BTW INFORMING CHANGE

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# Bridging the Divide Between Leadership Development & Organizational Outcomes

## The Clinic Leadership Institute Emerging Leaders Program

### INTRODUCTION

The Clinic Leadership Institute (CLI) Emerging Leaders program (the program)[1] helps participants become stronger leaders in community health centers throughout California.[2] But how exactly do the learnings from a structured leadership program translate to the unpredictability and complexity of the day-to-day work in health centers? And how can benefits spread from program participants to their organizations?

**CLI Emerging Leaders projects, or "CLIPs," is a key strategy for helping participants apply their leadership skills to benefit their health centers.**

With support from the CLI Emerging Leaders program staff, faculty and advisors,[3] participants carry out these customized leadership projects over the course of more than a year, with their organizations serving as real-world learning laboratories.

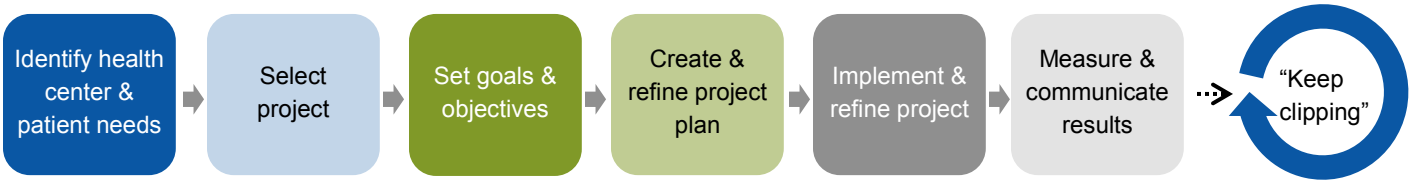
This report highlights CLIP outcomes and learnings from the program's first three cohorts, based on data that BTW *informing change* collected from participants, their colleagues (e.g., CEOs, direct supervisors, peers) and program staff at multiple points in time.[4] The learnings are applicable to those who are interested in implementing or supporting projects similar to CLIPs to enhance health center leadership and organizational effectiveness.

### KEY FINDINGS

CLIPs benefit emerging leaders, health centers and patients in the short and longer term. Key results include:

- **Stronger leadership among program participants** (e.g., ability to conceptualize and complete an organizational project)
- **Enhanced organizational capacity** (e.g., clinical and operational efficiency, use of technology and data)
- **Better positioning for healthcare reform** (e.g., improved service access, quality and integration)
- **Unexpected, positive organizational outcomes** (e.g., health center visibility and partnerships)
- **Benefits for patients** (e.g., enhanced access to care, patient experience and health)

## Overview of the CLIP Process




## PROJECT DESIGN & IMPLEMENTATION

The CLIP selection process begins with an idea informed by the needs of the health center and the patients it serves. Participants typically work in collaboration with their supervisors and other executives to select a project with dual objectives: bringing about meaningful, measureable organizational improvements while developing participants' leadership skills. The types of CLIPs are as diverse as the health centers' specific needs and the participants leading the projects.

### A Sampling of Organizational Needs & Project Types

| | |
|---|---|
| Inefficient phone appointment processes with long wait times and missed or dropped calls | Set up a central phone appointment system, hired more operators and provided training |
| Lack of preparation to meet healthcare reform standards for improved patient care | Laid the groundwork to become a Patient Centered Medical Home |
| Inconsistent use of data for making decisions and evaluating organizational performance | Incorporated data dashboards into the health center's culture and operating practices |

CLIPs continue to demonstrate marked variability in all aspects of the process, from specific project activities and structures, to the investment of participants' time and effort,[5] to the nature and extent of other staff members' involvement.[6] For instance, some projects serve as a launching point for multi-year efforts, tap into additional funding and involve large project teams (e.g., implementing an electronic medical records system), while others are time-limited or fit more closely with participants' regular job responsibilities.

Program staff work closely with participants throughout the CLIP process, guiding them from project selection to completion. Though the CLIPs have always been a core component of the program, the process and support has evolved over the years in response to participants' feedback and health center needs. For instance, program staff have integrated the CLIPs earlier and more explicitly into the curriculum, and have more recently framed the CLIPs as a way to help position health centers for healthcare reform.

## RESULTS

Program participants and their colleagues report that CLIPs facilitate tangible improvements among emerging leaders, their organizations, and importantly, but to a lesser extent, patients.

