



## Dating Service

There are hundreds of groups who have made significant improvements in the reduction of waits and delays. And I get multiple requests to connect past successes with current groups. I used to introduce them. I no longer do that.

I don't want to be rude or uncooperative but I have, over the last 10 years, set up multiple "dates" between reluctant/resistant physicians and groups that have experienced success. I have never found that this has ever helped. In most cases, it just deepens the resistance. Resistant physicians either find another reason to resist (they just miss the point, looking for that magic change that will "make it all better") or they fall in love with the solutions and miss the principles. The concepts are simple. The implementation is tough. Be cautious.

There is a huge misconception here that there is a "product" - a set of required unpleasant behaviors that we all have to do in order to get somewhere. The work is not like that at all. In systems that match demand to supply (and that immutably is us), the most effective, efficient and satisfying way to work is without a delay. We all match demand to supply and we either do it well or we do it poorly.

This work uses a process (form an improvement team, set improvement aims, make small changes, map processes, and measure to see whether the changes are resulting in improvement). When a group uses this process and the underlying principles to make positive change, what they learn is what they did. And when they tell their story, they tell what they did. They learned how to apply principles to develop specific applications of these principles in their own environments. They learned "solutions." Here is the problem: solutions don't spread; principles do. So when a relatively inexperienced group visits an experienced group, what they hear is solutions (what the group did). They either fall in love with the solutions and want to copy them, or they find one "difference" and use that to say that it won't work for them because they are "different." Falling in love and copying is not a good strategy because they skip the process of thinking, trying and testing. Rejecting the work due to an inconsequential "difference" is also shortsighted. If the goal in "visiting" another team is to address resistance, the visits, in my experience, have created more rather than less resistance. The resisters are looking for anything to say "no" to.

When an experienced group tells a newer group what they did, an interesting phenomena occurs. The story is always one of change – this is what we did (that was different). The storytellers often neglect to talk of what they were doing well before the change. They just pass over that in telling about their learning. As a consequence, since the story is one of change, the positive foundational elements are often neglected.

Successful groups are never perfect. They are still evolving and have often made decisions that are, quite frankly, counterproductive. There are quite a few misconceptions and bad applications out there. The absolute best way for clinics/practices to be successful is to work through the principles in their own group, together with a group of other clinics/practices in a collaborative. If the goal is success, visits are not the best idea. Visiting is often an attempt to get things done more quickly. But more often than not, visitors find a reason not to like the host group's activities and solutions.

I do believe that once a group is committed and moves forward, it helps to have "friends" doing the same thing. That, I believe, is one of the reasons that "collaboratives" (groups working together) are useful.