Jennifer Nolty (00:01):

Good afternoon or good morning. And thank you again for joining us. For some of you, hopefully this is your third in the series of our ACO webinars. If not, and this is your first time joining. Thank you and welcome. Again, my name is Jennifer Nolty and I am the director of PCA or Primary Care Association in Network Relations here at NACHC. And just wanted to thank everyone again for joining and especially our speakers plus presenters. I'm excited... I've been excited for all of these, but especially for this one.

Jennifer Nolty (00:44):

I think it gets into a little bit of something on the... If you look at the scale and a little bit newer. So we're talking about if you look at it from, we've moved from the triple aim to the quadruple aim where it includes the physician and staff engagement, and how does that now incorporate into patient engagement as well as then into quality outcomes and sustainability?

Jennifer Nolty (01:16):

So we have, Jennifer Callahan from Curis Consulting who is going to give us the foundation for this, and really talk about the culture. Talk about, some individual things around that, population health, et cetera. And then we're going to have, an example from a health center in New Hampshire and Edison Shala is the CEO. And so, we're really excited to be able to showcase what they've been able to achieve and sustain.

Jennifer Nolty (01:52):

So at this time, I just wanted to go over today's objectives, determine the impact culture and engagement have on the staff and patients, well and health staff engagement, which is again, the fourth piece of the Quadruple Aim, directly impacts patient engagement and quality outcomes. And finally understand the key components of a successful staff engagement plan and how to measure it. And before we get started and I hand it over to Jennifer, I just wanted to make sure that you see in the right hand corner of your screen, we have a chat box.

Jennifer Nolty (02:27):

So please enter your Q&A, I should say your questions or comments that you have, at any time during the presentation. And we can be able to answer those at the end of each presentation or at the end of today's session. And then, we will have a reminder for this, but on Tuesday, June 25th, as we have had with the other previous two webinars, we will hold an office hours with our two presenters. So you have the opportunity to have more engaging conversation, ask them a little bit more in detail what they did, really pick their brain a little bit deeper. So, without further ado, I would like to turn this over now to Jennifer Callahan from Curis Consulting.

Jennifer Callahan (03:20):

Awesome. Thank you so much Jen. I think I am going to be able to advance lives along, so we'll test out technology here. But, thank you for having me. I know many of you guys may have, in the recent, previous webinars, heard from my partner in crime, Shannon Nielsen. And Shannon and I are principle owners and consultants at Curis Consulting. And, it's interesting to hear Jen Nolty share, her level of excitement around this topic because it's also one of our favorites.

Jennifer Callahan (03:54):

So we're going to talk about how does all of this correlate? How do we take staff engagement and make it feel less nebulous and a little bit more measurable? And what are some of the strategies to really, move the needle on having a more engaged staff and developing that organizational culture that promotes that type of engagement and then sustaining it as you move along. So, we can jump in here and it doesn't look like I have.

Jennifer Nolty (04:30):

If you scroll to the left side of your screen, you should see an up and down arrow as well as the number 05. If you click on the down arrow, that's how you advance.

Jennifer Callahan (04:41):

Okay. I do not see that, but that doesn't mean it's not there. Let's see here. Oh, there it is. I had to unhide it so I'm going backwards. Okay. Sorry. I really am a little bit more capable with technology than this. All right, we're good.

Jennifer Nolty (05:06):

There we go.

Jennifer Callahan (05:08):

Yeah, here we are. Sorry about that. So quadruple Aim as Jen pointed out, we've moved away from the old standby of tripling Aim and become more focused on quadrants that now includes the experience of the care team. So provider and staff experience, where we were previously focused fully on the patient experience, which we know is very important. But one of the things that came to light is it's very difficult to improve the patient experience when you have providers or staff members that are having a less than stellar experience in their day to day work life, because that bleeds over into the patient experience and also can have significant impact on not only cost of care but our quality outcomes.

Jennifer Callahan (05:59):

So, we recognized, probably a little bit prior to it becoming formally part of the model, but we've recognized that this is something that really needs to formally be a meshed in and we have to address these things around, engaging our providers and our staff numbers meaningfully and really improving their experience, and using that as kind of a key driver to improving these other three quadrants of the quadruple aim.

Jennifer Callahan (06:33):

So if we think about it in terms of the why, most of this is pretty self explanatory, right? You know that by paying attention to the patient experience, we can do things in accordance with safety and, and higher level of effectiveness. We can be more timely and equitable in our access and things like that. When we look at things through that quality and population health lens, we can improve outcomes, we can reduce the disease burden, we can look at improving behavioral and physical health of our patient populations.

