



2025-2026 Montana Healthcare Excellence in Leadership Program Session Three

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2025/2026
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Strategic Thinking & Managing Change and Transitions



Webinar

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Physician Leadership Program CME Disclosure **Thinking Strategically**

Conference Goals

- A. Calibrate strategic thinking based on your mission, vision, and values.
- B. Practice thought leadership from a whole system perspective.
- C. Construct decisions using Mosaic's F.O.C.U.S. Decision Matrix.
- D. Engineer opportunities to influence and create strategic alliances.
- E. Explore the effective competencies, skills, and abilities of today's strategic leaders.
- F. Deploy effective execution skills using well-crafted assignments and meaningful measurements.

CME Credit and Disclosure

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Pennsylvania Medical Society and FutureSYNC International. The Pennsylvania Medical Society is accredited by the ACCME to provide continuing medical education for physicians.

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"People don't buy
what you do;
people buy why
you do it."

—Simon Sinek

Horizon Point Thinking



Setting the goal or objective
and **reverse engineering** the process

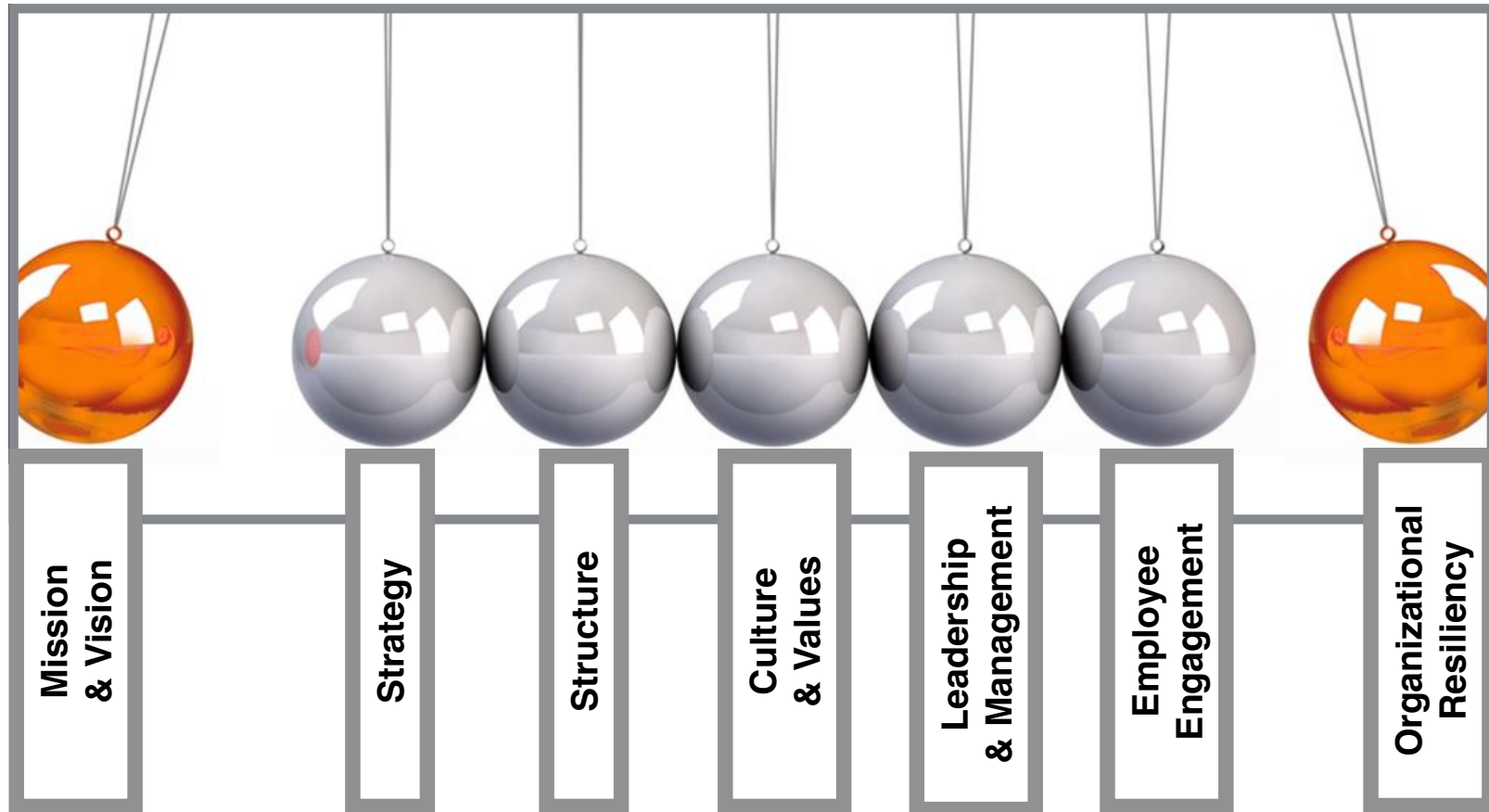
Breakout Discussion

1. In your current position, **WHAT** is the most important strategic problem/issue you need to solve right now?
 - Identify the issue. - Current reality
 - What is your Horizon Point? - What do I WANT?
 - Identify the solution. - What does the SOLVE look like? Describe it.
2. **Why** do you want to accomplish that?

