

# MANAGING INTERNAL CHANGE



Best Practice  
Forum  
Vancouver, BC  
July 2016

# SALUD FAMILY HEALTH CENTERS

- 12 sites across 15,000 square miles
- ~ 640 employees
- Rural to urban
- ~70,000 patients, ~280,000 visits
- 56% Medicaid

# SALUD SERVICE AREA

 **Salud**  
Family Health Centers  
EXCELLENCE. EVERY PATIENT. EVERY TIME.



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

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Family Health Centers  
EXCELLENCE. EVERY PATIENT. EVERY TIME.

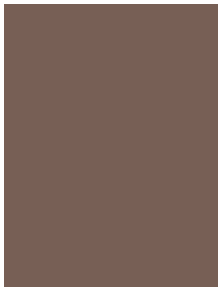




# INTERNAL CHANGES

- Turnover of executive leadership
- Aging of board
- Rapid service expansion
- Revamping of quality program
- Staff turnover
- Budget issues





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# TURNOVER OF EXECUTIVE LEADERSHIP

Loss of >170 years of  
leadership and institutional memory

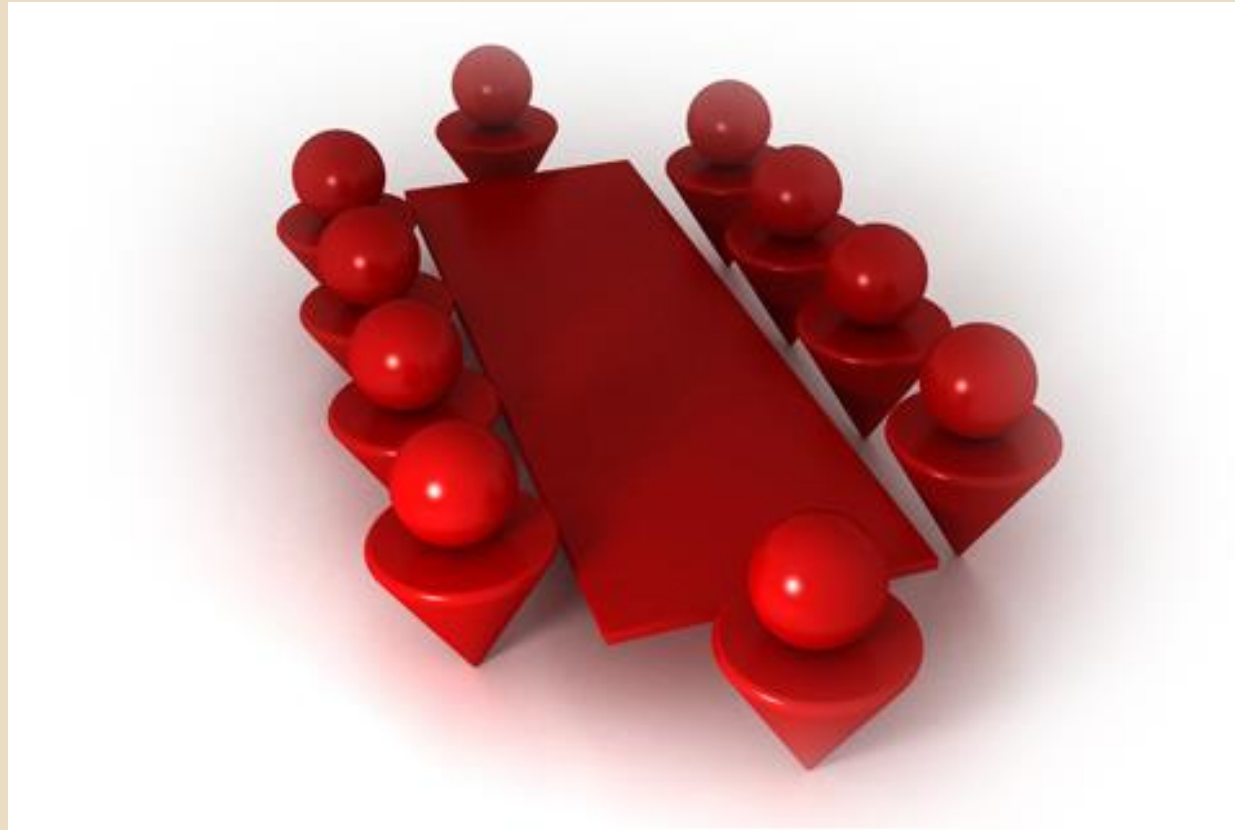
# CHANGE IN EXECUTIVE LEADERSHIP

- How to retire
- How to follow a legend
  - “That’s not how Jerry would have done it.”
- How to incorporate new executives
  - CEO
  - CFO
  - CDO
  - COO
  - VP Ops
  - VP Projects



