



# Office Hour for Clinical Leaders: New Models of Provider Leadership

June 23, 2021

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# AUDIO CONNECTIONS

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

Audio and Video Connection

Select Audio Connection

I Will Call In

Call using other application

1. Call  
1-866-469-3239 (USA Toll Free)  
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2. Enter this access code:  
[Redacted]

3. Enter your Attendee ID:  
[Redacted]

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

Audio and Video Connection

Select Audio Connection

Call Using Computer

No Video

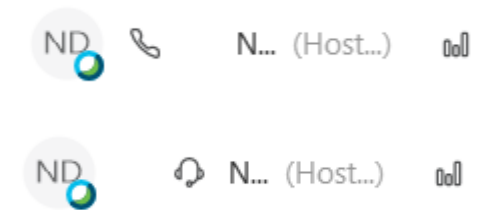
Use System Setting (Realtek...)

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More options

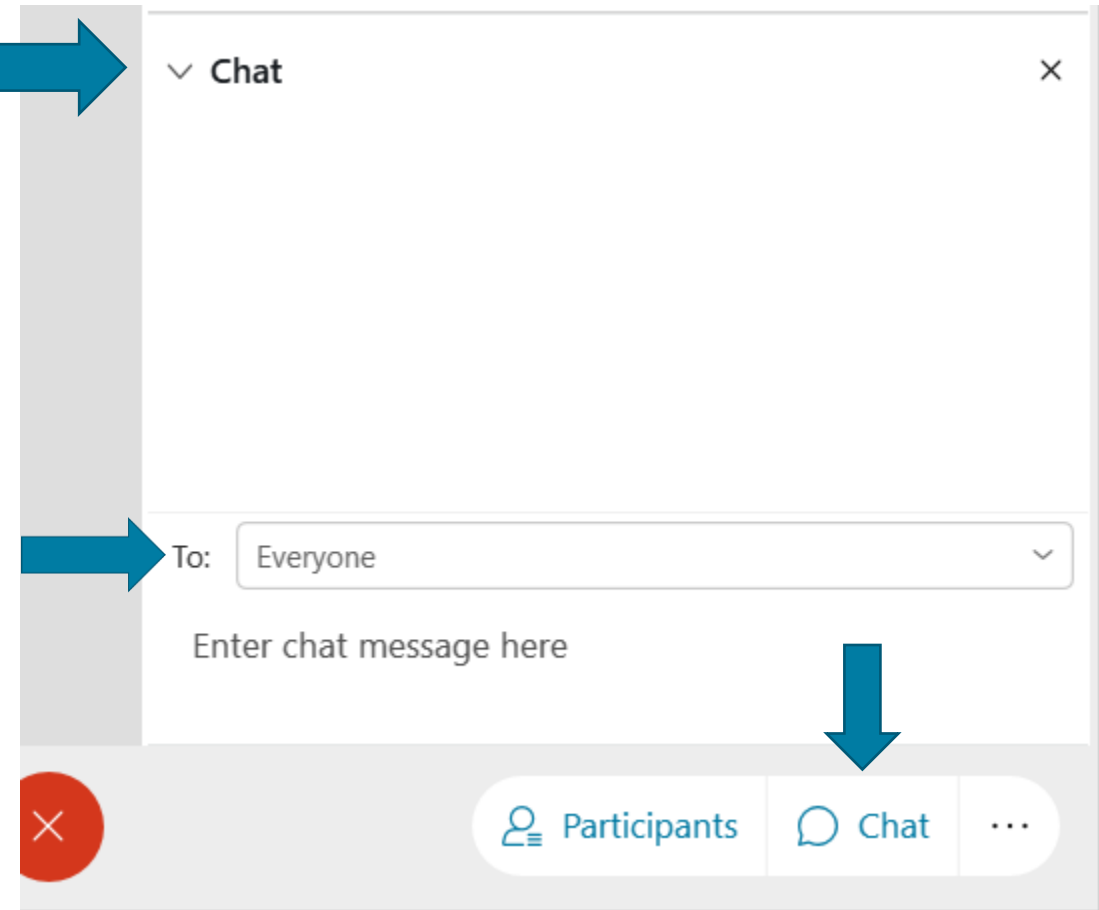
Connect Audio

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

# 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- Describe how the traditional CMO leadership model may be an outdated paradigm.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 oversight.

