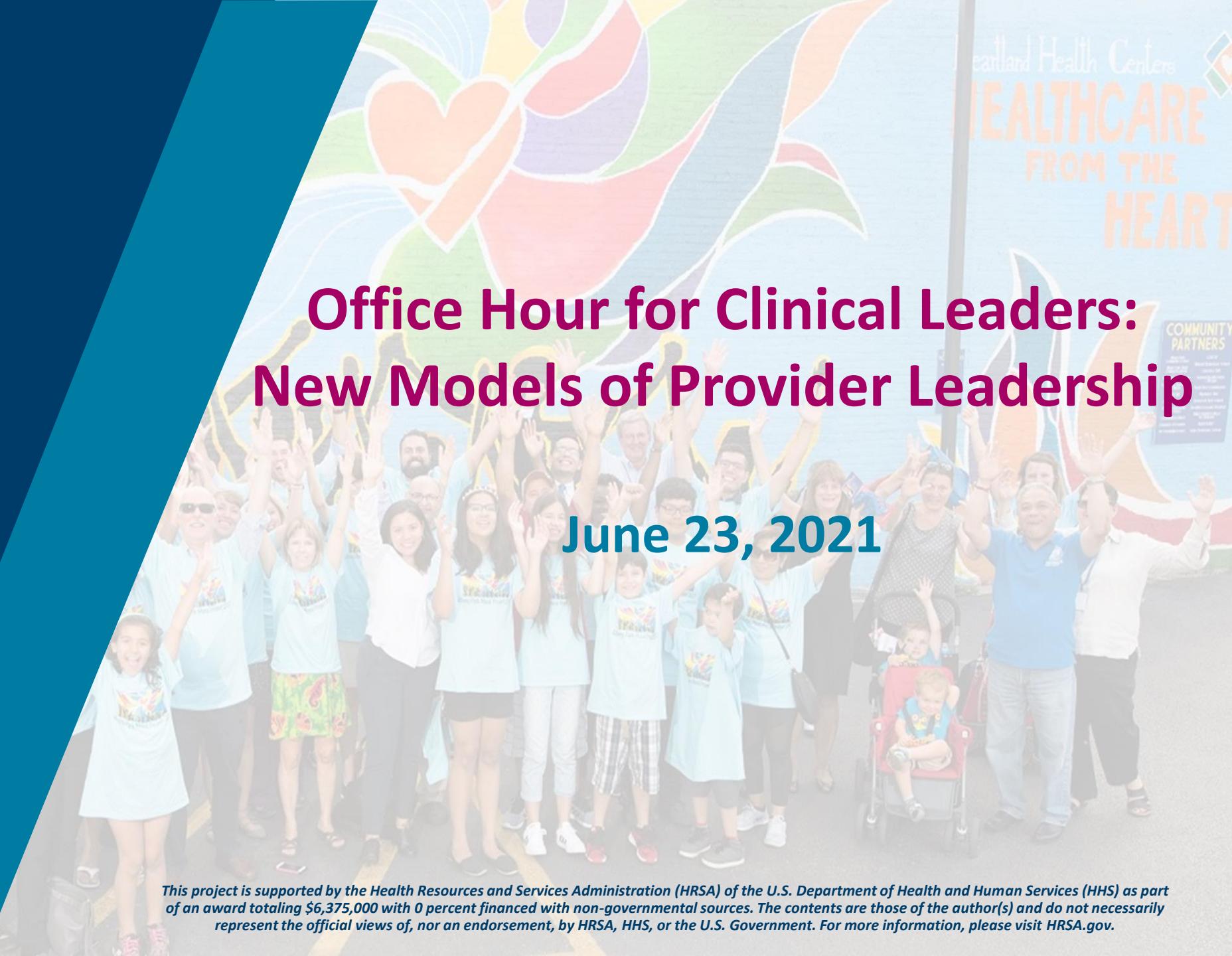




NATIONAL ASSOCIATION OF
Community Health Centers®



Office Hour for Clinical Leaders: New Models of Provider Leadership

June 23, 2021

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THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



AUDIO CONNECTIONS

Option 1: “I Will Call In”
Follow the unique 3-step process on your screen

Audio and Video

Select Audio Connection

I Will Call In

Call using other application

1. Call
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2. Enter this access code:


3. Enter your Attendee ID:


Option 2: “Call Using Computer”
You must have computer speakers and microphone

Audio and Video Connection

Select Audio Connection

Call Using Computer

No Video

Use System Setting (Realtek...)

