



A high-angle photograph of a woman with her hair in a bun, wearing a blue top and a grey cardigan, sitting in a red leather chair and reading a book. The floor is made of light-colored wood in a herringbone pattern. The text is overlaid on the right side of the image.

Brainstorming is dead:

3 MORE-EFFECTIVE APPROACHES TO GENERATING IDEAS

How many of us have heard these words: “Hey guys, we have a problem. Let’s all brainstorm for ways to solve it”? When I think of sitting in a room with a group of people shouting out ideas that may be completely unrelated, it makes me cringe. >>

By Peter Valenzuela, MD, MBA, CMPE, FACP, MGMA member



What's worse is that the room tends to be an enclosed conference area with no windows, intended to help us focus. The whole time I sit there, I think to myself "Hmm ... brainstorming ... the historical technique used by organizations wanting to be innovative."

I enjoy solving problems, and healthcare has plenty to solve. However, we need to incorporate

other methods of generating solutions. To quote Albert Einstein, "We can't solve problems by using the same kind of thinking we used when we created them."

While working at PeaceHealth Medical Group Northwest Region, Bellingham, Wash., we embraced some alternatives to the traditional brainstorming activities during a strategic planning session, and we developed innovative approaches to the issue of patient engagement.

PRACTICAL EXAMPLES OF ALTERNATIVE THINKING

By Kenneth Hertz, FACMPE, principal consultant, MGMA Health Care Consulting Group

I worked with a group of gastroenterologists in the Pacific Northwest that had 11 doctors and three nonphysician providers. They had reached all of their goals from their strategic plan developed five years ago, but they were having a difficult time creating a plan for the future. Several factors affected their ability to think about the future: the uncertainty of the changes in healthcare, retirement for two providers in the next three years, changes to the executive leadership of the local health system, changing reimbursement patterns and another gastroenterology group across town. Each time they looked into the future, they saw all these obstacles and more.

We agreed that a new approach was required and discussed the concept of visioning (defining what success looks like in the future) in the context of no constraints. In other words, let's look out into the future and dream about what success looks like.

By looking at the future without constraints to define success, these professionals were able to break free from the limits of external forces and develop a future vision that included a merger with the group across town and development of an ambulatory surgery center, a center of excellence for gastroenterology and a regional educational program. Once the vision was crafted — and it was determined to be real, reasonable, doable and inspirational — the strategic plan was put into place.

The only way to create the future of success is to be able to recognize what you are proud of, release the current constraints and dream. It's far easier to pull back than to push forward. ■

Background on brainstorming

In 1953, advertising executive Alex Osorn described brainstorming in his book, *Applied Imagination*. The key components of brainstorming¹ include:

- Focusing on the quantity of ideas
- Withholding criticism
- Welcoming unusual ideas
- Combining and improving ideas

The challenge with brainstorming is that it doesn't work very well, experts say. "Decades of research have consistently shown that brainstorming groups think of far fewer ideas than the same number of people who work alone and later pool their ideas,"^{2,3} according to Keith Sawyer, a psychologist at Washington University.

A key reason for the ineffectiveness of brainstorming is that it discourages criticism and debate, which are vital to group creativity, according to the same study. Also, because brainstorming focuses on quantity and random ideas, much of the output may not be feasible or effective. In many cases, group members will only echo the ideas of the most vocal person or highest-ranking individual in the room. Finally, ideas that ultimately solve the problem being addressed might not occur during the brainstorming session but will surface later when individuals are more relaxed and have had time to focus on the problem.

Nick Fabrizio, PhD, FACMPE, FACHE, principal, MGMA Health Care Consulting Group, experienced this phenomenon when he worked as a practice administrator. "The staff viewed me as an extension of the physicians and may have held back some of their thoughts," he says. "However, as a consultant, and someone who is viewed as neutral, I have found staff, physicians and managers to be very honest, open and creative."

Alternatives

There are countless ways to generate ideas in groups. Unfortunately, many caregivers and physicians shy away from techniques that could take them out of their comfort zone. With this in mind, the following three techniques are viable alternatives for generating fresh group ideas in the healthcare setting: kill a stupid rule, use a different lens and incorporate blockers.

Kill a stupid rule is the brainchild of Lisa Bodell, the founder of Futurethink, an innovation and foresight firm in New York that specializes in training programs for organizations of all sizes. To implement the kill a stupid rule tool, employees are gathered into two- or three-person teams and then asked, “If you could kill or change all the stupid rules that get in the way of better serving our customers or just doing your job, what would they be and how would you do it?” After 10 to 20 minutes of exchange, everyone is asked to write their “favorite” stupid rule on a sticky note and then place their rules on a whiteboard grid that has two axes: Y is ease of implementation and X is degree of impact. The group then picks a few easy-to-implement, high-impact rules to kill on the spot.⁴

Our medical group recently stumbled upon a slight variation of kill a stupid rule. It began when our leadership team distributed a short employee survey asking about experiences with the organization and recommendations for improvement. The survey was originally meant to serve as stakeholder input for operational planning. What we got back was a list of “things we hate.” Rather than disregard the negative responses as sour grapes, we identified frustration patterns and selected a few quick wins for implementation. In response to feedback around “lack of appreciation,” we implemented employee recognition programs with gift cards, coffee coins and certificates. To address “lack of transparency,” we incorporated communication via email, newsletters, department meetings and monthly brown-bag lunches with leadership. Implementing these quick wins has contributed to a culture that encourages staff to speak up and increases the perception that they have been heard.