# AGING OF BOARD

- Death
- Infirmities of age



# AGING OF BOARD SOLUTIONS

- Recruiting new effective board members...
  - “We’re all two votes away from being fired.” - Jerry Brasher
- ...while respecting the institutional memory and knowledge of existing board members

# RAPID SERVICE EXPANSION

- 4 new convenient care clinics
- 3 new service sites
- Existing staff feel devalued, loss of mission

# REVAMPING OF QUALITY PROGRAM

- Unpleasant UDS quality 'surprise' in 2015
- Implemented aggressive program to improve
- More work on line staff, more pressure on providers





# UPDATING ALL POLICIES

- First time in decades
- Requires resources
- Information avalanche

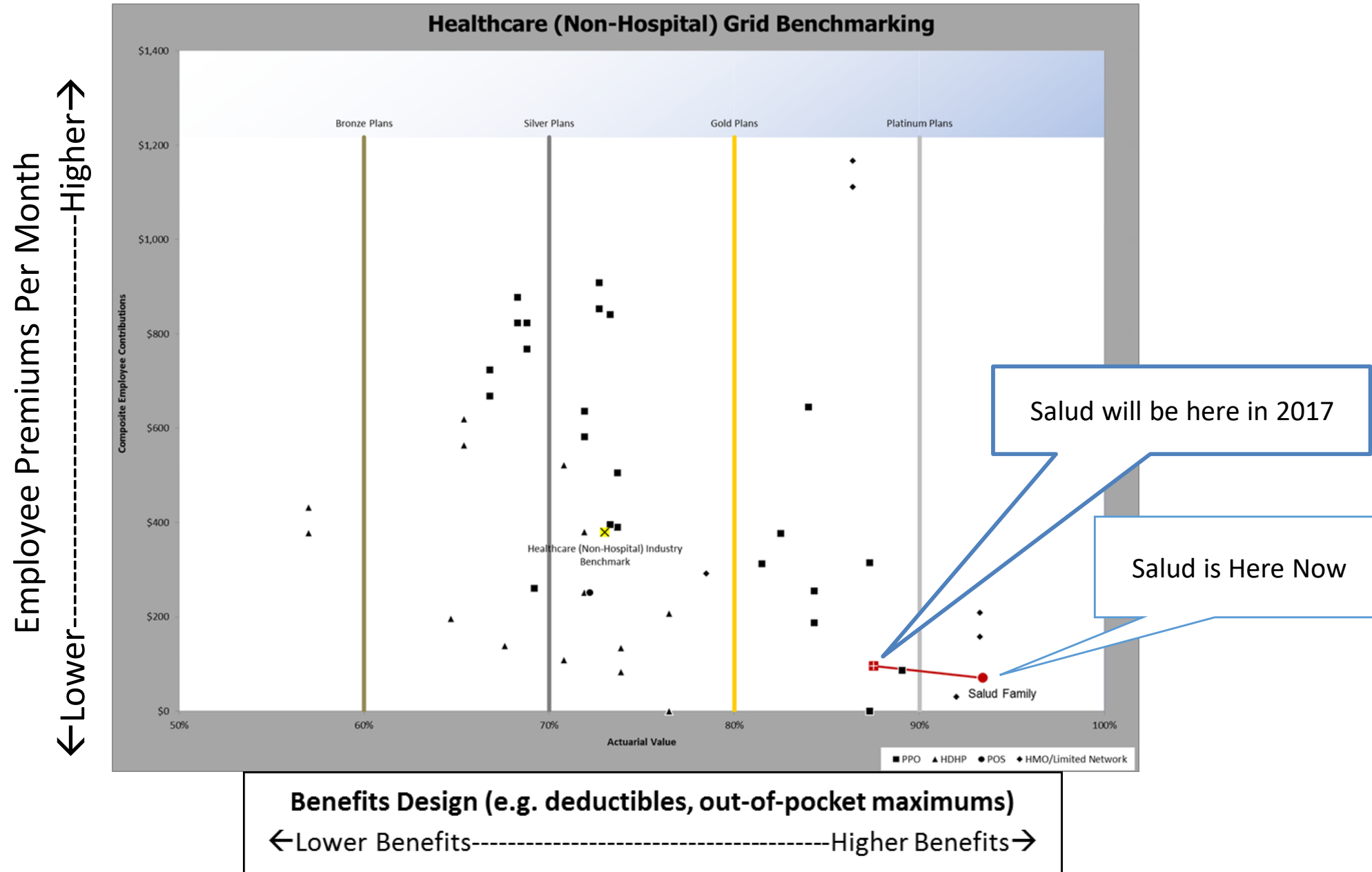
# LINE STAFF TURNOVER

- Wages below market
- Excellent benefit package undervalued
- Increased competition for experienced MAs and other line staff

# LINE STAFF TURNOVER SOLUTIONS

- Increase wages!
