

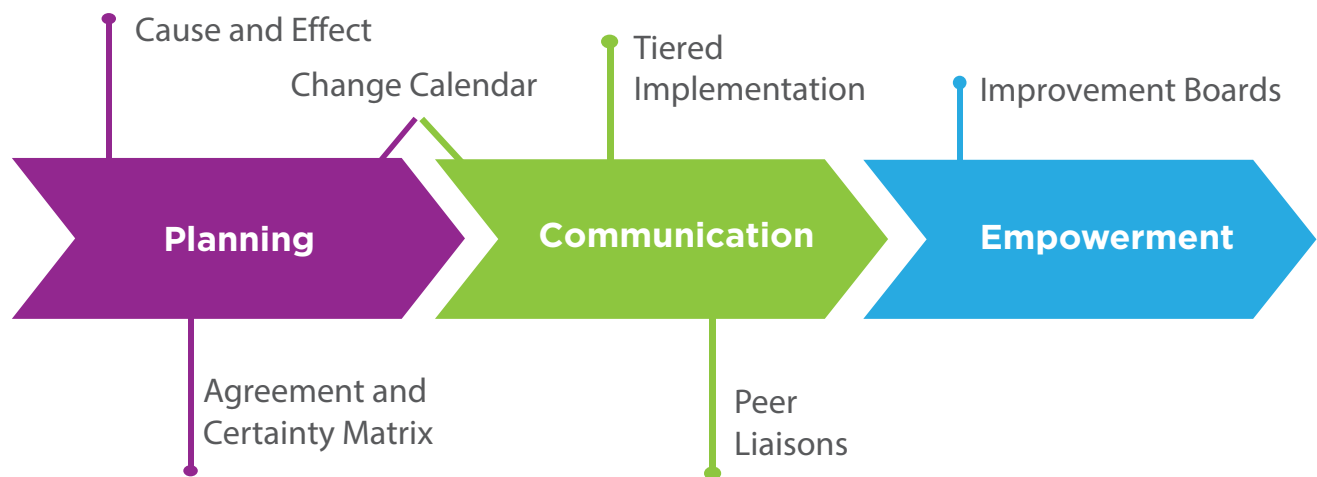
Adaptive Leadership for Effectively Managing a Telehealth Change Initiative

The Challenge

Maine Family Planning (MFP), a nonprofit agency and previous Title X grantee, is a pioneer in using telehealth to increase access to family planning services.¹ While piloting their telehealth initiative, MFP staff were able to resolve known problems with agreed-upon solutions. However, as with any change initiative, introduction of new telehealth technology presented staff with complex and unanticipated challenges, such as how to resolve scheduling issues using their telehealth capacity. MFP identified the need for better problem-solving skills for staff at all levels to manage change effectively when scaling up their telehealth initiative.

Adaptive Leadership
is the ability to effectively manage change in complex and uncertain environments.

Adaptive Leadership Tools and Processes to Build Problem-solving Skills for Managing Change Effectively



To help build MFP staff’s problem-solving skills in order to support the successful scale-up of the telehealth initiative, the FPNTC introduced adaptive leadership tools to leadership and frontline staff to help them better anticipate and address problems when planning for change, communicating change, and empowering staff to make changes.

One issue that was identified was the consistent underutilization of telehealth services during the pilot phase. Staff were not always offering telehealth appointments as an option for eligible clients. MFP used the [Cause and Effect Diagram](#) to identify the root causes of underutilizing telehealth appointments, such as lack of a protocol that specifies how telehealth appointments can be utilized for accommodating walk-in clients, client and staff comfort level with telemedicine technology, and determining the appropriateness of a telehealth appointment based on a client’s need. The Cause and Effect Diagram helped staff to understand the complexity of scheduling issues by visually illustrating and breaking down the problem.

To further plan for the scale-up and address the root causes of their scheduling issues, the [Agreement and Certainty Matrix](#) helped MFP staff identify and distinguish between technical challenges that could be addressed with known


¹ The adaptive leadership work on the telehealth change initiative was completed prior to MFP’s 2019 departure from the Title X network.

solutions, and complex, adaptive challenges that lacked agreed-on solutions. For example, developing a new scheduling protocol was an adaptive challenge that required convening staff to agree on front desk staff’s authority to schedule telehealth visits, especially with providers at different service sites. Using the Agreement and Certainty Matrix to make this distinction between technical and adaptive issues helped staff identify solutions appropriate to the root causes of the problem.

MFP also used three processes to ensure clear communication throughout the organization, so that problems could be anticipated and avoided or quickly addressed. MFP used a **Change Calendar** to plan and communicate key steps that might conflict with other organizational activities and to anticipate potential problems. For example, it helped staff discover that another initiative was happening concurrently—that could compete for staff time and attention—and allowed them to prepare accordingly. MFP staff used **Tiered Implementation** to communicate and manage change across all levels of their organization. This process linked staff implementing the initiative with key leaders to ensure support, resources, and to facilitate decision making. Finally, MFP utilized **Peer Liaisons** (also known as **Change Champions**) to communicate key information about the telehealth initiative among frontline staff and, in turn, communicate staff concerns to MFP leadership. Open communication between all levels of the organization ensured that challenges were quickly identified and resolved.

To empower staff to identify problems, needed improvements, and to implement solutions, MFP used **Improvement Boards**. Similar to Huddle Boards used by clinics to develop a daily plan for needed changes, Improvement Boards are used to visually track progress on improvement projects over time and to document and celebrate successes. Improvement Boards help empower staff at all levels, and aid the improvement team to collectively prioritize improvement ideas to pursue.

Improvement Board Example for Maine Family Planning’s Telehealth Initiative

IDEAS Ideas are listed from Improvement Opportunity Forms and moved to the Parking Lot or Launched sections 	LAUNCHED <ul style="list-style-type: none"> • Incentives for clinic-to-clinic assistance using telehealth • Feedback loops to facilities making telehealth "assists" and the impact • Staff survey for feedback • Implement a peer liaison program 	SUCCESSSES Share success stories among network	PROGRESS/ BENEFITS Completed as work is implemented and evaluation is conducted
PARKING LOT <ul style="list-style-type: none"> • 'Why Telehealth' small group discussions • Poll staff on the benefits of telehealth • 'What about' listening sessions (vent about the worst case scenario) 			

Highlights

Building the adaptive leadership capacity of MFP staff helped them to successfully prepare for and implement the scale-up of their telehealth initiative. MFP staff used adaptive leadership approaches and tools to identify root causes of problems, diagnose problems as technical or adaptive, identify appropriate solutions, communicate changes, and empower staff to identify and implement improvements.

The use of adaptive leadership tools has built the problem-solving capacity of staff, and has fostered more direct communication among staff to resolve problems in their telehealth work, rather than relying on management. These adaptive leadership approaches can help teams identify and mitigate unanticipated challenges that occur as part of any change initiative.

Visit fpntc.org to learn more about adaptive leadership tools, such as the [Cause and Effect Diagram](#), [Agreement and Certainty Matrix](#), and [Improvement Boards](#) to tackle complex challenges in your setting and to strengthen your service system.

This document was supported by Award No. FPTPA006028-04-00 from the Office of Population Affairs (OPA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OPA or HHS.

[This process] “made me recognize that we often rush through our decision-making process, rather than work through it and examine it to try to resolve underlying issues.”

– MFP Staff Member