Jennifer Callahan (07:04):

Then from a cost perspective, we know that there's an ability to, look at efficiency and effectiveness of our services, increasing our resourcing back into primary care and then lowering costs of overall cost of

care through quality. So then if we look at that fourth quadrant being that improved care team experience, some of the why's behind that is we know through the implementation of team based care, we can strategically redistribute workload.

Jennifer Callahan (07:37):

And we know that we can improve culture of team, teamwork through that team based care model. We know that all of that can positively impact productivity, and it allows us to really, implement and promote a culture of continuous quality improvement. But then finally, we know that by doing these things we can create a more engaged set of care team members. And that's what we're going to talk about today. So, if we know the why, then we have to think about the how.

Jennifer Callahan (08:10):

So how do we do this? Well, we have to very intentionally think about our organizational culture, and our team environment. We have to ask ourselves some questions around, do our care team members feel empowered? So how are we doing in terms of empowerment and expectation setting? Do we have a culture that promotes accountability and positive leadership? Do we have clearly defined roles and goals? Do we have a culture that allows for sharing of clear background and reasoning for the decisions that are made and the expectations that are set?

Jennifer Callahan (08:47):

Are we giving the background and the clear reasoning as to the why? What's the purpose behind things? Are we doing a good job with our transparency and our communication? One thing that we find, no matter what health center we're working with across the country or if we're working at the network level, so it may be 20, 30, 40 or 50 or more health centers, all at once. It's very important to take a look at communication because that's one of the common pain points, no matter what size the organization, communication is a real struggle.

Jennifer Callahan (09:23):

And then finally looking at data sharing. And that's a key component to that transparency piece of how are we doing in providing good solid data to help, promote not only transparency and communication, but how can we make things actionable. So, staff and leadership engagement go hand in hand, right? We've got to be able to make things measurable and we've got to do it both at the staff and leadership level. So, one way that we can begin to do that, in terms of metrics is using things like staff engagement surveys. It allows us insight into opportunities for engagement.

Jennifer Callahan (10:06):

It can drive participation in specific initiatives. It certainly can elevate the level of understanding around, engagement and what it is that we're trying to do. We need to also be looking at metrics as it relates to staff retention or attrition. So, we don't want to shoot in the dark. We want to know what's happening and we want to use data to help inform that process. And then we want to make sure that we're obviously measuring and remeasuring along the way as it relates to outcomes.

Jennifer Callahan (10:38):

What are our outcomes, our focus, and what are the intervals at which we're measuring those and sharing that information. And I would say in terms of the engagement survey, just like we do community

needs assessments and we survey our patients for what they need from us. It's really important that we do that, with our staff as well, because people are the same. No two organizations are the same.

Jennifer Callahan (11:05):

So, it's easy to kind of apply the broad brush to things, but it's really critical that we ask the questions so that the interventions that we put in place and the strategies that we're using are actually tailored to, and specific to the needs and preferences of our staff and providers. Just as we want our initiatives and our interventions and our strategies that we put in place for our patients to be consistent with their needs and their preferences as well.

Jennifer Callahan (11:31):

So, same idea. So two words that get thrown around a lot in these types of conversations are culture and engagement. So, what do we really mean? They're not the same, right? We know that they're not the same. They're interdependent of one another, but, certainly have separate meanings. So, culture is really rooted in those beliefs, assumptions, or values and the ways that we interact, that contribute to the unique environment of our organization.

Jennifer Callahan (12:04):

So socially, psychologically, those are things that are at the core of the organization. And culture is really complicated. It's complex. And it really drives what happens when no one's looking. Right? We talk about character of an individual is kind of how you conduct yourself when no one's watching, right? So culture is similar to that and it drives what happens when no one's looking. So, we know one thing about culture is, yes, that it's complex, but also, if it breaks down, it doesn't get rebuilt in a day. We say the old, the adage of you can't build Rome in a day.

Jennifer Callahan (12:47):

Well, you also can't build organizational culture in a day. So, it isn't something where you can say, we want to change our organizational culture and there's no switch to flip. We have to do the work behind it. And part of that is driving engagement. So engagement is really the extent to which employees feel passionate about the job that they do. And their level of commitment to the organization and how much effort they're willing to put forth into their work.