Thinking Strategically

Its foundation is the solid understanding
and commitment to the organization's
Mission and **Vision**.

FSI's Organizational Resiliency Model



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Strategy

Laser-Like Focus On:

- #1—Understanding the environment
- #2—Elimination of distractions
- #3—Defining objectives
- #4—Determining measurements
- #5—Informing execution

5 Focuses to Better Strategic Thinking

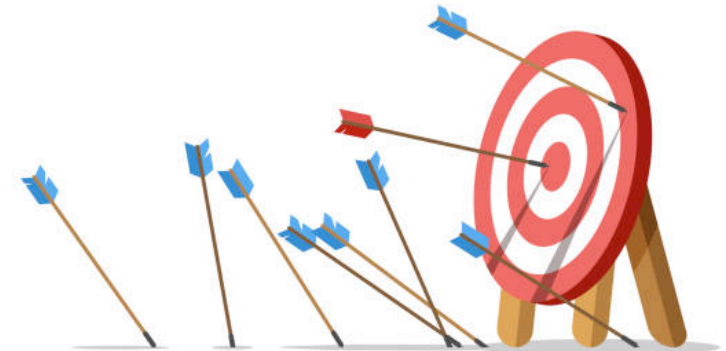
1. Intent Focus
2. Systems Focus
3. Time Focus
4. Optimistic Focus
5. Hypothesis Focus



Intent Focus

Intent focused is thinking consciously about the direction you want to go that connects to M/V/V.

1. What is the ultimate end goal ?
2. What message can I create to help others understand the “intent” of meeting our goal?



The act of “turning your mind” towards overarching goal, outcome, or objective

"Strategic intent provides the focus that allows individuals within an organization to marshal and leverage their *energy*, to focus *attention* , to resist *distraction* , and to *concentrate* for as long as it takes to achieve a goal."

— Dr. Jeanne Liedtka

Systems Focus

Systems focused is being keenly aware of the ecosystem of the organization.

1. Analyze the complex web of relationships and dependencies (internal, external, stakeholders, trends, market dynamic, etc.).
2. Uncover the unintended consequences and ripple effect of decisions.
3. Identify leverage points and potential bottlenecks.



Time Focus

Time focus is the activity of thinking in historical perspectives and future projections and building the bridge between them.

Continuously ask the questions:

Having seen the future we want to create;

- a. What must we keep from our past?
- b. What must we lose from our past?
- c. What must we create in the present to achieve the future?