Use System Setting (Intel® S...)

More options

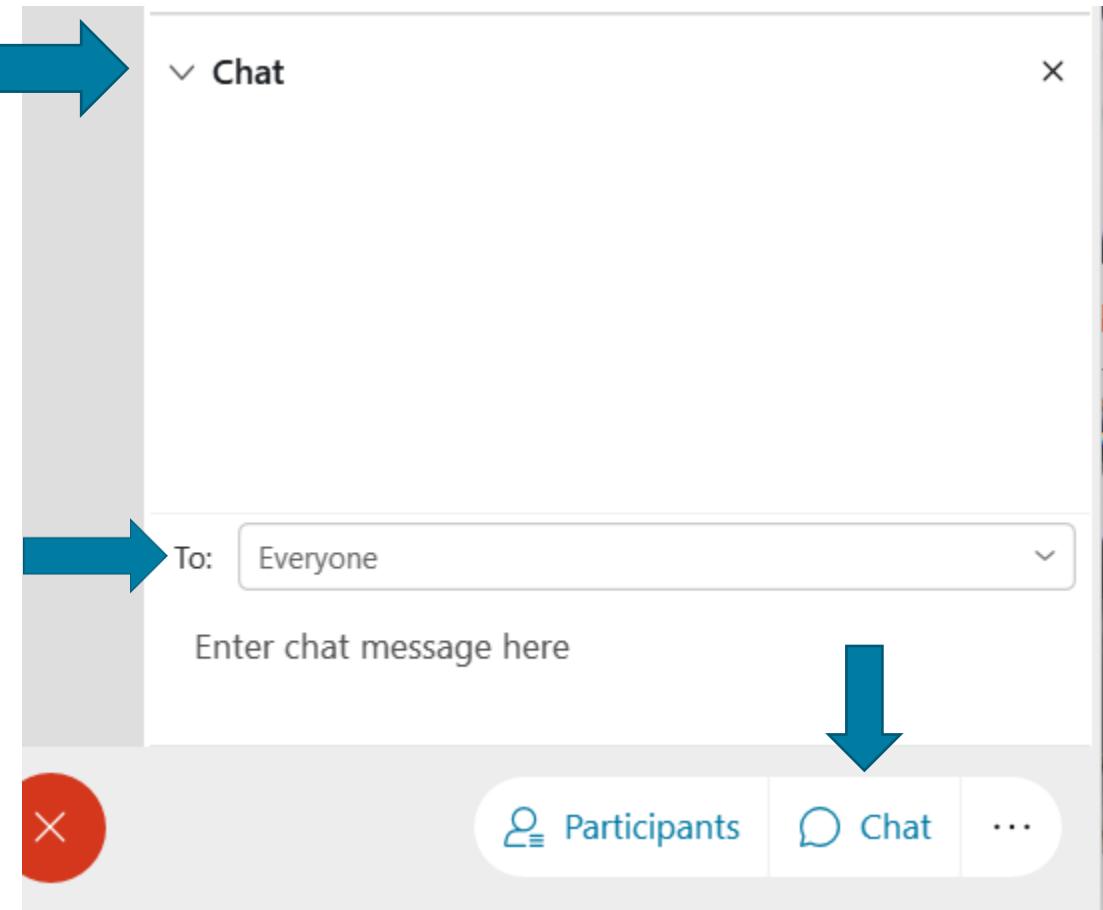
Connect Audio

After connecting, if you don't see a phone/headset icon next to your name, please attempt to connect your audio again!



ASKING QUESTIONS VIA CHAT BOX

1. The chat feature is available to ask questions or make comments anytime.
2. Click the chat button at the bottom of the WebEx window to open the chat box on the bottom righthand side of the window.
3. Choose “Everyone”, as appropriate.
 - Type your question.
 - Click “Enter” to send your question.



Friendly Reminders

- Today's Event is being **RECORDED**
- Please keep your audio line **MUTED**
- The **CHAT BOX** is open for the duration of this event
- Questions from the **CHAT BOX** will be answered after the presentation is completed.





Looking Ahead Toward 'Next Practice'

Innovations in provider leadership modeling

Tammy Green, MPH, ACC
Chief Executive Officer

Improving wellness by providing high quality, compassionate healthcare regardless of ability to pay.