Jennifer Callahan (13:16):

And engagement is really complex as is culture and largely in part to the fact that it's rooted in an emotional level of commitment that, our employees, our staff, our providers give to the organization, and the organizational goals. So, how engaged we are directly correlates to, what we give of ourselves back to our work. And we know in health center work, it's so mission driven and we should all be connected to a purpose. So, engagement is extremely important.

Jennifer Callahan (13:56):

So if we're thinking about, okay, we've defined now we know what engagement is, and we've cited how that distinctly differs from culture, then we have to think about, what can get in the way of that. And I'm not sure how many of you may have read any of the books by Patrick Lencioni. If you haven't, I highly recommend them. They're great. But one of his books talks about The Five Dysfunctions of a Team. And

one of the things that we know to be true is that, in order to really drive meaningful staff engagement, and to promote that quadruple aim, we need to have a well defined structure of team.

Jennifer Callahan (14:37):

And there's no cookie cutter that has to apply to every single organization as to what team based care looks like, or what their team structure absolutely has to be. But there are some common, aspects of team that kind of transcend. It doesn't matter what size the organization or the makeup of the team, there's some things that transcend. Similarly, there's some things that can break down teen culture and get in the way of engagement.

Jennifer Callahan (15:06):

So, one of those is inattention to results. So, we know that that can be very problematic and it can create a feeling of defeat. And that really just is defined as this pursuit of individual goals or personal status because it will erode away the focus of the collective, the success of the collective body. Then avoidance of accountability. I was just having a conversation with an organization CEO this morning about, the struggle of really implementing a culture of accountability, because it's not something that has always been present and the avoidance of accountability or this need to avoid interpersonal discomfort, it really prevents team members from holding themselves accountable and one another accountable.

Jennifer Callahan (15:56):

And that is really a very important thing to having genuine engagement. Lack of commitment. So the lack of clarity or buy in really will prevent team members from making decisions that they're going to stick to and commit to. So we want to make sure that we're doing everything that we can to create that clarity and buy-in. Fear of conflict, that's a big one for a lot of us. The desire to preserve some level of artificial harmony that will cycle, the occurrence of productive ideological conflict.

Jennifer Callahan (16:29):

Conflict doesn't always have to be a bad thing, right? Productive discourse can be very conducive to a positive team environment. So, if we're very conflict avoidant and we don't have the ability to productively engage with a difference of opinion, if we operate from a place of fear that can be really, erosive and corrosive to the ability to create team engagement, and then have it feel genuine. And then finally the absence of trust.

Jennifer Callahan (17:06):

The fear of being vulnerable with team members really prevents the building of trust within the team. So how do we behave? How do we interact with one another? And again, that culture driving what happens when no one's looking. But also what type of relationship expectations do we have in our organization. So on that vein then, let's talk about the importance of expectations management. One of the things that I hear a lot when I'm working with organizations, on practice transformation, which often includes, organizational culture and development of a team environment and trying to drive engagement of staff across the organization, is that people don't really feel like they have the clarity that they need.

Jennifer Callahan (17:56):

So, a critical aspect of team-based culture is appropriately managing expectations of ourselves. And of others. So, our expectations need to be consistent with several things. They've got to be consistent with process and priorities. The model of the team, it's that we not mean mentality. Assumption of good intentions. It's really hard to do sometimes. But if we can go into interactions, assuming that people have good intentions, then that helps to manage expectations. It needs to be consistent with honesty and openness, coupled with respect for others. Certainly consistent with the mission of the organization and the role and the scope of the individual.

Jennifer Callahan (18:41):

And then we have to be consistent with the level of urgency and importance of the tasks at hand. So, the little graphic here, I like visual. So, if you look at each of these quadrants and you look at how can we stratify, level of urgency and importance of different tasks, one of the things that can exhaust people the most is if we do a lot of putting out fires, and we're very reactive to things or we're constantly in crisis mode.

Jennifer Callahan (19:14):

We're doing things that are, they may be very important but they may not need to be as urgent as they've become. So, we want to avoid those things that are both not important and not urgent. And we want, because we know those are time wasters. We want to minimize the level of interruption or disruption by focusing on things that are urgent but maybe less important. So thinking about prioritization and things like that. Time management, which is very, hand in hand with expectation management.

