LEADERSHIP MODELS AND INTERNAL COMMUNICATION

BEST PRACTICES
JULY 2016
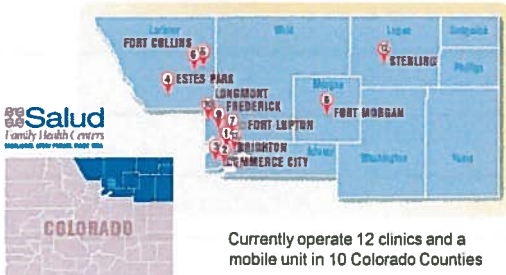
Salud Family Health Cesters

OUTLINE

- Salud overview
- New leadership model
- Internal communication
- Lessons learned

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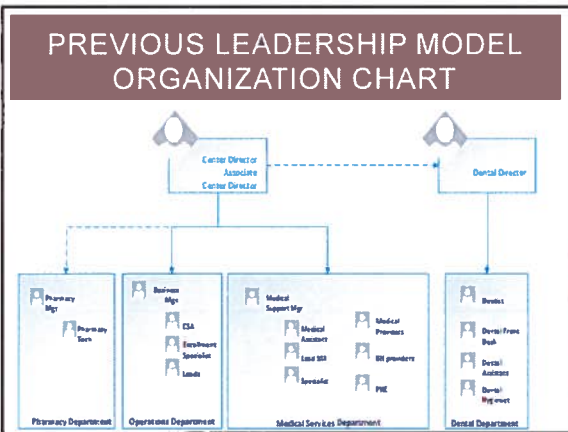EXCELLENCE. EVERY PATIENT. EVERY TIME.

SERVICE AREA

Currently operate 12 clinics and a mobile unit in 10 Colorado Counties

SALUD OVERVIEW

- Served 68,573 patients through 278,972 visits in 2015
- 54-58% of patient population is covered by Medicaid
- Company employs ~ 640 employees
- All clinics have medical, dental, and behavioral health services, five clinics have full services pharmacies

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PREVIOUS LEADERSHIP MODEL ORGANIZATION CHART

BACKGROUND

- Each clinic operated with the same leadership model for 40 years
- Clinics led by providers with four hours of "admin time" per week
- During the last 10 years, Salud increased patient numbers by 12% and opened three new locations
- Some clinics now operate with more than 100 employees onsite

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CHALLENGES

- Difficult to manage clinic operations and see patients at the same time
- Providers vary greatly in their desire and ability to lead and manage
- Model was not conducive to cross departmental communication and collaboration
- Leadership staffing level was the same across clinics despite differences in size and complexity

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GOALS OF NEW MODEL

- Promote leadership and decision making at the highest level of licensure, hire the right people for the duties
- Remove operations, business and administrative duties from provider leadership
- Implement a leadership team-based approach
- Increase cross-departmental collaboration
- Improve employee engagement
- Size the leadership model to the clinic and reduce the number of direct reports to leadership positions

NEW ORGANIZATIONAL CHART
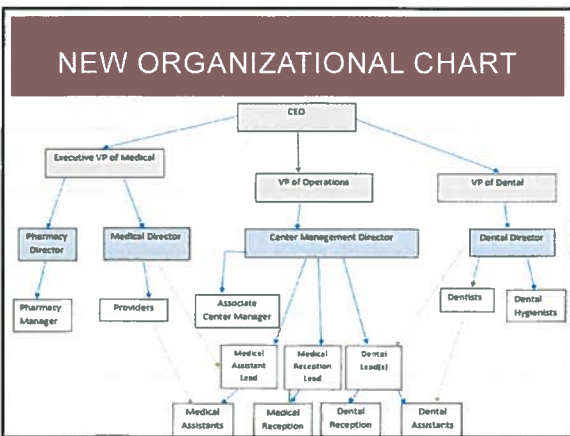
PILOT TEST

- Piloted model in Fort Collins clinic from 2014-2015
- 13 measures assessed
  - Improvement noted in 12/13 measures
  - Made 20% or more improvement in 8/13 measures
  - Measures included productivity, accounts receivable, meaningful use, phone management, complaint resolution, and employee engagement