Learning Objectives

Participants will be able to:

- Describe what a distributed/shared leadership model looks like and how it can help with preventing provider burnout, increasing retention, and enhancing recruitment.
- Describe how the traditional CMO leadership model may be an outdated paradigm.
- Describe what the next generation of provider leaders is looking for in leadership roles.
- Identify the tools they need to explore this model in their health center.

Our journey: Understanding need

- ANHC experienced a substantial impact from turnover in 2015-2016 and 2018-2019, each time seeing a direct impact to patient access and overall staff satisfaction.
- The leadership team partnered to invest in a strategic evaluation of root causes, and innovative solution-building.

Summer & Fall 2018

- Engagement with an outside consultant to evaluate compensation through quantitative and qualitative measures.
- Included one-to-one interviews with each of the ~30 medical providers on staff.
- The result: providers' priority is not more money; it's more time.
- Proposed: reevaluate the FTE model
 - **Currently 1.0 = 36 clinic hours & 4 admin hours**
(FPOB providers have 32 clinic hours & 8 admin hours)
 - **Newly proposed 1.0 = 32 clinic hours & 8 admin hours**
(FPOB providers have 28 clinic hours & 12 admin hours)

Spring & Summer 2019

- After vetting fiscal sustainability of a new FTE model, productivity goals were identified.
- One-to-one meetings with every provider to discuss their buy-in, support of, and commitment to the new FTE model (and associated productivity goals).
- Engagement with Board of Directors to endorse an implementation of new FTE model in January 2020.
- Reworking of all provider professional service agreements
- Building out a robust provider handbook to provide consistency and easy access to important details.

January 2020

- New FTE model went live January 1, 2020, amidst rumors of a growing epidemic linked to a novel coronavirus.
- Visit counts used as productivity metric to evaluate effectiveness and sustainability of new model.
- January and February visit counts were on track to hit budgetary projections for the year.
- **AND THEN March 2020 happened...**

2020 – Year of COVID-19 and
CMO Transition

Seeking a new CMO – Fall 2020

- As ANHC's CMO began his process of transitioning out of the role, we began by looking externally for a replacement, but soon turned toward our own internal resources.
- Initially, internal physicians were not interested in considering the role, due to the historical structure and demands of the position.
- This acted as a catalyst for looking at this role differently to better understand the organization's needs.

Reevaluating old paradigms

- Leadership engagement was identified as a substantial catalyst to impact provider burnout.
- High-potential leadership providers at ANHC wanted to continue to see patients - more than one day a week.
- Balance and collaboration identified as priorities for CMO replacement.
- Undertook a process to evaluate the wide variety of ‘buckets’ of work that fall under the CMO’s oversite.