**Strengthening leadership.** As intended, CLIPs have a substantial effect on participants' ability to carry out an organizational project from start to finish. Participants specifically note new and enhanced skills and confidence in project management (e.g., developing project plans and timelines), managing relationships with other staff (e.g., obtaining project buy in, creating a sense of teamwork) and communicating about their project (e.g., motivating staff and sharing results). Along with the outcomes of the program more broadly, the experience and credibility participants gain through their CLIPs has contributed to growth in their roles and job responsibilities. As one participant notes, "My CLIP provided me with the opportunity to work outside of my normal scope. With this additional exposure, I have experienced significant increases in agency oversight and responsibilities."

## KEY EMERGING LEADER OUTCOMES

The vast majority of participants report that their CLIPs have moderately or significantly contributed to improvements in their ability to conceptualize (**85%**), implement (**85%**), evaluate (**83%**) and communicate about (**89%**) organizational projects.[7]

**Enhancing organizational capacity.** CLIPs have strengthened health centers' capacity, efficiency and effectiveness, most commonly in the following ways.

- Enhanced service access, quality and integration (e.g., greater utilization of community health workers; introduction of behavioral health services)
- Increased clinical productivity and efficiency (e.g., workflow redesign; reduction in no-show appointments)
- Improved organizational management and operations (e.g., more efficient billing processes; increased staff knowledge and skills)
- Increased utilization of health information technology and data (e.g., implementation of electronic health records systems; use of organizational dashboards to inform decisions)
- Strengthened organizational partnerships (e.g., expansion of networks to coordinate services; collaboration with community partners to deploy a mobile health center)

## KEY ORGANIZATIONAL OUTCOMES[8]

**78%** of participants say that their CLIP has moderately or significantly contributed to their organization's capacity, efficiency or effectiveness.

**62%** of participants and **79%** of colleagues and stakeholders report that the CLIPs have moderately or significantly helped position the organization for healthcare reform.

**55%** of participants and **54%** of colleagues and stakeholders report that the CLIPs have led to unexpected organizational opportunities or outcomes.

**Positioning health centers for healthcare reform.** CLIPs have made notable contributions to health centers' preparedness for healthcare reform by enhancing health information technology and health service access, quality and integration, among other improvements. One participant's project, for instance, focused on expanding access to family practice and reproductive health services to accommodate projected increases in patient volume and demand. She reflects, "My CLIP positioned our organization to be successful—we were seeing more patients, realizing more revenue, and our 'change muscles' were warmed up."

**Accruing unexpected, positive organizational outcomes.** While most of the CLIPs' organizational outcomes are closely tied to participants' stated goals, many projects have yielded unexpected benefits and opportunities. Participants and their colleagues note that the CLIPs have contributed to health centers' visibility (e.g., news stories, invitations to present projects at conferences), participation in new projects or initiatives within and outside of the organization, and ability to make the case for new funding.

**Benefitting patients.** Some CLIPs have resulted in direct benefits for patients, such as greater access to needed services (e.g., specialty care via tele-medicine), an enhanced experience of care (e.g., shorter appointment wait time) and improved health (e.g., better management of chronic conditions). It is expected that additional patient benefits will occur as CLIPs contribute to stronger, more effective health centers and as more time elapses for the CLIP results to take hold. Health outcomes typically manifest over a longer period than the relatively short CLIP timeframe.

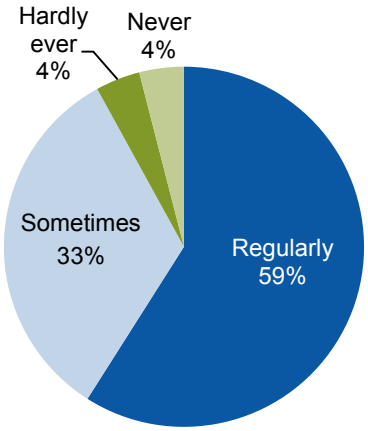
### Leaders & Organizations "Keep Clipping"

After graduating from the program, almost all participants and their organizations continue to build on or benefit from the CLIP experience—in other words, they "keep clipping." The majority of participants continue to wrap up their CLIP objectives after graduation, with positive outcomes continuing to accumulate over time. Furthermore, some projects are expanded (e.g., targeting more patients, adding

components or objectives), replicated at other health center sites, or institutionalized in whole or part into organizations' ongoing efforts.

Participants also report that they apply specific skills they learned during their CLIPs to other projects, such as setting measureable goals, using the Plan-Do-Study-Act model, more effectively managing people and time, and communicating results with greater clarity and confidence.

### Frequency with Which Participants Apply CLIP Knowledge or Skills[9]




## TAKING A CLOSER LOOK

Below we present two examples of CLIPs that have enhanced both individual and organizational effectiveness. The first example focuses on a CLIP project at Native American Health Center and the second highlights the CLIP experience at Open Door Community Health Centers.

