
GUEST EDITORIAL

Change Management in General Practice

– Dr Neil Heard

The medical profession is conservative. Even so, coping with change has not needed management. It has been something that we just do. But change is now greater and more rapid than ever. Many aspects of our lives are always changing in relation to each other. The socio-political milieu springs to mind, especially in South Africa where conflict has occasioned our failure to face change. The community we serve is in a constant state of change, as are their expectations of us. Our own personal lives change, or at least they are expected to do so. We have heard from every other professor that 50% of what we are taught at medical school is right and 50% is wrong, the problem is which 50% is which. We've also heard that of the body of knowledge that we acquire at medical school, 80% will be irrelevant within 10 years of qualifying. So 10 years into our careers we are equipped with 10% of what we set out to learn. All because of change. This says nothing of the technological changes with which we must deal in practicing what used to be 'the art of medicine'. Our outlook and attitudes to medicine, health and life go through a metamorphosis from the time we qualify as doctors through our careers. The financial environment in which health services operate is crumbling, as new systems usher their way in. The legal framework within which we operate is also changing to facilitate greater access for more people to our services. Some of these changes may seem precipitant, and many are.

Just as major life changes, such as divorce, increase people's stress levels so do all the other changes cited albeit to a greater or lesser extent. Faced with immense changes and the fact that we can no longer be

intransigent towards them, we need to look at a set of techniques, systems, structures and attitudes that could help us to deal with change. This is 'change management'. We must plan to ensure that change is a natural evolution instead of a chaotic upheaval.

Stressors that rank high are different for each of us, but changes in health service financing, introduction of new management concepts such as group practices, networks and health maintenance organisations, to name a few, must be highly ranked for most South African GPs. We do need to face change and deal with it in a conscious way. This article is intended to help us to do this. Some characteristics of change are cited below.

Change Hurts

Change drains our ability to handle change! It is therefore important to limit changes to those that are essential to practice imperatives. Some imperatives that you may consider important include financial accessibility to your practice, practice income, service offered, social accountability. Each of these and other imperatives have their own changing character in relation to any individual practice, and mostly these depend on the vision you have for your practice. Do you set aside time to think about practice vision? If proposed changes do not gel with practice imperatives and vision then you may have to talk yourself out of some good ideas, or change the vision. To avoid getting hurt, think as far into the future as possible, decide which changes are important, and make them. You do not need to chase every new market or management idea that comes your way.

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... Change Management

The cost of change is measured in broken expectations

Change can help you earn more profit, save you unnecessary cost or give you a greater feeling of fulfilment, but if the end result is not as you had hoped then the situation may become stressful. The key to measuring the human costs of change is whether results are what was expected.

Change is cumulative

Remember that change hurts, and we need to get used to last week's changes before starting on new ones. A small change of paper may be a large one in practise. If adequate time is not devoted to gaining consensus and planning the implementation of even small changes this can result in practice management problems. Consider the cleaner, bookkeeper, receptionist, partners, spouses and patients in every change and avoid frequent changes to the same system.

Open resistance to change is good

'People don't talk, so lets talk' says Ray Phiri. People always resist change. This is a fact that we have to accept and work with. As South Africans we should know that the best way to manage resistance is to encourage it to come out into the open. We should be rewarded for expressing resistance in a constructive way, because this will bring out the inherent value, or lack thereof of the proposed change. Linked to this is that...

Change should not be forced

None of us should feel threatened or railroaded into accepting a change

which does not gel with our vision or practice imperatives. The days of decree are over, and every law is negotiable. Statutory bodies such as the SAMDC and the Central Council on Medical Schemes need to heed this. Enforced practice management changes that involve ourselves or others may result in hurt and broken expectations as may the inappropriate outlawing of systems or changes that work.

Change can be our ally because small owner managed businesses like private medical practices are in a position to be flexible and to make decisions easily. Staff members are usually few and it is easier to gain consensus on proposed changes than it is for large organisations. This is an advantage to retaining practice independence when making a decision about introducing practice management changes such as whether or not to join a managed health care system, and which system to join. The bigger and more centrally controlled an organisation, the more resistant it is to change and the more difficult it is to reach consensus on change. Failure to reach this consensus can result in service and organisational failure with dispirited partners, members or employees, factionalism and scapegoating. If you are drawn by the security of a larger organisation be sure that adequate time is allocated to planning change and building consensus so that management decisions do not have to be re-worked because of lack of consensus and the resultant service failure. You do not need to waste your time with organisations that exclude you from any change process which may affect you. This is particularly relevant to many State services where consensus based change has not been a management

feature. Larger organisations need to open up to change, whilst small practices need to retain focus and harness change to their benefit.

Face it. Deal with change consciously and think about all changes in terms of your own reality, your practice vision and imperatives.

Readings

Daryl Conner: 'Managing the Speed of Change'. Random House 1991.

Stephen Schoonover: 'Changing ways'. Amacom 1988.