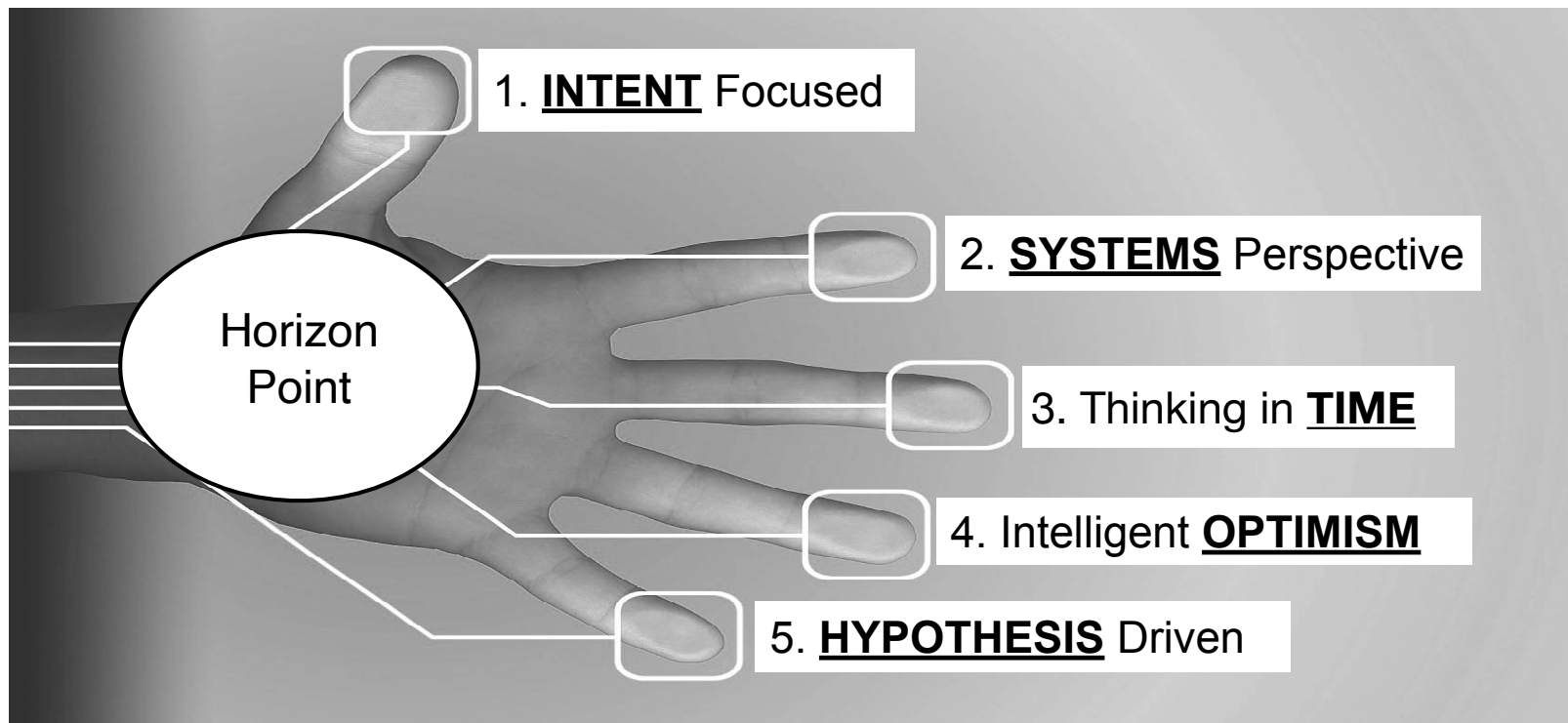
Hypothesis Focus

The active approach to gathering data, conducting research, and surfacing assumptions to seek solutions with evidence-based thinking and decision making.

1. Define the problem you need to solve.
2. Ask, “Why is ‘the problem’ occurring?”
Hypothesis forming
3. Gather data and evidence and analyze information to see if your hypothesis is correct.
4. Once hypothesis is supported with facts, move towards the solution.



Thinking Strategically

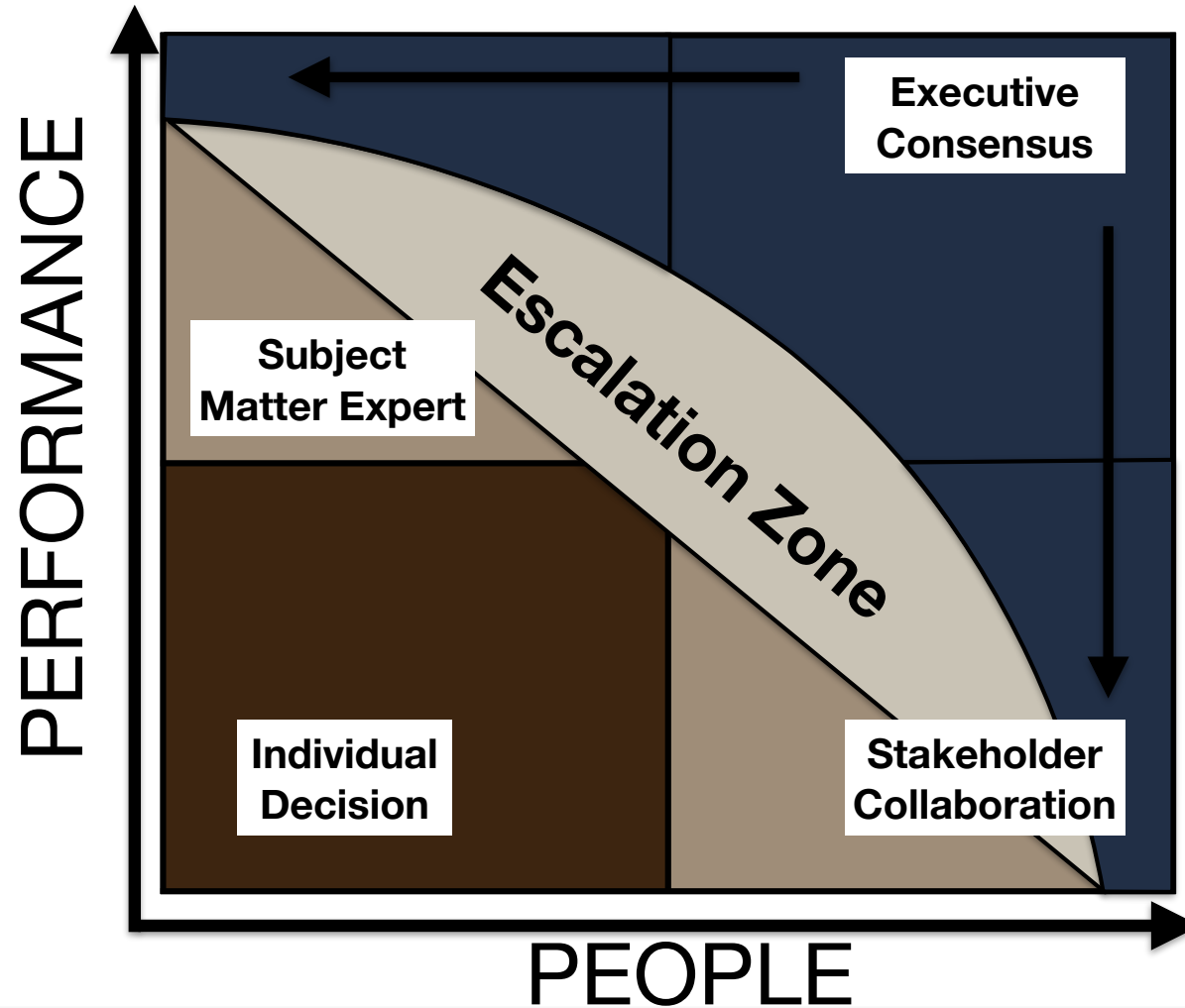


Thinking Strategically

The 5 Strategic Questions

Consistently stop
and ask,
DO WE HAVE:

1. The **RIGHT TARGET ?**
2. The **RIGHT SCOPE ?**
3. The **RIGHT ACCOUNTABILITY ?**
4. The **RIGHT EXECUTION ?**
5. The **RIGHT MEASUREMENTS ?**



Case Study—Strategic Thinking

Problem

Making a major capital equipment purchase—is this a marketing opportunity or an important advance in patient care?