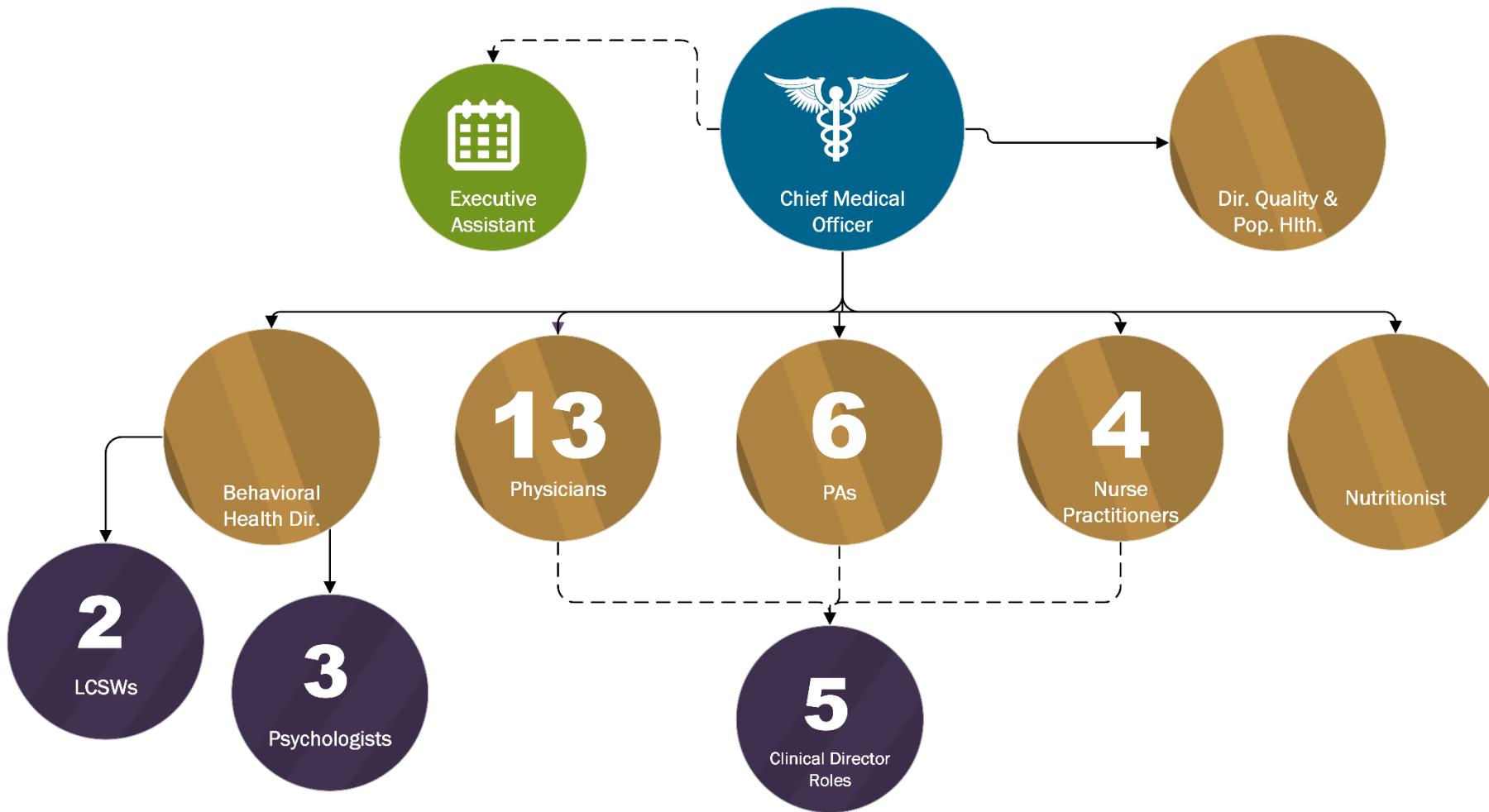
January 2021

- ANHC CEO interviews conducted with all providers amidst CMO transition and while we had an internal interim CMO.
- Five interview questions:
 - What has your experience been like this last year as a provider during the COVID pandemic?
 - What are the best things you like about working at ANHC?
 - What are your biggest challenges working at ANHC?
 - What opportunities do you see for improvement?
 - What are you looking for in a new CMO?

Identified themes & priorities from CEO interviews

- The new FTE model that went into effect 1-2020 made an enormous difference during the pandemic.
- Desire to have a greater voice at the table.
- Desired traits for medical leadership from CMO:
 - Missional passion for patient health
 - Relationships as a priority
 - Vulnerable and authentic communication
 - Engaged and responsive listening
 - Genuine care and concern for staff wellbeing
- Recognition that the traditional approach to CMO leadership model at ANHC hasn't worked for us.

ANHC Medical Leadership



7 Clinical Director Roles to Support New CMO Leadership Model

- Perinatal (OB) Clinical Director
- HBV/HCV Clinical Director
- Ryan White HIV Clinical Director
- Clinical Lab Director
- Employee Health & Infection Control Clinical Director
- Deputy Chief Medical Officer [COMING SOON]
- Director of Integrated Behavioral Health

How will this work?

- Formal job descriptions and roles have been created for each of the Director roles.
- Job duties for Director work comprises 4-6 hours per week for most roles. (Hours similar to a 4-hour patient session).
- Compensation model is through a stipend.
- *Director of Behavioral Health is the exception as it is a full-time role that also sees patients and oversees a staff of 6.*

Introducing: ANHC's Provider Leadership Council

A new provider leadership model

- A way to approach distributive leadership and to create a model that meets the organization's needs.
- CMO oversees and collaborates with:
 - HBV/HCV Clinical Director
 - Ryan White Clinical Director
 - Perinatal (OB) Clinical Director
 - Clinical Lab Director
 - Employee Health & Infection Control Clinical Director
 - Director of Integrated Behavioral Health
 - Deputy Chief Medical Officer [COMING SOON]
- Creating smaller leadership roles to allow providers to experience leadership in 'digestible bites' while also alleviating the level of burden (and burnout) on the CMO.

