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Factors Influencing Implementation of Enterprise-level Technical Transformation in a
Healthcare Organization: An Action Research Collaborative Inquiry Study

Denise M. Johnson, MSS, PMP

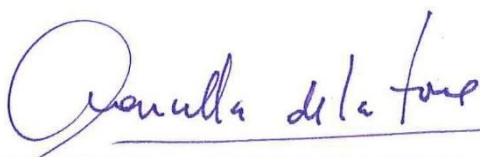
A Dissertation Submitted to the Faculty of
The University of St. Thomas, Opus College of Business
In Partial Fulfillment of the Requirements
For the Degree of Doctor of Education

November 16, 2022

UNIVERSITY OF
ST. THOMAS

We certify that we have read this dissertation and approved it as adequate in scope and quality. We have found that it is complete and satisfactory in all respects, and that all revisions required by the final examining committee have been made.

Dissertation
Committee



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November 16, 2022

Dedication

I want to dedicate this work to my mother, Iris Jean Lewis, who has cheered me on as I pursued my journey through completing all my educational goals. As an educator, she has encouraged my siblings and me to continue our education; it is one thing no one can take from us. In addition, I would like to also dedicate this work to my life partner, Carl Johnson, who has supported me over our 42 years together in my lifelong desire to achieve my educational goals. Finally, I dedicate this work to my children, Deniesha Johnson and Carl Johnson II, who have only known me as a lifelong learner. I have sacrificed precious moments for my grandchildren, India Evans, Sydney Johnson, Sophia Johnson, Mya Johnson, and Rio Johnson. I appreciate their sacrifice and patience as I fulfilled my personal and educational goals and achievements.

I am achieving my academic goals with personal sacrifice and patience but have provided the opportunity to improve the lifestyle for myself and my family. As an African American woman this academic achievement means a great deal to my family; being the first to accomplish this will inspire others to follow. Without the sacrifice and patience of my life partner, children, and grandchildren, I would not have completed this journey.

Acknowledgments

I want to acknowledge the dissertation committee, Dr. Marcella de la Torre, Dr. David Jamieson, and Dr. Ilena Lonetti. Without the dissertation committee's assistance, support, and patience, I would not have completed this dissertation. In addition, I would like to thank my editor, Dr. Kathleen Cannon, who worked countless hours to refine the work of this dissertation and coached me on dissertation writing.

I am highly thankful to the Midwest Healthcare Payer Organization (MHPO) for allowing me to research its Transformation Program and its impact on the organization. I am also grateful for the organization participants who volunteered to participate in the research group. Finally, I want to thank the participants who shared their insights, energy, and enthusiasm as part of this Transformation Program.

I would also like to recognize my sisters, Cindy Lewis and Indred Alexander, for their continued support and understanding throughout the doctoral program. I could not have completed my academic achievement without them.

I also want to thank other close family members, uncles: Guy Buford, Melvin Buford (professional mentor passed away 1911), Clyde Buford (experienced mentor passed away 2019); aunts: Mary Buford and Valerie Buford; nieces: Jayde Reynolds, Alexis Alexander, and Marin Walker; nephews: Rico Alexander II and Jordan Reynolds and many other family members and close friends. The desire to be a lifelong learner directly attributes to my mother, who instilled in me the importance of education. Thank you, Mom.

Abstract

Successfully implementing enterprise-level technical transformational programs is a primary goal for large-scale healthcare organizations. As an open system, healthcare organizations must constantly adapt to a highly volatile marketplace where technology underpins services' supply and demand. External drivers include adapting to changing customer demographics, healthcare market standards, and federal regulations; a prime example is a recent response to the COVID-19 pandemic. These external factors drive internal transformation that translates into developing new product lines, business processes, and technology, requiring strategic orchestration to survive and thrive in the marketplace. This study found that employing a transformational change approach can help healthcare organizations respond to the demands of the dynamic healthcare industry, proactively reshape their business strategy and process, and improve work culture while meeting market demands. The purpose of the action research study was to qualitatively investigate and explore the experience of a healthcare organization's participants engaged in a multi-year, enterprise-level technical transformation program to identify the factors for successful implementation utilizing an action research collaborative inquiry approach. The results of Lessons Learned and Stakeholder Satisfaction surveys document the transformation program's performance and satisfaction throughout the program's multiple phases. The researcher collected data, coded it, and identified common themes analyzed by the research group, which consisted of the researcher and six Transformation Program team members who volunteered to participate in the research group based on their lived experience of the Transformation Program. The research findings identified organizationally strategic, structural alignments, and leadership accountability emerging themes which are delivered utilizing Kate and Galbraith's (2007) Star Model for Innovation.

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Chapter 1

Organizational change is becoming more complex, especially in the healthcare industry. Several external and internal elements drive organizational change within the healthcare industry. Government regulations, competition, and technology are the most common external drivers influencing the healthcare industry. New products, new business channels, and cultural changes are examples of internal elements influencing organizational change. As a result, the healthcare industry serves many stakeholders who want predictability, efficiency, and exceptional patient care within a highly dynamic environment. As Garman (2006) explained, according to The Healthcare Leadership Alliance (HLA) research,

Health systems differ fundamentally from other types of services in that they more directly address the actual survival of their customers. This makes ‘getting it right the first time’ far more critical than most service-providing organizations; it is also why healthcare is among the most regulated industries in the world. (p. 152)

Healthcare organizations undergo enterprise changes annually to accommodate government regulations and technological changes to compete for sustainability to service their members. As a result, healthcare organizations follow aggressive timelines to implement the required changes, introduce government regulations and technological changes, and restructure their organizations. Paidi (2014) emphasized the importance of accommodating specialized implementation within healthcare organizations. In addition, Paidi noted that implementation failures are most often caused by one of two things: misidentification of Critical Success Factors (CSFs) or ineffective or improper linking of CSFs to project management activities.

Annually, healthcare organizations must apply changes that comply with government regulations, maintain competitiveness, keep up with technology, and become more efficient and

effective in providing the best quality care and services. When an organization is undergoing a significant change, it needs to consider its humanistic aspect and the impact of transformation to accommodate a new state. To understand the complete picture, an organization needs to address radical change in terms of how it works in parallel with understanding the triggers of transformation that impact its human dynamics (Anderson and Anderson, 2010).

Anderson and Anderson (2010) stated that organizational change requires that people in the organization change as well. “Beyond managing the uncertainty, it requires a shift in people’s awareness, mindsets, ways of relating across boundaries, and culture that significantly alters how they see the marketplace, what their customers need from them, their work, their peers, and themselves” (p. 73). Organization Development (OD) supports the effort of enterprise-level transformational change when the internal people dynamic and the external dynamic change is in sync (Anderson, 2016). Anderson noted, “Project management is designed for the external quadrants. Both the internal and the external are essential to transformation, which is why an integrated strategy and process plan are essential” (p. 75).

The integrated strategy and plans comprise several disciplines that contribute to implementing an enterprise-level transformational change from the following perspectives: project management standards, organization change management, and leadership. A clearly defined methodology is crucial for delivering enterprise-level information technology transformations. The methods selected drive the success of the implementation of the enterprise-level transformational change.

Researcher’s Interest in Study

The researcher has over 32 years of experience in information technology (I.T.), with 28 years in project management (PM). In 2003, I established a business to practice I.T. project

management consulting. I completed a Bachelor of Arts degree in Quantitative Methodology and Computer Science and a Master of Software Systems degree from the University of St. Thomas. With my extensive education and work experiences, I progressed in the information and system technology field. My education, professional experiences, and practice as an I.T. project management consultant aligned with the guidelines of the Project Management Institute's (PMI) best practice and code of conduct; I earned a Project Management Professional (PMP) certification in July 2005. In addition, as an EdD doctoral candidate in Organization Development and Change (ODC), also from the University of St. Thomas, I recognized my project management practice aligns with the principles of the ODC field.

The ODC field's exposure raised questions about integrating ODC principles and processes into implementing I.T. project management. There is a need to understand how integrating the ODC tenets and practices can improve the technique and artistry of the project management field. As a project management consultant, I have learned that the project management best practice standards related to product or application delivery do not necessarily address the project's impact, engagement, and innovation regarding the change's humanistic aspect.

As a Quality Assurance (Q.A.) & User Acceptance Test (UAT) Program Manager, my focused responsibilities include managing the Q.A. and UAT resources, building and developing teams and team members, and assuring the quality of the delivered product. In addition, this opportunity allows me to provide operational management support to the quality teams and provide project management consultation to the program management team, based on my long experience with program/project management and organization development and change.

My current client, selected for the research, is a Midwest Healthcare Payer Organization (MHPO) undergoing a multi-year enterprise-level technical transformation consisting of four separate programs. This research study focused on only one of the four programs – the Transformation Implementation Program (T.I.). Each program strategically planned multi-year phases to deliver staggering implementations. The T.I. program, strategically designed into three separate stages, is expected to implement a new administrative processing system based on the modules' complexity, three products, and membership level. The three sequential phases consist of the following:

- Phase I was delivered on January 1, 2019, and the Individual & Family Plan (IFP), which accounts for less than 100,000 members, is the least viable product level for the new system.
- Phase II was delivered on January 1, 2020; Medicare comprises over 100,000 members and further functional module complexity.
- Phase III, initially planned to be implemented on January 1, 2021, was delivered on January 1, 2022; Medicaid and Duals build on the complexity of the previous two phases by combining Medicare's logic with Medicaid processing and management for over 500,000 membership levels.

My role with the client started at the close of Phase I – IFP. As I assessed the progress and the resulting outcomes of Phase I – IFP, I identified several issues and concerns aligned with the Phase I – IFP Lessons Learned topics. The critical question was: What dysfunction began with Phase I – IFP and continued to impact Phase II – Medicare performance, Phase III – Medicaid and Duals scheduled (which was delayed a year to January 2022), and future phases?

Problem Statement

There is a need to determine the factors that influence implementing an enterprise-level technical transformation for a healthcare organization. Healthcare organizations manage change frequently, but what are the determining factors to successfully implement transformational change? To improve the implementation process, healthcare organizations must identify the elements of a successful implementation of enterprise-level technical transformational changes.

Healthcare organizations must understand the complexity of implementing an enterprise-level technical transformational change and confirm the appropriate strategic approaches and methodologies to incorporate all transformation components—technical, business operation, and the humanistic implications of change. In addition, there is a need to align integrated strategies and plans to address the MHPO transformational change complexity, adapting and transforming simultaneously.

Purpose of Study

This action research study aimed to qualitatively investigate and explore the experience of a healthcare organization's participants engaged in a multi-year enterprise-level technical transformation program to identify the factors for successful implementation utilizing an action research collaborative inquiry approach. Burns (2004) stated, "The theoretical foundation of Action Research lies in Gestalt psychology, which stresses that change can only successfully achieve by helping individuals to reflect on and gain new insights into the totality of their situation" (p. 232). The investigation assessed the information from the two previously completed program phases, provided an opportunity to educate the healthcare organization and program participants, and guided the participants in identifying the best practices to improve strategic techniques, planning, and implementation of future program phases.

The short-term purpose was to study a specific healthcare organization implementing a technical enterprise-level transformational change and engage the participants in developing a plan to ensure the success of the program's current phase and future phases. The long-term purpose was to provide a sustainable process for complex implementation relating to ongoing enterprise-level transformational change.

Research Questions

This action research study investigated the selected healthcare organization engaged in a multi-year enterprise-level technical transformational program. The researcher used lessons learned and stakeholder satisfaction surveys from the previous years' implementations to identify factors contributing to developing and implementing an ODC practice at an enterprise level to support technical transformational change in a healthcare organization. The questions that guided the study included:

1. To what degree does project management within healthcare organizations contribute to the success of implementing technical programs?
2. What is the impact of integrating organization development and change to a selected healthcare organization involved in implementing an enterprise-level technical transformational change program in the form of transformational change?
3. How can creating an integrated strategy and plan based on the learnings of previous phases, made by participants of the technical program stakeholders and team members, ensure the success of future programs?

Scope and Delimitations

This study focused on understanding the factors that influence implementing an enterprise-level technology transformation program with the selected Midwest Healthcare Payor

Organization (MHPO); understanding the implementation of a transformational change is significantly broader than implementing a project management methodology. The research focused on one of four programs related to enterprise-level technology transformation. This study covered the experience of those impacted by the technical transformational change, including stakeholders, recipients of the change, and program team members from technical and business perspectives. The goal of this study was to assess the information from the two previous program phases, review the assessment with participants, and, with the assistance of the participants, determine the factors that will drive success for Phase III – Medicaid and Duals, and construct a plan used for future programs.

This study did not cover the entire enterprise collection of technical programs comprising enterprise-level technological transformation. First, this study was limited to only one specific technical program, assessing its previous performances – with previously implemented phases. Second, the study was limited to the information obtained from only one specific technical program, a particular program team members' experience, recipients of the changes, and the stakeholders. Third, the study excluded the broad scope involving only one healthcare organization, one technical program, and only the participants impacted by the transformation change due to the one technical program.

Definition of Key Terms

Here are the key terms used throughout this research and a summary of the results.

Action Research: Reason and Bradbury (2003) noted that action research is:

a participatory, democratic process concerned with developing practical knowledge to pursue worthwhile human purposes, grounded in a participatory worldview. It seeks to reconnect action and reflection, theory and practice, participation with others, and pursuit

of practical solutions to pressing concerns. More generally, it grows out of a concern for the flourishing of individual persons and their communities. (p. 156)

Center for Medicare and Medicaid Services (CMS): The federal agency that runs the Medicare program. In addition,

CMS works with the States to run the Medicaid program. CMS ensures that these programs' beneficiaries get high-quality health care. The HHS agency is responsible for Medicare and parts of Medicaid. Centers for Medicare & Medicaid Services has historically maintained the UB-92 institutional EMC format specifications, the professional EMC NSF specifications, and specifications for various certifications and authorizations used by the Medicare and Medicaid programs. CMS oversees HIPAA administrative simplification transactions, code sets, health identifiers, and security standards. CMS also maintains the HCPCS medical code and Medicare Remittance Advice Remark Codes administrative code. (CMS.gov, para 8 & 9)

Exploiting and Exploring: “Innovation requires a company to maintain a dual focus: optimizing products and processes to service existing markets efficiently while simultaneously building new capabilities. These two activities have been referred to, respectively, as exploiting and exploring” (Galbraith, 2007, p. 178).

Galbraith's Star Model:

The Star Model™ framework for organization design is the foundation on which a company bases its design choices. The framework comprises a series of design policies controllable by management and can influence employee behavior. The policies are the tools with which management must become skilled to shape the decisions and behaviors of their organizations effectively. (Galbraith, 2016, p. 1)

Health Information Technology (HIT): “the application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of healthcare information, data, and knowledge for communication and decision making” (Thompson & Brailer, 2004, p. 38).

Healthcare Delivery Organizations (HDOs): “We refer to HDOs throughout as a generic healthcare provider instead of addressing the differences associated with community hospitals, teaching hospitals, physician groups, ambulatory centers, and so no” (Copland & Masuda, 2011, p. 1).

Healthcare Payer Organization: Hyland (2019) noted:

A payer, or sometimes payor, is a company that pays for an administered medical service. An insurance company is the most common type of payer. A payer is responsible for processing patient eligibility, enrollment, claims, and payment. The Centers for Medicare and Medicaid Services (CMS) is one of the largest healthcare payers in the United States. (para 1)

Innovation: Innovation, according to Galbraith (2016) is:

the process of applying and developing a new idea to create a new product, process, or business. It does not simply have an idea. It is the work to develop and implement that idea in the business world. But there are various degrees of “newness” and, therefore, different kinds of innovation. (p. 2)

Organization Development and Change: “Organization development is an effort (1) planned, (2) organization-wide, and (3) managed from the top to (4) increase organization effectiveness and health, through (5) planned interventions in the organization’s “processes,” using behavioral science knowledge” (Beckhard, 1969, p. 9).

Organizational Transformation: “Strategic initiatives help organizations realize their vision and goals—to bridge the gap in strategy design and delivery. Transformation refers to a more fundamental change—a quantum-leap cultural or operational shift that pervades the entire organization” (Brightline & Project Management Institute (PMI), 2020, p. 5).

Project Management:

Project management is the application of knowledge, skills, tools, and techniques to project activities to meet the project requirements. Project management is accomplished through the appropriate application and integration of the project management processes identified for the project. Project management enables organizations to execute projects effectively and efficiently. (*PMBOK® Guide*, 2017, p. 10)

Transformational Change:

The transformational process is triggered by a profound shift in worldview, with leaders realizing that the organization cannot continue to function or produce what the future demands and must undergo a radical shift to meet the requirements of its changing marketplace. It begins with the overt recognition that the status quo must fundamentally change. (Anderson, 2016, p. 64)

Significance of the Study

A limited selection of literature was found that addressed the incorporation of ODC in implementing enterprise-level technological transformation for healthcare organizations. This study will provide practitioners with further information on distinguishing the appropriate strategic planning, selecting methodology, and holistic consideration of the impact resulting from transformational change. Using action research as the methodological approach allowed the participants to be engaged in providing a diagnosis of the problem, assessing the data captured,

determining the appropriate methods or plan for moving forward, and creating the intervention strategy. The participants' engagement and contribution to the study provided a learning opportunity for the participants and the researcher. The significance of engaging the participants in the action research study was to give those involved in the intervention the opportunity to participate actively and contribute to change based on their lived experience.