Background

The administration at Newman Hospital has performed some preliminary investigation to invest in robotic surgery. They assigned this project to the CMO, Dr. White. Dr. White understood that in order to successfully implement a robotic program, he would have to exert a great deal of effort to create the "buy-in" from those providers and support staff that would be expected to use this new technology. Early in this process, Dr. White learned that much of the pressure to invest in this costly technology came from the patients in the community. There had been some high profile articles in the local newspaper regarding a nearby regional hospital that recently put robotics into operation. It also became apparent that the administrator didn't necessarily look like at it as a way to enhance quality but more as a marketing tool to recruit and retain Newman Hospital's patients. Dr. White's research did reveal several service lines within the hospital that could benefit from robotic surgery. Across the nation, robotic surgery had been used extensively with Urology and Gynecology and produced impressive quality measures. At Newman Hospital, these service lines had been losing patients to the regional competitor. Early on, Dr. White engaged Dr. Stows, a Urologist, as a champion. Soon after, Dr. Edger from Gynecology also expressed an interest in helping promote the initiative. However, there were detractors. The most vocal was Dr. Greene, a General Surgeon. He was very vocal and brought to light the "moral" dilemma he was having about charging more for a robotic surgery when there wasn't the data to support this technique as superior. Dr. White continued to rally support and drew in support staff: nurses from the O.R., people from billing, O.R. Techs. He attempted to set up a scenario where all the providers could come to the conclusion that although the robotic surgery could be viewed as a marketing tool, it could, in fact, enhance the performance of some surgeries.

Dr. White planned on formally presenting the robotic surgery plan at the January Medical Staff Meeting. He had performed due diligence and knew this project had the support it needed from a majority of the medical staff in order for it to have an encouraging chance of success.

The first order of business on the agenda was a discussion regarding the robotic surgery purchase. Robert Allen, CEO, started the discussion by announcing that the administration had signed the contract to bring robotic surgery to Newman Hospital. There was a collective gasp; the most surprised was Dr. White.

Case Study—Strategic Thinking

Options considered

Options seemed limited. Obviously the decision had been made and the providers felt impotent to the process and that their opinions were disrespected.

Outcome

The implementation was disastrous. Instead of having a collaborative process that was supposed to bring all the providers into the fold to accept the program, unrest prevailed. This turmoil went on for months and even Dr. Stows and Dr. Edger turned their backs on the initiative. Several physicians openly "boycotted" participating in any activities that would promote the implementation. Instead of a scheduled 3-month implementation, the robotic program wasn't brought on-line for 11 months. Very few ended up getting what they wanted out of this project. One provider went as far as writing a formal letter to the administration complaining that this technology was crossing moral and ethical boundaries. Even established practices were divided in their support of using the new technology.

Lesson learned

The administration learned the most. They had underestimated the power of acquiring support on the front end of the project. Despite the attempt to give the impression that it was an inclusive process by imploring Dr. White to head up the project, they lost credibility and trust when they made the isolated decision to buy the system.

Managing Change and Transitions



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Physician Leadership Program CME Disclosure Change and Transitions

Conference Goals

- A. Examine strategic agility and why it's critical for today's healthcare organizations.
- B. Link change management to mission, vision, and values.
- C. Assess adoption trends to influence resistance and complacency.
- D. Apply "change agent" tactics to engage and empower staff.
- A. Engineer and deliver effective, compelling change communications.
- B. Leverage the power and permission of transparency in order to mitigate fears that impede progress.
- C. Develop a workplace culture that is resourceful and change ready.
- D. Discuss case studies to apply concepts of change management.

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Transformation vs. Change

Transformation = **Sequence of events**

Change= **Immediate movement** from “here
to there”

Transformation vs. Change

1. A **“change-mindset”** often lacks patience for the natural **sequencing of the plan and engineering momentum.**
2. A **“change-mindset”** often insists on the immediate movement from **“here” to “there”.** (Rip off the bandage!)
3. A **“transformation-mindset”** understands the psychological targets involved in moving people along the **“belief-to- behavior” trail,** from **compliance to internalization.**

Transformation vs. Change

4. A “**transformation-mindset**” understands that shifting **beliefs** begins by **letting go** of specific ideas before latching on to something new.
5. A “**transformation-mindset**” understands that letting go of status quo creates a “**stalled-out limbo**” phase known as the “**neutral zone**”.
6. A “**transformation-mindset**” designs through the “**neutral zone**” and engineers specific “**new beginnings**”.
7. A “**transformation-mindset**” builds a “**burning platform**” that **eliminates** the **status quo**.

Transformation vs. Change

"Every new truth which has ever been propounded has, for a time, **caused mischief**; it has produced **discomfort** and oftentimes **unhappiness**; sometimes **disturbing** social and religious arrangements, and sometimes merely by **disruption** of **old** and **cherished associations** and thoughts."