Jennifer Callahan (19:51):

So we want to try to focus our attention on that far right, right where we know things are both important but they haven't gotten to a place of absolute urgency. This is around, things being preventative and having good solid planning in place. And looking at three things through the lens of improvement, proactive improvement. If we can do that, that helps to not only salvage energy but helps to manage expectations as well.

Jennifer Callahan (20:27):

And in the spirit of clarity that we've already kind of declared is really important. We know that we have to clearly define roles and goals. So, every Curis team member, is going to be much more likely to engage if they feel that they have received clear communication around the function of their team, as a whole, and their function within that team. And then the function of their team members as well. So, if we have clearly defined roles and the goals attached to those roles, we've set the stage for much more likely engagement from staff at every level.

Jennifer Callahan (21:10):

That allows us to have that level of clarity. Because we know without clarity, things get very fuzzy. And when things get very fuzzy, we tend to step on each other's toes and we tend to create frustration, or tumble or unrest across our teams. And we want to minimize that wherever possible. So when we have roles and goals that have been clearly defined and communicated out, we've delivered clear expectations. We've defined our deliverables as very concise.

Jennifer Callahan (21:41):

We have paid attention to developing leadership and team structure that is clearly defined. We have established some smart goals that are measurable and we have determined what our metrics for success are going to be. And we've determined our clear mission and vision. So it's our why. It's what drives what we do. If we have clearly defined and clearly laid out all of those things for our teams, our staff members, whether they're clinical or nonclinical, then we again have helped to set the stage or set the table for a culture of engagement.

Jennifer Callahan (22:23):

And when we think about, staff and leadership engagement, there's some very kind of essential tools that will help, lend itself to success. So, data is critical. We'll talk a lot about data, data, data, right? So it's not just the presence of data, but how are we visualizing that data? Are we providing dashboards or reports that are sharing data in a way that's consumable? Can we take it in? Are we just throwing numbers at people?

Jennifer Callahan (22:52):

Lots of times when I have organizations share with me the types of data that they share out with their staff, it's quickly evident why staff doesn't feel connected to that data because it's just all in the way it's presented. So we have to think about our data visualization tools. And then how consistent is the data? We oftentimes present data unintentionally with some varying degrees of consistency, which can cause people to say, a phrase that I'm sure all of you have heard before, which is, "I don't trust the data." And it's oftentimes not that the data itself is incorrect, it's just that we're not using consistent logic for reaching that measurement.

Jennifer Callahan (23:39):

So we have to make sure that our logic is consistent, that produces consistent data, and it lends itself to people feeling that they can have trust in that data and feel like it carries some weight. Then we want to use rewards and affirmation as a tool for engagement. It sounds small, but it's really not people like even if it's just a quick kudos, it can be very, very powerful if we just go the extra mile to show just affirmation and appreciation with some sort of small token, or reward.

Jennifer Callahan (24:15):

Again, we have to have those roles and responsibilities clearly defined. We use the RACI model with that and I'll share with you what the RACI model looks like. Proactive communication, really key. Oftentimes, we forget that our staff members are way ahead of us. There's way more of our staff than there are of us, so we want to make sure that, we get out ahead of messaging and we can, shape, what the messages look like and make sure that they're conveyed accurately because, messages that get out amongst our larger bodies of staff can spread like wildfire and it doesn't rely on accuracy of information, right?

Jennifer Callahan (25:02):

So we want to be really proactive in communication. And we want to use tools that drive participation both at the staff and leadership level. We want to get things put in place that allow people to participate. Shared governance models are a really good example of that. And then, training and education is very important. People want to feel like they have the tools in their toolbox to be successful. So we've gotta make sure that people have the training and education, and professional

development opportunities to be successful because that will certainly promote a culture of engagement.

Jennifer Callahan (25:41):

That RACI model is one that we use a lot. Hopefully it's one that you all have found to be helpful as well, but it really just means going through tasks across your organization and thinking about each of them. If you break them down into who is responsible. So who is that person who actually carries out the process or the task or assignment and is ultimately responsible to get that job done, versus who is accountable. So, that person who is ultimately accountable for the process or the task being completed appropriately.

Jennifer Callahan (26:15):

And this is the person who, that layer of responsibility typically reports up to the person who holds accountability. Then who would need to be consulted? These may be stakeholders in our organization, who are maybe not actively in a day to day involved in the task, but they may be subject matter experts that we can reach to and consult to make sure that we're getting the information that we need to make good, solid, well-informed decisions and that we're involving the right stakeholders from across our organization.

