

# CHAPTER 9

## Change

Two themes for change are policy and practice.

### Policy change

Chapter 5 shows examples of policy topics that you will need for e-health. You may also need some new policies for healthcare, such as reimbursements for services using telemedicine, and using e-learning for medical and nursing training. You should include these types of new policies in your e-health strategy.

### Practical change

Changes in the area of e-health often relate to different clinical and working practices achieved by sharing information. Several activities are essential for success:

- Identifying stakeholders
- Engagement with stakeholders
- Agreeing the information requirements of stakeholders, especially healthcare professionals
- Setting procuring models in place, such as leasing and public-private partnerships (PPPs)
- Programme management
- Project management
- Training
- Culture change and benefits realisation.

These activities can combine into change management programmes, with Australia's national e-health strategy Health Connect<sup>7</sup> serving as an example.

Successful change is extremely demanding to achieve, and involves many stakeholders. The complexity increases where healthcare relies on a mixed market, with even more stakeholders to take into account. Change life cycles are often longer than the ICT life cycle, so your plans may need to say how you will deal with this. Some principles of change are that:

- It begins at the outset, before e-health policies and strategies are considered
- The core goal is to create, develop and sustain an information culture

7. See: <http://www.health.gov.au/internet/main/publishing.nsf/Content/EHealth+Healthconnect> [last accessed 21 July 2010].

- Engagement sets an obligation on e-health planners to meet the needs of stakeholders, which distinguishes engagement from consultation
- There are several ways of achieving change successfully.

Table 13 is an example of a change model as a matrix, showing the potential links between three main types of change and three main types of benefits.

**Table 13.** Illustrative change model

		<i>Change model</i>	
<i>Benefits</i>	<i>Process</i>	<i>Organic</i>	<i>Strategic</i>
<b>Quality</b>		Doctors and nurses use new information to change clinical and working practices	Healthcare providers and patients use new information for new activities and initiatives
<b>Access</b>			
<b>Efficiency</b>	Systems re-engineering to improve current processes		

Organic and strategic change can be the most valuable, and the most difficult to achieve. Process change tends to be a focus of ICT in health and healthcare, but may not always offer the best impact on benefits. Table 14 shows a possible analysis.

**Table 14.** Illustrative assessment of change activities for e-health

<i>Activity</i>	<i>Volumes</i>	<i>Timescales</i>	<i>Possibilities</i>	<i>Details</i>
Identify stakeholders	Who, and how many?			
Engagement	Which groups need to be included?	How long for?	Professional groups, citizen groups	Who leads?
Stakeholder requirements	How many people are affected?	How long for?		What are the impacts on stakeholders?
Procurement	Who from?	How long?	Options	Links to financing?
Programme management	How many projects?	How long?	Options	Who leads? Links to governance?
Project management	How many managers are needed?	How long?	Options	How many project groups?
Training	How many people need training?	How long for?	Options	Types of training needed? Types of training available?
Culture change	How many people?	How long for?	New teams?	Strengthened healthcare?
Benefits realisation	Who will contribute to the benefits?	How long for?	Options	Who benefits? What are the benefits? Who realises the benefits?

You can delete the text in the table and add your own analysis to discuss and finalise in the workshops.