### Using a Team-Based Approach to Improve Diabetes Care

Home to one of the largest American Indian populations in the state, it seemed only natural that Native American Health Center would establish its roots in San Francisco. Rochelle Hayes, the former Clinic Director of the Medical Department, sought to improve the use and accuracy of clinical data in the organization, as well as improve the patient experience. As a participant in the third cohort of the CLI Emerging Leaders program, the CLIP requirement presented the perfect opportunity for Rochelle to address these goals, with no better place to start than the health center's large population of patients with diabetes. Rochelle selected a CLIP focused on panel management—a multidisciplinary, team-based approach to providing effective and efficient care for a group of patients with a chronic condition.

Rochelle's project activities touched different organizational processes and staff members. For instance, she assembled morning huddles, where she trained staff to present on various health metrics for a panel of diabetic patients. Rochelle also worked with the medical team to pull data from the health center's chronic disease registry to analyze gaps in care and plan next steps for improvement.

Rochelle's efforts have led to higher quality data to inform clinical decisions and a stronger quality improvement program, all of which contribute to better care for diabetic patients. In addition, the project has helped create higher-functioning staff teams and enhanced the organization's culture around the importance of clinical data. Mark Espinosa, Executive Director, notes: "The CLIP has given us the knowledge and understanding that data are powerful, and that in order to treat patients effectively, you need accurate data."

Rochelle has benefitted from the CLIP by being able to communicate more proficiently and confidently with health center staff and other audiences, including public speaking before large groups—something with which she previously struggled. The CLIP has also been a stepping stone for the organization's future work, as Rochelle notes: "My CLIP has led to increased funding, which will allow our health center to apply the lessons learned from our panel management program to a broader population management approach." Although Rochelle is no longer working at Native American Health Center, her CLIP has led to lasting benefits for the organization.

## Opening the Door to the Digital Age

Established in 1971 as a small, modest community health center in Humboldt, California, Open Door Community Health Centers (Open Door) has grown to include nine sites located throughout the north coast. This expansion enables Open Door to meet the health needs of a much larger number of patients, but it also necessitates greater coordination and standardization across sites. The opportunity to implement a CLIP came at a fortuitous time for Stacy Watkins (pictured top left), Deputy Operations Director, and Tammy Flint (pictured top right), Services Area Administrator. With Stacy participating in the first cohort of the CLI Emerging Leaders program and Tammy in the third cohort, they were able to select separate but related CLIPs to contribute to a complex, multi-year undertaking: implementing an Electronic Medical Record (EMR) system and ensuring data quality.

In 2008, Stacy spearheaded the ambitious endeavor to consolidate all of the health center sites' patient medical records, then in paper format, into a single EMR system. As Stacy explains, "Many patients had a separate patient record at multiple Open Door sites, resulting in fragmented care and an incomplete picture of patients' overall well-being and health." Through a carefully devised EMR integration plan which included the selection of the EMR model to be used and the roll out of installations at each of the nine sites, the essential EMR infrastructure was in place within two years—representing an enormous achievement for Stacy and the entire organization. Still, more work remained to transform Open Door's processes and realize the system's potential.

For her CLIP, which started in 2010, Tammy tackled the issue of data quality and consistency across all Open Door sites, something that was sorely lacking when she started her project. As Tammy notes, "There wasn't a standardized way to document data; some staff would even pick and choose what they entered for patient vital signs." To make sure all staff were entering the same information in the same way, Tammy developed weekly trainings on how to correctly input data into the EMR system. She has trained more than 50 staff members to date—including those she reached during the active implementation of her CLIP and since graduating from the program.

Almost every staff member at Open Door was affected by these two CLIPs, from those involved on the EMR implementation teams to those participating in the trainings on data quality. This set Stacy and Tammy up for their most difficult challenge—getting buy in from staff. To help counter staff's initial skepticism and ensure their comfort and competency with the new system, Stacy and Tammy worked strategically to draw on their people skills, develop trusting relationships among staff and tailor their messages to different audiences.

> ***"To implement an Electronic Medical Records system across multiple health center sites, my CLIP made me break out of my comfort zone, learn new skills and morph into a better leader."***
>
> —Stacy Watkins, Participant

Thanks to the leadership Stacy and Tammy demonstrated through their CLIPs, Open Door now has a well-trained staff and one streamlined EMR system that houses high-quality data from all nine sites. Patients can easily access Web-based tools through the EMR to better manage their own health (e.g., doctor visit summaries, graphs of their health trends) and Open Door is seen as a model for EMR implementation, with other agencies reaching out for assistance on their own systems. Cheyenne Spetzler, Open Door's Chief Operations Officer, notes how valuable the CLI projects have been to the organization: "We had to have the EMR and the ability to extract quality measures to address the new healthcare landscape moving forward. Both of these projects position us for healthcare reform."