Jennifer Callahan (26:55):

Interdisciplinary and cross functional consultative relationship is very important. And then who would need to be informed. So these are the people that would receive the output from our processes or our tasks, and need to stay informed. So sometimes this is as simple as leadership or our board, people who would be recipients of the output but not necessarily involved in the execution of those tasks or deliverables. If we pay attention to providing necessary background and reasoning, that helps us to first identify the wide gap.

Jennifer Callahan (27:37):

And I call it the wide gap because I think we often have in our organizations a significant gap in the level of understanding around, health center specific funding and compliance and regulatory agencies and documentation requirements and data and reporting and things of that nature. We assume that everybody knows what all of that looks like and the why behind it. And that's a dangerous assumption that creates this gap of why.

Jennifer Callahan (28:11):

And if we go back one step, we know that our teams are far more likely to adhere to and to actively participate in, carrying out our protocols when they understand the why behind them. So we need to give our teams the purpose behind things, not just the reason. And those two things, although they sound the same, really aren't the same. So, if we think about, the reason might be we have to do it for UDS. You have to document this for UDS versus what is the purpose behind that.

Jennifer Callahan (28:48):

And if we can give people the reason and the purpose, then that that lends itself to these aha moments and people are like, "Oh, well, suddenly I feel connected to the big picture. I get it now." If we think about things from, the vantage point of are we seeking satisfaction or are we seeking engagement?

Well, ultimately we probably are seeking both. But if we think about things through the lens of satisfaction, that typically tells us roles and responsibilities have been defined. Skills and licensure and experience are being used in our day to day activities.

Jennifer Callahan (29:28):

Staff given the opportunity to contribute ideas and opinions to how the organization can improve. And we have provided tools and resources and systems in place for people to be able to do their job. And if you think about those kind of classic staff satisfaction surveys, those are the types of questions that we ask, right? Versus staff engagement, we need to go a little further and a little deeper so that staff can say.

Jennifer Callahan (29:56):

I understand how my responsibilities contribute to, and then insert in whatever organizational goal we might be talking about. Or I can utilize my skills or licensure or experience better if I was able to X, Y, or Z. If we are asking those questions and allowing staff to fill in that blank, then they're far more likely to be engaged in the process. If we can think about what activities or committees or projects would you staff members like to be involved in, or what improvement activities would you like to be involved in?

Jennifer Callahan (30:32):

What is important to you? Then suddenly, we go from a place of having to kind of corral people into things to suddenly people are volunteering to jump on board and get involved because it's something that they're connected to and they feel as important. And then making that, we're asking the questions, what resources, tools or systems are needed? What do you need to better help you do your job? No one knows, folks is work better than they who do it right.

Jennifer Callahan (31:00):

So we should not make assumptions about what they need. We should always ask. One example that I like to use is, back many years ago, I'm a nurse by background and many years ago when I was running an emergency department, this was actually the triggering event for what really got me involved in quality improvement and quality management. I was running an emergency department and I was doing my, crash cart checks, at the beginning of the shift.

Jennifer Callahan (31:33):

And I happened to be working a night shift for that period of time. And, I quickly realized in my crash cart checks that the quality team of the hospital, who did not do work in the emergency department, with very good intentions had decided it would make our lives easier if they rearranged our crash cart and alphabetize everything. And when I opened the crash part to do checks, I quickly realized I had this, Oh my God moment because I quickly thought if I were to open this in the middle of a code, we would have been in a world of hurt because nothing was where we were used to seeing it.

Jennifer Callahan (32:14):

And we had memorized placement of all of those drugs and things that we needed in our crash cart. So, that was my very first kind of, trigger to say, no one knows your work better than you. So we should never make assumptions. So had the quality team asked myself or some of my staff what would make the crash cart, more organized and easier for you to use, they would have been able to give some really

well-informed insights, rather than them taking a stab at it and actually making it worse instead of better. So we want to make sure that we're asking those questions so that people will get engaged in the process of improvement.

Jennifer Callahan (32:56):

There are several kind of stepping stones that we used, to reach quadruple aim. And those of us who are part of organizational leadership or management, we may have a level of understanding around many of these things that perhaps people at, the frontline staff level may not have. Even some of our providers may not be, super familiar with all of these acronyms and programs. So we have to remember that just because it's familiar to us, it's not necessarily familiar to them.