  - Funded by Medicaid expansion
  - And by restructuring health plan
- “No good deed goes unpunished.”
  - Conflict between groups
  - Dissatisfaction around health plan adjustments

Colorado. The X represents the industry average. As you can see, even after the anticipated changes in 2017, Salud will still have one of the most affordable plans available in the market.



# LINE STAFF TURNOVER SOLUTIONS

- Increased responsiveness from admin
- Professional development pathways
  - Ladders program
- National Institute for Medical Assistant
  - Ready supply of well trained MAs (and eventu etc)



echs,



# PROVIDER STAFF TURNOVER

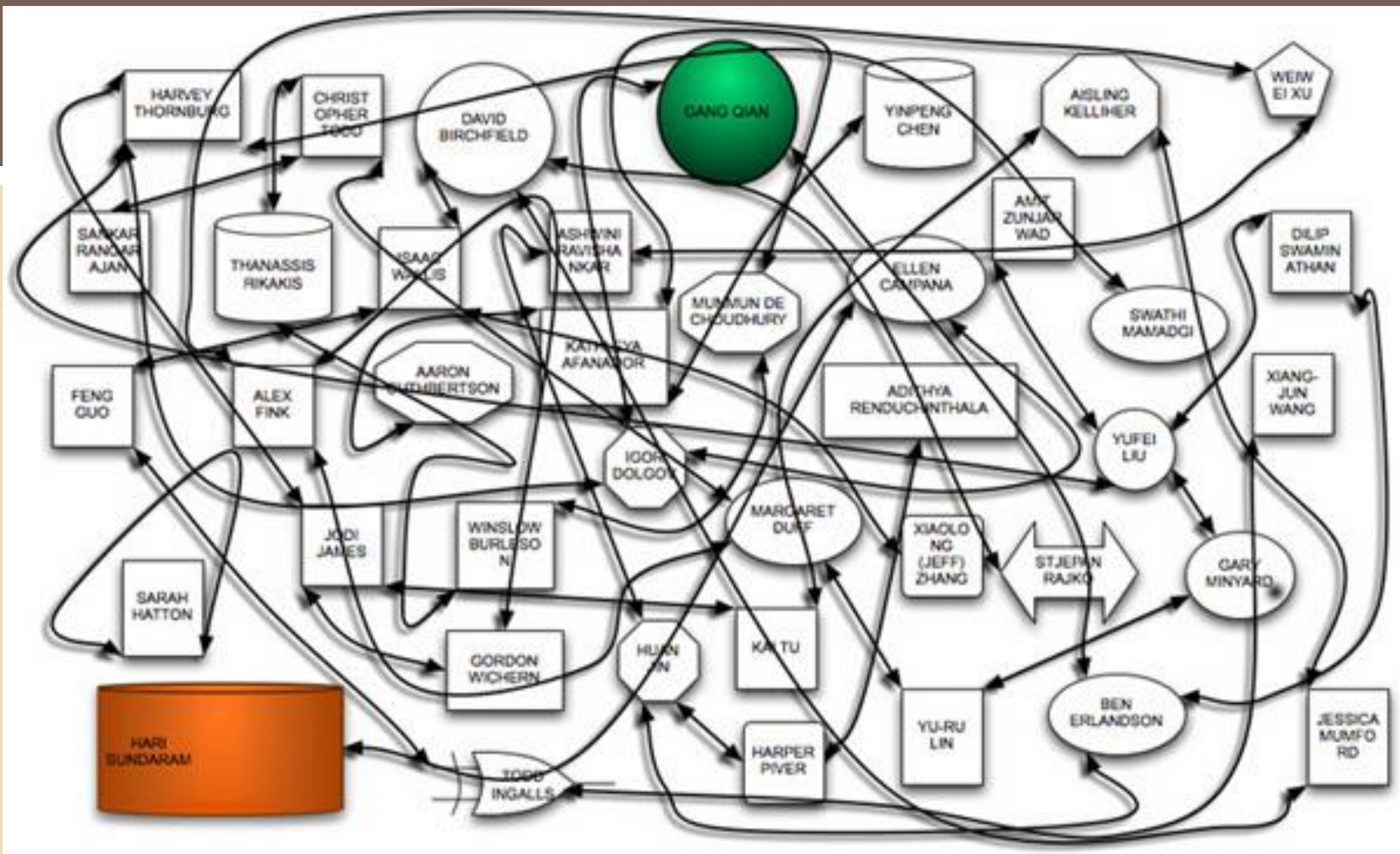
- Wages below market
- It's a hard job
- Recruitment pool shrinking
- Increased competition
- Feel like worker bees
- PCMH, UDS, Meaningless use, HEDIS, etc, etc, etc
  - “I lose autonomy with every click of the mouse.”