A second approach to generating ideas is to view the problem through a different lens. One approach is to use role-playing. Some say that role-play helps increase participation in individuals who have a fear of speaking up and challenging

opinions. To encourage participation, ePrize, a promotions agency with headquarters in Pleasant Ridge, Mich., gives staff members roles as television characters from advertising agencies, such as those depicted in the show *Mad Men*, to develop sales presentations.⁵

By incorporating “kill a stupid rule,” viewing issues through a different lens and using blockers, we may be able to stimulate ideas that will better address our problems.

Case Study

We recently started a strategic planning exercise in our medical group, and one of the major areas targeted was patient experience. During our strategic planning session, the leadership team was asked to suggest ways to enhance the patient experience. As physicians and administrators, we naturally migrated toward Clinician and Group Consumer Assessment of Healthcare Provider and Systems metrics: improved access, timely callbacks and continuity of care. Although all very important, the initial ideas were based on how we, as providers, would be rated. Participants were then asked to take the role of a patient to aid in idea generation. Roles ranged from that of a 4-year-old to that of an 80-year-old. We quickly began listing ideas that included fun artwork, nicer wall colors, patient-friendly information handouts and closer parking for geriatric patients.

A third approach to generating ideas expands on role-playing by incorporating a blocker, a voice of dissent, to help generate ideas and prevent “groupthink,” a phenomenon that occurs within a group wishing to stay harmonious that results in poor decision-making. Groupthink is often cited as playing a key role in the Challenger space shuttle explosion of 1986.⁶ Engineers knew about faulty parts months before takeoff but feared negative press, so they pushed ahead with the launch. The Citrin Group, an Alabama-based investment advisory firm, uses the blocker to disagree with the company’s chief executive officer (CEO) on every key issue.⁵ This process results in deeper conversations and multiple perspectives instead of a room full of agreement, according to Josh Linkner in his book *Disciplined Dreaming*.⁵ Of



Takeaways: Learn how role playing, killing a stupid rule and disagreeing with a CEO pays off.





course, the blocker is protected by his role from offending the CEO or getting into trouble. As the blocker on the executive team at PeaceHealth, I can assure you that it caused us to pause and gather more information before we proceeded with a few proposals, which oftentimes verified the concerns I had as the blocker.

Last year, our medical group leadership was restructured to include more physician's input. In addition to the previously developed department dyad models with physician-administrator co-management, we now have additional committees chaired by physicians, including committees for quality, operations, finance, information systems, and people and culture. Like many medical groups, we are never short of physicians serving as blockers to voice opposition to the administration's proposed changes. After extended conversations, what often results are better-formulated ideas that account for the impact on patients and clinicians. As an added bonus, becoming more physician-led has increased engagement among our providers, which was indicated in our annual provider engagement surveys — our region scored highest among the seven PeaceHealth regions.

Importance of environment

These techniques are more beneficial when applied in the ideal situation. To be more innovative and invigorated, groups should consider inspiring settings for their meetings, according to FutureThink professionals, who advise organizations to shake up the status quo by using the following techniques:

- Provide cellphone “day care”: Just before the meeting begins, ask participants to set their phones to silent mode. Then pass around a basket or box to store them in during the meeting. Although this has always been a challenge when dealing with physicians, it can be done with advanced meeting notification and proper coverage.
- Arrange chair-free meetings: Staff can become restless sitting in one place for a long time. Let them stand up and move around to stay alert and focused, which frequently also results in shorter, more efficient sessions.
- Gather in unexpected venues: Small, enclosed spaces do not inspire problem-solving activities. When possible, schedule meetings in more relaxed settings, such as outdoors or in a coffee shop.

- Bring the sandbox into the boardroom: Inspire creativity by introducing objects, like LEGO, crayons and de-stressor squeeze toys during meetings.⁷

We have multiple challenges in our industry, and although brainstorming is commonly used, it is not the silver bullet to problem-solving. We must consider viable alternatives to generate better solutions. By incorporating kill a stupid rule, viewing issues through a different lens and using blockers, we may be able to stimulate ideas that will better address our problems. Also, we must be cognizant of group settings to maximize participation and idea generation. ■

Notes:

1. Definition of brainstorming: en.wikipedia.org/wiki/Brainstorming. Accessed Sept. 16, 2013.
2. Lehrer J. *Imagine: How Creativity Works*. Houghton Mifflin Harcourt Publishing Company. New York, N.Y., 2012.
3. Williams Ray B. “Why Brainstorming Doesn’t Improve Productivity or Creativity.” *Psychology Today*, April 10, 2012. psychologytoday.com/blog/wired-success/201204/why-brainstorming-doesnt-improve-productivity-or-creativity. Accessed Sept. 16, 2013.
4. Haden Jeff. “Make Your Team More Innovative, Instantly.” *Inc.com*, July 5, 2012. inc.com/jeff-haden/how-to-make-team-more-innovative-instantly.html. Accessed Sept. 16, 2013.
5. Linkner J. *Disciplined Dreaming: A Proven System to Drive Breakthrough Creativity*. Jossey-Bass Publishing. San Francisco, Calif. 2011.
6. Esser J., Lindoerfer J. “Groupthink and the Space Shuttle Challenger Accident: Toward a Quantitative Case Analysis.” *Journal of Behavioral Decision Making*, Volume 2, Issue 3, pages 167-177, July/September 1989.
7. FutureThink website. futurethink.com/blog. Accessed Sept. 16, 2013.

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