Jennifer Callahan (33:34):

So we have, like we're talking about in the context, excuse me, of this webinar series is building an environment that is conducive to participation, successful participation in an ACO. We may have ACO or APM. We know that, participating in a PCMH program is very important. We have meaningful use, we have FTCA, we have patient satisfaction, we have UDS, we have heat of data, we have EMR data, we have HIE data, we have all of these things that if we're using them well and in concert with one another, they can certainly contribute to quadrupling aim.

Jennifer Callahan (34:14):

So these are some of the reasons behind us doing what we do, right? We know that these are some of our regulatory components and compliance components, some of the must do things that can certainly contribute to things being more effective and efficient for our teams. But if we don't explain the purpose behind it, then we're missing a real opportunity to engage people.

Jennifer Callahan (34:46):

So, UDS is a great example. I often hear, when staff asks the question why, if you think about maybe even at the front desk, if we haven't adequately explained not just the reason, but the purpose behind why it's so important for us to gather all of the different pieces of demographic data and payer related data and social determinants data and all of those pieces of data that need to be collected and then, accurately entered into our systems.

Jennifer Callahan (35:21):

If we say, the reason is, well, we have to do it for UDS or it's a requirement for HRSA, people may not connect to that, right? They may say, "Okay, well that doesn't really tell me what I need to know." So I don't really understand that. So therefore it doesn't feel that important to me. So I may be more likely to skip a step, where if we take it to the next level and we say, "Okay, this is the purpose." We know that improved documentation gives us a better understanding of our opportunity to improve quality and the services that we provide.

Jennifer Callahan (35:50):

It helps us understand where we should focus based on how patients utilize us. We can identify our focused opportunities for growth and access and it helps us to align our patient centered medical home initiative and our HEDIS initiatives, which allows us an opportunity for, reimbursement that we may otherwise miss. So if we can go that layer deeper, and get to the purpose rather than just the reason

that helps to connect people to that purpose, therefore connecting them to a culture of feeling more engaged in the process.

Jennifer Callahan (36:28):

Similarly, PCMH gets thrown around as a reason for a lot of things. We need to huddle for PCMH, we need to pick a care management population, and you have to determine the documents some goals. We need to complete some PDSs, and show, how we're utilizing continuous quality improvement in the organization. So we're saying we need, we need, we need. We need to do things. That's the reason why I'm asking you is because we need to for PCMH, where really we need to be talking about purpose, purpose, being improved, communication and pre-visit planning should create efficiencies. And improve the patient experience, and maximize the utilization of your skillset.

Jennifer Callahan (37:15):

There's a population that's more at risk, and we can provide ongoing care management support to mitigate and reduce that risk. If we identify those populations. Where there's an opportunity to improve, we need to use our PDSs and our continuous quality improvement models to ask the question, how do you think we can do it? What do you think is the right intervention? Right? Those are really great ways to engage people.

Jennifer Callahan (37:46):

Process improvement cycles of incremental tests of change and continuous quality improvement. Those are highly staff-driven, very engaging process. But if we don't understand the purpose behind it, where we're much more likely to stay on the sidelines. So, we've said we have to identify that wide gap, but then we have to then make a concerted effort to close the wide gap. So, we have to think thoroughly, amongst our management and leadership, in our organizations.

Jennifer Callahan (38:26):

And we have to ask how thorough is our team or our teams, trained around those health center funding and regulations. And UDS and PCMH and value based care. Are we doing a good job training them and providing them with that rationale and that background and reasoning to help them understand the purpose. How frequently is the training updated or repeated? Is it a one and done at the time that they're onboarding? Because if it is, we're probably missing a real opportunity.

Jennifer Callahan (38:55):

How familiar is the team or teams, plural, with recommended documentation workflow in process? All of our EHR platforms have a recommended documentation workflow. If we're documenting according to that recommended workflow, then we have a much easier time, capturing that data and extracting that data for reporting and value based care, demonstration of outcomes and things of that nature.

Jennifer Callahan (39:24):

So, if we haven't made teams familiar with those recommendations in terms of documentation, then it's easy to see how people can create work around and start placing documentation or placing data into the electronic medical in places that doesn't allow the reporting logic to go out and grab it. If we're not putting it in the right place, those reports may not be able to find it. So we're doing the work, but we're not actually allowing ourselves to get credit for that work.

