

Six keys to **implement innovation** across the **medical group**

In today's market, medical group-led innovation is not just nice to have, it is vital for groups to solve their most pressing business challenges. Successful innovators balance preparation and execution. Just like fly fishers need the right equipment and skills to reel in the big one, medical group leaders need to know when to pursue innovation and how to implement and scale innovation beyond pilots.



Root innovation in an **existing business goal**

All innovation must be grounded in an existing medical group business challenge. Without the right hook, groups will never capture enough system buy-in to successfully deploy innovation.

Why it fails

Executives are often overwhelmed by a long list of potential technology investments. Even when leaders prioritize a single innovation, some focus on the technology itself, rather than the strategy innovation supports.



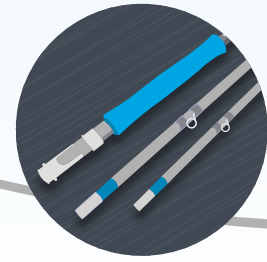
Easy barrier to overcome

Action steps for medical leaders

- Review strategic goals and challenges of the medical group. Match goals of innovation to existing strategy.
- Select one business goal to focus on.
- Find or develop an innovation that solves the selected business goal.

Don't end up with a **"big fish" story**

We see medical groups fail to implement innovations for various reasons. Some groups move too slowly and end up losing market advantage, while others underestimate the time and resources needed to implement an innovation. The biggest mistake groups often make is innovating for innovation's sake. Leaders must root innovation in one of the group's existing business goals, since focusing just on a technology without investing in its implementation can lead to wasted time and resources. Don't be the leader with a story of "the one that got away." Pair innovation with robust implementation to make the biggest impact.



Identify a **physician visionary**

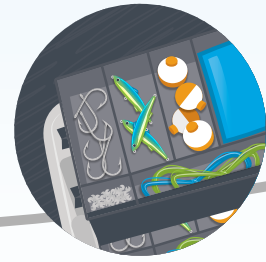
The physician visionary is the backbone of any innovation strategy. Like a fishing rod, visionaries must be flexible when faced with pushback but determined enough to see innovation through its complete implementation.

Leaders don't always elevate the role of the physician visionaries beyond any other physician champion or do not provide visionaries with the right clinical, operational, and technical support to implement innovation.



Moderate barrier to overcome

- Identify a respected physician to lead the innovation.
- Support the visionary with clinical, operational, and IT staff and resources.
- Coach the physician visionary in developing needed leadership or business skills.



Conduct an **internal resource audit**

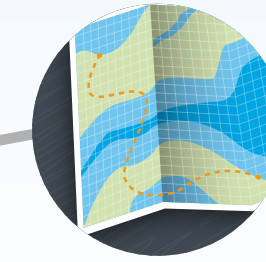
Medical group leaders must have all of the right tools available and within reach. An internal resource audit is a complete analysis of existing assets that can be used to decide which innovation the medical group should pursue.

Groups tend to associate innovation with the need to build from scratch. While some leaders don't recognize all the resources they need to operationalize new products, it is far more common for leaders to overlook the underutilized resources they already have.



Moderate barrier to overcome

- Identify areas of internal strength and external market opportunity.
- Tap underutilized talent, physical, and financial resources.
- Decide where to buy, build, or partner in innovation development.
- Conduct cost-benefit analysis and use information from the audit to elicit system investment.



Overinvest in a phased **implementation plan**

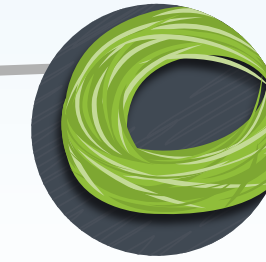
Medical group leaders should implement innovation with the right balance of speed and scale. Group leaders need to focus the pilot stage on gathering valuable information, then use that data to be flexible with rolling out the innovation.

Generating momentum is important, but some leaders are so focused on early wins that they never get out of the pilot. Others don't spend enough time gathering valuable information during the pilot phase and are unable to successfully engage physicians in rollout.



Difficult barrier to overcome

- Test innovation with a short-term pilot.
- Collect data and input from physicians, other providers, and staff.
- Be willing to shift initial plan based on early data and feedback.



Require **seamless integration**

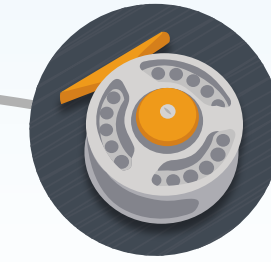
Seamlessly integrating new technology into physician workflow isn't negotiable. Just like a smooth line is essential for reeling in a catch, seamless integration with the EMR is essential for physicians to adopt an innovation.

As the administrative burden of medicine grows, physicians may resist solutions that require a change in their clinical behavior. At a minimum, innovation should not impede physician workflow. Leaders should prioritize technologies that reduce administrative work and give physicians more patient-facing time.



Difficult barrier to overcome

- Work with EMR vendor and IT staff to train physicians and craft a support structure.
- Educate physicians and practice staff about workflow changes.
- Respond to initial staff and physician feedback and make adjustments to workflow when necessary.



Never stop **selling to physicians**

At the core of any innovation strategy is the need to meaningfully engage physicians. Generating physician buy-in occurs at every point in the implementation process and is essential for the success of the innovation.

Medical groups that don't communicate with or respond to physician feedback throughout implementation will struggle to gain buy-in. Before launching a new communication campaign, leaders should use existing communication structures to generate physician support and to respond to feedback.



Moderate barrier to overcome

- Establish regular opportunity for bidirectional communication that spans the physician visionary, group leaders, and frontline physicians.
- Solicit physician input and make changes to meet valid physician needs.
- Remain flexible; physician demands will change with innovation maturity.