Development of Multi-Professional Clinical Leadership at a Community Health Center

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Best Practices Forum

San Francisco, California

November 2013

FAMILY HEALTHCARE
NETWORK

Accredited By
The Joint Commission

Multi-professional clinical leadership: History and impetus

- Source: history of multidisciplinary, integrated care
- Development of integration over time
  - Incorporation of allied health professionals into medical setting
    - Health educators
    - Community health workers
    - Dental providers
    - Nutritional professionals
    - Behavioral health professionals
    - Cross training of Clinical Support Staff
  - Initial organizational structure and leadership based on very traditional models

Multi-professional clinical leadership: History and impetus

- Mid-to-late 2000's – leadership shift
  - Middle management level
    - Trigger: the "Integrated" Services Paradox
    - Non-physician medical directors
    - "Clinical directors"
- Last 6-18 months
  - Additional non-physician directors
  - C-level management transformation
  - Clinical Director – Medical v. Clinical Director – Dental

Multi-professional clinical leadership: Current picture

- CCO and CQO
  - Roles
  - Collaboration opportunities
- Director team
  - Regional nature
- QI team
  - Network wide

Multi-professional clinical leadership: Outcomes since Jan 2013

- Pilot project – 1 site, spreading now
  - Average wait time decreased 33 percent
  - Production increase by 15 percent
  - Walk-in capacity increased 28 percent
- Quality measures
  - UDS
    - 10 percent increase in top 2 clinical measure quartile
    - Doubled percentage of measures in top quartile
  - Healthy People 2020
    - Increased number of goals met by 33 percent
- Patient satisfaction
  - 20 percent increase in overall satisfaction
  - 20 percent increase in loyalty ranking

Multi-professional clinical leadership: Lessons learned

- Communication, communication, communication

- Learning somebody else's job

- Selling the change to (provider) staff
  - "I'm a (Director/Executive) who also happens to be a _____."
  - Importance of early victories