Provider Leadership Council



Goals, roles and expectations

- Opportunity to leverage group-think, gain perspective, and enhance a circle of psychological safety between members.
- Also creates additional intentionality around leveraging the integrated care model at ANHC.
- Advisory, while also embedding champions of change throughout organization.
- Creates an intentional feedback loop to allow for ideas and requests to flow into leadership council, and for responses to return to the original party.

Distributive & shared leadership

- Creating a council charter provides structure and formalized intention, while establishing roles.
- Memorializing decisions with intentionality through strong documentation.
- Cultivating adhoc and sub-committees as needed through a focused strategy and approach.
- Developing leadership skills through experience and mentorship (i.e., we don't expect providers to automatically 'just know' how to lead effectively).
- Supports culturally aligned approaches to leadership, avoiding the old paradigm of command and control.

Supporting and sponsoring leadership development

- Emotional intelligence prioritized and woven throughout the proposed curriculum.
- Five Key Skills:
 - Communication
 - Polarity Navigation
 - Staff development
 - Crisis Navigation
 - Time Management
- Five Key Qualities/Attributes:
 - Self-Awareness
 - Humility
 - Courage
 - Curiosity
 - Vulnerability

Value of investment (and ROI)

- Competitive recruitment with innovative approaches
- Increased retention (decreased turnover/ FTE reduction)
- Joy in practice (satisfaction & engagement)
- Reputation as employer of choice for providers, as well as other organizational roles
- Increased resilience through difficulties
- Decreased burnout
- Enhanced patient experience and outcomes
- Appetite for innovation and change adoption

