Sustainment of Lean Redesigns for Primary Care Teams

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Background

Quality improvements are notoriously followed by "backsliding" or relapse to the status quo. Although implementation of quality initiatives is well studied, there is less research on sustaining changes. This mixed-methods study examined the sustainment of Lean workflow redesigns for primary care teams several years after being introduced in a large, ambulatory care delivery system.

Methods

We conducted qualitative interviews of 57 organizational leaders and primary care providers, and fielded surveys to 1,164 frontline physicians and staff in 17 primary care clinics across the system. We analyzed interviews and conducted independent sample t-tests to identify key factors facilitating the sustainment of new workflows among primary care teams. All analyses were conducted after Lean redesigns were implemented and scaled across the system in three consecutive phases—first in 1 pilot site, then in 3 "beta" sites, and finally in all remaining clinics.

Results

We found that the initial approach to implementing Lean redesigns in each clinic was critical to later sustainment. Adherence to Lean workflows was highest in the pilot clinic, despite having the longest post-design measurement period. Pilot members reported having the highest levels of participation in designing workflows, were most highly engaged in quality improvement efforts, and held most favorable beliefs about Lean changes. Adherence to redesigns was lowest among those in the second "beta" phase of implementation; these members also reported highest levels of burnout. Overall facilitators of sustainment included active engagement of staff in designing new workflows, favorable beliefs about Lean changes and use of Lean management tools, and availability of time for improvement activities.

Conclusions

This study of Lean sustainment highlights the importance of early approaches to implementing change in primary care clinics. Our findings reinforce the important role of employee participation in design efforts, use of supportive management tools, and staff identification with organizational goals. Additional time and effort is required to fully involve staff in design efforts, but these time investments will likely help secure buy-in and adherence for the long term. Transformation of these core elements will facilitate the sustainment of Lean and similar innovations among primary care teams.