Jennifer Callahan (39:55):

So we want to make sure that everyone is, really familiar with, and trained on the proper workflow as it relates to documentation. And do the team members understand their role in the big picture? We want to create a connection to big picture. If people feel connected to big picture, then they're going to be a much more, contributory, employee and feel much more engaged to that, that big picture and that mission.

Jennifer Callahan (40:29):

And on the, on the spirit of that proponent of data, and transparency and sharing data, we have to make sure that we've taken the time to define our data strategy and determine our staff engagement needs, and then prioritize those needs to increase. And the interventions to increase buy-in and success. We know if we don't pay attention to getting buy in our probability of success as far as Lord, we want to always take a look at baseline, assess it, and measure it so that, we can then demonstrate, improvements over time.

Jennifer Callahan (41:10):

If we don't measure it, we can't improve it. So we've got to look at baseline first. Then looking at our data, take time to validate it and make sure that it's clean and accurate and reliable and it's been fully validated. Then planning out our activities and implementing our strategies based on all of that data gathering, those surveys and the other two that help us to identify staff engagement needs and then measure out our progress regularly.

Jennifer Callahan (41:42):

Whether, that's monthly or quarterly or biannually, figure out what makes most sense for your organization, but then share that data. Right? One of the things where organizations fall short is they forget to take credit for all the really great things that we're doing. And if you don't share the information, in an absence of information or an absence of communications, people tend to kind of assume that nothing's happening.

Jennifer Callahan (42:07):

So we want to share the data. We want to be transparent. We don't want to blind the data, we want to share it. We want to give rationale and reasoning for what does this data really mean. And we want to get people engaged and feel connected to the data. There's a few, kind of data rules that we really encourage that folks hang on to. The platinum rule would be always make sure that we have defined how will the data be used.

Jennifer Callahan (42:37):

Don't measure it just because you can write, make sure that this is going to be utilized. And figure out how, how is that data going to be utilized? Then golden rule is how are the elements defined? So what data elements make up perhaps a report or a dashboard. We have to determine what those data core elements are and how are we defining them. And then at the silver level, we need to understand and determine what is our probability of impacting results and timeline for seeing our data change.

Jennifer Callahan (43:19):

We don't want to expect that massive transformation work is going to take place in 30 days. We know that that just doesn't happen. So we want to make sure that we've identified upfront when should we see our data change? What is our projected timeline? And if we can establish those things and communicate those things out, people are going to probably pay much more attention when the data is shared because they know that, it's meaningful.

Jennifer Callahan (43:47):

It's being utilized for a specific purpose. They know what it's actually telling, what story is the data actually telling because we've defined what the data elements really mean. And we know how long we've been looking at this. And, what's the trajectory or the timeline for seeing improvements over time. This is just an example of a sample dashboard. This is a sample dashboard that I actually built for a client. They did not have an automated process within any of their systems to really generate a centralized dashboard.

Jennifer Callahan (44:26):

And so, this was actually being utilized in their quality and risk meeting. So they were looking at, across the top there you can see they were looking at for clinical quality measures that were shared across both UDS and HEDIS. They were looking at, referrals. So looking at their utilization and productivity around closing referrals. They were looking at some cost of care data related to special populations. They were looking at risk management data. They were looking at incident reports.

Jennifer Callahan (45:03):

They were looking at patient satisfaction data, and patient experience data in terms of those that they were focusing on. And were they moving the needle? They were looking at patient complaints by month, and then incident reports, by category. So, these are just some examples. There's many different ways that you can slice and dice data, but it's important that when you do put together a dashboard or a report that you share in a visual format that is going to be consumable by those that you're sharing it with. So you need to understand who's the audience, who are we sharing this information with? And are we sharing it in a way that's going to make sense to them?

Jennifer Callahan (45:46):

So ultimately, engagement is all about connection, right? So connection is this feeling that we're part of something. We have a sense of belonging and it makes both us and the place where we spend our time feel special. We talked a little bit about the big picture already, but just to kind of drive home the fact that when people feel connected to the big picture and part of the strategy, we all work harder. We do more, we put in more effort, and we are just more engaged overall and do better work.

Jennifer Callahan (46:20):

Connection requires this kind of trifecta. So we want to make sure that not only we're providing a fit, but providing a sense of belonging and then a level of integration. So rather than being just a part of the organization, the organization is really part of who our team members are and how they identify. And ultimately we know that engagement, equals high performance. So we have to kind of think about culture of engagement, motivation and relationships, managing the execution and then strategic alignment.