# MEDICAL PROVIDER STAFF TURNOVER SOLUTIONS

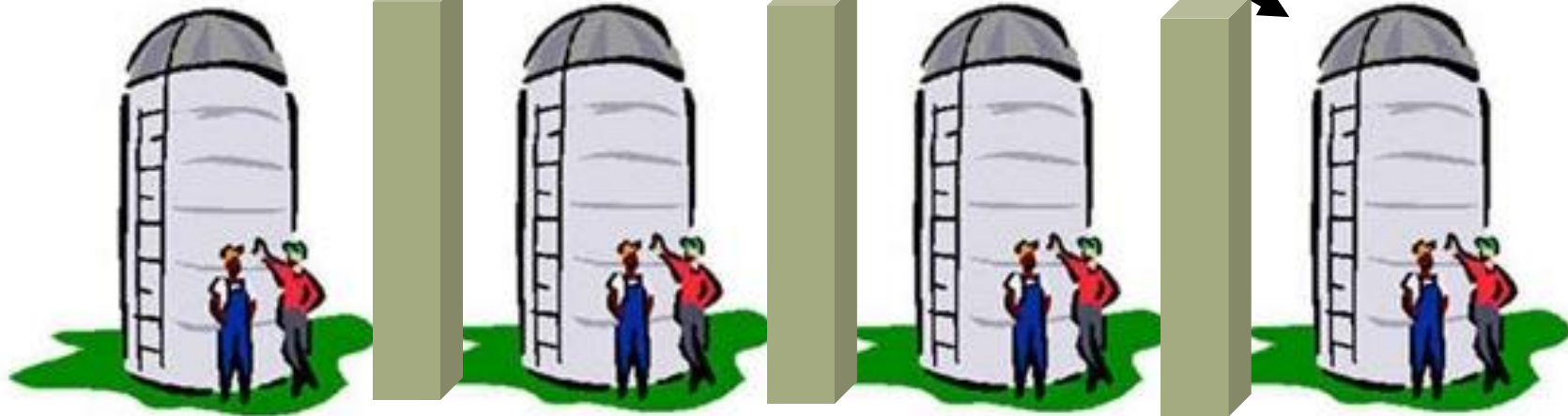
- One on one interviews with providers
- Wage increases
- Productivity incentive
- Better on-boarding process
- More provider voice
- Experimenting with scribes, Dragon, etc
- Provider Retention Committee

# OTHER STAFF TURNOVER SOLUTIONS

- Focus on internal customer service
- Change in site management model
- Change in how we communicate