*—Henry Thomas Buckle,
British Historian*

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Vision + Skills + Incentive + Resources + Action Plan = **Confusion**

Vision + **Skills** + Incentive + Resources + Action Plan = **Anxiety**

Vision + Skills + **Incentive** + Resources + Action Plan = **Gradual Change**

Vision + Skills + Incentive + **Resources** + Action Plan = **Frustration**

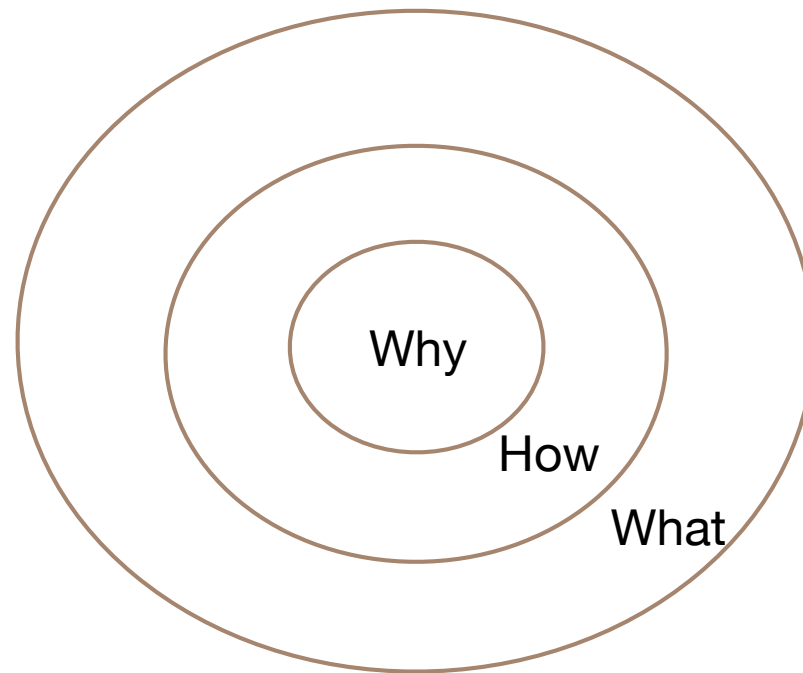
Vision + Skills + Incentive + Resources + **Action Plan** = **False Starts**

Vision + Skills + Incentive + Resources + Action Plan = **Change**

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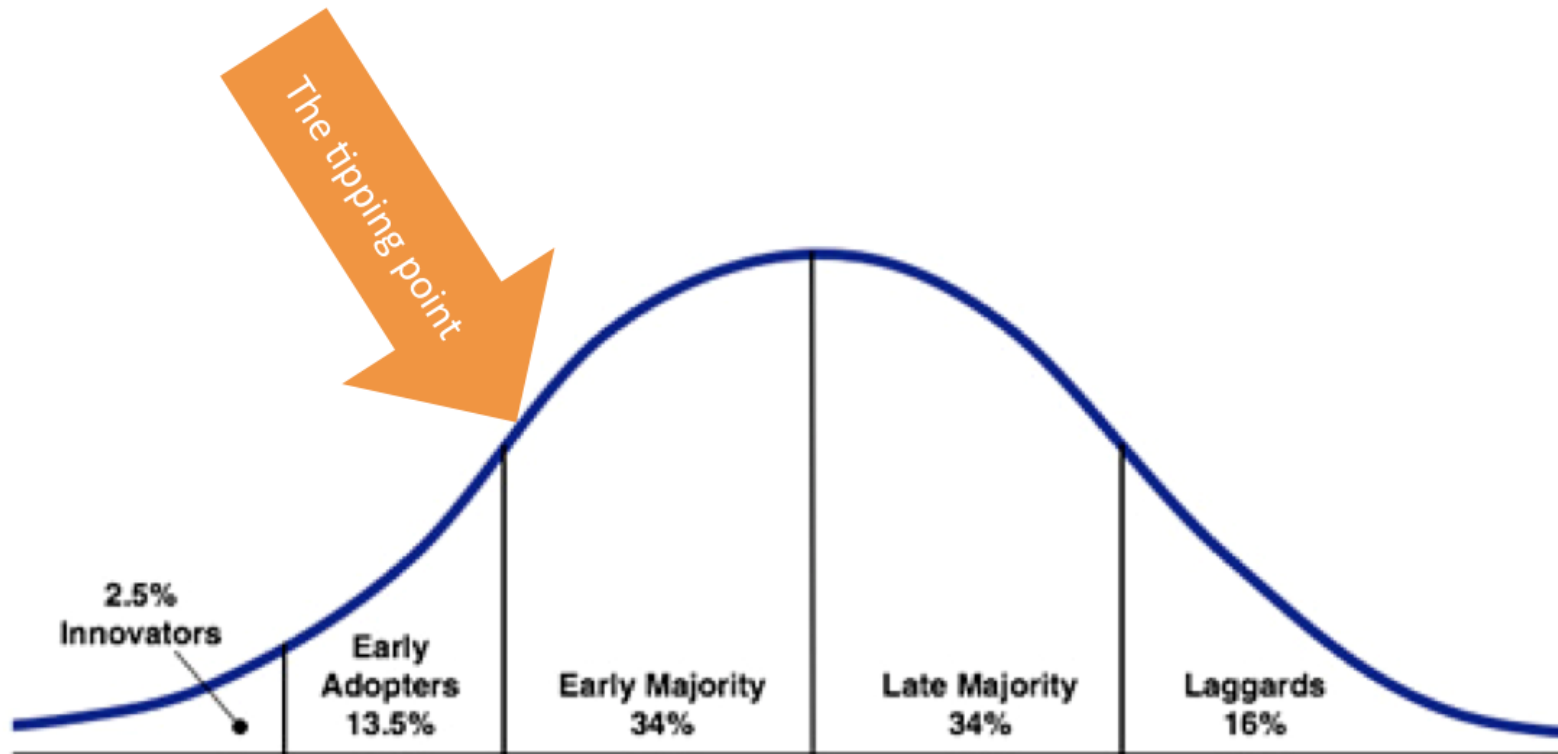
People
don't
buy into
WHAT
you do.