## LESSONS LEARNED & IMPLICATIONS

The CLI Emerging Leaders program participants and their colleagues find the CLIPs to be an effective leadership development strategy and a welcome opportunity to address genuine health center and patient needs. Through the CLIP experience, emerging leaders gain a valuable skillset that they can apply throughout their careers, across a range of project types and organizational contexts. CLIPs facilitate meaningful improvements for health centers and patients that, in many cases, continue to accumulate over time or hold promise for doing so.

Based on the successes, challenges and insights from the CLIPs to date, we offer recommendations about how to think about and implement similar types of health center projects. These recommendations are intended for emerging leaders—including but not limited to participants in the CLI Emerging Leaders program—as well as health center CEOs and other staff who are in the position to support leadership development and organizational projects.

- **Make smart project choices.** Address a real organizational need that aligns with emerging leaders' professional responsibilities and personal interests. Choose a project that will push emerging leaders to enhance their skills and bring about meaningful organizational improvements.
- **Right size the project.** Ensure that the project scope and expected results align with the resources and time available. Manage the tension between ambition and feasibility.
- **Communicate frequently and clearly.** Meet regularly with the staff involved in and affected by the project to share progress, spotlight accomplishments and address challenges. In particular, check in frequently with key stakeholders to ensure that the project satisfies their needs and stays on course.
- **Tap networks.** Look to other leaders and organizations to inspire project topics and share relevant information and resources—do not reinvent the wheel.
- **Expect and manage change.** Start with a solid plan, but remain flexible to address setbacks or delays (e.g., due to staff transitions) and capitalize on opportunities (e.g., leveraging other funding).
- **"Keep clipping."** Identify ways for emerging leaders to continue to apply their leadership skills and build on the organizational project (e.g., expand, replicate or adapt). Also, implement new projects that are conducive to individual leadership development and organizational improvements.

> ***"It is hard to get away from the CLIP mode…Now, every project I take on, big or small, follows the same guidelines."***
>
> —Participant

CLIPs and similar projects that invest in the linkages between individual leadership skills and organizational effectiveness have tremendous potential for increasing community health centers' leadership and organizational capacity. This is especially important as these organizations and the field more broadly prepare for healthcare reform.

## THE CLI EMERGING LEADERS PROGRAM & THIS REPORT

The intensive, 18-month CLI Emerging Leaders program prepares next generation leaders to move into executive leadership positions within 5 to 8 years to help sustain a strong California community health centers field. The program offers in-person, multi-day seminars and a continuum of complementary supports—including peer networking, coaching and an alumni component—to help participants strengthen their knowledge, skills and confidence to lead health centers into the future. Launched in 2008 by Blue Shield of California Foundation in partnership with the Center for the Health Professions at the University of California, San Francisco, the program has trained approximately 125 leaders over 5 cohorts.

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PREPARED FOR:

clinic leadership institute
A Project of Blue Shield of California Foundation

blue of california foundation

[1] The Emerging Leaders program is part of a broader suite of Clinic Leadership Institute (CLI) programs focused on strengthening leadership in California's community health centers field.

[2] Throughout this report, the terms health centers and health centers field encompass a range of health center types in California, including regional or statewide health center consortia.

[3] We use the term program staff throughout the remainder of this report to include the program's faculty and advisors.

[4] BTW collected data through multiple methods from 2008–2012, including surveys, interviews, focus groups and materials review. Most methods included questions about the CLIPs as part of broader evaluation efforts for the CLI Emerging Leaders program. In May 2012, BTW also conducted an online discussion specifically focused on the CLIPs with 17 participants representing the first 3 program cohorts. Visit BTW's Web site, www.btw.informingchange.com, for more information about the evaluation and outcomes of the CLI Emerging Leaders program.

[5] The amount of time participants spend on their CLIPs varies considerably (e.g., anywhere from a couple of hours to a couple of days per week) depending on factors including the stage of the project and the extent to which the project is integrated into typical job responsibilities.

[6] Participants lead the projects and ensure their completion, though they are expected to delegate tasks and involve other health center staff. Staff participation ranges from endorsing the project topic to actively serving on the CLIP implementation team.

[7] These data include responses from participants in the first two program cohorts. Respondents rated the extent to which the program contributed to individual outcomes using the following scale: "not at all," "a little," "moderately" and "significantly."

[8] Respondents rated the extent to which the program contributed to organizational capacity, efficiency and effectiveness, and positioning for healthcare reform, using the following scale: "not at all," "a little," "moderately" and "significantly." The data about the program's contribution to organizational capacity, efficiency and effectiveness represent participants from the first two program cohorts.

[9] These data represent participants from the first two program cohorts.


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