CEO



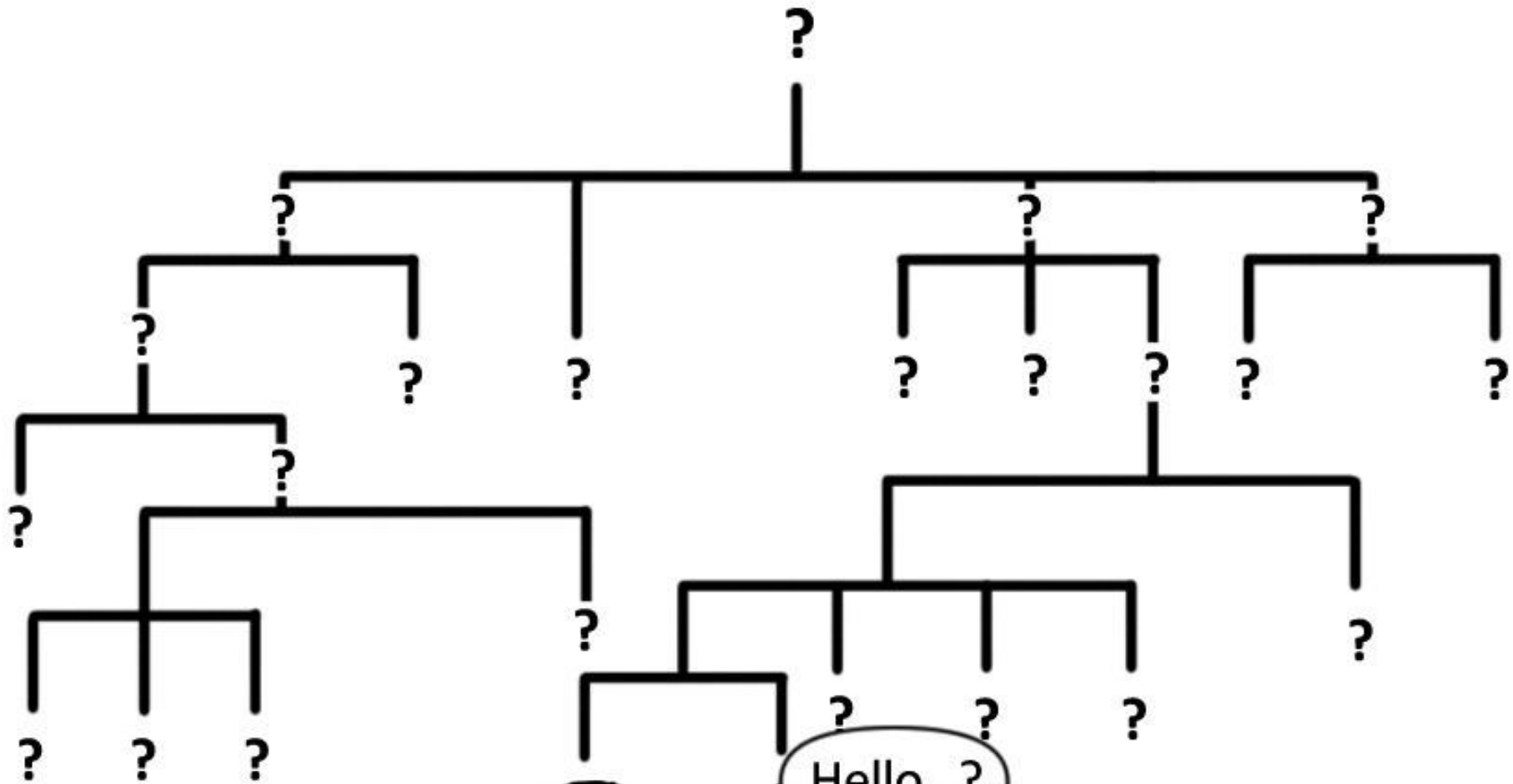
Medical

Dental

Operations

Finance





Hello...?

Is anyone out there?

- Hierarchical
- Physician is
  - For all problems



# NEW MODEL

- Clinic leadership teams
  - Medical director, dental director, center manager
- Clinic leadership teams are part of administration
- Responsibility and authority are fluid based on issue
- Let providers be providers
- Increase cross-departmental communication
- Improve employee engagement

# LEADERSHIP TEAM SURVEY

- 83% - satisfied with model
- 83% - improved efficiency of clinic operations
- 83% - duties are more properly aligned with background and experience
- 75% - increased job satisfaction

# LEADERSHIP TEAM SURVEY

- 82% - decreased stress
- 67% - increased collaboration and integration between departments
- 67% - improved engagement and morale amongst staff



# OPERATIONAL MEASURES

Overall improvement in:

- Cycle time
- No show rates
- Abandoned call rates



“What if, and I know this sounds kooky,  
we communicated with the employees.”