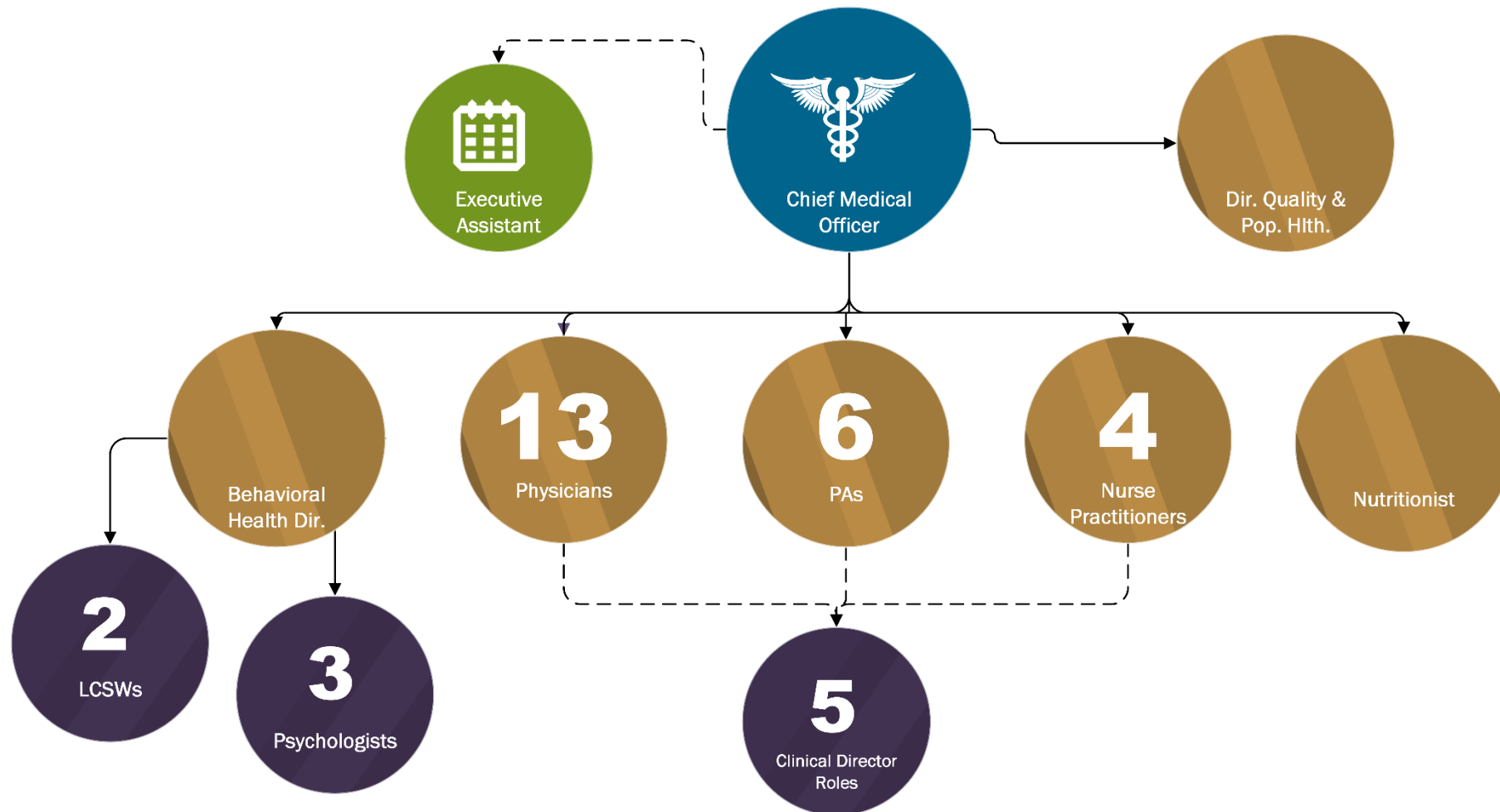
# January 2021

- 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

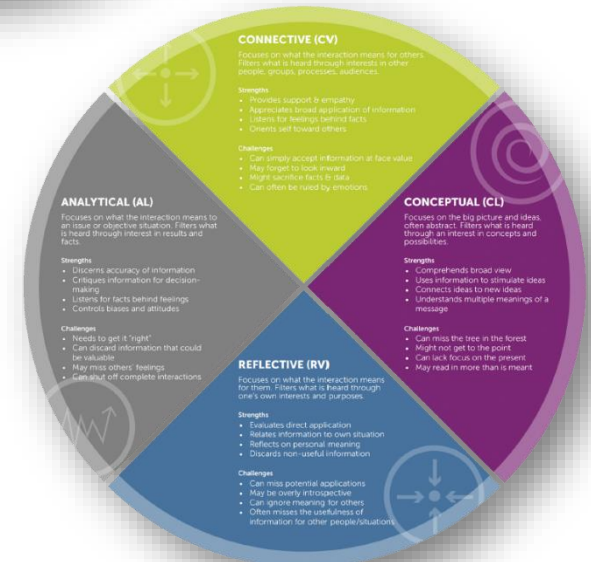
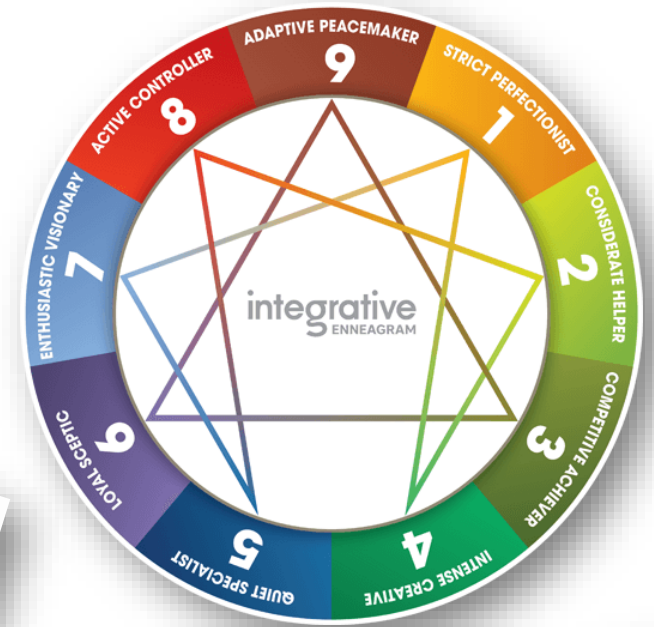
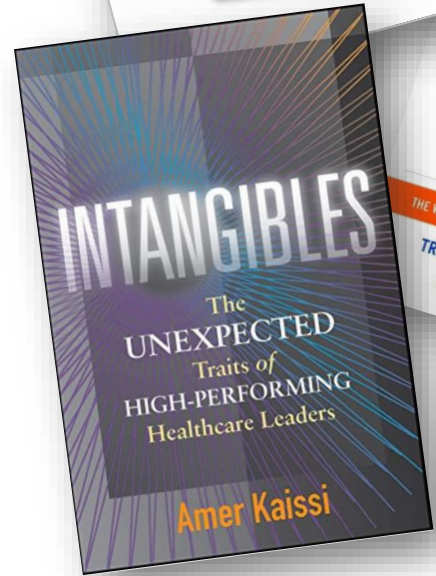
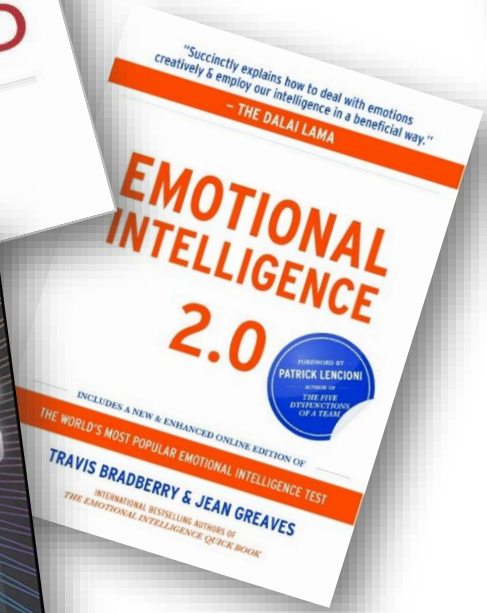
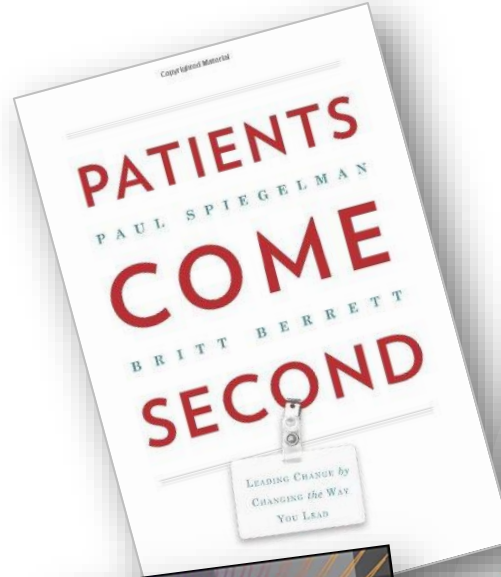
# Affordability & sustainability

- 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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# THANK YOU TO ALL COMMUNITY HEALTH CENTERS

## #ThankYouCHCs

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