Leadership Communication in Health Information Technology Projects

Save to myBoK

By Tiankai Wang

On September 4, 2012, the Centers for Medicare and Medicaid Services (CMS) published a final rule that specifies the "meaningful use" EHR Incentive Program stage two criteria that will be effective in 2014.[1] According to a KPMG survey published on December 20, 2012, only 47 percent of hospital and health system leaders consider themselves "somewhat confident" in their ability to meet these.[2] Leadership communication is a vital element in ensuring the success of healthcare managers' action to achieve attestation under these new requirements. This article discusses the importance of integrating effective leadership communication in health IT project implementation.

Leadership is ranked as a top facilitator of large transformation efforts, according to a survey published in a *Work Study* article.[3] As initiatives such as meaningful use continue to develop in the US healthcare system, the role of health IT as a major part of the transformations underway will only continue to grow.[4] Physicians, nurses and other healthcare staff who are experiencing these changes must understand the nature of the changes—what the result of the changes will be, how their roles and work will be different, and why change is important. A failure to communicate the importance of the vision elevates the risk that end-users will resist the change.[5]

Leadership Communication Fulfillment

Leadership begins with a clear vision of a goal, and effective leaders articulate the vision and inspire people to follow, according to an article published in *Frontiers of Health Services Management*.[6] Following this statement, articulating the vision is the first key action in leadership. To articulate the vision to the end-users—physicians, nurses, and other staff—the healthcare leaders should make sure the health IT project vision aligns with the organizational mission, purpose, and values. The National Council of Behavior Health provides an example of health IT project vision:

"The project vision is to invest in people, business process improvements, technology infrastructure and an electronic health record (EHR). This investment is expected to provide operational stability and to support growth and relevant operational objectives for the next 7 to 10 years. A special emphasis is put on the improved measurement and delivery of quality healthcare."[7]

Language skills are critical to effective communication. An article published in *Academy of Management Executives* discusses two aspects of language in leadership.[8] The first aspect, known as "framing," is the process of delivering the organization's mission and vision in a meaningful way. Leaders should emphasize the values of health IT adoption by discussing the positive outcomes incurred when using health IT tools. In health IT projects, leaders need to find, understand, and transmit necessary information related to health IT, and then integrate the information into their knowledge. With the knowledge, leaders become more confident in promoting the vision—that the implementation and use of health IT can improve quality and convenience of patient care, increase patient participation in their care, improve accuracy of diagnoses and health outcomes, improve care coordination, and increase practice efficiencies and cost saving.

The second aspect of language in leadership outlined in the article is "rhetorical crafting," which enhances the message's motivational appeal by using stories, metaphors, analogies, and rhythm.[9] Senior staff are often more likely to resist significant process changes, such as the adoption of health IT. It's important to ease all staff into the transition when these transformation efforts begin; losing senior staff often means losing valuable experience and insights that they are in a unique position to contribute. The variety of stimulation in rhetorical crafting ensures a more vivid experience for the listeners, and leverages a "show, don't tell" approach to frame leaders' message in a form that will connect more easily with staff and help them to embrace the possibilities of the coming change.

In addition to these two aspects of leadership communication, leaders should take care to use language that is thoughtful. Take for example the following statement related to justification for health IT system implementation: "We should deliver the best clinical care to our community and patients." First, this statement prioritizes the community and patients to emphasize the meaningful aspect of the organization's work. Second, the statement enforces that the organization is a team by using "we" rather than "you" or "the organization." Moreover, the use of "should" rather than "must" allows the statement to describe the desired and realistic outcome with the support of a full a team effort.

Leaders should take every opportunity to present the organization's vision for transformation efforts. Leaders may use department meetings, staff forums, one-on-one conversations in the hallway, and internal publications to consistently communicate their message.

Communication is a two-way street. Communication from leadership must also invite feedback from staff, opening a forum where they may express constructive criticism, foreseeable challenges, and overall thoughts on plans for health IT implementation. Listening to the opinions and understanding the concerns of end users will help health IT leaders tailor the implementation as well as speak directly to staff concerns and thus more effectively encourage staff participation.

Trust between staff and leadership is imperative for a successful health IT implementation process. When trust has been established, health IT project implementation can proceed more smoothly, as staff will have personal level of engagement in the change and a better understanding of the reasons for the disruptions ahead.

Notes

[1] Center for Medicare and Medicaid. (2012). Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Stage 2, *Federal Register,* 77(171): 53967-54162. Retrieve on 8/18/2013 from http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf.

[2] Powers, L. (2012). Hospitals, Health Systems Lack Confidence in Meeting Stage 2 Meaningful Use or HIPAA Requirements. *KPMG Survey*. Retrieved on 5/13/2012 from http://globenewswire.com/news-release/2012/12/20/512989/10016255/en/Hospitals-Health-Systems-Lack-Confidence-in-Meeting-Stage-2-Meaningful-Use-or-HIPAA-Requirements.html.

[3] Zairi, M. and Sinclair, D. (1995). Business process re-engineering and process management: a survey of current practice and future trends in integrated management. *Work Study*, 44: 6-13.

[4] Middleton, B. (2005). Achieving the Vision of EHR – Take the Long View. *Frontiers of Health Services Management*, 22(2): 37-42.

[5] Wager, K. A., Lee, F. W., & Glaser, J. P. *(2009). Health Care Information Systems: A ^{P}ractical Approach for Health Care Management* (2nd ed.). San Francisco, CA: Jossey-Bass.

[6] Murphy, J. (2011). Leading from the future: leadership makes a difference during electronic health record implementation. *Front Health Service Management*, 28(1):25-30.

[7] The National Council of Behavior Health. (n.d.) Project Charter Description and Template. Available at www.thenationalcouncil.org/…/Project-Charter-Guide-and-Template.doc

[8] Conger, J. A. (1991). Inspiring Others: the Language of Leadership. *Academy of Management Executive*, 5(1): 31-45.

[9] Ibid.

References

Hackman, M. Z., & Johnson, C. E. (2008). *Leadership: a Communication Perspective.* (5th ed.). Long Grove, IL: Waveland Press Inc.

Dubrin, A. (2012*). Leadership: Research Findings, Practice, and Skills*, 7th ed, Cengage Learning.

Tiankai Wang (tw26@txstate.edu) is professor, health information management at Texas State University.

Original source:
Wang, Tiankai. "Leadership Communication in Health Information Technology Projects" (Journal of AHIMA website), December 06, 2013.

Driving the Power of Knowledge