Summary

Various approaches and methodologies are used to manage organizational changes; it was imperative to understand the appropriate method and strategy to manage healthcare organizational changes from an enterprise-level perspective. This study explored the effective and efficient factors required to successfully implement transformational changes within a healthcare organization. Using the participatory action research approach with a collaborative inquiry process, the researcher engaged the participants in exploring their experiences of past phases of an existing program and conducting discovery, analysis, and planning to gain knowledge that would impact the final phase's progress.

The action research methodology required both the researcher and the participants to explore and critique the processes, approaches administered, and program's progress, leading to a final plan intended to impact and improve the final phase's progress.

Chapter 2

Literature Review

This research addressed the complexity of the healthcare organization's transformational change, specialized approaches, and resulting enterprise-wide implications. Anderson and Anderson (2010) noted: "This recognition gave rise to the identification of a unique type of change – transformation – that was far more complex than our OD practices were originally designed to serve" (p. 60). As a result, specific factors are required to navigate the complexity of organizational change successfully. Additionally, research revealed a need to distinguish a specialized approach based on best practices of project management and organizational development or if transformational changes demand a combination of these critical practices to be successful.

David Jamieson, Ph.D., Professor, Organization Learning & Development, University of Saint Thomas, and I engaged in an ongoing conversation where he encouraged me to explore combining the disciplines, practices, and principles of organization development and change (ODC) and project management (PM). Our dialogue clarified how each field enhanced the other, having the rigid structure of PM approaches needed to support the implementation of OD approaches designed to address organizational and human issues (Personal Communication, 2017 – 2019).

The literature will explore the methodological standards, strategies, and research of traditional approaches to implementing change that impacts healthcare organizations, including organizational change, project management changes, organization development, change, and transformational change. In addition, the available literature relating to healthcare payers

provides limited information supporting healthcare payers' experience engaged in transformational organizational change.

Identifying the appropriate strategy, approach, and methodology used by OD and PM will enhance scholarly knowledge of addressing change from a humanistic perspective. It will also improve the effectiveness and efficiency of implementing transformational changes within healthcare organizations. Finally, the improved transformation implementation is modeled and applied to future transformation efforts for the participating MHPO and other healthcare organizations or highly regulated organizations.

Healthcare Organizations

The healthcare industry is one of the most highly regulated industries (Garman, 2006); it is also very complicated, driven by dual hierarchies, one being the professionals of medicine and the other being the administration of many healthcare-related organizations (Burke, 2018).

Healthcare organizations strive to ensure that members receive quality services. Burke said,

Most corporations these days have mission statements, but they are not *driven* by mission; instead, they are driven by strategy—how do we beat the competition? Both healthcare systems and government agencies *are* driven by a mission—patient care and providing essential services for citizens. (p. 278)

The interest regarding the increased cost of healthcare has risen as a topic of discussion; how to reduce the overwhelming rise in healthcare costs? One consideration is that healthcare costs are significantly reduced by lowering administrative costs. Gottlieb and Shephard (2018) stated, “Given the share of healthcare resources that these costs command, a concerted effort by policymakers to reduce these costs could yield significant savings. Yet little is known about what

influences these costs and to what extent administrative spending deters fraud or improves healthcare quality” (para 1).

With the heightened concern regarding cost, healthcare organizations have explored potential options to reduce their healthcare cost, analyze systems and technology to improve data interaction, analyze the use of technology to engage with other related organizations, and enhance administrative operation systems. Gottlieb and Shephard (2018) stated,

‘Administrative cost’ refers to the “back-end” functions of the healthcare system, aside from direct patient care – including medical billing, scheduling patient appointments, hiring and managing staff, and investing in quality improvement efforts. There are no official data on their total size. Still, estimates extrapolated from micro-costing studies suggest that billing and insurance-related services comprise about 15 percent of healthcare spending, and total administrative costs may comprise about 30 percent. (para 2)

Koutsouris et al. (2015) provided insight into what aspects should be considered in supporting healthcare systems. Relevant aspects that took place in the evolution of systems and technology to appropriately support healthcare organizations are:

- The diverse organizational healthcare environment of information systems needs to be adapted to multiple types of healthcare organizations.
- Dynamic changes in the required role of information systems following changes in the role and dynamics of all healthcare delivery and management levels.
- The need for integration of information systems within healthcare organizations is also organized as networks.

- Technological advances in systems structure and communications facilitate the implementation of integrated healthcare networks. (p. v)

The healthcare industry must make changes if there is an expectation of cost improvements. Likely, such a change would be significant for most healthcare organizations; because the transformation would involve the healthcare financial systems, technology, and business processes. So, the question is, how to implement change?

Organizational Change

Burke (2018) noted that it is common for organizations to experience change; this happens continuously. Change usually occurs unplanned and gradually but planned change affecting the entire organization is rare. On the other hand, revolutionary change, a significant change, does affect the whole enterprise. This change impacts the organization resulting in an overhaul of the mission statement, strategy, leadership, and culture; this is also rare.

Organizations react to their environment, responding or aligning to change initiated by their environment. Metaphorically, organizations are compared to organisms to understand better the depth and breadth of their relationship to their environment and organization. Morgan (2006) indicated,

the organismic metaphor has helped organization theorists identify and study different organizational needs and focus on the following:

- Organizations as “Open Systems”
- The process of adapting organizations to environments
- Organizational life cycles
- Factors influencing organizational health and development
- Different species of organization

- The relations between species and their ecology (p. 34)

Recognizing the importance of the relationship between the environment and the organization is critical in open systems. There is a need to acknowledge that all levels of an organization, individuals, groups, business units, and leaders have conditions to be satisfied, which draws attention to the fact that they depend on the entire environment to sustain. Based on the work of Ludwig von Bertalanffy, a theoretical biologist, this supports the concept that organizations follow the “open systems approach.” This concept supports the principle that organizations, like organisms, are “open” to their environments and are required to maintain a relationship with their environment to survive (Morgan, 2006).

Morgan (2006) also noted that, in a pragmatic sense, the open systems approach focuses on the following key issues:

- Emphasis on the environment in which the organization exists.
- Defines an organization in terms of interrelated subsystems.
- Rest to establish congruencies or “alignments” between different systems and identify and eliminate potential dysfunction.

The contingency theory, known as the modern organization theory, is a practice of organizational development that breaks away from bureaucratic thinking and responds to the requirements of the environment (Morgan, 2006). The contingency theory contributes to the approach of organizations adapting to their environment. Morgan pointed out the following main contingency approaches to the organization:

- Organizations are open systems that need careful management to satisfy and balance internal needs and to adapt to environmental circumstances.

- There is no one best way of organizing. The appropriate form depends on the kind of task or environment with which one is dealing.
- Management must be concerned, above all else, with achieving alignments and ‘good fits.’
- Different approaches to management may be necessary to perform different tasks within the same organization.
- Different types or ‘species of organizations are needed in different types of environments. (p. 42)

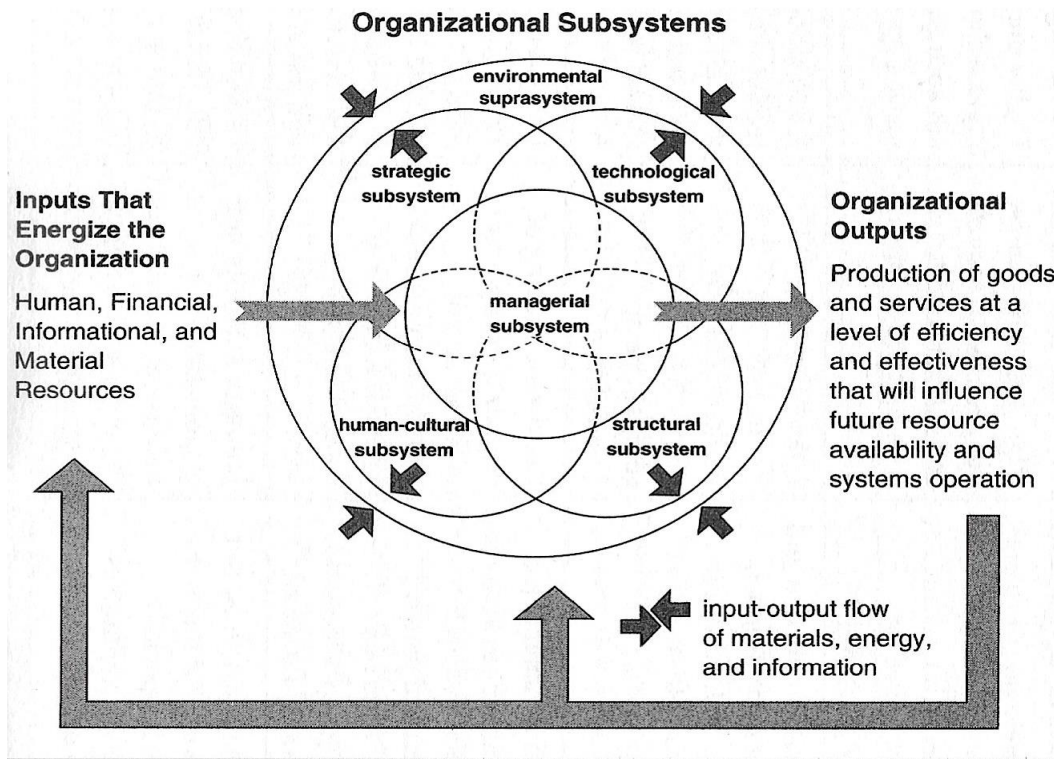
Understanding how an organization relates to change internally and externally is essential. Morgan (2006) stated,

Systems theorists are fond of thinking about intra- and inter-organizational relations in these terms, using configurations of subsystems to depict key patterns and interconnections. One popular way of doing this is to focus on the key ‘business process’ or sets of needs the organization must satisfy to survive and emphasize the importance of managing relations between them. Thus, the sociotechnical view accounts for links between technical, social, managerial, strategic, and environmental requirements. (p. 39)

To manage change, organizations need to understand the relationship and influence of the surrounding environments. Figure 1 displays the interconnection between subsystems within the systems and the dependency required to manage the relationships between critical subsystems and the environment. Healthcare organizations experience organizational change regularly.

Figure 1

The View of How Organizational Subsystems Work and Relate Within the Overall Organizational System



Note: Morgan, G. (2006). Adapted from *Contingency View of Organization and Management* by Fremont E. Kast and James E. Rosenzweig (1973). Science Research Association.

Organizational Change for Healthcare Organizations

Change is a common phenomenon for healthcare organizations, influenced internally and externally. As Copland and Masuda (2011) stated that it is common for those involved in healthcare organizations to agree that healthcare technology (HIT) is one of the most popular strategic and operations challenges.

Virtually anyone involved in healthcare over the last several years would agree that healthcare technology (HIT) is among *the* top—if not the top—strategic and operational

challenges facing healthcare leadership today. It is also clearly known that implementing HIT is fraught with obstacles and pitfalls, whether the electronic health record (EHR), telemedicine, a personal health record (PHR), or any other myriad healthcare applications. Rarely does a hospital or clinic complete this HIT journey within scope, on time, and within budget. (p. 1)

The external environmental influences combine to create complexity that disrupts organizational systems and challenges their ability to adapt, innovate, and transform. Copland and Masuda (2011) added, “In the same way we faced major societal challenges in healthcare cost, quality, and access, individual HDOs face equally complex and demanding challenges. The environment is extremely complex, influenced by constantly shifting political, social, technical, and financial trends” (p. 2).

Complex and demanding challenges experienced by HDOs are regularly addressed by I.T. project management; unfortunately, they are often unsuccessful. There is a need for understanding, support, and commitment from all levels of the organization over a multi-year period to avoid failure. It is clear; one factor for success is a critical organizational capacity in HIT project management (Copland & Masuda, 2011).

Health Information Technology (HIT) Project Management

Health Information Technology (HIT) projects use more than project management to be successful. For example, Copland and Masuda (2011) recommended using their methodology: “Our methodology adds I.T. and change management to help healthcare reduce costly failures, including loss of life” (p. 9). The recommended methodology encompasses three major standard models integrated to resolve common issues in implementing HIT projects: project management, product management, and change management.

Project Management

Project Management Institute (PMI, 2017) defines project management in the PMBOK 6th edition as,

the application of knowledge, skill, tools, and techniques to project activities to meet the project requirements. Project management was accomplished by appropriately applying and integrating the project management processes identified. Project management enables organizations to execute projects effectively and efficiently. (p. 10)

Effective project management, according to PMI (2017), helps individuals, groups, and public and private organizations:

- Meet business objectives.
- Satisfy stakeholder expectations.
- Be more predictable.
- Increase chances of success.
- Deliver the right products at the right time.
- Resolve problems and issues.
- Respond to risks in a timely manner.
- Optimize the use of organizational resources.
- Identify, recover, or terminate failing projects.
- Manage constraints (e.g., scope, quality, schedule, costs, resources).
- Balance the influence of constraints on the project (e.g., the increased scope may increase cost or schedule); and
- Manage change in a better manner. (p. 10)

Product Management

The second discipline of HIT Project Management is product management. Copland and Masuda (2011) noted,

Product management is the discipline devoted to planning, organizing, and coordinating resources to analyze, design, develop, deliver, maintain, and retire a product. It is essential to distinguish between product management and project management. Product management focuses on building a product like a bridge, while project management addresses the schedule and cost. Because of the products in this book, HIT, we refer to product management as Information Technology Management. It generally relies on tangible or hard skills (e.g., requirements definition, building an I.T. infrastructure, and security management). (p. 5)

Change Management

The third discipline of HIT Project Management is change management. Copland and Masuda (2011) noted,

Change management is the discipline devoted to planning, organizing, and coordinating the resources necessary to transition individuals and groups in an organization from the current to a future state. The outcome is human behavioral change, which relies on intangible or soft skills, such as sponsorship, training, and optimization. In the case of HIT, it is increasingly evident that human issues—and not technology or project issues—are crucial to success. (p. 5)

Innovative Organizations

Organizations considered to be innovative organizations need to recognize the type of innovations within a continuum, ranging from sustainable to breakthrough innovations. To

address the organizational structure for breakthrough innovation, the organization must form two separate organizations to succeed—one to manage the operational sector and the second to drive the innovation initiatives for the organization. Separating the organizations allows the innovation section the test options and new product ideas and experiment with proof of principle for technology. In addition, it is imperative to establish a leadership capable of managing the dual existence of two opposing sectors of the organization (Galbraith, 2016).

Organization Development and Change

What is the significance of using Organization Development and Change (ODC) for organizations challenged with transformational change? The definition of ODC has progressed over the years with common themes stated by Rothwell et al. (2016),

First, OD is long-range in perspective. Second, OD works best when supported by senior leadership. Third, OD efforts change primarily, although not exclusively, through education. Fourth, OD emphasizes employee participation in assessing the current state and planning for a positive future state, making free and collaborative choices on how implementation should proceed, and empowering the system to take responsibility for creating and evaluating results. (pp. 12–13)

The result of an organization transforming by transcending and elevating from one state to another is from the existing state and advancing to a higher state. Transformation initiates an aggressive change within an organization, identifying the connection between OD and transformational change (Rothwell et al., 2016). The three-step process for transforming an organization, introduced by Rothwell et al., states, “Noel Tichy and Mary Anne Devanna, in their classic work of 1986, outline a three-step process for transforming organizations: (1) revitalize, (2) create a new vision, and (3) institutionalize the change” (p. 13). Change is a natural

part of life and consists of growth and sustainability; organizations depend on change and transformation.

Transformational Change

The NHS (2006), as noted in Doebbeling and Flanagan (2011), said, Transformational change involves widespread change at all levels of an organization, impacting processes, culture, organizational perception, and power relations. According to the U.K.'s National Health Service Institute for Innovation and Improvement, transformational change: 1) includes modifications in many organizational components, 2) results in an altered organizational paradigm, and 3) involves significant innovation' (p. S4)

In healthcare, transformational change is intended to ensure the delivery of consistently high-quality care. However, the decision to transform an organization addresses multiple challenges and complexities. The first challenge is the uncertainty of the future state, which makes it difficult to plan and design. The change design and plan need to consider the discovery during the journey. Additionally, there should be no surprise that the initial plans will change, and the dynamic response to emerging change will provide clarity (Anderson, 2016).

Anderson (2016) noted that the requirements for successful transformational change consist of the following:

- Take a Conscious Approach to Change Leadership
- Take a Process Approach and Use a Process Methodology
- Align on Vision and Design Requirements for the Future State
- Launch with a Dynamic Change Strategy
- Set the Expectations for Rapid Course Correction

- Ensure Early and Ongoing Stakeholder Engagement
- Attend a Mindset, Behavior, and Culture
- Ensure Adequate Capacity for Change
- Align with the Rest of the Organization. (pp. 67-74)

Organizational Transformation

There is a focus on the impact of the change from an organizational perspective. Project Management Institute (PMI) has recognized a need to address the concerns with identifying organizational transformation and assisting the organizations' strategy with implementing transformation change with the recognition that the difference is from the perspective of people-centered transformation. PMI has partnered with Brightline and researched to identify the correlation between strategy and implementing organizational transformation. The Brightline & Project Management Institute (PMI) (2020) executive summary indicated,

With this foundation in mind, organizations that want to stay relevant in an evolving business landscape must master both. This research report examines the correlation between strategy implementation success, transformation effectiveness, and speed. We also dig into factors such as adaptability, formalized processes, and how frameworks correlate with strategy and transformation success. (p. 5)

Bucy et al. (2014) noted that successfully implementing transformational change within an organization requires selecting a leader, Chief Transformation Officer (CTO), with the skills and competency to lead complex and challenging initiatives. Under the leadership of a CTO, an established governance structure needs to oversee and execute the plan to respond to required decisions quickly to ensure the project stays on track. The structure governance is specifically titled transformation office (OT). OT consists of representatives supporting executives from

finance and HR and regularly reporting progress, highlighting issues, and decisions for resolutions directly to the CTO. An essential role of the CTO is to be a member of the company's executive team.

