**Provider Change Fatigue**:

**Risk Description-**

* Define Provider, what does maxed out mean, target audience, and understanding what the burden of change is more specifically
* Many different structures that are duplicating functions, that is spurring on fatigue, Support structure Duplication
* PCPs and RNs other clinical staff, most providers don’t see this related to SIM, acceleration of change
* Primarily in Primary Care, burn out rates high

**Root Causes**-

**Alignment**

* Overlapping priorities, ACOs, Medicaid ACs, ACI
* Haven’t aligned existing structures in order to consolidate, need more alignment
* Lack of performance measure alignment
* Need to map out the changes, define, pacing, rewarding…
* Failure to link many initiatives to improved patient care

**Transformation of Roles**

* Challenge to trust that measures accurately reflect their work.
* Payment reform is not keep up with Deliver System Reform
* Transformation of role of provider- big ask of them
* Consumer empowerment, change from old system
* Current payment disconnected from goals of transformation
* Rate of Change and Volume of Change

**Leadership Drivers**

* Better we do, more we lose- Hospital system could attest
* Physicians are inherently not embracers of change
* Fear of poorly managed change
* Leadership sometimes conveys needs to drive RVUs, not intentional but how it’s perceived.
* PCP shoulder burden without tools – high expectations – Don’t want to just be cogs in a machine

**Context/ Resources**

* Resource challenge
* Lack of context, comes at them from all directions-
* Not providing tools to providers to accept transformation

**Ideas for Mitigation**-

**Prioritization/Clarification**

* Prioritize risks by what we can control
* Scan what is already in place in order to not duplicate
* Clarify what changes are and their impacts
* Prioritizing what changes need to be made
* ID inequity of care coordination and resources- GAP analysis
* Allow provider community prioritize the change
* Identify successes and positive change, highlight that, and celebrate it
* Creating all these changes priority over payment reform, backwards, transparency should come after payment reform.

**Understanding and Tool Development**

* If you don’t understand what SIM is you will be more concerned about negative impact
* Understanding where providers find duplication in the system and its impact
* Understanding what providers need to get in place before they can even start transformation
* Providers need to understand what is actionable and realistic and understand who owns it
* Allow provider community prioritize the change
* Understand what are the characteristics of high functioning practices with high satisfaction
* Using SIM, provide tools to provider community to make changes we are asking for
* Need to respect timing - Not create false sense of urgency- realistic timeframes

**Alignment**

* Change management practices
* Organize payers to align measures and payments- Coalition
* Change management alignment, could stick in leadership piece