable work. This tactic is good for taking an “outside perspective” and identifying alternative ways of doing things. Teams can be formed within and across departments to do field work and study particular problems.

Process Mapping is an approach to make the steps of a process explicit, recognizing that many workers exist in “silos” and do not have a complete view of an entire process. Many HIM tasks may be distributed among different people or groups and require various levels of review. Also, for example, interplay between transcription and coding may contain opportunities for removing steps and streamlining. A process map permits analysis of redundant or unnecessary steps. Such analysis can have impact at a fairly high level view or a map can be analyzed at deeper levels if desired.

Six Sigma and Lean are programs built originally on the foundation of the “Toyota Production System” – and these programs have found robust application in many hospitals and other institutions. Some HIM professionals have been significant participants in these efforts, some earning “black belts” or other formal designations. Six Sigma is a formal methodology with specific process steps, and it relies heavily on use of this process and statistical measurements to drive simplification of processes and the reduction of variation. As one example, North Shore-LIJ Health System several years ago conducted a multi-phase project in which many staff members were trained in Six Sigma and attacked more than ninety processes. They generated numerous measurable improvements, such as a reduction in late starts in ORs from 17 minutes to 5 minutes and driving down the transport time by 40% from the ED to patient rooms.

Lean is a related approach succinctly summarized this way: “Lean is a methodology for process simplification that focuses on reducing wasted time, movement, and steps in process flows. Originally applied to manufacturing operations, it has been widely used to eliminate non-value-added steps and reduce the cost of complexity in support and service processes. [It has] the potential for rapid deployment through what is called a Kaizen event, where people involved in a process work together intensively for three to five days to actually reshape the process.”

WorkOut is a change process originated at General Electric in the late 1980s. WorkOut drives business results through the resolution of complex business challenges across hierarchical, functional and other boundaries. It brings together large groups of people (typically 20-100) in a 1-2 day event focused on a pre-defined goal commonly related to areas such as growth, cost control, bureaucracy reduction, process improvement or strengthening customer relationships. It engages employees across all levels and functions in an effort to get results while also transforming the organization’s culture – leveraging speed, simplicity, empowered self-

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confidence and rapid decision making. Owners of ideas approved by senior level sponsors at the WorkOut event have up to 100 days to implement the idea and realize results contributing to the overall WorkOut goal.

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