The process that incorporates the "how" is broken down by Bucy et al. (2014):

So how does an organization change the way it operates? We break the "how" into two parts: change management and performance infrastructure. Change management is a challenging concept for many organizations, which we will address in detail in a forthcoming article. This article focuses on the performance infrastructure, which helps create effective executive-level alignment, communication, and coordination during a transformation. The performance infrastructure consists of the people, processes, and tools that work together to ensure superior execution and value delivery. It serves as the central nervous system for a transformation effort and plays a vital role in its success. (p. 3)

Exploiting the Core vs. Exploring the Edge

The Project Management Institute introduced an organizational transformation concept to assess the state of an organization when determining the strategic direction for moving forward with transformational change, exploiting the core vs. exploring the edge concept. Brightline and PMI (2022) stated,

Since there is no magic formula for creating a great organizational culture, it can be challenging to understand where to start. Through different strategic perspectives in the Exploit the Core and Explore the Edge concept, you can analyze and compare the cherished of the existing culture vs. the cultivation of a new culture in your organization. (p. 1)

Table 1 compares the guidelines for conducting the assessment at a high level.

Table 1

Exploiting the Core vs. Exploring the Edge

Cherishes the management, systematic improvement, and growth of the existing business culture.	The strategic vision for each perspective	Cultivates the creation, discovery, validation, and acceleration of completely new ideas that are foreign to an organization
Exploit the Core	Strategy	Explore the Edge
Cost cutting	Focus	Growth
Efficiency		
Stock market	Investment Philosophy	VC – style investment
Linear execution	Culture & Process	Iterative research
Failure is not an option		Experimentation
		Failure to learn
		Insight
Process and detailed oriented	People & Skills	Exploration
Rigor		Pattern Recognition
		Big Picture

Note: Source Brightline and Project Management Institution (PMI) (2022), Exploit and Explore Culture, Organizational Transformation.

Theoretical Framework

The theoretical framework for delivering the study results used Kate and Galbraith's (2007) Star Model for Innovation. The researcher selected the model based on the range of categories used to describe the systematic structure of an organization. Kate and Galbraith's (2007) star model for innovation consists of the following categories, (a) "strategy," objectives and goals, (b) "capabilities," innovation process, methodology, managing dual focus and linkage, (c) "structure," leadership, internal support, separation into the dual organization, reporting of staff, and decision-making power, (d) "processes," program team structure breaks down, processes leveraged across the separated business, (e) "Rewards," reward system to influence

motivation and performance to meet organizational goals, (f) “People,” is the category that defines the mindset, performance, and skill sets of the team members. (Galbraith, 2016).

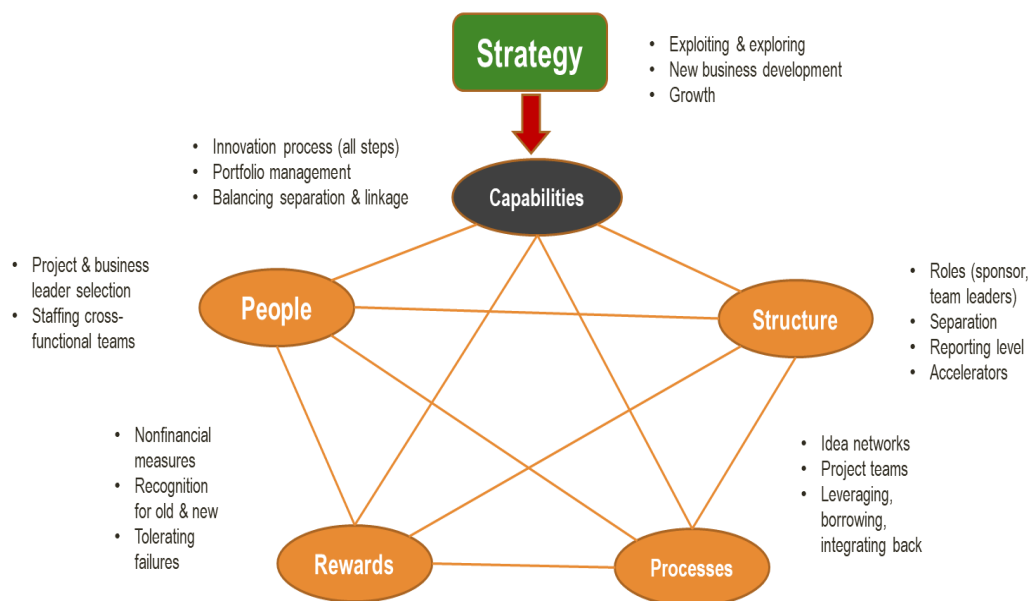
Galbraith’s Star Model for innovation in Figure 2 provides insight into the holistic criticality of the six categories of organization design. The model displays the modules of design that will direct the organizational strategy. Leadership can utilize the model as a guideline to incorporate into the strategic planning of their vision and goals, targeted for both short-term and long-term.

Figure 2

Galbraith’s Innovation Star Model

Galbraith’s Star Model - Innovation

Kates, A. & Galbraith, J. (2007). *Designing your organization*. San Francisco: Jossey-Bass.



Note: Source from Kates, A., & Galbraith, J. R. (2007). *Designing your organization*. Jossey-Bass.

Summary and Transition

In summary, it is imperative to understand the scope of the changes organizations are experiencing or planning to initiate. The literature reviewed provides recommendations for managing and implementing organizational change and using a process approach and methodology. But when it comes to transformational organizational change, a broader scope aids in anticipating, orchestrating, and adapting to the inevitable enterprise-wide response. Therefore, organizations may want to introduce organization development & change (ODC) methods to resolve transformational change, which has a broader scope in addressing enterprise-wide change. Anderson (2016) explained

transformation is the dominant type of change in organizations today. Change management, project management, and others have valuable practices to contribute. Still, all are partial, and most are set up to compete or function in a piecemeal fashion on significant initiatives. None provide the entire breadth and depth of what is needed in an integrated way. OD can step into this void. (p. 67)

The recommendation was to utilize the OD practice of the transformational change approach for enterprise-wide change. This approach allows the organization to consider all levels and components when addressing transformational change, notably the humanistic element in the organization.

Chapter 3

Research Design and Method

The action research study aimed to qualitatively investigate and explore the experience of a particular healthcare organization's participants engaged in a multi-year enterprise-wide technical transformation program to identify the factors for successful implementation. The researcher studied a Midwest Healthcare Plan Organization (MHPO) that completed several multi-year transformational efforts and focused the study on one specific transformation effort completed by MHPO. The action research method utilized a participatory action-based inquiry with a collaborative inquiry process.

The participants selected for the study directly engaged in lived experiences with the Transformational Program. In addition, the study used data collected from previously conducted lesson-learned surveys and interviews. The researcher assessed data, reviewed analyzed data, determine if additional data were required, defined the overall issues, themes, and questions that needed further analysis, provided data feedback, created an action plan (an intervention plan) and evaluated results.

Qualitative Research Methodology

According to Creswell and Creswell (2018), "the qualitative research process involves emerging questions and procedures, data typically collected in the participant's setting, data analysis inductively building from particulars to general themes, and the researcher interprets the data's meaning" (p. 4).

Bray et al. (2000) noted the emergence of several action-oriented inquiry methods: Several participatory, action-oriented inquiry methods are gradually gaining popularity among adult education practitioners, human resource development, and practitioner-

focused scholars. These action-based inquiry methods include participatory action research, action science, action inquiry, action learning, and appreciative inquiry.

Although each method has distinguishing characteristics, they focus on praxis – an intense interaction between action and reflection that produces generative learning that changes the lifeworld of those who engage in it. (pp. 27-28)

Bray et al. (2000) further distinguished the process of collaborative inquiry noting that collaborative inquiry includes a group's repetition of reflection and action to address a critical question. Bray et al. noted that collaborative inquiry can be separated into three parts: repetition of reflection and action, groups of peers working together, and the core question the group is addressing.

Research Method

This action research study aimed to qualitatively investigate and explore the experience of healthcare organization's participants engaged in a multi-year enterprise-level technical transformation program to identify the factors for successful implementation utilizing an action research collaborative inquiry approach. Researchers have the option of three standard research methods to select when planning their research. The most common methods are qualitative, quantitative, and mixed methods. The researcher decided on the appropriate research method to facilitate an environment of transforming existing data into new knowledge from the lived experience of team members and business stakeholders. Rossman and Rallis (2017) stated,

The transformation of information into knowledge is an *active learning process*.

Qualitative researchers are learners, and qualitative inquiry provides the detailed and rich data from this learning process. The learner (the researcher—you) makes choices that shape and are shaped by the emerging process of inquiry. (p. 4)

The researcher selected the qualitative research approach, including a collaborative action research design. This strategic approach provides an opportunity to identify the issues present during the three phases of the Transformational Program. In addition, the study engaged individuals with lived experience to review, validate, and allow the emergence of new knowledge to potentially change the organization's mindset to make changes in implementing future transformation programs. The targeted population comprised team members with lived experience of the Transformational Program and core business stakeholders engaged directly or indirectly. Over the five years of the transformation program, several team members transitioned in and out of the transformation program. As a result, the transformation program team consisted of an average of 150 team members throughout the life of the transformation program. Along with the transformation program team, the number of core business stakeholders comprised over 800.

The lived experience of the Transformational Program team members consists of various times in the program; they have held a wide range of roles on the team. With team members' real-time experience engaged in the program, the collaborative action research approach was the most appropriate research design to engage individuals from the program team to gain knowledge that could be used with future Transformational Programs. Herr and Anderson (2015) stated, "We seek authentic collaboration with others invested in constructing knowledge valued by various constituencies but with a particular aim of knowledge that is generative for the community from which it is derived" (p. 150).

The research designs are the detailed plans that span the life of the research, from the initial assumptions to data collection and analysis methods. The initial decision of which design to use is based on the study topic and the researcher's worldview. The researcher's worldview

will influence the inquiry procedure, methods for collecting data, analysis, and interpretation. In addition, selection of the research design is based on the research problem or issue addressed by the researcher's experience and the audience (Creswell, 2009).

The researcher decided that the most appropriate design for the research was a qualitative methodology with action research and a collaborative inquiry design.

Action Research Design

The action research study aimed to engage team members and stakeholders directly involved in the existing Transformational Program. The research study allowed the participants to have a voice, with equity and integrity, to analyze the data based on lived experiences collaboratively, understand the factors impacting a technological transformational change, gain knowledge, and identify the appropriate approach to deliver learning. Action research is a research design that allows the researcher to conduct the inquiry by or with the organization's or community's participants. It is a systematic and deliberate reflective process that will enable insiders to assert themselves with evidence of lived experience. (Herr & Anderson, 2015)

Engaging the program participants and stakeholders in the action-based inquiry process and gaining knowledge was also an essential aspect of the study. Bray et al. (2000) explained,

The word collaboration carries certain advantages (and a certain amount of baggage). Collaboration suggests a certain degree of tension that we have found to be part of the “meaning-making” process. People wrestle with the divergence that emerges from the different lived experiences they bring to the inquiry process—a tension that is mediated by varying learning styles and rooted in other situated interests. Collaborators can engage in inquiry together for divergent reasons and hold somewhat divergent assumptions about what constitutes knowledge if they agree to the essentials. These essentials are the need

to engage in the process of collaborative discovery marked by democratic participation in all phases of the inquiry process, authentic reflection on the interests that motivate their participation, and the honoring of a holistic perspective on the construction of valid knowledge. (p. 6)

Action research (AR), incorporating a collaborative inquiry process, was identified as an appropriate approach due to the focus of the study, which engaged existing program participants and stakeholders who have lived experiences from the previous implementation of the current Transformational Program. In addition, the participants have a wide range of experiences within the healthcare industry, technical projects, and healthcare applications. These three elements confirmed the validity and appropriateness of using the action research collaborative inquiry approach for the team members and stakeholders compared to other research methods (Searle, 2012)

The study will review the results of existing lessons learned and stakeholder satisfaction surveys. Each survey contained specific questions focused on the audience, which consisted of six open-ended questions for the lessons learned surveys and two open-ended and 15 closed questions for a stakeholder satisfaction survey. The surveys aimed to capture the data detailing the experience of the program participants and stakeholders. The survey method used the same list of questions after each program phase utilizing Excel spreadsheets, which was the most appropriate for the program to capture the participants' and stakeholders' lived experiences at each significant program phase.

With open-ended questions, data collected for qualitative research allows the participants to share their experiences freely. Qualitative researchers generally collect multiple forms of data. Typical forms of data collected consist of interviews, observation, documents, and audiovisual

information. The data gathered are all open-ended forms in which participants freely share their ideas and are not limited by predetermined scales or instruments. It is the responsibility of the researcher to review all the data collected, code data, and arrange based on common themes (Creswell & Creswell, 2018).

The collaborative inquiry process was imperative for the study and allowed the program participants to focus on their lived experiences with previous phases of the Transformational Program. Searle (2012) stated, “The collaborative inquiry study design in context of action research placed the focus on the participants’ real-time experiences with an intensive description and analysis of the identified impediment and resolution” (p. 62).

The program participants and stakeholders shared their past experiences through the number of lessons learned surveys. In addition, a selected group of organization participants contributed to the study by participating in the collaborative inquiry process with the researcher. Bray et al. (2000) explained,

What does it mean to engage in inquiry with people rather than with them? Each participant is a co-inquirer – shaping the questions, designing the inquiry process, and participating in the experience of exploring the inquiry question, making and communicating meaning. Simultaneously, each participant is a co-subject – drawing on personal experience from inside and outside the inquiry group to provide a collective pool of experience and insight for analysis and creating meaning. These practices rest on the belief that when researchers engage in the experience under investigation, the result is a more valid understanding of the experience. (p. 7)

The collaborative inquiry design confirmed the problem at hand and allowed the participants to work through a resolution, which provided additional knowledge to any existing research (Searle, 2012).

Source of Existing Data

The benefit of the researcher being an insider to the organization, as a consultant on the Transformation Program, access to existing documentation used in the study. Herr and Anderson (2015) stated, “An action researcher will want first to explore what data have already been generated that have relevance to the proposed inquiry” (p. 99).

For this study, the primary data sources consisted of existing data from previously completed lessons learned surveys, previously completed stakeholder satisfaction surveys, and program documents from each phase of the Transformational Program. In addition, all team members and engaged stakeholders conducted the surveys on a volunteer basis. Team members and stakeholders of the Transformational Program participated in completing the lessons learned and stakeholder satisfaction surveys, providing insight into what needed to stop, what worked well, and what could be improved.

Lessons Learned Survey Questions

The actual lessons learned survey questions measured the state and satisfaction of the previous program phases' performance and provided an opportunity to improve future program performance.

1. What was your primary role in the Transformational Program Phase?
2. Select the Transformational Program workstream you worked on.
3. Please describe what MHPO should STOP, what did not go well, and what should stop for future planning.

4. Please describe what MHPO should START, what we might do differently/new solutions/process improvements that will help ensure program/project success, and what we should start doing for future planning.
5. Please describe what MHPO should continue, what went well, and what it should continue doing for future planning.
6. Please describe your biggest lesson learned or valuable benefit obtained.

Survey Questions Leveraged

The following survey questions were leveraged for the study:

1. Please describe what MHPO should STOP, what did not go well, and what should stop for future planning.
2. Please describe what MHPO should START, what we might do differently/new solutions/process improvements that will help ensure program/project success, and what we should start doing for future planning.
3. Please describe what MHPO should continue, what went well, and what it should continue doing for future planning.

Stakeholder Survey Questions

The actual stakeholder survey questions measured the stakeholder satisfaction with the performance of the previous program phases, an opportunity to improve future stakeholder engagement of programs. Questions 3 – 16 were Likert-style questions, with 1- strongly agreed and 5 - strongly disagreeing.

1. What was your primary role in the Transformational Program?
2. What functional work area or department do you represent?
3. I believe MHPO had a doable plan to implement the changes.

4. I am confident we were adequately prepared for changing business processes prior to implementing the change.
5. I know where to go to learn more about the change.
6. I am confident that my department has successfully adapted to the change.
7. My direct leader provided the support I needed to be ready for the change.
8. My direct leader had prioritized activities to reflect the importance of the Transformational Program in relation to other organizational priorities.
9. My direct leader showed visible support for the change.
10. Senior leadership showed visible support for the change.
11. I am aware of the Transformational Program's purpose.
12. I understand the stated benefits of the Transformational Program.
13. I believe the Transformation Program is worthwhile.
14. I have had the appropriate level of input into the Transformational Program.
15. I have had sufficient training to do the parts of my job affected by the change.
16. I am confident in my ability to adapt successfully to long-term changes.
17. Do you have any other thoughts or input regarding the changes?