They buy
into WHY
you do it!



Communication
regarding
"the change"
is only .58 percent
of the total
communication
received by one
employee
in a 3-month period
of time.

The law of diffusion of innovation



Lessons From The Dancing Guy

**Leadership Lessons
from Dancing Guy**

**by Derek Sivers
sivers.org/ff**



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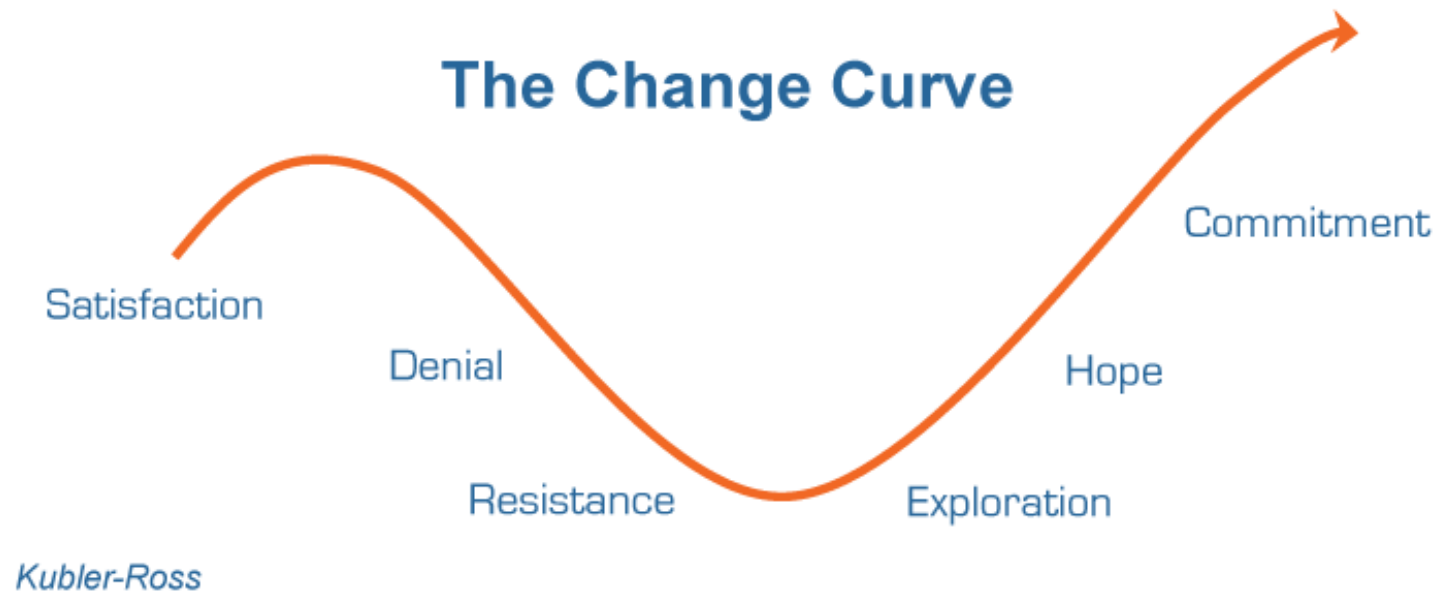
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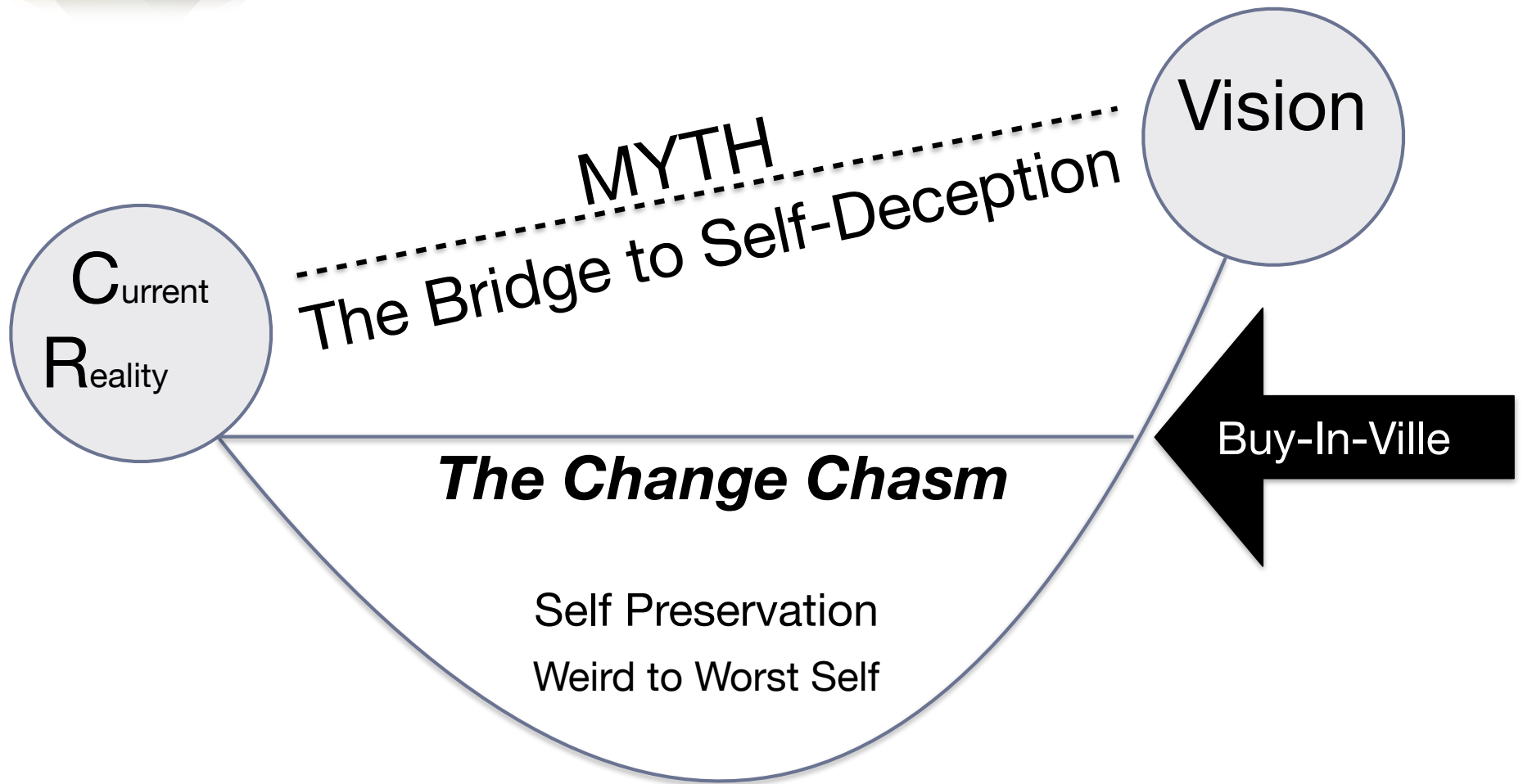