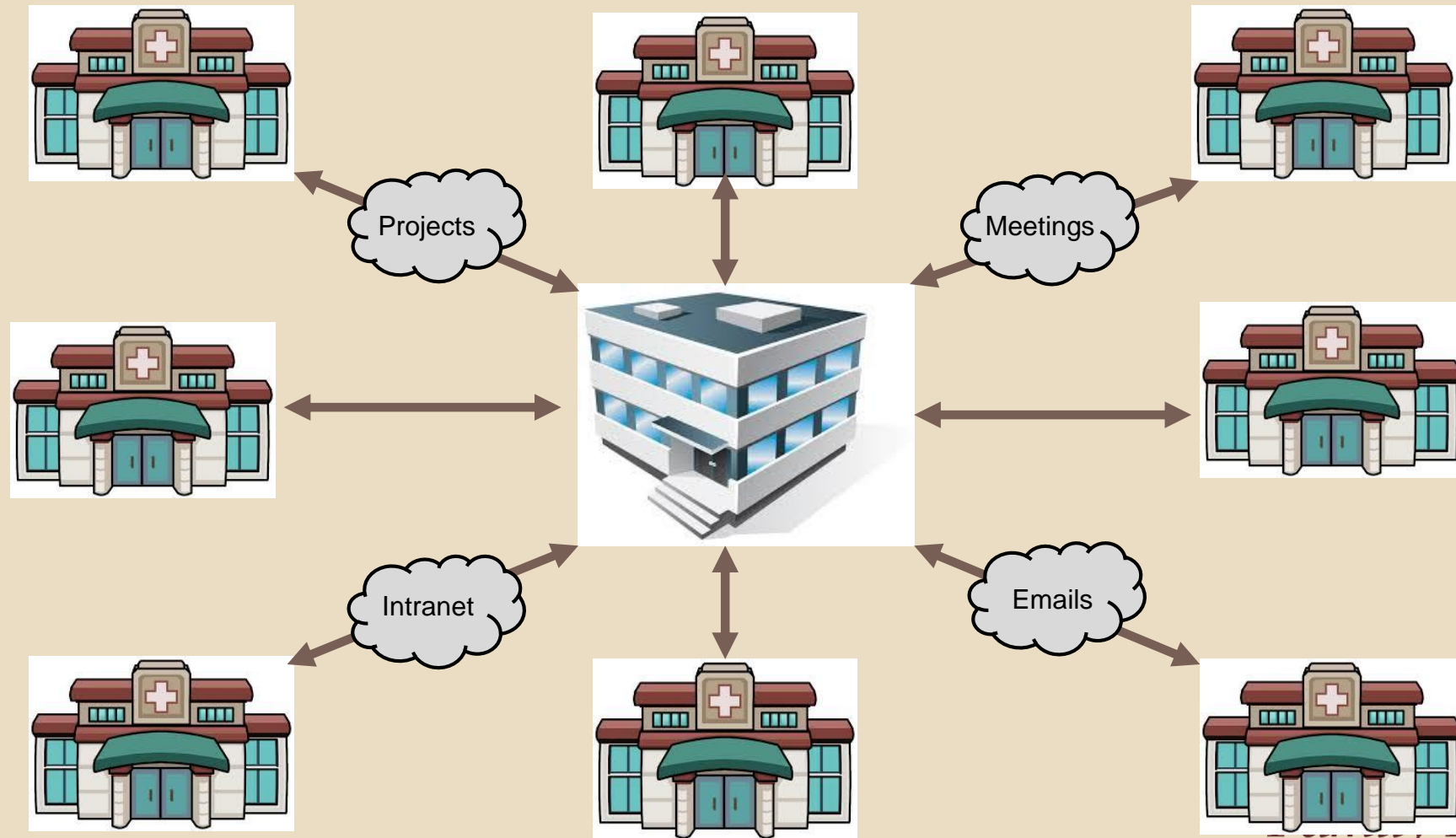


WHAT WE HAVE HERE

is a *failure*  
to communicate



# WHAT COMMUNICATION LOOKS LIKE TO ADMIN





WHAT CO

E TO THE





# COMMUNICATION VENUES

- Executive team – VP level and higher
- Leadership team – exec team plus clinic leadership teams
- Management Team – mid-level managers and directors
- Advisory council meetings – medical providers, dentists, operations