Research Questions and Their Rationales

For this research, the data captured from lessons learned surveys from the previous program's three phases could identify factors contributing to developing and implementing a transformational program at an enterprise level to support technical transformational change in a healthcare organization. Therefore, the initial questions that guided the focus of the study were:

1. To what degree does project management (PM) within healthcare organizations contribute to the success of implementing technical programs?

2. What is the impact of integrating organization development and change to a selected healthcare organization involved in implementing an enterprise-level technical transformational change program in the form of transformational change?
3. How can creating an integrated strategy and plan based on the learnings of previous phases, made by participants of the technical program stakeholders and team members, ensure the success of Phase III or future phases?

After the formation of the research group, the initial task was to review the research question to ensure all participants' consensus on the study's focus on what factors influence the implementation of enterprise-level technical transformation in a healthcare organization. As a result, the research questions changed to the following:

1. How does the executive leadership within healthcare organizations contribute to the success of implementing technical programs?
2. How does organizational support within healthcare organizations contribute to the success of implementing technical programs?
3. How do program management methodologies and teams within healthcare organizations contribute to the success of implementing technical programs?
4. What is the impact of integrating organization development and change to a selected healthcare organization involved in implementing an enterprise-level technical transformational change program in the form of transformational change?
5. How can creating an integrated strategy and plan based on the learnings of previous phases, made by participants of the technical program stakeholders and team members, ensure the success of future programs?

Bray et al. (2000) stated,

Once participants have committed to the inquiry, the real work of the group begins. Several essential tasks lie immediately ahead. As a group, they must agree on the initial wording of the question, clarify their understanding of it, and design their vision of how they will answer it. (pp. 62–63)

Procedures

The research proceeded using a collaborative inquiry action research approach that included: selecting research participants, gathering existing data, reviewing and confirming study questions, code-collected data, analyzing coded data, reviewing coded data with the research participants, identifying the significant themes, identifying learnings obtained by research group, and determine the deliverance of the knowledge acquired during the analysis.

Researcher's Role

The researcher is a practitioner of program/project management (PM) and organization development and change (ODC). Working as a consultant with the Midwest Healthcare Payer Organization (MHPO), the researcher observed the progress of the multi-year Transformational Program and determined there was an opportunity for the researcher to conduct the study. The researcher has over 28 years of program/project management and four years of ODC experience.

The positionality of the researcher for this study is unique and complex. The researcher initiated the research to enhance knowledge about the integration of PM and ODC professions. The researcher is an outsider as a student and practitioner working with the organization to implement a technological transformation program. Terrell. (2016) defined outsider research as “etic perspective (outside perspective)” (p. 147).

In contrast, the researcher was also engaged in the study, working closely with the participants and gaining knowledge. Terrell (2016) indicated, “we generally find that the

research is conducted from an emic perspective (insider perspective) by direct involvement, collaboration, and interaction with the research participants” (p. 147).

The researcher functioned as both an outsider and insider in collaborating with the organization's insiders and the participants to identify the issues, analyze data, gain knowledge, and work on resolutions. In addition, the researcher incorporated reflexive thinking into the study by capturing notes about a personal experience during the study, which may include observations of the data collection process, learnings, concerns about the reaction of the participants, and memos that reflect on the research process, and assist with shaping and development of code and theme (Terrell, 2016). Finally, as an insider, the researcher also had access to the organization's existing data for the research study.

Population

The researcher aimed to qualitatively investigate and explore the experience of healthcare organization's participants engaged in a multi-year enterprise-level technical transformation program to identify the factors for successful implementation utilizing an action research collaborative inquiry approach. The population considered for inclusion was chosen because they completed the lessons learned and business stakeholder satisfaction surveys, along with volunteering to participate in the research group. In addition, the participants for the research group were selected based on their lived experience with multiple phases of the Transformation Program.

The researcher connected directly with the Program Manager and Program Business Sponsor of the Transformation Program to discuss the study; they expressed interest in moving forward with the research using the information and the team members and stakeholders from the Transformation Program.

The team members and core business stakeholders comprise professionals with extensive healthcare and technical development implementation experience and educational background. In addition, the team members and stakeholders have experienced multiple phases of the Transformation Program.

The inclusion criteria for participants of the research group included several factors. The first factor was the lived experience with the Transformation Program. Another criteria factor was the experience of multiple phases of the Transformation Program. Additional criteria were the willingness to participate in the study and share lived experience, knowledge gained, and perspective regarding factors for implementing transformation programs.

Rossmann and Rallis (2017) indicated,

As the inquiry process grows from curiosity or wonders to understanding and knowledge building, the researchers may well be transformed. In many cases, the participants change as well. Historically, the individuals who take part in a research study have been referred to as *subjects*, *respondents*, and *informants*. Increasingly, qualitative researchers choose the more inclusive and democratic term *participants*. (p. 4)

The Program Leadership requested the researcher to present an overview of the study to the MHPO organization at scheduled “Lunch and Learn” sessions to share information across the organization. The audience consisted of various levels of the MHPO organization, including the Transformation Program team members, the Transformation Program Steering Committee, and members of the organization’s Executive team. The researcher solicited the audience for interest in participating in the study. The researcher provided the informed consent form (Appendix B) to those interested in participating in the study, which was reviewed and completed by interested volunteers to move forward with participation. The informed consent form defined the research

process, participant expectations, timeline, and confidentiality and informed prospective participants of the option to withdraw at any time during the study without consequences.

Participant Selection

The participants of the lessons learned and stakeholders' satisfaction surveys consisted of external business partners and vendors, the Transformation Program management team, the development team, the quality assurance (QA) team, the user acceptance testing (UAT) lead, internal business partners, information technology (I.T.) team, and various core business stakeholders.

It was essential to have an appropriate population sampling and representation for the study. Therefore, the research group participants' desired selection consisted of a cross-section of the Transformation Program team members and core business stakeholders. The program team included employees, consultants, external partners, and vendors. Therefore, the six selected participants have lived experience with the Transformation Program. In addition, the interested Transformation Program team members volunteered directly with the researcher. It was initially a bit disappointing that only six participants volunteered to participate in the research group. However, as the study progressed, it was a manageable team with a diverse and cross-representation of the Transformation Program.

Informed Consent

From an ethical perspective, the treatment of the human subjects participating in research is regulated by federally formed ethical codes of conduct. Therefore, the humans who volunteered to participate in the study would potentially be exposed to ethical questions that may disclose personal information. Consequently, it was the responsibility of the researcher to

protect, be authentic, and transparent with their human subjects. Rossman and Rallis (2017) identified the three basic principles of protection,

The protections are based on three principles, described in the Belmont Report (U.S. Department of Health and Human Services, 1979), generally accepted in Western cultural tradition as particularly relevant to the ethics of research involving human subjects: the principles of respect of persons, beneficence, and justice. (p. 62)

The informed consent form process for the research consisted of providing each volunteer with a copy of the informed consent document (Appendix B) via email or M.S. Teams before participating in the study. Each participant received a copy of the informed consent form and reviewed, signed, and returned the signed informed consent form to the researcher's internal client email address. The researcher returned a copy of the signed informed consent form to the participant and uploaded it to a secured OneDrive account. The researcher provided the informed consent form containing detailed information about the study, an overview of the study, an outline of what to expect, the potential risks and benefits, a summary of confidentiality, and the guidelines to withdraw at any time during the study. In addition, the participants could connect with the researcher by contacting the University of St. Thomas researcher by email or mobile number to request a withdrawal without retribution or adverse incidents.

Confidentiality

Both the organization and participants agreed to volunteer to engage in the study with the understanding of confidentiality. Confidentiality was required from the organization to move forward with the research, including participants. The agreement included masking the identity of both the organization and participants. Rossman and Rallis (2017) stated the importance of confidentiality for qualitative research,

Qualitative research takes place in the field, with real people who live and work in the setting. They are not anonymous to the researcher, and if they are not diligent in protecting their identities, they may not be anonymous to anyone. Thus, if researchers promise confidentiality to the participants, they must be sure they can deliver confidentiality. This challenge has two elements: (1) protecting the privacy of participants (identities, names, and specific roles) and (2) holding in confidence what they share with you (not sharing it with others using their names). (pp. 64–65)

The confidentiality process for this study consisted of the Transformation Program Business Sponsor consulting with the organization's legal counsel regarding the requirements to participate in the research. As a result, the organization's legal counsel agreed to allow the study to take place, with the specific needs of anonymity of the organization and the organization's participating resources. The process also included the participants completing a letter of invitation and consent form, secured in the researcher's OneDrive file. In addition, the data collected was scrubbed of identifiable information to eliminate any specific identifiable information of response to the lessons learned and stakeholders' satisfaction surveys. As a result, all identifiable information is only available to the researcher. Finally, the researcher will securely store all the documents and information collected during the study in the researcher's OneDrive file for a minimum of three years following the research. After completing the required storage time, the researcher will destroy the stored documents.

The researcher maintained the participants' confidentiality during the study by following the confidentiality process of systematically coding each participant's identity to ensure anonymity during the study, data collection, data analysis, and publishing of research findings and recommendations. Furthermore, the researcher shared the systematic code with the research

group participants for awareness. Finally, the researcher masked the identity of the research group participants and the organization in the transcribed recordings to conceal their identity when documenting the findings.

Data Collection

At the closure of each program phase or significant deployment, the Transformational Program conducted lessons learned sessions. In addition, program stakeholders participated in satisfaction surveys, Transformational Program documentation, and organization documentation relating to the Transformational Program agenda. Therefore, the collected data for the research was primarily the captured data from the lessons learned sessions and the stakeholder satisfaction surveys. In addition, the researcher captured observation notes regarding the progress of the Transformational Program's procedures and the adoption of changes identified in the lessons learned sessions. The data were collected from internally created online surveys and reviewed during the lessons learned sessions.

Instrumentation

This action research study focused on successfully identifying the factors required to implement an enterprise-wide Transformation Program in a healthcare organization. The study used data captured from all three phases of the Transformation Program lessons learned and stakeholder satisfaction surveys conducted at the end of each stage of the program. The data from each lesson-learned survey consisted of responses to a more qualitative survey method with open-ended questions. In contrast, the data captured for the stakeholder satisfaction survey was primarily a quantitative method with closed-ended and one open-ended qualitative question. Therefore, the most appropriate design for this study was an action research collaborative inquiry design. As a result, the researcher and the participants had the opportunity to work together to

reflect and learn from their lived experiences in the Transformation Program and review, analyze, validate, and confirm the existing data. Learning is an act of translation from the perspective of hermeneutic phenomenology. It is a fusion between the person's life world, the lived experience, and the lived experience of the object of attention. The interpretation is an act of dialogic understanding between the interpreter and what is interpreted, with the outcome being a fusion of the new knowledge that emerged (Bray et al., 2000)

Validity

Action research is a cycle of activities, data collection, analysis, review with participants, and reflection on evaluation. It validated the finding's confirmed accuracy using a member-checking validity strategy, which aligned with the action research approach of repeatedly reviewing the results of the various data sources with the participants. Creswell and Creswell (2018) stated,

Use member checking to determine the accuracy of the qualitative findings by taking the final report or specific descriptions or themes back to participants and determining whether these participants feel that they are accurate. This does not mean taking back the raw transcripts to check for accuracy; instead, the researcher takes back parts of the polished or semi-polished product, such as the major findings, the themes, the case analysis, the grounded theory, the cultural description, and so forth. This procedure can involve conducting a follow-up interview with participants in the study and providing an opportunity for them to comment on the findings. (p. 200)

The researcher established credibility for the collected data by repetitive usage of the same lessons learned and stakeholder surveys throughout the Transformation Program.

Assumptions

The assumptions expected with the process conducted in administering the lessons learned surveys and stakeholder satisfaction surveys included that:

- Program participants responded to the lessons learned surveys honestly.
- Program participants responded willingly to the lessons learned surveys and attended lessons learned sessions.
- Program stakeholders responded honestly and willingly to stakeholder satisfaction surveys.
- The assumptions expected in conducting the study included that:
 - Participants' openness and engagement are required to achieve the best outcome.
 - The individual vantage point is required to ensure the integrity of the participant's perspective.
 - To engender trust and honest responses, the responses and opinions of the participants would be kept confidential. Only ideas and common themes identified by responders would be summarized and reported.
 - To encourage an open floor approach, the researcher allowed participants to speak and ask questions to hold space for the collective voice.
 - Ensuring honest feedback throughout the study required shared, open, and candid communications that promoted a spirit of mutual trust and respect.
 - As the OD process proceeded, the researcher expected to encounter constraints on timing that may have affected the accomplishment of the expected deliverables.

However, the expectation was that the researcher and organization participants would

make every effort and commit to completing each phase within the timeframe provided in this agreement.

Study Constraints

The constraints experienced throughout the study consisted of the following:

- Delay with the final phase of the transformation program timeline.
- Change in program implementation approach or methodology while the program was in progress.
- Change in the program's overall scope or direction.
- Program resource constraints due to conflicting priorities for program participants.

Limitation

The study will contribute to other action research. However, it will not be replicable with other organizations due to the uniqueness of implementing the Transformation Program specific to the healthcare organization participating in the study. Still, the outcome learnings of the study will contribute to the knowledge base for other organizations experiencing enterprise-wide technological transformation initiatives.

Ethical Consideration

The action research study focused on one Midwest Healthcare Payer Organization (MHPO). The participants completed a consent form to participate in the study. In addition, the researcher concluded the required documents with the Institutional Review Board (IRB) to obtain permission and confirm the study ethics regarding the researcher conducting the study with an existing engaged client.

Data Analysis

The initial method selected to analyze the collected data consisted of data coding using the NVivo application. The study implemented the data analysis process detailed by Creswell and Creswell (2018),

- Step 1. Organize and prepare the data for analysis.
- Step 2. Read or look at all the data.
- Step 3. Start coding all the data.
- Step 4. Generate a description and themes.
- Step 5. Representing the description and themes. (pp. 193–195)

As the data analysis progressed, it was apparent there was a requirement to become familiar with the NVivo application to code the data clearly and successfully summarize it. Therefore, the researcher manually coded, identified themes, and outlined the collected survey data.

Review of Data Collection

It was reviewing data involved examining participant selection criteria, designing data analysis techniques appropriate to the study, and creating a spreadsheet that provided an overview of the data analyzed.

Participants

The selection criteria required of the participants were lived experiences in multiple phases of the Transformation Program. The six informed consents (Appendix B) were received by email from February 18, 2022, through May 18, 2022, to confirm their position in the research group. In addition, the researcher coded the lessons learned from existing data and

identified themes describing the lived experience and perspectives of the Transformation Program team members and stakeholders who completed the surveys.

The action research collaborative design was appropriate due to the opportunity for the participants to reflect on the coded data. It allowed them to express, discuss, and interact with each other to share their lived experiences and perceptions with minimal restrictions. The collaboration permitted the dialogue amongst the participants to encourage further exchange to emerge new ideas, learnings, and knowledge base of required factors to implement Transformational Programs.

Data Analysis Techniques

The action research collaborative inquiry design study consisted of participants reviewing the responses to the qualitative surveys with open-ended questions, reflecting on their own lived experiences, and dialog with each other to validate and confirm the collected data from survey responders. In addition, the survey questions directed the participants to identify the factors that hindered or helped implement the transformation program. The data analysis techniques detailed in Ryan and Bernard's (2000) article, *Techniques to Identify Themes in Qualitative Data*, noted that "we begin with word-based techniques. Word repetitions, key-indigenous terms, and key-words-in-contexts (KWIC) all draw on a simple observation—if you want to understand what people are talking about, look at the words they use" (p. 2).

The study began with the researcher coding the data using word repetition to identify common themes of each phase to provide a longitudinal perspective of the responses for each open-ended qualitative question. The study used an action research approach with a collaborative inquiry design, with recurring meetings to provide the participants time to review the response to each question from a longitudinal perspective across all phases of the Transformation Program. Learning residing in the experience is the heart of collaborative inquiry. The definition of

collaborative inquiry is the presumption that an inquiry will be conducted by those willing and able to act and reflect on their own experiences. The collaborative approach is a cyclical process where the participants look back and reflect on their own personal lived experiences on the performance of the Transformation Program and evaluate the outcomes of the analysis of the coded data. The process confirmed the shared ideas and themes identified during the research. Bray et al. (2000) stated, “This process builds a culture of group learning and enhances the validity of the group’s conclusions” (p. 76).

Action research differs from the other methods because the focus is on the importance of the findings and the value contributing to the relevance to the researcher and the other study participants. The study findings can contribute to new knowledge providing successive insight into factors required to implement an enterprise transformation program. Provided in Figure 3 and Figure 4 are samples of the existing data utilized for the study. Figure 3 is a representation of the spreadsheet used to identify the themes.