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FSI's Transition Tenets

1. Transition is movement by **degrees**...*not the flip of a switch.*
2. If it's not **written down**, it does not have to exist the way you want it to!
3. Good people, with **good information**, tend to make better decisions.
4. You are always teaching people what to think about. **Teach** them with **intent**.
5. The **antidote** to fear is **clarity**.

FSI's Transition Tenets

6. “Good fences make good neighbors.” **Change boundaries matter!**
7. All behaviors are born of BELIEF!
8. Leaders must know how to wire in **personal accountability** standards, or resistance will win the day!
9. Organizational transitions happen within an **ECOSYSTEM.**

Psychological Change Nutrients *...Resistance management*

1. Adopt the only REAL and USEFUL MINDSET

The willingness to:

- Admit that you don't have all the answers
- Be authentic, humble, and vulnerable!

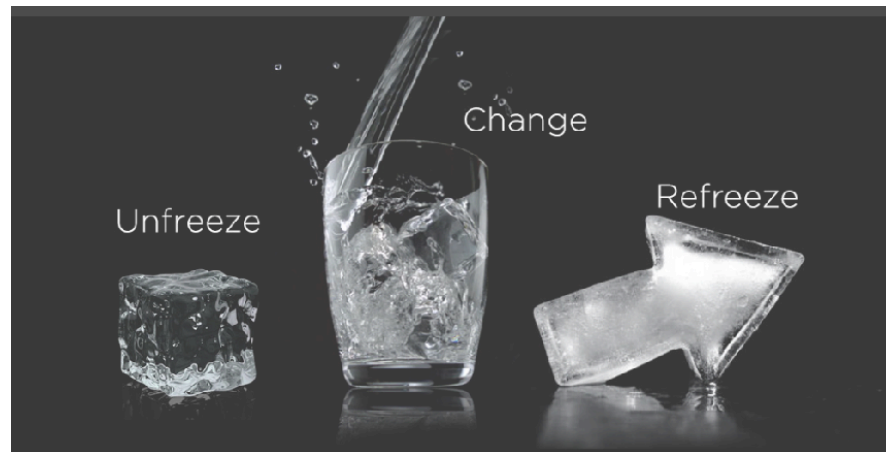
Psychological Change Nutrients

2. Prepare the compelling “WHY?”.
3. Craft the intensely clear and unified message.
4. Identify key influencers; prepare them well.
5. Examine and qualify the likely fears and concerns
 - a. Ask, “What would prevent change success?”
 - b. Conduct a “Shark & Anchor Search”.
 - c. Solicit the minefield information.