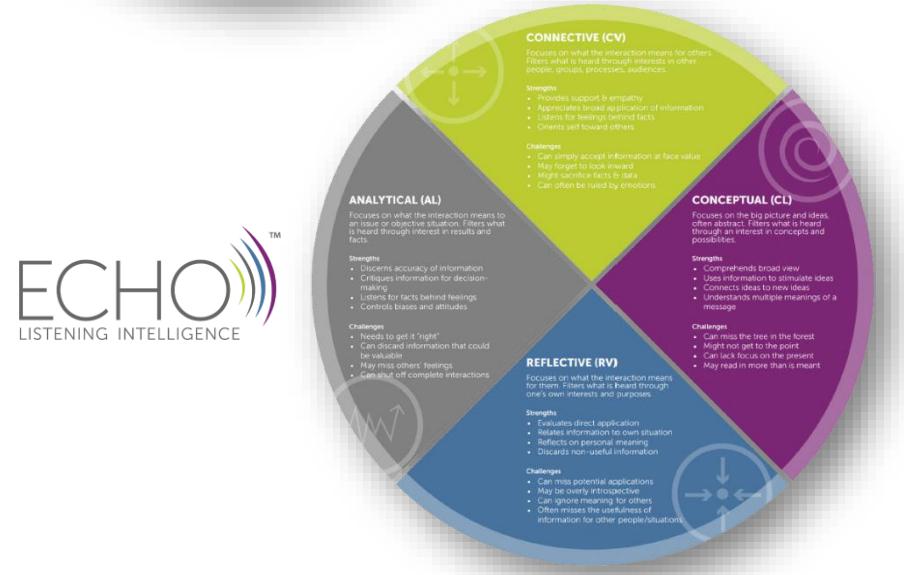
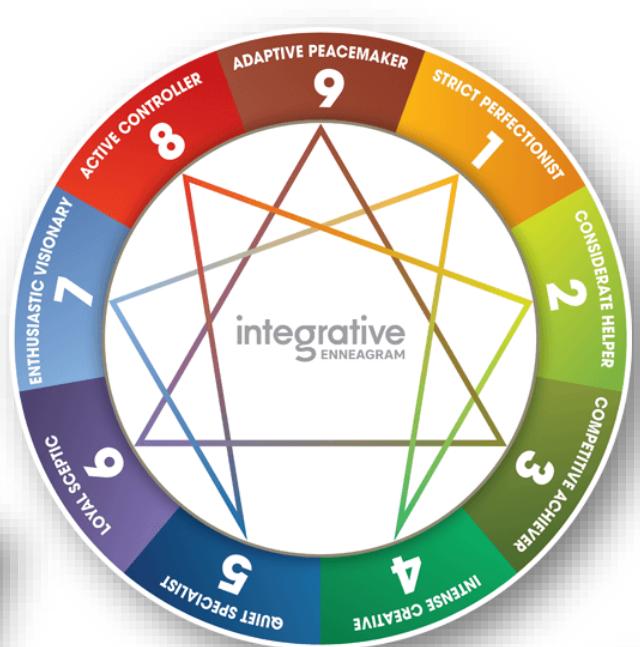
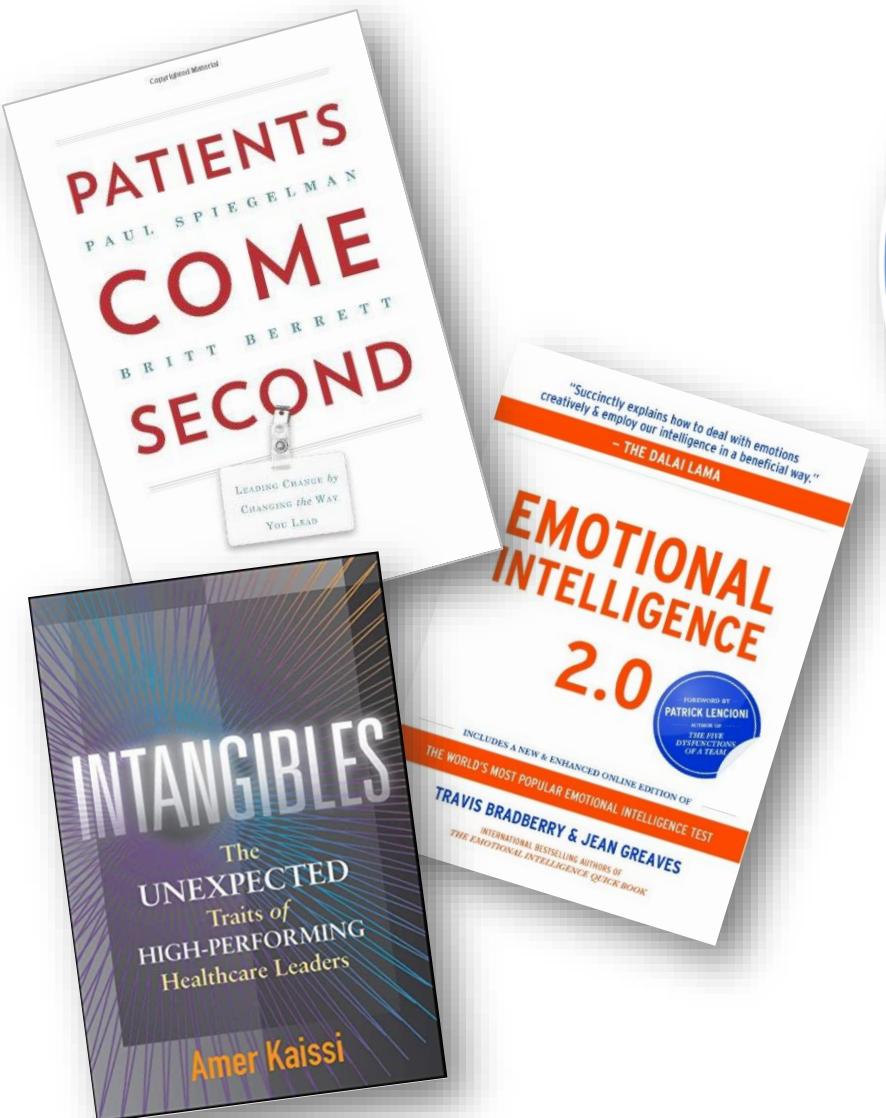
Affordability & sustainability

- CMO will see patients more than historical model
- Decreased cost in turnover/FTE reduction (and the resulting lost productivity and patient access)
- Deeper engagement of all providers and their care teams to capture (and catalyze) innovation and best practices more effectively
- Meetings will occur during the lunch hour to provide minimal impact to patient care.
- Higher levels of overall engagement and joy in practice.

Next steps

- First meeting of the Provider Leadership Council May 2021.
- Plans for continuing to gather feedback via a quarterly pulse survey (alternating with all-staff engagement and satisfaction surveying)
- Implementation of regular leadership training and mentorship
- Continued annual CEO interviews with providers

Resources



**Please submit your questions and/or comments
via the Chat box to “all participants”.**



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