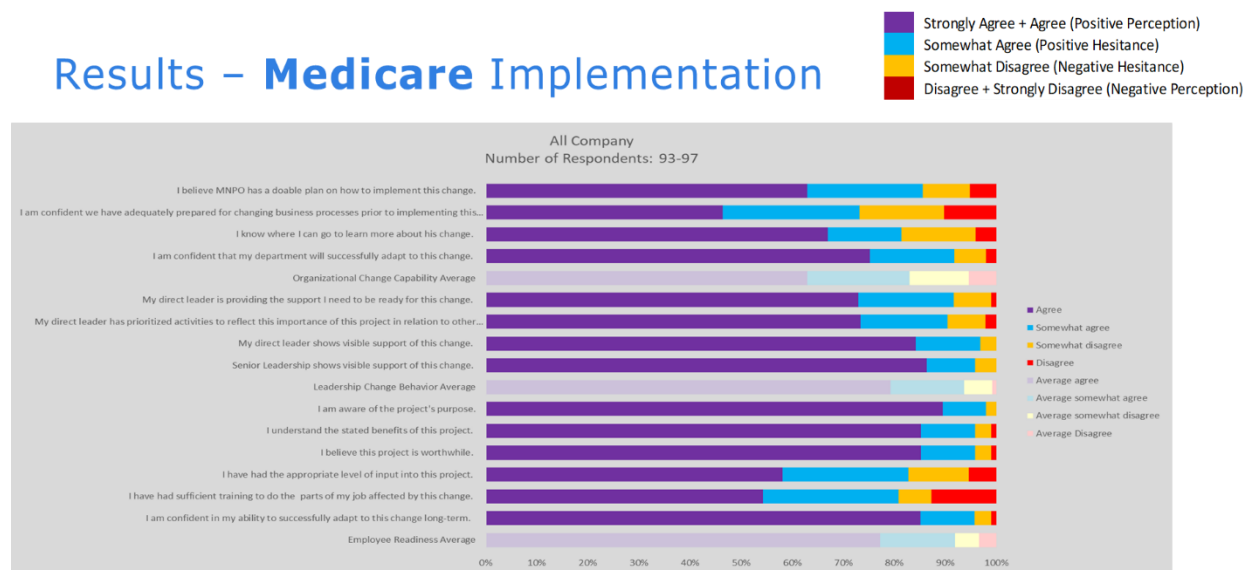
Figure 3

Sample of the Spreadsheet to Capture the Longitude View (all three Phases) Used to Identify Key Themes From the Survey Data

Coded Theme	Sub-Code	Phase I - IFP	Phase II - Medicare	Phase III - Medicaid/Duals
Communication			There weren't enough broad feedback opportunities (like we had with IFP) on Approach documents, requirements, testing strategy and test cases. STOP working in isolation or not seeking broad feedback.	
		Last minute email blasts with outages Impact was not communicated early enough	Need more communication between workstreams.	
		Communication of environmental outages - so that teams can plan accordingly	There was miscommunication in regards to the documentation and testing in the beginning of the testing.	
		Using email as a productivity tool during development and testing.	I feel that multiple project managers with inconsistent communication styles was counter productive.	
Status		Email chains - details/issues were missed Operational reporting was deprioritized for IFP	There should have been an agreed upon communication style and meeting follow up across the program to ensure stakeholders could remain engaged. If possible, notify others of data changes in advance of shifting the delivery dates. I recognize that may not always be feasible but it will help downstream teams better react to the shifting dates!	
Decision Making		MNPO had difficulty making decisions which resulted in delays Meetings without decision makers present	Making decisions that impact downstream processes without knowing all potential impacts. Operational decisions needs to be organize and made them in a timely for Institutional Designers.	Guessing at deployment/upgrade dates. Sometimes the pressure is on and decisions are made in haste. Take the time to fully analyze the issue and downstream dependencies before making decisions on dates.
Requirements		There were a lot of gaps in requirement gathering	Complete business and functional Requirements in detail before starting development and QA work to minimize going back and forth.	I feel like some of the 'solutions' were developed long before there was an understanding of business requirements and data. Lack of understanding in data received caused the business to 'fit' requirements to a pre-designed solution. When the data couldn't be supported by the provided solution, we had to scramble to create secondary processes. There are a few looming projects where it will be critical to understand existing challenges in order to properly design a solution.
		Having non-BAs be responsible for writing business requirements	Additionally if an update to made in the Business or Functional requirement it should have initials and date preceding it so it is clear what was added and when.	
		Member ID Card/Welcom Kits Requirements and Delivery We have to take a step back to get requirements documented and plan would helpful for better quality. Design drove Requirements instead of the other way around. Fulfillment needs	It's essential that the requirements are defined clearly and completely as soon as feasible. The sooner requirements and test cases are available, the sooner HE development team can be involved. We need better more complete documented users stories for test cases or at least have more tracking was on spreadsheets and not on TFS.	
		Requirements and delays had downstream effect	I think that allowing enough time for requirements gathering is essential I configured benefits without really having an opportunity to vet the requirements and fully test as I configured.	
Program Management/Methodology Approach		Trying to be agile like, didn't commit to agile or waterfall		Our workstream switched tracking tools constantly and seemed to swirl around a lot. Once we got off track from the original sprint plan we never seemed to get our footing back. I am not sure why we kept switching tracking tools so often, except that it was a way for the PM to try tackling the work from a different angle possibly, but it was not helpful, it just caused further delays as we took time to revisit what work was remaining and rehash status, but that did not help in actually accomplishing the work.
		Agile model - the team struggled with the concept		Having an independent team/workstream for the HR Upgrades was sometimes inefficient due to the amount of time and assistance that other dedicated workstream resources ended up committing even with the specific team in place. Assumptions of project targets and complexity without the proper understanding of what work has been completed, the impacts of additional requests outside of planned work, and wasted time through explorative meetings due to a lack of knowledge about the project or it's status. Nothing. These changes are critical to our growth and success as a company.
		Not committed to Agile approach - too many things wound up sliding Re-think the 2 week sprints Stop managing work via sprints - made it difficult to understand status of End-to-End processes		
Project Scope		System remediation and unplanned shift in scope Updating the scope of the project for team members Not having a definition of done		
Process	Project Process	RTTMs done after testing complete MNPO being new to TFS, need to improve use and processes for documenting and tracking	Need to stop creating requirements and test cases outside of TFS Stop under estimating review & approval process, which led to requirements not being accurate & complete.	
		Updates only happening in RTTM not TFS Coding and QA before requirements are reviewed, it cost us time, money and confusion	I think what didn't go well was the setbacks in saving members that was caused by the IFP problems with the GI file, so we could include more risk management into the process.	
	Business Process	At times MNPO tried to fit HealthRules into current legacy systems process		
		EOP side of ChangeHealth could be an improved process, testing and communication		Some major pain points, which might cause problems later, were pushed aside to achieve the deadline. Many discussions regarding how to improve processes were not considered because the claim system is only limited to processing claims. Teams need to STOP promoting configuration work (or any updates) to production without completely testing it out. Also regression testing to see if anything else breaks with the update.

Figure 4

The Response to Stakeholder Satisfaction Survey Question for Phase 3



- Noticeable improvement in levels of agreement across the board (from somewhat agree to agree/strongly agree)
- Greatest support in Leadership Change Behavior bucket
- Organizational Change Capability bucket had the least favorable scores, but still all improved
- The lowest agreement scores continue in 'confidence in preparing business processes' and 'having sufficient training'

Summary

In summary, chapter 3 consists of discussing the research method and design appropriateness; defining the research methods and processes considered; qualitative research method, participatory action research, and collaborative inquiry process; action research design; participant selection; research questions and their rationales; procedures; data collection, data analysis; researcher's role; validity; assumptions; limitations; and bracketing and ethical consideration. The qualitative survey and interview methodology used action research with a collaborative inquiry process, which is appropriate to study the factors contributing to implementing technological transformation programs with participants directly experiencing the problem in the program. The participants and researcher decided on the focused knowledge generated, collected and analyzed the data, and resolved the issue (Austin & Bartunek, 2006).

Following data collection, chapter 4 will introduce the organization participants and stakeholders involved in analyzing the collected data from the lessons learned through surveys. Finally, I will detail the level of collaboration of the organization's participants and researcher in understanding the problem, analyzing the data, and describing the development in identifying the solution.

Chapter 4

Analysis and Results

Chapter 4 includes the analysis and results of the study, conducted systematically by analyzing the coded data of the Transformation Program Lessons Learned and Stakeholder Satisfaction survey. The review of the coded data by the research group identifies in-depth themes and trends from coded survey responses of the Transformation Program team members.

The action research study aimed to qualitatively investigate the lived experience of healthcare organization's participants engaged in a multi-year enterprise-wide technical transformation program. In addition, the study aimed to identify the factors for successful implementation using an action research collaborative inquiry approach. In addition to the study researcher, the study included six volunteers from the Transformation Program with lived experience through multiple phases.

Chapter 4 will discuss the study as it follows an action research collaborative inquiry approach: introduction of the collaborative process and coded survey data, identification of the significant themes, selection of research participants, review and confirmation of study questions, review and reflection on the identified themes with the research group, identification of learnings obtained by research group, and determination of the deliverance of the knowledge acquired during the analysis.

Bray et al. (2000) noted,

Collaborative meaning-making is at the heart of the collaborative inquiry. Collaborative meaning-making is valuable for two reasons. First, it results in enriched insights as participants share their experiences and provide diverse interpretations of what they hear

from others; second, it can provide powerful validity checks on the interpretations gleaned from these experiences. (p. 89)

The researcher captured the reflection and findings of the research group to identify the common issues and problems, along with themes that describe the participants' lived experiences, to assist in determining the factors needed to implement a multi-year enterprise-wide transformation program.

Coded Survey Data

The researcher used data captured from all three phases of the Transformation Program Lessons Learned and Stakeholder Satisfaction Surveys conducted at the end of each stage of the program. The data from each lesson-learned survey consisted of responses to the qualitative survey method with open-ended questions. In contrast, the data captured from the stakeholder satisfaction survey is based on combined quantitative and qualitative questions.

Before recruiting the research group, the researcher gathered the existing data, which consisted of raw data from lessons learned surveys conducted after three phases of the Transformation Program. Then, the researcher systematically coded the survey data and identified themes. Initially, the researcher selected an automated process to code the survey data. However, it became apparent there was a learning curve required for the researcher to become familiar enough with the NVivo application to code the survey data efficiently and effectively. Therefore, the researcher decided to manually code the survey data and identify common themes across the three phases of the Transformation Program: 1) Individual Family Product (IFP), 2) Medicare, and 3) Medicaid and Duals. Phase I, Individual & Family Plan (IFP), accounts for less than 100,000 members and is the least viable product level for the new system. Phase II, Medicare, comprises over 100,000 members and further functional module complexity. Finally,

Phase III, Medicaid & Duals, builds on the complexity of the previous two phases by combining Medicare's logic with Medicaid processing and management for over 500,000 membership levels.

Each program phase conducted lesson learned and stakeholder satisfaction surveys to assess the performance of the Transformation Program. The lessons learned questions completed with each phase consist of the following survey questions: 1) "Please describe what MHPO should STOP – what didn't go well – what should MHPO stop for future planning." 2) "Please describe what MHPO should START – What might it do differently/new solutions/process improvements that will help ensure program/project success – what should it start doing for future planning." Finally, 3) "Please describe what MHPO should continue – what went well – what it should continue doing for future planning."

Several common themes identified as a result of the data coding appeared across all three survey phases, but from a perspective of the survey question; what should stop, what should start, or what should be continued.

Research Group Selection

The study aimed to qualitatively investigate and explore the experience of healthcare organization's participants engaged in a multi-phase enterprise-level technical transformation program to identify the factors for successful implementation using an action research collaborative inquiry approach. Therefore, the selection criteria for participants of the research group included three essential qualifications: Lived experience with the Transformation Program; lived experience with multiple phases of the Transformation Program; willingness to participate in the study and share their lived experience, knowledge gained, and perspective regarding factors for implementing transformation programs.

The action research study aimed to engage team members and stakeholders directly involved in the transformational program. The research allowed the research group participants to have a voice, with equity and integrity, provided the flexibility to analyze the data collaboratively based on lived experiences and interpret the factors impacting a technological transformational change, and offered the opportunity to gain knowledge and identify the appropriate approach to deliver learning.

Demographics of Participants

To ensure confidentiality, the researcher collected limited demographic data from each participant, including participants' gender, number of years on the program, and program role at the time of the study. Table 2 provides a summary of the demographic data of the participants. The program roles of participants displayed a sampling of the transformation program team members; Program Business Sponsor, Program Manager, Organization Change Management (OCM) Lead, Quality Assurance (QA) Lead, QA Analyst, System Coordinator, and Research (QA/UAT Program Manager). The demographic data also identified each participant who worked on the transformation program for multiple years.

Table 2

Demographic Overview of Participants (N = 7)

Participant	Gender	Years on Transformation Program
P1	Male	1.5
P2	Female	5
P3	Male	4.5
P4	Female	5
P5	Female	4
P6	Female	5
P7	Female	3.5

Note: Participants = P

Review and Confirmation of Research Questions

The research group sessions were conducted virtually from June 2, 2022, through August 25, 2022. In the first session, the researcher reviewed the overview of the study and outlined the expectations and timeline. Additionally, the research group examined the research question to confirm the foundation and direction of the study. In the follow-up sessions, the research group reviewed, reflected, and discussed the themes from the multiple surveys. Finally, the research group examined the identified emerging themes across the Transformation program's three phases and the stakeholder satisfaction survey results. Primary themes emerged due to the ongoing dialog between the research group during the working sessions. In addition, the stakeholder satisfaction survey results support the emerging themes identified with the coded data from phases one through three.

The data captured from lessons learned and stakeholder satisfaction surveys conducted for the previous three phases of the Transformation Program identify factors contributing to developing and implementing a transformational program at an enterprise level to support technical transformational change in a healthcare organization. Therefore, the initial research questions for the study were:

1. To what degree does project management within healthcare organizations contribute to the success of implementing technical transformation programs?
2. What is the impact of integrating organization development and change to a selected healthcare organization involved in implementing an enterprise-level technical transformation program in the form of transformational change?

3. How can creating an integrated strategy and plan based on the learnings of previous phases, made by participants of the technical transformation program stakeholders and team members, ensure the success of Phase III or future phases?

After the formation of the research group, the initial task was to review the research questions to ensure all participants' consensus on the study's focus on what factors influence the implementation of multi-phase enterprise-level technical transformation programs in a healthcare organization. The study allowed the research group to have a voice by participating in framing the research questions to guide the research. The research group expects to engage with equity and integrity, collaboratively analyze the data based on lived experiences, interpret the factors impacting a technological transformational change, gain knowledge, and identify the appropriate approach to deliver learning. The research questions for the study focused on what factors influence the implementation of enterprise-level technical transformation in a healthcare organization. These research questions guided the study:

1. How does executive leadership within healthcare organizations contribute to successfully implementing a multi-year technical transformation program?
2. How does organizational support within healthcare organizations contribute to successfully implementing a multi-year technical transformation program?
3. How do program management methodologies and teams within healthcare organizations contribute to successfully implementing a multi-year technical transformation program?
4. What is the impact of integrating organization development and change to a healthcare organization involved in successfully implementing a multi-year technical transformation program in the form of transformational change?

5. How can creating an integrated strategy and plan based on the learnings of previous phases, made by participants of the technical program stakeholders and team members, ensure the success of future programs?

Identifying Significant Themes

Several primary themes emerged as the research group analyzed the coded data from lessons learned surveys. Subthemes were also identified from several primary themes but not for all primary themes. However, the primary themes seem consistent across the three phases and survey questions. Table 3 identifies the primary themes and associated secondary themes.

Table 3

Emerging Themes and Subthemes

Survey Question	Primary Theme	Secondary Theme
MHPO should STOP	Communication	Meetings
	Program Management / Methodology Approach	Project Scope Planning (Project, Timeline, & Impact), Requirements Information Technology (Dev, IT, QA, UAT) Product Training Vendor Team/Team Collaboration Business Collaboration Implementation Transition/Business Readiness Project Impacts
	Process	Project Process Issue/Risk Documentation Business Process
	Decision Making	
	Resourcing	Cultural/Morale Team/Team Collaboration Business Collaboration Team Training
	IT Support	Environment

Survey Question	Primary Theme	Secondary Theme
	Leadership Customer/Provider Engagement	Virtual Access
MHPO should START	Communication	Meetings
	Program Management/Methodology Approach	Planning (Project, Timeline, & Impact), Requirements Information Technology (Dev, IT, QA, UAT) End-to-End Testing Training Vendor Project Scope Team/Team Collaboration Business Collaboration Implementation Transition/Business Readiness Organization Readiness Project Impacts
	Process	Project Process Issue/Risk Documentation Business Process
	Decision Making	
	Resourcing	Team/Team Collaboration Business Collaboration
	IT Support	Environment
	Leadership Customer/Provider Engagement	
MHPO should CONTINUE	Communication	Meetings Discovery Meetings Program Collaboration
	Program Management/Methodology Approach	Discovery Meetings Project Scope Planning (Project, Timeline, & Impact), Requirements

Survey Question	Primary Theme	Secondary Theme
		Information Technology (Dev, IT, QA, UAT)
		End-to-End Testing
		Training
		Vendor
		Team/Team Collaboration
		Business Collaboration Implementation
		Transition/Business Readiness
		Organization Readiness
		Lesson Learned
		Project Impacts
	Process	Project Process
		Issue/Risk
		Status Reporting
		Documentation
		Business Process
	Resourcing	Recognition/Support
		Project Team
		Team/Team Collaboration
		Business Collaboration
	Decision Making	
	IT Support	Environment
	Leadership	
	Customer/Provider Engagement	
	Program Collaboration	
	Program Culture	Culture/Morale
		ICC Space Layout

Note: Midwest Healthcare Plan Organization = MHPO, Innovation, and Collaboration Center = ICC

Research Group Becoming Acclimated to Collaborative Inquiry Approach

The action research collaborative inquiry design guided the research group to identify the emerging themes, reflect on their own lived experiences, and dialog with each other to validate and confirm the identified themes. In addition, the identified themes directed the research group

to identify the factors that hindered or helped implement the enterprise-level technical transformation program. At first, it was difficult for the research group to become familiar with the collaborative inquiry approach of reviewing the coded theme data and reflecting on their own lived experience. Participant 7 initiated the conversation, *"A lot of the learning comes from reflection and understanding or validating the data is based on your experience during that time. For me, I was not involved in phase one."* Participant 04 stated,

So, I have two things. One, I have a tough time reading and only commenting on the comments. Second, I have my own thoughts on a lot of things. So, I'm trying really hard to look at the comments and then respond, but I can't help it like some are coming through my own experiences.