LEAD

MEETING

- Executive team
- Purpose:
  - Two way flow
  - Change clinic of administration
  - They own the



ship teams

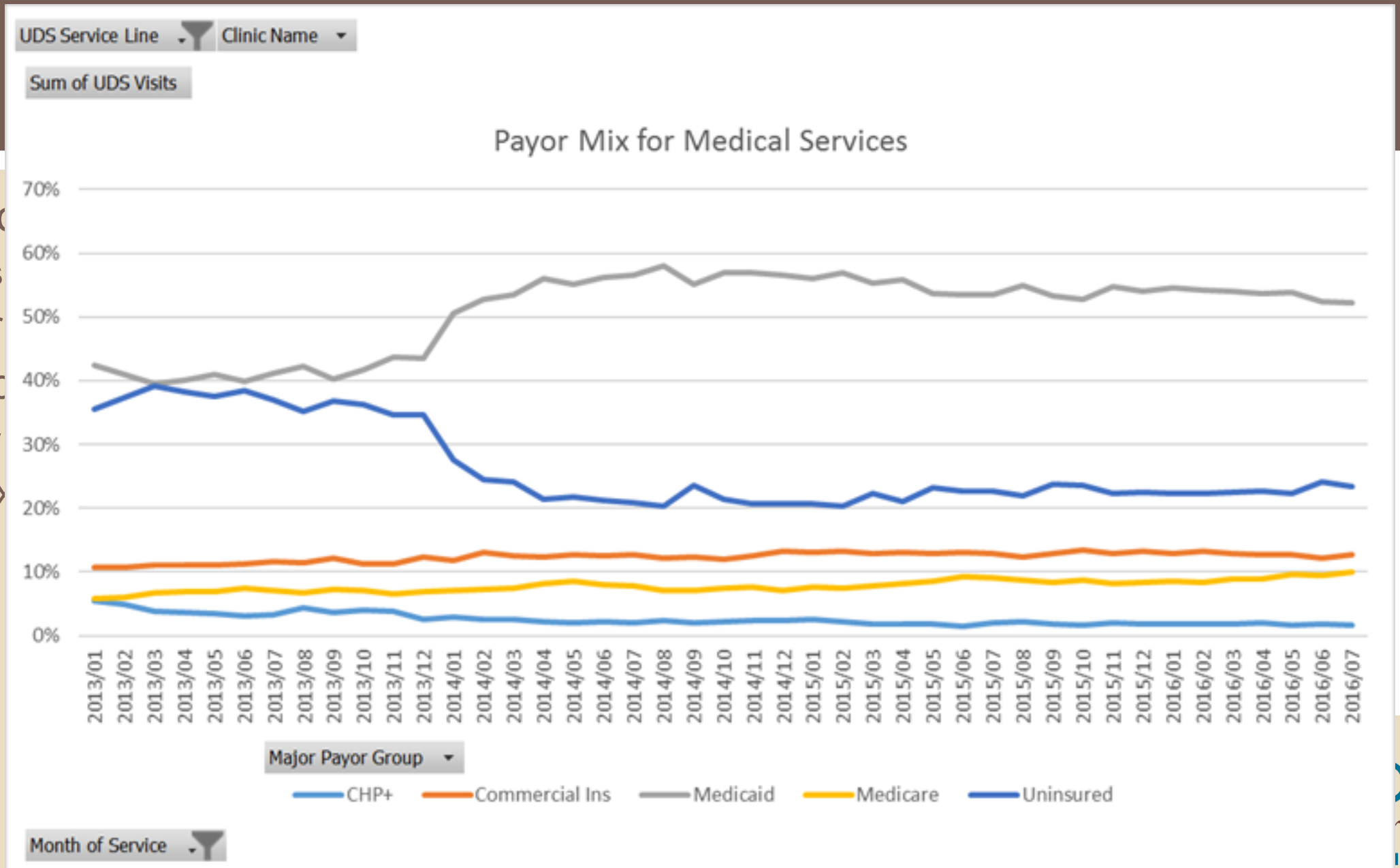
– they are part

# OTHER COMMUNICATION VENUES

- Intranet
- Sharepoint
- E-mail
  - Danger of info overload
- Clinic staff meetings
  - Info is often not conveyed



- The Good
  - Increased
  - Partner
- The Bad
  - All new
  - MCD ex



# BUDGET ISSUE SOLUTIONS

- Increase revenue vs decrease costs
- More Medicaid!
  - Unexpected outcome: sites see this as loss of mission
- Transparency
  - Let staff know the numbers
  - Unexpected outcome: sites see this as loss of mission
- Shared pain



Don't forget your passport!