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SYSTEM-WIDE IMPLEMENTATION

- Implemented at all larger clinics in 2015
- Now implementing at all smaller and medium sized clinics with a slightly different model
- Paid for by reducing number of mid-level managers, hiring leads from within and reducing clinic Medical Director's administrative time

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OUTCOMES FOR LARGER CLINICS

A survey amongst leadership team members indicates that:
- 83% satisfaction with the new leadership model
- 83% agreement that model has increased optimization of clinic operations
- 83% agreement that duties are more properly aligned with background and experience
- 75% agreement in experiencing increased job satisfaction

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OUTCOMES FOR LARGE SITES CONTINUED

- 82% agreement in decreased stress
- 67% agreement that the model has increased collaboration and integration between departments
- 67% agreement that the model has improved engagement and morale amongst staff

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COMMENTS FROM LEADERSHIP TEAMS

- "Medical providers are able to focus more on their clinical work and less on administrative work"
- "Increased role and effectiveness of management!"
- "Able to coordinate all departments to work for the good of the organization"
- "The model allows providers to be providers instead of trying to be managers for which they are untrained"

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EMPLOYEE ENGAGEMENT MEASURES

Brighton	Commerce City	Fort Collins	Longmont
Improved 6/13 measures	Improved 2/13 measures	Improved 12/13 measures	Improved 4/13 measures

Why the variance?
- Timeframe for reassessment varied from 6 months – 1 year
- Some directors had more success in changing the clinic culture than others
- Some leadership teams adapted to the change more quickly
- Clinics vary is size, team dynamics and level of negativity
- Directors vary in their knowledge, skill and ability levels

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OPERATIONAL MEASURES

Seeing overall improvement in:

- Cycle time
- No show rates
- Abandoned call rates
- Survey results and collection
- Employee reviews completed

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LESSONS LEARNED

- Avoid the "big bang" approach, wait for opportunities to overlay on existing structure and create buy-in
- Be clear about duty assignment, accountability and delegation up and down the chain
- Establish clinic level leadership teams early in the process
- Require a higher level of education and a proven track record for leadership in director roles
- The number of direct reports and supervision duties for non-exempt employees is still a challenge
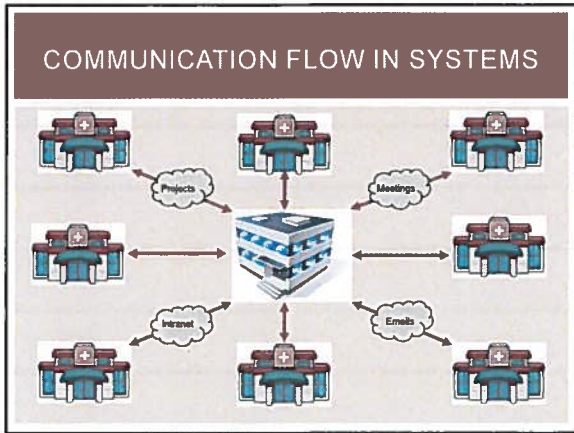- Avoid assigning too many tasks to the operational leader

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LEADERSHIP COMMUNICATION OVERVIEW

- Flow of information
- Feedback, survey results from employees
- Changes made
- Lessons learned

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COMMUNICATION FLOW IN SYSTEMS

FEEDBACK FROM STAFF

Centralized Administration:
- Makes decisions without receiving buy-in
- Does not involve the right people the decision making process
- Ignores good ideas and ingenuity
- Is "ivy tower"
- Does not understand what happens on the ground

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SURVEY RESULTS

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MEETING STRUCTURE

- Received feedback that people hear different messages at different meetings and through email
- Multiple leadership meetings run by different executive staff
- Further complication by project teams and other meetings

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MEETING STRUCTURE CHANGES

Consolidated leadership meetings from 8 to 4 meetings:
1. Executive team – VP level and higher
2. Leadership team – meeting with clinic directors and executive team
3. Management Team – mid-level managers and directors
4. Provider only meetings

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LEADERSHIP TEAM MEETING

- Meeting includes entire executive team and leadership teams from clinics
- Meet once per month for two hours
- Set up meeting roles and responsibilities to:
  - Focus on core values
  - Support all decisions made
  - Present information to clinic staff with background and reasoning

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MEETING PURPOSE

To provide a forum for Clinic Directors and Executive Team members to apply a team-based model for leadership at Salud Family Health Centers through feedback, input, problem solving and engagement.