Participant 7 responded with,

And that's good. That is exactly what we should be doing because we're reflecting on our own experience, not just what others have commented, and that's the learning because we are validating what we're reading but then reflecting on our own experience.

Participant 04 concluded with, *"OK, cool."*

Reviewing and Reflection of Themes With Research Group

The reflection on the emerging themes among the research group provided insight into how each participant's lived experience validates the common themes identified. Examples of the discussion regarding the common themes by research group participants are as follows.

Communication

Participant 3 stated,

I think just focusing on the task at hand and making sure that our communication is really geared towards one purpose, and that purpose was, moving the program forward,

whether that was to communicate about issues, whether that was communication, about outages. I think despite all the other issues we ran into in the third phase, from what I saw out of my time in phase one. Through the entirety of phase two, we did a much better job of keeping our communication clear, consistent, and generally positive, right, or at least resolution focused as opposed to going back and forth.

Program Management/Methodology Approach

Participant 7 noted,

Initially, we started with Agile. So, understanding agile, I think, was the most comments, and then as we got to phase three, it was more specific around workstreams and how their approach would impact the workstreams so and engaging like different phases of the approach. Any comments about this from my experience with a consistent approach, changing what was difficult for managing the QA team, and understanding the process they would follow? Initially was difficult until we got more into the groove with Medicare and then transitioned to Medicaid. I think staying more consistent was helpful.

Participant 7 discussed the project management approach: *“There always seems to be comments about requirements, I think over time, we’ve matured in that area, but I think we still had some issues regarding requirements consistency and validity.”*

Participant 6 noted, *“So my recommendation here is a couple of things. First, we always jump into the project without putting together a plan to gather requirements, which I am championing here at MHPO within the transformation program. Before we start working on something, let us plan our solicitation approach and timelines together. Secondly, unlike benefiting from having you, Participant 7, on the program, as the QA program manager, I did not have a QA, BA lead right, and somebody to validate the quality was*

right and make sure things were consistent across workstreams. It is just I did not have the capacity. Nobody had the capacity. Alright, the third dimension here is not having FTE BA on the project.

Planning (Project, Timeline, and Impact)

Participant 7 stated, “Do you have comments regarding timing? Participant 1 replied, *I had so many, but no, just the one thought, how many concerns we had with timeline and just who is on the point that should be an unexpected risk with anything that timelines are going to need to be fluid. Do you think we got some abrasion from a timeline perspective because of MHPO in this traditional waterfall methodology and the necessary agile approach that the transformation program brought? Do you think there was a conflict of comfortability, a lack of understanding, or maybe training that could have preemptively happened that would have prepared the teams for this more fluid approach to project work that may have led them to be more comfortable with the changes?*

Participant 7 responded to Participant 1 by stating,

One reflection that I have, not just from my experience on the project but also an understanding of transformational change, is that there needs to be an understanding that there is change. The future is unknown, so you do not know what you will encounter as you progress through that will affect the timeline. So, the project planning will need adjustments; I agree, just understanding the type of change we are enduring, and the methodology applied to the transformational program.”

Process (Project and Business)

Participant 2 stated,

So how am I going to know their business processes and what the potential impact is? So, I have a couple, by the way, that are very widespread issues with MHPO. It's not specific to one area and things like that. So that's why I struggle with not knowing the context when I see things like that. Because I also think there is accountability for others to say, let me give that to you; let me help you understand. We have said Transformation Program is going on. If people think they might come, you are engaged with us too. It's not about us reaching out and pulling you in; it should be about people taking ownership and saying I don't know if this will be a deal breaker or an issue, but are you aware? We don't have that mindset organizationally yet, so those are my thoughts.

Participant 6 said,

We need more process people on projects like this, process improvement analysts. You know BA's can create process flow, but they are more looking at what a business wants. Process improvement analysts are looking at how we can improve the process and have different skill sets. So I think it is important when we are working on projects aside from that, we need to map out the business process. Then, as part of figuring out, you know what we need to build, what do we want it? How do we want it to work and be more operational, not system-focused, but that makes sense. The business process should be system agnostic.

Participant 6 added,

But I feel this is an overall PMO strategy for getting people to use the right things in the proper process, and I think there should be help for program and project managers from the PMO leadership to check in and make sure. I can only push people so much to follow the same process right, we start the same, and then everybody starts doing their own

thing. Everybody has their style, and then we end up where we end up, but then, Participant 7, you have been on the calls recently; the team seems a little reluctant to listen to what I want, so we will continue to work on being consistent. It's what's going to be an ever going item.

Decision Making

Participant 7 stated,

Right. And it was not the responsibility of the Transformation Program to make all the decisions either. So we were open to what the issues and concerns were, but we were hoping that we had the engagement of the business to help vet those issues out and make a valid decision, right?

Participant 6 responded,

So, I would argue that our decision-making process got better over time using the ASPAR process has been very important for us to gather, let us not get in a room and have an emotional conversation. Let us gather the facts, and then let us make the decision. At MHPO, everything is uber collaborative, and we all get in a room together, and the decision-makers might be there or not. So, I think if we could pare down who is in the room. And allow them to make the decisions and inform people of the decisions or have the decision makers reach out to whomever they need data on to make a decision. It just it's always it's never super clear on who the decision makers are.

Participant 7 followed with, *“So your comment goes back to what was stated in the IFP comments, making sure that the decision-makers are present, right?”*

IT Support

Participant 3 stated,

I think there needs to be more consistent communication between IT and programs, going both ways, so they are on the same page; it is easier said than done. I think a program needs to be aware of someone or some group responsible for ensuring that the organizational changes outside of that program are understood and communicated and then going the other way as well. Also, IT needs to be aware of some things happening on the project side.

Environment

Participant 2 noted,

I think there is a lot that we need to continue to evolve here, but I do not want to miss the opportunity to say that there is a real change mindset opportunity that needs to happen here too. MHPO is used to different teams having their environment, never having to share. The various departments can do whatever they want to do, the way they want to do it, in their environment. As a hosted customer, MHPO intentionally changed the discussions; people do not remember, recognize, or accept them. Still, it is not just the expense of having the vendor spin up new environments. I do not think people appreciate the licenses we have with other vendors, and things like that also get added on by the environment we have them in. It is no longer a cost-effective way of doing business for us right now; I think we have to come to grips with this.

Participant 6 responded,

Well, I think the issue is the decisions made and what was available and what was not; not having another environment to match the data team has been extremely difficult. With all the data refreshes we have to do; we need to pay a lot of attention to our environment

stack right now. We do not have a prod support environment, so if you have a prod support issue, it interferes with the software path of all the projects. It's painful.

Participant 2 followed up with,

It is painful, but I keep coming back to it, if we do not have the whole business case, doing all this stuff, and the ROI is dependent on learning to do things differently, we need to keep adding environments, licenses, and stuff, and if we have to do that, that is great. But, on the other hand, it will eliminate a big chunk of our savings.

Participant 3 responded by saying,

I think part of this too, and I know there is sometimes the need for a temp environment or something outside the area where other people are working. Maybe it is a matter of ensuring the organization can transition to utilizing a more limited set of environments, right? But for environments with specific purposes and a specific flow of code, we are not spinning up umpteen environments to do various tasks. Still, there is truly a quote UN quote dev environment. There is truly maybe, packaging or staging or preproduction environment. And I think you probably can get by with fewer environments and less confusion. You just have to be a little more diligent about defining changes, whether those are project changes, release changes for a given vendor, whether those are production, or fixed changes. But you must sort of map out how those will flow through the environments, right? The ultimate goal is that everything should be present in most environments. Unless they are an environment to the side, you use them as a sandbox for a particularly disruptive change.

Participant 7 noted, “Yes, and having that true environment management.”

Resourcing

Participant 2 stated, *“Have more businesspeople get assigned to programs at the end of the day because this happened in IFP, it happened in Medicare, and it happened again in Medicaid and duals. Furthermore, we don't have enough people.”*

Participant 7 responded by saying, *“just making sure that we have the appropriate resources applied across the board, from BAs and SMEs to the development team.”*

Vendor

Participant 2 stated,

Stop relying on vendor resources; we need in-house experts for health rules, solutions, and overall architectural design. I don't know what the context of that is. But, still, I will tell you that without the vendor's guidance, I can tell you that some people trying to do it themselves and potentially doing huge damage because they make vast assumptions. So, without vendor's resources to do some guidance, consultation, whatever the case may be, we do run into problems, especially if it's for a service or something like that, that we've never done before.

Participant 3 replied,

Utilizing a vendor for a software solution, someone who started his career at a health software vendor will constantly be changing things. You will never be quite as in the loop on their software, no matter how hard you try, as they are, just because that is what they are doing daily.

Participant 7 followed up by saying, *“Right. And they are working with other clients, making updates that do not necessarily apply.”*

Participant 3 responded with,

Exactly right. So, the vendors will be the experts in their software; you need to work with them as well as possible. The one thing I would say, and I do not see it in there, just as a quick addition as one thing we need to work on is how we track issues. And maybe this is just an access thing with some people on Salesforce, some not, but MHPO does need to get a little better at tracking vendor issues and organizing those for easy reference.

Training

Participant 2 stated,

To get all the work done and create all the training materials, right? Because it is the people, the businesspeople doing the project, I have to provide the raw materials for the training team. Kind of like QA always gets slammed at the end when things get pushed, and so does training.

Participant 4 stated,

That was super clear from a training perspective, right? Talk about downstream, it was really tough to train a lot of these folks, the quality of people that were being hired, right? In some cases, they did not have the skill and ability to do the work, but they just did not understand healthcare, right? They did not understand MHPO products; they did not understand the up and downstream process, I mean it was amazing what all raised to the surface once you started training these folks and then they, some of them, just were not being held accountable to know that stuff either. Yet they were expected to do a job.

Participant 3 responded, *“I wonder if much of this speaks to the difficulty in finding good people, whether it is this project, a different project than you know, even this industry.”*

Participant 4 said,

We had a meeting this morning with our HRP trainer. We now have four on-staff trainers and one contract, two contractors. The one contractor, who used to work at NTT, commented this morning that you guys have no idea how lucky you are that you have these many people educated with the healthcare application. Meaning we have six trainers right now who can train the organization he goes to, most of the projects I was on, I was the only trainer in; the only other person that he would bring in was somebody from healthcare application to help with the configuration. Like most companies I worked with on health edge implementation, he struggled with the healthcare application through training.

Participant 4 stated, "We learned a lot from IFP. I do not think we truly understood how humongous that training effort was going to be, but, along with the program, over time we got the resources we needed and we got the information we needed was it perfect? Nope. Did we get stuff in the right order? Nope. We are still training, it is almost August, so it is what we have learned, and had we done full role-based training right, Participant 02, full across the organization, we would have needed like 20 more people in the training team. So, I think we focused on the edit, only folks, because they were the most important and the view only folks, you know, the biggest challenge, a lot of them have. They do not use it enough to remember how to use it.

Leadership

Participant 04 stated,

I also think that having leadership support agree to allow the addition of resources as we move forward, you know from the beginning you had no idea how many people you would need, right? And once you got into [it] the work defined the resources, and they

were very supportive and allowed the program to get the resources necessary to get the work done.

Participant 04 added,

So usually, we used to call it two in a box, having two leaders sharing one role is very difficult, and so when I first started in this program, I thought oh man, this is not going to go well. It is Participant 2 and IT Sponsor at the time, and it went well because they were very clear, I mean, at MHPO's IT is always two and a box; they support the IT part of it, and then you have your main driver, which is Participant 2. So, once I figured that out, she really did a fantastic job leading the way, building relationships across the organization with our most impacted stakeholder leaders, she did an excellent job. Working up with senior leadership, we had an amazing steering committee that was engaged and very willing that grew over time. I've never seen a steering committee so engaged and committed, and like knowing what is going on and poking and prodding, right? So, it just went well.

Participant 6 followed with,

And they were supportive, right? When things did not go to plan and we made mistakes or missed steps; it focuses on what we learn and what we do better. I think having Participant 2 full-time on the program, I think there would be no way to accomplish what we did without her.

Participant 5 agreed, *"Yeah, I agree that we have good leadership at all levels."*

Cultural/Morale

Participant 04 stated, *"I think it also goes to show that having a strong team means all this positive feedback; it is such a key indicator and success of a program."*

Participant 7 responded, *“Even though the program was very difficult, the morale of the program and the culture of the program were very positive.”*

Participant 1 followed with, *“I blame trivia and dad jokes.”*

Participant 2 stated, *“I think when Participant 6 shifted the flow of the meetings where we start with wins and high fives recognition that always helped too, I thought.”*

Customer and Provider Engagement

Participant 4 noted,

My observation is they did not get it as much as we tried. They did not understand enough on the vendor side and did not use the tool enough to understand, so there were so many challenges that you guys still have today. But you did get these morning meetings with the group to try and help them. And so that is still going, right?

Summary -- Reviewing and Reflection of Themes With Research Group

The discussion summary regarding the emerging themes conducted by the research group provides insight into what factors influence the success of implementing an enterprise-level technical transformation program. Although some participants were more vocal during the multiple discussion session, safe discussion environments were encouraged. Some of the discussions regarding the themes were more in-depth than others. The research group agreed that no additional themes warranted discussion outside the identified themes. The following is a summary of the emerging themes:

Communication

The research group agreed that the communication process improved throughout the Transformation Program. However, the research group recommended forming a communication process that is purposeful, clear, consistent, generally positive, and resolution focused.

Program Management/Methodology Approach

The discussion summary regarding the program management methodology approach applied to the Transformation Program was inconsistent across the program's three phases. The result of the research group discussion suggests planning early for a consistent system that includes both process and qualified resources.

Planning (Project, Timeline, and Impact)

A program's planning process impacts the program's outcome; it is imperative to understand that transformational programs need to accommodate the unknown into the program planning. In addition, there is a need to account for the potential to stop, reflect, and act based on the learnings of previous phases. Finally, delays, changes, and new scope will impact the timing of deliverables downstream.

Process (Project and Business)

From a business process perspective, it is not easy to work with the business in implementing process improvement if the business units within the core business are not familiar with their business processes. Regarding project processes, the Project Management Office (PMO) needs to establish consistent standards for project management processes to be utilized throughout the organization and audited to confirm consistency.

Decision Making

Decision-making is not the sole responsibility of the Transformation Program; the business impacted by the decisions should also be engaged in discussing the issues and determining the final choices. Establishing a decision-making process will ensure the appropriate stakeholders are engaged and held accountable for decision-making and that the process is consistent across the organization.

IT Support

The research group's discussion regarding the IT department's support resulted in determining that communication from both the IT department and active programs is required. The IT department must thoroughly understand the program's needs and stay engaged as the program progresses. It is also the responsibility of the IT department to communicate to the program any enterprise IT changes that will impact the program's progress.

Environment

The MHPO organization is encouraged to initiate a mindset change regarding using and managing the enterprise environment resources. Various businesses establish MHPO's multiple environmental systems, contributing to the complexity of managing their current environmental usage instead of architecturally supporting an enterprise-wide environment infrastructure.

Resourcing

There is a need to recruit the best-skilled and appropriate resources available to ensure success in implementation. In addition, the relevant and skilled resources minimize the negative impact on the program's progress. Therefore, selecting resources at all program levels, team members, trainers, stakeholders, and leadership is imperative to focus the selection based on the required qualifications, experiences, and skills for the program's success.

Vendor

When partnering with vendors for a transformation program, it is essential to engage the partner with the understanding they are the experts of their software application. Establish working engagement guidelines to provide guiding principles for working with outside vendors and establish the boundaries and the level of communication required from both sides.

Training

The training process and planning progressed throughout the transformation program for the team members and organization roles. The training challenges for the transformation program were dependent on how knowledgeable of healthcare the recipients had come into the organization, which relates to the importance of recruiting appropriate skills and experience. Therefore, building a competent and skilled training team to address the raised challenges is essential.

Leadership

The selected leader must be qualified to lead a transformational program, provide direction for the program team, establish relationships with the organization leadership, and be a champion for the transformational program with organization leadership and representative to the organization.

Cultural/Morale

It is essential to create a positive environment for the team members to work together, which will foster open communication and willingness to share with other team members, recognize each other and encourage each to succeed.

Customer and Provider Engagement

It is imperative to engage internal representatives. They have a direct connection with external customers and providers early on with the transformation program planning and throughout the progress of the implementation of transformation changes.

Identify Learnings Obtained by Research Group

As the research group discussion progressed, it was clear that the primary themes painted a picture of an organization going through transformational change. To embrace transformational change, organizations and their leaders must take on an innovative strategic approach by applying organization development and change (ODC) principles and practices that engage in dialogue focused on the strategy relating to what is the (purpose) and what is the (future). (Rothwell et al., 2016).