Psychological Change Nutrients

6. Deploy FSI's preparation formula:

**Lewin's Change Management Model:
Unfreeze – Change – Refreeze**



***Amplify Effectiveness:
Voice + Choice + Truth = DO™***

Psychological Change Nutrients

6. *Continued*—Deploy FSI's preparation formula:

"Voice + Choice + Truth = DO"™

- a. Give people a voice.
- b. Ask them to identify their biggest "pain point".
- c. Give them a way to get things off their chest.
- d. Design GROUND TRUTH; people need a way to speak without fear or repercussion.
- e. Asking and ignoring their answers erodes all your efforts, causes distrust and disgust, and kicks the Change Chasm wide open.

Psychological Change Nutrients

- f. Avoid dysfunctional inputs.
 - Use "Working, Not Working, & Missing"
 - "What questions or concerns do you have about this change and its ability to help you be more effective?"

- g. In advance of "Town Halls" or group meetings:
 - Give people a voice in advance so you can have a richer, more robust, and **GROUND TRUTH**-orientated discussion.

DiSC: Intelligent Style Modification

"D" Needs: *Challenge, Action, & RESULTS*

Decision Style: *Fast, Facts, "Head-on"*

When Interacting:

Use candor. Get to the point. Be efficient.

When Problem Solving:

Don't overanalyze. Be bold. Don't sugar-coat.

When it Becomes Uncomfortable:

Be direct. Act quickly. Don't take it personally.



DiSC: Intelligent Style Modification

"i" Needs: *Action, Collaboration, & ENTHUSIASM*

Decision Style: *Verbal, Spontaneous*

When Interacting:

Convey optimism. Connect and relate. Strive for collaboration.

When Problem Solving:

Remain positive. Be open to change. Expect spontaneity.

When it Becomes Uncomfortable:

Stay calm. Acknowledge feelings. Avoid personal criticisms.



DiSC: Intelligent Style Modification

"S" Needs: *Collaboration, Stability, & SUPPORT*

Decision Style: *Slow, "People Pulse-Checker"*

When Interacting:

Monitor trust. Show warmth. Use an easy-going style.



When Problem Solving:

Show appreciation. Respect caution. Clarify outcomes & timelines.

When it Becomes Uncomfortable:

Be patient. Allow time. Show kindness. Protect trust.

DiSC: Intelligent Style Modification

"C" Needs: Challenge, Stability, & ACCURACY

Decision Style: *Slow, "Kerchunkers"*

When Interacting:

Expect skepticism. Welcome questions. Avoid pushing.

When Problem Solving:

Appreciate their methodical approach.
Affirm desired outcomes. Set timelines.

When it Becomes Uncomfortable:

Control emotions. Allow time to process. Don't force; Refocus.



Must-Haves: Your Change Preparation

1. What is YOUR compelling “Why”?
2. What is your intensely clear and unified VISION?
3. Who are your key influencers?
4. How will you prepare them well?
5. What are the likely fears and concerns?

The ABC's of a Change Advocate

Attitude: Making the Mental Code Switch

- Intentionally, and with clarity, visualizes the "new normal".
- Thinks and acts with the "end in mind". — focuses on the target(s)
- Imagines future benefits and avoids "scarcity thinking". (Gain vs Pain)

Behaviors: Modeling & First Followers

- Intentionally aligns personal behaviors with the change targets, mission, vision, and values.
- Coaches and challenges inhibiting behaviors, beliefs, and attitudes.
- Leads others through intentional role-modeling.
- Demonstrates the ability to evolve past discomfort(s).

Communication: Meaningful Messages

- Designs messages that articulate the desired future state.
- Holds others in high regard throughout the change process by providing encouragement.
- Crafts messages that allow others to **see** the value of the change without coercion or threats.

Change Champion Team – Role Description

The Change Champion Team plays a key role in elevating employee engagement, achieving milestones, and delivering the desired results for change initiatives.

Key Contributions:

1. Work to engineer faster employee adoption rates.
2. Have the primary focus of advising, collaborating, and implementing change management plans that maximize employee engagement.
3. Support the design, development, and delivery of change communications.
4. Identify and positively impact anticipated areas of resistance.
5. Coach leadership, employees, and teams to ensure seamless transitions.

Skills & Qualifications:

1. A compassionate understanding of the human side of change and transition
2. Exceptional communication skills, both written and verbal
3. Excellent active-listening skills
4. Ability to clearly articulate messages to a variety of audiences
5. Ability to establish and maintain strong relationships
6. Ability to influence others and move toward a common vision or goal
7. Flexible and adaptable; ability to work in ambiguous situations
8. Resilient and tenacious with a propensity to persevere
9. Ability to work effectively at all levels in an organization
10. Must be a team player and able to work collaboratively with and through others

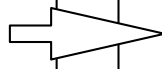
Psychological Stages of Change

It's all about "transitions".

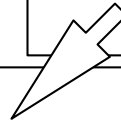
1. You can't do this to me!—Denial/Anger
2. I'll show you!—Resistance
3. I'd better get on the bus.—Acceptance
4. I'm going forward.—Setting Expectations
5. This is my "new norm".—Alignment

The Architect of Change

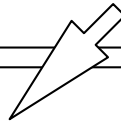
Pre-Planning



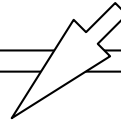
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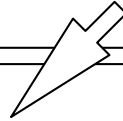
Generating Choices & Gathering Input



Rehearsals — Leaving "What Was"



Alignment — Adopting "What Is"



Commitment — Accountable for "New"