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TRANSPARENCY

Pros	Cons
Employees are better informed	Information does not trickle down or is not shared in a consistent way
Provide more detail on finances and operations of the company	Confidential information is shared beyond the team
Participate in decision making and gain further understanding or how or why decisions are made	Too many people with different opinions
Achieve buy-in	There is not always enough time, detail or opinions to make changes
Increase integration and collaboration between medical, dental and operations	Sometimes topics are covered that do not apply to everyone

DEVELOPED ADVISORY COUNCILS

- Overlaid onto existing meeting structures
- Purpose is to gather feedback prior to implementation
  - Medical –CMO and Medical Directors
  - Dental –VP of Dental and Dental Directors
  - Operations – VP of Operations and Management Team

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IMPLEMENTING A NEW CPI MODEL

- Hired CPI (Continuous Process Improvement) Consultants
- Incorporated visual management board and daily management boards in clinics
- Implemented strategic pillars to organize projects, changes and improvements based on the strategic plan
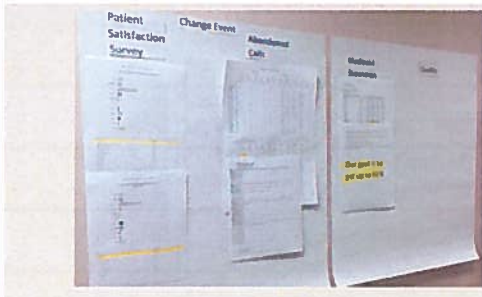- Implementing huddles for clinic communication

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STRATEGIC PILLARS

Unified & Aligned VISIBLE Plan

Dignity. Creativity & Innovation. Quality & Excellence. Compassion. Teamwork.

	GROWTH (Service Expansion)	FINANCIAL STABILITY (New)	CLINICAL QUALITY (Quality)	WORKFORCE (Employee of Choice)	PATIENT EXPERIENCE (Provider of Choice)	COMMUNITY (Advocacy)	
Integrity	CEO	CFO	VP Medical / VP Dental	VP Human Resources	VP Operations	VP Development	Commitment
	Increase gross revenue within the organization.	Provide sufficient financial resources to fulfill Salud's mission and strategies while ensuring financial sustainability	Optimize patient safety and continuously improve clinical excellence and patient safety	Create a culture of commitment, accountability and engagement.	Perfecting the patient experience for every patient, every time	Advocate at the local, State and federal levels to strengthen the healthcare safety net	
	# on track	# on track	# on track	# on track	# on track	# on track	
	# at risk	# at risk	# at risk	# at risk	# at risk	# at risk	
	# in high-risk	# in high-risk	# in high-risk	# in high-risk	# in high-risk	# in high-risk	
	14	16	30	37	48	4	

CPI to manage change

CLINIC HUDDLE AROUND A VISUAL MANAGEMENT BOARD

CLINIC HUDDLE AROUND A VISUAL BOARD
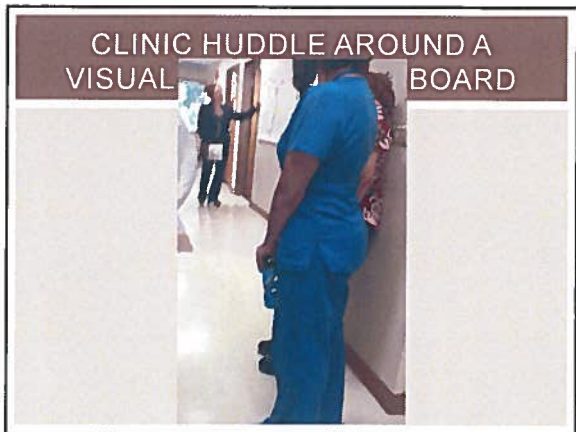
OUTCOMES

- Implemented during the last six months
- Positive feedback so far
- Receiving feedback and ideas we were missing before
- Creating a stronger sense of buy-in and accountability
- Dental is becoming more engaged

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