When an organization is considering innovation or transformation change, there is a need to maintain a dual focus: optimizing products and processes for existing markets efficiently while building new capabilities (Kates & Galbraith, 2007). As displayed in Table 4, the dual approach is exploiting the core and exploring the edge (Project Management Institute – Exploiting and Exploring Culture, Organizational Transformation). As a growing organization, MHPO's Transformation Program revealed attributes of exploiting the core to explore the edge as they realize a new future state based on the emerging themes. Fast-growing organizations tend to have a high-growth path, which includes high risks, as the newly created knowledge, capabilities, and products have less experience in the market. The key to successful innovation requires balancing managing the core business, protecting the new endeavors, and maintaining the appropriate linkage to leverage between both old and new.

Table 4*Exploit the Core vs. Explore the Edge*

Cherishes the management, systematic improvement, and growth of the existing business culture.	The strategic vision for each perspective	Cultivates the creation, discovery, validation, and acceleration of completely new ideas that are foreign to an organization
Exploit the Core	Strategy	Explore the Edge
<ul style="list-style-type: none"> • Cost Cutting • Efficiency • Stock Market • Linear Execution • Failure not an option 	Focus	<ul style="list-style-type: none"> • Growth
	Investment Philosophy	<ul style="list-style-type: none"> • VC – style investment • Iterative research • Experimentation • Failure to learn • Insight
	Culture & Process	<ul style="list-style-type: none"> • Exploration • Pattern Recognition • Big Picture
<ul style="list-style-type: none"> • Process and detail oriented • Rigor 	People & Skills	

Note: From “Project Management Institution (PMI), (2022), Exploit and Explore Culture, Organizational Transformation.

Determine the Deliverance of the Knowledge Acquired

The research group used Kate and Galbraith’s (2007) Star Model for Innovation to deliver the findings with a strategic view of the primary themes. Kate and Galbraith’s (2007) Star Model for Innovation (Figure 5) allowed the organization to establish strategies for implementing new technology, knowledge, and capabilities. Participant 4 stated,

So those five questions are kind of like buckets and within those buckets we have a lot of feedback, right? All the data we have the start, stop, and continue feedback of all that data. And so, if we were able to somehow pull that down, you know, down to a consumable amount of information. What we could do is like a report based on our five research questions, here is the feedback, start, stop, and continue that supports each one. And then take that and make a recommendation to leadership, because of what we

learned and as we continue to learn and grow with program and project management. Could we assign these to the groups who support this stuff, so PMO for project management methodology and say here is what we learned through our process? Are there nuggets in here that you could apply so that you could also grow with how we grew from Transformation Program, right?

Participant 4 noted:

Taking that information and plugging in it to like the STAR model, so these are buckets, right? Like you were saying, how do these questions fit under the star model bucket, which are structure, performance, people, process, and benefits? What would be even a higher level, right? Start with the big picture. Not sure that everybody understands what the star model is, but it would help them understand where it falls within the bigger picture.

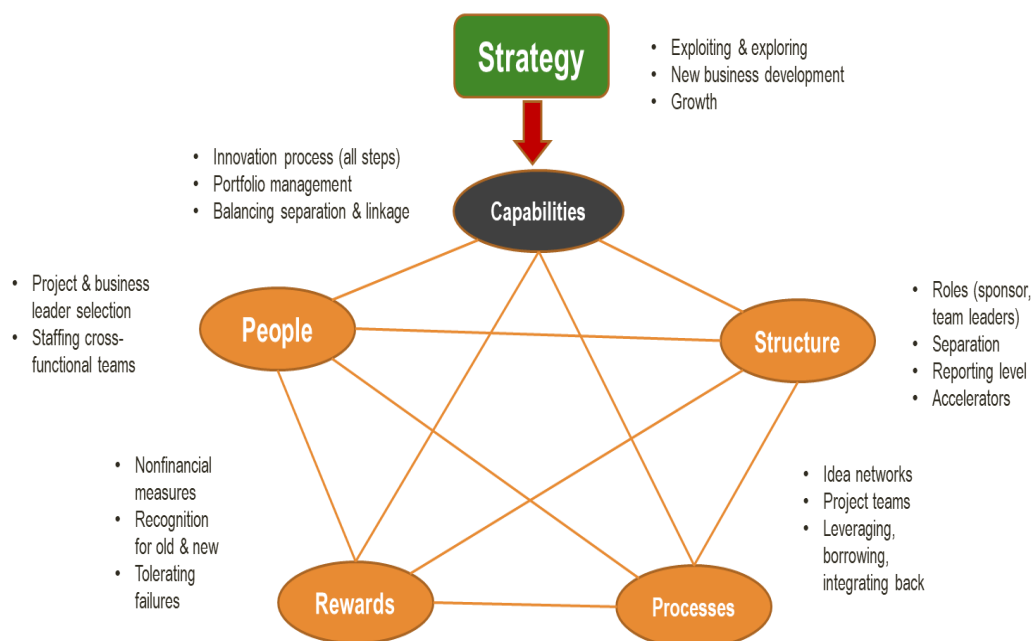
Kate and Galbraith's (2007) Star Model for Innovation (Figure 5) provides insight into the organization on how restructuring will accommodate transformational change while maintaining the core business. An organization undergoing a transformational change takes on the attributes of an organization exploring the edge.

Figure 5

Galbraith (2007) Star Model for Innovation

Galbraith's Star Model - Innovation

Kates, A. & Galbraith, J. (2007). *Designing your organization*. San Francisco: Jossey-Bass.



Note: Source from Kates, A., & Galbraith, J.R. (2007). *Designing your organization*. Jossey-Bass.

Galbraith's Innovation Star Model provides insight into the current state and gaps. The primary themes identified from investigating the factors for the successful implementation of an enterprise-level technical transformation program in a healthcare organization were aligned with the six categories. Galbraith's Star Model consists of six categories, Strategy, Capabilities, Structure, Processes, Rewards, and People. Table 5 maps the primary themes to Galbraith's (2007) Star Model six categories.

Table 5*Primary Themes Mapped with Galbraith Star Model for Innovation*

Strategy	Capabilities	Structure	Process	Rewards	People
Breakthrough Innovation – Exploring the Edge • New Technology • New Products	Project Management Methodology • Scope Definition • Requirements • Dev • Testing • End-to-End Testing • Implementation	Program Leadership	Communication	Hats off	Resourcing • Internal • External • Balancing resources • Balancing the separation from Core Business when allocated to Program Team
New Knowledge	Understanding Business Process	Heavyweight Teams • Program Team • Business Partners • Vendor Engagement	Decision Making	High Fives	Define Resource Skills Required • PMs • BAs • SMEs • Leaders
High Growth	IT Support	Environmental Structure	Meeting Standards	Wins/Blockers	Setting expectations of Stakeholder engagement
Integrate Learnings From Previous Phases	Environment Strategy	Customer & Provider Engagement	Documentation Standard & Storage	Team Recognition	
	Organization Management & Change	The reporting structure of the Program Team aligned with the Core Business	Program Team Collaboration		

Strategy	Capabilities	Structure	Process	Rewards	People
	Foundational and Role Base Training	Separate Program Team from Core Business	Business Team Collaboration		
	Balancing separation between Transformation Program and Core Business		Organization Readiness		
			Transitioning to Core Business		
			Issue/Risk Management		

Note: Primary themes mapped to Kate and Galbraith's (2007) Star Model for Innovation categories.

Summary

The participant selection process started with the researcher providing informal announcements and updates on the research at the Transformation Program team meetings. Then, following the IRB approval of the study project on December 14, 2021, a formal session was held to present an overview of the study project at a Lunch and Learn session on February 10, 2022, which included an enterprise-wide audience. Six team members of the Transformation Program confirmed interest by requesting an informed participant consent form (Appendix B) by email or MS Teams. The completed participant consent forms were signed and returned to the researcher, confirming interest in the research group.

With the research group formed, the research group sessions began on June 2, 2022, starting with an informational session providing the participants with an overview of the research, expectations of the participants, and the expected outcomes of the research group. Next, the research group conducted data analysis, reflection, and dialogue of the existing data results from the Transformation Program Lessons Learned surveys and Stakeholder Satisfaction surveys through August 31, 2022.

As a result of the research group sessions, the participants confirmed the five research questions to guide the study to investigate the factors for implementing an enterprise-level technical transformation program in a healthcare organization. In addition, the research group identified emerging primary themes of the existing Lessons Learned, and Stakeholder Satisfaction surveys data and mapped both the research questions and emerging primary themes to Galbraith's (2007) Star Model for Innovation.

Chapter 5 will present the conclusion and recommendations of the research study driven by the primary themes with the associated research question to identify the factors for implementing an enterprise-level technical transformation program in a healthcare organization.

Chapter 5

Conclusions and Recommendations

This research aimed to identify the factors for successfully implementing enterprise-level technical transformation programs using an action research collaborative inquiry approach. In addition, the action research study aimed to qualitatively investigate and explore the experience of healthcare organization participants engaged in a multi-year enterprise-level technical transformation program.

Since the researcher was an insider, it was appropriate for the study to use existing data for the research; this included previously conducted surveys, both the Lessons Learned surveys and Stakeholder Satisfaction surveys from three phases of the Transformation Program. The researcher wanted to plan the methodological approach based on the data that had already been collected and was readily available (Herr & Anderson, 2015).

The researcher used an action research method with a collaborative inquiry process for the study, allowing the program participants to focus on their lived experiences to identify the factors for successfully implementing enterprise-level technical transformation programs with healthcare organizations. Effective collaborative inquiry clarifies research and treats it as an opportunity for the participants interested in learning a better understanding of their environment and the world in which they live (Bray et al., 2000).

The primary research factors included in the study were the participants interested in joining the research group and their ability to reflect and share their lived experiences of the Transformation Program. Additionally, the research group participants were willing to openly discuss their experiences and consider opportunities and changes for future transformation programs. The research group consisted of six participants plus the researcher.

The responses to the Lessons Learned and Stakeholder Satisfaction survey questions provided insight into the organizational factors that were barriers and highly recommended best practices to ensure a successful implementation of a technical transformation program with a healthcare organization.

Review of Research Questions

After the formation of the research group, the initial task was to review the research question to ensure all participants' consensus on the study's focus on what factors influence the implementation of enterprise-level technical transformation in a healthcare organization. As a result, the research questions changed to the following:

1. How does the executive leadership within healthcare organizations contribute to the success of implementing technical programs?
2. How does organizational support within healthcare organizations contribute to the success of implementing technical programs?
3. How do program management methodologies and teams within healthcare organizations contribute to the success of implementing technical programs?
4. What is the impact of integrating organization development and change to a selected healthcare organization involved in implementing an enterprise-level technical transformational change program in the form of transformational change?
5. How can creating an integrated strategy and plan based on the learnings of previous phases, made by participants of the technical program stakeholders and team members, ensure the success of future programs?

RQ1 – Executive Leadership Support

Research Question 1 asked: How does the executive leadership within healthcare organizations contribute to the success of implementing technical transformation programs? To successfully implement enterprise-level technical transformation programs within a healthcare organization, organizational leadership must sponsor the effort to link to the leadership team and champion the initiative (Kates& Galbraith, 2007). Conscious change leadership is essential in supporting successful transformation, outlining the awareness, knowledge, methods, and skills organization development and change (ODC) requires serving leaders in a transformational journey (Anderson, 2016). Brightline (2020) noted, “Leadership is a top area organization must focus on to deliver strategic results and achieve successful transformation. A centralized orchestrator—such as a Chief Transformation Officer (CTO)—plays a key role in driving change from concept to reality.” (p. 6) The CTO is the direct line to the CEO, who will lead the strategic direction of the transformation efforts within the organization. As Bucy et al. (2016) stated, “One might ask, is a CTO necessary? Shouldn’t the CEO lead the transformation? Our answer is unequivocal. The CEO should lead the company; an experienced, full-time CTO should lead the change.” (p. 4).

Along with selecting a CTO to lead transformational changes, establishing governance is also recommended. Bucy et al. (2016) noted, “To oversee the execution of each “workstream” (or area of activity), ensure decisions are made quickly and keep the transformation on the course, companies must create a governance structure. Specifically, a transformation office (TO) comprising a few respected executives supported by analysts from the finance and HR functions. At the helm of the TO should be a chief transformation officer (CTO), who should also sit on the

company's executive team. The TO should regularly report progress to the CEO, highlighting issues and decisions for resolution.” (p. 4)

RQ2 – Organizational Support

Research Question 2 asked: How does organizational support within healthcare organizations contribute to the success of implementing technical transformation programs? With an organization focused on exploring the new, the best approach for an organization to support the success of implementing a transformation program is to establish a separate accelerator division to focus on exploring the new in parallel and balance the separation of the core business and an accelerator division. Leadership must manage the linkage between the core business and the new accelerator division by supporting the business by leveraging the existing core business process (Kates & Galbraith, 2007).

RQ3 – Program Management Methodology and Teams

Research Question 3 asked: How do program management methodology and teams within healthcare organizations contribute to the success of implementing technical transformation programs? Study findings support that it is essential to use a process methodology to guide the transformation process. Integrating the organizational changes involving people change and rapid course correction is critical. Project management, Six Sigma, and change management are methods commonly generated separately and with specific plans. Transformation requires one integrated strategy for the transformational change effort (Anderson, 2016).

The project teams participating can contribute to the success of implementing technical transformation programs by developing a separate project team with a strong team identity and commitment to process success. In addition, clear project team charters are essential to

specifying operating boundaries and expectations to prepare for any surprises or unknown issues (Kates & Galbraith, 2007).

RQ4 – Integrating Organization Development and Change

Research Question 4 asked: What is the impact of integrating organization development and change to a healthcare organization involved in implementing an enterprise-level technical transformation program in the form of transformational change? Integrating organization development and change (ODC) for the implementation of the enterprise-level technical transformation program provides the entire breadth and depth of an integrated way of what is needed. ODC can fill the void (Anderson, 2016). Considering the breadth and depth when implementing a transformational program requires incorporating the principles of ODC utilizing a transformational change process, which will cover a broader spectrum of engagement from leadership with consistent program methodology, organization change management, and ODC applied through the use of transformational change.

RQ5 – Using Learnings for Success in Future Programs

Research Question 5 asked: How can creating an integrated strategy and plan based on the learnings of previous phases, made by participants of the technical transformation program stakeholders and team members, ensure the success of future programs? Creating an integrated strategy and plan based on learnings from previous phases of the Transformation Program is a process approach for the organization to adjust the current state as it transforms to a future state because the future state is unknown until emerging during the process. Therefore, leaders must rely on establishing a process that enables the team members to observe, assess, learn, and course-correct continuously and rapidly (Anderson, 2016).

The research group defined the five research questions to identify the factors required to successfully implement an enterprise-wide technical transformation program for a healthcare organization. The investigation of the five research questions exposed the elements necessary to successfully implement an enterprise-wide technical transformation program for a healthcare organization. In addition, the research group analyzed the lessons learned and stakeholder satisfaction coded survey data and reflected on their own lived experience. Based on the unique experience of each research group participant, the specific research question reflected practical concerns observed throughout the Transformation Program.

The response to each research question reflects how the lessons learned and stakeholder satisfaction surveys contribute to improving the process of implementing an enterprise-wide technical transformation program for a healthcare organization. For example, using Galbraith's (2007) Star Model to align the lessons learned and stakeholders' satisfaction results strengthened the organization's ability to meet its strategic goals and desired outcomes.

Study Responses and Biases

The research group participants conducted a reflective analysis of the existing data; mitigation of initial bias with research group consensus of analysis results based on lived experiences. However, two predominant biases remain with the study; the first is that the research group participants believe the themes identified are based on the data analyzed. To mitigate the impact of this bias, the research group engaged in dialogue to determine if additional themes exist from individual lived experiences in the Transformation Program. Second, beyond the researcher, the research group has had limited experience in ODC practices. The research group's extensive career focus on project management introduced bias with determining factors to implement successful technology transformation programs. To mitigate the impact of this bias,

the researcher shared the ODC industry best practices, principles, and tools with the research group.