Jennifer Callahan (46:55):

And if we do all of those things, then we're certainly far more likely to drive high performing care teams. Productivity, certainly is bolstered and satisfaction in terms of our work life relationships are certainly bolstered as well. And finally, if we work toward all of those things, then we're able to put some healthy competition into place. So, once we've provided those training and education pieces and set goals, established communication guidelines and shared out data, then we can plan and facilitate a little healthy competition, which is fun.

Jennifer Callahan (47:35):

So prizes can be very small and simple, but they should be fun. We need to get creative, we got to ask our teams for input and generate some enthusiasm. It's really important that we get people involved and a little, spirit of healthy competition can be a really good catalyst for engagement. And then, certainly connecting to purpose. In the health center world, we have a really unique opportunity to connect to the purpose, because we're very mission driven. So share out your mission, connect the work to that purpose, and then make sure that you're recognizing those employees who exemplify the values of the organization. And that is it for me. Thank you so much.

Jennifer Nolty (48:23):

Thank you so much. We are going to make up bit of a change given the time today, and I'm going to quickly turn it over to Ed who's going to give a short teaser of what the story is at his house center and what you'll be able to hear more about when we have our office hours next Thursday. So, Ed, I will go ahead and turn it over to you.

Ed (48:55):

Great. Thank you. Do I have control of the slides or do you?

Jennifer Nolty (48:59):

I have it currently.

Ed (49:02):

Do you want to flip it over and I'll do that.

Jennifer Nolty (49:05):

Absolutely.

Ed (49:07):

Thank you.

Jennifer Nolty (49:08):

Oops, there you go.

Ed (49:17):

I thought that was a great lead and a full transparency. Jen and I have not worked together in the past, so it appears as though we both have an appreciation for alliteration. And so, the focus that I'll focus on back to purpose, that was a really nice segue is, I find it purpose is very important for us to have a full

understanding of after that the people are the most important facet of almost everything we do, including what we do at a Community Health Center.

Ed (49:48):

Processes, you don't want to have effective and efficient processes that people can engage in. You want to give them the opportunity to refine those processes as was stated earlier. The solutions are at the point of service. They see the opportunity. Leadership opens doors for people to be able to co-create, an optimally performing patient centered health problem, and that gets us to the last piece of performance.

Ed (50:16):

So, I'll give you a little bit of context and you can go out and check out a little bit of who we are. So Ammonoosuc community health services located in the majestic white mountains of Northern New Hampshire. It's a beautiful area. Our catchment is 26 towns. There's 30,000 residents. We see one in three of our friends, family and neighbors. The organization started in 1975 with two staff and $12,000, and became a federally qualified health center in 1994, and has a very storied history in working with patients having this be their health center.

Ed (50:56):

And I would completely agree with the purpose component that really what separates the now 1400 federally qualified health centers who care for 28 million Americans is the fact that I as a CEO work for the patients because the patients are the board of directors. And as I work with staff, and I like to think more often, I curate a culture, and the culture is very important for us to do what we do and the patients deserve that.

Ed (51:28):

Is that the board sets the tone in who they hire in their leadership and the leadership sets the tone for the rest of the organization. And so, people do not work for me. They in fact work with me and we work for the patient. After all, this is their health center is not my health center. I'm a temporary steward. I trust that they evaluate what I, and we do that we are good stewards of their health center.

Ed (51:54):

So, I'm going to leave it at that. We will reconvene, as Jen had indicated and I'm going to go from 30,000 feet very quickly from our experience as a co-developer of an ACO, and we're going to drive into our success in colorectal cancer screening. And so, I will defer it back to Jen to give you instructions on what we're doing next. So thank you very much.

Jennifer Nolty (52:25):

Thank you. And we can't wait to hear more. So, as you'll see on this screen, we will have office hours next Tuesday, not next Tuesday, two Tuesdays from now, Tuesday, June 25th from noon to 1:00 PM Eastern time. During that time, we'll hear more from Ed as he said, the broad to the specific, and get really an opportunity to interact with both him as well as Jennifer on what you've heard today.

Jennifer Nolty (52:52):

We're excited to have that time to interact and to engage and look forward to hopefully having you all join us. We'll be sure to send out not only the link to an evaluation, but also the link to join the webinar on Thursday, June 25th. With that, we have a few minutes left. I haven't seen any questions in the chat box, but feel free to chime in now and if not, we'll see you in a few weeks.