Recommendations

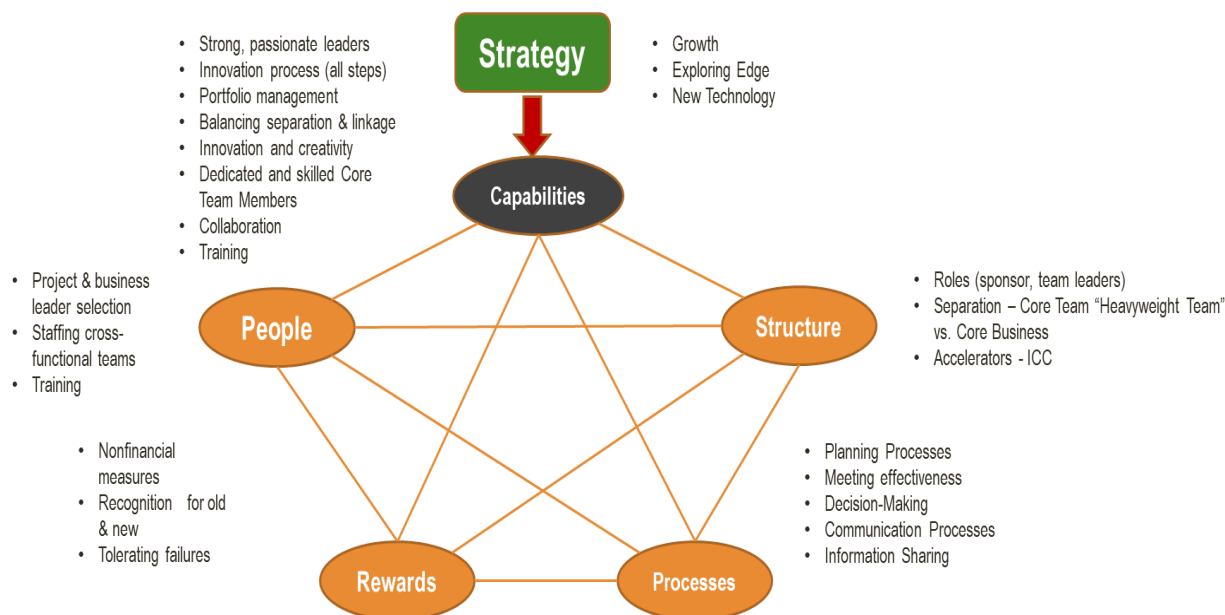
The results of mapping the primary themes to Kate and Galbraith's (2007) Star Model for Innovation (Figure 6) provided insight into identifying the factors recommended for implementing a successful enterprise-level technical transformation program for a healthcare organization. The primary factor identified is leadership, a critical capability in establishing an organization's structure change. The appointed leader of a technological transformation program drives the initiative from the beginning to the end and is the link to the C-suite to champion and address any challenges.

Figure 6

Primary Themes Mapped with Kate & Galbraith (2007) Star Model for Innovation

Galbraith's Star Model – Innovation Recommendation

Kates, A. & Galbraith, J. (2007). *Designing your organization*. San Francisco: Jossey-Bass.



Note: Kate & Galbraith (2007) Start Model for Innovation modified with research-identified themes

The five research questions are mapped with Kate and Galbraith's (2007) Star Model for Innovation (Table 6) categories to answer the five research questions. For example, Kate and Galbraith's (2007) Star Model Innovative consists of six categories: Strategy, Capabilities, Structure, Process, Rewards, and People.

Table 6*Research Questions Mapped with Kate and Galbraith (2007) Star Model for Innovation*

Strategy	Capabilities	Structure	Process	Rewards	People
Integrating ODC into the healthcare organization	Organizational Support Structure	Executive Leadership	Program Management Methodology	Program Management Team	Program Management Team
Integrated strategy and plan based on the learnings of previous phases	Program Management				

Note: The mapping of the five research questions to the six categories for the Kate & Galbraith (2007) Star Model for Innovation

For example, RQ1, “How does the executive leadership within healthcare organizations contribute to the success of implementing technical programs?” was mapped to Kate & Galbraith’s (2007) Star Model for Innovation categories – Structure, representing separation, reporting level, and accelerators.

RQ2, “How does organizational support within healthcare organizations contribute to the success of implementing technical transformation programs?” was mapped to Kate & Galbraith’s (2007) Star Model for Innovation category relating to Capabilities, representing, innovation process (all steps), portfolio management, balancing, and linkage.

RQ3, “How do program management methodologies and teams within healthcare organizations contribute to the success of implementing technical programs?” was mapped to four Galbraith’s (2007) Star Model for Innovation categories relating to Project Management, 1) Capabilities, representing Innovation process (all steps), portfolio management, balancing separation and linkage, 2) Process, representing, idea networks, project teams, leveraging,

borrowing, integrating back. In addition, from a Project team's perspective, 3) Rewards, representing non-financial measures and recognition for old and new, and 4) People, presenting project and business leader selection.

RQ4, “What is the impact of integrating organization development and change to a healthcare organization involved in implementing an enterprise-level technical transformational change program in the form of transformational change?” was mapped to the Galbraith’s (2007) Star Model for Innovation categories – Strategy representing exploring the edge, new business development, and growth.

The last research question, RQ5, “How can creating an integrated strategy and plan based on the learnings of previous phases, made by participants of the technical program stakeholders and team members, ensure the success of future programs?” was mapped to the Galbraith’s (2007) Star Model for Innovation categories – Strategy, which represents exploring the edge, new business development, and growth.

Further Research

The research group analyzed lessons learned and stakeholder satisfaction survey data, identified themes, and mapped the research questions and primary themes to Kate and Galbraith’s (2007) Start Model for Innovation. In addition, the research group participants expressed interest in implementing the knowledge gained with future Midwest Healthcare Payer Organization (MHPO) transformation programs. Therefore, MHPO should consider the identified factors to implement a successful enterprise-level technical transformation program for future technical transformation programs. Thus, one recommendation for further research consists of repeating the study after the MHPO has applied the factors identified with the

organization's structural changes in Kate and Galbraith's (2007) Start Model for Innovation and successfully implemented an enterprise-level technical transformation program.

Further research recommendations include conducting the study with another healthcare organization interested in determining the factors required to implement a successful enterprise-level technical transformation program. In addition, the research group is completing an investigation with industries outside the healthcare industry interested in implementing an enterprise-level technical transformation program.

Summary

Chapter 5 presented the conclusion and recommendations of the research study driven by the primary themes with the associated research question to identify the factors for implementing an enterprise-level technical transformation program in a healthcare organization. In addition, chapter 5 discussed the relationship of the emerging themes with the research question and how the identified factors could potentially improve the success of implementing a technical transformation program for a healthcare organization. Finally, as a result of the study, the problem statement and purpose statement were addressed by identifying the factors to improve the multi-year enterprise-level transformation program implementation. In addition, the analysis conducted with the research group provided a broad perspective of the existing data based on lived experiences.

The research questions used to guide the study consist of RQ1. How does the executive leadership within healthcare organizations contribute to the success of implementing technical transformation programs? RQ2. How does organizational support within healthcare organizations contribute to the success of implementing technical transformation programs? RQ3. How do program management methodologies and teams within healthcare organizations

contribute to the success of implementing technical transformation programs? RQ4. What is the impact of integrating organization development and change to a healthcare organization involved in implementing an enterprise-level technical transformation program in the form of transformational change? RQ5. How can creating an integrated strategy and plan based on the learnings of previous phases, made by participants of the technical transformation program stakeholders and team members, ensure the success of future programs? Leadership is the predominant theme in successfully implementing a multi-year technical transformation program with a healthcare organization.

Three recommendations for further research are as follows; the first recommendation consists of repeating the study with MHPO for future enterprise-level multi-year technical transformation programs. The second recommendation for further research consists of repeating the study with another healthcare organization conducting a multi-year enterprise-level technical transformation program. Finally, the third recommendation for further research consists of reporting the study with an organization outside the healthcare industry undergoing a multi-year enterprise-level technical transformation program. All recommended further research would expand the knowledge base and provide supportive evidence in identifying potential additional factors required to successfully implement a multi-year enterprise-level technical transformation program.

In summary, MHPO leadership has allowed participants to engage with a study to provide insight into what can be achieved through extensive analysis to identify factors and improve their practice in implementing multi-year enterprise-level technical transformation programs. As a growing healthcare organization, the recommended approach is to set the path of

strategic planning with the mindset of exploring the edge and aligning the organization to accommodate and sustain growth.

The capabilities and critical factors involve selecting the appropriate leadership to drive the transformational changes by integrating the learnings from previous phases of the transformation program and structuring an organization to accommodate the development of the transformation change while maintaining the core business. In addition, it is imperative to develop a skilled team, create a separate work environment, identify as an accelerator, and align organizational support for the accelerator. Along with structure, the consistency of the program methodology is essential for the program team to understand and follow. Finally, the most crucial factor in transformational change is the people involved in the transformational change and the recipients of the change, inside and outside of the organization. Healthcare organizations are driven by their mission instead of driving their missions to achieve quality service for their members, with mission goals of patient care and essential services for the members (Burke, 2018).

Final Thoughts

As a practicing Program Manager Consultant, I felt a void when delivering technical change for organizations, with the questions in mind; 1) who is addressing the implications affected by recipients of the change, and 2) does it change the makeup of the organization? Therefore, the introduction to organization development and change (ODC) influenced my drive to uncover the factors affecting the humanistic impact of enterprise-level technological change for organizations.

The opportunity to view a Transformation Program from outside of a Program Management role allowed me to observe the progress of the Transformation Program without

any direct stake in the game and the ability to provide my feedback and mentorship to the Program Manager.

I conducted this research to identify the opportunities in this transformational program and other programs I have experienced and witnessed in the past. The study validated my past observations from a non-bias perspective and contributed to the knowledge base regarding transformational programs. In addition, the research experience has increased my interest in understanding how I can contribute to organizations, becoming aware of the humanistic philosophy of change and how their cultural viewpoint and values will drive change.

This experience has been essential in determining my personal and professional future direction. My worldview lens has changed significantly regarding the expectations in implementing an enterprise-driven technical transformational change. The key is leadership understanding the difference between leading a technical project and an enterprise's technological transformational change. There is no one-size-fits-all fix; the solutions are unique to an organization's needs.

I am expanding my knowledge professionally by engaging in Organizational Transformation (OT) networks, completing OT certification, considering executive coaching, and pursuing opportunities to further my knowledge and hands-on experience in OT and ODC. Therefore, I am grateful for the opportunity to conduct this research which not only enlightens my perspective on ODC and the implications of transformational change for organizations but also the experience of witnessing the personal transformational change I have endured.

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Appendix A

Participant Demographic Data

Demographic Data	Participants' Response
Participant gender: Male or Female	
Transformational Program Role	
Years of Experience in the Program	
Transformation Workstream	
Consent Form Completed	

Appendix B

Informed Consent Form

Research Participation Key Information

An Action Research Collaborative Inquiry Study: Factors Influencing
Implementation of Enterprise-level Technical Transformation in a Healthcare Organization

What you will be asked to do:

We ask participants to:

- Collaboratively engage in the Action Research approach: Analysis, Feedback & Joint Diagnosis of the Problem through a collaborative inquiry process
- Collaboratively confirm the themes of existing data
- Engage with other research participants who have lived experience on the transformation program
- Collaboratively identify the problem
- Collaboratively create an action plan for future implementations of Transformation Programs

The time commitment is about 14 – 27 hours and the study will take place remotely.

Participating in this study has

risks:

This study has minimal risks:

- The risk of the possibility of coercion or undue influence that could influence participant decisions to participate or withdraw
- To avoid this risk, supervisors and supervisees will not participate in the same research group
- Individual participation of the research is strictly voluntary
- Participation in the study is not a requirement of employment and participating will not affect your employment or contract with the organization

Please read this form and ask any questions you may have before agreeing to be in the study.

You are invited to participate in a research study about what factors contribute to the success of implementing an enterprise-wide technical transformation program. The title of this study is An Action Research Collaborative Inquiry Study: Factors Influencing Implementation of Enterprise-level Technical Transformation in a Healthcare Organization. You were selected as a possible participant and are eligible to participate in the study because of your lived experience with the Transformation Program. The following information is provided to help you make an informed decision about whether you would like to participate or not.

What will you be asked to do?

If you agree to participate in this study, I will ask you to do the following things:

- Collaboratively engage in the Action Research; Analysis, Feedback & Joint Diagnosis of the Problem utilizing a collaborative inquiry process
- Willingness to meet virtually with the research group
- Willingness to meet with the other research participants and share lived experiences with participating in the transformation program
- Provide reflective insight based on lived experience, the coded data captured from previous transformation program lessons learned surveys, and Stakeholder Satisfaction
- Utilize your lived experience with the program to collaboratively review, confirm, and prioritize coded data themes
- Collaboratively identify the problem(s)
- Collaboratively create an action plan for future implementations of Transformation Programs

Time Commitment:

- Transformation Program Leadership: 4-7 hours
 - Introduction and Contracting Meeting with Transformation Program Leadership: 1-2 hour
 - Approve utilizing existing Lessons Learned survey and Stakeholder interview from previous program phases: 1 hour
 - Meet to identify participants selected: 1-2 hour
- Participants: 14-27 hours
 - Introduction and overview of research meeting: 1 hour
 - Kick-off meeting with Transformation Program participants: 1 hour
 - Complete the consent form to participate in the study: 1 hour
 - The review analyzed data: codes and themes with participants: 4-8 hours
 - Identify if additional information is required: 1-4 hours
 - Review and finalize themes: 1-2 hours
 - Identify problems: 1-2 hours
 - Finalize future Action Plan: 4-8 hour

Location:

- The organization is currently working remotely due to the COVID-19 pandemic; review sessions and meetings will be conducted virtually with participants.

What are the risks of being in the study?

This study has minimal risks:

- The risk of the possibility of coercion or undue influence could influence participant decisions to participate or withdraw if upper management or reporting management also participates in the research group.
- Supervisors may not participate in the same research group as their employees to avoid coercion or undue influence.
- Participation in the study is not a requirement of employment, and participating will not affect your employment or contract with the organization

Here is more information about why we are doing this study:

This study will be conducted by the primary investigator - Denise M. Johnson, and research advisor – Dr. Marcella De La Torre, with the Opus College of Business of the University of St. Thomas. This study was reviewed for risks and approved by the Institutional Review Board at the University of St. Thomas.

This action research study aims to qualitatively investigate the experience of healthcare organization participants who engaged in a multi-year enterprise-level technical transformation program. From this research, lessons learned from the previous years' implementations can identify factors contributing to developing and implementing an OD&C practice at an enterprise level to support technical transformational change in a Health Plan organization. The questions that guided the focus of the study:

1. To what degree does Project Management within healthcare organizations contribute to the success of implementing technical programs?
2. What is the impact of integrating Organization Development and Change to a selected healthcare organization involved in implementing an enterprise-level technical transformational change program in the form of Transformational Change?
3. How can creating an integrated strategy and plan based on the learnings of previous phases, made by participants of the technical program stakeholders and team members, ensure the success of Phase III or future phases?

We will use the information collected for a dual purpose:

1. To create an action plan that the organization will utilize for future Transformation Program
2. To report the findings through a dissertation published with the University of St. Thomas.

The direct benefits you will receive for participating are: There is no direct benefit for participating in the study. However, this research will benefit the Organization Development and Change (OD&C) and will also help in understanding how to integrate OD&C into the field of Program Management.

While we can never guarantee complete confidentiality in research, we believe your privacy and confidentiality are important. Therefore, here is how we will do our best to protect your personal information:

Since this is a group project, privacy is not impossible during this study. **You will have control over what you choose to share.** We plan to protect the participant's confidentiality by only coding all identifiers to de-identify data related to the participants. If there is a need to interview participants, only de-identified information will be collected from the lessons learned surveys and stakeholder satisfaction surveys.

The records of this study will be kept as confidential as possible. However, the researcher cannot guarantee confidentiality because we cannot control what others participating in the same group choose to share and because data security incidents and breaches may occur. **Information about your participation will not be given to your employer.** We save your information in the most secure online location available to us at the University. In any reports I publish, I will not include information that will make it easy to identify you. The types of records I will create include:

- The type of records that will be created during the research study:
 - Existing data collected from organizations relating to previous program phases Lessons Learned surveys
 - Existing data collected from organizations relating to stakeholder satisfaction from the Transformation Program
 - Existing data collected from the organization regarding Transformation Program
 - Transcripts of coded existing data generated from the application
 - Recordings of meetings and work sessions
 - Notes captured from the virtual meetings and working sessions
 - Master list of coded data
 - Master list of identified themes
 - Master list of analyzed data
 - Master List of the action plan
- All records will be stored in OneDrive
 - The primary investigator will be the only one with access to all records

We will keep information about you for future research about what factors contribute to the success of implementing an enterprise-wide technical transformation program. We will only use aggregate data and no identifiers in future research. There is no limit to the length of time we will store de-identified information, but if you choose to withdraw from the study, your information will not be stored for future use.

All signed consent forms will be kept for a minimum of three years once the study is completed. Institutional Review Board officials at the University of St. Thomas have the right to inspect all research records for researcher compliance purposes.

This study is voluntary, and you have the right to withdraw from the research with no penalties of any kind.

Your participation in this study is entirely voluntary. Your decision to participate will not affect your current or future relations with the investigator, the organization participating in the study, your employer, or the University of St. Thomas. There are no penalties or consequences if you choose not to participate. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw, data collected about you will be destroyed unless it is already de-identified or published, and I can no longer delete your data. You can withdraw by notifying me in writing of your decision to withdraw and the date of withdrawal from the study. You are also free to skip any questions I may ask, with no exceptions.

Who should you contact if you have a question:

My name is Denise M. Johnson. You may ask any questions you have now and at any time during or after the research procedures. If you have questions before or after we meet, you may contact me at 612.599.4096 and john0540@stthomas.edu. You can also contact Dr. Marcella De La Torre at (651) 962-5128 and deLa7421@stthomas.edu. Information about study participant rights is available online at <https://www.stthomas.edu/irb/policiesandprocedures/forstudyparticipants/>. You may also contact Sarah Muenster-Blakley with the University of St. Thomas Institutional Review Board at 651-962-6035 or muen0526@stthomas.edu with any questions or concerns (reference project number 1827528-1).

STATEMENT OF CONSENT:

I have had a conversation with the researcher about this study and have read the above information. My questions have been answered to my satisfaction, and I consent to participate in the study. I am at least 18 years of age. I give permission to be audio-recorded during this study.

You will be given a copy of this form to keep for your records.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date

